Traditional Drug List

Drug list — Three Tier Drug Plan

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

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

Solution PPO 1500/15/20	$5/$15/$50/$65/30% to $250 after deductible
Solution PPO 2000/20/20	$5/$20/$30/$50/30% to $250
Solution PPO 2500/25/20	$5/$20/$40/$60/30% to $250
Solution PPO 3500/30/30	$5/$20/$40/$60/30% to $250 Rx ded $150
Solution PPO 4500/30/30	$5/$20/$40/$75/30% to $250
Solution PPO 5500/30/30	$5/$20/$40/$75/30% to $250 Rx ded $250
$5/$15/$25/$45/30% to $250	$5/$20/$50/$65/30% to $250 Rx ded $500
$5/$15/$30/$50/30% to $250	$5/$20/$50/$70/30% to $250
$5/$15/$40/$60/30% to $250	$5/$20/$50/$70/30% to $250 after deductible

Here are a few things to remember:

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 Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.

- Additional tools and resources are available 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/pharmacy-information/select-your-state or anthem.com/ca/pharmacy-information/drug-list-formulary.

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

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

Traditional Drug List

Three Tier

Table of Contents

INFORMATIONAL SECTION 4
***ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM** 14
***ALLERGENIC EXTRACTS/BIOLOGICALS MISC* - BIOLOGICAL AGENTS** 19
***AMEBICIDES* - DRUGS FOR INFECTIONS** 20
***AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS** 20
***ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER** 21
***ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER** 28
***ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER** 30
***ANDROGENS-ANABOLIC* - HORMONES** 35
***ANORECTAL AND RELATED PRODUCTS* - RECTAL PREPARATIONS** 36
***ANTHELMINTICS* - DRUGS FOR INFECTIONS** 36
***ANTIANGINAL AGENTS* - DRUGS FOR THE HEART** 37
***ANTIANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM** 37
***ANTIARRHYTHMICS* - DRUGS FOR THE HEART** 39
***ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS** 40
***ANTICOAGULANTS* - DRUGS FOR THE BLOOD** 44
***ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM** 46
***ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM** 52
***ANTIDIABETICS* - HORMONES** 57
***ANTIDIARRHEAL/PROBIOTIC AGENTS* - DRUGS FOR THE STOMACH** 65
***ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING** 65
***ANTIEMETICS* - DRUGS FOR THE STOMACH** 67
***ANTIFUNGALS* - DRUGS FOR INFECTIONS** 69
***ANTIHISTAMINES* - DRUGS FOR THE LUNGS** 70
***ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART** 71
***ANTIHYPERTENSIVES* - DRUGS FOR THE HEART** 74
***ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS** 81
***ANTIMALARIALS* - DRUGS FOR INFECTIONS** 84
***ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES** 85
***ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS** 85
***ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER** 86
***ANTIPARKINSON AND RELATED THERAPY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM** 108
***ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM** 110
***ANTISEPTICS & DISINFECTANTS* - ANTISEPTICS AND DISINFECTANTS** 115
***ANTIVIRALS* - DRUGS FOR INFECTIONS** 115
***BETA BLOCKERS* - DRUGS FOR THE HEART** 121
***CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART** 124
***CARDIOTONICS* - DRUGS FOR THE HEART** 127
***CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART** 127
***CEPHALOSPORINS* - DRUGS FOR INFECTIONS** 131
***CONTRACEPTIVES* - DRUGS FOR WOMEN** 132
***CORTICOSTEROIDS* - HORMONES** 139
***COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS** 141
***DERMATOLOGICALS* - DRUGS FOR THE SKIN** 142
DIAGNOSTIC PRODUCTS 156
***DIGESTIVE AIDS* - DRUGS FOR THE STOMACH** 161
***DIURETICS* - DRUGS FOR THE HEART** 161
***ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES** 162
***ESTROGENS* - HORMONES** 171
***FLUOROQUINOLONES* - DRUGS FOR INFECTIONS** 173
***GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH** 173
***GENERAL ANESTHETICS* - DRUGS FOR PAIN AND FEVER** 178
***GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM** 179
***GOUT AGENTS* - DRUGS FOR PAIN AND FEVER** 180
***HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD** 181
***HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION** 187
***HEMOSTATICS* - DRUGS FOR THE BLOOD** 190
***HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM** 192

***LAXATIVES* - DRUGS FOR THE STOMACH** 193
***LOCAL ANESTHETICS-PARENTERAL* - DRUGS FOR PAIN AND FEVER** 196
***MACROLIDES* - DRUGS FOR INFECTIONS** 198
***MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT** 199
***MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM** 219
***MINERALS & ELECTROLYTES* - DRUGS FOR NUTRITION** 221
***MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS** 224
***MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT** 228
***MULTIVITAMINS* - DRUGS FOR NUTRITION** 230
***MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES** 239
***NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE** 242
***NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES** 242
***NUTRIENTS* - DRUGS FOR NUTRITION** 244
***OPHTHALMIC AGENTS* - DRUGS FOR THE EYE** 245
***OTIC AGENTS* - DRUGS FOR THE EAR** 253
***OXYTOCICS* - HORMONES** 254
***PASSIVE IMMUNIZING AND TREATMENT AGENTS* - BIOLOGICAL AGENTS** 254
***PENICILLINS* - DRUGS FOR INFECTIONS** 256
***PROGESTINS* - HORMONES** 257
***PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM** 257
***RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS** 265
***SULFONAMIDES* - DRUGS FOR INFECTIONS** 266
***TETRACYCLINES* - DRUGS FOR INFECTIONS** 266
***THYROID AGENTS* - HORMONES** 267
***TOXOIDS* - BIOLOGICAL AGENTS** 268
***ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* - DRUGS FOR THE STOMACH** 268
***URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM** 271
***VACCINES* - BIOLOGICAL AGENTS** 272
***VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN** 275
***VASOPRESSORS* - DRUGS FOR THE HEART** 276
***VITAMINS* - DRUGS FOR NUTRITION** 277

Anthem

Traditional 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.

Anthem

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

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

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

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

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

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

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

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

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

Anthem

Frequently Asked Questions

How do I know what drugs are covered under my benefits?
This is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design.

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

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

You can search the PDF drug list by:

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

How are drugs shown on the list?

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

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

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

AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS
amoxicillin oral capsule

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

levonorgestrel-ethinyl estrad (Portia 28 Oral Tablet)

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

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

What are my options for getting my prescriptions?
You have plenty of choices about how and where to get your prescription medicines, including local pharmacies in your plan, convenient home delivery or specialty pharmacies.

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

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

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

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

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

What if my drug isn't on the list?
Drugs not listed on the formulary are called non-formulary drugs. We understand that only you and your doctor know what is best for you. If you want to take a drug that's not on the drug list, you may have to pay the full cost for it. You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you. If it is determined that a non-formulary drug is medically appropriate and necessary, that drug will be covered under the terms of your benefits.

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

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

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

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

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

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

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

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

You may also contact Member Services, 24 hours a day, 7 days a week. If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file a grievance with Member Services by calling 1-800-365-0609 or 1-866-333-4823 (TDD line if you have hearing or speech loss). If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.

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

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

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

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

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

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

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

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

- Tier 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.

Our clinical edit programs are:

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

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

What is Prior Authorization? How does it work?
Prior Authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

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

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

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

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

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

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

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

You may also contact Member Services, 24 hours a day, 7 days a week. If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file a grievance with Member Services by calling 1-800-365-0609 or 1-866-333-4823 (TDD line if you have hearing or speech loss). If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Can I get diagnosis and treatment codes?
You can! Just call us to ask for them. You can also ask for descriptions of the codes, if they are available.
What should my grievance include?
Include, if available, the following information:

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

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

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

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

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

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

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

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

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

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

Anthem

KEY

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

BRAND name drugs are in UPPER CASE, plain type.

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

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

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.

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**		
clonidine hcl er oral tablet extended release 12 hour	1 or 1b*	PA
guanfacine hcl er oral tablet extended release 24 hour	1 or 1b*	PA
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR (***guanfacine hcl***)	3	PA
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE (***clonidine hcl***)	3	ST
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR - DRUGS FOR ATTENTION DEFICIT DISORDER**		
atomoxetine hcl oral capsule	1 or 1b*	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR (***viloxazine hcl***)	3	ST
STRATTERA ORAL CAPSULE (***atomoxetine hcl***)	3	PA
AMPHETAMINE MIXTURES - DRUGS FOR ATTENTION DEFICIT DISORDER**		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (***amphetamine-dextroamphetamine***)	3	ST; DO
ADDERALL ORAL TABLET 20 MG (***amphetamine-dextroamphetamine***)	3	ST; QL (3 tablets per 1 day)
ADDERALL ORAL TABLET 30 MG (***amphetamine-dextroamphetamine***)	3	ST; QL (2 tablets per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (***amphetamine-dextroamphetamine***)	3	ST; DO
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG (***amphetamine-dextroamphetamine***)	3	ST; QL (1 capsule per 1 day)
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphetamine oral tablet 20 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour	1 or 1b*	PA; QL (1 capsule per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (***amphetamine-dextroamphetamine***)	3	ST; QL (1 capsule per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMPHETAMINES - DRUGS FOR ATTENTION DEFICIT DISORDER**		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (***amphetamine***)	3	ST; QL (1 tablet per 1 day)
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL (6 tablets per 1 day)
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (***dextroamphetamine sulfate***)	3	ST; QL (4 capsules per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL (4 capsules per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL (60 mL per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 7.5 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
dextroamphetamine sulfate oral tablet 15 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE (***amphetamine***)	3	ST; QL (8 mL per 1 day)
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 5 MG (***amphetamine***)	3	ST; DO
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 15 MG, 20 MG (***amphetamine***)	3	ST; QL (1 tablet per 1 day)
EVEKEO ORAL TABLET 10 MG (***amphetamine sulfate***)	3	PA; QL (6 tablets per 1 day)
EVEKEO ORAL TABLET 5 MG (***amphetamine sulfate***)	3	PA; DO
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
methamphetamine hcl oral tablet	3	ST; QL (5 tablets per 1 day)
procentra oral solution	1 or 1b*	PA; QL (60 mL per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (***lisdexamfetamine dimesylate***)	3	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (***lisdexamfetamine dimesylate***)	3	PA; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (***lisdexamfetamine dimesylate***)	3	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (***lisdexamfetamine dimesylate***)	3	PA; QL (1 tablet per 1 day)
XELSTRYM TRANSDERMAL PATCH (***dextroamphetamine***)	3	ST; QL (1 patch per 1 day)
zenzedi oral tablet 10 mg, 7.5 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
zenzedi oral tablet 15 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
zenzedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zenzedi oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
ANALEPTICS - DRUGS FOR THE NERVOUS SYSTEM**		
caffeine citrate intravenous solution	3	
caffeine citrate oral solution	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION (***doxapram hcl***)	3	
ANOREXIANT COMBINATIONS - DRUGS FOR THE NERVOUS SYSTEM**		
phentermine-topiramate er oral capsule extended release 24 hour	3	PA; BE; QL (1 capsule per 1 day)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (***phentermine-topiramate***)	3	PA; BE; QL (1 capsule per 1 day)
ANOREXIANTS NON-AMPHETAMINE - DRUGS FOR THE NERVOUS SYSTEM**		
ADIPEX-P ORAL TABLET (***phentermine hcl***)	3	PA; BE; QL (1 tablet per 1 day)
benzphetamine hcl oral tablet	1 or 1b*	PA; BE; QL (3 tablets per 1 day)
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA; BE; QL (1 tablet per 1 day)
diethylpropion hcl oral tablet	1 or 1b*	PA; BE; QL (3 tablets per 1 day)
LOMAIRA ORAL TABLET (***phentermine hcl***)	3	PA; BE; QL (3 tablets per 1 day)
PHENDIMETRAZINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; BE; QL (1 capsule per 1 day)
phendimetrazine tartrate oral tablet	1 or 1b*	PA; BE; QL (6 tablets per 1 day)
phentermine hcl oral capsule	1 or 1b*	PA; BE; QL (1 capsule per 1 day)
phentermine hcl oral tablet	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 (***tirzepatide-weight management***)	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 (***liraglutide - weight management***)	3	PA; BE; QL (3 mg per 1 day)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***semaglutide-weight management***)	2	PA; BE; QL (1 pen per 1 week)
***ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR THE NERVOUS SYSTEM**		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR (***naltrexone-bupropion hcl***)	3	PA; BE; QL (4 tablets per 1 day)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - DRUGS FOR SLEEP DISORDER**		
SUNOSI ORAL TABLET 150 MG (***solriamfetol hcl***)	3	PA; QL (1 tablet per 1 day)
SUNOSI ORAL TABLET 75 MG (***solriamfetol hcl***)	3	PA; DO

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - DRUGS FOR SLEEP DISORDER**		
WAKIX ORAL TABLET 17.8 MG (***pitolisant hcl***)	3	PA; LD; QL (2 tablets per 1 day)
WAKIX ORAL TABLET 4.45 MG (***pitolisant hcl***)	3	PA; LD; DO
LIPASE INHIBITORS - DRUGS FOR THE NERVOUS SYSTEM**		
orlistat oral capsule	1 or 1b*	PA; BE; QL (3 capsules per 1 day)
XENICAL ORAL CAPSULE (***orlistat***)	3	PA; BE; QL (3 capsules per 1 day)
MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS - DRUGS FOR THE NERVOUS SYSTEM**		
IMCIVREE SUBCUTANEOUS SOLUTION (***setmelanotide acetate***)	3	PA; LD; BE; QL (9 vials per 30 days)
STIMULANT COMBINATIONS - DRUGS FOR ATTENTION DEFICIT DISORDER**		
AZSTARYS ORAL CAPSULE (***serdexmethylphen-dexmethylphen***)	3	ST; QL (1 capsule per 1 day)
STIMULANTS - MISC. - DRUGS FOR ATTENTION DEFICIT DISORDER**		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG (***methylphenidate hcl***)	3	ST; DO
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG (***methylphenidate hcl***)	3	ST; QL (1 capsule per 1 day)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
armodafinil oral tablet 50 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG (***methylphenidate hcl***)	3	ST; DO
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (***methylphenidate hcl***)	3	ST; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (***methylphenidate hcl***)	3	ST; QL (1 tablet per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (***methylphenidate***)	3	ST; QL (2 tablets per 1 day)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR (***methylphenidate***)	3	ST; DO
DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR (***methylphenidate***)	3	ST; QL (1 patch per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg	1 or 1b*	ST; DO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg	1 or 1b*	ST; QL (1 capsule per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dexmethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
FOCALIN ORAL TABLET 10 MG (***dexmethylphenidate hcl***)	3	ST; QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOCALIN ORAL TABLET 2.5 MG, 5 MG (***dexmethylphenidate hcl***)	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (***dexmethylphenidate hcl***)	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (***dexmethylphenidate hcl***)	3	ST; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (***methylphenidate hcl***)	3	ST; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (***methylphenidate hcl***)	3	ST; DO
METADATE CD ORAL CAPSULE EXTENDED RELEASE (***methylphenidate hcl***)	3	PA; DO
METHYLIN ORAL SOLUTION 10 MG/5ML (***methylphenidate hcl***)	3	ST; QL (30 mL per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML (***methylphenidate hcl***)	3	ST; QL (60 mL per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg	1 or 1b*	PA; DO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1 or 1b*	PA; QL (2 capsules per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	1 or 1b*	PA; DO
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 54 mg, 63 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 72 MG	1 or 1b*	PA; QL (1 tablet per 1 day)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	1 or 1b*	PA; DO
methylphenidate hcl er oral tablet extended release 20 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour	1 or 1b*	PA; DO
methylphenidate hcl oral solution 10 mg/5ml	1 or 1b*	PA; QL (30 mL per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	1 or 1b*	PA; QL (60 mL per 1 day)
methylphenidate hcl oral tablet 10 mg, 5 mg	1 or 1b*	PA; DO
methylphenidate hcl oral tablet 20 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
methylphenidate hcl oral tablet chewable 10 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
methylphenidate hcl oral tablet chewable 2.5 mg	1 or 1b*	ST; DO
methylphenidate hcl oral tablet chewable 5 mg	1 or 1b*	PA; DO

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr	1 or 1b*	ST; DO
methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr	1 or 1b*	ST; QL (1 patch per 1 day)
modafinil oral tablet 100 mg	1 or 1b*	PA; DO
modafinil oral tablet 200 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (***armodafinil***)	3	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 50 MG (***armodafinil***)	3	PA; QL (2 tablets per 1 day)
PROVIGIL ORAL TABLET 100 MG (***modafinil***)	3	PA; DO
PROVIGIL ORAL TABLET 200 MG (***modafinil***)	3	PA; QL (1 tablet per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG (***methylphenidate hcl***)	3	ST; DO
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (***methylphenidate hcl***)	3	ST; QL (2 tablets per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (***methylphenidate hcl***)	3	ST; QL (1 tablet per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER (***methylphenidate hcl***)	3	ST; QL (12 mL per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG (***methylphenidate hcl***)	3	ST; DO
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG (***methylphenidate hcl***)	3	ST; QL (2 tablets per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 54 MG, 63 MG, 72 MG (***methylphenidate hcl***)	3	ST; QL (1 tablet per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG (***methylphenidate hcl***)	3	ST; DO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (***methylphenidate hcl***)	3	ST; QL (2 capsules per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (***methylphenidate hcl***)	3	ST; QL (1 capsule per 1 day)
RITALIN ORAL TABLET 10 MG, 5 MG (***methylphenidate hcl***)	3	ST; DO
RITALIN ORAL TABLET 20 MG (***methylphenidate hcl***)	3	ST; QL (3 tablets per 1 day)
***ALLERGENIC EXTRACTS/BIOLOGICALS MISC* - BIOLOGICAL AGENTS**		
ALLERGENIC EXTRACTS - BIOLOGICAL AGENTS**		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL (***timothy grass pollen allergen***)	3	PA; QL (1 tablet per 1 day)
PALFORZIA (1 MG DAILY DOSE) ORAL (***peanut powder-dnfp***)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (12 MG DAILY DOSE) ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (120 MG DAILY DOSE) ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (160 MG DAILY DOSE) ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (20 MG DAILY DOSE) ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (200 MG DAILY DOSE) ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (240 MG DAILY DOSE) ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 1 fill)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (3 MG DAILY DOSE) ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET (***peanut powder-dnfp***)	3	PA; LD; QL (1 packet per 1 day)
PALFORZIA (300 MG TITRATION) ORAL PACKET (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (40 MG DAILY DOSE) ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (6 MG DAILY DOSE) ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (80 MG DAILY DOSE) ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 1 fill)
PALFORZIA INITIAL DOSE 1-3YRS ORAL (***peanut powder-dnfp***)	3	PA; QL (1 kit per 1 fill)
PALFORZIA INITIAL DOSE 4-17YRS ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 6 months)
PALFORZIA INITIAL ESCALATION ORAL (***peanut powder-dnfp***)	3	PA; LD; QL (1 kit per 6 months)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL (***short ragweed pollen ext***)	3	PA; QL (1 tablet per 1 day)
MIXED ALLERGENIC EXTRACTS - BIOLOGICAL AGENTS**		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL (***dust mite mixed allergen ext***)	3	PA; QL (1 tablet per 1 day)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL (***grass mix pollens allergen ext***)	3	PA; QL (1 tablet per 1 day)
***AMEBICIDES* - DRUGS FOR INFECTIONS**		
AMEBICIDES - DRUGS FOR PARASITES**		
SOLOSEC ORAL PACKET (***secnidazole***)	3	PA; QL (2 grams per 1 fill)
***AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS**		
AMINOGLYCOSIDES - ANTIBIOTICS**		
amikacin sulfate injection solution	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION (***amikacin sulfate liposome***)	3	PA; LD; QL (1 kit per 28 days)
BETHKIS INHALATION NEBULIZATION SOLUTION (***tobramycin***)	3	LD; QL (224 mL per 28 days)
gentamicin in saline intravenous solution	1 or 1b*	
gentamicin sulfate injection solution	1 or 1b*	
HUMATIN ORAL CAPSULE (***paromomycin sulfate***)	3	PA
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION (***tobramycin***)	3	LD; QL (10 mL per 1 day)
neomycin sulfate oral tablet	1 or 1a*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
TOBI INHALATION NEBULIZATION SOLUTION (***tobramycin***)	3	LD; QL (10 mL per 1 day)
TOBI PODHALER INHALATION CAPSULE (***tobramycin***)	3	LD; QL (224 capsules per 28 days)
tobramycin inhalation nebulization solution 300 mg/4ml	1 or 1b*	LD; QL (224 mL per 28 days)
tobramycin inhalation nebulization solution 300 mg/5ml	1 or 1b*	LD; QL (10 mL per 1 day)
tobramycin sulfate injection solution 1.2 gm/30ml	1 or 1b*	QL (900 mL per 30 days)
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	1 or 1b*	QL (180 mL per 30 days)
tobramycin sulfate injection solution 2 gm/50ml	1 or 1b*	QL (1500 mL per 30 days)
tobramycin sulfate injection solution reconstituted	1 or 1b*	QL (30 vials per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEMDRI INTRAVENOUS SOLUTION (***plazomicin sulfate***)	3	
***ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER**		
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
OLUMIANT ORAL TABLET (***baricitinib***)	3	PA; LD; QL (1 tablet per 1 day)
RINVOQ LQ ORAL SOLUTION (***upadacitinib***)	3	PA; LD; QL (12 mL per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (***upadacitinib***)	3	PA; LD; QL (1 tablet per 1 day)
XELJANZ ORAL SOLUTION (***tofacitinib citrate***)	3	PA; LD; QL (10 mL per 1 day)
XELJANZ ORAL TABLET (***tofacitinib citrate***)	3	PA; LD; QL (2 tablets per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR (***tofacitinib citrate***)	3	PA; LD; QL (1 tablet per 1 day)
ANTIRHEUMATIC ANTIMETABOLITES - ARTHRITIS AND PAIN DRUGS**		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***methotrexate (anti-rheumatic)***)	3	PA; LD; QL (4 auto-injector per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***methotrexate (anti-rheumatic)***)	3	PA; LD; QL (4 auto-injector per 28 days)
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - ARTHRITIS AND PAIN DRUGS**		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab-afzb***)	3	PA; LD; QL (2 pens per 28 days)
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab-afzb***)	3	PA; LD; QL (2 pens per 28 days)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (***adalimumab-afzb***)	3	PA; LD; QL (2 pens per 28 days)
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	3	PA; LD; QL (2 pens per 28 days)
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	3	PA; LD; QL (2 pens/syringes per 28 days)
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit	3	PA; LD; QL (1 kit per 1 lifetime)
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit	3	PA; LD; QL (1 kit per 1 lifetime)
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml	3	PA; LD; QL (2 auto-injectors per 28 days)
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	3	PA; LD; QL (2 auto-injectors per 28 day (QL exception needed for all 80mg doses)s)
adalimumab-aaty (2 pen) subcutaneous auto-injector kit	3	PA; LD; QL (2 auto-injectors per 28 days)
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml	3	PA; LD; QL (2 syringes per 28 days)
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	3	PA; LD; QL (2 auto-injectors per 28 days)
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	3	PA; LD; QL (1 pack per 1 one-time fill)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	3	PA; LD; QL (2 auto-injectors per 28 days)
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	3	PA; LD; QL (2 auto-injector per 28 days (QL exception needed for all 80 mg doses)s)
adalimumab-adaz subcutaneous solution prefilled syringe	3	PA; LD; QL (2 syringes per 28 days)
adalimumab-adbm (2 pen) subcutaneous auto-injector kit	3	PA; LD; QL (2 auto-injectors per 28 days)
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit	3	PA; LD; QL (2 syringes per 28 days)
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml	3	PA; LD; QL (1 month per 6 one-time fills)
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml	3	PA; LD; QL (1 kit per 1 one-time fill)
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml	3	PA; LD; QL (1 month per 6 one-time fills)
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml	3	PA; LD; QL (1 kit per 1 one-time fill)
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit	3	PA; LD; QL (2 pens/syringes per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml	3	PA; LD; QL (2 syringes per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	3	PA; LD; QL (2 pens/syringes per 28 days)
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit	3	PA; LD; QL (2 pens per 28 days)
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	3	PA; LD; QL (2 syringes per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-atto***)	3	PA; LD; QL (2 syringes per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-atto***)	3	PA; LD; QL (2 autoinjector per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (***adalimumab-atto***)	3	PA; LD; QL (2 syringes per 28 days (QL exception needed for all 80 mg doses)s)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***adalimumab-atto***)	3	PA; LD; QL (2 syringes per 28 days)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***adalimumab-atto***)	3	PA; LD; QL (2 syringes per 28 days)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***adalimumab-atto***)	3	PA; LD; QL (2 syringes per 28 days)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab-adbm***)	3	PA; LD; QL (2 auto-injectors per 28 days)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (***adalimumab-adbm***)	3	PA; LD; QL (2 syringes per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-adbm***)	3	PA; LD; QL (1 kit per 6 months)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (***adalimumab-adbm***)	3	PA; LD; QL (1 kit per 1 one-time fill)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-adbm***)	3	PA; LD; QL (1 kit per 6 months)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (***adalimumab-adbm***)	3	PA; LD; QL (1 kit per 1 one-time fill)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***adalimumab-bwwd***)	3	PA; LD; QL (2 autoinjectors per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***adalimumab-bwwd***)	3	PA; LD; QL (2 syringes per 28 days)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab-fkjp***)	3	PA; LD; QL (2 pens/syringes per 28 days)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML (***adalimumab-fkjp***)	3	PA; LD; QL (2 syringes per 28 days)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (***adalimumab-fkjp***)	3	PA; LD; QL (2 pens/syringes per 28 days)
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab***)	3	PA; LD; QL (1 kit per 1 one-time fill)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	3	PA; LD; QL (2 pens per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	3	PA; LD; QL (2 pens per 28 days (QL exception needed for all 80 mg doses)s)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (***adalimumab***)	3	PA; LD; QL (2 syringes per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab***)	3	PA; LD; QL (1 kit per 1 one-time fill)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab***)	3	PA; LD; QL (1 kit per 1 one-time fill)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab-adaz***)	3	PA; LD; QL (2 auto-injectors per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (***adalimumab-adaz***)	3	PA; LD; QL (2 auto-injector per 28 days (QL exception needed for all 80 mg doses)s)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (***adalimumab-adaz***)	3	PA; LD; QL (2 syringes per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-adaz***)	3	PA; LD; QL (2 auto-injectors per 28 days)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***adalimumab-adaz***)	3	PA; LD; QL (1 kit per 1 one-time fill)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***adalimumab-adaz***)	3	PA; LD; QL (1 kit per 1 one-time fill)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***adalimumab-adaz***)	3	PA; LD; QL (1 kit per 1 one-time fill)
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***adalimumab-adaz***)	3	PA; LD; QL (1 kit per 1 one-time fill)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***adalimumab-adaz***)	3	PA; LD; QL (1 kit per 1 one-time fill)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	3	PA; LD; QL (2 pens per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab-ryvk***)	3	PA; QL (2 pens per 28 days (QL exception needed for all 80 mg doses)s)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (***adalimumab-ryvk***)	3	PA; QL (2 syringes per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab-ryvk***)	3	PA; LD; QL (2 pens per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (***adalimumab-ryvk***)	3	PA; QL (2 syringes per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (***adalimumab-ryvk***)	3	PA; LD; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (***golimumab***)	3	PA; LD
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***golimumab***)	3	PA; LD; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***golimumab***)	3	PA; LD; QL (1 syringe per 28 days)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-aaty***)	3	PA; LD; QL (2 auto-injectors per 28 days)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab-aaty***)	3	PA; LD; QL (2 syringes per 28 day (QL exception needed for all 80mg doses)s)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab-aaty***)	3	PA; LD; QL (2 auto-injectors per 28 days)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (***adalimumab-aaty***)	3	PA; LD; QL (2 syrgines per 28 days)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (***adalimumab-aaty***)	3	PA; LD; QL (1 kit per 28 days)
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab-aaty***)	3	PA; LD; QL (1 kit per 1 one-time fill)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***adalimumab-aqvh***)	3	PA; LD; QL (2 pens per 28 days)
CYCLOOXYGENASE 2 (COX-2) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG (***celecoxib***)	3	ST; QL (2 capsules per 1 day)
CELEBREX ORAL CAPSULE 400 MG (***celecoxib***)	3	ST; QL (1 capsule per 1 day)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1 or 1b*	QL (2 capsules per 1 day)
celecoxib oral capsule 400 mg	1 or 1b*	QL (1 capsule per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOLD COMPOUNDS - ARTHRITIS AND PAIN DRUGS**		
RIDAURA ORAL CAPSULE (***auranofin***)	2	QL (3 capsules per 1 day)
INTERLEUKIN-1 BLOCKERS - ARTHRITIS AND PAIN DRUGS**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED (***rilonacept***)	3	PA; LD; QL (4 vials per 28 days)
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - ARTHRITIS AND PAIN DRUGS**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***anakinra***)	3	PA; LD; QL (1 syringe per 1 day)
INTERLEUKIN-1BETA BLOCKERS - ARTHRITIS AND PAIN DRUGS**		
ILARIS SUBCUTANEOUS SOLUTION (***canakinumab***)	3	PA; LD; QL (2 vials per 28 days)
INTERLEUKIN-6 RECEPTOR INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***tocilizumab***)	3	PA; LD; QL (4 autoinjectors per 28 days)
ACTEMRA INTRAVENOUS SOLUTION (***tocilizumab***)	3	PA; LD
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***tocilizumab***)	3	PA; LD; QL (4 syringes per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***sarilumab***)	3	PA; LD; QL (2 injection per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***sarilumab***)	3	PA; LD; QL (2 injection per 28 days)
TOFIDENCE INTRAVENOUS SOLUTION (***tocilizumab-bavi***)	3	PA; LD
TYENNE INTRAVENOUS SOLUTION (***tocilizumab-aazg***)	3	PA; LD
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***tocilizumab-aazg***)	3	PA; LD; QL (4 auto-injectors per 28 days)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***tocilizumab-aazg***)	3	PA; LD; QL (4 syringes per 28 days)
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG (***diclofenac-misoprostol***)	3	ST; QL (4 tablet per 1 day)
ARTHROTEC ORAL TABLET DELAYED RELEASE 75-0.2 MG (***diclofenac-misoprostol***)	3	ST; QL (2 tablets per 1 day)
COMBOGESIC INTRAVENOUS SOLUTION (***ibuprofen-acetaminophen***)	3	
COMBOGESIC ORAL TABLET (***ibuprofen-acetaminophen***)	3	ST; QL (12 tablets per 1 day)
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg	1 or 1b*	QL (4 tablets per 1 day)
diclofenac-misoprostol oral tablet delayed release 75-0.2 mg	1 or 1b*	QL (2 tablets per 1 day)
DUEXIS ORAL TABLET (***ibuprofen-famotidine***)	3	ST; QL (3 tablets per 1 day)
ibuprofen-famotidine oral tablet	3	ST; QL (3 tablets per 1 day)
naproxen-esomeprazole mg oral tablet delayed release	3	ST; QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIMOVO ORAL TABLET DELAYED RELEASE (***naproxen-esomeprazole***)	3	ST; QL (2 tablets per 1 day)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - ARTHRITIS AND PAIN DRUGS**		
ANAPROX DS ORAL TABLET (***naproxen sodium***)	3	QL (2 tablets per 1 day)
CALDOLOR INTRAVENOUS SOLUTION (***ibuprofen***)	3	
COXANTO ORAL CAPSULE (***oxaprozin***)	3	QL (4 capsules per 1 day)
DAYPRO ORAL TABLET (***oxaprozin***)	3	QL (2 tablets per 1 day)
diclofenac potassium oral capsule	3	ST; QL (4 capsule per 1 day)
diclofenac potassium oral tablet 25 mg	3	ST; QL (4 tablets per 1 day)
diclofenac potassium oral tablet 50 mg	1 or 1b*	QL (4 tablets per 1 day)
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL (2 tablets per 1 day)
diclofenac sodium oral tablet delayed release 25 mg	1 or 1b*	QL (5 tablets per 1 day)
diclofenac sodium oral tablet delayed release 50 mg	1 or 1b*	QL (4 tablets per 1 day)
diclofenac sodium oral tablet delayed release 75 mg	1 or 1b*	QL (2 tablets per 1 day)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE (***naproxen***)	3	ST
ec-naproxen oral tablet delayed release	1 or 1b*	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg	1 or 1b*	QL (2 tablets per 1 day)
etodolac er oral tablet extended release 24 hour 600 mg	1 or 1b*	QL (1 tablet per 1 day)
etodolac oral capsule 200 mg	1 or 1b*	QL (4 capsules per 1 day)
etodolac oral capsule 300 mg	1 or 1b*	QL (3 capsules per 1 day)
etodolac oral tablet	1 or 1b*	QL (2 tablets per 1 day)
fenoprofen calcium oral capsule	3	ST; QL (4 capsule per 1 day)
FENOPRON ORAL CAPSULE (***fenoprofen calcium***)	3	ST; QL (4 capsules per 1 day)
flurbiprofen oral tablet 100 mg	1 or 1b*	QL (3 tablets per 1 day)
flurbiprofen oral tablet 50 mg	1 or 1b*	QL (4 tablets per 1 day)
ibu oral tablet	1 or 1a*	QL (4 tablets per 1 day)
ibuprofen lysine intravenous solution	1 or 1b*	
ibuprofen oral suspension	1 or 1a*	QL (4 mL per 1 day)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	QL (4 tablets per 1 day)
INDOCIN ORAL SUSPENSION (***indomethacin***)	3	ST; QL (40 mL per 1 day)
INDOCIN RECTAL SUPPOSITORY (***indomethacin***)	3	ST; QL (4 suppositories per 1 day)
indomethacin er oral capsule extended release	1 or 1b*	QL (2 capsules per 1 day)
indomethacin oral capsule 25 mg	1 or 1b*	QL (3 capsule per 1 day)
indomethacin oral capsule 50 mg	1 or 1b*	QL (4 capsule per 1 day)
indomethacin oral suspension	3	ST; QL (40 mL per 1 day)
indomethacin rectal suppository 50 mg	3	ST; QL (4 suppositories per 1 day)
indomethacin sodium intravenous solution reconstituted	3	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
ketoprofen oral capsule 25 mg	3	ST; QL (8 capsules per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketoprofen oral capsule 50 mg	3	ST; QL (4 capsules per 1 day)
ketorolac tromethamine injection solution 15 mg/ml	1 or 1b*	QL (4 ML per 30 days)
KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML	1 or 1b*	QL (2 mL per 30 days)
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	QL (2 mL per 30 days)
ketorolac tromethamine oral tablet	1 or 1a*	QL (20 tablets per 30 days)
KIPROFEN ORAL CAPSULE (***ketoprofen***)	3	ST; QL (8 capsules per 1 day)
LODINE ORAL TABLET (***etodolac***)	3	QL (2 tablets per 1 day)
lofena oral tablet	3	ST; QL (4 tablets per 1 day)
meclofenamate sodium oral capsule	1 or 1b*	QL (4 capsules per 1 day)
mefenamic acid oral capsule	1 or 1b*	QL (29 capsule per 1 fill)
meloxicam oral capsule	3	ST; QL (1 capsule per 1 day)
meloxicam oral suspension	3	ST; QL (10 mL per 1 day)
meloxicam oral tablet 15 mg	1 or 1b*	QL (1 tablet per 1 day)
meloxicam oral tablet 7.5 mg	1 or 1b*	QL (2 tablets per 1 day)
nabumetone oral tablet 500 mg	1 or 1b*	QL (4 tablets per 1 day)
nabumetone oral tablet 750 mg	1 or 1b*	QL (2 tablets per 1 day)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR (***naproxen sodium***)	3	ST; QL (2 tablets per 1 day)
NAPROSYN ORAL TABLET (***naproxen***)	3	ST; QL (2 tablets per 1 day)
naproxen dr oral tablet delayed release	1 or 1b*	
naproxen oral suspension	3	ST; QL (60 mL per 1 day)
naproxen oral tablet 250 mg, 375 mg	1 or 1b*	QL (4 tablets per 1 day)
naproxen oral tablet 500 mg	1 or 1b*	QL (2 tablets per 1 day)
naproxen oral tablet delayed release	1 or 1b*	
naproxen sodium er oral tablet extended release 24 hour	3	ST; QL (2 tablets per 1 day)
naproxen sodium oral tablet 275 mg	1 or 1b*	QL (4 tablets per 1 day)
naproxen sodium oral tablet 550 mg	1 or 1b*	QL (2 tablets per 1 day)
NEOPROFEN INTRAVENOUS SOLUTION (***ibuprofen lysine***)	3	
oxaprozin oral capsule	3	QL (4 capsules per 1 day)
oxaprozin oral tablet	1 or 1b*	QL (2 tablets per 1 day)
piroxicam oral capsule	1 or 1b*	QL (1 capsule per 1 day)
RELAFEN DS ORAL TABLET (***nabumetone***)	3	ST; QL (2 tablets per 1 day)
SPRIX NASAL SOLUTION (***ketorolac tromethamine***)	3	ST; QL (5 bottle per 30 days)
sulindac oral tablet	1 or 1b*	QL (2 tablets per 1 day)
TOLECTIN 600 ORAL TABLET (***tolmetin sodium***)	3	ST
tolmetin sodium oral capsule	1 or 1b*	QL (3 capsules per 1 day)
tolmetin sodium oral tablet	3	ST
ZIPSOR ORAL CAPSULE (***diclofenac potassium***)	3	ST; QL (4 capsule per 1 day)

BRAND=Brand drug ***generic***=generic drug *******Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
OTEZLA ORAL TABLET (***apremilast***)	3	PA; LD; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (***apremilast***)	3	PA; LD; QL (1 pack per 365 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (***apremilast***)	3	PA; LD; QL (1 pack per 1 one-time fill)
PYRIMIDINE SYNTHESIS INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
ARAVA ORAL TABLET (***leflunomide***)	3	QL (1 tablet per 1 day)
leflunomide oral tablet	1 or 1b*	QL (1 tablet per 1 day)
SELECTIVE COSTIMULATION MODULATORS - ARTHRITIS AND PAIN DRUGS**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***abatacept***)	3	PA; LD; QL (4 Syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (***abatacept***)	3	PA; LD; QL (4 vials per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***abatacept***)	3	PA; LD; QL (4 syringes per 28 days)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - ARTHRITIS AND PAIN DRUGS**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (***etanercept***)	3	PA; LD; QL (4 cartridge per 28 days)
ENBREL SUBCUTANEOUS SOLUTION (***etanercept***)	3	PA; LD; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (***etanercept***)	3	PA; LD; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (***etanercept***)	3	PA; LD; QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***etanercept***)	3	PA; LD; QL (4 pens per 28 days)
***ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER**		
ANALGESICS - SELECTIVE NAV1.8 SODIUM CHANNEL INHIBITORS - DRUGS FOR PAIN AND FEVER**		
JOURNAVX ORAL TABLET (***suzetrigine***)	3	QL (15 tablets per 7 days)
ANALGESICS OTHER - ARTHRITIS AND PAIN DRUGS**		
acetaminophen intravenous solution	1 or 1b*	
ANALGESICS-SEDATIVES - ARTHRITIS AND PAIN DRUGS**		
ALLZITAL ORAL TABLET (***butalbital-acetaminophen***)	3	QL (12 tablets per 1 day)
bac (butalbital-acetamin-caff) oral tablet	1 or 1b*	QL (6 tablets per 1 day)
butalbital-acetaminophen oral capsule	1 or 1b*	QL (6 capsules per 1 day)
butalbital-acetaminophen oral tablet 50-300 mg	3	QL (6 tablets per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	1 or 1b*	QL (6 tablets per 1 day)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1 or 1b*	QL (6 capsules per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital-apap-caffeine oral capsule 50-325-40 mg	3	QL (6 capsules per 1 day)
butalbital-apap-caffeine oral tablet	1 or 1b*	QL (6 tablets per 1 day)
butalbital-aspirin-caffeine oral capsule	1 or 1b*	QL (6 capsules per 1 day)
FIORICET ORAL CAPSULE (***butalbital-apap-caffeine***)	3	QL (6 capsules per 1 day)
tencon oral tablet	1 or 1b*	QL (6 tablets per 1 day)
SALICYLATES - ARTHRITIS AND PAIN DRUGS**		
aspirin 81 oral tablet chewable	1 or 1a*; $0	
aspirin 81 oral tablet delayed release	1 or 1a*; $0	
aspirin adult low dose oral tablet delayed release	1 or 1a*; $0	
aspirin adult low strength oral tablet delayed release	1 or 1a*; $0	
aspirin childrens oral tablet chewable	1 or 1a*; $0	
aspirin ec adult low dose oral tablet delayed release	1 or 1a*; $0	
aspirin ec low dose oral tablet delayed release	1 or 1a*; $0	
aspirin ec low strength oral tablet delayed release	1 or 1a*; $0	
aspirin low dose oral tablet chewable	1 or 1a*; $0	
aspirin low dose oral tablet delayed release	1 or 1a*; $0	
aspirin oral tablet chewable	1 or 1a*; $0	
aspirin oral tablet delayed release 81 mg	1 or 1a*; $0	
aspirin regimen oral tablet delayed release	1 or 1a*; $0	
bayer aspirin ec low dose oral tablet delayed release	1 or 1a*; $0	
bayer low dose oral tablet chewable	1 or 1a*; $0	
bayer low dose oral tablet delayed release	1 or 1a*; $0	
childrens aspirin oral tablet chewable	1 or 1a*; $0	
cvs aspirin adult low dose oral tablet chewable	1 or 1a*; $0	
cvs aspirin adult low strength oral tablet delayed release	1 or 1a*; $0	
cvs aspirin ec oral tablet delayed release	1 or 1a*; $0	
cvs aspirin low dose oral tablet delayed release	1 or 1a*; $0	
cvs aspirin low strength oral tablet delayed release	1 or 1a*; $0	
diflunisal oral tablet	1 or 1b*	QL (3 tablets per 1 day)
DOLOBID ORAL TABLET 250 MG (***diflunisal***)	3	ST; QL (3 tablets per 1 day)
DOLOBID ORAL TABLET 375 MG (***diflunisal***)	3	ST; QL (4 tablets per 1 day)
ecotrin low strength oral tablet delayed release	1 or 1a*; $0	
eq aspirin adult low dose oral tablet delayed release	1 or 1a*; $0	
eq aspirin low dose oral tablet chewable	1 or 1a*; $0	
eq aspirin low dose oral tablet delayed release	1 or 1a*; $0	
eql aspirin low dose oral tablet chewable	1 or 1a*; $0	
eql aspirin low dose oral tablet delayed release	1 or 1a*; $0	
ft aspirin low dose oral tablet delayed release	1 or 1a*; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ft aspirin oral tablet chewable	1 or 1a*; $0	
gnp adult aspirin low strength oral tablet chewable	1 or 1a*; $0	
gnp aspirin low dose oral tablet delayed release	1 or 1a*; $0	
gnp aspirin oral tablet delayed release 81 mg	1 or 1a*; $0	
goodsense aspirin low dose oral tablet delayed release	1 or 1a*; $0	
goodsense aspirin oral tablet chewable	1 or 1a*; $0	
h-e-b aspirin oral tablet delayed release	1 or 1a*; $0	
kls aspirin low dose oral tablet delayed release	1 or 1a*; $0	
kp aspirin oral tablet delayed release	1 or 1a*; $0	
mm aspirin oral tablet delayed release	1 or 1a*; $0	
qc aspirin low dose oral tablet chewable	1 or 1a*; $0	
qc aspirin low dose oral tablet delayed release	1 or 1a*; $0	
qc childrens aspirin oral tablet chewable	1 or 1a*; $0	
ra aspirin adult low dose oral tablet chewable	1 or 1a*; $0	
ra aspirin adult low strength oral tablet chewable	1 or 1a*; $0	
ra aspirin childrens oral tablet chewable	1 or 1a*; $0	
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*; $0	
ra aspirin ec oral tablet delayed release 81 mg	1 or 1a*; $0	
sb childrens aspirin oral tablet chewable	1 or 1a*; $0	
sb low dose asa ec oral tablet delayed release	1 or 1a*; $0	
st joseph aspirin oral tablet delayed release	1 or 1a*; $0	
st joseph low dose oral tablet chewable	1 or 1a*; $0	
st joseph low dose oral tablet delayed release	1 or 1a*; $0	
***ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER**		
CODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
acetaminophen-codeine oral solution	1 or 1a*	AL; QL (90 mL per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	1 or 1a*	AL; QL (6 tablets per 1 day)
acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg	1 or 1a*	AL; QL (6 tablet per 1 day)
ascomp-codeine oral capsule	1 or 1b*	AL; QL (6 capsule per 1 day)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	1 or 1b*	AL; QL (6 capsules per 1 day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1 or 1b*	AL; QL (6 capsule per 1 day)
butalbital-asa-caff-codeine oral capsule	1 or 1b*	AL; QL (6 capsule per 1 day)
FIORICET/CODEINE ORAL CAPSULE (***butalbital-apap-caff-cod***)	3	AL; QL (6 capsules per 1 day)
DIHYDROCODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL (6 capsules per 1 day)
trezix oral capsule	1 or 1b*	QL (6 capsules per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYDROCODONE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1 or 1b*	QL (90 mL per 1 day)
hydrocodone-acetaminophen oral tablet	1 or 1b*	QL (6 tablets per 1 day)
hydrocodone-ibuprofen oral tablet	1 or 1b*	QL (5 tablets per 1 day)
OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS**		
CODEINE SULFATE ORAL TABLET 15 MG	3	AL; QL (6 tablets per 1 day)
codeine sulfate oral tablet 30 mg	1 or 1b*	AL; QL (6 tablets per 1 day)
CODEINE SULFATE ORAL TABLET 60 MG	3	AL; QL (6 tablet per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (***tramadol hcl***)	3	PA; QL (1 capsule per 1 day)
DEMEROL INJECTION SOLUTION (***meperidine hcl***)	3	
DILAUDID INJECTION SOLUTION (***hydromorphone hcl***)	3	
DILAUDID ORAL LIQUID (***hydromorphone hcl***)	3	QL (24 mL per 1 day)
DILAUDID ORAL TABLET (***hydromorphone hcl***)	3	QL (6 tablets per 1 day)
DSUVIA SUBLINGUAL TABLET SUBLINGUAL (***sufentanil citrate***)	3	
duramorph injection solution	3	
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML	1 or 1b*	
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*	
FENTANYL CITRATE (PF) INJECTION SOLUTION 50 MCG/ML	3	
fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml	3	
FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE 50 MCG/ML	3	
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL (15 patches per 30 days)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg	3	PA; QL (2 capsules per 1 day)
hydrocodone bitartrate er oral capsule extended release 12 hour 30 mg, 40 mg, 50 mg	3	PA; QL (2 capsule per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1 or 1b*	PA; QL (1 tablet per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL (1 tablet per 1 day)
hydromorphone hcl injection solution 0.25 mg/0.5ml	3	
hydromorphone hcl injection solution 4 mg/ml	1 or 1b*	
hydromorphone hcl oral liquid	1 or 1b*	QL (24 mL per 1 day)
hydromorphone hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML	3	
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (***hydrocodone bitartrate***)	3	PA; QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFUMORPH 200 INJECTION SOLUTION (***morphine sulfate microinfusion***)	3	
INFUMORPH 500 INJECTION SOLUTION (***morphine sulfate microinfusion***)	3	
levorphanol tartrate oral tablet 2 mg	3	PA; QL (6 tablets per 1 day)
levorphanol tartrate oral tablet 3 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
meperidine hcl injection solution	1 or 1b*	
meperidine hcl oral solution	1 or 1b*	QL (7 days per 1 fill)
meperidine hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
METHADONE HCL INJECTION SOLUTION	3	PA; QL (1 mL per 1 day)
methadone hcl intensol oral concentrate	1 or 1b*	PA; QL (6 mL per 1 day)
methadone hcl oral concentrate	1 or 1b*	PA; QL (6 mL per 1 day)
methadone hcl oral solution	1 or 1b*	PA; QL (30 mL per 1 day)
methadone hcl oral tablet 10 mg	1 or 1b*	PA; QL (6 tablet per 1 day)
methadone hcl oral tablet 5 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
methadone hcl oral tablet soluble	1 or 1b*	PA; QL (1 tablet per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (***methadone hcl***)	3	PA; QL (6 mL per 1 day)
methadose oral tablet soluble	1 or 1b*	PA; QL (1 tablet per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE (***methadone hcl***)	3	PA; QL (6 mL per 1 day)
mitigo injection solution	1 or 1b*	
morphine sulfate (concentrate) oral solution 100 mg/5ml	1 or 1b*	QL (6 mL per 1 day)
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML	3	
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION	3	
morphine sulfate er beads oral capsule extended release 24 hour	1 or 1b*	PA; QL (1 capsule per 1 day)
morphine sulfate er oral capsule extended release 24 hour	1 or 1b*	PA; QL (2 capsules per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	1 or 1b*	PA; QL (3 tablet per 1 day)
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	1 or 1b*	
morphine sulfate intravenous solution 50 mg/ml	3	
morphine sulfate oral solution	1 or 1b*	QL (30 mL per 1 day)
morphine sulfate oral tablet	1 or 1b*	QL (6 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE (***morphine sulfate***)	3	PA; QL (3 tablet per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR (***tapentadol hcl***)	3	PA; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (***tapentadol hcl***)	3	QL (181 tablets per 30 days)
NUCYNTA ORAL TABLET 50 MG (***tapentadol hcl***)	3	QL (6 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (***tapentadol hcl***)	3	QL (8 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *******Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLINVYK INTRAVENOUS SOLUTION (***oliceridine fumarate***)	3	
oxycodone hcl oral capsule	1 or 1b*	QL (7 days per 1 fill)
oxycodone hcl oral concentrate	1 or 1b*	QL (6 mL per 1 day)
oxycodone hcl oral solution	1 or 1b*	QL (30 mL per 1 day)
oxycodone hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
oxycodone hcl oral tablet abuse-deterrent	3	PA; QL (6 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG (***oxycodone hcl***)	3	PA; QL (2 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG (***oxycodone hcl***)	3	PA; QL (2 tablet per 1 day)
oxymorphone hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL (2 tablets per 1 day)
oxymorphone hcl oral tablet 10 mg	1 or 1b*	QL (6 tablet per 1 day)
oxymorphone hcl oral tablet 5 mg	1 or 1b*	QL (6 tablets per 1 day)
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
ROXICODONE ORAL TABLET (***oxycodone hcl***)	3	QL (6 tablets per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT (***oxycodone hcl***)	3	PA; QL (6 tablets per 1 day)
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	1 or 1b*	
tramadol hcl (er biphasic) oral capsule extended release 24 hour	1 or 1b*	PA; QL (1 capsule per 1 day)
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1 or 1b*	PA; QL (1 tablet per 1 day)
tramadol hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL (1 tablet per 1 day)
TRAMADOL HCL ORAL SOLUTION	3	AL; QL (80 mL per 1 day)
tramadol hcl oral tablet 100 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
tramadol hcl oral tablet 25 mg	1 or 1b*	PA; QL (16 tablets per 1 day)
tramadol hcl oral tablet 50 mg	1 or 1b*	AL; QL (8 tablets per 1 day)
tramadol hcl oral tablet 75 mg	3	PA; QL (5 tablets per 1 day)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED (***remifentanil hcl***)	3	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG (***oxycodone***)	3	PA; QL (2 capsules per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG (***oxycodone***)	3	PA; QL (2 capsule per 1 day)
OPIOID COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
APADAZ ORAL TABLET (***benzhydrocodone-acetaminophen***)	3	QL (6 tablets per 1 day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL (6 tablets per 1 day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1 or 1b*	QL (6 tablets per 1 day)
endocet oral tablet 5-325 mg	1 or 1b*	QL (6 tablet per 1 day)
NALOCET ORAL TABLET	3	QL (6 tablet per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	QL (30 mL per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	1 or 1b*	QL (60 mL per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	3	QL (6 tablets per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1 or 1b*	QL (6 tablets per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	3	QL (6 tablet per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	1 or 1b*	QL (6 tablet per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 7.5-325 MG (***oxycodone-acetaminophen***)	3	QL (6 tablets per 1 day)
PERCOCET ORAL TABLET 5-325 MG (***oxycodone-acetaminophen***)	3	QL (6 tablet per 1 day)
PROLATE ORAL SOLUTION (***oxycodone-acetaminophen***)	3	QL (30 mL per 1 day)
PROLATE ORAL TABLET (***oxycodone-acetaminophen***)	3	QL (6 tablets per 1 day)
OPIOID PARTIAL AGONISTS - ARTHRITIS AND PAIN DRUGS**		
BELBUCA BUCCAL FILM (***buprenorphine hcl***)	3	PA; QL (2 film per 1 day)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***buprenorphine***)	3	LD; QL (4 syringes per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***buprenorphine***)	3	LD; QL (1 syringe per 28 days)
buprenorphine hcl injection solution	1 or 1b*	
buprenorphine hcl sublingual tablet sublingual 2 mg	1 or 1b*	QL (12 tablets per 90 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	1 or 1b*	QL (3 tablets per 90 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1 or 1b*	QL (2 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1 or 1b*	QL (16 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1 or 1b*	QL (8 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1 or 1b*	QL (4 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1 or 1b*	QL (16 tablets per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1 or 1b*	QL (4 tablets per 1 day)
buprenorphine transdermal patch weekly	1 or 1b*	PA; QL (1 package per 28 days)
butorphanol tartrate injection solution	1 or 1b*	
butorphanol tartrate nasal solution	1 or 1b*	QL (2 bottles per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY (***buprenorphine***)	3	PA; QL (1 package per 28 days)
nalbuphine hcl injection solution	1 or 1b*	QL (2 mL per 1 day)
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***buprenorphine***)	3	LD; QL (1 syringe per 28 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG (***buprenorphine hcl-naloxone hcl***)	3	QL (2 films per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (***buprenorphine hcl-naloxone hcl***)	3	QL (16 films per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG (***buprenorphine hcl-naloxone hcl***)	3	QL (8 films per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG (***buprenorphine hcl-naloxone hcl***)	3	QL (4 films per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (***buprenorphine hcl-naloxone hcl***)	3	QL (23 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (***buprenorphine hcl-naloxone hcl***)	3	QL (12 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (***buprenorphine hcl-naloxone hcl***)	3	QL (1 tablet per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (***buprenorphine hcl-naloxone hcl***)	3	QL (5 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG (***buprenorphine hcl-naloxone hcl***)	3	QL (3 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (***buprenorphine hcl-naloxone hcl***)	3	QL (2 tablets per 1 day)
TRAMADOL COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
tramadol-acetaminophen oral tablet	1 or 1b*	AL; QL (8 tablet per 1 day)
***ANDROGENS-ANABOLIC* - HORMONES**		
ANDROGENS - DRUGS FOR MEN**		
ANDROGEL PUMP TRANSDERMAL GEL (***testosterone***)	3	PA; QL (1 bottle per 30 days)
AVEED INTRAMUSCULAR SOLUTION (***testosterone undecanoate***)	3	PA; LD
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***testosterone cypionate***)	3	PA
danazol oral capsule 100 mg, 50 mg	1 or 1b*	QL (2 capsules per 1 day)
danazol oral capsule 200 mg	1 or 1b*	QL (4 capsules per 1 day)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (***testosterone cypionate***)	1 or 1b*	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG (***testosterone undecanoate***)	3	PA; QL (4 capsules per 1 day)
JATENZO ORAL CAPSULE 237 MG (***testosterone undecanoate***)	3	PA; QL (2 capsules per 1 day)
KYZATREX ORAL CAPSULE 100 MG, 150 MG (***testosterone undecanoate***)	3	PA; QL (2 capsules per 1 day)
KYZATREX ORAL CAPSULE 200 MG (***testosterone undecanoate***)	3	PA; QL (4 capsules per 1 day)
METHITEST ORAL TABLET	3	PA
methyltestosterone oral capsule	3	PA
NATESTO NASAL GEL (***testosterone***)	3	PA; QL (3 pump bottles per 30 days)
TESTIM TRANSDERMAL GEL (***testosterone***)	3	PA; QL (1 packet per 1 day)
TESTOPEL IMPLANT PELLET (***testosterone***)	3	PA; LD
testosterone cypionate intramuscular solution	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	1 or 1b*	PA; QL (1 bottle per 30 days)
testosterone transdermal gel 10 mg/act (2%)	1 or 1b*	PA; QL (1 pump per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	1 or 1b*	PA; QL (2 bottles per 30 days)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1 or 1b*	PA; QL (1 packet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone transdermal gel 25 mg/2.5gm (1%)	1 or 1b*	PA; QL (2 packet per 1 day)
testosterone transdermal solution	1 or 1b*	PA; QL (1 pump bottle per 30 days)
TLANDO ORAL CAPSULE (***testosterone undecanoate***)	3	PA; QL (4 capsules per 1 day)
UNDECATREX ORAL CAPSULE (***testosterone undecanoate***)	3	PA; QL (4 capsules per 1 day)
VOGELXO PUMP TRANSDERMAL GEL (***testosterone***)	3	PA; QL (2 bottles per 30 days)
VOGELXO TRANSDERMAL GEL (***testosterone***)	3	PA; QL (1 tube per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***testosterone enanthate***)	3	PA
***ANORECTAL AND RELATED PRODUCTS* - RECTAL PREPARATIONS**		
INTRARECTAL STEROIDS - RECTAL PREPARATIONS**		
budesonide rectal foam 2 mg	1 or 1b*	QL (4.78 gm per 1 day)
budesonide rectal foam 2 mg/act	1 or 1b*	QL (4.78 grams per 1 day)
CORTENEMA RECTAL ENEMA (***hydrocortisone***)	3	
CORTIFOAM EXTERNAL FOAM (***hydrocortisone acetate***)	3	QL (2.15 gram per 1 day)
hydrocortisone rectal enema	1 or 1b*	
UCERIS RECTAL FOAM (***budesonide***)	3	QL (4.78 gm per 1 day)
NITRATE VASODILATING AGENTS - RECTAL PREPARATIONS**		
nitroglycerin rectal ointment	1 or 1b*	QL (1 unit per 1 day)
RECTIV RECTAL OINTMENT (***nitroglycerin***)	3	QL (1 unit per 1 day)
RECTAL ANESTHETIC/STEROIDS - RECTAL PREPARATIONS**		
ANALPRAM-HC EXTERNAL CREAM (***hydrocortisone ace-pramoxine***)	3	
ANALPRAM-HC EXTERNAL LOTION (***hydrocortisone ace-pramoxine***)	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1 or 1b*	
PROCTOFOAM HC EXTERNAL FOAM (***hydrocortisone ace-pramoxine***)	3	
RECTAL STEROIDS - RECTAL PREPARATIONS**		
ANUSOL-HC EXTERNAL CREAM (***hydrocortisone***)	3	
hydrocortisone (perianal) external cream	1 or 1b*	
PROCTOCORT EXTERNAL CREAM (***hydrocortisone***)	1 or 1b*	
procto-med hc external cream	1 or 1b*	
proctosol hc external cream	1 or 1b*	
proctozone-hc external cream	1 or 1b*	
***ANTHELMINTICS* - DRUGS FOR INFECTIONS**		
ANTHELMINTICS - DRUGS FOR PARASITES**		
albendazole oral tablet	1 or 1b*	PA; QL (4 tablets per 1 day)
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET (***praziquantel***)	3	
EMVERM ORAL TABLET CHEWABLE (***mebendazole***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ivermectin oral tablet 3 mg	1 or 1b*	QL (9 tablets per 1 fill)
ivermectin oral tablet 6 mg	1 or 1b*	QL (4 tablets per 1 fill)
praziquantel oral tablet	1 or 1b*	
STROMECTOL ORAL TABLET (***ivermectin***)	3	QL (9 tablets per 1 fill)
***ANTIANGINAL AGENTS* - DRUGS FOR THE HEART**		
ANTIANGINALS-OTHER - DRUGS FOR ANGINA**		
ASPRUZYO SPRINKLE ORAL PACKET (***ranolazine***)	3	PA; QL (2 sachets per 1 day)
ranolazine er oral tablet extended release 12 hour	1 or 1b*	QL (2 tablets per 1 day)
NITRATES - DRUGS FOR ANGINA**		
ISORDIL TITRADOSE ORAL TABLET (***isosorbide dinitrate***)	3	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide mononitrate er oral tablet extended release 24 hour	1 or 1b*	
isosorbide mononitrate oral tablet	3	
NITRO-BID TRANSDERMAL OINTMENT (***nitroglycerin***)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (***nitroglycerin***)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (***nitroglycerin***)	2	
nitroglycerin in d5w intravenous solution	1 or 1b*	
NITROGLYCERIN INTRAVENOUS SOLUTION	3	
nitroglycerin sublingual tablet sublingual	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual solution	1 or 1b*	
NITROLINGUAL TRANSLINGUAL SOLUTION (***nitroglycerin***)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL (***nitroglycerin***)	3	
***ANTIANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIANXIETY AGENTS - MISC. - DRUGS FOR ANXIETY**		
BUCAPSOL ORAL CAPSULE 10 MG, 7.5 MG (***buspirone hcl***)	3	PA; DO
BUCAPSOL ORAL CAPSULE 15 MG (***buspirone hcl***)	3	PA; QL (4 capsules per 1 day)
buspirone hcl oral tablet	1 or 1b*	
droperidol injection solution	1 or 1b*	
hydroxyzine hcl intramuscular solution 25 mg/ml	1 or 1b*	
hydroxyzine hcl intramuscular solution 50 mg/ml	3	
hydroxyzine hcl oral syrup	1 or 1b*	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
meprobamate oral tablet	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
alprazolam er oral tablet extended release 24 hour 0.5 mg	1 or 1b*	QL (12 tablets per 1 day)
alprazolam er oral tablet extended release 24 hour 1 mg	1 or 1b*	QL (6 tablets per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL (2 tablets per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE (***alprazolam***)	3	QL (4 mL per 1 day)
alprazolam oral tablet	1 or 1b*	QL (4 tablets per 1 day)
alprazolam oral tablet dispersible	1 or 1b*	QL (3 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg	1 or 1b*	QL (12 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 1 mg	1 or 1b*	QL (6 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL (2 tablets per 1 day)
ATIVAN INJECTION SOLUTION (***lorazepam***)	3	
ATIVAN ORAL TABLET 0.5 MG (***lorazepam***)	3	QL (12 tablets per 1 day)
ATIVAN ORAL TABLET 1 MG, 2 MG (***lorazepam***)	3	QL (3 tablets per 1 day)
chlordiazepoxide hcl oral capsule	1 or 1b*	QL (4 capsules per 1 day)
clorazepate dipotassium oral tablet	1 or 1b*	QL (4 tablets per 1 day)
diazepam injection solution 10 mg/2ml	1 or 1a*	
diazepam intensol oral concentrate	1 or 1a*	QL (8 mL per 1 day)
diazepam oral concentrate	1 or 1a*	QL (8 mL per 1 day)
diazepam oral solution	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL (4 tablets per 1 day)
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	QL (3 mL per 1 day)
lorazepam oral concentrate 2 mg/ml	1 or 1b*	QL (3 mL per 1 day)
lorazepam oral tablet 0.5 mg	1 or 1b*	QL (12 tablets per 1 day)
lorazepam oral tablet 1 mg, 2 mg	1 or 1b*	QL (3 tablets per 1 day)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG (***lorazepam***)	3	ST; QL (6 capsules per 1 day)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG (***lorazepam***)	3	ST; QL (4 capsules per 1 day)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG (***lorazepam***)	3	ST; QL (2 capsule per 1 day)
oxazepam oral capsule	1 or 1b*	QL (4 capsules per 1 day)
VALIUM ORAL TABLET (***diazepam***)	3	QL (4 tablets per 1 day)
XANAX ORAL TABLET (***alprazolam***)	3	QL (4 tablets per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG (***alprazolam***)	3	QL (12 tablets per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG (***alprazolam***)	3	QL (6 tablets per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG (***alprazolam***)	3	QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIARRHYTHMICS* - DRUGS FOR THE HEART**		
ANTIARRHYTHMICS - MISC. - DRUGS FOR ABNORMAL HEART RHYTHMS**		
adenosine intravenous solution	1 or 1b*	
ANTIARRHYTHMICS TYPE I-A - DRUGS FOR ABNORMAL HEART RHYTHMS**		
disopyramide phosphate oral capsule	1 or 1b*	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (***disopyramide phosphate***)	2	
NORPACE ORAL CAPSULE (***disopyramide phosphate***)	3	
procainamide hcl injection solution	1 or 1b*	
quinidine gluconate er oral tablet extended release	1 or 1b*	
quinidine sulfate oral tablet	1 or 1a*	
ANTIARRHYTHMICS TYPE I-B - DRUGS FOR ABNORMAL HEART RHYTHMS**		
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1 or 1b*	
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION	3	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1 or 1b*	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1 or 1b*	
mexiletine hcl oral capsule	1 or 1b*	
ANTIARRHYTHMICS TYPE I-C - DRUGS FOR ABNORMAL HEART RHYTHMS**		
flecainide acetate oral tablet 100 mg	1 or 1b*	QL (4 tablets per 1 day)
flecainide acetate oral tablet 150 mg	1 or 1b*	QL (2 tablets per 1 day)
flecainide acetate oral tablet 50 mg	1 or 1b*	QL (3 tablets per 1 day)
propafenone hcl er oral capsule extended release 12 hour	1 or 1b*	
propafenone hcl oral tablet	1 or 1b*	
ANTIARRHYTHMICS TYPE III - DRUGS FOR ABNORMAL HEART RHYTHMS**		
amiodarone hcl intravenous solution	1 or 1b*	
amiodarone hcl oral tablet 100 mg, 400 mg	1 or 1b*	
amiodarone hcl oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
CORVERT INTRAVENOUS SOLUTION (***ibutilide fumarate***)	3	
dofetilide oral capsule	1 or 1b*	LD
ibutilide fumarate intravenous solution	1 or 1b*	
MULTAQ ORAL TABLET (***dronedarone hcl***)	3	QL (2 tablets per 1 day)
NEXTERONE INTRAVENOUS SOLUTION (***amiodarone hcl in dextrose***)	3	
pacerone oral tablet 100 mg	1 or 1b*	
pacerone oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
TIKOSYN ORAL CAPSULE (***dofetilide***)	3	LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS**		
5-LIPOXYGENASE INHIBITORS - DRUGS FOR ASTHMA/COPD**		
zileuton er oral tablet extended release 12 hour	3	PA; QL (4 tablets per 1 day)
ZYFLO ORAL TABLET (***zileuton***)	3	PA; QL (4 tablets per 1 day)
ADRENERGIC COMBINATIONS - DRUGS FOR ASTHMA/COPD**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (***fluticasone-salmeterol***)	3	ST; QL (1 package per 30 days)
ADVAIR HFA INHALATION AEROSOL (***fluticasone-salmeterol***)	3	ST; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (***fluticasone-salmeterol***)	3	ST; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (***fluticasone-salmeterol***)	3	ST; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (***fluticasone-salmeterol***)	3	ST; QL (1 inhaler per 30 days)
AIRSUPRA INHALATION AEROSOL (***albuterol-budesonide***)	3	PA; QL (3 inhalers per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (***umeclidinium-vilanterol***)	2	QL (1 inhaler per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL (***glycopyrrolate-formoterol***)	3	ST; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (***fluticasone furoate-vilanterol***)	2	QL (1 inhaler per 30 days)
budesonide-formoterol fumarate (Breyna Inhalation Aerosol)	1 or 1b*	QL (1.03 grams per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL (***budeson-glycopyrrol-formoterol***)	2	QL (1 inhaler per 30 days)
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL (1.03 grams per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (***ipratropium-albuterol***)	2	QL (2 inhalers per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (***aclidinium br-formoterol fum***)	3	ST; QL (1 unit per 25 days)
DULERA INHALATION AEROSOL (***mometasone furo-formoterol fum***)	3	ST; QL (1 inhaler per 30 days)
fluticasone furoate-vilanterol inhalation aerosol powder breath activated	1 or 1b*	QL (1 inhaler per 30 days)
fluticasone-salmeterol inhalation aerosol	1 or 1b*	QL (1 inhaler per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1 or 1b*	QL (1 package per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	1 or 1b*	QL (1 inhaler per 30 days)
ipratropium-albuterol inhalation solution	1 or 1b*	QL (540 mL per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (***tiotropium bromide-olodaterol***)	2	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL (***budesonide-formoterol fumarate***)	3	ST; QL (1.03 grams per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	2	QL (1 inhaler per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	2	QL (2 EA per 1 day)
umeclidinium-vilanterol inhalation aerosol powder breath activated	1 or 1b*	QL (1 inhaler per 30 days)
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 (***omalizumab***)	3	PA; LD; QL (4 auto-injectors per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	3	PA; LD; QL (2 auto-injectors per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***omalizumab***)	3	PA; LD; QL (4 prefilled syringes per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	3	PA; LD; QL (2 prefilled syringes per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (***omalizumab***)	3	PA; LD; QL (4 vials/syringes/autoinjectors per 28 days)
ANTI-INFLAMMATORY AGENTS - DRUGS FOR ASTHMA/COPD**		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
BETA ADRENERGICS - DRUGS FOR ASTHMA/COPD**		
albuterol sulfate hfa inhalation aerosol solution	1 or 1b*	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1 or 1b*	QL (180 vials per 30 days)
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	1 or 1b*	QL (180 vials per 30 days)
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
arformoterol tartrate inhalation nebulization solution	1 or 1b*	QL (60 vial per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION (***arformoterol tartrate***)	3	QL (60 vial per 30 days)
formoterol fumarate inhalation nebulization solution	1 or 1b*	QL (120 ML per 30 days)
isoproterenol hcl injection solution	1 or 1b*	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	1 or 1b*	QL (90 vials per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1 or 1b*	QL (90 mL per 30 days)
levalbuterol tartrate inhalation aerosol	1 or 1b*	ST; QL (2 inhalers per 30 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION (***formoterol fumarate***)	3	QL (120 ML per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED (***albuterol sulfate***)	2	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (***salmeterol xinafoate***)	2	QL (1 inhaler per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION (***olodaterol hcl***)	3	QL (1 inhaler per 30 days)
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	
VENTOLIN HFA INHALATION AEROSOL SOLUTION (***albuterol sulfate***)	3	ST; QL (2 inhalers per 30 days)
XOPENEX HFA INHALATION AEROSOL (***levalbuterol tartrate***)	3	ST; QL (2 inhalers per 30 days)
BRONCHODILATORS - ANTICHOLINERGICS - DRUGS FOR ASTHMA/COPD**		
ATROVENT HFA INHALATION AEROSOL SOLUTION (***ipratropium bromide hfa***)	2	QL (2 inhalers per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (***umeclidinium bromide***)	3	ST; QL (1 inhaler per 30 days)
ipratropium bromide inhalation solution	1 or 1b*	QL (300 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE (***tiotropium bromide monohydrate***)	2	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (***tiotropium bromide monohydrate***)	2	QL (1 inhaler per 30 days)
tiotropium bromide monohydrate inhalation capsule	1 or 1b*	QL (1 capsule per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (***aclidinium bromide***)	3	ST; QL (0.04 EA per 1 day)
YUPELRI INHALATION SOLUTION (***revefenacin***)	3	ST; QL (1 vial per 1 day)
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA) - DRUGS FOR ASTHMA/COPD**		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***benralizumab***)	3	PA; LD; QL (1 autoinjector per 8 weekss)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (***benralizumab***)	3	PA; LD; QL (1 syringe per 8 weeks)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (***benralizumab***)	3	PA; LD; QL (1 syringes per 8 weekss)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***mepolizumab***)	3	PA; LD; QL (1 autoinjector per 4 weekss)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***mepolizumab***)	3	PA; LD; QL (1 syringe per 4 weekss)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***mepolizumab***)	3	PA; LD; QL (1 injection per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (***mepolizumab***)	3	PA; LD; QL (1 injections per 28 days)
INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA) - DRUGS FOR ASTHMA/COPD**		
CINQAIR INTRAVENOUS SOLUTION (***reslizumab***)	3	PA; LD
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS FOR ASTHMA/COPD**		
ACCOLATE ORAL TABLET (***zafirlukast***)	3	QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
montelukast sodium oral packet	1 or 1b*	QL (1 packet per 1 day)
montelukast sodium oral tablet	1 or 1b*	QL (1 tablet per 1 day)
montelukast sodium oral tablet chewable	1 or 1b*	QL (1 tablet per 1 day)
SINGULAIR ORAL PACKET (***montelukast sodium***)	3	QL (1 packet per 1 day)
SINGULAIR ORAL TABLET (***montelukast sodium***)	3	QL (1 tablet per 1 day)
SINGULAIR ORAL TABLET CHEWABLE (***montelukast sodium***)	3	QL (1 tablet per 1 day)
zafirlukast oral tablet	1 or 1b*	QL (2 tablets per 1 day)
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS - DRUGS FOR THE LUNGS**		
OHTUVAYRE INHALATION SUSPENSION (***ensifentrine***)	3	PA; LD; QL (1 carton per 30 days)
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - DRUGS FOR ASTHMA/COPD**		
DALIRESP ORAL TABLET (***roflumilast***)	3	QL (1 tablet per 1 day)
roflumilast oral tablet	1 or 1b*	QL (1 tablet per 1 day)
STEROID INHALANTS - DRUGS FOR ASTHMA/COPD**		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT (***ciclesonide***)	3	ST; QL (2 inhalers per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT (***ciclesonide***)	3	ST; QL (1 inhaler per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (***fluticasone furoate***)	2	QL (1 inhaler per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (***mometasone furoate***)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (***mometasone furoate***)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT (***mometasone furoate***)	3	ST; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (***mometasone furoate***)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (***mometasone furoate***)	3	ST; QL (1 inhaler per 30 days)
ASMANEX HFA INHALATION AEROSOL (***mometasone furoate***)	3	ST; QL (1 inhaler per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1 or 1b*	QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	1 or 1b*	QL (60 ML per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	1 or 1b*	QL (1 inhaler per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	1 or 1b*	QL (4 inhalers per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 44 mcg/act	1 or 1b*	QL (1 inhaler per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	1 or 1b*	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (***budesonide***)	3	ST; QL (0.07 EA per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML (***budesonide***)	3	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML (***budesonide***)	3	QL (60 ML per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (***beclomethasone diprop hfa***)	2	QL (1 inhaler per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (***beclomethasone diprop hfa***)	2	QL (2 inhalers per 30 days)
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS - DRUGS FOR ASTHMA/COPD**		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***tezepelumab-ekko***)	3	PA; LD; QL (1 syringe per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***tezepelumab-ekko***)	3	PA; LD; QL (1 syringe per 28 days)
XANTHINES - DRUGS FOR ASTHMA/COPD**		
aminophylline intravenous solution	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR (***theophylline***)	1 or 1b*	QL (112.5 mL per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (***theophylline***)	2	QL (4 tablets per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (***theophylline***)	2	QL (3 capsules per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (***theophylline***)	2	QL (2 capsules per 1 day)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1 or 1b*	
theophylline er oral tablet extended release 12 hour 300 mg	1 or 1b*	QL (2 tablets per 1 day)
theophylline er oral tablet extended release 12 hour 450 mg	1 or 1b*	QL (1 tablet per 1 day)
theophylline er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
theophylline oral elixir	1 or 1b*	QL (112.5 mL per 1 day)
theophylline oral solution	1 or 1b*	QL (112.5 mL per 1 day)
***ANTICOAGULANTS* - DRUGS FOR THE BLOOD**		
COUMARIN ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS**		
jantoven oral tablet	1 or 1a*	
warfarin sodium oral tablet	1 or 1a*	
DIRECT FACTOR XA INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (***apixaban***)	2	QL (74 tablets per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (***apixaban***)	2	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (***apixaban***)	2	QL (74 tablets per 30 days)
rivaroxaban oral tablet	1 or 1b*	QL (2 tablets per 1 day)
SAVAYSA ORAL TABLET (***edoxaban tosylate***)	3	QL (1 tablet per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED (***rivaroxaban***)	2	QL (20 mL per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (***rivaroxaban***)	2	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (***rivaroxaban***)	2	QL (1 pack per 365 days)
HEPARINS AND HEPARINOID-LIKE AGENTS - DRUGS TO PREVENT BLOOD CLOTS**		
bd heparin posiflush intravenous solution	1 or 1b*	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1 or 1b*	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	
heparin na (pork) lock flsh pf intravenous solution	1 or 1b*	
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%	3	
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	1 or 1b*	
heparin sod (pork) lock flush intravenous solution	1 or 1b*	
heparin sodium (porcine) injection solution	1 or 1b*	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE	3	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	1 or 1b*	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML	3	
LOW MOLECULAR WEIGHT HEPARINS - DRUGS TO PREVENT BLOOD CLOTS**		
enoxaparin sodium injection solution	1 or 1b*	QL (30 syringes per 30 days)
enoxaparin sodium injection solution prefilled syringe	1 or 1b*	QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML (***dalteparin sodium***)	3	QL (8 mL per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (***dalteparin sodium***)	3	QL (6 vials per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***dalteparin sodium***)	3	QL (30 syringes per 30 days)
LOVENOX INJECTION SOLUTION (***enoxaparin sodium***)	3	QL (30 syringes per 30 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE (***enoxaparin sodium***)	3	QL (2 syringes per 1 day)
SYNTHETIC HEPARINOID-LIKE AGENTS - DRUGS TO PREVENT BLOOD CLOTS**		
ARIXTRA SUBCUTANEOUS SOLUTION (***fondaparinux sodium***)	3	QL (30 syringes per 30 days)
fondaparinux sodium subcutaneous solution	1 or 1b*	QL (30 syringes per 30 days)
THROMBIN INHIBITORS - HIRUDIN TYPE - DRUGS TO PREVENT BLOOD CLOTS**		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED (***bivalirudin trifluoroacetate***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bivalirudin trifluoroacetate intravenous solution	1 or 1b*	
bivalirudin trifluoroacetate intravenous solution reconstituted	1 or 1b*	
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE - DRUGS TO PREVENT BLOOD CLOTS**		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	
dabigatran etexilate mesylate oral capsule	3	QL (2 capsules per 1 day)
PRADAXA ORAL CAPSULE (***dabigatran etexilate mesylate***)	3	QL (2 capsules per 1 day)
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG (***dabigatran etexilate mesylate***)	3	QL (4 packets per 1 day)
PRADAXA ORAL PACKET 150 MG, 20 MG (***dabigatran etexilate mesylate***)	3	QL (2 packets per 1 day)
***ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
FYCOMPA ORAL SUSPENSION (***perampanel***)	3	QL (24 mL per 1 day)
FYCOMPA ORAL TABLET (***perampanel***)	3	QL (1 tablet per 1 day)
ANTICONVULSANTS - BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
clobazam oral suspension 2.5 mg/ml	1 or 1b*	QL (16 mL per 1 day)
clobazam oral tablet	1 or 1b*	QL (2 tablets per 1 day)
clonazepam oral tablet	1 or 1b*	QL (3 tablets per 1 day)
clonazepam oral tablet dispersible	1 or 1b*	QL (3 tablets per 1 day)
diazepam rectal gel	1 or 1b*	QL (2 syringes per 1 fill)
KLONOPIN ORAL TABLET (***clonazepam***)	3	QL (3 tablets per 1 day)
NAYZILAM NASAL SOLUTION (***midazolam (anticonvulsant)***)	3	PA; QL (50 mg per 30 days)
ONFI ORAL SUSPENSION (***clobazam***)	3	QL (16 mL per 1 day)
ONFI ORAL TABLET (***clobazam***)	3	QL (2 tablets per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG (***clobazam***)	3	QL (2 film strips per 1 day)
SYMPAZAN ORAL FILM 5 MG (***clobazam***)	3	QL (1 film strip per 1 day)
VALTOCO 10 MG DOSE NASAL LIQUID (***diazepam***)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK (***diazepam***)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK (***diazepam***)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID (***diazepam***)	3	PA; QL (10 blister packs per 30 days)
ANTICONVULSANTS - MISC. - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
APTIOM ORAL TABLET 200 MG, 400 MG (***eslicarbazepine acetate***)	3	DO
APTIOM ORAL TABLET 600 MG, 800 MG (***eslicarbazepine acetate***)	3	QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BANZEL ORAL SUSPENSION (***rufinamide***)	3	QL (80 mL per 1 day)
BANZEL ORAL TABLET 200 MG (***rufinamide***)	3	DO
BANZEL ORAL TABLET 400 MG (***rufinamide***)	3	QL (8 tablets per 1 day)
BRIVIACT INTRAVENOUS SOLUTION (***brivaracetam***)	3	
BRIVIACT ORAL SOLUTION (***brivaracetam***)	3	QL (20 mL per 1 day)
BRIVIACT ORAL TABLET (***brivaracetam***)	3	QL (2 tablets per 1 day)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg	1 or 1b*	QL (2 capsules per 1 day)
carbamazepine er oral capsule extended release 12 hour 300 mg	1 or 1b*	QL (5 capsules per 1 day)
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
carbamazepine er oral tablet extended release 12 hour 400 mg	1 or 1b*	QL (4 tablets per 1 day)
carbamazepine oral suspension	1 or 1b*	QL (50 mL per 1 day)
carbamazepine oral tablet	1 or 1b*	QL (8 tablets per 1 day)
carbamazepine oral tablet chewable 100 mg	1 or 1b*	QL (10 tablets per 1 day)
carbamazepine oral tablet chewable 200 mg	1 or 1b*	QL (8 tablets per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (***carbamazepine***)	3	QL (2 capsules per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (***carbamazepine***)	3	QL (5 capsules per 1 day)
DIACOMIT ORAL CAPSULE 250 MG (***stiripentol***)	3	PA; LD; DO
DIACOMIT ORAL CAPSULE 500 MG (***stiripentol***)	3	PA; LD; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (***stiripentol***)	3	PA; LD; DO
DIACOMIT ORAL PACKET 500 MG (***stiripentol***)	3	PA; LD; QL (6 packets per 1 day)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (***levetiracetam***)	3	QL (2 tablets per 1 day)
EPIDIOLEX ORAL SOLUTION (***cannabidiol***)	3	PA; LD
epitol oral tablet	1 or 1b*	QL (8 tablets per 1 day)
EPRONTIA ORAL SOLUTION (***topiramate***)	3	QL (16 mL per 1 day)
eslicarbazepine acetate oral tablet 200 mg, 400 mg	1 or 1b*	DO
eslicarbazepine acetate oral tablet 600 mg, 800 mg	1 or 1b*	QL (2 tablets per 1 day)
FINTEPLA ORAL SOLUTION (***fenfluramine hcl***)	3	PA; LD; QL (26 mg per 1 day)
gabapentin oral capsule	1 or 1b*	DO
gabapentin oral solution	1 or 1b*	QL (72 mL per 1 day)
gabapentin oral tablet 600 mg	1 or 1b*	QL (6 tablets per 1 day)
gabapentin oral tablet 800 mg	1 or 1b*	QL (4 tablets per 1 day)
GABARONE ORAL TABLET 100 MG (***gabapentin***)	3	PA; DO
GABARONE ORAL TABLET 400 MG (***gabapentin***)	3	PA; QL (6 tablets per 1 day)
KEPPRA INTRAVENOUS SOLUTION (***levetiracetam***)	3	
KEPPRA ORAL SOLUTION (***levetiracetam***)	3	QL (30 mL per 1 day)
KEPPRA ORAL TABLET 1000 MG (***levetiracetam***)	3	QL (3 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG (***levetiracetam***)	3	DO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (***levetiracetam***)	3	QL (6 tablets per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (***levetiracetam***)	3	QL (4 tablets per 1 day)
lacosamide intravenous solution	1 or 1b*	
lacosamide oral solution	1 or 1b*	QL (40 mL per 1 day)
lacosamide oral tablet	1 or 1b*	QL (2 tablets per 1 day)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG (***lamotrigine***)	3	QL (1 kit per 28 days)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (***lamotrigine***)	3	QL (1 kit per 35 days)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG (***lamotrigine***)	3	QL (2 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 25 MG (***lamotrigine***)	3	QL (3 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG (***lamotrigine***)	3	DO
LAMICTAL ORAL TABLET (***lamotrigine***)	3	DO
LAMICTAL ORAL TABLET CHEWABLE 25 MG (***lamotrigine***)	3	QL (2 tablets per 1 day)
LAMICTAL ORAL TABLET CHEWABLE 5 MG (***lamotrigine***)	3	QL (4 tablets per 1 day)
LAMICTAL STARTER ORAL KIT 35 X 25 MG (***lamotrigine***)	3	QL (1 kit per 28 days)
LAMICTAL STARTER ORAL KIT 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (***lamotrigine***)	3	QL (1 kit per 35 days)
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG (***lamotrigine***)	3	QL (28 tablets per 28 days)
LAMICTAL XR ORAL KIT 25 & 50 & 100 MG, 50 & 100 & 200 MG (***lamotrigine***)	3	QL (35 tablets per 35 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (***lamotrigine***)	3	DO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG (***lamotrigine***)	3	QL (3 tablets per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 300 MG (***lamotrigine***)	3	QL (2 tablets per 1 day)
lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1 or 1b*	DO
lamotrigine er oral tablet extended release 24 hour 200 mg	1 or 1b*	QL (3 tablets per 1 day)
lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg	1 or 1b*	QL (1 kit per 28 days)
lamotrigine oral kit 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1 or 1b*	QL (1 kit per 35 days)
lamotrigine oral tablet	1 or 1b*	DO
lamotrigine oral tablet chewable 25 mg	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine oral tablet chewable 5 mg	1 or 1b*	QL (4 tablets per 1 day)
lamotrigine oral tablet dispersible 100 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine oral tablet dispersible 25 mg	1 or 1b*	QL (3 tablets per 1 day)
lamotrigine oral tablet dispersible 50 mg	1 or 1b*	DO

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine starter kit-blue oral kit	1 or 1b*	QL (1 kit per 28 days)
lamotrigine starter kit-green oral kit	1 or 1b*	QL (1 kit per 35 days)
lamotrigine starter kit-orange oral kit	1 or 1b*	QL (1 kit per 35 days)
levetiracetam er oral tablet extended release 24 hour 500 mg	1 or 1b*	QL (6 tablets per 1 day)
levetiracetam er oral tablet extended release 24 hour 750 mg	1 or 1b*	QL (4 tablets per 1 day)
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION	3	
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	QL (30 mL per 1 day)
levetiracetam oral tablet 1000 mg	1 or 1b*	QL (3 tablets per 1 day)
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	1 or 1b*	DO
levetiracetam oral tablet disintegrating soluble	3	QL (2 tablets per 1 day)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (***pregabalin***)	3	QL (3 capsule per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG (***pregabalin***)	3	QL (2 capsules per 1 day)
LYRICA ORAL CAPSULE 75 MG (***pregabalin***)	3	QL (3 capsules per 1 day)
LYRICA ORAL SOLUTION (***pregabalin***)	3	QL (30 mL per 1 day)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (***lacosamide***)	3	DO
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (***lacosamide***)	3	QL (2 capsules per 1 day)
MYSOLINE ORAL TABLET 250 MG (***primidone***)	3	QL (8 tablets per 1 day)
MYSOLINE ORAL TABLET 50 MG (***primidone***)	3	QL (4 tablets per 1 day)
NEURONTIN ORAL CAPSULE (***gabapentin***)	3	DO
NEURONTIN ORAL SOLUTION (***gabapentin***)	3	QL (72 mL per 1 day)
NEURONTIN ORAL TABLET 600 MG (***gabapentin***)	3	QL (6 tablets per 1 day)
NEURONTIN ORAL TABLET 800 MG (***gabapentin***)	3	QL (4 tablets per 1 day)
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg	1 or 1b*	DO
oxcarbazepine er oral tablet extended release 24 hour 600 mg	1 or 1b*	QL (4 tablets per 1 day)
oxcarbazepine oral suspension	1 or 1b*	QL (40 mL per 1 day)
oxcarbazepine oral tablet 150 mg, 300 mg	1 or 1b*	QL (2 tablets per 1 day)
oxcarbazepine oral tablet 600 mg	1 or 1b*	QL (4 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (***oxcarbazepine***)	3	DO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (***oxcarbazepine***)	3	QL (4 tablets per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1 or 1b*	QL (3 capsule per 1 day)
pregabalin oral capsule 225 mg, 300 mg	1 or 1b*	QL (2 capsules per 1 day)
pregabalin oral capsule 75 mg	1 or 1b*	QL (3 capsules per 1 day)
pregabalin oral solution	1 or 1b*	QL (30 mL per 1 day)
primidone oral tablet 125 mg	1 or 1b*	QL (3 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *******Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
primidone oral tablet 250 mg	1 or 1b*	QL (8 tablets per 1 day)
primidone oral tablet 50 mg	1 or 1b*	QL (4 tablets per 1 day)
roweepra oral tablet	1 or 1b*	DO
rufinamide oral suspension	1 or 1b*	QL (80 mL per 1 day)
rufinamide oral tablet 200 mg	1 or 1b*	DO
rufinamide oral tablet 400 mg	1 or 1b*	QL (8 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG (***levetiracetam***)	3	QL (2 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG (***levetiracetam***)	3	QL (4 tablets per 1 day)
subvenite oral tablet	1 or 1b*	DO
subvenite starter kit-blue oral kit	1 or 1b*	QL (1 kit per 28 days)
subvenite starter kit-green oral kit	1 or 1b*	QL (1 kit per 35 days)
subvenite starter kit-orange oral kit	1 or 1b*	QL (1 kit per 35 days)
TEGRETOL ORAL SUSPENSION (***carbamazepine***)	3	QL (50 mL per 1 day)
TEGRETOL ORAL TABLET (***carbamazepine***)	3	QL (8 tablets per 1 day)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (***carbamazepine***)	3	QL (2 tablets per 1 day)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG (***carbamazepine***)	3	QL (4 tablets per 1 day)
TOPAMAX ORAL TABLET 100 MG, 25 MG, 50 MG (***topiramate***)	3	DO
TOPAMAX ORAL TABLET 200 MG (***topiramate***)	3	QL (2 tablets per 1 day)
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE (***topiramate***)	3	QL (2 capsules per 1 day)
topiramate er oral capsule er 24 hour sprinkle 100 mg, 50 mg	1 or 1b*	QL (1 capsule per 1 day)
topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg	1 or 1b*	QL (2 capsules per 1 day)
topiramate er oral capsule er 24 hour sprinkle 25 mg	1 or 1b*	DO
topiramate er oral capsule extended release 24 hour 100 mg, 50 mg	1 or 1b*	QL (1 capsule per 1 day)
topiramate er oral capsule extended release 24 hour 200 mg	1 or 1b*	QL (2 capsules per 1 day)
topiramate er oral capsule extended release 24 hour 25 mg	1 or 1b*	DO
topiramate oral capsule sprinkle 15 mg, 25 mg	1 or 1b*	QL (2 capsules per 1 day)
topiramate oral capsule sprinkle 50 mg	3	ST; QL (8 capsules per 1 day)
topiramate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO
topiramate oral tablet 200 mg	1 or 1b*	QL (2 tablets per 1 day)
TRILEPTAL ORAL SUSPENSION (***oxcarbazepine***)	3	QL (40 mL per 1 day)
TRILEPTAL ORAL TABLET 150 MG, 300 MG (***oxcarbazepine***)	3	QL (2 tablets per 1 day)
TRILEPTAL ORAL TABLET 600 MG (***oxcarbazepine***)	3	QL (4 tablets per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (***topiramate***)	3	ST; QL (1 capsule per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (***topiramate***)	3	ST; QL (2 capsules per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG (***topiramate***)	3	ST; DO
VIMPAT INTRAVENOUS SOLUTION (***lacosamide***)	3	
VIMPAT ORAL SOLUTION (***lacosamide***)	3	QL (40 mL per 1 day)
VIMPAT ORAL TABLET (***lacosamide***)	3	QL (2 tablets per 1 day)
ZONEGRAN ORAL CAPSULE (***zonisamide***)	3	QL (6 capsule per 1 day)
ZONISADE ORAL SUSPENSION (***zonisamide***)	3	QL (6 bottles per 30 days)
zonisamide oral capsule	1 or 1b*	QL (6 capsule per 1 day)
ZTALMY ORAL SUSPENSION (***ganaxolone***)	3	LD; QL (10 bottles per 30 days)
CARBAMATES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
felbamate oral suspension	1 or 1b*	QL (30 mL per 1 day)
felbamate oral tablet	1 or 1b*	QL (6 tablets per 1 day)
FELBATOL ORAL TABLET (***felbamate***)	3	QL (6 tablets per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (***cenobamate***)	3	QL (1 blister pack per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK (***cenobamate***)	3	QL (1 pack per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (***cenobamate***)	3	QL (1 tablet per 1 day)
XCOPRI ORAL TABLET 200 MG (***cenobamate***)	3	QL (2 tablets per 1 day)
XCOPRI ORAL TABLET THERAPY PACK (***cenobamate***)	3	QL (1 pack per 28 days)
GABA MODULATORS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
SABRIL ORAL PACKET (***vigabatrin***)	3	LD; QL (6 packets per 1 day)
SABRIL ORAL TABLET (***vigabatrin***)	3	LD; QL (6 tablets per 1 day)
tiagabine hcl oral tablet	1 or 1b*	QL (2 tablets per 1 day)
vigabatrin oral packet	1 or 1b*	LD; QL (6 packets per 1 day)
vigabatrin oral tablet	1 or 1b*	LD; QL (6 tablets per 1 day)
vigadrone oral packet	1 or 1b*	LD; QL (6 packets per 1 day)
vigabatrin (Vigadrone Oral Tablet)	1 or 1b*	LD; QL (6 tablets per 1 day)
VIGAFYDE ORAL SOLUTION (***vigabatrin***)	3	LD; QL (25 mL per 1 day)
vigabatrin (Vigpoder Oral Packet)	1 or 1b*	LD; QL (6 packets per 1 day)
HYDANTOINS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
CEREBYX INJECTION SOLUTION (***fosphenytoin sodium***)	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE (***phenytoin***)	3	
DILANTIN ORAL CAPSULE 100 MG (***phenytoin sodium extended***)	3	
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	2	
DILANTIN-125 ORAL SUSPENSION (***phenytoin***)	3	
fosphenytoin sodium injection solution	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHENYTEK ORAL CAPSULE (***phenytoin sodium extended***)	1 or 1b*	
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	
SUCCINIMIDES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
CELONTIN ORAL CAPSULE (***methsuximide***)	3	QL (4 capsules per 1 day)
ethosuximide oral capsule	1 or 1b*	QL (6 capsules per 1 day)
ethosuximide oral solution	1 or 1b*	QL (30 mL per 1 day)
methsuximide oral capsule	1 or 1b*	QL (4 capsules per 1 day)
ZARONTIN ORAL CAPSULE (***ethosuximide***)	3	QL (6 capsules per 1 day)
ZARONTIN ORAL SOLUTION (***ethosuximide***)	3	QL (30 mL per 1 day)
VALPROIC ACID - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG (***divalproex sodium***)	3	QL (2 tablets per 1 day)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (***divalproex sodium***)	3	QL (7 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG (***divalproex sodium***)	3	QL (2 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 500 MG (***divalproex sodium***)	3	QL (7 tablets per 1 day)
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE (***divalproex sodium***)	3	QL (8 capsules per 1 day)
divalproex sodium er oral tablet extended release 24 hour 250 mg	1 or 1b*	QL (2 tablets per 1 day)
divalproex sodium er oral tablet extended release 24 hour 500 mg	1 or 1b*	QL (7 tablets per 1 day)
divalproex sodium oral capsule delayed release sprinkle	1 or 1b*	QL (8 capsules per 1 day)
divalproex sodium oral tablet delayed release 125 mg, 250 mg	1 or 1b*	QL (2 tablets per 1 day)
divalproex sodium oral tablet delayed release 500 mg	1 or 1b*	QL (7 tablets per 1 day)
valproate sodium intravenous solution	1 or 1b*	
valproic acid oral capsule	1 or 1b*	QL (4 capsules per 1 day)
valproic acid oral solution	1 or 1b*	
***ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - DRUGS FOR DEPRESSION**		
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet dispersible	1 or 1b*	
REMERON ORAL TABLET (***mirtazapine***)	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE (***mirtazapine***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS - DRUGS FOR DEPRESSION**		
AUVELITY ORAL TABLET EXTENDED RELEASE (***dextromethorphan-bupropion***)	3	ST; QL (2 tablets per 1 day)
ANTIDEPRESSANTS - MISC. - DRUGS FOR DEPRESSION**		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG (***bupropion hbr***)	3	ST; DO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG (***bupropion hbr***)	3	ST; QL (1 tablet per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1 or 1b*	DO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1 or 1b*	QL (3 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	1 or 1b*	QL (1 tablet per 1 day)
bupropion hcl oral tablet 100 mg	1 or 1b*	QL (4.5 tablet per 1 day)
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR (***bupropion hcl***)	3	ST; QL (1 tablet per 1 day)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG (***bupropion hcl***)	3	ST; DO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG (***bupropion hcl***)	3	ST; QL (2 tablets per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (***bupropion hcl***)	3	ST; QL (3 tablets per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG (***bupropion hcl***)	3	ST; QL (1 tablet per 1 day)
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID - DRUGS FOR DEPRESSION**		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (***zuranolone***)	3	PA; LD; QL (28 capsules per 1 fill)
ZURZUVAE ORAL CAPSULE 30 MG (***zuranolone***)	3	PA; LD; QL (14 capsules per 1 fill)
MONOAMINE OXIDASE INHIBITORS (MAOIS) - DRUGS FOR DEPRESSION**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR (***selegiline***)	3	QL (1 patch per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR (***selegiline***)	3	DO
MARPLAN ORAL TABLET (***isocarboxazid***)	3	QL (6 tablets per 1 day)
NARDIL ORAL TABLET (***phenelzine sulfate***)	3	QL (6 tablets per 1 day)
PARNATE ORAL TABLET (***tranylcypromine sulfate***)	3	QL (6 tablets per 1 day)
phenelzine sulfate oral tablet	1 or 1b*	QL (6 tablets per 1 day)
tranylcypromine sulfate oral tablet	1 or 1b*	QL (6 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS - DRUGS FOR DEPRESSION**		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK (***esketamine hcl***)	3	PA; LD; QL (4 kits per 28 days)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK (***esketamine hcl***)	3	PA; LD; QL (4 kits per 28 days)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - DRUGS FOR DEPRESSION**		
CELEXA ORAL TABLET (***citalopram hydrobromide***)	3	ST
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	ST
citalopram hydrobromide oral solution	1 or 1b*	
citalopram hydrobromide oral tablet	1 or 1b*	
escitalopram oxalate oral solution	1 or 1b*	
escitalopram oxalate oral tablet	1 or 1b*	
fluoxetine hcl oral capsule	1 or 1b*	
fluoxetine hcl oral capsule delayed release	1 or 1b*	
fluoxetine hcl oral solution	1 or 1b*	
fluoxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	
FLUOXETINE HCL ORAL TABLET 60 MG	3	
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	
fluvoxamine maleate oral tablet	1 or 1b*	
LEXAPRO ORAL TABLET (***escitalopram oxalate***)	3	ST
paroxetine hcl er oral tablet extended release 24 hour	1 or 1b*	
paroxetine hcl oral suspension	1 or 1b*	
paroxetine hcl oral tablet	1 or 1b*	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR (***paroxetine hcl***)	3	ST
PAXIL ORAL TABLET (***paroxetine hcl***)	3	ST
PROZAC ORAL CAPSULE (***fluoxetine hcl***)	3	ST
SERTRALINE HCL ORAL CAPSULE	3	ST
sertraline hcl oral concentrate	1 or 1b*	
sertraline hcl oral tablet	1 or 1b*	
ZOLOFT ORAL CONCENTRATE (***sertraline hcl***)	3	ST
ZOLOFT ORAL TABLET (***sertraline hcl***)	3	ST
SEROTONIN MODULATORS - DRUGS FOR DEPRESSION**		
nefazodone hcl oral tablet 100 mg, 50 mg	1 or 1b*	DO
nefazodone hcl oral tablet 150 mg, 250 mg	1 or 1b*	QL (2 tablets per 1 day)
nefazodone hcl oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
RALDESY ORAL SOLUTION (***trazodone hcl***)	3	ST; QL (60 mL per 1 day)
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1 or 1a*	DO

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trazodone hcl oral tablet 300 mg	1 or 1a*	QL (2 tablets per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 5 MG (***vortioxetine hbr***)	2	DO
TRINTELLIX ORAL TABLET 20 MG (***vortioxetine hbr***)	2	QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG (***vilazodone hcl***)	3	ST; DO
VIIBRYD ORAL TABLET 40 MG (***vilazodone hcl***)	3	ST; QL (1 tablet per 1 day)
vilazodone hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
vilazodone hcl oral tablet 40 mg	1 or 1b*	QL (1 tablet per 1 day)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - DRUGS FOR DEPRESSION**		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG (***duloxetine hcl***)	3	PA; QL (6 capsules per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG (***duloxetine hcl***)	3	PA; QL (4 capsules per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG (***duloxetine hcl***)	3	PA; QL (2 capsules per 1 day)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (1 tablet per 1 day)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; DO
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL (1 tablet per 1 day)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG (***duloxetine hcl***)	3	QL (2 capules per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG (***duloxetine hcl***)	3	DO
duloxetine hcl oral capsule delayed release particles 20 mg	1 or 1b*	QL (6 capsules per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	1 or 1b*	QL (4 capsules per 1 day)
duloxetine hcl oral capsule delayed release particles 40 mg	1 or 1b*	QL (3 capsule per 1 day)
duloxetine hcl oral capsule delayed release particles 60 mg	1 or 1b*	QL (2 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG (***venlafaxine hcl***)	3	ST; QL (1 capsule per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG (***venlafaxine hcl***)	3	ST; QL (6 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG (***venlafaxine hcl***)	3	ST; QL (3 capsules per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (***levomilnacipran hcl***)	3	ST; QL (1 capsule per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK (***levomilnacipran hcl***)	3	ST; QL (28 pack per 365 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG (***desvenlafaxine succinate***)	3	ST; QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (***desvenlafaxine succinate***)	3	ST; DO
venlafaxine besylate er oral tablet extended release 24 hour	3	ST; QL (2 tablets per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1 or 1b*	QL (1 capsule per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1 or 1b*	QL (6 capsules per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1 or 1b*	QL (3 capsules per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	3	ST; QL (1 tablet per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1 or 1b*	QL (1 tablet per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg	3	ST; QL (6 tablets per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	3	ST; QL (3 tablets per 1 day)
venlafaxine hcl oral tablet	1 or 1b*	QL (3 tablet per 1 day)
TRICYCLIC AGENTS - DRUGS FOR DEPRESSION**		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1a*	DO
amitriptyline hcl oral tablet 100 mg	1 or 1a*	QL (3 tablets per 1 day)
amitriptyline hcl oral tablet 150 mg	1 or 1a*	QL (2 tablets per 1 day)
amoxapine oral tablet 100 mg	1 or 1b*	QL (4 tablets per 1 day)
amoxapine oral tablet 150 mg	1 or 1b*	QL (2 tablets per 1 day)
amoxapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
ANAFRANIL ORAL CAPSULE 25 MG (***clomipramine hcl***)	3	DO
ANAFRANIL ORAL CAPSULE 50 MG (***clomipramine hcl***)	3	QL (5 capsules per 1 day)
ANAFRANIL ORAL CAPSULE 75 MG (***clomipramine hcl***)	3	QL (3 capsules per 1 day)
clomipramine hcl oral capsule 25 mg	1 or 1b*	DO
clomipramine hcl oral capsule 50 mg	1 or 1b*	QL (5 capsules per 1 day)
clomipramine hcl oral capsule 75 mg	1 or 1b*	QL (3 capsules per 1 day)
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
desipramine hcl oral tablet 100 mg	1 or 1b*	QL (3 tablets per 1 day)
desipramine hcl oral tablet 150 mg	1 or 1b*	QL (2 tablets per 1 day)
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
doxepin hcl oral capsule 100 mg	1 or 1b*	QL (3 capsules per 1 day)
doxepin hcl oral capsule 150 mg	1 or 1b*	QL (2 capsules per 1 day)
doxepin hcl oral concentrate	1 or 1b*	QL (30 mL per 1 day)
imipramine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
imipramine hcl oral tablet 50 mg	1 or 1b*	QL (6 tablets per 1 day)
imipramine pamoate oral capsule 100 mg, 75 mg	1 or 1b*	DO
imipramine pamoate oral capsule 125 mg, 150 mg	1 or 1b*	QL (2 capsules per 1 day)
NORPRAMIN ORAL TABLET (***desipramine hcl***)	3	DO
nortriptyline hcl oral capsule 10 mg, 25 mg	1 or 1b*	DO
nortriptyline hcl oral capsule 50 mg	1 or 1b*	QL (3 capsules per 1 day)
nortriptyline hcl oral capsule 75 mg	1 or 1b*	QL (2 capsules per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nortriptyline hcl oral solution	1 or 1b*	QL (75 mL per 1 day)
PAMELOR ORAL CAPSULE 10 MG, 25 MG (***nortriptyline hcl***)	3	DO
PAMELOR ORAL CAPSULE 50 MG (***nortriptyline hcl***)	3	QL (3 capsules per 1 day)
PAMELOR ORAL CAPSULE 75 MG (***nortriptyline hcl***)	3	QL (2 capsules per 1 day)
protriptyline hcl oral tablet 10 mg	1 or 1b*	QL (6 tablets per 1 day)
protriptyline hcl oral tablet 5 mg	1 or 1b*	DO
trimipramine maleate oral capsule 100 mg	1 or 1b*	QL (2 capsules per 1 day)
trimipramine maleate oral capsule 25 mg, 50 mg	1 or 1b*	QL (3 capsules per 1 day)
***ANTIDIABETICS* - HORMONES**		
ALPHA-GLUCOSIDASE INHIBITORS - DRUGS FOR DIABETES**		
acarbose oral tablet	1 or 1b*	QL (3 tablets per 1 day)
miglitol oral tablet	1 or 1b*	QL (3 tablets per 1 day)
ANTIDIABETIC - AMYLIN ANALOGS - DRUGS FOR DIABETES**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR (***pramlintide acetate***)	2	QL (4 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR (***pramlintide acetate***)	2	QL (2 boxes per 30 days)
ANTIDIABETIC-ANTI-CD3 ANTIBODIES - HORMONES**		
TZIELD INTRAVENOUS SOLUTION (***teplizumab-mzwv***)	3	PA; LD
BIGUANIDES - DRUGS FOR DIABETES**		
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	3	ST; QL (2 tablets per 1 day)
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	3	ST; QL (4 tablets per 1 day)
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	3	ST; QL (2 tablets per 1 day)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	3	ST; QL (4 tablets per 1 day)
metformin hcl er oral tablet extended release 24 hour 500 mg	1 or 1b*	QL (4 tablets per 1 day)
metformin hcl er oral tablet extended release 24 hour 750 mg	1 or 1b*	QL (2 tablets per 1 day)
metformin hcl oral solution	3	PA; QL (2 bottles per 30 days)
metformin hcl oral tablet 1000 mg	1 or 1b*	QL (2 tablets per 1 day)
metformin hcl oral tablet 500 mg	1 or 1b*	QL (5 tablets per 1 day)
METFORMIN HCL ORAL TABLET 625 MG	3	PA; QL (4 tablets per 1 day)
metformin hcl oral tablet 750 mg	3	PA; QL (3 tablets per 1 day)
metformin hcl oral tablet 850 mg	1 or 1b*; $0	QL (3 tablets per 1 day)
RIOMET ORAL SOLUTION (***metformin hcl***)	3	PA; QL (2 bottles per 30 days)
DIABETIC OTHER - DRUGS FOR DIABETES**		
BAQSIMI ONE PACK NASAL POWDER (***glucagon***)	3	QL (2 packs per 30 days)
BAQSIMI TWO PACK NASAL POWDER (***glucagon***)	3	QL (1 pack per 30 days)
diazoxide oral suspension	1 or 1b*	
GLUCAGON EMERGENCY INJECTION KIT	1 or 1b*	QL (2 kits per 30 days)
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	3	QL (2 kits per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***glucagon***)	3	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***glucagon***)	3	QL (1 pack per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION (***glucagon***)	3	QL (2 kits per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***glucagon***)	3	QL (2 packs per 30 days)
PROGLYCEM ORAL SUSPENSION (***diazoxide***)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***dasiglucagon hcl***)	3	QL (1.2 mL per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***dasiglucagon hcl***)	3	QL (1.2 mL per 30 days)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - DRUGS FOR DIABETES**		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (***sitagliptin phosphate***)	2	ST; QL (1 tablet per 1 day)
ONGLYZA ORAL TABLET (***saxagliptin hcl***)	3	ST; QL (1 tablet per 1 day)
saxagliptin hcl oral tablet	3	ST; QL (1 tablet per 1 day)
sitagliptin oral tablet	3	ST; QL (1 tablet per 1 day)
TRADJENTA ORAL TABLET (***linagliptin***)	3	ST; QL (1 tablet per 1 day)
ZITUVIO ORAL TABLET (***sitagliptin***)	3	ST; QL (1 tablet per 1 day)
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
alogliptin-metformin hcl oral tablet	1 or 1b*	ST; QL (2 tablets per 1 day)
JANUMET ORAL TABLET (***sitagliptin phos-metformin hcl***)	2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (***sitagliptin phos-metformin hcl***)	2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	2	ST; QL (2 tablets per 1 day)
JENTADUETO ORAL TABLET (***linagliptin-metformin hcl***)	3	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (***linagliptin-metformin hcl***)	3	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (***linagliptin-metformin hcl***)	3	ST; QL (1 tablet per 1 day)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg	3	ST; QL (2 tablets per 1 day)
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	3	ST; QL (1 tablet per 1 day)
sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg	3	ST; QL (1 tablet per 1 day)
sitaglipt base-metform hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg	3	ST; QL (2 tablets per 1 day)
sitagliptin base-metformin hcl oral tablet	3	ST; QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZITUVIMET ORAL TABLET (***sitagliptin base-metformin hcl***)	3	ST; QL (2 tablets per 1 day)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (***sitagliptin base-metformin hcl***)	3	ST; QL (1 tablet per 1 day)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (***sitagliptin base-metformin hcl***)	3	ST; QL (2 tablets per 1 day)
DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES - DRUGS FOR DIABETES**		
CYCLOSET ORAL TABLET (***bromocriptine mesylate***)	3	
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS - DRUGS FOR DIABETES**		
alogliptin-pioglitazone oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
HUMAN INSULIN - DRUGS FOR DIABETES**		
ADMELOG INJECTION SOLUTION (***insulin lispro***)	3	ST; QL (30 mL per 30 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin lispro***)	3	ST; QL (30 mL per 30 days)
AFREZZA INHALATION POWDER 12 UNIT (***insulin regular human***)	3	PA; QL (9 cartridges per 1 day)
AFREZZA INHALATION POWDER 4 UNIT, 90 X 4 UNIT & 90X8 UNIT (***insulin regular human***)	3	PA; QL (18 cartridges per 1 day)
AFREZZA INHALATION POWDER 60X4 &60X8 & 60X12 UNIT, 8 UNIT (***insulin regular human***)	3	PA; QL (12 cartridges per 1 day)
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT (***insulin regular human***)	3	PA; QL (1 EA per 12 days)
APIDRA INJECTION SOLUTION (***insulin glulisine***)	3	ST; QL (30 mL per 30 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin glulisine***)	3	ST; QL (30 mL per 30 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin glargine***)	3	ST; QL (30 mL per 30 days)
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin glargine***)	3	ST; QL (1 mL per 1 day)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin aspart (w/niacinamide)***)	3	ST; QL (30 mL per 30 days)
FIASP INJECTION SOLUTION (***insulin aspart (w/niacinamide)***)	3	ST; QL (30 mL per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (***insulin aspart (w/niacinamide)***)	3	ST; QL (30 mL per 30 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE (***insulin aspart (w/niacinamide)***)	3	ST; QL (30 mL per 30 days)
HUMALOG INJECTION SOLUTION (***insulin lispro***)	2	QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin lispro***)	2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin lispro***)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin lispro prot & lispro***)	2	QL (30 mL per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin lispro prot & lispro***)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (***insulin lispro prot & lispro***)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (***insulin lispro***)	2	QL (30 mL per 30 days)
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin lispro***)	3	ST; QL (1 mL per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph isophane & regular***)	2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (***insulin nph isophane & regular***)	2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph human (isophane)***)	2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (***insulin nph human (isophane)***)	2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (***insulin regular human***)	2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (***insulin regular human***)	2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin regular human***)	2	PA; QL (18 mL per 30 days)
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL (30 mL per 30 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (30 mL per 30 days)
INSULIN ASPART INJECTION SOLUTION	3	ST; QL (30 mL per 30 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL (30 mL per 30 days)
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	3	ST; QL (30 mL per 30 days)
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml	3	ST; QL (30 mL per 30 days)
insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml	3	ST; QL (18 mL per 30 days)
insulin degludec subcutaneous solution	3	ST; QL (30 mL per 30 days)
insulin glargine max solostar subcutaneous solution pen-injector	3	ST; QL (12 mL per 30 days)
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	3	ST; QL (13.5 mL per 30 days)
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	ST; QL (1 mL per 1 day)
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (1 mL per 1 day)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL (30 mL per 30 days)
INSULIN LISPRO INJECTION SOLUTION	2	QL (30 mL per 30 days)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (30 mL per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin glargine***)	2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (***insulin glargine***)	2	QL (30 mL per 30 days)
LYUMJEV INJECTION SOLUTION (***insulin lispro-aabc***)	2	QL (30 mL per 30 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin lispro-aabc***)	2	QL (30 mL per 30 days)
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin lispro-aabc***)	3	ST; QL (1 mL per 1 day)
MYXREDLIN INTRAVENOUS SOLUTION (***insulin regular(human) in nacl***)	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph isophane & regular***)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph isophane & regular***)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (***insulin nph isophane & regular***)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (***insulin nph isophane & regular***)	3	ST; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph human (isophane)***)	3	ST; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph human (isophane)***)	3	ST; QL (30 mL per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION (***insulin nph human (isophane)***)	3	ST; QL (30 mL per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION (***insulin nph human (isophane)***)	3	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (***insulin regular human***)	3	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (***insulin regular human***)	3	ST; QL (30 mL per 30 days)
NOVOLIN R INJECTION SOLUTION (***insulin regular human***)	3	ST; QL (30 mL per 30 days)
NOVOLIN R RELION INJECTION SOLUTION (***insulin regular human***)	3	ST; QL (30 mL per 30 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin aspart prot & aspart***)	3	ST; QL (30 mL per 30 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin aspart***)	3	ST; QL (30 mL per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin aspart***)	3	ST; QL (30 mL per 30 days)
NOVOLOG INJECTION SOLUTION (***insulin aspart***)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin aspart prot & aspart***)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (***insulin aspart prot & aspart***)	3	ST; QL (30 mL per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (***insulin aspart prot & aspart***)	3	ST; QL (30 mL per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (***insulin aspart***)	3	ST; QL (30 mL per 30 days)
NOVOLOG RELION INJECTION SOLUTION (***insulin aspart***)	3	ST; QL (30 mL per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin glargine-aglr***)	3	ST; QL (30 mL per 30 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION (***insulin glargine-yfgn***)	3	ST; QL (1 mL per 1 day)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin glargine-yfgn***)	3	ST; QL (1 mL per 1 day)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin glargine***)	2	QL (12 mL per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin glargine***)	2	QL (13.5 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin degludec***)	2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (***insulin degludec***)	2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (***insulin degludec***)	2	QL (30 mL per 30 days)
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS) - DRUGS FOR DIABETES**		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***tirzepatide***)	2	PA; QL (4 pens per 28 days)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - DRUGS FOR DIABETES**		
exenatide subcutaneous solution pen-injector 10 mcg/0.04ml	3	PA; QL (0.08 mL per 1 day)
exenatide subcutaneous solution pen-injector 5 mcg/0.02ml	3	PA; QL (0.04 mL per 1 day)
liraglutide subcutaneous solution pen-injector	1 or 1b*	PA; QL (1 box per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (***semaglutide***)	2	PA; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (***semaglutide***)	2	PA; QL (1 unit per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (***semaglutide***)	2	PA; QL (0.11 mL per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG (***semaglutide***)	2	PA; QL (1 carton per 30 days)
RYBELSUS ORAL TABLET 3 MG (***semaglutide***)	2	PA; QL (1 carton per 1 lifetime)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (***dulaglutide***)	2	PA; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (***dulaglutide***)	2	PA; QL (4 syringes per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (***liraglutide***)	3	PA; QL (1 box per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSULIN-INCRETIN MIMETIC COMBINATIONS - DRUGS FOR DIABETES**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin glargine-lixisenatide***)	2	ST; QL (5 pen per 25 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin degludec-liraglutide***)	2	ST; QL (5 pen per 30 days)
MEGLITINIDE ANALOGUES - DRUGS FOR DIABETES**		
nateglinide oral tablet	1 or 1b*	QL (3 tablets per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg	1 or 1b*	QL (4 tablets per 1 day)
repaglinide oral tablet 2 mg	1 or 1b*	QL (8 tablets per 1 day)
PROGESTERONE RECEPTOR ANTAGONISTS - DRUGS FOR DIABETES**		
KORLYM ORAL TABLET (***mifepristone***)	3	PA; LD; QL (4 tablets per 1 day)
mifepristone oral tablet 300 mg	1 or 1b*	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 (***empagliflozin-linaglip-metform***)	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 (***empagliflozin-linaglip-metform***)	2	ST; QL (2 tablets per 1 day)
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS - DRUGS FOR DIABETES**		
GLYXAMBI ORAL TABLET (***empagliflozin-linagliptin***)	2	ST; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET (***ertugliflozin-sitagliptin***)	3	ST; QL (1 tablet per 1 day)
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - DRUGS FOR DIABETES**		
bexagliflozin oral tablet	3	ST; QL (1 tablet per 1 day)
BRENZAVVY ORAL TABLET (***bexagliflozin***)	3	ST; QL (1 tablet per 1 day)
dapagliflozin propanediol oral tablet	2	ST; QL (1 tablet per 1 day)
FARXIGA ORAL TABLET (***dapagliflozin propanediol***)	2	ST; QL (1 tablet per 1 day)
INVOKANA ORAL TABLET (***canagliflozin***)	3	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (***empagliflozin***)	2	ST; QL (1 tablet per 1 day)
STEGLATRO ORAL TABLET (***ertugliflozin l-pyroglutamicac***)	3	ST; QL (1 tablet per 1 day)
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB - DRUGS FOR DIABETES**		
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg	2	ST; QL (1 tablet per 1 day)
dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg	2	ST; QL (2 tablets per 1 day)
INVOKAMET ORAL TABLET (***canagliflozin-metformin hcl***)	3	ST; QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR (***canagliflozin-metformin hcl***)	3	ST; QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEGLUROMET ORAL TABLET (***ertugliflozin-metformin hcl***)	3	ST; QL (2 tablets per 1 day)
SYNJARDY ORAL TABLET (***empagliflozin-metformin hcl***)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (***empagliflozin-metformin hcl***)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (***empagliflozin-metformin hcl***)	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 (***dapagliflozin prop-metformin***)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (***dapagliflozin prop-metformin***)	2	ST; QL (2 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (***dapagliflozin prop-metformin***)	2	ST; QL (2 tablets per 1 day)
SULFONYLUREA-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
glipizide-metformin hcl oral tablet 2.5-250 mg	1 or 1b*	QL (8 tablets per 1 day)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1 or 1b*	QL (4 tablets per 1 day)
glyburide-metformin oral tablet 1.25-250 mg	1 or 1b*	QL (8 tablets per 1 day)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1 or 1b*	QL (4 tablets per 1 day)
SULFONYLUREAS - DRUGS FOR DIABETES**		
glimepiride oral tablet 1 mg	1 or 1b*	QL (8 tablets per 1 day)
glimepiride oral tablet 2 mg	1 or 1b*	QL (4 tablets per 1 day)
glimepiride oral tablet 3 mg	3	PA; QL (2 tablets per 1 day)
glimepiride oral tablet 4 mg	1 or 1b*	QL (2 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 10 mg	1 or 1a*	QL (2 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 2.5 mg	1 or 1a*	QL (8 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 5 mg	1 or 1a*	QL (4 tablets per 1 day)
glipizide oral tablet 10 mg	1 or 1a*	QL (4 tablets per 1 day)
glipizide oral tablet 2.5 mg	1 or 1a*	QL (16 tablets per 1 day)
glipizide oral tablet 5 mg	1 or 1a*	QL (8 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (***glipizide***)	3	QL (2 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (***glipizide***)	3	QL (4 tablets per 1 day)
glyburide micronized oral tablet 1.5 mg	1 or 1b*	QL (8 tablets per 1 day)
glyburide micronized oral tablet 3 mg	1 or 1b*	QL (4 tablets per 1 day)
glyburide micronized oral tablet 6 mg	1 or 1b*	QL (2 tablets per 1 day)
glyburide oral tablet 1.25 mg	1 or 1b*	QL (16 tablets per 1 day)
glyburide oral tablet 2.5 mg	1 or 1b*	QL (8 tablets per 1 day)
glyburide oral tablet 5 mg	1 or 1b*	QL (4 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS - DRUGS FOR DIABETES**		
DUETACT ORAL TABLET (***pioglitazone hcl-glimepiride***)	3	ST; QL (1 tablet per 1 day)
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
ACTOPLUS MET ORAL TABLET (***pioglitazone hcl-metformin hcl***)	3	ST; QL (3 tablet per 1 day)
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL (3 tablets per 1 day)
THIAZOLIDINEDIONES - DRUGS FOR DIABETES**		
ACTOS ORAL TABLET (***pioglitazone hcl***)	3	ST; QL (1 tablet per 1 day)
pioglitazone hcl oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
***ANTIDIARRHEAL/PROBIOTIC AGENTS* - DRUGS FOR THE STOMACH**		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS - DRUGS FOR DIARRHEA**		
MYTESI ORAL TABLET DELAYED RELEASE (***crofelemer***)	3	PA; QL (2 tablets per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC. - DRUGS FOR DIARRHEA**		
relibiotic oral capsule	3	
ANTIPERISTALTIC AGENTS - DRUGS FOR DIARRHEA**		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
LOMOTIL ORAL TABLET (***diphenoxylate-atropine***)	3	
loperamide hcl oral capsule	1 or 1b*	QL (8 capsules per 1 day)
MOTOFEN ORAL TABLET (***difenoxin-atropine***)	3	
***ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING**		
ANTIDOTE COMBINATIONS - DRUGS FOR OVERDOSE OR POISONING**		
NITHIODOTE INTRAVENOUS KIT (***sodium nitrite-sod thiosulfate***)	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE (***neostigmine-glycopyrrolate***)	3	
ANTIDOTES - CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING**		
CHEMET ORAL CAPSULE (***succimer***)	3	
deferasirox granules oral packet	1 or 1b*	PA; LD
deferasirox oral packet	1 or 1b*	PA; LD
deferasirox oral tablet	1 or 1b*	PA; LD
deferasirox oral tablet soluble	1 or 1b*	PA; LD
deferiprone oral tablet	1 or 1b*	PA; LD
EXJADE ORAL TABLET SOLUBLE (***deferasirox***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRIPROX ORAL SOLUTION (***deferiprone***)	3	PA; LD
FERRIPROX ORAL TABLET (***deferiprone***)	3	PA; LD
FERRIPROX TWICE-A-DAY ORAL TABLET (***deferiprone***)	3	PA; LD
JADENU ORAL TABLET (***deferasirox***)	3	PA; LD
JADENU SPRINKLE ORAL PACKET (***deferasirox***)	3	PA; LD
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**		
ACETADOTE INTRAVENOUS SOLUTION (***acetylcysteine***)	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED (***coag fact xa inactivated-zhzo***)	3	
BRIDION INTRAVENOUS SOLUTION (***sugammadex sodium***)	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED (***hydroxocobalamin***)	3	
deferoxamine mesylate injection solution reconstituted	1 or 1b*	LD
DESFERAL INJECTION SOLUTION RECONSTITUTED (***deferoxamine mesylate***)	3	LD
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED (***digoxin immune fab***)	3	
edetate calcium disodium injection solution	3	
fomepizole intravenous solution	1 or 1b*	
methylene blue (antidote) intravenous solution	1 or 1b*	
methylene blue intravenous solution	1 or 1b*	
PRAXBIND INTRAVENOUS SOLUTION (***idarucizumab***)	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED (***pralidoxime chloride***)	3	
PROVAYBLUE INTRAVENOUS SOLUTION (***methylene blue (antidote)***)	3	
RADIOGARDASE ORAL CAPSULE (***prussian blue insoluble***)	3	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
SODIUM THIOSULFATE INTRAVENOUS SOLUTION	1 or 1b*	
VISTOGARD ORAL PACKET (***uridine triacetate***)	3	LD; QL (20 packets per 30 days)
BENZODIAZEPINE ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**		
flumazenil intravenous solution	1 or 1b*	
OPIOID ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**		
KLOXXADO NASAL LIQUID (***naloxone hcl***)	2	QL (6 nasal sprays per 3 monthss)
nalmefene hcl injection solution	3	QL (20 mL per 150 days)
naloxone hcl injection solution	1 or 1b*	QL (6 vial per 90 days)
naloxone hcl injection solution cartridge	1 or 1b*	QL (6 syringe per 90 days)
naloxone hcl injection solution prefilled syringe 0.4 mg/ml	1 or 1b*	QL (6 syringes per 3 months)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1 or 1b*	QL (6 syringe per 90 days)
naloxone hcl nasal liquid	1 or 1b*	QL (6 nasal sprays per 3 monthss)
naltrexone hcl oral tablet	1 or 1b*	
NARCAN NASAL LIQUID (***naloxone hcl***)	3	ST; QL (6 nasal spray per 90 days)
OPVEE NASAL SOLUTION (***nalmefene hcl***)	2	QL (3 cartons per 90 days)
REXTOVY NASAL LIQUID (***naloxone hcl***)	2	QL (6 nasal sprays per 3 monthss)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED (***naltrexone***)	3	LD; QL (1 vial per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE (***naloxone hcl***)	2	QL (6 syringes per 3 monthss)
***ANTIEMETICS* - DRUGS FOR THE STOMACH**		
5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA**		
ANZEMET ORAL TABLET (***dolasetron mesylate***)	3	LD; QL (5 tablets per 30 days)
granisetron hcl intravenous solution	1 or 1b*	LD
granisetron hcl oral tablet	1 or 1b*	LD; QL (10 tablets per 30 days)
ondansetron hcl +rfid injection solution	1 or 1b*	
ondansetron hcl injection solution	1 or 1b*	
ondansetron hcl injection solution prefilled syringe	1 or 1b*	LD
ondansetron hcl oral solution	1 or 1b*	LD; QL (8 mL per 1 day)
ondansetron hcl oral tablet 24 mg	1 or 1b*	LD; QL (8 tablet per 30 days)
ondansetron hcl oral tablet 4 mg	1 or 1b*	LD; QL (48 tablets per 30 days)
ondansetron hcl oral tablet 8 mg	1 or 1b*	LD; QL (24 tablets per 30 days)
ondansetron oral tablet dispersible 16 mg	1 or 1b*	QL (4 tablets per 30 days)
ondansetron oral tablet dispersible 4 mg	1 or 1b*	LD; QL (48 tablets per 30 days)
ondansetron oral tablet dispersible 8 mg	1 or 1b*	LD; QL (24 tablets per 30 days)
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML	3	LD
palonosetron hcl intravenous solution 0.25 mg/5ml	1 or 1b*	LD
palonosetron hcl intravenous solution prefilled syringe	1 or 1b*	LD
POSFREA INTRAVENOUS SOLUTION (***palonosetron hcl***)	3	LD
SANCUSO TRANSDERMAL PATCH (***granisetron***)	3	LD; QL (4 patches per 28 days)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE (***granisetron***)	3	LD
ANTIEMETIC COMBINATIONS - DRUGS FOR VOMITING AND NAUSEA**		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION (***fosnetupitant-palonosetron***)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION (***fosnetupitant-palonosetron***)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED (***fosnetupitant-palonosetron***)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO ORAL CAPSULE (***netupitant-palonosetron***)	3	LD; QL (5 capsules per 25 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BONJESTA ORAL TABLET EXTENDED RELEASE (***doxylamine-pyridoxine***)	3	PA; QL (4 tablet per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE (***doxylamine-pyridoxine***)	3	PA; QL (4 tablet per 1 day)
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL (4 tablet per 1 day)
ANTIEMETICS - ANTICHOLINERGIC - DRUGS FOR VOMITING AND NAUSEA**		
DIMENHYDRINATE INJECTION SOLUTION	3	
meclizine hcl oral tablet 25 mg	1 or 1a*	
meclizine hcl oral tablet 50 mg	1 or 1b*	
scopolamine transdermal patch 72 hour	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION (***trimethobenzamide hcl***)	3	
trimethobenzamide hcl oral capsule	1 or 1b*	
ANTIEMETICS - ANTIDOPAMINERGIC - DRUGS FOR VOMITING AND NAUSEA**		
BARHEMSYS INTRAVENOUS SOLUTION (***amisulpride (antiemetic)***)	3	
ANTIEMETICS - MISCELLANEOUS - DRUGS FOR VOMITING AND NAUSEA**		
dronabinol oral capsule	1 or 1b*	QL (4 capsules per 1 day)
MARINOL ORAL CAPSULE (***dronabinol***)	3	QL (4 capsules per 1 day)
SYNDROS ORAL SOLUTION (***dronabinol***)	3	QL (8 mL per 1 day)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA**		
APONVIE INTRAVENOUS EMULSION (***aprepitant***)	3	LD
aprepitant oral	1 or 1b*	LD; QL (15 capsules per 25 days)
aprepitant oral capsule 125 mg	1 or 1b*	LD; QL (5 capsules per 25 days)
aprepitant oral capsule 40 mg	1 or 1b*	LD; QL (1 capsule per 1 fill)
aprepitant oral capsule 80 & 125 mg	1 or 1b*	LD; QL (15 capsules per 25 days)
aprepitant oral capsule 80 mg	1 or 1b*	LD; QL (10 capsules per 25 days)
CINVANTI INTRAVENOUS EMULSION (***aprepitant***)	3	QL (5 vials per 30 days)
EMEND BIPACK ORAL CAPSULE (***aprepitant***)	3	LD; QL (10 capsules per 25 days)
EMEND INTRAVENOUS SOLUTION RECONSTITUTED (***fosaprepitant dimeglumine***)	3	LD; QL (5 vial per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED (***aprepitant***)	3	QL (15 kit per 30 days)
EMEND TRIPACK ORAL CAPSULE (***aprepitant***)	3	LD; QL (15 capsules per 25 days)
focinvez intravenous solution	3	QL (5 vials per 30 days)
fosaprepitant dimeglumine intravenous solution reconstituted	1 or 1b*	LD; QL (5 vial per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK (***rolapitant hcl***)	3	QL (4 capsules per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIFUNGALS* - DRUGS FOR INFECTIONS**		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) - DRUGS FOR FUNGUS**		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED (***caspofungin acetate***)	3	QL (1 vial per 1 day)
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	3	QL (1 vial per 1 day)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED (***anidulafungin***)	3	
MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
micafungin sodium-nacl intravenous solution	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED (***micafungin sodium***)	3	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED (***rezafungin acetate***)	3	
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS) - ANTIBIOTICS**		
BREXAFEMME ORAL TABLET (***ibrexafungerp citrate***)	3	PA; QL (4 tablets per 1 month)
ANTIFUNGALS - DRUGS FOR FUNGUS**		
ABELCET INTRAVENOUS SUSPENSION (***amphotericin b lipid***)	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED (***amphotericin b liposome***)	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	
amphotericin b liposome intravenous suspension reconstituted	1 or 1b*	
ANCOBON ORAL CAPSULE (***flucytosine***)	3	PA
flucytosine oral capsule	1 or 1b*	PA
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1 or 1b*	
griseofulvin ultramicrosize oral tablet 165 mg	3	
nystatin oral tablet	1 or 1b*	
terbinafine hcl oral tablet	1 or 1b*	
IMIDAZOLES - DRUGS FOR FUNGUS**		
ketoconazole oral tablet	1 or 1b*	QL (2 tablets per 1 day)
TETRAZOLES - DRUGS FOR FUNGUS**		
VIVJOA ORAL CAPSULE THERAPY PACK (***oteseconazole***)	3	PA; QL (1 carton per 4 monthss)
TRIAZOLES - DRUGS FOR FUNGUS**		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED (***isavuconazonium sulfate***)	3	PA; QL (1 vial per 1 day)
CRESEMBA ORAL CAPSULE 186 MG (***isavuconazonium sulfate***)	3	PA; QL (2 capsules per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG (***isavuconazonium sulfate***)	3	PA; QL (5 capsules per 1 day)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED (***fluconazole***)	3	QL (10 mL per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFLUCAN ORAL TABLET 100 MG (***fluconazole***)	3	QL (4 tablet per 1 day)
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	3	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1 or 1b*	
fluconazole oral suspension reconstituted 10 mg/ml	1 or 1b*	QL (40 mL per 1 day)
fluconazole oral suspension reconstituted 40 mg/ml	1 or 1b*	QL (10 mL per 1 day)
fluconazole oral tablet 100 mg	1 or 1b*	QL (4 tablet per 1 day)
fluconazole oral tablet 150 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
fluconazole oral tablet 50 mg	1 or 1b*	QL (8 tablet per 1 day)
itraconazole oral capsule	1 or 1b*	PA; QL (4.2 capsules per 1 day)
itraconazole oral solution	1 or 1b*	PA; QL (20 mL per 1 day)
NOXAFIL INTRAVENOUS SOLUTION (***posaconazole***)	3	
NOXAFIL ORAL PACKET (***posaconazole***)	3	PA; QL (31 packet per 30 days)
NOXAFIL ORAL SUSPENSION (***posaconazole***)	3	PA; QL (20 mL per 1 day)
NOXAFIL ORAL TABLET DELAYED RELEASE (***posaconazole***)	3	PA; QL (93 tablets per 30 days)
posaconazole intravenous solution	1 or 1b*	
posaconazole oral suspension	1 or 1b*	PA; QL (20 mL per 1 day)
posaconazole oral tablet delayed release	1 or 1b*	PA; QL (93 tablets per 30 days)
SPORANOX ORAL CAPSULE (***itraconazole***)	3	PA; QL (4.2 capsules per 1 day)
TOLSURA ORAL CAPSULE	3	PA; QL (126 capsules per 30 days)
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED (***voriconazole***)	3	
VFEND ORAL SUSPENSION RECONSTITUTED (***voriconazole***)	3	PA; QL (17.5 mL per 1 day)
VFEND ORAL TABLET (***voriconazole***)	3	PA; QL (6 tablets per 1 day)
voriconazole intravenous solution reconstituted	3	
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL (17.5 mL per 1 day)
voriconazole oral tablet 200 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
voriconazole oral tablet 50 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
***ANTIHISTAMINES* - DRUGS FOR THE LUNGS**		
ANTIHISTAMINES - ALKYLAMINES - DRUGS FOR ALLERGIES**		
ryclora oral solution	3	ST
ANTIHISTAMINES - ETHANOLAMINES - DRUGS FOR ALLERGIES**		
carbinoxamine maleate er oral suspension extended release	1 or 1b*	ST; QL (40 mL per 1 day)
carbinoxamine maleate oral solution	1 or 1b*	ST
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	ST
carbinoxamine maleate oral tablet 6 mg	3	ST; QL (4 tablets per 1 day)
CLEMASTINE FUMARATE ORAL SYRUP	3	ST; QL (60 mL per 1 day)
clemastine fumarate oral tablet	1 or 1b*	ST; QL (3 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diphenhydramine hcl injection solution	1 or 1b*	
diphenhydramine hcl oral elixir	1 or 1a*	QL (4 mL per 1 day)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE (***carbinoxamine maleate***)	3	ST; QL (40 mL per 1 day)
RYVENT ORAL TABLET (***carbinoxamine maleate***)	3	ST; QL (4 tablets per 1 day)
ANTIHISTAMINES - NON-SEDATING - DRUGS FOR ALLERGIES**		
cetirizine hcl oral solution	1 or 1b*	BE; QL (10 mL per 1 day)
CLARINEX ORAL TABLET (***desloratadine***)	3	ST; QL (1 tablet per 1 day)
desloratadine oral tablet	1 or 1b*	QL (1 tablet per 1 day)
desloratadine oral tablet dispersible	1 or 1b*	QL (1 tablet per 1 day)
levocetirizine dihydrochloride oral solution	1 or 1b*	BE; QL (10 mL per 1 day)
levocetirizine dihydrochloride oral tablet	1 or 1b*	BE; QL (1 tablet per 1 day)
QUZYTTIR INTRAVENOUS SOLUTION (***cetirizine hcl***)	3	
ANTIHISTAMINES - PHENOTHIAZINES - DRUGS FOR ALLERGIES**		
PHENERGAN INJECTION SOLUTION (***promethazine hcl***)	3	
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	QL (40 mL per 1 day)
promethazine hcl oral tablet 12.5 mg, 25 mg	1 or 1a*	QL (4 tablets per 1 day)
promethazine hcl oral tablet 50 mg	1 or 1a*	QL (1 tablet per 1 day)
promethazine hcl rectal suppository	1 or 1b*	QL (6 suppositories per 1 day)
promethegan rectal suppository 12.5 mg, 25 mg	1 or 1b*	QL (6 suppositories per 1 day)
promethegan rectal suppository 50 mg	1 or 1b*	QL (1 suppository per 1 day)
ANTIHISTAMINES - PIPERIDINES - DRUGS FOR ALLERGIES**		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
***ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART**		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB - DRUGS FOR CHOLESTEROL**		
NEXLIZET ORAL TABLET (***bempedoic acid-ezetimibe***)	3	PA; QL (1 tablet per 1 day)
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - DRUGS FOR CHOLESTEROL**		
NEXLETOL ORAL TABLET (***bempedoic acid***)	3	PA; QL (1 tablet per 1 day)
ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS - DRUGS FOR CHOLESTEROL**		
EVKEEZA INTRAVENOUS SOLUTION (***evinacumab-dgnb***)	3	PA; LD
ANTIHYPERLIPIDEMICS - MISC. - DRUGS FOR CHOLESTEROL**		
icosapent ethyl oral capsule 0.5 gm	1 or 1b*	PA; QL (8 capsules per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
icosapent ethyl oral capsule 1 gm	1 or 1b*	PA; QL (4 capsule per 1 day)
LOVAZA ORAL CAPSULE (***omega-3-acid ethyl esters***)	3	PA; QL (4 capsule per 1 day)
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL (4 capsule per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (***icosapent ethyl***)	2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (***icosapent ethyl***)	2	PA; QL (4 capsule per 1 day)
BILE ACID SEQUESTRANTS - DRUGS FOR CHOLESTEROL**		
cholestyramine light oral packet	1 or 1b*	QL (24 grams per 1 day)
cholestyramine light oral powder	1 or 1b*	QL (30 grams per 1 day)
cholestyramine oral packet	1 or 1b*	QL (6 packets per 1 day)
cholestyramine oral powder	1 or 1b*	QL (54 gm per 1 day)
colesevelam hcl oral packet	3	QL (1 packet per 1 day)
colesevelam hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
COLESTID ORAL GRANULES (***colestipol hcl***)	3	QL (45 grams per 1 day)
COLESTID ORAL TABLET (***colestipol hcl***)	3	QL (16 tablets per 1 day)
colestipol hcl oral granules	1 or 1b*	QL (45 grams per 1 day)
colestipol hcl oral packet	1 or 1b*	QL (30 grams per 1 day)
colestipol hcl oral tablet	1 or 1b*	QL (16 tablets per 1 day)
prevalite oral packet	1 or 1b*	QL (24 grams per 1 day)
prevalite oral powder	1 or 1b*	QL (30 grams per 1 day)
QUESTRAN LIGHT ORAL POWDER (***cholestyramine light***)	3	QL (30 grams per 1 day)
QUESTRAN ORAL PACKET (***cholestyramine***)	3	QL (6 packets per 1 day)
QUESTRAN ORAL POWDER (***cholestyramine***)	3	QL (54 gm per 1 day)
WELCHOL ORAL PACKET (***colesevelam hcl***)	3	QL (1 packet per 1 day)
WELCHOL ORAL TABLET (***colesevelam hcl***)	3	QL (6 tablets per 1 day)
FIBRIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL**		
fenofibrate micronized oral capsule	1 or 1b*	QL (1 capsule per 1 day)
fenofibrate oral capsule	1 or 1b*	QL (1 capsule per 1 day)
fenofibrate oral tablet 120 mg, 40 mg	3	ST; QL (1 tablet per 1 day)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1 or 1b*	QL (1 tablet per 1 day)
fenofibric acid oral capsule delayed release	1 or 1b*	QL (1 capsule per 1 day)
fenofibric acid oral tablet	1 or 1b*	QL (1 tablet per 1 day)
gemfibrozil oral tablet	1 or 1b*	QL (2 tablets per 1 day)
LIPOFEN ORAL CAPSULE (***fenofibrate***)	3	ST; QL (1 capsule per 1 day)
LOPID ORAL TABLET (***gemfibrozil***)	3	ST; QL (2 tablets per 1 day)
TRICOR ORAL TABLET (***fenofibrate***)	3	ST; QL (1 tablet per 1 day)
HMG COA REDUCTASE INHIBITORS - DRUGS FOR CHOLESTEROL**		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG (***lovastatin***)	3	ST; DO

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG (***lovastatin***)	3	ST; QL (1 tablet per 1 day)
ATORVALIQ ORAL SUSPENSION (***atorvastatin calcium***)	3	ST; QL (20 mL per 1 day)
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*; $0	DO
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL (1 tablet per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG (***rosuvastatin calcium***)	3	ST; DO
CRESTOR ORAL TABLET 40 MG (***rosuvastatin calcium***)	3	ST; QL (1 tablet per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG (***rosuvastatin calcium***)	3	ST; DO
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG (***rosuvastatin calcium***)	3	ST; QL (1 capsule per 1 day)
FLOLIPID ORAL SUSPENSION	3	ST; QL (5 mL per 1 day)
fluvastatin sodium er oral tablet extended release 24 hour	3; $0	ST; QL (1 tablet per 1 day)
fluvastatin sodium oral capsule	1 or 1b*; $0	DO
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (***fluvastatin sodium***)	3	ST; QL (1 tablet per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG (***atorvastatin calcium***)	3	ST; DO
LIPITOR ORAL TABLET 80 MG (***atorvastatin calcium***)	3	ST; QL (1 tablet per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG (***pitavastatin calcium***)	3	ST; DO
LIVALO ORAL TABLET 4 MG (***pitavastatin calcium***)	3	ST; QL (1 tablet per 1 day)
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*; $0	DO
lovastatin oral tablet 40 mg	1 or 1b*; $0	QL (2 tablets per 1 day)
pitavastatin calcium oral tablet 1 mg, 2 mg	3	ST; DO
pitavastatin calcium oral tablet 4 mg	3	ST; QL (1 tablet per 1 day)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*; $0	DO
pravastatin sodium oral tablet 80 mg	1 or 1b*; $0	QL (1 tablet per 1 day)
rosuvastatin calcium oral tablet 10 mg, 5 mg	1 or 1b*; $0	DO
rosuvastatin calcium oral tablet 20 mg	1 or 1b*	DO
rosuvastatin calcium oral tablet 40 mg	1 or 1b*	QL (1 tablet per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*; $0	DO
simvastatin oral tablet 40 mg	1 or 1b*; $0	QL (1 tablet per 1 day)
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG (***simvastatin***)	3	ST; DO
ZOCOR ORAL TABLET 40 MG (***simvastatin***)	3	ST; QL (1 tablet per 1 day)
ZYPITAMAG ORAL TABLET 2 MG (***pitavastatin magnesium***)	3	ST; DO
ZYPITAMAG ORAL TABLET 4 MG (***pitavastatin magnesium***)	3	ST; QL (1 tablet per 1 day)
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB - DRUGS FOR CHOLESTEROL**		
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYTORIN ORAL TABLET (***ezetimibe-simvastatin***)	3	ST; QL (1 tablet per 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - DRUGS FOR CHOLESTEROL**		
ezetimibe oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
ZETIA ORAL TABLET (***ezetimibe***)	3	ST; QL (1 tablet per 1 day)
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS - DRUGS FOR CHOLESTEROL**		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (***lomitapide mesylate***)	3	PA; LD; DO
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (***lomitapide mesylate***)	3	PA; LD; QL (2 capsules per 1 day)
NICOTINIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL**		
niacin (antihyperlipidemic) oral tablet	1 or 1b*	ST; QL (12 tablets per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg	1 or 1b*	ST; QL (2 tablets per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	1 or 1b*	ST; QL (1 tablet per 1 day)
niacor oral tablet	1 or 1b*	ST; QL (12 tablets per 1 day)
PCSK9 INHIBITORS - DRUGS FOR CHOLESTEROL**		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***alirocumab***)	3	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (***evolocumab***)	3	PA; QL (1 cartridge per 28 days)
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)
SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS - DRUGS FOR CHOLESTEROL**		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***inclisiran sodium***)	3	PA; LD; QL (1.5 mL per 180 days)
***ANTIHYPERTENSIVES* - DRUGS FOR THE HEART**		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL (1 capsule per 1 day)
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	1 or 1b*	QL (4 capsules per 1 day)
amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg	1 or 1b*	QL (2 capsules per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG (***amlodipine besy-benazepril hcl***)	3	QL (1 capsule per 1 day)
LOTREL ORAL CAPSULE 5-10 MG, 5-20 MG (***amlodipine besy-benazepril hcl***)	3	QL (2 capsules per 1 day)
PRESTALIA ORAL TABLET 14-10 MG (***perindopril arg-amlodipine***)	3	QL (1 tablet per 1 day)
PRESTALIA ORAL TABLET 3.5-2.5 MG (***perindopril arg-amlodipine***)	3	QL (4 tablets per 1 day)
PRESTALIA ORAL TABLET 7-5 MG (***perindopril arg-amlodipine***)	3	QL (2 tablets per 1 day)
trandolapril-verapamil hcl er oral tablet extended release	1 or 1b*	QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE - DRUGS FOR HIGH BLOOD PRESSURE**		
ACCURETIC ORAL TABLET 10-12.5 MG (***quinapril-hydrochlorothiazide***)	3	QL (4 tablets per 1 day)
ACCURETIC ORAL TABLET 20-12.5 MG (***quinapril-hydrochlorothiazide***)	3	QL (2 tablets per 1 day)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL (1 tablet per 1 day)
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	1 or 1b*	QL (4 tablets per 1 day)
captopril-hydrochlorothiazide oral tablet	1 or 1b*	QL (2 tablets per 1 day)
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1 or 1b*	QL (2 tablets per 1 day)
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1 or 1b*	QL (4 tablets per 1 day)
fosinopril sodium-hctz oral tablet	1 or 1b*	QL (4 tablets per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1 or 1b*	QL (4 tablets per 1 day)
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1 or 1b*	QL (2 tablets per 1 day)
LOTENSIN HCT ORAL TABLET 10-12.5 MG (***benazepril-hydrochlorothiazide***)	3	QL (2 tablets per 1 day)
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG (***benazepril-hydrochlorothiazide***)	3	QL (1 tablet per 1 day)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	QL (4 tablets per 1 day)
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL (2 tablets per 1 day)
VASERETIC ORAL TABLET (***enalapril-hydrochlorothiazide***)	3	QL (2 tablets per 1 day)
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (***lisinopril-hydrochlorothiazide***)	3	QL (4 tablets per 1 day)
ZESTORETIC ORAL TABLET 20-25 MG (***lisinopril-hydrochlorothiazide***)	3	QL (2 tablets per 1 day)
ACE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
ACCUPRIL ORAL TABLET 10 MG (***quinapril hcl***)	3	QL (8 tablets per 1 day)
ACCUPRIL ORAL TABLET 20 MG (***quinapril hcl***)	3	QL (4 tablets per 1 day)
ACCUPRIL ORAL TABLET 40 MG (***quinapril hcl***)	3	QL (2 tablets per 1 day)
ACCUPRIL ORAL TABLET 5 MG (***quinapril hcl***)	3	QL (16 tablets per 1 day)
ALTACE ORAL CAPSULE 10 MG (***ramipril***)	3	QL (2 capsules per 1 day)
ALTACE ORAL CAPSULE 2.5 MG (***ramipril***)	3	QL (8 capsules per 1 day)
benazepril hcl oral tablet 10 mg	1 or 1a*	QL (8 tablets per 1 day)
benazepril hcl oral tablet 20 mg	1 or 1a*	QL (4 tablets per 1 day)
benazepril hcl oral tablet 40 mg	1 or 1a*	QL (2 tablets per 1 day)
benazepril hcl oral tablet 5 mg	1 or 1a*	QL (16 tablets per 1 day)
captopril oral tablet 100 mg	1 or 1b*	QL (3 tablets per 1 day)
captopril oral tablet 12.5 mg	1 or 1b*	QL (24 tablets per 1 day)
captopril oral tablet 25 mg	1 or 1b*	QL (12 tablets per 1 day)
captopril oral tablet 50 mg	1 or 1b*	QL (6 tablets per 1 day)
enalapril maleate oral solution	1 or 1b*	QL (40 mg per 1 day)
enalapril maleate oral tablet 10 mg	1 or 1b*	QL (4 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
enalapril maleate oral tablet 2.5 mg	1 or 1b*	QL (16 tablets per 1 day)
enalapril maleate oral tablet 20 mg	1 or 1b*	QL (2 tablets per 1 day)
enalapril maleate oral tablet 5 mg	1 or 1b*	QL (8 tablets per 1 day)
enalaprilat intravenous solution	1 or 1b*	
EPANED ORAL SOLUTION (***enalapril maleate***)	3	QL (40 mg per 1 day)
fosinopril sodium oral tablet 10 mg	1 or 1b*	QL (8 tablets per 1 day)
fosinopril sodium oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
fosinopril sodium oral tablet 40 mg	1 or 1b*	QL (2 tablets per 1 day)
lisinopril oral tablet 10 mg	1 or 1a*	QL (8 tablets per 1 day)
lisinopril oral tablet 2.5 mg	1 or 1a*	QL (32 tablets per 1 day)
lisinopril oral tablet 20 mg	1 or 1a*	QL (4 tablets per 1 day)
lisinopril oral tablet 30 mg, 40 mg	1 or 1a*	QL (2 tablets per 1 day)
lisinopril oral tablet 5 mg	1 or 1a*	QL (16 tablets per 1 day)
LOTENSIN ORAL TABLET 10 MG (***benazepril hcl***)	3	QL (8 tablets per 1 day)
LOTENSIN ORAL TABLET 20 MG (***benazepril hcl***)	3	QL (4 tablets per 1 day)
LOTENSIN ORAL TABLET 40 MG (***benazepril hcl***)	3	QL (2 tablets per 1 day)
moexipril hcl oral tablet 15 mg	1 or 1b*	QL (4 tablets per 1 day)
moexipril hcl oral tablet 7.5 mg	1 or 1b*	QL (8 tablets per 1 day)
perindopril erbumine oral tablet 2 mg	1 or 1b*	QL (8 tablets per 1 day)
perindopril erbumine oral tablet 4 mg	1 or 1b*	QL (4 tablets per 1 day)
perindopril erbumine oral tablet 8 mg	1 or 1b*	QL (2 tablets per 1 day)
QBRELIS ORAL SOLUTION (***lisinopril***)	3	QL (40 mg per 1 day)
quinapril hcl oral tablet 10 mg	1 or 1b*	QL (8 tablets per 1 day)
quinapril hcl oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
quinapril hcl oral tablet 40 mg	1 or 1b*	QL (2 tablets per 1 day)
quinapril hcl oral tablet 5 mg	1 or 1b*	QL (16 tablets per 1 day)
ramipril oral capsule 1.25 mg	1 or 1b*	QL (16 capsules per 1 day)
ramipril oral capsule 10 mg	1 or 1b*	QL (2 capsules per 1 day)
ramipril oral capsule 2.5 mg	1 or 1b*	QL (8 capsules per 1 day)
ramipril oral capsule 5 mg	1 or 1b*	QL (4 tablets per 1 day)
trandolapril oral tablet 1 mg	1 or 1b*	QL (8 tablets per 1 day)
trandolapril oral tablet 2 mg	1 or 1b*	QL (4 tablets per 1 day)
trandolapril oral tablet 4 mg	1 or 1b*	QL (2 tablets per 1 day)
VASOTEC ORAL TABLET 10 MG (***enalapril maleate***)	3	QL (4 tablets per 1 day)
VASOTEC ORAL TABLET 2.5 MG (***enalapril maleate***)	3	QL (16 tablets per 1 day)
VASOTEC ORAL TABLET 20 MG (***enalapril maleate***)	3	QL (2 tablets per 1 day)
VASOTEC ORAL TABLET 5 MG (***enalapril maleate***)	3	QL (8 tablets per 1 day)
ZESTRIL ORAL TABLET 10 MG (***lisinopril***)	3	QL (8 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZESTRIL ORAL TABLET 2.5 MG (***lisinopril***)	3	QL (32 tablets per 1 day)
ZESTRIL ORAL TABLET 20 MG (***lisinopril***)	3	QL (4 tablets per 1 day)
ZESTRIL ORAL TABLET 30 MG, 40 MG (***lisinopril***)	3	QL (2 tablets per 1 day)
ZESTRIL ORAL TABLET 5 MG (***lisinopril***)	3	QL (16 tablets per 1 day)
AGENTS FOR PHEOCHROMOCYTOMA - DRUGS FOR HIGH BLOOD PRESSURE**		
DEMSER ORAL CAPSULE (***metyrosine***)	3	PA; LD; QL (16 capsules per 1 day)
DIBENZYLINE ORAL CAPSULE (***phenoxybenzamine hcl***)	3	PA; QL (12 capsules per 1 day)
metyrosine oral capsule	1 or 1b*	PA; LD; QL (16 capsules per 1 day)
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL (12 capsules per 1 day)
phentolamine mesylate injection solution reconstituted	1 or 1b*	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine besylate-valsartan oral tablet 5-160 mg	1 or 1b*	QL (2 tablets per 1 day)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	QL (2 tablets per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG (***amlodipine-olmesartan***)	3	QL (1 tablet per 1 day)
AZOR ORAL TABLET 5-20 MG (***amlodipine-olmesartan***)	3	QL (2 tablets per 1 day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG (***amlodipine besylate-valsartan***)	3	QL (1 tablet per 1 day)
EXFORGE ORAL TABLET 5-160 MG (***amlodipine besylate-valsartan***)	3	QL (2 tablets per 1 day)
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	QL (1 tablet per 1 day)
telmisartan-amlodipine oral tablet 40-5 mg	1 or 1b*	QL (2 tablets per 1 day)
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE - DRUGS FOR HIGH BLOOD PRESSURE**		
ATACAND HCT ORAL TABLET 16-12.5 MG (***candesartan cilexetil-hctz***)	3	QL (2 tablets per 1 day)
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG (***candesartan cilexetil-hctz***)	3	QL (1 tablet per 1 day)
AVALIDE ORAL TABLET 150-12.5 MG (***irbesartan-hydrochlorothiazide***)	3	QL (2 tablets per 1 day)
AVALIDE ORAL TABLET 300-12.5 MG (***irbesartan-hydrochlorothiazide***)	3	QL (1 tablet per 1 day)
BENICAR HCT ORAL TABLET 20-12.5 MG (***olmesartan medoxomil-hctz***)	3	QL (2 tablets per 1 day)
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG (***olmesartan medoxomil-hctz***)	3	QL (1 tablet per 1 day)
candesartan cilexetil-hctz oral tablet 16-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1 or 1b*	QL (1 tablet per 1 day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG (***valsartan-hydrochlorothiazide***)	3	QL (2 tablets per 1 day)
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG (***valsartan-hydrochlorothiazide***)	3	QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBYCLOR ORAL TABLET (***azilsartan-chlorthalidone***)	3	QL (1 tablet per 1 day)
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG (***losartan potassium-hctz***)	3	QL (1 tablet per 1 day)
HYZAAR ORAL TABLET 50-12.5 MG (***losartan potassium-hctz***)	3	QL (2 tablets per 1 day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium-hctz oral tablet 50-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG (***telmisartan-hctz***)	3	QL (2 tablets per 1 day)
MICARDIS HCT ORAL TABLET 80-25 MG (***telmisartan-hctz***)	3	QL (1 tablet per 1 day)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	QL (1 tablet per 1 day)
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
telmisartan-hctz oral tablet 80-25 mg	1 or 1b*	QL (1 tablet per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	QL (1 tablet per 1 day)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE**		
ATACAND ORAL TABLET 16 MG (***candesartan cilexetil***)	3	QL (2 tablets per 1 day)
ATACAND ORAL TABLET 32 MG (***candesartan cilexetil***)	3	QL (1 tablet per 1 day)
ATACAND ORAL TABLET 4 MG, 8 MG (***candesartan cilexetil***)	3	DO
AVAPRO ORAL TABLET 150 MG (***irbesartan***)	3	DO
AVAPRO ORAL TABLET 300 MG (***irbesartan***)	3	QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG, 5 MG (***olmesartan medoxomil***)	3	DO
BENICAR ORAL TABLET 40 MG (***olmesartan medoxomil***)	3	QL (1 tablet per 1 day)
candesartan cilexetil oral tablet 16 mg	1 or 1b*	QL (2 tablets per 1 day)
candesartan cilexetil oral tablet 32 mg	1 or 1b*	QL (1 tablet per 1 day)
candesartan cilexetil oral tablet 4 mg, 8 mg	1 or 1b*	DO
COZAAR ORAL TABLET 100 MG (***losartan potassium***)	3	QL (1 tablet per 1 day)
COZAAR ORAL TABLET 25 MG (***losartan potassium***)	3	DO
COZAAR ORAL TABLET 50 MG (***losartan potassium***)	3	QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 160 MG (***valsartan***)	3	QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 320 MG (***valsartan***)	3	QL (1 tablet per 1 day)
DIOVAN ORAL TABLET 40 MG, 80 MG (***valsartan***)	3	DO
EDARBI ORAL TABLET 40 MG (***azilsartan medoxomil***)	3	DO
EDARBI ORAL TABLET 80 MG (***azilsartan medoxomil***)	3	QL (1 tablet per 1 day)
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
losartan potassium oral tablet 100 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium oral tablet 25 mg	1 or 1b*	DO
losartan potassium oral tablet 50 mg	1 or 1b*	QL (2 tablets per 1 day)
MICARDIS ORAL TABLET 40 MG (***telmisartan***)	3	DO
MICARDIS ORAL TABLET 80 MG (***telmisartan***)	3	QL (2 tablets per 1 day)
olmesartan medoxomil oral tablet 20 mg, 5 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL (1 tablet per 1 day)
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	QL (2 tablets per 1 day)
VALSARTAN ORAL SOLUTION	1 or 1b*	PA; QL (80 mL per 1 day)
valsartan oral tablet 160 mg	1 or 1b*	QL (2 tablets per 1 day)
valsartan oral tablet 320 mg	1 or 1b*	QL (1 tablet per 1 day)
valsartan oral tablet 40 mg, 80 mg	1 or 1b*	DO
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG (***amlodipine-valsartan-hctz***)	3	QL (1 tablet per 1 day)
EXFORGE HCT ORAL TABLET 5-160-12.5 MG (***amlodipine-valsartan-hctz***)	3	QL (2 tablets per 1 day)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	QL (1 tablet per 1 day)
TRIBENZOR ORAL TABLET 20-5-12.5 MG (***olmesartan-amlodipine-hctz***)	3	QL (2 tablets per 1 day)
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (***olmesartan-amlodipine-hctz***)	3	QL (1 tablet per 1 day)
ANTIADRENERGICS - CENTRALLY ACTING - DRUGS FOR HIGH BLOOD PRESSURE**		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY (***clonidine***)	3	QL (12 patches per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY (***clonidine***)	3	QL (12 patches per 28 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY (***clonidine***)	3	QL (0.29 patches per 1 day)
clonidine er oral tablet extended release 24 hour	3	ST; QL (3 tablets per 1 day)
clonidine hcl oral tablet 0.1 mg	1 or 1a*	QL (12 tablets per 1 day)
clonidine hcl oral tablet 0.2 mg	1 or 1a*	QL (6 tablets per 1 day)
clonidine hcl oral tablet 0.3 mg	1 or 1a*	QL (4 tablets per 1 day)
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	1 or 1b*	QL (12 patches per 28 days)
clonidine transdermal patch weekly 0.3 mg/24hr	1 or 1b*	QL (0.29 patches per 1 day)
guanfacine hcl oral tablet	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyldopa oral tablet 250 mg	1 or 1b*	QL (12 tablets per 1 day)
methyldopa oral tablet 500 mg	1 or 1b*	QL (6 tablets per 1 day)
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR (***clonidine***)	3	ST; QL (3 tablets per 1 day)
ANTIADRENERGICS - PERIPHERALLY ACTING - DRUGS FOR HIGH BLOOD PRESSURE**		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (***doxazosin mesylate***)	3	QL (1 tablet per 1 day)
CARDURA ORAL TABLET 8 MG (***doxazosin mesylate***)	3	QL (2 tablets per 1 day)
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	1 or 1b*	QL (1 tablet per 1 day)
doxazosin mesylate oral tablet 8 mg	1 or 1b*	QL (2 tablets per 1 day)
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	QL (1 capsule per 1 day)
terazosin hcl oral capsule 10 mg	1 or 1b*	QL (2 capsules per 1 day)
TEZRULY ORAL SOLUTION (***terazosin hcl***)	3	PA; QL (20 mL per 1 day)
ANTIHYPERTENSIVES - MISC. - DRUGS FOR HIGH BLOOD PRESSURE**		
VECAMYL ORAL TABLET (***mecamylamine hcl***)	3	
BETA BLOCKER & DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
atenolol-chlorthalidone oral tablet	1 or 1b*	QL (1 tablet per 1 day)
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL (2 tablets per 1 day)
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg	1 or 1b*	QL (2 tablets per 1 day)
metoprolol-hydrochlorothiazide oral tablet 100-50 mg	1 or 1b*	QL (1 tablet per 1 day)
TENORETIC 100 ORAL TABLET (***atenolol-chlorthalidone***)	3	QL (1 tablet per 1 day)
TENORETIC 50 ORAL TABLET (***atenolol-chlorthalidone***)	3	QL (1 tablet per 1 day)
DIRECT RENIN INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO
aliskiren fumarate oral tablet 300 mg	1 or 1b*	QL (1 tablet per 1 day)
TEKTURNA ORAL TABLET 150 MG (***aliskiren fumarate***)	3	DO
TEKTURNA ORAL TABLET 300 MG (***aliskiren fumarate***)	3	QL (1 tablet per 1 day)
ENDOTHELIN RECEPTOR ANTAGONISTS - DRUGS FOR THE HEART**		
TRYVIO ORAL TABLET (***aprocitentan***)	3	PA; QL (1 tablet per 1 day)
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - DRUGS FOR HIGH BLOOD PRESSURE**		
eplerenone oral tablet	1 or 1b*	
INSPRA ORAL TABLET (***eplerenone***)	3	
VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE**		
hydralazine hcl injection solution	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
NIPRIDE RTU INTRAVENOUS SOLUTION (***nitroprusside sodium-nacl***)	3	
nitroprusside sodium intravenous solution	1 or 1b*	
nitroprusside sodium-nacl intravenous solution	1 or 1b*	
sodium nitroprusside intravenous solution	1 or 1b*	
***ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS**		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS**		
IMPAVIDO ORAL CAPSULE (***miltefosine***)	3	PA; QL (84 capsules per 1 fill)
LIKMEZ ORAL SUSPENSION (***metronidazole***)	3	PA
METRONIDAZOLE INTRAVENOUS SOLUTION	3	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet 125 mg	3	
metronidazole oral tablet 250 mg, 500 mg	1 or 1a*	
NEBUPENT INHALATION SOLUTION RECONSTITUTED (***pentamidine isethionate***)	3	LD
PENTAM INJECTION SOLUTION RECONSTITUTED (***pentamidine isethionate***)	3	LD
pentamidine isethionate inhalation solution reconstituted	1 or 1b*	LD
pentamidine isethionate injection solution reconstituted	1 or 1b*	LD
tinidazole oral tablet 250 mg	1 or 1b*	QL (5 tablets per 28 days)
tinidazole oral tablet 500 mg	1 or 1b*	QL (20 tablets per 1 fill)
TRIMETHOPRIM ORAL TABLET	1 or 1a*	
XIFAXAN ORAL TABLET 200 MG (***rifaximin***)	3	PA; QL (9 tablets per 1 fill)
XIFAXAN ORAL TABLET 550 MG (***rifaximin***)	3	PA; QL (126 tablet per 252 days)
ANTI-INFECTIVE MISC. - COMBINATIONS - ANTIBIOTICS**		
BACTRIM DS ORAL TABLET (***sulfamethoxazole-trimethoprim***)	3	
BACTRIM ORAL TABLET (***sulfamethoxazole-trimethoprim***)	3	
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*	
sulfamethoxazole-trimethoprim oral suspension	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim pediatric oral suspension	1 or 1a*	
ANTIPROTOZOAL AGENTS - DRUGS FOR PARASITES**		
atovaquone oral suspension	1 or 1b*	
LAMPIT ORAL TABLET (***nifurtimox***)	3	
MEPRON ORAL SUSPENSION (***atovaquone***)	3	
nitazoxanide oral tablet	1 or 1b*	QL (6 tablets per 1 fill)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***BETA-LACTAMASE INHIBITOR - COMBINATIONS** - DRUGS FOR INFECTIONS**		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED (***sulbactam sod-durlobactam sod***)	3	
CARBAPENEM COMBINATIONS - ANTIBIOTICS**		
imipenem-cilastatin intravenous solution reconstituted	1 or 1b*	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED (***imipenem-cilastatin***)	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED (***imipenem-cilastatin-relebactam***)	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED (***meropenem-vaborbactam***)	3	
CARBAPENEMS - ANTIBIOTICS**		
ertapenem sodium injection solution reconstituted	1 or 1b*	
meropenem intravenous solution reconstituted 1 gm, 500 mg	1 or 1b*	
meropenem intravenous solution reconstituted 2 gm	3	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CHLORAMPHENICALS - ANTIBIOTICS**		
chloramphenicol sod succinate intravenous solution reconstituted	1 or 1b*	
CYCLIC LIPOPEPTIDES - ANTIBIOTICS**		
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
daptomycin-sodium chloride intravenous solution	3	
GLYCOPEPTIDES - ANTIBIOTICS**		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED (***dalbavancin hcl***)	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED (***vancomycin hcl***)	3	QL (1200 mL per 30 days)
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED (***oritavancin diphosphate***)	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED (***oritavancin diphosphate***)	3	
VANCOCIN ORAL CAPSULE (***vancomycin hcl***)	3	QL (240 capsules per 30 days)
vancomycin hcl in dextrose intravenous solution 1.5-5 gm/300ml-%	3	QL (600 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%	3	QL (400 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 500-5 MG/100ML-%	3	QL (200 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 750-5 MG/150ML-%	3	QL (300 mL per 1 day)
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%	3	QL (400 mL per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML	3	QL (400 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1250 MG/250ML	3	QL (500 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1500 MG/300ML	3	QL (600 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1750 MG/350ML	3	QL (700 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 2000 MG/400ML	3	QL (800 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 500 MG/100ML	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 750 MG/150ML	3	QL (300 mL per 1 day)
vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 2 gm, 500 mg	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 750 MG	3	QL (2 vials per 1 day)
vancomycin hcl intravenous solution reconstituted 10 gm, 5 gm	3	QL (1 vial per 30 days)
vancomycin hcl intravenous solution reconstituted 100 gm	1 or 1b*	QL (1 vial per 30 days)
vancomycin hcl oral capsule	1 or 1b*	QL (240 capsules per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	1 or 1b*	QL (1200 mL per 30 days)
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML	1 or 1b*	QL (1200 mL per 30 days)
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED (***telavancin hcl***)	3	
LEPROSTATICS - ANTIBIOTICS**		
dapsone oral tablet	1 or 1b*	
LINCOSAMIDES - ANTIBIOTICS**		
CLEOCIN ORAL CAPSULE (***clindamycin hcl***)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED (***clindamycin palmitate hcl***)	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION (***clindamycin phosphate***)	3	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
clindamycin phosphate injection solution	1 or 1b*	
LINCOCIN INJECTION SOLUTION (***lincomycin hcl***)	3	
lincomycin hcl injection solution	1 or 1b*	
MONOBACTAM COMBINATIONS - ANTIBIOTICS**		
EMBLAVEO INTRAVENOUS SOLUTION RECONSTITUTED (***aztreonam-avibactam sodium***)	3	
MONOBACTAMS - ANTIBIOTICS**		
AZACTAM INJECTION SOLUTION RECONSTITUTED (***aztreonam***)	3	
aztreonam injection solution reconstituted	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAYSTON INHALATION SOLUTION RECONSTITUTED (***aztreonam lysine***)	3	LD; QL (3 vials per 1 day)
OXAZOLIDINONES - ANTIBIOTICS**		
linezolid in sodium chloride intravenous solution	3	
linezolid intravenous solution	1 or 1b*	
linezolid oral suspension reconstituted	1 or 1b*	PA; QL (900 mL per 30 days)
linezolid oral tablet	1 or 1b*	PA; QL (28 tablet per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED (***tedizolid phosphate***)	3	
SIVEXTRO ORAL TABLET (***tedizolid phosphate***)	3	PA; QL (6 tablet per 30 days)
ZYVOX INTRAVENOUS SOLUTION (***linezolid***)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED (***linezolid***)	3	PA; QL (900 mL per 30 days)
ZYVOX ORAL TABLET (***linezolid***)	3	PA; QL (28 tablet per 30 days)
POLYMYXINS - ANTIBIOTICS**		
colistimethate sodium (cba) injection solution reconstituted	1 or 1b*	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED (***colistimethate sodium***)	3	
polymyxin b sulfate injection solution reconstituted	1 or 1b*	
URINARY ANTI-INFECTIVES - ANTIBIOTICS**		
fosfomycin tromethamine oral packet	1 or 1b*	
HIPREX ORAL TABLET (***methenamine hippurate***)	3	
MACROBID ORAL CAPSULE (***nitrofurantoin monohyd macro***)	3	
MACRODANTIN ORAL CAPSULE (***nitrofurantoin macrocrystal***)	3	
methenamine hippurate oral tablet	1 or 1b*	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd macro oral capsule	1 or 1b*	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	1 or 1b*	
nitrofurantoin oral suspension 50 mg/5ml	3	
***ANTIMALARIALS* - DRUGS FOR INFECTIONS**		
ANTIMALARIAL COMBINATIONS - DRUGS FOR PARASITES**		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
COARTEM ORAL TABLET (***artemether-lumefantrine***)	3	
MALARONE ORAL TABLET (***atovaquone-proguanil hcl***)	3	
ANTIMALARIALS - DRUGS FOR PARASITES**		
ARAKODA ORAL TABLET (***tafenoquine succinate***)	3	QL (64 tablets per 1 year)
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
chloroquine phosphate oral tablet	1 or 1a*	
DARAPRIM ORAL TABLET (***pyrimethamine***)	3	PA; QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG	1 or 1b*	QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxychloroquine sulfate oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 400 MG	1 or 1b*	QL (1 tablet per 1 day)
KRINTAFEL ORAL TABLET (***tafenoquine succinate***)	3	QL (2 tablets per 1 fill)
mefloquine hcl oral tablet	1 or 1b*	QL (5 tablets per 28 days)
PLAQUENIL ORAL TABLET (***hydroxychloroquine sulfate***)	3	QL (3 tablets per 1 day)
PRIMAQUINE PHOSPHATE ORAL TABLET	3	
pyrimethamine oral tablet	1 or 1b*	PA; QL (3 tablets per 1 day)
quinine sulfate oral capsule	1 or 1b*	PA; QL (60 capsule per 30 days)
SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	3	ST; QL (3 tablets per 1 day)
SOVUNA ORAL TABLET 300 MG (***hydroxychloroquine sulfate***)	3	ST; QL (2 tablets per 1 day)
***ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES**		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES**		
BLOXIVERZ INTRAVENOUS SOLUTION (***neostigmine methylsulfate***)	3	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE (***neostigmine methylsulfate***)	3	
FIRDAPSE ORAL TABLET (***amifampridine phosphate***)	3	PA; LD; QL (10 tablets per 1 day)
MESTINON ORAL SOLUTION (***pyridostigmine bromide***)	3	
MESTINON ORAL TABLET (***pyridostigmine bromide***)	3	
MESTINON ORAL TABLET EXTENDED RELEASE (***pyridostigmine bromide***)	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	3	
neostigmine methylsulfate rfid intravenous solution	3	
neostigmine methylsulfate rfid intravenous solution prefilled syringe	3	
pyridostigmine bromide er oral tablet extended release	1 or 1b*	
pyridostigmine bromide oral solution	1 or 1b*	
pyridostigmine bromide oral tablet	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION (***pyridostigmine bromide***)	3	
***ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS**		
ANTIMYCOBACTERIAL AGENTS - ANTIBIOTICS**		
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	1 or 1b*	
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET (***rifapentine***)	2	
pyrazinamide oral tablet	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rifabutin oral capsule	1 or 1b*	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED (***rifampin***)	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
SIRTURO ORAL TABLET (***bedaquiline fumarate***)	3	
TRECATOR ORAL TABLET (***ethionamide***)	3	
***ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER**		
ALKYLATING AGENTS - DRUGS FOR CANCER**		
BELRAPZO INTRAVENOUS SOLUTION (***bendamustine hcl***)	3	PA; LD
bendamustine hcl intravenous solution	3	PA; LD
bendamustine hcl intravenous solution reconstituted	1 or 1b*	PA; LD
BENDEKA INTRAVENOUS SOLUTION (***bendamustine hcl***)	3	PA; LD
busulfan intravenous solution	1 or 1b*	LD
BUSULFEX INTRAVENOUS SOLUTION (***busulfan***)	3	LD
carboplatin intravenous solution	1 or 1b*	LD
cisplatin intravenous solution	1 or 1b*	LD
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED (***treosulfan***)	3	PA
MYLERAN ORAL TABLET (***busulfan***)	2; OC	LD; OC
oxaliplatin intravenous solution	1 or 1b*	LD
oxaliplatin intravenous solution reconstituted	1 or 1b*	LD
paraplatin intravenous solution	1 or 1b*	LD
TEPADINA INJECTION SOLUTION RECONSTITUTED (***thiotepa***)	3	LD
tepylute intravenous solution	3	
thiotepa injection solution reconstituted	1 or 1b*	LD
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED (***bendamustine hcl***)	3	PA; LD
vivimusta intravenous solution	3	PA; LD
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED (***lurbinectedin***)	3	PA; LD
ANDROGEN BIOSYNTHESIS INHIBITORS - DRUGS FOR CANCER**		
abiraterone acetate oral tablet 250 mg	1 or 1b*; OC	PA; LD; QL (4 tablet per 1 day); OC
abiraterone acetate oral tablet 500 mg	1 or 1b*; OC	PA; LD; QL (2 tablets per 1 day); OC
abiraterone acetate (Abirtega Oral Tablet)	1 or 1b*; OC	PA; LD; QL (4 tablet per 1 day); OC
YONSA ORAL TABLET (***abiraterone acetate micronized***)	3; OC	PA; LD; QL (4 tablets per 1 day); OC

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYTIGA ORAL TABLET 250 MG (***abiraterone acetate***)	3; OC	PA; LD; QL (4 tablet per 1 day); OC
ZYTIGA ORAL TABLET 500 MG (***abiraterone acetate***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ANTIADRENALS - DRUGS FOR CANCER**		
LYSODREN ORAL TABLET (***mitotane***)	2; OC	LD; QL (38 tablet per 1 day); OC
ANTIANDROGENS - DRUGS FOR CANCER**		
bicalutamide oral tablet	1 or 1b*; OC	LD; QL (1 tablet per 1 day); OC
CASODEX ORAL TABLET (***bicalutamide***)	3; OC	LD; QL (1 tablet per 1 day); OC
ERLEADA ORAL TABLET 240 MG (***apalutamide***)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
ERLEADA ORAL TABLET 60 MG (***apalutamide***)	2; OC	PA; LD; QL (4 tablets per 1 day); OC
EULEXIN ORAL CAPSULE (***flutamide***)	3; OC	OC
NILANDRON ORAL TABLET (***nilutamide***)	3; OC	LD; QL (1 tablet per 1 day); OC
nilutamide oral tablet	1 or 1b*; OC	LD; QL (1 tablet per 1 day); OC
NUBEQA ORAL TABLET (***darolutamide***)	2; OC	PA; LD; QL (4 tablets per 1 day); OC
XTANDI ORAL CAPSULE (***enzalutamide***)	2; OC	PA; LD; QL (4 capsules per 1 day); OC
XTANDI ORAL TABLET 40 MG (***enzalutamide***)	2; OC	PA; LD; QL (4 tablets per 1 day); OC
XTANDI ORAL TABLET 80 MG (***enzalutamide***)	2; OC	PA; LD; QL (2 tablets per 1 day); OC
ANTIESTROGENS - DRUGS FOR CANCER**		
FARESTON ORAL TABLET (***toremifene citrate***)	3; OC	LD; OC
SOLTAMOX ORAL SOLUTION (***tamoxifen citrate***)	2; OC; $0	LD; OC
tamoxifen citrate oral tablet	1 or 1b*; OC; $0	LD; OC
toremifene citrate oral tablet	1 or 1b*; OC	LD; OC
ANTIMETABOLITES - DRUGS FOR CANCER**		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED (***pemetrexed disodium***)	3	PA; LD
ARRANON INTRAVENOUS SOLUTION (***nelarabine***)	3	LD
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED (***pemetrexed dipotassium***)	3	PA
azacitidine injection suspension reconstituted	1 or 1b*	LD
capecitabine oral tablet	1 or 1b*; OC	PA; LD; OC
cladribine intravenous solution	1 or 1b*	LD
clofarabine intravenous solution	1 or 1b*	LD
cytarabine (pf) injection solution	1 or 1b*	LD
cytarabine injection solution	1 or 1b*	LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
decitabine intravenous solution reconstituted	1 or 1b*	LD
floxuridine injection solution reconstituted	1 or 1b*	LD
fludarabine phosphate intravenous solution	1 or 1b*	LD
fludarabine phosphate intravenous solution reconstituted	1 or 1b*	LD
fluorouracil intravenous solution	1 or 1b*	LD
FOLOTYN INTRAVENOUS SOLUTION (***pralatrexate***)	3	LD
GEMCITABINE HCL INTRAVENOUS SOLUTION	3	LD
gemcitabine hcl intravenous solution reconstituted	1 or 1b*	LD
JYLAMVO ORAL SOLUTION (***methotrexate***)	3; OC	PA; LD; OC
mercaptopurine oral suspension	1 or 1b*; OC	PA; LD; OC
mercaptopurine oral tablet	1 or 1b*; OC	LD; OC
methotrexate sodium (pf) injection solution	1 or 1b*	LD
methotrexate sodium injection solution	1 or 1b*	LD
methotrexate sodium injection solution reconstituted	1 or 1b*	LD
methotrexate sodium oral tablet	1 or 1b*; OC	LD; OC
nelarabine intravenous solution	1 or 1b*	LD
ONUREG ORAL TABLET (***azacitidine***)	3; OC	PA; LD; QL (14 tablets per 28 days); OC
pemetrexed dipotassium intravenous solution reconstituted	3	PA
pemetrexed disodium intravenous solution 1 gm/40ml	3	LD
pemetrexed disodium intravenous solution 100 mg/4ml, 500 mg/20ml	3	PA; LD
pemetrexed disodium intravenous solution reconstituted	1 or 1b*	PA; LD
pemetrexed ditromethamine intravenous solution reconstituted	3	PA; LD
pemetrexed intravenous solution	3	PA; LD
PEMFEXY INTRAVENOUS SOLUTION (***pemetrexed***)	3	PA; LD
PEMRYDI RTU INTRAVENOUS SOLUTION (***pemetrexed disodium***)	3	PA; LD
PURIXAN ORAL SUSPENSION (***mercaptopurine***)	3; OC	PA; LD; OC
TABLOID ORAL TABLET (***thioguanine***)	2; OC	LD; OC
TREXALL ORAL TABLET (***methotrexate sodium***)	2; OC	ST; LD; OC
VIDAZA INJECTION SUSPENSION RECONSTITUTED (***azacitidine***)	3	LD
XATMEP ORAL SOLUTION (***methotrexate***)	3; OC	PA; LD; OC
XELODA ORAL TABLET (***capecitabine***)	3; OC	PA; LD; OC
ANTINEOPLASTIC - AKT INHIBITORS - DRUGS FOR CANCER**		
TRUQAP ORAL TABLET (***capivasertib***)	3; OC	PA; LD; QL (64 capsules per 28 days); OC
TRUQAP ORAL TABLET THERAPY PACK (***capivasertib***)	3; OC	PA; LD; QL (64 capsules per 28 days); OC
ANTINEOPLASTIC - ALK INHIBITORS - DRUGS FOR CANCER**		
ALECENSA ORAL CAPSULE (***alectinib hcl***)	2; OC	PA; LD; QL (8 capsule per 1 day); OC

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALUNBRIG ORAL TABLET 180 MG (***brigatinib***)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
ALUNBRIG ORAL TABLET 30 MG (***brigatinib***)	2; OC	PA; LD; QL (6 tablets per 1 day); OC
ALUNBRIG ORAL TABLET 90 MG (***brigatinib***)	2; OC	PA; LD; QL (2 tablets per 1 day); OC
ALUNBRIG ORAL TABLET THERAPY PACK (***brigatinib***)	2; OC	PA; LD; QL (1 pack per 30 days); OC
LORBRENA ORAL TABLET 100 MG (***lorlatinib***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
LORBRENA ORAL TABLET 25 MG (***lorlatinib***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
XALKORI ORAL CAPSULE (***crizotinib***)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
XALKORI ORAL CAPSULE SPRINKLE 150 MG (***crizotinib***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
XALKORI ORAL CAPSULE SPRINKLE 20 MG (***crizotinib***)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
XALKORI ORAL CAPSULE SPRINKLE 50 MG (***crizotinib***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ZYKADIA ORAL TABLET (***ceritinib***)	3; OC	PA; LD; QL (3 capsules per 1 day); OC
ANTINEOPLASTIC - ANTIBODY COMBINATIONS - DRUGS FOR CANCER**		
OPDUALAG INTRAVENOUS SOLUTION (***nivolumab-relatlimab-rmbw***)	3	PA; LD
ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES - DRUGS FOR CANCER**		
POTELIGEO INTRAVENOUS SOLUTION (***mogamulizumab-kpkc***)	3	LD
ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES - DRUGS FOR CANCER**		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED (***tafasitamab-cxix***)	3	PA; LD
ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED (***loncastuximab tesirine-lpyl***)	3	PA; LD
ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES - DRUGS FOR CANCER**		
ARZERRA INTRAVENOUS CONCENTRATE (***ofatumumab***)	3	PA; LD
GAZYVA INTRAVENOUS SOLUTION (***obinutuzumab***)	3	PA; LD
RIABNI INTRAVENOUS SOLUTION (***rituximab-arrx***)	3	PA; LD
RITUXAN INTRAVENOUS SOLUTION (***rituximab***)	3	PA; LD
RUXIENCE INTRAVENOUS SOLUTION (***rituximab-pvvr***)	3	PA; LD
TRUXIMA INTRAVENOUS SOLUTION (***rituximab-abbs***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED (***inotuzumab ozogamicin***)	3	PA; LD
ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED (***brentuximab vedotin***)	3	PA; LD
ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED (***gemtuzumab ozogamicin***)	3	PA; LD
ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES - DRUGS FOR CANCER**		
DARZALEX INTRAVENOUS SOLUTION (***daratumumab***)	3	PA; LD
SARCLISA INTRAVENOUS SOLUTION (***isatuximab-irfc***)	3	PA; LD
ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED (***polatuzumab vedotin-piiq***)	3	PA; LD
ANTINEOPLASTIC - ANTI-CLDN18.2 ANTIBODIES - DRUGS FOR CANCER**		
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED (***zolbetuximab-clzb***)	3	PA
ANTINEOPLASTIC - ANTI-C-MET ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED (***telisotuzumab vedotin-tllv***)	3	PA
ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES - DRUGS FOR CANCER**		
IMJUDO INTRAVENOUS SOLUTION (***tremelimumab-actl***)	3	PA; LD
YERVOY INTRAVENOUS SOLUTION (***ipilimumab***)	3	PA; LD
ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES - DRUGS FOR CANCER**		
DANYELZA INTRAVENOUS SOLUTION (***naxitamab-gqgk***)	3	PA; LD
UNITUXIN INTRAVENOUS SOLUTION (***dinutuximab***)	3	LD
ANTINEOPLASTIC - ANTI-HER2 AGENTS - DRUGS FOR CANCER**		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED (***trastuzumab***)	3	LD
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED (***trastuzumab-strf***)	3	ST
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED (***trastuzumab-pkrb***)	3	ST; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED (***trastuzumab-anns***)	3	LD
MARGENZA INTRAVENOUS SOLUTION (***margetuximab-cmkb***)	3	PA; LD
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED (***trastuzumab-dkst***)	3	ST; LD
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED (***trastuzumab-dttb***)	3	ST; LD
PERJETA INTRAVENOUS SOLUTION (***pertuzumab***)	3	PA; LD
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED (***trastuzumab-qyyp***)	3	ST; LD
TUKYSA ORAL TABLET (***tucatinib***)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED (***zanidatamab-hrii***)	3	PA
ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED (***enfortumab vedotin-ejfv***)	3	PA; LD
ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES - DRUGS FOR CANCER**		
JEMPERLI INTRAVENOUS SOLUTION (***dostarlimab-gxly***)	3	PA; LD
KEYTRUDA INTRAVENOUS SOLUTION (***pembrolizumab***)	3	PA; LD
LIBTAYO INTRAVENOUS SOLUTION (***cemiplimab-rwlc***)	3	PA; LD
LOQTORZI INTRAVENOUS SOLUTION (***toripalimab-tpzi***)	3	PA; LD
OPDIVO INTRAVENOUS SOLUTION (***nivolumab***)	3	PA; LD
TEVIMBRA INTRAVENOUS SOLUTION (***tislelizumab-jsgr***)	3	PA; LD
ZYNYZ INTRAVENOUS SOLUTION (***retifanlimab-dlwr***)	3	PA; LD; QL (1 vial per 28 days)
ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES - DRUGS FOR CANCER**		
BAVENCIO INTRAVENOUS SOLUTION (***avelumab***)	3	PA; LD
IMFINZI INTRAVENOUS SOLUTION (***durvalumab***)	3	PA; LD
TECENTRIQ INTRAVENOUS SOLUTION (***atezolizumab***)	3	PA; LD
ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES - DRUGS FOR CANCER**		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED (***elotuzumab***)	3	PA; LD
ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED (***tisotumab vedotin-tftv***)	3	PA; LD
ANTINEOPLASTIC - BCL-2 INHIBITORS - DRUGS FOR CANCER**		
VENCLEXTA ORAL TABLET 10 MG (***venetoclax***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENCLEXTA ORAL TABLET 100 MG (***venetoclax***)	3; OC	PA; LD; QL (6 tablet per 1 day); OC
VENCLEXTA ORAL TABLET 50 MG (***venetoclax***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK (***venetoclax***)	3; OC	PA; LD; QL (1 pack per 365 days); OC
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS - DRUGS FOR CANCER**		
BOSULIF ORAL CAPSULE 100 MG (***bosutinib***)	2; OC	PA; LD; QL (4 capsules per 1 day); OC
BOSULIF ORAL CAPSULE 50 MG (***bosutinib***)	2; OC	PA; LD; QL (1 capsule per 1 day); OC
BOSULIF ORAL TABLET 100 MG (***bosutinib***)	2; OC	PA; LD; QL (6 tablets per 1 day); OC
BOSULIF ORAL TABLET 400 MG, 500 MG (***bosutinib***)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
DANZITEN ORAL TABLET (***nilotinib tartrate***)	3; OC	PA; QL (4 tablets per 1 day); OC
dasatinib oral tablet	1 or 1b*; OC	PA; LD; QL (1 tablet per 1 day); OC
GLEEVEC ORAL TABLET (***imatinib mesylate***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG (***ponatinib hcl***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
ICLUSIG ORAL TABLET 15 MG (***ponatinib hcl***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
imatinib mesylate oral tablet	1 or 1b*; OC	PA; LD; QL (2 tablets per 1 day); OC
imkeldi oral solution	3; OC	PA; QL (10 mL per 1 day); OC
nilotinib hcl oral capsule	1 or 1b*; OC	PA; LD; QL (4 capsules per 1 day); OC
SCEMBLIX ORAL TABLET 100 MG (***asciminib hcl***)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
SCEMBLIX ORAL TABLET 20 MG, 40 MG (***asciminib hcl***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
SPRYCEL ORAL TABLET (***dasatinib***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
TASIGNA ORAL CAPSULE (***nilotinib hcl***)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS - DRUGS FOR CANCER**		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED (***blinatumomab***)	3	PA; LD
COLUMVI INTRAVENOUS SOLUTION (***glofitamab-gxbm***)	3	PA; LD
ELREXFIO SUBCUTANEOUS SOLUTION (***elranatamab-bcmm***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPKINLY SUBCUTANEOUS SOLUTION (***epcoritamab-bysp***)	3	PA; LD
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED (***tarlatamab-dlle***)	3	PA; LD
KIMMTRAK INTRAVENOUS SOLUTION (***tebentafusp-tebn***)	3	PA; LD
LUNSUMIO INTRAVENOUS SOLUTION (***mosunetuzumab-axgb***)	3	PA; LD
TALVEY SUBCUTANEOUS SOLUTION (***talquetamab-tgvs***)	3	PA; LD
TECVAYLI SUBCUTANEOUS SOLUTION (***teclistamab-cqyv***)	3	PA; LD
ANTINEOPLASTIC - BRAF KINASE INHIBITORS - DRUGS FOR CANCER**		
BRAFTOVI ORAL CAPSULE (***encorafenib***)	3; OC	PA; LD; QL (6 capsules per 1 day); OC
OJEMDA ORAL SUSPENSION RECONSTITUTED (***tovorafenib***)	3; OC	PA; LD; QL (8 bottles per 28 days); OC
OJEMDA ORAL TABLET (***tovorafenib***)	3; OC	PA; LD; QL (24 tablets per 28 days); OC
TAFINLAR ORAL CAPSULE (***dabrafenib mesylate***)	3; OC	PA; LD; QL (4 capsule per 1 day); OC
TAFINLAR ORAL TABLET SOLUBLE (***dabrafenib mesylate***)	3; OC	PA; LD; QL (15 tablets per 1 day); OC
ZELBORAF ORAL TABLET (***vemurafenib***)	2; OC	PA; LD; QL (8 tablet per 1 day); OC
ANTINEOPLASTIC - BTK INHIBITORS - DRUGS FOR CANCER**		
BRUKINSA ORAL CAPSULE (***zanubrutinib***)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
CALQUENCE ORAL TABLET (***acalabrutinib maleate***)	2; OC	PA; LD; QL (2 capsules per 1 day); OC
IMBRUVICA ORAL CAPSULE 140 MG (***ibrutinib***)	2; OC	PA; LD; QL (3 capsule per 1 day); OC
IMBRUVICA ORAL CAPSULE 70 MG (***ibrutinib***)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
IMBRUVICA ORAL SUSPENSION (***ibrutinib***)	2; OC	PA; LD; QL (8 mL per 1 day); OC
IMBRUVICA ORAL TABLET (***ibrutinib***)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
JAYPIRCA ORAL TABLET 100 MG (***pirtobrutinib***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
JAYPIRCA ORAL TABLET 50 MG (***pirtobrutinib***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
ANTINEOPLASTIC - CSF1R KINASE INHIBITORS - DRUGS FOR CANCER**		
ROMVIMZA ORAL CAPSULE (***vimseltinib***)	3; OC	PA; QL (1 carton per 28 Straight PA no ST embeddeds); OC
ANTINEOPLASTIC - EGFR INHIBITORS - DRUGS FOR CANCER**		
ERBITUX INTRAVENOUS SOLUTION (***cetuximab***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erlotinib hcl oral tablet 100 mg, 150 mg	1 or 1b*; OC	PA; LD; QL (1 tablet per 1 day); OC
erlotinib hcl oral tablet 25 mg	1 or 1b*; OC	PA; LD; QL (3 tablets per 1 day); OC
gefitinib oral tablet	1 or 1b*; OC	PA; LD; QL (1 tablet per 1 day); OC
GILOTRIF ORAL TABLET (***afatinib dimaleate***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
IRESSA ORAL TABLET (***gefitinib***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
LAZCLUZE ORAL TABLET 240 MG (***lazertinib mesylate***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
LAZCLUZE ORAL TABLET 80 MG (***lazertinib mesylate***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
PORTRAZZA INTRAVENOUS SOLUTION (***necitumumab***)	3	LD
TAGRISSO ORAL TABLET (***osimertinib mesylate***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
TARCEVA ORAL TABLET (***erlotinib hcl***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
VECTIBIX INTRAVENOUS SOLUTION (***panitumumab***)	3	PA; LD
VIZIMPRO ORAL TABLET (***dacomitinib***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
ANTINEOPLASTIC - FGFR KINASE INHIBITORS - DRUGS FOR CANCER**		
BALVERSA ORAL TABLET 3 MG (***erdafitinib***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
BALVERSA ORAL TABLET 4 MG (***erdafitinib***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
BALVERSA ORAL TABLET 5 MG (***erdafitinib***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK (***futibatinib***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK (***futibatinib***)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK (***futibatinib***)	3; OC	PA; LD; QL (5 tablets per 1 day); OC
PEMAZYRE ORAL TABLET 13.5 MG (***pemigatinib***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG (***pemigatinib***)	3; OC	PA; LD; QL (14 tablets per 21 days); OC
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS - DRUGS FOR CANCER**		
OGSIVEO ORAL TABLET 100 MG, 150 MG (***nirogacestat hydrobromide***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OGSIVEO ORAL TABLET 50 MG (***nirogacestat hydrobromide***)	3; OC	PA; LD; QL (6 tablets per 1 day); OC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - DRUGS FOR CANCER**		
DAURISMO ORAL TABLET 100 MG (***glasdegib maleate***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
DAURISMO ORAL TABLET 25 MG (***glasdegib maleate***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ERIVEDGE ORAL CAPSULE (***vismodegib***)	2; OC	PA; LD; QL (1 capsule per 1 day); OC
ODOMZO ORAL CAPSULE (***sonidegib phosphate***)	3; OC	PA; LD; QL (1 capsule per 1 day); OC
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS - DRUGS FOR CANCER**		
WELIREG ORAL TABLET (***belzutifan***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS - DRUGS FOR CANCER**		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED (***belinostat***)	3	PA; LD
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED (***romidepsin***)	3	PA; LD
romidepsin intravenous solution reconstituted	1 or 1b*	PA; LD
ZOLINZA ORAL CAPSULE (***vorinostat***)	2; OC	PA; LD; QL (4 capsule per 1 day); OC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS - DRUGS FOR CANCER**		
AKEEGA ORAL TABLET (***niraparib-abiraterone acetate***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ANTINEOPLASTIC - IMMUNOMODULATORS - DRUGS FOR CANCER**		
POMALYST ORAL CAPSULE (***pomalidomide***)	3; OC	PA; LD; QL (21 capsules per 28 days); OC
ANTINEOPLASTIC - KRAS INHIBITORS - DRUGS FOR CANCER**		
KRAZATI ORAL TABLET (***adagrasib***)	3; OC	PA; LD; QL (6 tablets per 1 day); OC
LUMAKRAS ORAL TABLET 120 MG (***sotorasib***)	3; OC	PA; LD; QL (8 tablets per 1 day); OC
LUMAKRAS ORAL TABLET 240 MG (***sotorasib***)	3; OC	PA; QL (4 tablets per 1 day); OC
LUMAKRAS ORAL TABLET 320 MG (***sotorasib***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
ANTINEOPLASTIC - MEK INHIBITORS - DRUGS FOR CANCER**		
COTELLIC ORAL TABLET (***cobimetinib fumarate***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
GOMEKLI ORAL CAPSULE 1 MG (***mirdametinib***)	3; OC	QL (8 capsules per 1 day); OC

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOMEKLI ORAL CAPSULE 2 MG (***mirdametinib***)	3; OC	QL (4 capsules per 1 day); OC
GOMEKLI ORAL TABLET SOLUBLE (***mirdametinib***)	3; OC	PA; QL (8 tablets per 1 day); OC
KOSELUGO ORAL CAPSULE 10 MG (***selumetinib sulfate***)	3; OC	PA; LD; QL (8 capsules per 1 day); OC
KOSELUGO ORAL CAPSULE 25 MG (***selumetinib sulfate***)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
MEKINIST ORAL SOLUTION RECONSTITUTED (***trametinib dimethyl sulfoxide***)	3; OC	PA; LD; QL (40 mL per 1 day); OC
MEKINIST ORAL TABLET 0.5 MG (***trametinib dimethyl sulfoxide***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
MEKINIST ORAL TABLET 2 MG (***trametinib dimethyl sulfoxide***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
MEKTOVI ORAL TABLET (***binimetinib***)	3; OC	PA; LD; QL (6 tablets per 1 day); OC
ANTINEOPLASTIC - MENIN INHIBITORS - DRUGS FOR CANCER**		
REVUFORJ ORAL TABLET 110 MG (***revumenib citrate***)	3; OC	PA; QL (4 tablets per 1 day); OC
REVUFORJ ORAL TABLET 160 MG (***revumenib citrate***)	3; OC	PA; QL (2 tablets per 1 day); OC
REVUFORJ ORAL TABLET 25 MG (***revumenib citrate***)	3; OC	PA; QL (8 tablets per 1 day); OC
ANTINEOPLASTIC - MET INHIBITORS - DRUGS FOR CANCER**		
TABRECTA ORAL TABLET (***capmatinib hcl***)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
TEPMETKO ORAL TABLET (***tepotinib hcl***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS - DRUGS FOR CANCER**		
TAZVERIK ORAL TABLET (***tazemetostat hbr***)	3; OC	PA; LD; QL (8 tablets per 1 day); OC
ANTINEOPLASTIC - MTOR KINASE INHIBITORS - DRUGS FOR CANCER**		
AFINITOR DISPERZ ORAL TABLET SOLUBLE (***everolimus***)	3; OC	PA; LD; OC
AFINITOR ORAL TABLET (***everolimus***)	3; OC	PA; LD; OC
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*; OC	PA; LD; OC
everolimus oral tablet soluble	1 or 1b*; OC	PA; LD; OC
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED (***sirolimus protein-bound part***)	3	PA; LD
temsirolimus intravenous solution	1 or 1b*	PA; LD
TORISEL INTRAVENOUS SOLUTION (***temsirolimus***)	3	PA; LD
everolimus (Torpenz Oral Tablet)	1 or 1b*; OC	PA; LD; OC
ANTINEOPLASTIC - MULTIKINASE INHIBITORS - DRUGS FOR CANCER**		
CABOMETYX ORAL TABLET (***cabozantinib s-malate***)	2; OC	PA; LD; QL (1 tablet per 1 day); OC

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPRELSA ORAL TABLET 100 MG (***vandetanib***)	2; OC	PA; LD; QL (3 tablet per 1 day); OC
CAPRELSA ORAL TABLET 300 MG (***vandetanib***)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (***cabozantinib s-malate***)	3; OC	PA; LD; QL (1 dose-pack per 56 days); OC
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (***cabozantinib s-malate***)	3; OC	PA; LD; QL (1 dose pack per 28 days); OC
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (***cabozantinib s-malate***)	3; OC	PA; LD; QL (1 dose pack per 28 days); OC
FOTIVDA ORAL CAPSULE (***tivozanib hcl***)	3; OC	PA; LD; QL (21 capsules per 28 days); OC
lapatinib ditosylate oral tablet	1 or 1b*; OC	PA; LD; QL (6 tablet per 1 day); OC
NERLYNX ORAL TABLET (***neratinib maleate***)	3; OC	PA; LD; QL (6 tablets per 1 day); OC
NEXAVAR ORAL TABLET (***sorafenib tosylate***)	3; OC	PA; LD; QL (4 tablet per 1 day); OC
pazopanib hcl oral tablet	1 or 1b*; OC	PA; LD; QL (4 tablet per 1 day); OC
QINLOCK ORAL TABLET (***ripretinib***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
RYDAPT ORAL CAPSULE (***midostaurin***)	3; OC	PA; LD; QL (8 capsules per 1 day); OC
sorafenib tosylate oral tablet	1 or 1b*; OC	PA; LD; QL (4 tablet per 1 day); OC
STIVARGA ORAL TABLET (***regorafenib***)	2; OC	PA; LD; QL (84 tablets per 28 days); OC
sunitinib malate oral capsule	1 or 1b*; OC	PA; LD; QL (1 capsule per 1 day); OC
SUTENT ORAL CAPSULE (***sunitinib malate***)	3; OC	PA; LD; QL (1 capsule per 1 day); OC
TURALIO ORAL CAPSULE (***pexidartinib hcl***)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
TYKERB ORAL TABLET (***lapatinib ditosylate***)	3; OC	PA; LD; QL (6 tablet per 1 day); OC
VANFLYTA ORAL TABLET (***quizartinib dihydrochloride***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
VOTRIENT ORAL TABLET (***pazopanib hcl***)	3; OC	PA; LD; QL (4 tablet per 1 day); OC
XOSPATA ORAL TABLET (***gilteritinib fumarate***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC

BRAND=Brand drug ***generic***=generic drug *******Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES - DRUGS FOR CANCER**		
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK (***zenocutuzumab-zbco***)	3	PA; QL (4 vials per 28 days)
RYBREVANT INTRAVENOUS SOLUTION (***amivantamab-vmjw***)	3	PA; LD
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - DRUGS FOR CANCER**		
AYVAKIT ORAL TABLET (***avapritinib***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
ANTINEOPLASTIC - PROTEASOME INHIBITORS - DRUGS FOR CANCER**		
bortezomib injection solution reconstituted 1 mg, 2.5 mg	3	LD
bortezomib injection solution reconstituted 3.5 mg	1 or 1b*	LD
BORUZU INJECTION SOLUTION (***bortezomib***)	3	
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED (***carfilzomib***)	3	PA; LD
NINLARO ORAL CAPSULE (***ixazomib citrate***)	3; OC	PA; LD; QL (3 capsule per 28 days); OC
VELCADE INJECTION SOLUTION RECONSTITUTED (***bortezomib***)	3	LD
ANTINEOPLASTIC - RET INHIBITORS - DRUGS FOR CANCER**		
GAVRETO ORAL CAPSULE (***pralsetinib***)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG (***selpercatinib***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
RETEVMO ORAL TABLET 40 MG (***selpercatinib***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS - DRUGS FOR CANCER**		
AUGTYRO ORAL CAPSULE 160 MG (***repotrectinib***)	3; OC	QL (2 capsules per 1 day); OC
AUGTYRO ORAL CAPSULE 40 MG (***repotrectinib***)	3; OC	PA; LD; QL (8 capsules per 1 day); OC
ROZLYTREK ORAL CAPSULE 100 MG (***entrectinib***)	3; OC	PA; LD; QL (1 capsule per 1 day); OC
ROZLYTREK ORAL CAPSULE 200 MG (***entrectinib***)	3; OC	PA; LD; QL (3 capsules per 1 day); OC
ROZLYTREK ORAL PACKET (***entrectinib***)	3; OC	PA; LD; QL (12 packets per 1 day); OC
VITRAKVI ORAL CAPSULE 100 MG (***larotrectinib sulfate***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
VITRAKVI ORAL CAPSULE 25 MG (***larotrectinib sulfate***)	3; OC	PA; LD; QL (6 tablets per 1 day); OC
VITRAKVI ORAL SOLUTION (***larotrectinib sulfate***)	3; OC	PA; LD; QL (10 mL per 1 day); OC

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC - XPO1 INHIBITORS - DRUGS FOR CANCER**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (***selinexor***)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (***selinexor***)	3; OC	PA; QL (1 carton per 28 days); OC
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (***selinexor***)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (***selinexor***)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (***selinexor***)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (***selinexor***)	3; OC	PA; LD; QL (1 pack per 1 week); OC
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (***selinexor***)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (***selinexor***)	3; OC	PA; LD; QL (32 tablets per 28 weeks); OC
ANTINEOPLASTIC ANTIBIOTICS - DRUGS FOR CANCER**		
adriamycin intravenous solution reconstituted	1 or 1b*	LD
bleomycin sulfate injection solution reconstituted	1 or 1b*	LD
dactinomycin intravenous solution reconstituted	1 or 1b*	LD
DAUNORUBICIN HCL INTRAVENOUS SOLUTION	3	LD
DOXIL INTRAVENOUS SUSPENSION (***doxorubicin hcl liposomal***)	3	PA; LD
doxorubicin hcl intravenous solution	3	LD
doxorubicin hcl intravenous solution reconstituted	1 or 1b*	LD
doxorubicin hcl liposomal intravenous suspension	1 or 1b*	PA; LD
ELLENCE INTRAVENOUS SOLUTION (***epirubicin hcl***)	3	PA; LD
IDAMYCIN PFS INTRAVENOUS SOLUTION (***idarubicin hcl***)	3	LD
idarubicin hcl intravenous solution	1 or 1b*	LD
JELMYTO SOLUTION RECONSTITUTED (***mitomycin***)	3	PA; LD
mitomycin intravenous solution reconstituted	1 or 1b*	LD
mitomycin intravesical solution prefilled syringe	3	LD
mitoxantrone hcl intravenous concentrate	1 or 1b*	LD
mutamycin intravenous solution reconstituted	1 or 1b*	LD
valrubicin intravesical solution	1 or 1b*	LD
VALSTAR INTRAVESICAL SOLUTION (***valrubicin***)	3	LD
ANTINEOPLASTIC -ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY - DRUGS FOR CANCER**		
ZEVALIN Y-90 INTRAVENOUS KIT (***ibritumomab tiuxetan for y-90***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES - DRUGS FOR CANCER**		
ELAHERE INTRAVENOUS SOLUTION (***mirvetuximab soravtansine-gynx***)	3	PA; LD
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED (***fam-trastuzumab deruxtec-nxki***)	3	PA; LD
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED (***ado-trastuzumab emtansine***)	3	PA; LD
ANTINEOPLASTIC COMBINATIONS - DRUGS FOR CANCER**		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK (***avutometinib-defactinib***)	3; OC	PA; QL (1 pack per 28 days); OC
DARZALEX FASPRO SUBCUTANEOUS SOLUTION (***daratumumab-hyaluronidase-fihj***)	3	PA; LD
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION (***trastuzumab-hyaluronidase-oysk***)	3	LD
INQOVI ORAL TABLET (***decitabine-cedazuridine***)	3; OC	PA; LD; QL (5 tablets per 28 days); OC
LONSURF ORAL TABLET (***trifluridine-tipiracil***)	3; OC	PA; LD; OC
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION (***nivolumab-hyaluronidase-nvhy***)	3	PA
PHESGO SUBCUTANEOUS SOLUTION (***pertuz-trastuz-hyaluron-zzxf***)	3	PA; LD
RITUXAN HYCELA SUBCUTANEOUS SOLUTION (***rituximab-hyaluronidase human***)	3	LD
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION (***atezolizumab-hyaluronidas-tqjs***)	3	PA; LD
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED (***daunorubicin-cytarabine lipo***)	3	LD
ANTINEOPLASTIC ENZYMES - DRUGS FOR CANCER**		
ASPARLAS INTRAVENOUS SOLUTION (***calaspargase pegol-mknl***)	3	PA; LD
ONCASPAR INJECTION SOLUTION (***pegaspargase***)	3	PA; LD
RYLAZE INTRAMUSCULAR SOLUTION (***asparaginase erwinia chry-rywn***)	3	PA; LD
ANTINEOPLASTIC RADIOPHARMACEUTICALS - DRUGS FOR CANCER**		
LUTATHERA INTRAVENOUS SOLUTION (***lutetium lu 177 dotatate***)	3	PA; LD
PLUVICTO INTRAVENOUS SOLUTION (***lutetium lu 177 vipivotide tet***)	3	PA; LD
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION (***radium ra 223 dichloride***)	3	PA; LD
ANTINEOPLASTICS - INTERLEUKINS & AGONISTS - DRUGS FOR CANCER**		
ANKTIVA INTRAVESICAL SOLUTION (***nogapendekin alfa inbakic-pmln***)	3	PA; LD
ELZONRIS INTRAVENOUS SOLUTION (***tagraxofusp-erzs***)	3	PA; LD
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED (***aldesleukin***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTICS - PHOTOACTIVATED AGENTS - DRUGS FOR CANCER**		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED (***porfimer sodium***)	3	LD
UVADEX EXTRACORPOREAL SOLUTION (***methoxsalen (photopheresis)***)	3	
ANTINEOPLASTICS MISC. - DRUGS FOR CANCER**		
ACTIMMUNE SUBCUTANEOUS SOLUTION (***interferon gamma-1b***)	3	PA; LD
arsenic trioxide intravenous solution	1 or 1b*	LD
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***ropeginterferon alfa-2b-njft***)	3	PA; LD; QL (2 mL per 28 days)
dacarbazine intravenous solution reconstituted	1 or 1b*	LD
HYDREA ORAL CAPSULE (***hydroxyurea***)	3; OC	LD; OC
hydroxyurea oral capsule	1 or 1b*; OC	LD; OC
MATULANE ORAL CAPSULE (***procarbazine hcl***)	2; OC	LD; OC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED (***pentostatin***)	3	LD
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED (***bcg live***)	3	LD
TRISENOX INTRAVENOUS SOLUTION (***arsenic trioxide***)	3	LD
AROMATASE INHIBITORS - DRUGS FOR CANCER**		
anastrozole oral tablet	1 or 1b*; OC; $0	LD; OC
ARIMIDEX ORAL TABLET (***anastrozole***)	3; OC	LD; OC
AROMASIN ORAL TABLET (***exemestane***)	3; OC	LD; OC
exemestane oral tablet	1 or 1b*; OC; $0	LD; OC
FEMARA ORAL TABLET (***letrozole***)	3; OC	LD; OC
letrozole oral tablet	1 or 1b*; OC; $0	LD; OC
CARBOXYPEPTIDASE ENZYME AGENTS - DRUGS FOR CANCER**		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED (***glucarpidase***)	3	LD
CARDIAC PROTECTIVE AGENTS - DRUGS FOR CANCER**		
dexrazoxane hcl intravenous solution reconstituted	1 or 1b*	LD
dexrazoxane intravenous solution reconstituted	1 or 1b*	LD
CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS - DRUGS FOR CANCER**		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED (***rasburicase***)	3	LD
CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS - DRUGS FOR CANCER**		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED (***palifermin***)	3	LD
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS - DRUGS FOR CANCER**		
IBRANCE ORAL CAPSULE (***palbociclib***)	2; OC	PA; LD; QL (21 capsules per 28 days); OC

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBRANCE ORAL TABLET 100 MG, 75 MG (***palbociclib***)	2; OC	PA; LD; QL (21 tablets per 28 days); OC
IBRANCE ORAL TABLET 125 MG (***palbociclib***)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (***ribociclib succinate***)	2; OC	PA; LD; QL (0.75 tablet per 1 day); OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (***ribociclib succinate***)	2; OC	PA; LD; QL (1.5 tablets per 1 day); OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (***ribociclib succinate***)	2; OC	PA; LD; QL (2.25 tablets per 1 day); OC
VERZENIO ORAL TABLET (***abemaciclib***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ESTROGEN RECEPTOR ANTAGONIST - DRUGS FOR CANCER**		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***fulvestrant***)	3	PA; LD
fulvestrant intramuscular solution prefilled syringe	1 or 1b*	PA; LD
FOLIC ACID ANTAGONISTS RESCUE AGENTS - DRUGS FOR CANCER**		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED (***levoleucovorin***)	3	PA; LD
leucovorin calcium injection solution	1 or 1b*	LD
leucovorin calcium injection solution reconstituted	1 or 1b*	LD
leucovorin calcium oral tablet	1 or 1b*	
levoleucovorin calcium intravenous solution reconstituted	1 or 1b*	PA; LD
levoleucovorin calcium pf intravenous solution	1 or 1b*	PA; LD
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS - DRUGS FOR CANCER**		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (***degarelix acetate***)	3	PA; LD; QL (2 units per 310 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED (***degarelix acetate***)	3	PA; LD; QL (1 kit per 28 days)
ORGOVYX ORAL TABLET (***relugolix***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
IMIDAZOTETRAZINES - DRUGS FOR CANCER**		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED (***temozolomide***)	2	PA; LD
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg	1 or 1b*; OC	PA; LD; QL (2 capsules per 1 day); OC
temozolomide oral capsule 20 mg	1 or 1b*; OC	PA; LD; QL (4 capsule per 1 day); OC
temozolomide oral capsule 5 mg	1 or 1b*; OC	PA; LD; QL (3 capsule per 1 day); OC

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS - DRUGS FOR CANCER**		
VORANIGO ORAL TABLET 10 MG (***vorasidenib***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
VORANIGO ORAL TABLET 40 MG (***vorasidenib***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS - DRUGS FOR CANCER**		
REZLIDHIA ORAL CAPSULE (***olutasidenib***)	3; OC	PA; LD; QL (2 capsules per 1 day); OC
TIBSOVO ORAL TABLET (***ivosidenib***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS - DRUGS FOR CANCER**		
IDHIFA ORAL TABLET 100 MG (***enasidenib mesylate***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
IDHIFA ORAL TABLET 50 MG (***enasidenib mesylate***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
JANUS ASSOCIATED KINASE (JAK) INHIBITORS - DRUGS FOR CANCER**		
INREBIC ORAL CAPSULE (***fedratinib hcl***)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
JAKAFI ORAL TABLET (***ruxolitinib phosphate***)	2; OC	PA; LD; QL (2 tablets per 1 day); OC
OJJAARA ORAL TABLET (***momelotinib dihydrochloride***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
VONJO ORAL CAPSULE (***pacritinib citrate***)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
LHRH ANALOGS - DRUGS FOR CANCER**		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE (***leuprolide mesylate (6 month)***)	3	PA; LD; QL (1 syringe per 24 weekss)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	3	PA; LD; QL (1 syringe per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	3	PA; LD; QL (1 syringe per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	3	PA; LD; QL (1 syringe per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	3	PA; LD; QL (1 syringe per 28 days)
leuprolide acetate injection kit	1 or 1b*	PA; LD
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (***leuprolide acetate***)	3	PA; LD; QL (1 syringe kit per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (***leuprolide acetate***)	3	PA; LD; QL (1 kit per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT (***leuprolide acetate (3 month)***)	3	PA; LD; QL (1 kit per 84 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT (***leuprolide acetate (4 month)***)	3	PA; LD; QL (1 kit per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT (***leuprolide acetate (6 month)***)	3	PA; LD; QL (1 syringe kit per 168 days)
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE (***leuprolide acetate (3 month)***)	3	PA; LD; QL (1 injection per 12 weeks)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (***triptorelin pamoate***)	3	PA; LD; QL (1 vial per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (***triptorelin pamoate***)	3	PA; LD; QL (1 syringe per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (***triptorelin pamoate***)	3	PA; LD; QL (1 kit per 28 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (***goserelin acetate***)	3	PA; LD; QL (1 EA per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (***goserelin acetate***)	3	PA; LD; QL (1 unit per 28 days)
MITOTIC INHIBITORS - DRUGS FOR CANCER**		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED (***paclitaxel protein-bound part***)	3	PA; LD
DOCETAXEL INTRAVENOUS CONCENTRATE	3	LD
DOCETAXEL INTRAVENOUS SOLUTION	3	LD
DOCIVYX INTRAVENOUS SOLUTION (***docetaxel***)	3	LD
eribulin mesylate intravenous solution	1 or 1b*	PA; LD
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED (***etoposide phosphate***)	3	LD
etoposide intravenous solution	1 or 1b*	LD
etoposide oral capsule	1 or 1b*; OC	LD; OC
HALAVEN INTRAVENOUS SOLUTION (***eribulin mesylate***)	3	PA; LD
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED (***ixabepilone***)	3	PA; LD
JEVTANA INTRAVENOUS SOLUTION (***cabazitaxel***)	3	PA; LD
paclitaxel intravenous concentrate	1 or 1b*	LD
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; LD
vinblastine sulfate intravenous solution	1 or 1b*	LD
vincristine sulfate intravenous solution	1 or 1b*	LD
vinorelbine tartrate intravenous solution	1 or 1b*	LD
MYELOPROTECTIVE AGENTS - DRUGS FOR CANCER**		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED (***trilaciclib dihydrochloride***)	3	PA; LD
NITROGEN MUSTARDS AND RELATED ANALOGUES - DRUGS FOR CANCER**		
cyclophosphamide injection solution reconstituted	1 or 1b*	LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclophosphamide intravenous solution 1 gm/2ml, 1000 mg/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/5ml, 500 mg/ml	3	LD
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	3	LD
cyclophosphamide oral capsule	1 or 1b*; OC	LD; OC
CYCLOPHOSPHAMIDE ORAL TABLET	3; OC	LD; OC
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED (***melphalan hcl***)	3	LD
FRINDOVYX INTRAVENOUS SOLUTION (***cyclophosphamide***)	3	LD
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED (***melphalan hcl***)	3	LD
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED (***melphalan hcl***)	3	LD
IFEX INTRAVENOUS SOLUTION RECONSTITUTED (***ifosfamide***)	3	LD
ifosfamide intravenous solution	1 or 1b*	LD
ifosfamide intravenous solution reconstituted 1 gm	1 or 1b*	LD
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	3	LD
ivra intravenous solution	3	
LEUKERAN ORAL TABLET (***chlorambucil***)	2; OC	LD; OC
melphalan hcl intravenous solution reconstituted	1 or 1b*	LD
NITROSOUREAS - DRUGS FOR CANCER**		
carmustine intravenous solution reconstituted	1 or 1b*	LD
GLEOSTINE ORAL CAPSULE (***lomustine***)	3; OC	PA; LD; OC
GLIADEL WAFER IMPLANT WAFER (***carmustine in polifeprosan***)	3	
OLIGONUCLEOTIDE TELOMERASE INHIBITORS - DRUGS FOR CANCER**		
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED (***imetelstat sodium***)	3	PA; LD
ORNITHINE DECARBOXYLASE (ODC) INHIBITORS - DRUGS FOR CANCER**		
IWILFIN ORAL TABLET (***eflornithine hcl***)	3; OC	PA; LD; QL (8 tablets per 1 day); OC
OTOPROTECTIVE AGENTS - DRUGS FOR CANCER**		
PEDMARK INTRAVENOUS SOLUTION (***sodium thiosulfate***)	3	PA; LD
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS - DRUGS FOR CANCER**		
COPIKTRA ORAL CAPSULE (***duvelisib***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ITOVEBI ORAL TABLET 3 MG (***inavolisib***)	3; OC	PA; QL (1 tablet per 1 day); OC
ITOVEBI ORAL TABLET 9 MG (***inavolisib***)	3; OC	PA; QL (2 tablets per 1 day); OC
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK (***alpelisib***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (***alpelisib***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK (***alpelisib***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ZYDELIG ORAL TABLET (***idelalisib***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS - DRUGS FOR CANCER**		
LYNPARZA ORAL TABLET (***olaparib***)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
RUBRACA ORAL TABLET (***rucaparib camsylate***)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
TALZENNA ORAL CAPSULE (***talazoparib tosylate***)	3; OC	PA; LD; QL (1 capsule per 1 day); OC
ZEJULA ORAL TABLET (***niraparib tosylate***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
PROGESTINS-ANTINEOPLASTIC - DRUGS FOR CANCER**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1 or 1b*; OC	LD; OC
megestrol acetate oral tablet	1 or 1b*; OC	LD; OC
RETINOIDS - DRUGS FOR CANCER**		
tretinoin oral capsule	1 or 1b*; OC	LD; OC
SELECTIVE ESTROGEN RECEPTOR DEGRADERS - DRUGS FOR CANCER**		
ORSERDU ORAL TABLET 345 MG (***elacestrant hydrochloride***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
ORSERDU ORAL TABLET 86 MG (***elacestrant hydrochloride***)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
SELECTIVE RETINOID X RECEPTOR AGONISTS - DRUGS FOR CANCER**		
bexarotene oral capsule	1 or 1b*; OC	PA; LD; QL (10 capsules per 1 day); OC
TARGRETIN ORAL CAPSULE (***bexarotene***)	3; OC	PA; LD; QL (10 capsules per 1 day); OC
TETRAHYDROISOQUINOLINES - DRUGS FOR CANCER**		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED (***trabectedin***)	3	LD
TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX - DRUGS FOR CANCER**		
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED (***datopotamab deruxtecan-dlnk***)	3	PA
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED (***sacituzumab govitecan-hziy***)	3	PA; LD
TOPOISOMERASE I INHIBITORS - DRUGS FOR CANCER**		
CAMPTOSAR INTRAVENOUS SOLUTION (***irinotecan hcl***)	3	LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED (***topotecan hcl***)	3	LD
HYCAMTIN ORAL CAPSULE (***topotecan hcl***)	2; OC	PA; LD; OC
irinotecan hcl intravenous solution	1 or 1b*	LD
ONIVYDE INTRAVENOUS INJECTABLE (***irinotecan hcl liposome***)	3	LD
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	LD
topotecan hcl intravenous solution reconstituted	1 or 1b*	LD
URINARY TRACT PROTECTIVE AGENTS - DRUGS FOR CANCER**		
mesna intravenous solution	1 or 1b*	PA; LD
mesna oral tablet	1 or 1b*	PA; LD
MESNEX INTRAVENOUS SOLUTION (***mesna***)	3	PA; LD
MESNEX ORAL TABLET (***mesna***)	3	PA; LD
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS - DRUGS FOR CANCER**		
ALYMSYS INTRAVENOUS SOLUTION (***bevacizumab-maly***)	3	PA; LD
AVASTIN INTRAVENOUS SOLUTION (***bevacizumab***)	3	PA; LD
CYRAMZA INTRAVENOUS SOLUTION (***ramucirumab***)	3	PA; LD
FRUZAQLA ORAL CAPSULE 1 MG (***fruquintinib***)	3; OC	PA; LD; QL (84 capsules per 28 days); OC
FRUZAQLA ORAL CAPSULE 5 MG (***fruquintinib***)	3; OC	PA; LD; QL (21 capsules per 28 days); OC
INLYTA ORAL TABLET 1 MG (***axitinib***)	2; OC	PA; LD; QL (6 tablets per 1 day); OC
INLYTA ORAL TABLET 5 MG (***axitinib***)	2; OC	PA; LD; QL (4 tablet per 1 day); OC
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	2; OC	PA; LD; QL (30 capsules per 30 days); OC
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	2; OC	PA; LD; QL (1 pack per 30 days); OC
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	2; OC	PA; LD; QL (60 capsules per 30 days); OC
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	2; OC	PA; LD; QL (1 pack per 30 days); OC
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	2; OC	PA; LD; QL (60 capsules per 30 days); OC
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	2; OC	PA; LD; QL (90 capsules per 30 days); OC
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	2; OC	PA; LD; QL (30 capsules per 30 days); OC
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (***lenvatinib mesylate***)	2; OC	PA; LD; QL (1 pack per 30 days); OC
MVASI INTRAVENOUS SOLUTION (***bevacizumab-awwb***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEGZELMA INTRAVENOUS SOLUTION (***bevacizumab-adcd***)	3	PA; LD
ZALTRAP INTRAVENOUS SOLUTION (***ziv-aflibercept***)	3	PA; LD
ZIRABEV INTRAVENOUS SOLUTION (***bevacizumab-bvzr***)	3	PA; LD
***ANTIPARKINSON AND RELATED THERAPY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ADENOSINE RECEPTOR ANTAGONIST - DRUGS FOR PARKINSON**		
NOURIANZ ORAL TABLET (***istradefylline***)	3	PA; LD; QL (1 tablet per 1 day)
ANTIPARKINSON ANTICHOLINERGICS - DRUGS FOR PARKINSON**		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet	1 or 1a*	
ANTIPARKINSON DOPAMINERGICS - DRUGS FOR PARKINSON**		
amantadine hcl oral capsule	1 or 1b*	QL (4 capsule per 1 day)
amantadine hcl oral solution	1 or 1b*	QL (40 mL per 1 day)
amantadine hcl oral tablet	1 or 1b*	QL (4 tablet per 1 day)
bromocriptine mesylate oral capsule	1 or 1b*	
bromocriptine mesylate oral tablet	1 or 1b*	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG (***amantadine hcl***)	3	PA; QL (2 capsules per 1 day)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG (***amantadine hcl***)	3	PA; DO
INBRIJA INHALATION CAPSULE (***levodopa***)	3	PA; LD; QL (5 kits per 30 days)
PARLODEL ORAL CAPSULE (***bromocriptine mesylate***)	3	
PARLODEL ORAL TABLET (***bromocriptine mesylate***)	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - DRUGS FOR PARKINSON**		
AZILECT ORAL TABLET 0.5 MG (***rasagiline mesylate***)	3	QL (2 tablets per 1 day)
AZILECT ORAL TABLET 1 MG (***rasagiline mesylate***)	3	QL (1 tablet per 1 day)
rasagiline mesylate oral tablet 0.5 mg	1 or 1b*	QL (2 tablets per 1 day)
rasagiline mesylate oral tablet 1 mg	1 or 1b*	QL (1 tablet per 1 day)
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	
XADAGO ORAL TABLET 100 MG (***safinamide mesylate***)	3	PA; QL (1 tablet per 1 day)
XADAGO ORAL TABLET 50 MG (***safinamide mesylate***)	3	PA; QL (2 tablets per 1 day)
ZELAPAR ORAL TABLET DISPERSIBLE (***selegiline hcl***)	3	PA; QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTRAL/PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON**		
TASMAR ORAL TABLET (***tolcapone***)	3	PA; QL (6 tablet per 1 day)
tolcapone oral tablet	1 or 1b*	PA; QL (6 tablet per 1 day)
DECARBOXYLASE INHIBITORS - DRUGS FOR PARKINSON**		
carbidopa oral tablet	1 or 1b*	
LODOSYN ORAL TABLET (***carbidopa***)	3	
LEVODOPA COMBINATIONS - DRUGS FOR PARKINSON**		
carbidopa-levodopa er oral tablet extended release	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet dispersible	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet	1 or 1b*	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG (***carbidopa-levodopa***)	3	ST; QL (15 capsules per 1 day)
CREXONT ORAL CAPSULE EXTENDED RELEASE 52.5-210 MG (***carbidopa-levodopa***)	3	ST; QL (10 capsules per 1 day)
CREXONT ORAL CAPSULE EXTENDED RELEASE 70-280 MG (***carbidopa-levodopa***)	3	ST; QL (7 capsules per 1 day)
CREXONT ORAL CAPSULE EXTENDED RELEASE 87.5-350 MG (***carbidopa-levodopa***)	3	ST; QL (6 capsules per 1 day)
DHIVY ORAL TABLET (***carbidopa-levodopa***)	3	
DUOPA ENTERAL SUSPENSION (***carbidopa-levodopa***)	3	PA; LD
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG (***carbidopa-levodopa***)	3	QL (12 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG (***carbidopa-levodopa***)	3	QL (9 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG (***carbidopa-levodopa***)	3	QL (10 capsules per 1 day)
SINEMET ORAL TABLET (***carbidopa-levodopa***)	3	
VYALEV SUBCUTANEOUS SOLUTION (***foscarbidopa-foslevodopa***)	3	PA; QL (6 cartons per 28 days)
NONERGOLINE DOPAMINE RECEPTOR AGONISTS - DRUGS FOR PARKINSON**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (***apomorphine hcl***)	3	PA; LD; QL (2 mL per 1 day)
apomorphine hcl subcutaneous solution cartridge	1 or 1b*	PA; LD; QL (2 mL per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR (***rotigotine***)	3	QL (1 patch per 1 day)
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE (***apomorphine hcl***)	3	PA; QL (20 mL per 1 day)
pramipexole dihydrochloride er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
pramipexole dihydrochloride oral tablet	1 or 1b*	QL (3 tablet per 1 day)
ropinirole hcl er oral tablet extended release 24 hour	1 or 1b*	
ropinirole hcl oral tablet	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON**		
entacapone oral tablet	1 or 1b*	QL (8 tablet per 1 day)
ONGENTYS ORAL CAPSULE 25 MG (***opicapone***)	3	PA; QL (1 tablet per 1 day)
ONGENTYS ORAL CAPSULE 50 MG (***opicapone***)	3	PA; QL (6 tablets per 1 day)
***ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIMANIC AGENTS - DRUGS FOR SEVERE MENTAL DISORDERS**		
lithium carbonate er oral tablet extended release 300 mg	1 or 1a*	QL (6 tablets per 1 day)
lithium carbonate er oral tablet extended release 450 mg	1 or 1a*	QL (4 tablets per 1 day)
lithium carbonate oral capsule 150 mg	1 or 1a*	QL (12 capsules per 1 day)
lithium carbonate oral capsule 300 mg	1 or 1a*	QL (6 capsules per 1 day)
lithium carbonate oral capsule 600 mg	1 or 1a*	QL (3 capsules per 1 day)
lithium carbonate oral tablet	1 or 1a*	QL (6 tablets per 1 day)
lithium oral solution	1 or 1b*	
LITHOBID ORAL TABLET EXTENDED RELEASE (***lithium carbonate***)	3	QL (6 tablets per 1 day)
ANTIPSYCHOTICS - MISC. - DRUGS FOR SEVERE MENTAL DISORDERS**		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG (***lumateperone tosylate***)	3	ST; DO
CAPLYTA ORAL CAPSULE 42 MG (***lumateperone tosylate***)	3	ST; QL (1 capsule per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (***carbamazepine (antipsychotic)***)	3	QL (8 capsules per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (***carbamazepine (antipsychotic)***)	3	QL (5 capsules per 1 day)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED (***ziprasidone mesylate***)	3	AL; QL (6 vials per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG (***ziprasidone hcl***)	3	ST; DO
GEODON ORAL CAPSULE 60 MG, 80 MG (***ziprasidone hcl***)	3	ST; QL (2 capsules per 1 day)
LATUDA ORAL TABLET 120 MG (***lurasidone hcl***)	3	ST; QL (1 tablet per 1 day)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG (***lurasidone hcl***)	3	ST; DO
LATUDA ORAL TABLET 80 MG (***lurasidone hcl***)	3	ST; QL (2 tablets per 1 day)
lurasidone hcl oral tablet 120 mg	1 or 1b*	AL; QL (1 tablet per 1 day)
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg	1 or 1b*	DO; AL
lurasidone hcl oral tablet 80 mg	1 or 1b*	AL; QL (2 tablets per 1 day)
NUPLAZID ORAL CAPSULE (***pimavanserin tartrate***)	3	PA; LD; QL (1 capsule per 1 day)
NUPLAZID ORAL TABLET (***pimavanserin tartrate***)	3	PA; LD; QL (1 tablet per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (***cariprazine hcl***)	3	ST; DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (***cariprazine hcl***)	3	ST; QL (1 capsule per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg	1 or 1b*	DO; AL
ziprasidone hcl oral capsule 60 mg, 80 mg	1 or 1b*	AL; QL (2 capsules per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ziprasidone mesylate intramuscular solution reconstituted	1 or 1b*	AL; QL (6 vials per 28 days)
BENZISOXAZOLES - DRUGS FOR SEVERE MENTAL DISORDERS**		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (***paliperidone palmitate***)	3	AL; QL (1 syringe per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML (***paliperidone palmitate***)	3	AL; QL (1 kit per 180 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG (***iloperidone***)	3	ST; DO
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG (***iloperidone***)	3	ST; QL (2 tablets per 1 day)
FANAPT TITRATION PACK ORAL TABLET (***iloperidone***)	3	ST; QL (1 pack per 1 year)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML (***paliperidone palmitate***)	3	AL; QL (3.5 mL per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML (***paliperidone palmitate***)	3	AL; QL (5 mL per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG (***paliperidone***)	3	ST; DO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (***paliperidone***)	3	ST; QL (2 tablets per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (***paliperidone***)	3	ST; QL (1 tablet per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***paliperidone palmitate***)	3	AL; QL (1 syringe per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML (***paliperidone palmitate***)	3	AL; QL (0.88 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML (***paliperidone palmitate***)	3	AL; QL (1.32 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML (***paliperidone palmitate***)	3	AL; QL (1.75 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML (***paliperidone palmitate***)	3	AL; QL (2.63 mL per 90 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1 or 1b*	DO
paliperidone er oral tablet extended release 24 hour 6 mg	1 or 1b*	QL (2 tablets per 1 day)
paliperidone er oral tablet extended release 24 hour 9 mg	1 or 1b*	QL (1 tablet per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE (***risperidone***)	3	AL; QL (1 syringe per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG (***risperidone microspheres***)	3	AL; QL (2 injections per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (***risperidone microspheres***)	3	AL; QL (2 injections per 28 days)
RISPERDAL ORAL SOLUTION (***risperidone***)	3	ST; QL (8 mL per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG (***risperidone***)	3	ST; DO
RISPERDAL ORAL TABLET 3 MG, 4 MG (***risperidone***)	3	ST; QL (4 tablets per 1 day)
risperidone microspheres er intramuscular suspension reconstituted er	1 or 1b*	AL; QL (2 injections per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risperidone oral solution	1 or 1b*	AL; QL (8 mL per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
risperidone oral tablet dispersible 3 mg, 4 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (***risperidone***)	3	AL; QL (2 injections per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (***risperidone***)	3	AL; QL (1 kit per 30 days)
BUTYROPHENONES - DRUGS FOR SEVERE MENTAL DISORDERS**		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION (***haloperidol decanoate***)	3	AL; QL (5 injections per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml	1 or 1b*	AL; QL (5 injections per 30 days)
haloperidol decanoate intramuscular solution 50 mg/ml	1 or 1b*	AL; QL (5 ampules per 30 days)
haloperidol lactate injection solution	1 or 1b*	AL
haloperidol lactate oral concentrate 2 mg/ml	1 or 1b*	AL; QL (30 mL per 1 day)
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	AL; QL (3 tablets per 1 day)
DIBENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
clozapine oral tablet 100 mg	1 or 1b*	AL; QL (9 tablets per 1 day)
clozapine oral tablet 200 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO; AL
clozapine oral tablet dispersible 100 mg	1 or 1b*	AL; QL (9 tablets per 1 day)
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO; AL
clozapine oral tablet dispersible 150 mg	1 or 1b*	AL; QL (6 tablets per 1 day)
clozapine oral tablet dispersible 200 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
CLOZARIL ORAL TABLET 100 MG (***clozapine***)	3	AL; QL (9 tablets per 1 day)
CLOZARIL ORAL TABLET 25 MG (***clozapine***)	3	DO; AL
VERSACLOZ ORAL SUSPENSION (***clozapine***)	3	AL; QL (18 mL per 1 day)
DIBENZO-OXEPINO PYRROLES - DRUGS FOR SEVERE MENTAL DISORDERS**		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	AL; QL (2 tablets per 1 day)
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	DO; AL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG (***asenapine maleate***)	3	ST; QL (2 tablets per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG (***asenapine maleate***)	3	ST; DO
SECUADO TRANSDERMAL PATCH 24 HOUR (***asenapine***)	3	ST; QL (1 patch per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIBENZOTHIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO; AL
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	AL; QL (2 tablets per 1 day)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
quetiapine fumarate oral tablet 150 mg	1 or 1b*	AL; QL (5 tablets per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	1 or 1b*	AL; QL (2 tablets per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (***quetiapine fumarate***)	3	ST; DO
SEROQUEL ORAL TABLET 300 MG, 400 MG (***quetiapine fumarate***)	3	ST; QL (2 tablets per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (***quetiapine fumarate***)	3	ST; DO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG (***quetiapine fumarate***)	3	ST; QL (2 tablets per 1 day)
DIBENZOXAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED (***loxapine***)	3	AL
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO; AL
loxapine succinate oral capsule 50 mg	1 or 1b*	AL; QL (4 capsules per 1 day)
DIHYDROINDOLONES - DRUGS FOR SEVERE MENTAL DISORDERS**		
molindone hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO; AL
molindone hcl oral tablet 25 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
MUSCARINIC AGENT - COMBINATIONS - DRUGS FOR THE NERVOUS SYSTEM**		
COBENFY ORAL CAPSULE (***xanomeline-trospium chloride***)	3	ST; QL (2 capsules per 1 day)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK (***xanomeline-trospium chloride***)	3	ST; QL (1 pack per 6 months)
PHENOTHIAZINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
chlorpromazine hcl injection solution	1 or 1b*	AL
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML	1 or 1b*	AL; QL (8 mL per 1 day)
CHLORPROMAZINE HCL ORAL CONCENTRATE 30 MG/ML	1 or 1b*	AL; QL (26 mL per 1 day)
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
compro rectal suppository	1 or 1b*	AL
fluphenazine decanoate injection solution	1 or 1b*	AL
fluphenazine hcl injection solution	1 or 1b*	AL
fluphenazine hcl oral concentrate	1 or 1b*	AL; QL (8 mL per 1 day)
fluphenazine hcl oral elixir	1 or 1b*	AL; QL (80 mL per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg	1 or 1b*	DO; AL
fluphenazine hcl oral tablet 10 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
perphenazine oral tablet 16 mg	1 or 1b*	AL; QL (1 tablet per 1 day)
perphenazine oral tablet 2 mg	1 or 1b*	DO; AL
perphenazine oral tablet 4 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
perphenazine oral tablet 8 mg	1 or 1b*	AL; QL (3 tablets per 1 day)
prochlorperazine edisylate injection solution	1 or 1b*	AL
prochlorperazine maleate oral tablet	1 or 1a*	AL
prochlorperazine rectal suppository	1 or 1b*	AL
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
thioridazine hcl oral tablet 100 mg	1 or 1b*	AL; QL (8 tablets per 1 day)
trifluoperazine hcl oral tablet 1 mg, 2 mg	1 or 1b*	DO; AL
trifluoperazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	AL; QL (4 tablets per 1 day)
QUINOLINONE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS**		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE (***aripiprazole***)	3	AL; QL (1 injection per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE (***aripiprazole***)	3	AL; QL (1 injection per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (***aripiprazole***)	3	AL; QL (1 injection per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (***aripiprazole w/ sens-strip-pod***)	3	ST; DO
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (***aripiprazole w/ sens-strip-pod***)	3	ST; QL (1 tablet per 1 day)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (***aripiprazole w/ sens-strip-pod***)	3	ST; DO
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (***aripiprazole w/ sens-strip-pod***)	3	ST; QL (1 tablet per 1 day)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG (***aripiprazole***)	3	ST; DO
ABILIFY ORAL TABLET 20 MG, 30 MG (***aripiprazole***)	3	ST; QL (1 tablet per 1 day)
aripiprazole oral solution	1 or 1b*	AL; QL (30 mL per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1 or 1b*	DO; AL
aripiprazole oral tablet 20 mg, 30 mg	1 or 1b*	AL; QL (1 tablet per 1 day)
aripiprazole oral tablet dispersible 10 mg	1 or 1b*	AL; QL (3 tablets per 1 day)
aripiprazole oral tablet dispersible 15 mg	1 or 1b*	AL; QL (2 tablets per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE (***aripiprazole lauroxil***)	3	AL; QL (1 syringe per 1 fill)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (***aripiprazole lauroxil***)	3	AL; QL (1 kit per 60 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (***aripiprazole lauroxil***)	3	AL; QL (1 kit per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIPZA ORAL FILM 10 MG, 5 MG (***aripiprazole***)	3	ST; QL (3 films per 1 day)
OPIPZA ORAL FILM 2 MG (***aripiprazole***)	3	ST; DO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (***brexpiprazole***)	3	ST; DO
REXULTI ORAL TABLET 3 MG, 4 MG (***brexpiprazole***)	3	ST; QL (1 tablet per 1 day)
THIENBENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
olanzapine intramuscular solution reconstituted	1 or 1b*	AL; QL (3 injections per 1 fill)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	DO; AL
olanzapine oral tablet 15 mg, 20 mg	1 or 1b*	AL; QL (1 tablets per 1 day)
olanzapine oral tablet dispersible 10 mg, 5 mg	1 or 1b*	DO; AL
olanzapine oral tablet dispersible 15 mg	1 or 1b*	AL; QL (1 tablets per 1 day)
olanzapine oral tablet dispersible 20 mg	1 or 1b*	AL; QL (1 tablet per 1 day)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED (***olanzapine***)	3	AL; QL (3 injections per 1 fill)
ZYPREXA ORAL TABLET 2.5 MG, 5 MG (***olanzapine***)	3	ST; DO
ZYPREXA ORAL TABLET 20 MG (***olanzapine***)	3	ST; QL (1 tablets per 1 day)
THIOXANTHENES - DRUGS FOR SEVERE MENTAL DISORDERS**		
thiothixene oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	PA; DO
thiothixene oral capsule 10 mg	1 or 1b*	PA; QL (6 capsules per 1 day)
***ANTISEPTICS & DISINFECTANTS* - ANTISEPTICS AND DISINFECTANTS**		
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS**		
formaldehyde external solution 10 %	1 or 1b*	
CHLORINE ANTISEPTICS - ANTISEPTICS AND DISINFECTANTS**		
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION	3	
IODINE ANTISEPTICS - ANTISEPTICS AND DISINFECTANTS**		
LUGOLS STRONG IODINE EXTERNAL SOLUTION	3	
***ANTIVIRALS* - DRUGS FOR INFECTIONS**		
ANTIRETROVIRAL COMBINATIONS - DRUGS FOR VIRAL INFECTIONS**		
abacavir sulfate-lamivudine oral tablet	1 or 1b*	LD; QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET (***bictegravir-emtricitab-tenofov***)	2	LD; QL (1 tablet per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML (***cabotegravir & rilpivirine***)	3	PA; LD; QL (1 kit per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML (***cabotegravir & rilpivirine***)	3	PA; LD; QL (1 kit per 60 days)
CIMDUO ORAL TABLET (***lamivudine-tenofovir***)	3	LD; QL (1 tablet per 1 day)
COMPLERA ORAL TABLET (***emtricitab-rilpivir-tenofovir***)	3	PA; LD; QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELSTRIGO ORAL TABLET (***doravirin-lamivudin-tenofov df***)	3	LD; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG (***emtricitabine-tenofovir af***)	2	LD; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine-tenofovir af***)	2; $0	LD; QL (1 tablet per 1 day)
DOVATO ORAL TABLET (***dolutegravir-lamivudine***)	2	LD; QL (1 tablet per 1 day)
efavirenz-emtricitab-tenofo df oral tablet	1 or 1b*	LD; QL (1 tablet per 1 day)
efavirenz-lamivudine-tenofovir oral tablet	1 or 1b*	LD; QL (1 tablet per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1 or 1b*	LD; QL (1 tablet per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	1 or 1b*; $0	LD; QL (1 tablet per 1 day)
emtricitab-rilpivir-tenofov df oral tablet	3	PA; LD; QL (1 tablet per 1 day)
EVOTAZ ORAL TABLET (***atazanavir-cobicistat***)	3	LD; QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (***elviteg-cobic-emtricit-tenofaf***)	2	LD; QL (1 tablet per 1 day)
JULUCA ORAL TABLET (***dolutegravir-rilpivirine***)	3	PA; LD; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION (***lopinavir-ritonavir***)	3	LD; QL (16 mL per 1 day)
KALETRA ORAL TABLET 100-25 MG (***lopinavir-ritonavir***)	3	LD; QL (10 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (***lopinavir-ritonavir***)	3	LD; QL (4 tablets per 1 day)
lamivudine-zidovudine oral tablet	1 or 1b*	LD; QL (2 tablets per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	1 or 1b*	LD; QL (10 tablets per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	1 or 1b*	LD; QL (4 tablets per 1 day)
ODEFSEY ORAL TABLET (***emtricitab-rilpivir-tenofov af***)	2	LD; QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET (***darunavir-cobicistat***)	3	LD; QL (1 tablet per 1 day)
STRIBILD ORAL TABLET (***elviteg-cobic-emtricit-tenofdf***)	2	LD; QL (1 tablet per 1 day)
SYMFI ORAL TABLET (***efavirenz-lamivudine-tenofovir***)	3	LD; QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET (***darun-cobic-emtricit-tenofaf***)	2	LD; QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (***abacavir-dolutegravir-lamivud***)	2	LD; QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE	2	LD; QL (6 tablets per 1 day)
TRUVADA ORAL TABLET (***emtricitabine-tenofovir df***)	3	ST; LD; QL (1 tablet per 1 day)
ANTIRETROVIRALS - CAPSID INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
SUNLENCA ORAL TABLET (***lenacapavir sodium***)	3	PA; QL (4 tablets per 28 days)
SUNLENCA ORAL TABLET THERAPY PACK (***lenacapavir sodium***)	3	PA; LD; QL (1 pack per 1 one time fill)
SUNLENCA SUBCUTANEOUS SOLUTION (***lenacapavir sodium***)	3	PA; LD; QL (1 kit per 24 weeks)
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR) - DRUGS FOR VIRAL INFECTIONS**		
maraviroc oral tablet	1 or 1b*	LD; QL (4 tablets per 1 day)
SELZENTRY ORAL SOLUTION (***maraviroc***)	3	LD; QL (62 mL per 1 day)
SELZENTRY ORAL TABLET (***maraviroc***)	3	LD; QL (4 tablets per 1 day)
ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR - DRUGS FOR VIRAL INFECTIONS**		
TROGARZO INTRAVENOUS SOLUTION (***ibalizumab-uiyk***)	3	PA; LD; QL (8 vials per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIRETROVIRALS - FUSION INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (***enfuvirtide***)	2	PA; LD; QL (2 vials per 1 day)
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR - DRUGS FOR VIRAL INFECTIONS**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR (***fostemsavir tromethamine***)	3	PA; LD; QL (2 tablets per 1 day)
ANTIRETROVIRALS - INTEGRASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE (***cabotegravir***)	3; $0	LD; QL (1 vial per 2 monthss)
ISENTRESS HD ORAL TABLET (***raltegravir potassium***)	3	LD; QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET (***raltegravir potassium***)	3	LD; QL (2 packets per 1 day)
ISENTRESS ORAL TABLET (***raltegravir potassium***)	3	LD; QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (***raltegravir potassium***)	3	LD; QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (***raltegravir potassium***)	3	LD; QL (24 tablets per 1 day)
TIVICAY ORAL TABLET (***dolutegravir sodium***)	3	LD; QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE (***dolutegravir sodium***)	3	LD; QL (12 tablets per 1 day)
ANTIRETROVIRALS - PROTEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
APTIVUS ORAL CAPSULE (***tipranavir***)	2	PA; LD; QL (4 capsules per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	1 or 1b*	LD; QL (2 capsules per 1 day)
atazanavir sulfate oral capsule 300 mg	1 or 1b*	LD; QL (1 capsule per 1 day)
darunavir oral tablet 600 mg	1 or 1b*	LD; QL (2 tablets per 1 day)
darunavir oral tablet 800 mg	1 or 1b*	LD; QL (1 tablet per 1 day)
fosamprenavir calcium oral tablet	1 or 1b*	LD; QL (4 tablets per 1 day)
NORVIR ORAL PACKET (***ritonavir***)	3	LD; QL (12 packets per 1 day)
NORVIR ORAL TABLET (***ritonavir***)	3	LD; QL (12 tablets per 1 day)
PREZISTA ORAL SUSPENSION (***darunavir***)	2	LD; QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (***darunavir***)	2	LD; QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG (***darunavir***)	3	LD; QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (***darunavir***)	2	LD; QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (***darunavir***)	3	LD; QL (1 tablet per 1 day)
REYATAZ ORAL CAPSULE 200 MG (***atazanavir sulfate***)	3	LD; QL (2 capsules per 1 day)
REYATAZ ORAL CAPSULE 300 MG (***atazanavir sulfate***)	3	LD; QL (1 capsule per 1 day)
REYATAZ ORAL PACKET (***atazanavir sulfate***)	2	LD; QL (5 packets per 1 day)
ritonavir oral tablet	1 or 1b*	LD; QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (***nelfinavir mesylate***)	2	LD; QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (***nelfinavir mesylate***)	2	LD; QL (4 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
EDURANT ORAL TABLET (***rilpivirine hcl***)	2	PA; LD; QL (1 tablet per 1 day)
EDURANT PED ORAL TABLET SOLUBLE (***rilpivirine hcl***)	3	PA; QL (6 tablets per 1 day)
efavirenz oral tablet	1 or 1b*	LD; QL (1 tablet per 1 day)
etravirine oral tablet 100 mg	1 or 1b*	PA; LD; QL (4 tablets per 1 day)
etravirine oral tablet 200 mg	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 100 MG (***etravirine***)	3	PA; LD; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (***etravirine***)	3	PA; LD; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (***etravirine***)	2	PA; LD; QL (16 tablets per 1 day)
nevirapine er oral tablet extended release 24 hour	1 or 1b*	LD; QL (1 tablet per 1 day)
nevirapine oral suspension	1 or 1b*	LD; QL (40 mL per 1 day)
nevirapine oral tablet	1 or 1b*	LD; QL (2 tablets per 1 day)
PIFELTRO ORAL TABLET (***doravirine***)	3	LD; QL (1 tablet per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES - DRUGS FOR VIRAL INFECTIONS**		
abacavir sulfate oral solution	1 or 1b*	LD; QL (32 mL per 1 day)
abacavir sulfate oral tablet	1 or 1b*	LD; QL (2 tablets per 1 day)
ZIAGEN ORAL SOLUTION (***abacavir sulfate***)	3	LD; QL (32 mL per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES - DRUGS FOR VIRAL INFECTIONS**		
emtricitabine oral capsule	1 or 1b*; $0	LD; QL (1 capsule per 1 day)
EMTRIVA ORAL CAPSULE (***emtricitabine***)	3	LD; QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (***emtricitabine***)	2	LD; QL (29 mL per 1 day)
EPIVIR ORAL SOLUTION (***lamivudine***)	3	LD; QL (32 mL per 1 day)
EPIVIR ORAL TABLET 150 MG (***lamivudine***)	3	PA; LD; QL (2 tablets per 1 day)
EPIVIR ORAL TABLET 300 MG (***lamivudine***)	3	PA; LD; QL (1 tablet per 1 day)
lamivudine oral solution	1 or 1b*	LD; QL (32 mL per 1 day)
lamivudine oral tablet 150 mg	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
lamivudine oral tablet 300 mg	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES - DRUGS FOR VIRAL INFECTIONS**		
RETROVIR INTRAVENOUS SOLUTION (***zidovudine***)	2	LD
RETROVIR ORAL CAPSULE (***zidovudine***)	3	LD; QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP (***zidovudine***)	3	LD; QL (64 mL per 1 day)
zidovudine oral capsule	1 or 1b*	LD; QL (6 capsules per 1 day)
zidovudine oral syrup	1 or 1b*	LD; QL (64 mL per 1 day)
zidovudine oral tablet	1 or 1b*	LD; QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
tenofovir disoproxil fumarate oral tablet	1 or 1b*; $0	LD; QL (1 tablet per 1 day)
VIREAD ORAL POWDER (***tenofovir disoproxil fumarate***)	2	LD; QL (8 grams per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	2	LD; QL (1 tablet per 1 day)
VIREAD ORAL TABLET 300 MG (***tenofovir disoproxil fumarate***)	3	LD; QL (1 tablet per 1 day)
ANTIRETROVIRALS ADJUVANTS - DRUGS FOR VIRAL INFECTIONS**		
TYBOST ORAL TABLET (***cobicistat***)	3	LD; QL (1 tablet per 1 day)
ANTIVIRAL COMBINATIONS - DRUGS FOR INFECTIONS**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK (***nirmatrelvir-ritonavir***)	2	QL (1 pack per 90 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK (***nirmatrelvir-ritonavir***)	2	QL (1 pack per 90 days)
PAXLOVID ORAL TABLET THERAPY PACK (***nirmatrelvir-ritonavir***)	2	QL (1 pack per 90 days)
CMV AGENTS - DRUGS FOR VIRAL INFECTIONS**		
cidofovir intravenous solution	1 or 1b*	LD
foscarnet sodium intravenous solution	1 or 1b*	LD
FOSCAVIR INTRAVENOUS SOLUTION (***foscarnet sodium***)	3	LD
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	3	LD
ganciclovir sodium intravenous solution reconstituted	1 or 1b*	LD
LIVTENCITY ORAL TABLET (***maribavir***)	3	PA; LD; QL (4 tablets per 1 day)
PREVYMIS INTRAVENOUS SOLUTION (***letermovir***)	3	PA; LD; QL (200 vials per 1 year)
PREVYMIS ORAL PACKET (***letermovir***)	3	PA; QL (810 packets per 1 year)
PREVYMIS ORAL TABLET (***letermovir***)	3	PA; LD; QL (224 tablets per 1 year)
VALCYTE ORAL SOLUTION RECONSTITUTED (***valganciclovir hcl***)	3	LD
VALCYTE ORAL TABLET (***valganciclovir hcl***)	3	LD
valganciclovir hcl oral solution reconstituted	1 or 1b*	LD
valganciclovir hcl oral tablet	1 or 1b*	LD
HEPATITIS B AGENTS - DRUGS FOR VIRAL INFECTIONS**		
adefovir dipivoxil oral tablet	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION (***entecavir***)	2	PA; LD; QL (20 mL per 1 day)
BARACLUDE ORAL TABLET (***entecavir***)	3	PA; LD; QL (1 tablet per 1 day)
entecavir oral tablet	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
lamivudine oral tablet 100 mg	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
VEMLIDY ORAL TABLET (***tenofovir alafenamide fumarate***)	3	PA; LD; QL (1 tablet per 1 day)
HEPATITIS C AGENT - COMBINATIONS - DRUGS FOR VIRAL INFECTIONS**		
EPCLUSA ORAL PACKET 150-37.5 MG (***sofosbuvir-velpatasvir***)	3	PA; LD; QL (1 packet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPCLUSA ORAL PACKET 200-50 MG (***sofosbuvir-velpatasvir***)	3	PA; LD; QL (2 packets per 1 day)
EPCLUSA ORAL TABLET 200-50 MG (***sofosbuvir-velpatasvir***)	3	PA; LD; QL (2 tablets per 1 day)
EPCLUSA ORAL TABLET 400-100 MG (***sofosbuvir-velpatasvir***)	3	PA; LD; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (***ledipasvir-sofosbuvir***)	3	PA; LD; QL (1 packet per 1 day)
HARVONI ORAL PACKET 45-200 MG (***ledipasvir-sofosbuvir***)	3	PA; LD; QL (2 packets per 1 day)
HARVONI ORAL TABLET 45-200 MG (***ledipasvir-sofosbuvir***)	3	PA; LD; QL (2 tablets per 1 day)
HARVONI ORAL TABLET 90-400 MG (***ledipasvir-sofosbuvir***)	3	PA; LD; QL (1 tablet per 1 day)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	3	PA; LD; QL (1 tablet per 1 day)
MAVYRET ORAL PACKET (***glecaprevir-pibrentasvir***)	3	PA; LD; QL (5 packets per 1 day)
MAVYRET ORAL TABLET (***glecaprevir-pibrentasvir***)	3	PA; LD; QL (3 tablets per 1 day)
SOFOSBUVIR-VELPATASVIR ORAL TABLET	3	PA; LD; QL (1 tablet per 1 day)
VOSEVI ORAL TABLET (***sofosbuv-velpatasv-voxilaprev***)	3	PA; LD; QL (1 tablet per 1 day)
ZEPATIER ORAL TABLET (***elbasvir-grazoprevir***)	3	PA; LD; QL (1 tablet per 1 day)
HEPATITIS C AGENTS - DRUGS FOR VIRAL INFECTIONS**		
PEGASYS SUBCUTANEOUS SOLUTION (***peginterferon alfa-2a***)	3	LD; QL (4 vials per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***peginterferon alfa-2a***)	3	LD; QL (4 syringes per 28 days)
ribavirin oral capsule	1 or 1b*	LD; QL (6 capsules per 1 day)
ribavirin oral tablet	1 or 1b*	LD; QL (6 tablets per 1 day)
SOVALDI ORAL PACKET 150 MG (***sofosbuvir***)	3	PA; LD; QL (1 packet per 1 day)
SOVALDI ORAL PACKET 200 MG (***sofosbuvir***)	3	PA; LD; QL (2 packets per 1 day)
SOVALDI ORAL TABLET 200 MG (***sofosbuvir***)	3	PA; LD; QL (2 tablets per 1 day)
SOVALDI ORAL TABLET 400 MG (***sofosbuvir***)	3	PA; LD; QL (1 tablet per 1 day)
HERPES AGENTS - PURINE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
SITAVIG BUCCAL TABLET (***acyclovir***)	3	PA; QL (1 tablet per 30 days)
valacyclovir hcl oral tablet 1 gm	1 or 1b*	QL (30 tablets per 1 fill)
valacyclovir hcl oral tablet 500 mg	1 or 1b*	QL (60 tablets per 30 days)
VALTREX ORAL TABLET 1 GM (***valacyclovir hcl***)	3	QL (30 tablets per 1 fill)
VALTREX ORAL TABLET 500 MG (***valacyclovir hcl***)	3	QL (60 tablets per 30 days)
HERPES AGENTS - THYMIDINE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
famciclovir oral tablet 125 mg, 250 mg	1 or 1b*	QL (60 tablets per 1 fill)
famciclovir oral tablet 500 mg	1 or 1b*	QL (21 tablets per 1 fill)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLUENZA AGENTS - DRUGS FOR VIRAL INFECTIONS**		
rimantadine hcl oral tablet	1 or 1b*	
MISC. ANTIVIRALS - DRUGS FOR VIRAL INFECTIONS**		
LAGEVRIO ORAL CAPSULE (***molnupiravir***)	3	QL (40 capsules per 90 days)
TEMBEXA ORAL SUSPENSION (***brincidofovir***)	3	
TEMBEXA ORAL TABLET (***brincidofovir***)	3	
TPOXX INTRAVENOUS SOLUTION (***tecovirimat***)	3	
TPOXX ORAL CAPSULE (***tecovirimat***)	3	
NEURAMINIDASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
oseltamivir phosphate oral capsule 30 mg	1 or 1b*	QL (20 capsule per 90 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1 or 1b*	QL (10 capsule per 90 days)
oseltamivir phosphate oral suspension reconstituted	1 or 1b*	QL (20 Ml per 90 days)
RAPIVAB INTRAVENOUS SOLUTION (***peramivir***)	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (***zanamivir***)	2	QL (1 unit per 90 days)
TAMIFLU ORAL CAPSULE 30 MG (***oseltamivir phosphate***)	3	QL (20 capsule per 90 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (***oseltamivir phosphate***)	3	QL (10 capsule per 90 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED (***oseltamivir phosphate***)	3	QL (180 ML per 90 days)
PA ENDONUCLEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (***baloxavir marboxil***)	3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (***baloxavir marboxil***)	3	QL (1 dose pack per 90 days)
RSV AGENTS - NUCLEOSIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
ribavirin inhalation solution reconstituted	1 or 1b*	
***BETA BLOCKERS* - DRUGS FOR THE HEART**		
ALPHA-BETA BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE**		
carvedilol oral tablet 12.5 mg	1 or 1b*	QL (8 tablets per 1 day)
carvedilol oral tablet 25 mg	1 or 1b*	QL (4 tablets per 1 day)
carvedilol oral tablet 3.125 mg	1 or 1b*	QL (32 tablets per 1 day)
carvedilol oral tablet 6.25 mg	1 or 1b*	QL (16 tablets per 1 day)
carvedilol phosphate er oral capsule extended release 24 hour 10 mg	1 or 1b*	QL (8 capsules per 1 day)
carvedilol phosphate er oral capsule extended release 24 hour 20 mg	1 or 1b*	QL (4 capsules per 1 day)
carvedilol phosphate er oral capsule extended release 24 hour 40 mg	1 or 1b*	QL (2 capsules per 1 day)
carvedilol phosphate er oral capsule extended release 24 hour 80 mg	1 or 1b*	QL (1 capsule per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (***carvedilol phosphate***)	3	QL (8 capsules per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG (***carvedilol phosphate***)	3	QL (4 capsules per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (***carvedilol phosphate***)	3	QL (2 capsules per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG (***carvedilol phosphate***)	3	QL (1 capsule per 1 day)
COREG ORAL TABLET 12.5 MG (***carvedilol***)	3	QL (8 tablets per 1 day)
COREG ORAL TABLET 25 MG (***carvedilol***)	3	QL (4 tablets per 1 day)
COREG ORAL TABLET 3.125 MG (***carvedilol***)	3	QL (32 tablets per 1 day)
COREG ORAL TABLET 6.25 MG (***carvedilol***)	3	QL (16 tablets per 1 day)
labetalol hcl intravenous solution prefilled syringe 10 mg/2ml	3	
labetalol hcl oral tablet 100 mg	1 or 1b*	QL (24 tablets per 1 day)
labetalol hcl oral tablet 200 mg	1 or 1b*	QL (12 tablets per 1 day)
labetalol hcl oral tablet 300 mg	1 or 1b*	QL (8 tablets per 1 day)
labetalol hcl oral tablet 400 mg	1 or 1b*	QL (6 tablets per 1 day)
BETA BLOCKERS CARDIO-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE**		
acebutolol hcl oral capsule	1 or 1b*	
atenolol oral tablet	1 or 1a*	
betaxolol hcl oral tablet	1 or 1b*	
bisoprolol fumarate oral tablet	1 or 1b*	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION (***esmolol hcl-sodium chloride***)	3	
BREVIBLOC INTRAVENOUS SOLUTION (***esmolol hcl***)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION (***esmolol hcl-sodium chloride***)	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION (***esmolol hcl-sodium chloride***)	3	
BYSTOLIC ORAL TABLET (***nebivolol hcl***)	3	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE (***metoprolol succinate***)	3	
LOPRESSOR ORAL TABLET (***metoprolol tartrate***)	3	
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	
metoprolol tartrate intravenous solution	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nebivolol hcl oral tablet	1 or 1b*	
RAPIBLYK INTRAVENOUS SOLUTION RECONSTITUTED (***landiolol hcl***)	3	
TENORMIN ORAL TABLET (***atenolol***)	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (***metoprolol succinate***)	3	
BETA BLOCKERS NON-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE**		
BETAPACE AF ORAL TABLET 120 MG, 80 MG (***sotalol hcl af***)	3	QL (3 tablet per 1 day)
BETAPACE AF ORAL TABLET 160 MG (***sotalol hcl af***)	3	QL (4 tablets per 1 day)
BETAPACE ORAL TABLET 120 MG, 80 MG (***sotalol hcl***)	3	QL (3 tablets per 1 day)
BETAPACE ORAL TABLET 160 MG (***sotalol hcl***)	3	QL (4 tablets per 1 day)
HEMANGEOL ORAL SOLUTION (***propranolol hcl***)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (***propranolol hcl***)	3	QL (5 capsules per 1 day)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG (***propranolol hcl***)	3	QL (4 capsules per 1 day)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG (***propranolol hcl***)	3	QL (10 capsules per 1 day)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG (***propranolol hcl***)	3	QL (8 capsules per 1 day)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (***propranolol hcl sr beads***)	3	QL (1 capsule per 1 day)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (***propranolol hcl sr beads***)	3	QL (1 capsule per 1 day)
nadolol oral tablet 20 mg	1 or 1b*	QL (16 tablets per 1 day)
nadolol oral tablet 40 mg	1 or 1b*	QL (8 tablets per 1 day)
nadolol oral tablet 80 mg	1 or 1b*	QL (4 tablets per 1 day)
pindolol oral tablet 10 mg	1 or 1b*	QL (6 tablets per 1 day)
pindolol oral tablet 5 mg	1 or 1b*	QL (12 tablets per 1 day)
propranolol hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	QL (5 capsules per 1 day)
propranolol hcl er oral capsule extended release 24 hour 160 mg	1 or 1b*	QL (4 capsules per 1 day)
propranolol hcl er oral capsule extended release 24 hour 60 mg	1 or 1b*	QL (10 capsules per 1 day)
propranolol hcl er oral capsule extended release 24 hour 80 mg	1 or 1b*	QL (8 capsules per 1 day)
propranolol hcl intravenous solution	1 or 1b*	
propranolol hcl oral solution	1 or 1b*	QL (80 mL per 1 day)
propranolol hcl oral tablet 10 mg	1 or 1b*	QL (64 tablets per 1 day)
propranolol hcl oral tablet 20 mg	1 or 1b*	QL (32 tablets per 1 day)
propranolol hcl oral tablet 40 mg	1 or 1b*	QL (16 tablets per 1 day)
propranolol hcl oral tablet 60 mg	1 or 1b*	QL (10 tablets per 1 day)
propranolol hcl oral tablet 80 mg	1 or 1b*	QL (8 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sotalol hcl (af) oral tablet 120 mg, 80 mg	1 or 1b*	QL (3 tablet per 1 day)
sotalol hcl (af) oral tablet 160 mg	1 or 1b*	QL (4 tablets per 1 day)
SOTALOL HCL INTRAVENOUS SOLUTION	3	
sotalol hcl oral tablet 120 mg, 80 mg	1 or 1b*	QL (3 tablets per 1 day)
sotalol hcl oral tablet 160 mg	1 or 1b*	QL (4 tablets per 1 day)
sotalol hcl oral tablet 240 mg	1 or 1b*	QL (2 tablets per 1 day)
SOTYLIZE ORAL SOLUTION (***sotalol hcl***)	3	
timolol maleate oral tablet 10 mg	1 or 1b*	QL (6 tablets per 1 day)
timolol maleate oral tablet 20 mg	1 or 1b*	QL (3 tablets per 1 day)
timolol maleate oral tablet 5 mg	1 or 1b*	QL (12 tablets per 1 day)
***CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART**		
CALCIUM CHANNEL BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besylate oral tablet 10 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
CARDENE IV INTRAVENOUS SOLUTION (***nicardipine hcl in nacl***)	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (***diltiazem hcl coated beads***)	3	DO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG (***diltiazem hcl coated beads***)	3	QL (3 capsules per 1 day)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (***diltiazem hcl coated beads***)	3	QL (2 capsules per 1 day)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG (***diltiazem hcl coated beads***)	3	QL (1 capsule per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (***diltiazem hcl***)	3	DO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG (***diltiazem hcl***)	3	QL (3 tablets per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG (***diltiazem hcl***)	3	QL (2 tablets per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (***diltiazem hcl***)	3	QL (1 tablet per 1 day)
CARDIZEM ORAL TABLET 120 MG (***diltiazem hcl***)	3	QL (3 tablet per 1 day)
CARDIZEM ORAL TABLET 30 MG, 60 MG (***diltiazem hcl***)	3	DO
cartia xt oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
cartia xt oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
cartia xt oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
cartia xt oral capsule extended release 24 hour 300 mg	1 or 1b*	QL (1 capsule per 1 day)
CLEVIPREX INTRAVENOUS EMULSION (***clevidipine***)	3	
CONJUPRI ORAL TABLET 2.5 MG (***levamlodipine maleate***)	3	ST; DO
CONJUPRI ORAL TABLET 5 MG (***levamlodipine maleate***)	3	ST; QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 capsule per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg	1 or 1b*	QL (1 capsule per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 120 mg	1 or 1b*	QL (2 capsules per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 60 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 12 hour 90 mg	1 or 1b*	QL (4 capsules per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral tablet extended release 24 hour 180 mg	1 or 1b*	QL (3 tablets per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 240 mg	1 or 1b*	QL (2 tablets per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 tablet per 1 day)
diltiazem hcl intravenous solution	1 or 1b*	
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
diltiazem hcl oral tablet 120 mg	1 or 1b*	QL (3 tablet per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	DO
diltiazem hcl oral tablet 90 mg	1 or 1b*	QL (4 tablet per 1 day)
diltiazem hcl-sodium chloride intravenous solution 100-0.72 mg/100ml-%	3	
dilt-xr oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
dilt-xr oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	QL (1 tablet per 1 day)
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
isradipine oral capsule 2.5 mg	1 or 1b*	DO
isradipine oral capsule 5 mg	1 or 1b*	QL (4 capsule per 1 day)
KATERZIA ORAL SUSPENSION (***amlodipine benzoate***)	3	PA; QL (10 mL per 1 day)
levamlodipine maleate oral tablet 2.5 mg	1 or 1b*	ST; DO
levamlodipine maleate oral tablet 5 mg	1 or 1b*	ST; QL (1 tablet per 1 day)
matzim la oral tablet extended release 24 hour 180 mg	1 or 1b*	QL (3 tablets per 1 day)
matzim la oral tablet extended release 24 hour 240 mg	1 or 1b*	QL (2 tablets per 1 day)
matzim la oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *******Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION	3	
nicardipine hcl intravenous solution	3	
nicardipine hcl oral capsule 20 mg	1 or 1b*	QL (6 capsule per 1 day)
nicardipine hcl oral capsule 30 mg	1 or 1b*	QL (4 capsule per 1 day)
nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg	1 or 1b*	QL (1 tablet per 1 day)
nifedipine er oral tablet extended release 24 hour 60 mg	1 or 1b*	QL (2 tablets per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	1 or 1b*	DO
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg	1 or 1b*	QL (2 tablets per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	1 or 1b*	QL (1 tablet per 1 day)
nifedipine oral capsule 10 mg	1 or 1b*	DO
nifedipine oral capsule 20 mg	1 or 1b*	QL (4 capsule per 1 day)
nimodipine oral capsule	1 or 1b*	QL (12 capsule per 1 day)
nimodipine oral solution	1 or 1b*	QL (120 mL per 1 day)
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	QL (1 tablet per 1 day)
NORLIQVA ORAL SOLUTION (***amlodipine besylate***)	3	PA; QL (2 bottles per 30 days)
NORVASC ORAL TABLET 10 MG (***amlodipine besylate***)	3	QL (1 tablet per 1 day)
NORVASC ORAL TABLET 2.5 MG, 5 MG (***amlodipine besylate***)	3	DO
NYMALIZE ORAL SOLUTION (***nimodipine***)	3	QL (60 mL per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (***nifedipine***)	3	DO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (***nifedipine***)	3	QL (2 tablets per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG (***nifedipine***)	3	QL (1 tablet per 1 day)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG (***nisoldipine***)	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG (***nisoldipine***)	3	QL (1 tablet per 1 day)
tiadylt er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
tiadylt er oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
tiadylt er oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
tiadylt er oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 capsule per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (***diltiazem hcl er beads***)	3	DO
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG (***diltiazem hcl er beads***)	3	QL (3 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (***diltiazem hcl er beads***)	3	QL (2 capsules per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (***diltiazem hcl er beads***)	3	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 100 mg	3	DO
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg	1 or 1b*	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
verapamil hcl er oral tablet extended release 120 mg	1 or 1b*	DO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1 or 1b*	QL (2 tablets per 1 day)
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet 120 mg	1 or 1b*	QL (4 tablet per 1 day)
verapamil hcl oral tablet 40 mg, 80 mg	1 or 1b*	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG (***verapamil hcl***)	3	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (***verapamil hcl***)	3	QL (2 capsules per 1 day)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG (***verapamil hcl***)	3	QL (1 capsule per 1 day)
***CARDIOTONICS* - DRUGS FOR THE HEART**		
CARDIAC GLYCOSIDES - DRUGS FOR THE HEART**		
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	QL (10 mL per 1 day)
digoxin oral tablet 125 mcg, 62.5 mcg	1 or 1b*	DO
digoxin oral tablet 250 mcg	1 or 1b*	QL (2 tablets per 1 day)
LANOXIN INJECTION SOLUTION (***digoxin***)	3	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG (***digoxin***)	3	DO
LANOXIN ORAL TABLET 250 MCG (***digoxin***)	3	QL (2 tablets per 1 day)
LANOXIN PEDIATRIC INJECTION SOLUTION (***digoxin***)	2	
INOTROPES - DRUGS FOR SERIOUS ALLERGIC REACTION**		
dobutamine hcl intravenous solution	1 or 1b*	
DOBUTAMINE-DEXTROSE INTRAVENOUS SOLUTION	3	
DOPAMINE HCL INTRAVENOUS SOLUTION	3	
DOPAMINE-DEXTROSE INTRAVENOUS SOLUTION	3	
milrinone lactate in dextrose intravenous solution	1 or 1b*	
milrinone lactate intravenous solution	1 or 1b*	
***CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART**		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB - DRUGS FOR CHOLESTEROL**		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	1 or 1b*	DO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG (***amlodipine-atorvastatin***)	3	QL (1 tablet per 1 day)
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG (***amlodipine-atorvastatin***)	3	DO
CARDIAC MYOSIN INHIBITORS - DRUGS FOR THE HEART**		
CAMZYOS ORAL CAPSULE (***mavacamten***)	3	PA; LD; QL (1 capsule per 1 day)
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS - DRUGS FOR THE HEART**		
LODOCO ORAL TABLET (***colchicine***)	3	PA; QL (1 tablet per 1 day)
***CARDIOVASCULAR SGLT2 INHIBITORS** - DRUGS FOR THE HEART**		
INPEFA ORAL TABLET (***sotagliflozin***)	3	PA; QL (1 tablet per 1 day)
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB - DRUGS FOR HIGH BLOOD PRESSURE**		
ENTRESTO ORAL CAPSULE SPRINKLE (***sacubitril-valsartan***)	3	QL (8 capsules per 1 day)
ENTRESTO ORAL TABLET (***sacubitril-valsartan***)	3	QL (6 tablets per 1 day)
NITRATE & VASODILATOR COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
BIDIL ORAL TABLET (***isosorb dinitrate-hydralazine***)	3	QL (6 tablets per 1 day)
isosorb dinitrate-hydralazine oral tablet	1 or 1b*	QL (6 tablets per 1 day)
PDE INHIBITOR-ENDOTHELIN RECPTOR ANTAGONIST COMBINATIONS - DRUGS FOR CHOLESTEROL**		
OPSYNVI ORAL TABLET (***macitentan-tadalafil***)	3	PA; LD; QL (1 tablet per 1 day)
PROSTAGLANDIN - IMPOTENCE AGENTS - DRUGS FOR THE HEART**		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT (***alprostadil (vasodilator)***)	3	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED (***alprostadil (vasodilator)***)	3	PA
EDEX INTRACAVERNOSAL KIT (***alprostadil (vasodilator)***)	3	PA
PROSTAGLANDIN VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE**		
alprostadil injection solution	1 or 1b*	
AURLUMYN INTRAVENOUS SOLUTION (***iloprost***)	3	
epoprostenol sodium intravenous solution reconstituted	1 or 1b*	PA; LD
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (***epoprostenol sodium***)	3	PA; LD
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK (***treprostinil diolamine***)	3	PA; LD; QL (1 pack per 28 days)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK (***treprostinil diolamine***)	3	PA; LD; QL (1 pack per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK (***treprostinil diolamine***)	3	PA; LD; QL (1 pack per 28 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE (***treprostinil diolamine***)	3	PA; LD
PROSTIN VR INJECTION SOLUTION (***alprostadil***)	3	
REMODULIN INJECTION SOLUTION (***treprostinil***)	3	PA; LD
treprostinil injection solution	1 or 1b*	PA; LD
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER (***treprostinil***)	3	PA; LD; QL (1 kit per 28 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER (***treprostinil***)	3	PA; LD; QL (1 kit per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER (***treprostinil***)	3	PA; LD; QL (1 kit per 1 lifetime)
TYVASO INHALATION SOLUTION (***treprostinil***)	3	PA; LD; QL (1 kit per 28 days)
TYVASO REFILL KIT INHALATION SOLUTION (***treprostinil***)	3	PA; LD; QL (1 kit per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION (***treprostinil***)	3	PA; LD; QL (1 kit per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (***epoprostenol sodium***)	3	PA; LD
VENTAVIS INHALATION SOLUTION (***iloprost***)	3	PA; LD; QL (9 mL per 1 day)
YUTREPIA INHALATION CAPSULE 106 MCG, 79.5 MCG (***treprostinil sodium***)	3	PA; QL (10 capsules per 1 day)
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG (***treprostinil sodium***)	3	PA; QL (5 capsules per 1 day)
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) - DRUGS FOR HIGH BLOOD PRESSURE**		
ADEMPAS ORAL TABLET (***riociguat***)	3	PA; LD; QL (3 tablets per 1 day)
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR - DRUGS FOR THE HEART**		
WINREVAIR SUBCUTANEOUS KIT (***sotatercept-csrk***)	3	PA; LD; QL (1 kit per 21 days)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE**		
ambrisentan oral tablet	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
bosentan oral tablet	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
LETAIRIS ORAL TABLET (***ambrisentan***)	3	PA; LD; QL (1 tablet per 1 day)
OPSUMIT ORAL TABLET (***macitentan***)	3	PA; LD; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET (***bosentan***)	3	PA; LD; QL (2 tablets per 1 day)
TRACLEER ORAL TABLET SOLUBLE (***bosentan***)	3	PA; LD; QL (2 tablets per 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
ADCIRCA ORAL TABLET (***tadalafil (pah)***)	3	PA; LD; QL (2 tablets per 1 day)
alyq oral tablet	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
REVATIO INTRAVENOUS SOLUTION (***sildenafil citrate***)	3	PA; LD; QL (3 vial per 1 day)
REVATIO ORAL TABLET (***sildenafil citrate***)	3	PA; LD; QL (12 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sildenafil citrate intravenous solution	1 or 1b*	PA; LD; QL (3 vial per 1 day)
sildenafil citrate oral suspension reconstituted	1 or 1b*	PA; LD; QL (24 mL per 1 day)
sildenafil citrate oral tablet 20 mg	1 or 1b*	PA; LD; QL (12 tablets per 1 day)
tadalafil (pah) oral tablet	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
TADLIQ ORAL SUSPENSION (***tadalafil (pah)***)	3	PA; LD; QL (10 ml per 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - DRUGS FOR HIGH BLOOD PRESSURE**		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED (***selexipag***)	3	PA; LD; QL (2 vials per 1 day)
UPTRAVI ORAL TABLET (***selexipag***)	3	PA; LD; QL (2 tablets per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK (***selexipag***)	3	PA; LD; QL (1 kit per 1 one-time fill)
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS - DRUGS FOR THE HEART**		
avanafil oral tablet	3	PA
CIALIS ORAL TABLET 10 MG, 20 MG (***tadalafil***)	3	PA
CIALIS ORAL TABLET 5 MG (***tadalafil***)	3	PA; QL (30 tablets per 30 days)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA
STENDRA ORAL TABLET (***avanafil***)	3	PA
tadalafil oral tablet 10 mg, 20 mg	1 or 1b*	PA
tadalafil oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; QL (30 tablets per 30 days)
vardenafil hcl oral tablet	3	PA
vardenafil hcl oral tablet dispersible	1 or 1b*	PA
VIAGRA ORAL TABLET (***sildenafil citrate***)	3	PA
***SEPTAL AGENTS - ABLATION** - DRUGS FOR THE HEART**		
ABLYSINOL INTRA-ARTERIAL SOLUTION (***dehydrated alcohol***)	3	
***SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE**		
CORLANOR ORAL SOLUTION (***ivabradine hcl***)	3	PA; QL (4 ampules per 1 day)
CORLANOR ORAL TABLET (***ivabradine hcl***)	3	PA; QL (2 tablets per 1 day)
ivabradine hcl oral tablet	1 or 1b*	PA; QL (2 tablets per 1 day)
TRANSTHYRETIN STABILIZERS - DRUGS FOR THE HEART**		
ATTRUBY ORAL TABLET THERAPY PACK (***acoramidis hcl***)	3	PA; QL (4 tablets per 1 day)
VYNDAMAX ORAL CAPSULE (***tafamidis***)	3	PA; LD; QL (1 capsule per 1 day)
VYNDAQEL ORAL CAPSULE (***tafamidis meglumine (cardiac)***)	3	PA; LD; QL (4 capsules per 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) - DRUGS FOR ANGINA**		
VERQUVO ORAL TABLET 10 MG, 5 MG (***vericiguat***)	3	PA; QL (1 tablet per 1 day)
VERQUVO ORAL TABLET 2.5 MG (***vericiguat***)	3	PA; QL (1 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***CEPHALOSPORINS* - DRUGS FOR INFECTIONS**		
CEPHALOSPORIN COMBINATIONS - ANTIBIOTICS**		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED (***ceftazidime-avibactam***)	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED (***ceftolozane-tazobactam***)	3	
CEPHALOSPORINS - 1ST GENERATION - ANTIBIOTICS**		
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension reconstituted	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1 or 1b*	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	3	
cefazolin sodium intravenous solution reconstituted 1 gm	1 or 1b*	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	3	
cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-%	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)	3	
cefazolin sodium-dextrose intravenous solution reconstituted 3-2 gm-%(50ml)	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
CEPHALOSPORINS - 2ND GENERATION - ANTIBIOTICS**		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted	1 or 1b*	
CEFOTAN INJECTION SOLUTION RECONSTITUTED (***cefotetan disodium***)	3	
cefotetan disodium injection solution reconstituted	1 or 1b*	
cefoxitin sodium intravenous solution reconstituted	1 or 1b*	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
cefprozil oral suspension reconstituted	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection solution reconstituted	1 or 1b*	
cefuroxime sodium intravenous solution reconstituted	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEPHALOSPORINS - 3RD GENERATION - ANTIBIOTICS**		
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension reconstituted	1 or 1b*	
cefixime oral capsule	1 or 1b*	
cefixime oral suspension reconstituted	1 or 1b*	
cefotaxime sodium injection solution reconstituted	3	
cefpodoxime proxetil oral suspension reconstituted	1 or 1b*	
cefpodoxime proxetil oral tablet	1 or 1b*	
ceftazidime injection solution reconstituted	1 or 1b*	
ceftazidime intravenous solution reconstituted	1 or 1b*	
ceftriaxone sodium in dextrose intravenous solution	1 or 1b*	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1 or 1b*	
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
tazicef injection solution reconstituted	1 or 1b*	
TAZICEF INTRAVENOUS SOLUTION (***ceftazidime sodium in dextrose***)	3	
tazicef intravenous solution reconstituted	1 or 1b*	
CEPHALOSPORINS - 4TH GENERATION - ANTIBIOTICS**		
cefepime hcl injection solution reconstituted	1 or 1b*	
CEFEPIME HCL INTRAVENOUS SOLUTION	3	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM	3	
cefepime hcl intravenous solution reconstituted 2 gm	1 or 1b*	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEPHALOSPORINS - 5TH GENERATION - ANTIBIOTICS**		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED (***ceftaroline fosamil***)	3	
ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED (***ceftobiprole medocaril***)	3	
CEPHALOSPORINS - SIDEROPHORES - ANTIBIOTICS**		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED (***cefiderocol sulfate tosylate***)	3	
***CONTRACEPTIVES* - DRUGS FOR WOMEN**		
BIPHASIC CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
azurette oral tablet	1 or 1b*; $0	
desogestrel-ethinyl estradiol oral tablet	1 or 1b*; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
kariva oral tablet	1 or 1b*; $0	
LO LOESTRIN FE ORAL TABLET (***norethin-eth estrad-fe biphas***)	2	$0
pimtrea oral tablet	1 or 1b*; $0	
simliya oral tablet	1 or 1b*; $0	
viorele oral tablet	1 or 1b*; $0	
volnea oral tablet	1 or 1b*; $0	
COMBINATION CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
afirmelle oral tablet	1 or 1a*; $0	
altavera oral tablet	1 or 1a*; $0	
alyacen 1/35 oral tablet	1 or 1a*; $0	
apri oral tablet	1 or 1a*; $0	
aubra eq oral tablet	1 or 1a*; $0	
aurovela 1.5/30 oral tablet	1 or 1a*; $0	
aurovela 1/20 oral tablet	1 or 1a*; $0	
aurovela 24 fe oral tablet	1 or 1a*; $0	
aurovela fe 1.5/30 oral tablet	1 or 1a*; $0	
aurovela fe 1/20 oral tablet	1 or 1a*; $0	
aviane oral tablet	1 or 1a*; $0	
ayuna oral tablet	1 or 1a*; $0	
BALCOLTRA ORAL TABLET (***levonorgest-eth estrad-fe bisg***)	3	
balziva oral tablet	1 or 1a*; $0	
BEYAZ ORAL TABLET (***drospiren-eth estrad-levomefol***)	3	
blisovi 24 fe oral tablet	1 or 1a*; $0	
blisovi fe 1.5/30 oral tablet	1 or 1a*; $0	
blisovi fe 1/20 oral tablet	1 or 1a*; $0	
briellyn oral tablet	1 or 1a*; $0	
charlotte 24 fe oral tablet chewable	1 or 1a*; $0	
chateal eq oral tablet	1 or 1a*; $0	
cryselle-28 oral tablet	1 or 1a*; $0	
cyred eq oral tablet	1 or 1a*; $0	
dasetta 1/35 (28) oral tablet	1 or 1a*; $0	
delyla oral tablet	1 or 1a*; $0	
drospiren-eth estrad-levomefol oral tablet	1 or 1b*; $0	
drospirenone-ethinyl estradiol oral tablet	1 or 1b*; $0	
elinest oral tablet	1 or 1a*; $0	
enskyce oral tablet	1 or 1a*; $0	
estarylla oral tablet	1 or 1a*; $0	
ethynodiol diac-eth estradiol oral tablet	1 or 1a*; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
falmina oral tablet	1 or 1a*; $0	
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet)	1 or 1a*; $0	
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet)	1 or 1a*; $0	
FEMLYV ORAL TABLET DISPERSIBLE (***norethindrone acet-ethinyl est***)	3	$0
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable)	1 or 1a*; $0	
gemmily oral capsule	1 or 1b*; $0	
hailey 1.5/30 oral tablet	1 or 1a*; $0	
hailey 24 fe oral tablet	1 or 1a*; $0	
hailey fe 1.5/30 oral tablet	1 or 1a*; $0	
hailey fe 1/20 oral tablet	1 or 1a*; $0	
isibloom oral tablet	1 or 1a*; $0	
jasmiel oral tablet	1 or 1b*; $0	
levonorgest-eth estrad-fe bisg (Joyeaux Oral Tablet)	1 or 1b*; $0	
juleber oral tablet	1 or 1a*; $0	
junel 1.5/30 oral tablet	1 or 1a*; $0	
junel 1/20 oral tablet	1 or 1a*; $0	
junel fe 1.5/30 oral tablet	1 or 1a*; $0	
junel fe 1/20 oral tablet	1 or 1a*; $0	
junel fe 24 oral tablet	1 or 1a*; $0	
kaitlib fe oral tablet chewable	1 or 1b*; $0	
kalliga oral tablet	1 or 1a*; $0	
kelnor 1/35 oral tablet	1 or 1a*; $0	
kelnor 1/50 oral tablet	1 or 1a*; $0	
kurvelo oral tablet	1 or 1a*; $0	
larin 1.5/30 oral tablet	1 or 1a*; $0	
larin 1/20 oral tablet	1 or 1a*; $0	
larin 24 fe oral tablet	1 or 1a*; $0	
larin fe 1.5/30 oral tablet	1 or 1a*; $0	
larin fe 1/20 oral tablet	1 or 1a*; $0	
layolis fe oral tablet chewable	1 or 1b*; $0	
lessina oral tablet	1 or 1a*; $0	
levonorgest-eth estradiol-iron oral tablet	1 or 1b*; $0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1 or 1a*; $0	
levora 0.15/30 (28) oral tablet	1 or 1a*; $0	
loestrin 1.5/30 (21) oral tablet	1 or 1a*; $0	
loestrin 1/20 (21) oral tablet	1 or 1a*; $0	
loestrin fe 1.5/30 oral tablet	1 or 1a*; $0	
loestrin fe 1/20 oral tablet	1 or 1a*; $0	

BRAND=Brand drug ***generic***=generic drug *******Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
loryna oral tablet	1 or 1b*; $0	
low-ogestrel oral tablet	1 or 1a*; $0	
lo-zumandimine oral tablet	1 or 1b*; $0	
lutera oral tablet	1 or 1a*; $0	
marlissa oral tablet	1 or 1a*; $0	
merzee oral capsule	1 or 1b*; $0	
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable)	1 or 1a*; $0	
microgestin 1.5/30 oral tablet	1 or 1a*; $0	
microgestin 1/20 oral tablet	1 or 1a*; $0	
microgestin fe 1.5/30 oral tablet	1 or 1a*; $0	
microgestin fe 1/20 oral tablet	1 or 1a*; $0	
mili oral tablet	1 or 1a*; $0	
levonorgest-eth estradiol-iron (Minzoya Oral Tablet)	1 or 1b*; $0	
mono-linyah oral tablet	1 or 1a*; $0	
necon 0.5/35 (28) oral tablet	1 or 1a*; $0	
NEXTSTELLIS ORAL TABLET (***drospirenone-estetrol***)	3	$0
nikki oral tablet	1 or 1b*; $0	
norethin ace-eth estrad-fe oral capsule	1 or 1b*; $0	
norethin ace-eth estrad-fe oral tablet	1 or 1a*; $0	
norethin ace-eth estrad-fe oral tablet chewable	1 or 1a*; $0	
norethindrone acet-ethinyl est oral tablet	1 or 1a*; $0	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*; $0	
nortrel 0.5/35 (28) oral tablet	1 or 1a*; $0	
nortrel 1/35 (21) oral tablet	1 or 1a*; $0	
nortrel 1/35 (28) oral tablet	1 or 1a*; $0	
nylia 1/35 oral tablet	1 or 1a*; $0	
ocella oral tablet	1 or 1b*; $0	
philith oral tablet	1 or 1a*; $0	
portia-28 oral tablet	1 or 1a*; $0	
reclipsen oral tablet	1 or 1a*; $0	
SAFYRAL ORAL TABLET (***drospiren-eth estrad-levomefol***)	3	
sprintec 28 oral tablet	1 or 1a*; $0	
sronyx oral tablet	1 or 1a*; $0	
syeda oral tablet	1 or 1b*; $0	
tarina 24 fe oral tablet	1 or 1a*; $0	
tarina fe 1/20 eq oral tablet	1 or 1a*; $0	
taysofy oral capsule	1 or 1b*; $0	
TAYTULLA ORAL CAPSULE (***norethin ace-eth estrad-fe***)	3	

BRAND=Brand drug ***generic***=generic drug *******Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestrel-ethinyl estradiol (Turqoz Oral Tablet)	1 or 1a*; $0	
TYBLUME ORAL TABLET CHEWABLE (***levonorgestrel-ethinyl estrad***)	3	$0
ethynodiol diac-eth estradiol (Valtya 1/50 Oral Tablet)	1 or 1a*; $0	
vestura oral tablet	1 or 1b*; $0	
vienva oral tablet	1 or 1a*; $0	
vyfemla oral tablet	1 or 1a*; $0	
vylibra oral tablet	1 or 1a*; $0	
wera oral tablet	1 or 1a*; $0	
wymzya fe oral tablet chewable	1 or 1b*; $0	
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable)	1 or 1b*; $0	
YASMIN 28 ORAL TABLET (***drospirenone-ethinyl estradiol***)	3	
YAZ ORAL TABLET (***drospirenone-ethinyl estradiol***)	3	
zovia 1/35 (28) oral tablet	1 or 1a*; $0	
zumandimine oral tablet	1 or 1b*; $0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL - BIRTH CONTROL PILLS**		
norelgestromin-eth estradiol transdermal patch weekly	1 or 1b*; $0	
TWIRLA TRANSDERMAL PATCH WEEKLY (***levonorgestrel-eth estradiol***)	3	$0
xulane transdermal patch weekly	1 or 1b*; $0	
zafemy transdermal patch weekly	1 or 1b*; $0	
COMBINATION CONTRACEPTIVES - VAGINAL - BIRTH CONTROL PILLS**		
ANNOVERA VAGINAL RING (***segesterone-ethinyl estradiol***)	3	$0
eluryng vaginal ring	1 or 1b*; $0	
etonogestrel-ethinyl estradiol (Enilloring Vaginal Ring)	1 or 1b*; $0	
etonogestrel-ethinyl estradiol vaginal ring	1 or 1b*; $0	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring)	1 or 1b*; $0	
NUVARING VAGINAL RING (***etonogestrel-ethinyl estradiol***)	3	
CONTINUOUS CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
amethyst oral tablet	1 or 1b*; $0	
dolishale oral tablet	1 or 1b*; $0	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*; $0	
COPPER CONTRACEPTIVES - IUD - BIRTH CONTROL PILLS**		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (***copper***)	3	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (***copper***)	3	
EMERGENCY CONTRACEPTIVES - BIRTH CONTROL PILLS**		
aftera oral tablet	1 or 1b*; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
afterpill oral tablet	1 or 1b*; $0	
econtra one-step oral tablet	1 or 1b*; $0	
ELLA ORAL TABLET (***ulipristal acetate***)	3; $0	
HER STYLE ORAL TABLET (***levonorgestrel***)	1 or 1b*; $0	
levonorgestrel oral tablet	1 or 1b*; $0	
my choice oral tablet	1 or 1b*; $0	
my way oral tablet	1 or 1b*; $0	
new day oral tablet	1 or 1b*; $0	
opcicon one-step oral tablet	1 or 1b*; $0	
option 2 oral tablet	1 or 1b*; $0	
react oral tablet	1 or 1b*; $0	
take action oral tablet	1 or 1b*; $0	
EXTENDED-CYCLE CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
ashlyna oral tablet	1 or 1b*; $0	
camrese lo oral tablet	1 or 1b*; $0	
camrese oral tablet	1 or 1b*; $0	
daysee oral tablet	1 or 1b*; $0	
iclevia oral tablet	1 or 1b*; $0	
introvale oral tablet	1 or 1b*; $0	
jaimiess oral tablet	1 or 1b*; $0	
jolessa oral tablet	1 or 1b*; $0	
levonorgest-eth estrad 91-day oral tablet	1 or 1b*; $0	
lojaimiess oral tablet	1 or 1b*; $0	
rivelsa oral tablet	1 or 1b*; $0	
setlakin oral tablet	1 or 1b*; $0	
simpesse oral tablet	1 or 1b*; $0	
FOUR PHASE CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
NATAZIA ORAL TABLET (***estradiol valerate-dienogest***)	3	$0
PROGESTIN CONTRACEPTIVES - IMPLANTS - BIRTH CONTROL PILLS**		
NEXPLANON SUBCUTANEOUS IMPLANT (***etonogestrel***)	3	LD
PROGESTIN CONTRACEPTIVES - INJECTABLE - BIRTH CONTROL PILLS**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (***medroxyprogesterone acetate***)	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***medroxyprogesterone acetate***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (***medroxyprogesterone acetate***)	3; $0	
medroxyprogesterone acetate intramuscular suspension	1 or 1b*; $0	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*; $0	
PROGESTIN CONTRACEPTIVES - IUD - BIRTH CONTROL PILLS**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE (***levonorgestrel***)	3	LD
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (***levonorgestrel***)	3	LD
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (***levonorgestrel***)	3	LD
SKYLA INTRAUTERINE INTRAUTERINE DEVICE (***levonorgestrel***)	3	LD
PROGESTIN CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
camila oral tablet	1 or 1b*; $0	
deblitane oral tablet	1 or 1b*; $0	
norethindrone (Emzahh Oral Tablet)	1 or 1b*; $0	
errin oral tablet	1 or 1b*; $0	
heather oral tablet	1 or 1b*; $0	
incassia oral tablet	1 or 1b*; $0	
jencycla oral tablet	1 or 1b*; $0	
lyleq oral tablet	1 or 1b*; $0	
lyza oral tablet	1 or 1b*; $0	
nora-be oral tablet	1 or 1b*; $0	
norethindrone oral tablet	1 or 1b*; $0	
norlyroc oral tablet	1 or 1b*; $0	
OPILL ORAL TABLET (***norgestrel***)	2; $0	
sharobel oral tablet	1 or 1b*; $0	
SLYND ORAL TABLET (***drospirenone***)	3	$0
TRIPHASIC CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
alyacen 7/7/7 oral tablet	1 or 1a*; $0	
aranelle oral tablet	1 or 1a*; $0	
dasetta 7/7/7 oral tablet	1 or 1a*; $0	
enpresse-28 oral tablet	1 or 1a*; $0	
leena oral tablet	1 or 1a*; $0	
levonest oral tablet	1 or 1a*; $0	
levonorg-eth estrad triphasic oral tablet	1 or 1a*; $0	
norgestim-eth estrad triphasic oral tablet	1 or 1b*; $0	
nortrel 7/7/7 oral tablet	1 or 1a*; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nylia 7/7/7 oral tablet	1 or 1a*; $0	
tilia fe oral tablet	1 or 1b*; $0	
tri-estarylla oral tablet	1 or 1b*; $0	
tri-legest fe oral tablet	1 or 1b*; $0	
tri-linyah oral tablet	1 or 1b*; $0	
tri-lo-estarylla oral tablet	1 or 1b*; $0	
tri-lo-marzia oral tablet	1 or 1b*; $0	
tri-lo-mili oral tablet	1 or 1b*; $0	
tri-lo-sprintec oral tablet	1 or 1b*; $0	
tri-mili oral tablet	1 or 1b*; $0	
tri-sprintec oral tablet	1 or 1b*; $0	
trivora (28) oral tablet	1 or 1a*; $0	
tri-vylibra lo oral tablet	1 or 1b*; $0	
tri-vylibra oral tablet	1 or 1b*; $0	
velivet oral tablet	1 or 1a*; $0	
norethindron-ethinyl estrad-fe (Xarah Fe Oral Tablet)	1 or 1b*; $0	
***CORTICOSTEROIDS* - HORMONES**		
GLUCOCORTICOSTEROIDS - DRUGS FOR INFLAMMATION**		
AGAMREE ORAL SUSPENSION (***vamorolone***)	3	PA; LD; QL (7.5 mL per 1 day)
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE (***hydrocortisone***)	3	PA
budesonide er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
budesonide oral capsule delayed release particles	1 or 1b*	QL (3 capsule per 1 day)
CORTEF ORAL TABLET (***hydrocortisone***)	3	
cortisone acetate oral tablet	3	PA; QL (12 tablets per 1 day)
deflazacort oral suspension	3	PA; LD
deflazacort oral tablet	3	PA; LD
DEPO-MEDROL INJECTION SUSPENSION (***methylprednisolone acetate***)	3	
dexameth sod phos (pf) +rfid injection solution prefilled syringe	1 or 1b*	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (***dexamethasone***)	2	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablet therapy pack	1 or 1b*	
dexamethasone sod phos +rfid injection solution prefilled syringe	1 or 1b*	
dexamethasone sod phosphate pf injection solution	1 or 1b*	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE	1 or 1b*	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE	1 or 1b*	
EMFLAZA ORAL SUSPENSION (***deflazacort***)	3	PA; LD
EMFLAZA ORAL TABLET (***deflazacort***)	3	PA; LD
EOHILIA ORAL SUSPENSION (***budesonide***)	3	PA; QL (20 mL per 1 day)
HEMADY ORAL TABLET (***dexamethasone***)	3	PA; QL (2 tablets per 1 day)
HEXATRIONE INTRA-ARTICULAR SUSPENSION (***triamcinolone hexacetonide***)	3	
hidex 6-day oral tablet therapy pack	1 or 1b*	
hydrocortisone oral tablet	1 or 1b*	
hydrocortisone sod suc (pf) injection solution reconstituted	1 or 1b*	
KENALOG-10 INJECTION SUSPENSION (***triamcinolone acetonide***)	3	
KENALOG-40 INJECTION SUSPENSION (***triamcinolone acetonide***)	3	
KENALOG-80 INJECTION SUSPENSION (***triamcinolone acetonide***)	3	
KHINDIVI ORAL SOLUTION (***hydrocortisone***)	3	PA
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (***methylprednisolone***)	3	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	2	
MEDROL ORAL TABLET THERAPY PACK (***methylprednisolone***)	3	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	
methylprednisolone sodium succ injection solution reconstituted	1 or 1b*	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG (***prednisolone sodium phosphate***)	3	QL (6 tablets per 1 day)
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG (***prednisolone sodium phosphate***)	3	QL (4 tablets per 1 day)
ORAPRED ODT ORAL TABLET DISPERSIBLE 30 MG (***prednisolone sodium phosphate***)	3	QL (2 tablets per 1 day)
PEDIAPRED ORAL SOLUTION (***prednisolone sodium phosphate***)	3	
prednisolone oral solution	1 or 1a*	
prednisolone oral tablet	1 or 1b*	
prednisolone sodium phosphate oral solution	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg	1 or 1a*	QL (6 tablets per 1 day)
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	QL (4 tablets per 1 day)
prednisolone sodium phosphate oral tablet dispersible 30 mg	1 or 1a*	QL (2 tablets per 1 day)
PREDNISONE INTENSOL ORAL CONCENTRATE (***prednisone***)	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
RAYOS ORAL TABLET DELAYED RELEASE (***prednisone***)	3	ST

BRAND=Brand drug ***generic***=generic drug *******Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED (***hydrocortisone sod succinate***)	3	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED (***methylprednisolone sodium succ***)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED (***methylprednisolone sodium succ***)	3	
taperdex 12-day oral tablet therapy pack	1 or 1b*	
taperdex 6-day oral tablet therapy pack	1 or 1b*	
taperdex 7-day oral tablet therapy pack	1 or 1b*	
TARPEYO ORAL CAPSULE DELAYED RELEASE (***budesonide***)	3	PA; LD; QL (4 capsules per 1 day)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR (***budesonide***)	3	QL (1 tablet per 1 day)
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER (***triamcinolone acetonide***)	3	PA; LD; QL (1 injection per 1 knee)
MINERALOCORTICOIDS - DRUGS FOR INFLAMMATION**		
fludrocortisone acetate oral tablet	1 or 1b*	
STEROID COMBINATIONS - DRUGS FOR INFLAMMATION**		
CELESTONE SOLUSPAN INJECTION SUSPENSION (***betamethasone sod phos & acet***)	3	
***COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS**		
ANTITUSSIVE - NONNARCOTIC - DRUGS FOR ALLERGIES**		
benzonatate oral capsule	1 or 1b*	
ANTITUSSIVE - OPIOID - DRUGS FOR COUGH AND COLD**		
HYCODAN ORAL SOLUTION (***hydrocodone bit-homatrop mbr***)	3	AL; QL (150 mL per 5 days)
HYCODAN ORAL TABLET (***hydrocodone bit-homatrop mbr***)	3	PA; QL (30 tablets per 5 days)
hydrocodone bit-homatrop mbr oral solution	1 or 1a*	AL; QL (150 mL per 5 days)
hydrocodone bit-homatrop mbr oral tablet	1 or 1a*	PA; QL (30 tablets per 5 days)
hydromet oral solution	1 or 1a*	AL; QL (150 mL per 5 days)
ANTITUSSIVE-EXPECTORANT - DRUGS FOR COUGH AND COLD**		
CODITUSSIN AC ORAL LIQUID	3	AL
g tussin ac oral solution	1 or 1a*	AL; QL (300 mL per 5 days)
guaifenesin-codeine oral solution	1 or 1a*	AL; QL (300 mL per 5 days)
MAR-COF CG EXPECTORANT ORAL LIQUID (***guaifenesin-codeine***)	2	AL
maxi-tuss ac oral solution	1 or 1a*	AL; QL (300 mL per 5 days)
NINJACOF-XG ORAL LIQUID (***guaifenesin-codeine***)	3	AL
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT - DRUGS FOR COUGH AND COLD**		
CODITUSSIN DAC ORAL LIQUID	3	AL

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DECONGESTANT & ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (***desloratadine-pseudoephedrine***)	3	ST; QL (2 tablets per 1 day)
promethazine-phenylephrine oral syrup	1 or 1b*	QL (2 fills per 30 days)
MISC. RESPIRATORY INHALANTS - DRUGS FOR ALLERGIES**		
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (***sodium chloride***)	3	
sodium chloride (Nebusal Inhalation Nebulization Solution 3 %)	1 or 1b*	
sodium chloride (Pulmosal Inhalation Nebulization Solution)	1 or 1b*	
sodium chloride inhalation nebulization solution	1 or 1b*	
MUCOLYTICS - DRUGS FOR THE LUNGS**		
acetylcysteine inhalation solution	1 or 1b*	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
promethazine-dm oral syrup	1 or 1a*	QL (2 fills per 30 days)
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
bromphen-pseudoeph-dm oral syrup	1 or 1b*	
pseudoeph-bromphen-dm oral syrup	1 or 1b*	
OPIOID ANTITUSSIVE-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
hydrocod poli-chlorphe poli er oral suspension extended release	1 or 1b*	AL; QL (120 mL per 1 fill)
promethazine-codeine oral solution	1 or 1a*	AL; QL (100 mL per 5 days)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR (***chlorpheniramine-codeine***)	3	AL; QL (10 tablets per 5 days)
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
MAXI-TUSS CD ORAL LIQUID	2	AL; QL (150 mL per 5 days)
POLY-TUSSIN AC ORAL LIQUID	2	AL; QL (300 mL per 5 days)
PRO-RED AC ORAL SYRUP (***phenyleph-dexchlorphen-codeine***)	3	PA
RYDEX ORAL LIQUID (***pseudoeph-bromphen-cod***)	2	AL; QL (450 mL per 5 days)
***DERMATOLOGICALS* - DRUGS FOR THE SKIN**		
ACNE ANTIBIOTICS - DRUGS FOR THE SKIN**		
ACZONE EXTERNAL GEL (***dapsone***)	3	ST; QL (90 grams per 30 days)
AMZEEQ EXTERNAL FOAM (***minocycline hcl micronized***)	3	ST; QL (30 grams per 30 days)
CLEOCIN-T EXTERNAL LOTION (***clindamycin phosphate***)	3	ST; QL (4 mL per 1 day)
clindacin etz external swab	1 or 1b*	QL (2 pads per 1 day)
clindamycin phosphate (Clindacin External Foam)	1 or 1b*	QL (100 grams per 30 days)
clindacin-p external swab	1 or 1b*	QL (2 pads per 1 day)
CLINDAGEL EXTERNAL GEL (***clindamycin phosphate***)	3	ST; QL (75 ml/gm per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin phos (once-daily) external gel	1 or 1b*	QL (75 ml/gm per 30 days)
clindamycin phos (twice-daily) external gel	1 or 1b*	QL (75 ml/gm per 30 days)
clindamycin phosphate external foam	1 or 1b*	QL (100 grams per 30 days)
clindamycin phosphate external lotion	1 or 1b*	QL (4 mL per 1 day)
clindamycin phosphate external solution	1 or 1b*	QL (4 mL per 1 day)
clindamycin phosphate external swab	1 or 1b*	QL (2 pads per 1 day)
dapsone external gel	3	ST; QL (90 grams per 30 days)
ery external pad	1 or 1b*	QL (2 pads per 1 day)
ERYGEL EXTERNAL GEL (***erythromycin***)	3	QL (60 grams per 30 days)
erythromycin external gel	1 or 1b*	QL (60 grams per 30 days)
erythromycin external solution	1 or 1b*	QL (60 mL per 30 days)
KLARON EXTERNAL LOTION (***sulfacetamide sodium (acne)***)	3	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
ACNE COMBINATIONS - DRUGS FOR THE SKIN**		
ACANYA EXTERNAL GEL (***clindamycin phos-benzoyl perox***)	3	ST; QL (50 grams per 30 days)
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1 or 1b*	PA; QL (45 grams per 30 days)
adapalene-benzoyl peroxide external gel 0.3-2.5 %	1 or 1b*	PA; QL (60 grams per 30 days)
BENZAMYCIN EXTERNAL GEL (***benzoyl peroxide-erythromycin***)	3	ST; QL (46.6 grams per 30 days)
benzoyl peroxide-erythromycin external gel	1 or 1b*	QL (46.6 grams per 30 days)
CABTREO EXTERNAL GEL (***adapalene-benzoyl per-clindamy***)	3	ST; QL (1.667 grams per 1 day)
clindamycin phos-benzoyl perox external gel 1.2-5 %	1 or 1b*	QL (45 grams per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1 or 1b*	QL (50 grams per 30 days)
clindamycin-tretinoin external gel	3	PA; QL (60 grams per 30 days)
EPIDUO EXTERNAL GEL (***adapalene-benzoyl peroxide***)	3	ST; QL (45 grams per 30 days)
EPIDUO FORTE EXTERNAL GEL (***adapalene-benzoyl peroxide***)	3	ST; QL (60 grams per 30 days)
neuac external gel	1 or 1b*	QL (45 grams per 30 days)
ONEXTON EXTERNAL GEL (***clindamycin phos-benzoyl perox***)	3	ST; QL (50 grams per 30 days)
TWYNEO EXTERNAL CREAM (***tretinoin-benzoyl peroxide***)	3	ST; QL (1 tube per 30 days)
ZIANA EXTERNAL GEL (***clindamycin-tretinoin***)	3	ST; QL (60 grams per 30 days)
ACNE PRODUCTS - DRUGS FOR THE SKIN**		
ABSORICA LD ORAL CAPSULE (***isotretinoin micronized***)	3	PA
ABSORICA ORAL CAPSULE (***isotretinoin***)	3	PA
accutane oral capsule	2	PA
adapalene external cream	1 or 1b*	PA; QL (1.5 grams per 1 day)
adapalene external gel	1 or 1b*	PA; QL (45 grams per 30 days)
adapalene external pad	1 or 1b*	PA; QL (1 swab per 1 day)
ADAPALENE EXTERNAL SOLUTION	3	ST; QL (120 mL per 30 days)
AKLIEF EXTERNAL CREAM (***trifarotene***)	3	ST; QL (1 pump per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTRENO EXTERNAL LOTION (***tretinoin***)	3	ST; QL (45 grams per 30 days)
amnesteem oral capsule 10 mg, 20 mg, 40 mg	2	PA
isotretinoin (Amnesteem Oral Capsule 30 Mg)	2	PA
ARAZLO EXTERNAL LOTION (***tazarotene***)	3	ST; QL (45 grams per 30 days)
ATRALIN EXTERNAL GEL (***tretinoin***)	3	ST; QL (45 grams per 30 days)
AZELEX EXTERNAL CREAM (***azelaic acid***)	3	ST; QL (50 grams per 30 days)
claravis oral capsule	2	PA
DIFFERIN EXTERNAL CREAM (***adapalene***)	3	ST; QL (1.5 grams per 1 day)
DIFFERIN EXTERNAL GEL 0.3 % (***adapalene***)	3	ST; QL (45 grams per 30 days)
DIFFERIN EXTERNAL LOTION (***adapalene***)	3	ST; QL (59 mL per 30 days)
EPSOLAY EXTERNAL CREAM (***benzoyl peroxide***)	3	QL (50 grams per 30 days)
FABIOR EXTERNAL FOAM (***tazarotene***)	3	ST; QL (100 grams per 30 days)
isotretinoin oral capsule	2	PA
RETIN-A EXTERNAL CREAM (***tretinoin***)	3	ST; QL (45 grams per 30 days)
RETIN-A EXTERNAL GEL (***tretinoin***)	3	ST; QL (45 grams per 30 days)
RETIN-A MICRO EXTERNAL GEL (***tretinoin microsphere***)	3	ST; QL (50 grams per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL (***tretinoin microsphere***)	3	ST; QL (50 grams per 30 days)
TAZAROTENE EXTERNAL FOAM	3	ST; QL (100 grams per 30 days)
tretinoin external cream	1 or 1b*	PA; QL (45 grams per 30 days)
tretinoin external gel	1 or 1b*	PA; QL (45 grams per 30 days)
tretinoin microsphere external gel 0.04 %, 0.1 %	1 or 1b*	PA; QL (50 grams per 30 days)
tretinoin microsphere external gel 0.08 %	3	ST; QL (50 grams per 30 days)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	1 or 1b*	PA; QL (50 grams per 30 days)
tretinoin microsphere pump external gel 0.08 %	3	ST; QL (50 grams per 30 days)
WINLEVI EXTERNAL CREAM (***clascoterone***)	3	ST; QL (60 grams per 30 days)
zenatane oral capsule	2	PA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS - DRUGS FOR THE SKIN**		
VEREGEN EXTERNAL OINTMENT (***sinecatechins***)	3	ST; QL (30 grams per 28 days)
AGENTS FOR FACIAL WRINKLES - RETINOIDS - DRUGS FOR THE SKIN**		
RENOVA EXTERNAL CREAM (***tretinoin (facial wrinkles)***)	3	PA; QL (60 grams per 30 days)
RENOVA PUMP EXTERNAL CREAM (***tretinoin (facial wrinkles)***)	3	PA; QL (60 grams per 30 days)
ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS - DRUGS FOR THE SKIN**		
LITFULO ORAL CAPSULE (***ritlecitinib tosylate***)	3	PA; QL (1 capsule per 1 day)
ANTIBIOTIC STEROID COMBINATIONS - TOPICAL - DRUGS FOR THE SKIN**		
NEO-SYNALAR EXTERNAL CREAM (***neomycin-fluocinolone***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIBIOTICS - TOPICAL - DRUGS FOR THE SKIN**		
gentamicin sulfate external cream	1 or 1b*	QL (30 grams per 1 fill)
gentamicin sulfate external ointment	1 or 1b*	QL (30 grams per 1 fill)
mupirocin calcium external cream	3	ST; QL (30 grams per 1 fill)
mupirocin external ointment	1 or 1b*	QL (30 grams per 1 fill)
ANTIFUNGALS - TOPICAL COMBINATIONS - DRUGS FOR THE SKIN**		
clotrimazole-betamethasone external cream	1 or 1b*	QL (180 grams per 30 days)
clotrimazole-betamethasone external lotion	1 or 1b*	QL (120 mL per 30 days)
FUNGIMEZ EXTERNAL SOLUTION	3	
miconazole-zinc oxide-petrolat external ointment	1 or 1b*	QL (50 grams per 30 days)
nystatin-triamcinolone external cream	1 or 1b*	QL (120 grams per 30 days)
nystatin-triamcinolone external ointment	1 or 1b*	QL (120 grams per 30 days)
VUSION EXTERNAL OINTMENT (***miconazole-zinc oxide-petrolat***)	3	QL (50 grams per 30 days)
ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
ciclodan external solution	1 or 1b*	QL (7 mL per 30 days)
ciclopirox external gel	1 or 1b*	QL (100 grams per 30 days)
ciclopirox external shampoo	1 or 1b*	QL (120 mL per 30 days)
ciclopirox external solution	1 or 1b*	QL (7 mL per 30 days)
ciclopirox olamine external cream	1 or 1b*	QL (90 grams per 30 days)
ciclopirox olamine external suspension	1 or 1b*	QL (60 mL per 30 days)
nystatin (Klayesta External Powder)	1 or 1b*	QL (60 grams per 30 days)
naftifine hcl external cream 1 %	1 or 1b*	ST; QL (90 grams per 30 days)
naftifine hcl external cream 2 %	1 or 1b*	ST; QL (60 grams per 30 days)
naftifine hcl external gel	1 or 1b*	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL GEL (***naftifine hcl***)	3	ST; QL (60 grams per 30 days)
nyamyc external powder	1 or 1b*	QL (60 grams per 30 days)
nystatin external cream	1 or 1b*	QL (120 grams per 30 days)
nystatin external ointment	1 or 1b*	QL (120 grams per 30 days)
nystatin external powder	1 or 1b*	QL (60 grams per 30 days)
nystop external powder	1 or 1b*	QL (60 grams per 30 days)
ANTI-INFLAMMATORY AGENTS - TOPICAL - DRUGS FOR THE SKIN**		
diclofenac epolamine external patch	3	ST; QL (2 patch per 1 day)
diclofenac sodium external gel 1 %	1 or 1b*	BE; QL (1000 gm per 30 days)
diclofenac sodium external solution 1.5 %	3	ST; QL (10 mL per 1 day)
diclofenac sodium external solution 2 %	3	ST; QL (224 gm per 30 days)
FLECTOR EXTERNAL PATCH (***diclofenac epolamine***)	3	ST; QL (2 patch per 1 day)
LICART EXTERNAL PATCH 24 HOUR (***diclofenac epolamine***)	3	ST; QL (1 topical system per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENNSAID EXTERNAL SOLUTION (***diclofenac sodium***)	3	ST; QL (224 gm per 30 days)
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL - DRUGS FOR THE SKIN**		
VALCHLOR EXTERNAL GEL (***mechlorethamine hcl (topical)***)	3	PA; LD; QL (1 tube per 30 days)
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL - DRUGS FOR THE SKIN**		
fluorouracil external cream	1 or 1b*	AL; QL (40 gm per 365 days)
fluorouracil external solution	1 or 1b*	AL; QL (10 mL per 365 days)
TOLAK EXTERNAL CREAM (***fluorouracil***)	3	ST; QL (40 gm per 365 days)
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S - DRUGS FOR THE SKIN**		
diclofenac sodium external gel 3 %	1 or 1b*	PA; QL (300 grams per 1 year)
ANTINEOPLASTIC RETINOIDS - TOPICAL - DRUGS FOR THE SKIN**		
PANRETIN EXTERNAL GEL (***alitretinoin***)	3	LD
ANTIPRURITICS - TOPICAL - DRUGS FOR THE SKIN**		
doxepin hcl external cream	1 or 1b*	PA; QL (1 tube per 1 fill)
PRUDOXIN EXTERNAL CREAM (***doxepin hcl (antipruritic)***)	3	PA; QL (1 tube per 1 fill)
ZONALON EXTERNAL CREAM (***doxepin hcl (antipruritic)***)	3	PA; QL (1 tube per 1 fill)
ANTIPSORIATICS - SYSTEMIC - DRUGS FOR THE SKIN**		
acitretin oral capsule 10 mg, 17.5 mg	1 or 1b*	QL (1 capsule per 1 day)
acitretin oral capsule 25 mg	1 or 1b*	QL (2 capsules per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (***bimekizumab-bkzx***)	3	PA; LD; QL (1 carton per 56 days)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (***bimekizumab-bkzx***)	3	PA; QL (1 carton per 56 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (***bimekizumab-bkzx***)	3	PA; LD; QL (1 carton per 56 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (***bimekizumab-bkzx***)	3	PA; QL (1 carton per 56 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***secukinumab***)	3	PA; LD; QL (2 syringes per 28 days)
COSENTYX INTRAVENOUS SOLUTION (***secukinumab***)	3	PA; LD; QL (3 vials per 4 weekss)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***secukinumab***)	3	PA; LD; QL (2 pens per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***secukinumab***)	3	PA; LD; QL (1 pen per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***secukinumab***)	3	PA; LD; QL (1 syringe per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***secukinumab***)	3	PA; LD; QL (1 pen per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***tildrakizumab-asmn***)	3	PA; LD; QL (1 syringe per 12 weekss)
methoxsalen rapid oral capsule	1 or 1b*	LD
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***ustekinumab-aauz***)	3	PA; QL (1 syringe per 84 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***ustekinumab-ttwe***)	3	PA; QL (1 syringe per 84 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***ustekinumab-aekn***)	3	PA; QL (1 syringe per 84 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***brodalumab***)	3	PA; LD; QL (2 syringes per 28 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***risankizumab-rzaa***)	3	PA; LD; QL (1 unit per 12 weeks)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***risankizumab-rzaa***)	3	PA; LD; QL (1 unit per 12 weeks)
SOTYKTU ORAL TABLET (***deucravacitinib***)	3	PA; LD; QL (1 tablet per 1 day)
SPEVIGO INTRAVENOUS SOLUTION (***spesolimab-sbzo***)	3	PA; LD; QL (2 vials per 1 year)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***spesolimab-sbzo***)	3	PA; LD; QL (2 syringes per 28 days)
STELARA SUBCUTANEOUS SOLUTION (***ustekinumab***)	3	PA; LD; QL (1 unit per 12 weeks)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (***ustekinumab***)	3	PA; LD; QL (1 unit per 12 weeks)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (***ustekinumab***)	3	PA; LD; QL (1 syringe per 12 weeks)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***ustekinumab-stba***)	3	PA; QL (1 syringe per 84 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***ixekizumab***)	3	PA; LD; QL (1 auto-injector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***ixekizumab***)	3	PA; LD; QL (1 syringe per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***guselkumab***)	3	PA; LD; QL (1 mL per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***guselkumab***)	3	PA; LD; QL (1 mL per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***guselkumab***)	3	PA; LD; QL (1 mL per 56 days)
ustekinumab subcutaneous solution	3	PA; LD; QL (1 syringe per 12 weeks)
ustekinumab subcutaneous solution prefilled syringe	3	PA; LD; QL (1 syringe per 12 weeks)
ustekinumab-aekn subcutaneous solution prefilled syringe	3	PA; QL (1 syringe per 84 days)
ustekinumab-ttwe subcutaneous solution prefilled syringe	3	PA; QL (1 syringe per 84 days)
WEZLANA SUBCUTANEOUS SOLUTION (***ustekinumab-auub***)	3	PA; QL (1 vial/syringe per 84 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***ustekinumab-auub***)	3	PA; QL (1 vial/syringe per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION (***ustekinumab-kfce***)	3	PA; QL (1 syringe per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***ustekinumab-kfce***)	3	PA; QL (1 syringe per 84 days)
ANTIPSORIATICS - DRUGS FOR THE SKIN**		
calcipotriene external cream	1 or 1b*	QL (120 grams per 30 days)
calcipotriene external foam	3	ST; QL (120 grams per 30 days)
calcipotriene external ointment	1 or 1b*	QL (120 grams per 30 days)
calcipotriene external solution	1 or 1b*	QL (60 mL per 30 days)
calcitrene external ointment	1 or 1b*	QL (120 grams per 30 days)
calcitriol external ointment	1 or 1b*	QL (800 grams per 28 days)
SORILUX EXTERNAL FOAM (***calcipotriene***)	3	ST; QL (120 grams per 30 days)
tazarotene external cream	1 or 1b*	QL (60 grams per 30 days)
tazarotene external gel	1 or 1b*	QL (100 grams per 30 days)
TAZORAC EXTERNAL CREAM (***tazarotene***)	3	ST; QL (60 grams per 30 days)
TAZORAC EXTERNAL GEL (***tazarotene***)	3	QL (100 grams per 30 days)
VECTICAL EXTERNAL OINTMENT (***calcitriol***)	3	ST; QL (800 grams per 28 days)
VTAMA EXTERNAL CREAM (***tapinarof***)	3	PA; QL (60 grams per 30 days)
ANTISEBORRHEIC PRODUCTS - DRUGS FOR THE SKIN**		
selenium sulfide external lotion	1 or 1a*	QL (120 mL per 30 days)
ANTIVIRAL TOPICAL COMBINATIONS - DRUGS FOR THE SKIN**		
XERESE EXTERNAL CREAM (***acyclovir-hydrocortisone***)	3	PA; QL (5 gm per 30 days)
ANTIVIRALS - TOPICAL - DRUGS FOR THE SKIN**		
acyclovir external cream	1 or 1b*	PA; QL (5 gm per 30 days)
acyclovir external ointment	1 or 1b*	QL (30 gm per 30 days)
DENAVIR EXTERNAL CREAM (***penciclovir***)	3	PA; QL (5 gm per 30 days)
penciclovir external cream	1 or 1b*	PA; QL (5 gm per 30 days)
ZOVIRAX EXTERNAL CREAM (***acyclovir***)	3	PA; QL (5 gm per 30 days)
ZOVIRAX EXTERNAL OINTMENT (***acyclovir***)	3	QL (30 gm per 30 days)
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS - DRUGS FOR THE SKIN**		
CIBINQO ORAL TABLET (***abrocitinib***)	3	PA; LD; QL (1 tablets per 1 day)
OPZELURA EXTERNAL CREAM (***ruxolitinib phosphate***)	3	PA; QL (1 tube per 30 days)
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES - DRUGS FOR THE SKIN**		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***tralokinumab-ldrm***)	3	PA; LD; QL (1 syringe per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***tralokinumab-ldrm***)	3	PA; LD; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***dupilumab***)	3	PA; LD
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***dupilumab***)	3	PA; LD
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***lebrikizumab-lbkz***)	3	PA; LD; QL (1 pen/syringe per 28 days)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***lebrikizumab-lbkz***)	3	PA; QL (1 syringe per 28 days)
BURN PRODUCTS - DRUGS FOR THE SKIN**		
SILVADENE EXTERNAL CREAM (***silver sulfadiazine***)	3	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
SULFAMYLON EXTERNAL CREAM (***mafenide acetate***)	3	
CORTICOSTEROIDS - TOPICAL - DRUGS FOR THE SKIN**		
ALA SCALP EXTERNAL LOTION (***hydrocortisone***)	3	ST; QL (60 grams per 30 days)
ala-cort external cream	1 or 1a*	QL (454 grams per 30 days)
alclometasone dipropionate external cream	1 or 1b*	QL (60 grams per 30 days)
alclometasone dipropionate external ointment	1 or 1b*	QL (2 grams per 1 day)
amcinonide external cream	3	QL (2 grams per 1 day)
AMCINONIDE EXTERNAL OINTMENT	3	ST; QL (60 grams per 30 days)
betamethasone dipropionate aug external cream	1 or 1b*	QL (50 grams per 30 days)
betamethasone dipropionate aug external gel	1 or 1b*	QL (50 grams per 30 days)
betamethasone dipropionate aug external lotion	1 or 1b*	QL (60 mL per 30 days)
betamethasone dipropionate aug external ointment	1 or 1b*	QL (50 grams per 30 days)
betamethasone dipropionate external cream	1 or 1b*	QL (45 grams per 30 days)
betamethasone dipropionate external lotion	1 or 1b*	QL (60 mL per 30 days)
betamethasone dipropionate external ointment	1 or 1b*	QL (45 grams per 30 days)
betamethasone valerate external cream	1 or 1b*	QL (45 grams per 30 days)
betamethasone valerate external foam	3	ST; QL (100 grams per 30 days)
betamethasone valerate external lotion	1 or 1b*	QL (60 mL per 30 days)
betamethasone valerate external ointment	1 or 1b*	QL (45 grams per 30 days)
BRYHALI EXTERNAL LOTION (***halobetasol propionate***)	3	ST; QL (100 grams per 30 days)
clobetasol propionate e external cream	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate emulsion external foam	1 or 1b*	QL (100 grams per 30 days)
clobetasol propionate external cream 0.025 %	3	ST; QL (100 grams per 30 days)
clobetasol propionate external cream 0.05 %	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate external foam	1 or 1b*	QL (100 mL per 30 days)
clobetasol propionate external gel	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate external liquid	1 or 1b*	QL (125 mL per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol propionate external lotion	1 or 1b*	QL (118 mL per 30 days)
clobetasol propionate external ointment	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate external shampoo	1 or 1b*	QL (3.94 mL per 1 day)
clobetasol propionate external solution	1 or 1b*	QL (50 mL per 30 days)
CLOBEX EXTERNAL LOTION (***clobetasol propionate***)	3	ST; QL (118 mL per 30 days)
CLOBEX EXTERNAL SHAMPOO (***clobetasol propionate***)	3	ST; QL (3.94 mL per 1 day)
CLOBEX SPRAY EXTERNAL LIQUID (***clobetasol propionate***)	3	ST; QL (125 mL per 30 days)
clocortolone pivalate external cream	3	ST; QL (90 grams per 30 days)
clodan external shampoo	1 or 1b*	QL (3.94 mL per 1 day)
CLODERM EXTERNAL CREAM (***clocortolone pivalate***)	3	ST; QL (90 grams per 30 days)
CORDRAN EXTERNAL TAPE (***flurandrenolide***)	3	ST; QL (1 box per 30 days)
DERMA-SMOOTHE/FS BODY EXTERNAL OIL (***fluocinolone acetonide***)	3	ST; QL (120 mL per 30 days)
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL (***fluocinolone acetonide***)	3	ST; QL (120 mL per 30 days)
desonide external cream	1 or 1b*	QL (60 grams per 30 days)
desonide external gel	1 or 1b*	QL (2 grams per 1 day)
desonide external lotion	1 or 1b*	QL (118 mL per 30 days)
desonide external ointment	1 or 1b*	QL (60 grams per 30 days)
DESOWEN EXTERNAL CREAM (***desonide***)	3	ST; QL (60 grams per 30 days)
desoximetasone external cream	3	ST; QL (100 grams per 30 days)
desoximetasone external gel	3	ST; QL (60 grams per 30 days)
desoximetasone external liquid	3	ST; QL (100 mL per 30 days)
desoximetasone external ointment	3	ST; QL (100 grams per 30 days)
diflorasone diacetate external cream	3	ST; QL (60 grams per 30 days)
diflorasone diacetate external ointment	3	ST; QL (60 grams per 30 days)
DIPROLENE EXTERNAL OINTMENT (***betamethasone dipropionate aug***)	3	ST; QL (50 grams per 30 days)
fluocinolone acetonide body external oil	1 or 1b*	QL (120 mL per 30 days)
fluocinolone acetonide external cream 0.01 %	1 or 1b*	QL (60 grams per 30 days)
fluocinolone acetonide external cream 0.025 %	1 or 1b*	QL (120 grams per 30 days)
fluocinolone acetonide external ointment	1 or 1b*	QL (120 grams per 30 days)
fluocinolone acetonide external solution	1 or 1b*	QL (90 mL per 30 days)
fluocinolone acetonide scalp external oil	1 or 1b*	QL (120 mL per 30 days)
fluocinonide emulsified base external cream	1 or 1b*	QL (60 grams per 30 days)
fluocinonide external cream	1 or 1b*	QL (120 grams per 30 days)
fluocinonide external gel	1 or 1b*	QL (60 grams per 30 days)
fluocinonide external ointment	1 or 1b*	QL (60 grams per 30 days)
fluocinonide external solution	1 or 1b*	QL (60 mL per 30 days)
flurandrenolide external cream	3	ST; QL (120 grams per 30 days)
flurandrenolide external lotion	3	ST; QL (120 mL per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propionate external cream	1 or 1b*	QL (60 grams per 30 days)
fluticasone propionate external lotion	1 or 1b*	QL (120 mL per 30 days)
fluticasone propionate external ointment	1 or 1b*	QL (60 grams per 30 days)
halcinonide external cream	3	ST; QL (60 grams per 30 days)
halcinonide external solution	3	ST; QL (120 mL per 30 days)
halobetasol propionate external cream	1 or 1b*	QL (50 grams per 30 days)
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	ST; QL (50 grams per 30 days)
halobetasol propionate external ointment	1 or 1b*	QL (50 grams per 30 days)
HALOG EXTERNAL CREAM (***halcinonide***)	3	ST; QL (60 grams per 30 days)
hydrocortisone butyrate external cream	3	ST; QL (60 grams per 30 days)
hydrocortisone butyrate external lotion	3	ST; QL (3.94 mL per 1 day)
hydrocortisone butyrate external ointment	3	ST; QL (60 grams per 30 days)
hydrocortisone butyrate external solution	3	ST; QL (60 mL per 30 days)
hydrocortisone external cream 2.5 %	1 or 1a*	QL (454 grams per 30 days)
hydrocortisone external lotion 2 %	3	ST; QL (60 grams per 30 days)
hydrocortisone external lotion 2.5 %	1 or 1a*	QL (118 mL per 30 days)
hydrocortisone external ointment 2.5 %	1 or 1a*	QL (454 grams per 30 days)
hydrocortisone external solution	3	ST; QL (30 mL per 30 days)
hydrocortisone valerate external cream	3	ST; QL (60 grams per 30 days)
hydrocortisone valerate external ointment	3	ST; QL (60 grams per 30 days)
IMPOYZ EXTERNAL CREAM (***clobetasol propionate***)	3	ST; QL (100 grams per 30 days)
LEXETTE EXTERNAL FOAM (***halobetasol propionate***)	3	ST; QL (50 grams per 30 days)
mometasone furoate external cream	1 or 1b*	QL (50 grams per 30 days)
mometasone furoate external ointment	1 or 1b*	QL (50 grams per 30 days)
mometasone furoate external solution	1 or 1b*	QL (60 mL per 30 days)
SERNIVO EXTERNAL EMULSION (***betamethasone dipropionate***)	3	ST; QL (120 mL per 30 days)
SYNALAR EXTERNAL CREAM (***fluocinolone acetonide***)	3	ST; QL (120 grams per 30 days)
SYNALAR EXTERNAL OINTMENT (***fluocinolone acetonide***)	3	ST; QL (120 grams per 30 days)
TEXACORT EXTERNAL SOLUTION (***hydrocortisone***)	3	ST; QL (30 mL per 30 days)
TOPICORT EXTERNAL OINTMENT (***desoximetasone***)	3	ST; QL (100 grams per 30 days)
TOPICORT SPRAY EXTERNAL LIQUID (***desoximetasone***)	3	ST; QL (100 mL per 30 days)
tovet external foam	1 or 1b*	QL (100 grams per 30 days)
triamcinolone acetonide external aerosol solution	3	ST; QL (100 grams per 30 days)
triamcinolone acetonide external cream	1 or 1a*	QL (454 grams per 30 days)
triamcinolone acetonide external lotion	1 or 1a*	QL (60 mL per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	1 or 1a*	QL (454 grams per 30 days)
triamcinolone acetonide external ointment 0.05 %	3	ST; QL (430 grams per 30 days)
triamcinolone acetonide external ointment 0.5 %	1 or 1a*	QL (30 grams per 30 days)

BRAND=Brand drug ***generic***=generic drug *******Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone in absorbase external ointment	3	ST; QL (430 grams per 30 days)
triderm external cream	1 or 1a*	QL (454 grams per 30 days)
ULTRAVATE EXTERNAL LOTION (***halobetasol propionate***)	3	ST; QL (60 mL per 30 days)
VANOS EXTERNAL CREAM (***fluocinonide***)	3	ST; QL (120 grams per 30 days)
DEPIGMENTING COMBINATIONS - DRUGS FOR THE SKIN**		
TRI-LUMA EXTERNAL CREAM (***fluocin-hydroquinone-tretinoin***)	3	
ENZYMES - TOPICAL - DRUGS FOR THE SKIN**		
NEXOBRID EXTERNAL GEL (***anacaulase-bcdb***)	3	PA; LD; QL (440 grams per 2 days)
SANTYL EXTERNAL OINTMENT (***collagenase***)	3	PA; QL (30 grams per 30 days)
GLABELLAR LINES (FROWN LINES) AGENTS - DRUGS FOR THE SKIN**		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED (***onabotulinumtoxina (cosmetic)***)	3	PA; LD
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED (***daxibotulinumtoxina-lanm***)	3	PA; LD
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED (***prabotulinumtoxina-xvfs (cosm)***)	3	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
clotrimazole external cream	1 or 1b*	QL (113 grams per 30 days)
econazole nitrate external cream	1 or 1b*	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM (***econazole nitrate***)	3	ST; QL (70 grams per 30 days)
ERTACZO EXTERNAL CREAM (***sertaconazole nitrate***)	3	ST; QL (60 grams per 30 days)
EXELDERM EXTERNAL CREAM (***sulconazole nitrate***)	3	ST; QL (60 grams per 30 days)
EXELDERM EXTERNAL SOLUTION (***sulconazole nitrate***)	3	ST; QL (60 mL per 30 days)
JUBLIA EXTERNAL SOLUTION (***efinaconazole***)	3	QL (8 mL per 30 days)
ketoconazole external cream	1 or 1b*	QL (120 grams per 30 days)
ketoconazole external foam	3	QL (100 grams per 30 days)
ketoconazole external shampoo	1 or 1b*	QL (120 mL per 30 days)
ketodan external foam	3	QL (100 grams per 30 days)
luliconazole external cream	1 or 1b*	ST; QL (60 grams per 30 days)
LUZU EXTERNAL CREAM (***luliconazole***)	3	ST; QL (60 grams per 30 days)
oxiconazole nitrate external cream	3	ST; QL (90 grams per 30 days)
OXISTAT EXTERNAL LOTION (***oxiconazole nitrate***)	3	ST; QL (60 mL per 30 days)
sulconazole nitrate external cream	1 or 1b*	ST; QL (60 grams per 30 days)
sulconazole nitrate external solution	1 or 1b*	ST; QL (60 mL per 30 days)
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL - DRUGS FOR THE SKIN**		
imiquimod external cream 3.75 %	1 or 1b*	QL (28 units per 28 days)
imiquimod external cream 5 %	1 or 1b*	QL (48 packet per 365 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
imiquimod pump external cream	1 or 1b*	ST; QL (1 pump bottle per 28 days)
ZYCLARA EXTERNAL CREAM (***imiquimod***)	3	ST; QL (28 units per 28 days)
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (***imiquimod***)	3	ST; QL (1 pump bottle per 28 days)
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (***imiquimod***)	3	ST; QL (1 bottle per 28 days)
INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC - DRUGS FOR THE SKIN**		
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR (***nemolizumab-ilto***)	3	PA; LD; QL (1 pen per 56 days)
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS - DRUGS FOR THE SKIN**		
CONDYLOX EXTERNAL GEL (***podofilox***)	3	ST; QL (7 grams per 28 days)
podofilox external gel	1 or 1b*	QL (7 grams per 28 days)
podofilox external solution	1 or 1b*	QL (7 mL per 28 days)
YCANTH EXTERNAL SOLUTION (***cantharidin***)	3	PA; QL (8 applicators per 84 days)
LINIMENTS - DRUGS FOR THE SKIN**		
TURPENTINE EXTERNAL SPIRIT	3	
LOCAL ANESTHETICS - TOPICAL - DRUGS FOR THE SKIN**		
dyclopro external solution	3	
glydo external prefilled syringe	1 or 1b*	
lidocaine external ointment 5 %	1 or 1b*	QL (5 grams per 1 day)
lidocaine external patch 5 %	1 or 1b*	PA; QL (3 patches per 1 day)
lidocaine hcl external solution	1 or 1b*	QL (10 mL per 1 day)
lidocaine hcl urethral/mucosal external gel	1 or 1b*	
lidocaine hcl urethral/mucosal external prefilled syringe	1 or 1b*	
LIDODERM EXTERNAL PATCH (***lidocaine***)	3	PA; QL (3 patches per 1 day)
lidocaine (Tridacaine Ii External Patch)	1 or 1b*	PA; QL (3 patches per 1 day)
lidocaine (Tridacaine Iii External Patch)	1 or 1b*	PA; QL (3 patches per 1 day)
ZTLIDO EXTERNAL PATCH (***lidocaine***)	3	PA; QL (3 patches per 1 day)
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL - DRUGS FOR THE SKIN**		
ELIDEL EXTERNAL CREAM (***pimecrolimus***)	3	ST; QL (100 grams per 30 days)
HYFTOR EXTERNAL GEL (***sirolimus***)	3	PA; QL (1 tube per 30 days)
pimecrolimus external cream	1 or 1b*	ST; QL (100 grams per 30 days)
tacrolimus external ointment	1 or 1b*	ST; QL (100 grams per 30 days)
MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE) - DRUGS FOR THE SKIN**		
SCENESSE SUBCUTANEOUS IMPLANT (***afamelanotide acetate***)	3	PA; LD; QL (1 implant per 2 monthss)
MICROTUBULE INHIBITORS - TOPICAL - DRUGS FOR THE SKIN**		
KLISYRI (250 MG) EXTERNAL OINTMENT (***tirbanibulin***)	3	ST; QL (5 packets per 1 fill)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLISYRI (350 MG) EXTERNAL OINTMENT (***tirbanibulin***)	3	ST; QL (5 packets per 1 fill)
MISC. DERMATOLOGICAL PRODUCTS - DRUGS FOR THE SKIN**		
ILIDERM EXTERNAL EMULSION	3	
MISC. TOPICAL - DRUGS FOR THE SKIN**		
QBREXZA EXTERNAL PAD (***glycopyrronium tosylate***)	3	PA; QL (1 cloth per 1 day)
SOFDRA EXTERNAL GEL (***sofpironium bromide***)	3	PA; QL (1 bottle per 30 days)
OXABOROLE-RELATED ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
tavaborole external solution	1 or 1b*	ST; QL (1 bottle per 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL - DRUGS FOR THE SKIN**		
EUCRISA EXTERNAL OINTMENT (***crisaborole***)	3	ST; QL (100 grams per 30 days)
ZORYVE EXTERNAL CREAM (***roflumilast***)	3	PA; QL (60 grams per 30 days)
ZORYVE EXTERNAL FOAM (***roflumilast***)	3	PA; QL (2 grams per 1 day)
PHOTODYNAMIC THERAPY AGENTS - TOPICAL - DRUGS FOR THE SKIN**		
AMELUZ EXTERNAL GEL (***aminolevulinic acid hcl***)	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED (***aminolevulinic acid hcl***)	3	
PROSTAGLANDINS - TOPICAL - DRUGS FOR THE SKIN**		
bimatoprost external solution	1 or 1b*	
LATISSE EXTERNAL SOLUTION (***bimatoprost***)	3	
ROSACEA AGENTS - DRUGS FOR THE SKIN**		
azelaic acid external gel	1 or 1b*	QL (50 grams per 30 days)
brimonidine tartrate external gel	1 or 1b*	QL (30 grams per 30 days)
doxycycline oral capsule delayed release	3	ST; QL (1 capsule per 1 day)
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR (***minocycline hcl micronized***)	3	ST; QL (1 capsule per 1 day)
FINACEA EXTERNAL FOAM (***azelaic acid***)	2	QL (1.67 grams per 1 day)
ivermectin external cream	1 or 1b*	QL (45 grams per 30 days)
METROCREAM EXTERNAL CREAM (***metronidazole***)	3	ST; QL (45 grams per 30 days)
METROGEL EXTERNAL GEL (***metronidazole***)	3	ST; QL (60 grams per 30 days)
METROLOTION EXTERNAL LOTION (***metronidazole***)	3	ST; QL (59 mL per 30 days)
metronidazole external cream	1 or 1b*	QL (45 grams per 30 days)
metronidazole external gel 0.75 %	1 or 1b*	QL (45 grams per 30 days)
metronidazole external gel 1 %	1 or 1b*	QL (60 grams per 30 days)
metronidazole external lotion	1 or 1b*	QL (59 mL per 30 days)
MIRVASO EXTERNAL GEL (***brimonidine tartrate***)	3	QL (30 grams per 30 days)
NORITATE EXTERNAL CREAM (***metronidazole***)	3	ST; QL (60 grams per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORACEA ORAL CAPSULE DELAYED RELEASE (***doxycycline***)	3	ST; QL (1 capsule per 1 day)
RHOFADE EXTERNAL CREAM (***oxymetazoline hcl***)	3	QL (30 grams per 30 days)
SOOLANTRA EXTERNAL CREAM (***ivermectin***)	2	QL (45 grams per 30 days)
ZILXI EXTERNAL FOAM (***minocycline hcl micronized***)	2	QL (1 gram per 1 day)
SCABICIDES & PEDICULICIDES - DRUGS FOR THE SKIN**		
crotan external lotion	1 or 1b*	QL (60 grams per 30 days)
ELIMITE EXTERNAL CREAM (***permethrin***)	3	QL (120 grams per 30 days)
malathion external lotion	1 or 1b*	QL (4 mL per 1 day)
NATROBA EXTERNAL SUSPENSION (***spinosad***)	3	QL (120 mL per 7 days)
OVIDE EXTERNAL LOTION (***malathion***)	3	QL (4 mL per 1 day)
permethrin external cream	1 or 1b*	QL (120 grams per 30 days)
spinosad external suspension	1 or 1b*	QL (120 mL per 7 days)
SCAR TREATMENT PRODUCTS - DRUGS FOR THE SKIN**		
COPASIL EXTERNAL GEL (***scar treatment products***)	3	
***SEBORRHEIC KERATOSIS PRODUCTS** - DRUGS FOR THE SKIN**		
ESKATA EXTERNAL SOLUTION (***hydrogen peroxide***)	3	
STEROID-LOCAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN**		
EPIFOAM EXTERNAL FOAM (***pramoxine-hc***)	3	
PRAMOSONE EXTERNAL CREAM (***pramoxine-hc***)	2	
PRAMOSONE EXTERNAL LOTION (***pramoxine-hc***)	2	
TAR PRODUCTS - DRUGS FOR THE SKIN**		
coal tar external solution	1 or 1b*	
TISSUE REPLACEMENTS - DRUGS FOR THE SKIN**		
AMNIOTEXT EXTERNAL SHEET (***amniotic membrane allograft***)	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
CYGNUS DUAL EXTERNAL SHEET (***amniotic membrane allograft***)	3	
KARDIAMEMBRANE EXTERNAL SHEET (***amniotic membrane allograft***)	3	
NEOX 100 EXTERNAL SHEET (***amniotic membrane allograft***)	3	
NEOX CORD 1K EXTERNAL SHEET (***amniotic membrane allograft***)	3	
PALINGEN FLOW INJECTION INJECTABLE (***amniotic memb-fluid allograft***)	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET (***amniotic membrane allograft***)	3	
PALINGEN INOVOFLO INJECTION INJECTABLE (***amniotic fluid allograft***)	3	
PALINGEN MEMBRANE EXTERNAL SHEET (***amniotic membrane allograft***)	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET (***amniotic membrane allograft***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET (***amniotic membrane allograft***)	3	
TOPICAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN**		
lidocaine-prilocaine external cream	1 or 1b*	QL (30 grams per 30 days)
lidocaine-prilocaine external kit	1 or 1b*	QL (1 kit per 30 days)
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT (***lidocaine hcl-blood collection***)	3	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS - DRUGS FOR THE SKIN**		
bexarotene external gel	1 or 1b*	PA; LD; QL (60 grams per 30 days)
TARGRETIN EXTERNAL GEL (***bexarotene***)	3	PA; LD; QL (60 grams per 30 days)
TOPICAL STEROID COMBINATIONS - DRUGS FOR THE SKIN**		
calcipotriene-betameth diprop external ointment	2	ST; QL (400 grams per 28 days)
calcipotriene-betameth diprop external suspension	2	ST; QL (420 grams per 28 days)
DUOBRII EXTERNAL LOTION (***halobetasol prop-tazarotene***)	3	PA; QL (200 grams per 30 days)
ENSTILAR EXTERNAL FOAM (***calcipotriene-betameth diprop***)	3	QL (420 grams per 28 days)
TACLONEX EXTERNAL SUSPENSION (***calcipotriene-betameth diprop***)	3	ST; QL (420 grams per 28 days)
WYNZORA EXTERNAL CREAM (***calcipotriene-betameth diprop***)	3	ST; QL (420 grams per 28 days)
TYPE II 5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE SKIN**		
finasteride oral tablet 1 mg	1 or 1b*	
PROPECIA ORAL TABLET (***finasteride***)	3	
WOUND CARE - GROWTH FACTOR AGENTS - DRUGS FOR THE SKIN**		
REGRANEX EXTERNAL GEL (***becaplermin***)	3	QL (15 grams per 30 days)
WOUND DRESSINGS - DRUGS FOR THE SKIN**		
FILSUVEZ EXTERNAL GEL (***birch triterpenes***)	3	PA; LD
KENDALL HYDROGEL WOUND DRESS EXTERNAL (***hydroactive dressings***)	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS**		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (***glucose blood***)	2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (***glucose blood***)	2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (***glucose blood***)	2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (***glucose blood***)	2	QL (204 strips per 30 days)
ADVANCE INTUITION TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ASSURE 3 TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ASSURE II CHECK IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ASSURE II IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ASSURE PLATINUM IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ASSURE PRISM MULTI TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ASSURE PRO TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
BIOTEL CARE TEST STRIPS IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
blood glucose test strips 333 in vitro strip	3	ST; QL (204 strips per 30 days)
BLULINK GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CARESENS N GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CARETOUCH TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE NO CODING IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CONTOUR NEXT TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CONTOUR PLUS TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CONTOUR TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
cvs true metrix glucose test in vitro strip	3	ST; QL (204 strips per 30 days)
D-CARE BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
DUO-CARE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY STEP TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EASY TOUCH TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASYGLUCO IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EASYMAX TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ELEMENT COMPACT TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
ELEMENT TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
EQ BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EVOLUTION AUTOCODE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORA 6 CONNECT IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORA GD20 TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORA TN'G ADVANCE PRO IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORA TN'G/TN'G VOICE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FORACARE TEST N GO TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP (***glucose blood***)	2	QL (204 strips per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP (***glucose blood***)	2	QL (204 strips per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (***glucose blood***)	2	QL (204 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP (***glucose blood***)	2	QL (204 strips per 30 days)
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GENULTIMATE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GHT TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GLUCO PERFECT 3 TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GLUCOCARD SHINE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GLUCOCOM TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GLUCOSE METER TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
IGLUCOSE TEST STRIPS IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
INFINITY VOICE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
MEIJER TRUETEST TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
MEIJER TRUETRACK TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
MICRODOT TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
MM BLULINK GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
MM EASY TOUCH GLUCOSE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
MYGLUCOHEALTH TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
NEUTEK 2TEK TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ONE DROP TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
OPTIUMEZ TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
PHARMACIST CHOICE NO CODING IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (***glucose blood***)	3	QL (204 strips per 30 days)
POCKETCHEM EZ TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (***glucose blood***)	3	QL (200 tests per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
PTS PANELS EGLU TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	
QUICKTEK TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RELION CONFIRM/MICRO TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RELION GLUCOSE TEST STRIPS IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RELION PREMIER TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RELION PRIME TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RELION ULTIMA TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
SOLUS V2 TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
SUPREME TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETEST TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
UNISTRIP1 GENERIC IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (***glucose blood***)	3	ST; QL (204 strips per 30 days)
***DIGESTIVE AIDS* - DRUGS FOR THE STOMACH**		
DIGESTIVE ENZYMES - DRUGS FOR THE STOMACH**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES (***pancrelipase (lip-prot-amyl)***)	2	QL (25 capsules per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES (***pancrelipase (lip-prot-amyl)***)	3	ST; QL (25 capsules per 1 day)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES (***pancrelipase (lip-prot-amyl)***)	3	ST; QL (25 capsules per 1 day)
SUCRAID ORAL SOLUTION (***sacrosidase***)	3	PA; LD; QL (360 mL per 30 days)
VIOKACE ORAL TABLET (***pancrelipase (lip-prot-amyl)***)	3	QL (25 tablets per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (***pancrelipase (lip-prot-amyl)***)	2	QL (25 capsules per 1 day)
***DIURETICS* - DRUGS FOR THE HEART**		
CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
dichlorphenamide oral tablet	1 or 1b*	PA; LD; QL (4 tablet per 1 day)
KEVEYIS ORAL TABLET (***dichlorphenamide***)	3	PA; LD; QL (4 tablet per 1 day)
methazolamide oral tablet	1 or 1b*	
dichlorphenamide (Ormalvi Oral Tablet)	1 or 1b*	PA; LD; QL (4 tablet per 1 day)
DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
spironolactone-hctz oral tablet	1 or 1b*	
triamterene-hctz oral capsule	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	
LOOP DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
BUMEX ORAL TABLET (***bumetanide***)	3	
EDECRIN ORAL TABLET (***ethacrynic acid***)	3	
ethacrynate sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT (***furosemide***)	3	PA; LD; QL (6 kits per 30 days)
furosemide oral solution	1 or 1a*	
furosemide oral tablet	1 or 1a*	
LASIX ORAL TABLET (***furosemide***)	3	
SOAANZ ORAL TABLET (***torsemide***)	3	ST
torsemide oral tablet	1 or 1b*	
OSMOTIC DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
mannitol intravenous solution	1 or 1b*	
osmitrol intravenous solution	1 or 1b*	
POTASSIUM SPARING DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
ALDACTONE ORAL TABLET (***spironolactone***)	3	
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION (***spironolactone***)	3	
DYRENIUM ORAL CAPSULE (***triamterene***)	3	
spironolactone oral suspension	1 or 1b*	
spironolactone oral tablet	1 or 1a*	
triamterene oral capsule	1 or 1b*	
THIAZIDES AND THIAZIDE-LIKE DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
chlorothiazide sodium intravenous solution reconstituted	1 or 1b*	
chlorthalidone oral tablet	1 or 1a*	
DIURIL ORAL SUSPENSION (***chlorothiazide***)	3	
HEMICLOR ORAL TABLET (***chlorthalidone***)	3	PA
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
INZIRQO ORAL SUSPENSION RECONSTITUTED (***hydrochlorothiazide***)	3	PA
metolazone oral tablet	1 or 1b*	
THALITONE ORAL TABLET (***chlorthalidone***)	3	
***ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES**		
ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS - DRUGS FOR WOMEN**		
MIFEPREX ORAL TABLET (***mifepristone***)	3	$0 for Fully insured members in California
mifepristone oral tablet 200 mg	1 or 1b*	$0 for Fully insured members in California

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED (***olipudase alfa-rpcp***)	3	PA; LD
ADENOSINE DEAMINASE SCID TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
REVCOVI INTRAMUSCULAR SOLUTION (***elapegademase-lvlr***)	3	PA; LD
ALPHA-MANNOSIDOSIS TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED (***velmanase alfa-tycv***)	3	PA; LD
ATP-SENSITIVE POTASSIUM CHANNEL ACTIVATORS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (***diazoxide choline***)	3	PA; QL (3 tablets per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (***diazoxide choline***)	3	PA; QL (21 tablets per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (***diazoxide choline***)	3	PA; QL (7 tablets per 1 day)
BISPHOSPHONATES - DRUGS FOR MENOPAUSE AND BONE LOSS**		
ACTONEL ORAL TABLET 150 MG (***risedronate sodium***)	3	QL (0.04 tablets per 1 day)
ACTONEL ORAL TABLET 35 MG (***risedronate sodium***)	3	QL (4 tablets per 28 days)
alendronate sodium oral solution	1 or 1b*	QL (10.72 mg per 1 day)
alendronate sodium oral tablet 10 mg	1 or 1b*	QL (1 tablet per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	1 or 1b*	QL (4 tablets per 28 days)
ATELVIA ORAL TABLET DELAYED RELEASE (***risedronate sodium***)	3	QL (4 tablets per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT (***alendronate sodium***)	3	QL (4 tablets per 28 days)
FOSAMAX ORAL TABLET (***alendronate sodium***)	3	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET (***alendronate-cholecalciferol***)	2	QL (0.15 tablets per 1 day)
ibandronate sodium intravenous solution	1 or 1b*	LD
ibandronate sodium oral tablet	1 or 1b*	QL (1 tablet per 28 days)
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	1 or 1b*	LD
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	LD
RECLAST INTRAVENOUS SOLUTION (***zoledronic acid***)	3	PA; LD; QL (100 mL per 375 days)
risedronate sodium oral tablet 150 mg	1 or 1b*	QL (0.04 tablets per 1 day)
risedronate sodium oral tablet 30 mg, 5 mg	1 or 1b*	QL (1 tablet per 1 day)
risedronate sodium oral tablet 35 mg	1 or 1b*	QL (4 tablets per 28 days)
risedronate sodium oral tablet delayed release	1 or 1b*	QL (4 tablets per 28 days)
zoledronic acid intravenous concentrate	1 or 1b*	PA; LD
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zoledronic acid intravenous solution 5 mg/100ml	1 or 1b*	PA; LD; QL (100 mL per 375 days)
CALCIMIMETIC AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
cinacalcet hcl oral tablet 30 mg, 60 mg	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
cinacalcet hcl oral tablet 90 mg	1 or 1b*	PA; LD; QL (4 tablets per 1 day)
PARSABIV INTRAVENOUS SOLUTION (***etelcalcetide hcl***)	3	PA; LD
SENSIPAR ORAL TABLET 30 MG, 60 MG (***cinacalcet hcl***)	3	PA; LD; QL (2 tablets per 1 day)
SENSIPAR ORAL TABLET 90 MG (***cinacalcet hcl***)	3	PA; LD; QL (4 tablets per 1 day)
CALCITONINS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
calcitonin (salmon) injection solution	1 or 1b*	LD
calcitonin (salmon) nasal solution	1 or 1b*	QL (0.13 mL per 1 day)
MIACALCIN INJECTION SOLUTION (***calcitonin (salmon)***)	3	LD
CARNITINE REPLENISHER - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
CARNITOR INTRAVENOUS SOLUTION (***levocarnitine***)	3	
CARNITOR ORAL SOLUTION (***levocarnitine***)	3	
CARNITOR ORAL TABLET (***levocarnitine***)	3	
CARNITOR SF ORAL SOLUTION (***levocarnitine***)	3	
levocarnitine intravenous solution	1 or 1b*	
levocarnitine oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levocarnitine sf oral solution	1 or 1b*	
CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR - DRUGS FOR MENOPAUSE AND BONE LOSS**		
XPHOZAH ORAL TABLET (***tenapanor hcl (ckd)***)	3	PA; QL (2 tablets per 1 day)
CORTICOTROPIN - HORMONES**		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR (***corticotropin***)	3	PA
ACTHAR INJECTION GEL (***corticotropin***)	3	PA; LD
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE (***corticotropin***)	3	PA
CORTROPHIN INJECTION GEL (***corticotropin***)	3	PA; LD
***CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR TYPE 1 ANTAG* - HORMONES**		
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (***crinecerfont***)	3	PA; QL (2 mL per 1 day)
CRENESSITY ORAL SOLUTION (***crinecerfont***)	3	PA; QL (4 mL per 1 day)
CORTISOL SYNTHESIS INHIBITORS - HORMONES**		
ISTURISA ORAL TABLET (***osilodrostat phosphate***)	3	PA; LD; QL (4 tablets per 1 day)
RECORLEV ORAL TABLET (***levoketoconazole***)	3	PA; LD; QL (8 tablets per 1 day)
DOPAMINE RECEPTOR AGONISTS - DRUGS FOR WOMEN**		
cabergoline oral tablet	1 or 1b*	QL (0.58 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FABRY DISEASE - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
ELFABRIO INTRAVENOUS SOLUTION (***pegunigalsidase alfa-iwxj***)	3	PA; LD
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED (***agalsidase beta***)	3	PA; LD
GALAFOLD ORAL CAPSULE (***migalastat hcl***)	3	PA; LD; QL (14 capsules per 30 days)
GAA DEFICIENCY TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED (***alglucosidase alfa***)	3	PA; LD
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED (***avalglucosidase alfa-ngpt***)	3	PA; LD
OPFOLDA ORAL CAPSULE (***miglustat (gaa deficiency)***)	3	PA; LD; QL (8 capsules per 28 days)
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED (***cipaglucosidase alfa-atga***)	3	PA; LD
GNRH/LHRH ANTAGONISTS - DRUGS FOR WOMEN**		
cetrorelix acetate subcutaneous kit	1 or 1b*	PA; LD
CETROTIDE SUBCUTANEOUS KIT (***cetrorelix acetate***)	3	PA; LD
fyremadel subcutaneous solution prefilled syringe	1 or 1b*	PA; LD
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD
ORILISSA ORAL TABLET 150 MG (***elagolix sodium***)	2	PA; QL (1 tablet per 1 day)
ORILISSA ORAL TABLET 200 MG (***elagolix sodium***)	2	PA; QL (2 tablets per 1 day)
GROWTH HORMONE RECEPTOR ANTAGONISTS - DRUGS FOR GROWTH**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED (***pegvisomant***)	3	PA; LD; QL (1 vial per 1 day)
GROWTH HORMONE RELEASING HORMONES (GHRH) - DRUGS FOR GROWTH**		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED (***tesamorelin acetate***)	3	PA; LD; QL (1 package per 30 days)
GROWTH HORMONES - DRUGS FOR GROWTH**		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE (***somatropin***)	3	PA; LD; QL (1 syringe per 1 day)
GENOTROPIN SUBCUTANEOUS CARTRIDGE (***somatropin***)	3	PA; LD; QL (1 vial per 1 day)
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG (***somatropin***)	3	PA; LD; QL (1 vial per 1 day)
HUMATROPE INJECTION CARTRIDGE 24 MG (***somatropin***)	3	PA; LD; QL (1 injection per 1 day)
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR (***somatrogon-ghla***)	3	PA; LD; QL (4 pens per 28 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR (***somatropin***)	3	PA; LD; QL (1 vial per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR (***somatropin***)	3	PA; LD; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR (***somatropin***)	3	PA; LD; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR (***somatropin***)	3	PA; LD; QL (1 vial per 1 day)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE (***somatropin***)	3	PA; LD; QL (1 vial per 1 day)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED (***somatropin***)	3	PA; LD; QL (1 vial per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG (***somatropin (non-refrigerated)***)	3	PA; LD; QL (1 vial per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG (***somatropin (non-refrigerated)***)	3	PA; LD; QL (1 solution per 1 day)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG (***lonapegsomatropin-tcgd***)	3	PA; LD; QL (8 cartridges per 28 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG (***lonapegsomatropin-tcgd***)	3	PA; LD; QL (4 cartridges per 28 days)
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (***somapacitan-beco***)	3	PA; LD; QL (4 injections per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED (***somatropin***)	3	PA; LD; QL (1 vial per 1 day)
***HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS FOR MENOPAUSE AND BONE LOSS**		
XURIDEN ORAL PACKET (***uridine triacetate***)	3	PA; LD; QL (4 packets per 1 day)
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
nitisinone oral capsule	1 or 1b*	PA; LD
NITYR ORAL TABLET (***nitisinone***)	3	PA; LD
ORFADIN ORAL CAPSULE (***nitisinone***)	3	PA; LD
ORFADIN ORAL SUSPENSION (***nitisinone***)	3	PA; LD
HOMOCYSTINURIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
betaine oral powder	1 or 1b*	LD
CYSTADANE ORAL POWDER (***betaine***)	3	LD
HYPERAMMONEMIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
CARBAGLU ORAL TABLET SOLUBLE (***carglumic acid***)	3	PA; LD
carglumic acid oral tablet soluble	1 or 1b*	PA; LD
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
calcitriol intravenous solution	1 or 1b*	PA
calcitriol oral capsule	1 or 1b*	PA
calcitriol oral solution	1 or 1b*	PA

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxercalciferol intravenous solution	1 or 1b*	PA
doxercalciferol oral capsule	1 or 1b*	PA
HECTOROL INTRAVENOUS SOLUTION (***doxercalciferol***)	3	PA
paricalcitol intravenous solution	1 or 1b*	PA
paricalcitol oral capsule	1 or 1b*	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE (***calcifediol***)	3	PA; QL (2 tablets per 1 day)
ROCALTROL ORAL CAPSULE (***calcitriol***)	3	PA
ROCALTROL ORAL SOLUTION (***calcitriol***)	3	PA
ZEMPLAR INTRAVENOUS SOLUTION (***paricalcitol***)	3	PA
ZEMPLAR ORAL CAPSULE (***paricalcitol***)	3	PA
HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR (***palopegteriparatide***)	3	PA; LD; QL (2 prefilled pens per 28 days)
HYPOPHOSPHATASIA (HPP) AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
STRENSIQ SUBCUTANEOUS SOLUTION (***asfotase alfa***)	3	PA; LD
INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R) - DRUGS FOR THYROID**		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED (***teprotumumab-trbw***)	3	PA; LD; QL (8 fills per 168 days)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - HORMONES**		
INCRELEX SUBCUTANEOUS SOLUTION (***mecasermin***)	3	PA; LD
LEPTIN ANALOGUES - HORMONES**		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED (***metreleptin***)	3	PA; LD; QL (1 vial per 1 day)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - DRUGS FOR WOMEN**		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT (***leuprolide acetate (6 month)***)	3	PA; LD; QL (1 kit per 24 weekss)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG (***leuprolide acetate***)	3	PA; LD; QL (1 kit per 28 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (***leuprolide acetate***)	3	PA; LD; QL (1 syringe kit per 28 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (***leuprolide acetate (3 month)***)	3	PA; LD; QL (1 kit per 12 weekss)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (3 month)***)	3	PA; LD; QL (1 kit per 84 days)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT (***leuprolide acetate (6 month)***)	3	PA; LD; QL (1 kit per 24 weekss)
SUPPRELIN LA SUBCUTANEOUS KIT (***histrelin acetate***)	3	PA; LD; QL (1 kit per 365 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNAREL NASAL SOLUTION (***nafarelin acetate***)	3	PA; LD; QL (5 bottle per 30 days)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (***triptorelin pamoate***)	3	PA; LD; QL (1 vial per 168 days)
LIPOPROTEIN LIPASE DEFICIENCY (LPLD) DEFICIENCY - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***olezarsen sodium***)	3	PA; QL (1 autoinjector per 1 month)
LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
KANUMA INTRAVENOUS SOLUTION (***sebelipase alfa***)	3	PA; LD
MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED (***fosdenopterin hydrobromide***)	3	PA; LD
MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
ALDURAZYME INTRAVENOUS SOLUTION (***laronidase***)	3	PA; LD
MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
ELAPRASE INTRAVENOUS SOLUTION (***idursulfase***)	3	PA; LD
MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
VIMIZIM INTRAVENOUS SOLUTION (***elosulfase alfa***)	3	PA; LD
MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
NAGLAZYME INTRAVENOUS SOLUTION (***galsulfase***)	3	PA; LD
MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
MEPSEVII INTRAVENOUS SOLUTION (***vestronidase alfa-vjbk***)	3	PA; LD
NATRIURETIC PEPTIDES - DRUGS FOR MENOPAUSE AND BONE LOSS**		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED (***vosoritide***)	3	PA; LD; QL (1 vial per 1 day)
NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS - HORMONES**		
VEOZAH ORAL TABLET (***fezolinetant***)	3	PA; QL (1 tablet per 1 day)
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS - HORMONES**		
KERENDIA ORAL TABLET (***finerenone***)	3	PA; QL (1 tablet per 1 day)
OVULATION STIMULANTS-GONADOTROPINS - DRUGS FOR WOMEN**		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; LD
FOLLISTIM AQ SUBCUTANEOUS SOLUTION (***follitropin beta***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GONAL-F INJECTION SOLUTION RECONSTITUTED (***follitropin alfa***)	3	PA; LD
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR (***follitropin alfa***)	3	PA; LD
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (***follitropin alfa***)	3	PA; LD
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED (***menotropins***)	3	PA; LD
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (***chorionic gonadotropin***)	2	PA; LD
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***choriogonadotropin alfa***)	3	PA; LD
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (***chorionic gonadotropin***)	3	PA; LD
OVULATION STIMULANTS-SYNTHETIC - DRUGS FOR WOMEN**		
clomiphene citrate (Clomid Oral Tablet)	1 or 1b*	PA
clomiphene citrate oral tablet	1 or 1b*	PA
PARATHYROID HORMONE AND DERIVATIVES - DRUGS FOR MENOPAUSE AND BONE LOSS**		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (***teriparatide***)	3	PA; QL (1 pen per 28 days)
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	3	PA; QL (1 pen per 28 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; LD; QL (1 pen per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR (***abaloparatide***)	3	PA; LD; QL (1 pen per 30 days)
PHENYLKETONURIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
sapropterin dihydrochloride (Javygtor Oral Packet)	1 or 1b*	PA; LD
sapropterin dihydrochloride (Javygtor Oral Tablet)	1 or 1b*	PA; LD
KUVAN ORAL PACKET (***sapropterin dihydrochloride***)	3	PA; LD
KUVAN ORAL TABLET (***sapropterin dihydrochloride***)	3	PA; LD
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML (***pegvaliase-pqpz***)	3	PA; LD
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (***pegvaliase-pqpz***)	3	PA; LD; QL (1 syringe per 1 day)
sapropterin dihydrochloride oral packet	1 or 1b*	PA; LD
sapropterin dihydrochloride oral tablet	1 or 1b*	PA; LD
RANK LIGAND (RANKL) INHIBITORS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***denosumab***)	3	PA; LD; QL (1 syringe per 180 days)
XGEVA SUBCUTANEOUS SOLUTION (***denosumab***)	3	PA; LD; QL (1 vial per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCLEROSTIN INHIBITORS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***romosozumab-aqqg***)	3	PA; LD; QL (2 syringes per 30 days)
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) - DRUGS FOR MENOPAUSE AND BONE LOSS**		
EVISTA ORAL TABLET (***raloxifene hcl***)	3; $0	QL (1 tablet per 1 day)
OSPHENA ORAL TABLET (***ospemifene***)	3	PA; QL (1 tablet per 1 day)
raloxifene hcl oral tablet	1 or 1b*; $0	QL (1 tablet per 1 day)
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS - HORMONES**		
JYNARQUE ORAL TABLET (***tolvaptan***)	3	PA; LD; QL (4 tablets per 1 day)
JYNARQUE ORAL TABLET THERAPY PACK (***tolvaptan***)	3	PA; LD; QL (1 carton per 28 days)
SAMSCA ORAL TABLET 15 MG (***tolvaptan***)	3	PA; LD; QL (1 tablet per 1 day)
SAMSCA ORAL TABLET 30 MG (***tolvaptan***)	3	PA; LD; QL (2 tablets per 1 day)
tolvaptan oral tablet 15 mg	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
tolvaptan oral tablet 30 mg	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
tolvaptan oral tablet therapy pack	1 or 1b*	PA; LD; QL (1 carton per 28 days)
SOMATOSTATIC AGENTS - DRUGS FOR GROWTH**		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	3	PA; LD; QL (1 syringe/vial per 28 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE (***octreotide acetate***)	3	PA; LD; QL (4 capsules per 1 day)
octreotide acetate injection solution	1 or 1b*	PA; LD
octreotide acetate intramuscular kit 10 mg, 30 mg	1 or 1b*	PA; LD; QL (1 kit per 28 days)
octreotide acetate intramuscular kit 20 mg	1 or 1b*	PA; LD; QL (2 kits per 28 days)
octreotide acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; LD
SANDOSTATIN INJECTION SOLUTION (***octreotide acetate***)	3	PA; LD
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG (***octreotide acetate***)	3	PA; LD; QL (1 kit per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG (***octreotide acetate***)	3	PA; LD; QL (2 kits per 28 days)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (***pasireotide pamoate***)	3	PA; LD; QL (1 kit per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION (***pasireotide diaspartate***)	3	PA; LD; QL (2 mL per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION (***lanreotide acetate***)	3	PA; LD; QL (1 syringe/vial per 28 days)
UREA CYCLE DISORDER - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
BUPHENYL ORAL POWDER (***sodium phenylbutyrate***)	3	PA; LD; QL (25 GM per 1 day)
BUPHENYL ORAL TABLET (***sodium phenylbutyrate***)	3	PA; LD; QL (40 tablets per 1 day)
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK (***sodium phenylbutyrate***)	3	PA; LD; QL (1 kit per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK (***sodium phenylbutyrate***)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK (***sodium phenylbutyrate***)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK (***sodium phenylbutyrate***)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK (***sodium phenylbutyrate***)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK (***sodium phenylbutyrate***)	3	PA; LD; QL (1 kit per 30 days)
PHEBURANE ORAL PELLET (***sodium phenylbutyrate***)	3	PA; LD; QL (8 bottles per 30 days)
RAVICTI ORAL LIQUID (***glycerol phenylbutyrate***)	3	PA; LD; QL (17.5 mL per 1 day)
sod benz-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder	1 or 1b*	PA; LD; QL (25 GM per 1 day)
sodium phenylbutyrate oral tablet	1 or 1b*	PA; LD; QL (40 tablets per 1 day)
VASOPRESSIN - HORMONES**		
DDAVP INJECTION SOLUTION (***desmopressin acetate***)	3	LD
DDAVP ORAL TABLET 0.1 MG (***desmopressin acetate***)	3	LD; QL (12 tablets per 1 day)
DDAVP ORAL TABLET 0.2 MG (***desmopressin acetate***)	3	LD; QL (6 tablets per 1 day)
DDAVP PF INJECTION SOLUTION (***desmopressin acetate***)	3	LD
desmopressin ace spray refrig nasal solution	1 or 1b*	
desmopressin acetate injection solution	1 or 1b*	LD
desmopressin acetate oral tablet 0.1 mg	1 or 1b*	LD; QL (12 tablets per 1 day)
desmopressin acetate oral tablet 0.2 mg	1 or 1b*	LD; QL (6 tablets per 1 day)
desmopressin acetate pf injection solution	1 or 1b*	LD
desmopressin acetate spray nasal solution	1 or 1b*	
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED (***terlipressin acetate***)	3	
vasopressin +rfid intravenous solution	1 or 1b*	
vasopressin intravenous solution	1 or 1b*	
vasopressin-sodium chloride intravenous solution	3	
VASOSTRICT INTRAVENOUS SOLUTION (***vasopressin***)	3	
X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML (***burosumab-twza***)	3	PA; LD; QL (2 vials per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML (***burosumab-twza***)	3	PA; LD; QL (8 vials per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML (***burosumab-twza***)	3	PA; LD; QL (6 vials per 28 days)
***ESTROGENS* - HORMONES**		
ESTROGEN & PROGESTIN - DRUGS FOR WOMEN**		
ACTIVELLA ORAL TABLET (***estradiol-norethindrone acet***)	3	
ANGELIQ ORAL TABLET (***drospirenone-estradiol***)	3	
BIJUVA ORAL CAPSULE (***estradiol-progesterone***)	2	QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY (***estradiol-levonorgestrel***)	2	QL (4 patch per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (***estradiol-norethindrone acet***)	2	QL (8 patch per 28 days)
estradiol-norethindrone acet oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREMPHASE ORAL TABLET (***conj estrog-medroxyprogest ace***)	2	
PREMPRO ORAL TABLET (***conj estrog-medroxyprogest ace***)	2	
ESTROGEN-PROGESTIN-GNRH ANTAGONIST - DRUGS FOR WOMAN**		
MYFEMBREE ORAL TABLET (***relugolix-estradiol-norethind***)	3	PA; QL (1 tablet per 1 day)
ORIAHNN ORAL CAPSULE THERAPY PACK (***elagolix-estradiol-norethind***)	3	PA; QL (1 carton per 28 days)
ESTROGENS - DRUGS FOR WOMEN**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY (***estradiol***)	3	QL (8 patch per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY (***estradiol***)	3	QL (4 patches per 28 days)
DELESTROGEN INTRAMUSCULAR OIL (***estradiol valerate***)	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL (***estradiol cypionate***)	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (***estradiol***)	3	QL (1 packet per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (***estradiol***)	3	QL (30 packets per 30 days)
dotti transdermal patch twice weekly	1 or 1b*	QL (8 patch per 28 days)
ELESTRIN TRANSDERMAL GEL (***estradiol***)	3	QL (52 grams per 30 days)
ESTRACE ORAL TABLET (***estradiol***)	3	
estradiol oral tablet	1 or 1b*	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm	1 or 1b*	QL (1 packet per 1 day)
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1 or 1b*	QL (37.5 grams per 30 days)
estradiol transdermal gel 1.25 mg/1.25gm	1 or 1b*	QL (30 packets per 30 days)
estradiol transdermal patch twice weekly	1 or 1b*	QL (8 patch per 28 days)
estradiol transdermal patch weekly	1 or 1b*	QL (4 patches per 28 days)
estradiol valerate intramuscular oil	1 or 1b*	
ESTROGEL TRANSDERMAL GEL (***estradiol***)	3	QL (50 grams per 30 days)
EVAMIST TRANSDERMAL SOLUTION (***estradiol***)	2	QL (16.2 mL per 30 days)
lyllana transdermal patch twice weekly	1 or 1b*	QL (8 patch per 28 days)
MENEST ORAL TABLET (***esterified estrogens***)	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY (***estradiol***)	3	QL (4 patches per 28 days)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (***estradiol***)	3	QL (8 patch per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN INJECTION SOLUTION RECONSTITUTED (***estrogens conjugated***)	2	
PREMARIN ORAL TABLET (***estrogens conjugated***)	2	QL (1 tablet per 1 day)
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (***estradiol***)	3	QL (8 patch per 28 days)
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB - DRUGS FOR WOMEN**		
DUAVEE ORAL TABLET (***conj estrogens-bazedoxifene***)	3	PA; QL (1 tablet per 1 day)
***FLUOROQUINOLONES* - DRUGS FOR INFECTIONS**		
FLUOROQUINOLONES - ANTIBIOTICS**		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED (***delafloxacin meglumine***)	3	
BAXDELA ORAL TABLET (***delafloxacin meglumine***)	3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED (***ciprofloxacin***)	3	
CIPRO ORAL TABLET (***ciprofloxacin hcl***)	3	
ciprofloxacin hcl oral tablet	1 or 1b*	
ciprofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	QL (1 fill per 30 days)
levofloxacin oral solution	1 or 1b*	
levofloxacin oral tablet	1 or 1b*	
moxifloxacin hcl in nacl intravenous solution	1 or 1b*	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
moxifloxacin hcl oral tablet	1 or 1b*	
ofloxacin oral tablet	1 or 1b*	
***GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH**		
5-HT4 RECEPTOR AGONISTS - DRUGS FOR THE STOMACH**		
MOTEGRITY ORAL TABLET (***prucalopride succinate***)	3	ST; QL (1 tablet per 1 day)
prucalopride succinate oral tablet	3	ST; QL (1 tablet per 1 day)
BILE ACID SYNTHESIS DISORDER AGENTS - DRUGS FOR THE STOMACH**		
CHOLBAM ORAL CAPSULE (***cholic acid***)	3	PA; LD; QL (4 capsule per 1 day)
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS - DRUGS FOR CONSTIPATION**		
TRULANCE ORAL TABLET (***plecanatide***)	3	ST; QL (1 tablet per 1 day)
FARNESOID X RECEPTOR (FXR) AGONISTS - DRUGS FOR THE STOMACH**		
OCALIVA ORAL TABLET (***obeticholic acid***)	3	PA; LD; QL (1 tablet per 1 day)
GALLSTONE SOLUBILIZING AGENTS - DRUGS FOR THE STOMACH**		
CHENODAL ORAL TABLET (***chenodiol***)	3	PA; LD; QL (7 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CTEXLI ORAL TABLET (***chenodiol***)	3	PA; LD; QL (3 tablets per 1 day)
RELTONE ORAL CAPSULE (***ursodiol***)	3	PA
URSO FORTE ORAL TABLET (***ursodiol***)	3	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	PA
ursodiol oral capsule 300 mg	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
GASTROINTESTINAL ANTIALLERGY AGENTS - DRUGS FOR THE STOMACH**		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE (***cromolyn sodium***)	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
AMITIZA ORAL CAPSULE (***lubiprostone***)	3	ST; QL (2 capsules per 1 day)
lubiprostone oral capsule	1 or 1b*	QL (2 capsules per 1 day)
GASTROINTESTINAL STIMULANTS - DRUGS FOR THE STOMACH**		
GIMOTI NASAL SOLUTION (***metoclopramide hcl***)	3	PA; QL (1 bottle per 4 weekss)
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution	1 or 1a*	QL (60 mL per 1 day)
metoclopramide hcl oral tablet 10 mg	1 or 1a*	QL (6 tablets per 1 day)
metoclopramide hcl oral tablet 5 mg	1 or 1a*	QL (12 tablets per 1 day)
metoclopramide hcl oral tablet dispersible	1 or 1a*	QL (12 tablets per 1 day)
REGLAN ORAL TABLET 10 MG (***metoclopramide hcl***)	3	QL (6 tablets per 1 day)
REGLAN ORAL TABLET 5 MG (***metoclopramide hcl***)	3	QL (12 tablets per 1 day)
GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS - DRUGS FOR THE STOMACH**		
GATTEX SUBCUTANEOUS KIT (***teduglutide (rdna)***)	3	PA; LD
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS - DRUGS FOR THE STOMACH**		
REZDIFFRA ORAL TABLET (***resmetirom***)	3	PA; LD; QL (1 tablet per 1 day)
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS - DRUGS FOR CONSTIPATION**		
LINZESS ORAL CAPSULE (***linaclotide***)	2	QL (1 capsule per 1 day)
IBS AGENT - MU-OPIOID RECEPTOR AGONISTS - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
VIBERZI ORAL TABLET (***eluxadoline***)	3	PA; QL (2 tablets per 1 day)
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
alosetron hcl oral tablet	1 or 1b*	PA; QL (2 tablets per 1 day)
LOTRONEX ORAL TABLET (***alosetron hcl***)	3	PA; QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBS AGENT - SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
IBSRELA ORAL TABLET (***tenapanor hcl***)	3	ST; QL (2 capsules per 1 day)
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - DRUGS FOR THE STOMACH**		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (***odevixibat***)	3	PA; LD; QL (30 pellets per 1 day)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (***odevixibat***)	3	PA; LD; QL (10 pellets per 1 day)
BYLVAY ORAL CAPSULE 1200 MCG (***odevixibat***)	3	PA; LD; QL (5 capsules per 1 day)
BYLVAY ORAL CAPSULE 400 MCG (***odevixibat***)	3	PA; LD; QL (15 capsules per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML (***maralixibat chloride***)	3	PA; LD; QL (60 mL per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (***maralixibat chloride***)	3	PA; LD; QL (90 mL per 30 days)
LIVMARLI ORAL TABLET 10 MG (***maralixibat chloride***)	3	PA; QL (4 tablets per 1 day)
LIVMARLI ORAL TABLET 15 MG, 20 MG (***maralixibat chloride***)	3	PA; QL (2 tablets per 1 day)
LIVMARLI ORAL TABLET 30 MG (***maralixibat chloride***)	3	PA; QL (1 tablet per 1 day)
INFLAMMATORY BOWEL AGENTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (***mesalamine***)	3	ST; QL (4 capsule per 1 day)
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE (***sulfasalazine***)	3	QL (8 tablet per 1 day)
AZULFIDINE ORAL TABLET (***sulfasalazine***)	3	QL (8 tablet per 1 day)
balsalazide disodium oral capsule	1 or 1b*	QL (9 capsule per 1 day)
CANASA RECTAL SUPPOSITORY (***mesalamine***)	3	QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE (***balsalazide disodium***)	3	QL (9 capsule per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE (***mesalamine***)	3	ST; QL (6 tablets per 1 day)
DIPENTUM ORAL CAPSULE (***olsalazine sodium***)	3	ST; QL (4 capsule per 1 day)
LIALDA ORAL TABLET DELAYED RELEASE (***mesalamine***)	3	ST; QL (4 tablet per 1 day)
mesalamine er oral capsule extended release 24 hour	1 or 1b*	QL (4 capsules per 1 day)
mesalamine oral capsule delayed release	1 or 1b*	QL (6 tablets per 1 day)
mesalamine oral tablet delayed release 1.2 gm	1 or 1b*	QL (4 tablets per 1 day)
mesalamine oral tablet delayed release 800 mg	1 or 1b*	QL (6 tablet per 1 day)
mesalamine rectal enema	1 or 1b*	QL (60 mL per 1 day)
mesalamine rectal suppository	1 or 1b*	QL (1 suppository per 1 day)
mesalamine-cleanser rectal kit	1 or 1b*	QL (4 kits per 28 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (***mesalamine***)	2	QL (16 capsule per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (***mesalamine***)	3	ST; QL (8 capsule per 1 day)
ROWASA RECTAL KIT (***mesalamine-cleanser***)	3	QL (4 kit per 28 days)
SFROWASA RECTAL ENEMA (***mesalamine***)	3	QL (60 mL per 1 day)
sulfasalazine oral tablet	1 or 1b*	QL (8 tablet per 1 day)
sulfasalazine oral tablet delayed release	1 or 1b*	QL (8 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTEGRIN RECEPTOR ANTAGONISTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (***vedolizumab***)	3	PA; LD; QL (1 vial per 56 days)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***vedolizumab***)	3	PA; LD; QL (2 pen/syringe per 28 days)
INTERLEUKIN ANTAGONISTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***mirikizumab-mrkz***)	3	PA; QL (2 pens/syringes per 28 days)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***mirikizumab-mrkz***)	3	PA; QL (2 pens/syringes per 28 days)
OMVOH INTRAVENOUS SOLUTION (***mirikizumab-mrkz***)	3	PA; LD; QL (9 vials per 1 one-time fill)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***mirikizumab-mrkz***)	3	PA; LD; QL (2 pens per 28 days)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***mirikizumab-mrkz***)	3	PA; LD; QL (2 syringes per 28 days)
OTULFI INTRAVENOUS SOLUTION (***ustekinumab-aauz (iv)***)	3	PA; QL (4 vials per 1 one-time fill)
PYZCHIVA INTRAVENOUS SOLUTION (***ustekinumab-ttwe (iv)***)	3	PA; QL (4 vials per 1 one-time fill)
SELARSDI INTRAVENOUS SOLUTION (***ustekinumab-aekn (iv)***)	3	PA; QL (4 vials per 1 one time fill)
SKYRIZI INTRAVENOUS SOLUTION (***risankizumab-rzaa***)	3	PA; LD; QL (6 vials per 1 one-time fill)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE (***risankizumab-rzaa***)	3	PA; LD; QL (1 kit per 56 days)
STELARA INTRAVENOUS SOLUTION (***ustekinumab***)	3	PA; LD; QL (4 vials per 6 months)
STEQEYMA INTRAVENOUS SOLUTION (***ustekinumab-stba (iv)***)	3	PA; QL (4 vials per 6 months)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***guselkumab***)	3	PA; QL (3 packs per 1 one time supply)
TREMFYA INTRAVENOUS SOLUTION (***guselkumab***)	3	PA; QL (3 vials per 6 months)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (***guselkumab***)	3	PA; QL (1 pen/syringe per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (***guselkumab***)	3	PA; QL (1 pen/syringe per 28 days)
ustekinumab intravenous solution	3	PA; LD; QL (4 vials per 6 months)
ustekinumab-ttwe intravenous solution	3	PA; QL (1 syringe per 84 days)
WEZLANA INTRAVENOUS SOLUTION (***ustekinumab-auub (iv)***)	3	PA; QL (4 vials per 365 days)
YESINTEK INTRAVENOUS SOLUTION (***ustekinumab-kfce (iv)***)	3	PA; QL (4 vials per 6 months)
INTESTINAL ACIDIFIERS - DRUGS FOR THE STOMACH**		
enulose oral solution	1 or 1b*	
generlac oral solution	1 or 1b*	
lactulose encephalopathy oral solution	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***LIVE FECAL MICROBIOTA (HUMAN)** - DRUGS FOR THE STOMACH**		
REBYOTA RECTAL SUSPENSION (***fecal microbiota, live-jslm***)	3	PA; LD; QL (1 carton per 1 lifetime)
VOWST ORAL CAPSULE (***fecal microb spores, live-brpk***)	3	PA; LD; QL (12 capsules per 1 lifetime)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - DRUGS FOR THE STOMACH**		
alvimopan oral capsule	1 or 1b*	
MOVANTIK ORAL TABLET (***naloxegol oxalate***)	2	QL (1 tablet per 1 day)
RELISTOR ORAL TABLET (***methylnaltrexone bromide***)	3	ST; QL (3 tablets per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION (***methylnaltrexone bromide***)	3	ST; QL (1 syringe per 1 day)
SYMPROIC ORAL TABLET (***naldemedine tosylate***)	3	ST; QL (1 tablet per 1 day)
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS - DRUGS FOR THE STOMACH**		
IQIRVO ORAL TABLET (***elafibranor***)	3	PA; LD; QL (1 tablet per 1 day)
LIVDELZI ORAL CAPSULE (***seladelpar lysine***)	3	PA; LD; QL (1 capsule per 1 day)
PHOSPHATE BINDER AGENTS - DRUGS FOR THE STOMACH**		
AURYXIA ORAL TABLET (***ferric citrate***)	3	ST; QL (9 tablets per 1 day)
calcium acetate (phos binder) oral capsule	1 or 1b*	QL (12 capsules per 1 day)
calcium acetate oral tablet 667 mg	1 or 1b*	QL (12 tablets per 1 day)
ferric citrate oral tablet	1 or 1b*	QL (9 tablets per 1 day)
FOSRENOL ORAL PACKET (***lanthanum carbonate***)	3	ST; QL (3 stick packs per 1 day)
FOSRENOL ORAL TABLET CHEWABLE (***lanthanum carbonate***)	3	ST; QL (3 tablets per 1 day)
lanthanum carbonate oral tablet chewable	1 or 1b*	QL (3 tablets per 1 day)
RENVELA ORAL PACKET 0.8 GM (***sevelamer carbonate***)	3	ST; QL (6 packets per 1 day)
RENVELA ORAL PACKET 2.4 GM (***sevelamer carbonate***)	3	ST; QL (3 packets per 1 day)
RENVELA ORAL TABLET (***sevelamer carbonate***)	3	ST; QL (9 tablets per 1 day)
sevelamer carbonate oral packet 0.8 gm	1 or 1b*	QL (6 packets per 1 day)
sevelamer carbonate oral packet 2.4 gm	1 or 1b*	QL (3 packets per 1 day)
sevelamer carbonate oral tablet	1 or 1b*	QL (9 tablets per 1 day)
sevelamer hcl oral tablet 400 mg	1 or 1b*	QL (15 tablets per 1 day)
sevelamer hcl oral tablet 800 mg	1 or 1b*	QL (9 tablets per 1 day)
VELPHORO ORAL TABLET CHEWABLE (***sucroferric oxyhydroxide***)	3	ST; QL (3 tablets per 1 day)
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI) - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
VELSIPITY ORAL TABLET (***etrasimod arginine***)	3	PA; LD; QL (1 tablet per 1 day)
TRYPTOPHAN HYDROXYLASE INHIBITORS - DRUGS FOR DIARRHEA**		
XERMELO ORAL TABLET (***telotristat etiprate***)	3	PA; LD; QL (3 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUMOR NECROSIS FACTOR ALPHA BLOCKERS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED (***infliximab-axxq***)	3	PA; LD
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (***certolizumab pegol***)	3	PA; LD; QL (1 kit per 28 days)
CIMZIA SUBCUTANEOUS KIT (***certolizumab pegol***)	3	PA; LD; QL (1 package per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT (***certolizumab pegol***)	3	PA; LD; QL (1 kit per 365 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED (***infliximab-dyyb***)	3	PA; LD
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (***infliximab***)	3	PA; LD
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED (***infliximab-abda***)	3	PA; LD
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (***infliximab-dyyb***)	3	PA; LD; QL (1 pen per 14 days)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (***infliximab-dyyb***)	3	PA; LD; QL (1 pen per 14 days)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (***infliximab-dyyb***)	3	PA; LD; QL (1 syringe per 14 days)
***GENERAL ANESTHETICS* - DRUGS FOR PAIN AND FEVER**		
ANESTHETICS - MISC. - DRUGS FOR SEDATION**		
AMIDATE INTRAVENOUS SOLUTION (***etomidate***)	3	
ANESTHESIA S/I-40A INTRAVENOUS KIT	3	
ANESTHESIA S/I-40H INTRAVENOUS KIT	3	
ANESTHESIA S/I-40S INTRAVENOUS KIT	3	
DIPRIVAN INTRAVENOUS EMULSION (***propofol***)	3	
etomidate intravenous solution	1 or 1b*	
fresenius propoven intravenous emulsion	1 or 1b*	
KETALAR INJECTION SOLUTION (***ketamine hcl***)	3	
ketamine hcl injection solution 50 mg/ml	1 or 1b*	
ketamine hcl injection solution prefilled syringe 25 mg/ml	3	
propofol intravenous emulsion	1 or 1b*	
BARBITURATE ANESTHETICS - DRUGS FOR SEDATION**		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED (***methohexital sodium***)	3	
methohexital sodium injection solution reconstituted	1 or 1b*	
VOLATILE ANESTHETICS - DRUGS FOR SEDATION**		
desflurane inhalation solution	1 or 1b*	
FORANE INHALATION SOLUTION (***isoflurane***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
SUPRANE INHALATION SOLUTION (***desflurane***)	3	
terrell inhalation solution	1 or 1b*	
ULTANE INHALATION SOLUTION (***sevoflurane***)	3	
***GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM**		
5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE PROSTATE**		
AVODART ORAL CAPSULE (***dutasteride***)	3	QL (1 capsule per 1 day)
dutasteride oral capsule	1 or 1b*	QL (1 capsule per 1 day)
finasteride oral tablet 5 mg	1 or 1b*	QL (1 tablet per 1 day)
PROSCAR ORAL TABLET (***finasteride***)	3	QL (1 tablet per 1 day)
ALPHA 1-ADRENOCEPTOR ANTAGONISTS - DRUGS FOR THE PROSTATE**		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR (***doxazosin mesylate***)	3	QL (1 tablet per 1 day)
RAPAFLO ORAL CAPSULE (***silodosin***)	3	QL (1 capsule per 1 day)
silodosin oral capsule	1 or 1b*	QL (1 capsule per 1 day)
tamsulosin hcl oral capsule	1 or 1b*	QL (2 capsules per 1 day)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR (***alfuzosin hcl***)	3	QL (1 tablet per 1 day)
ANTI-INFECTIVE GENITOURINARY IRRIGANTS - DRUGS FOR THE URINARY SYSTEM**		
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
CITRATES - DRUGS FOR INFECTIONS**		
potassium citrate er oral tablet extended release	1 or 1b*	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE (***potassium citrate***)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE (***potassium citrate***)	3	
CYSTINOSIS AGENTS - DRUGS FOR THE URINARY SYSTEM**		
CYSTAGON ORAL CAPSULE (***cysteamine bitartrate***)	3	PA; LD
PROCYSBI ORAL CAPSULE DELAYED RELEASE (***cysteamine bitartrate***)	3	PA; LD
PROCYSBI ORAL PACKET (***cysteamine bitartrate***)	3	PA; LD
GENITOURINARY IRRIGANTS - DRUGS FOR THE URINARY SYSTEM**		
acetic acid irrigation solution	1 or 1b*	
argyle sterile saline irrigation solution	1 or 1b*	
curity sterile saline irrigation solution	1 or 1b*	
glycine irrigation solution	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glycine urologic irrigation solution	1 or 1b*	
RENACIDIN IRRIGATION SOLUTION (***citric ac-gluconolact-mg carb***)	3	
sodium chloride irrigation solution	1 or 1b*	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL IRRIGATION SOLUTION	3	
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG - DRUGS FOR THE URINARY SYSTEM**		
FILSPARI ORAL TABLET (***sparsentan***)	3	PA; LD; QL (1 tablet per 1 day)
IGAN AGENTS - ENDOTHELIN RECEPTOR ANTAGONIST - DRUGS FOR THE URINARY SYSTEM**		
VANRAFIA ORAL TABLET (***atrasentan hcl***)	3	PA; QL (1 tablet per 1 day)
INTERSTITIAL CYSTITIS AGENTS - DRUGS FOR THE URINARY SYSTEM**		
ELMIRON ORAL CAPSULE (***pentosan polysulfate sodium***)	3	QL (3 capsules per 1 day)
RIMSO-50 INTRAVESICAL SOLUTION (***dimethyl sulfoxide***)	3	
PHOSPHATES - DRUGS FOR INFECTIONS**		
K-PHOS NO 2 ORAL TABLET (***pot & sod ac phosphates***)	3	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS - DRUGS FOR THE PROSTATE**		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	QL (1 capsule per 1 day)
ENTADFI ORAL CAPSULE (***finasteride-tadalafil***)	3	PA; QL (1 capsule per 1 day)
JALYN ORAL CAPSULE (***dutasteride-tamsulosin hcl***)	3	QL (1 capsule per 1 day)
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA) - DRUGS FOR THE URINARY SYSTEM**		
OXLUMO SUBCUTANEOUS SOLUTION (***lumasiran sodium***)	3	PA; LD
RIVFLOZA SUBCUTANEOUS SOLUTION (***nedosiran sodium***)	3	PA; LD; QL (2 syringes per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***nedosiran sodium***)	3	PA; LD; QL (1 syringe per 30 days)
URINARY STONE AGENTS - DRUGS FOR THE URINARY SYSTEM**		
LITHOSTAT ORAL TABLET (***acetohydroxamic acid***)	3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG (***tiopronin***)	3	PA; LD; QL (10 tablet per 1 day)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG (***tiopronin***)	3	PA; LD; QL (3 tablet per 1 day)
THIOLA ORAL TABLET (***tiopronin***)	3	PA; LD; QL (10 tablet per 1 day)
tiopronin oral tablet	1 or 1b*	PA; LD; QL (10 tablet per 1 day)
tiopronin oral tablet delayed release	1 or 1b*	PA; LD; QL (10 tablet per 1 day)
tiopronin (Venxxiva Oral Tablet Delayed Release)	1 or 1b*	PA; LD; QL (3 tablet per 1 day)
***GOUT AGENTS* - DRUGS FOR PAIN AND FEVER**		
GOUT AGENT COMBINATIONS - GOUT DRUGS**		
colchicine-probenecid oral tablet	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOUT AGENTS - GOUT DRUGS**		
allopurinol oral tablet 100 mg	1 or 1a*	QL (8 tablets per 1 day)
allopurinol oral tablet 200 mg	3	PA; QL (4 tablets per 1 day)
allopurinol oral tablet 300 mg	1 or 1a*	QL (2 tablets per 1 day)
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED (***allopurinol sodium***)	3	
colchicine oral capsule	3	ST; QL (2 capsules per 1 day)
colchicine oral tablet	2	QL (2.3 tablet per 1 day)
febuxostat oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
GLOPERBA ORAL SOLUTION (***colchicine***)	3	ST; QL (300 mL per 30 days)
KRYSTEXXA INTRAVENOUS SOLUTION (***pegloticase***)	3	PA; LD; QL (0.08 mL per 1 day)
MITIGARE ORAL CAPSULE (***colchicine***)	3	ST; QL (2 capsules per 1 day)
ULORIC ORAL TABLET (***febuxostat***)	3	ST; QL (1 tablet per 1 day)
URICOSURICS - GOUT DRUGS**		
probenecid oral tablet	1 or 1b*	
***HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD**		
***AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA* - DRUGS FOR THE BLOOD**		
adzynma intravenous kit	3	PA; LD
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA - DRUGS FOR THE BLOOD**		
GIVLAARI SUBCUTANEOUS SOLUTION (***givosiran sodium***)	3	PA; LD
ANTIHEMOPHILIC PRODUCTS - ANTITHROMBIN-DIRECTED SIRNA - DRUGS TO PREVENT BLEEDING**		
QFITLIA SUBCUTANEOUS SOLUTION (***fitusiran sodium***)	3	PA
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***fitusiran sodium***)	3	PA
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES - DRUGS FOR THE BLOOD**		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR (***concizumab-mtci***)	3	PA
HEMLIBRA SUBCUTANEOUS SOLUTION (***emicizumab-kxwh***)	3	PA; LD
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***marstacimab-hncq***)	3	PA
ANTIHEMOPHILIC PRODUCTS - DRUGS TO PREVENT BLEEDING**		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED (***antihemophil factor (rahf-pfm)***)	3	PA; LD
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
AFSTYLA INTRAVENOUS KIT (***antihemophil fact single chain***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED (***antihemophilic factor-vwf***)	3	PA; LD
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED (***coagulation factor ix***)	3	PA; LD
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED (***coagulation factor ix (rfixfc)***)	3	PA; LD
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED (***antihem fact fc-vwf-xten-ehtl***)	3	PA; LD
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED (***prothrombin complex human-lans***)	3	
BENEFIX INTRAVENOUS KIT (***coagulation factor ix (recomb)***)	3	PA; LD
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED (***coagulation factor x (human)***)	3	PA; LD
CORIFACT INTRAVENOUS KIT (***factor xiii concentrate human***)	3	PA; LD
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED (***antihem fact (bdd-rfviiifc)***)	3	PA; LD
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (***antihemoph fact rcmb gpeg-exei***)	3	PA; LD
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT (***antihemoph fact rcmb gpeg-exei***)	3	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (***antiinhibitor coagulant cmplx***)	3	PA; LD
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (***fibrinogen concentrate (human)***)	3	PA; LD
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED (***antihemophilic factor***)	3	PA; LD
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED (***antihemophilic factor-vwf***)	3	PA; LD
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED (***coagulation factor ix (rix-fp)***)	3	PA; LD
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (***coagulation factor ix (recomb)***)	3	PA; LD
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (***ahf (bdd-rfviii peg-aucl)***)	3	PA; LD
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT (***ahf (bdd-rfviii peg-aucl)***)	3	PA
KCENTRA INTRAVENOUS KIT (***prothrombin complex conc human***)	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED (***antihemophilic factor***)	3	PA; LD
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED (***antihemophilic factor***)	3	PA; LD
KOGENATE FS INTRAVENOUS KIT (***antihem factor recomb (rfviii)***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED (***antihemophil factor (rahf-pfm)***)	3	PA; LD
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED (***antihemophil fact bd truncated***)	3	PA; LD
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED (***coagulation factor viia recomb***)	3	PA; LD
NUWIQ INTRAVENOUS KIT (***antihem fact (bdd-rfviii,sim)***)	3	PA; LD
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED (***antihem fact (bdd-rfviii,sim)***)	3	PA; LD
obizur intravenous solution reconstituted	3	PA; LD
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED (***factor ix complex***)	3	PA; LD
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED (***coagulation factor ix glycopeg***)	3	PA; LD
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED (***antihem factor recomb (rfviii)***)	3	PA; LD
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (***fibrinogen concentrate (human)***)	3	PA; LD
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (***coagulation factor viia-jncw***)	3	PA; LD
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG (***coagulation factor viia-jncw***)	3	PA
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED (***coagulation factor xiii a-sub***)	3	PA; LD
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED (***von willebrand factor (recomb)***)	3	PA; LD
WILATE INTRAVENOUS KIT (***antihemophilic factor-vwf***)	3	PA; LD
XYNTHA INTRAVENOUS KIT (***antihem fact (bdd-rfviii,mor)***)	3	PA; LD
XYNTHA SOLOFUSE INTRAVENOUS KIT (***antihem fact (bdd-rfviii,mor)***)	3	PA; LD
ANTI-VON WILLEBRAND FACTOR AGENTS - DRUGS FOR THE BLOOD**		
CABLIVI INJECTION KIT (***caplacizumab-yhdp***)	3	PA; LD
BRADYKININ B2 RECEPTOR ANTAGONISTS - DRUGS FOR THE BLOOD**		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***icatibant acetate***)	3	PA; LD; QL (18 syringes per 30 days)
icatibant acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; LD; QL (18 syringes per 30 days)
sajazir subcutaneous solution prefilled syringe	1 or 1b*	PA; LD; QL (18 syringes per 30 days)
C1 ESTERASE INHIBITORS - DRUGS FOR THE BLOOD**		
BERINERT INTRAVENOUS KIT (***c1 esterase inhibitor (human)***)	3	PA; LD; QL (24 kits per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED (***c1 esterase inhibitor (human)***)	3	PA; LD; QL (20 vials per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (***c1 esterase inhibitor (human)***)	3	PA; LD; QL (24 vials per 28 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (***c1 esterase inhibitor (human)***)	3	PA; LD; QL (16 vials per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (***c1 esterase inhibitor (recomb)***)	3	PA; LD; QL (16 vials per 30 days)
COMPLEMENT C1 INHIBITORS - DRUGS FOR THE BLOOD**		
ENJAYMO INTRAVENOUS SOLUTION (***sutimlimab-jome***)	3	PA; LD; QL (6 vials per 2 weeks)
COMPLEMENT C3 INHIBITORS - DRUGS FOR THE BLOOD**		
EMPAVELI SUBCUTANEOUS SOLUTION (***pegcetacoplan***)	3	PA; LD; QL (200 mL per 30 days)
COMPLEMENT C5 INHIBITORS - DRUGS FOR THE BLOOD**		
BKEMV INTRAVENOUS SOLUTION (***eculizumab-aeeb***)	3	PA; QL (8 vials per 28 days)
EPYSQLI INTRAVENOUS SOLUTION (***eculizumab-aagh***)	3	PA; QL (8 vials per 28 days)
PIASKY INJECTION SOLUTION (***crovalimab-akkz***)	3	PA; LD; QL (3 vials per 28 days)
SOLIRIS INTRAVENOUS SOLUTION (***eculizumab***)	3	PA; LD; QL (8 vials per 28 days)
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML (***ravulizumab-cwvz***)	3	PA; LD; QL (3 vials per 56 days)
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/3ML (***ravulizumab-cwvz***)	3	PA; LD; QL (12 vials per 56 days)
VEOPOZ INJECTION SOLUTION (***pozelimab-bbfg***)	3	PA; LD; QL (2 vials per 1 week)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***zilucoplan sodium***)	3	PA; LD; QL (1 syringe per 1 day)
COMPLEMENT C5A INHIBITORS - DRUGS FOR THE BLOOD**		
gohibic intravenous solution	3	
COMPLEMENT C5A RECEPTOR INHIBITORS - DRUGS FOR THE BLOOD**		
TAVNEOS ORAL CAPSULE (***avacopan***)	3	PA; LD; QL (6 capsules per 1 day)
COMPLEMENT FACTOR B INHIBITORS - DRUGS FOR THE BLOOD**		
FABHALTA ORAL CAPSULE (***iptacopan hcl***)	3	PA; LD; QL (2 capsules per 1 day)
COMPLEMENT FACTOR D INHIBITORS - DRUGS FOR THE BLOOD**		
VOYDEYA ORAL TABLET (***danicopan***)	3	PA; LD; QL (6 tablets per 1 day)
VOYDEYA ORAL TABLET THERAPY PACK (***danicopan***)	3	PA; LD; QL (6 tablets per 1 day)
DIRECT-ACTING P2Y12 INHIBITORS - DRUGS FOR THE BLOOD**		
BRILINTA ORAL TABLET (***ticagrelor***)	2	QL (2 tablets per 1 day)
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED (***cangrelor tetrasodium***)	3	
ticagrelor oral tablet	1 or 1b*	QL (2 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS - DRUGS FOR THE BLOOD**		
AGGRASTAT INTRAVENOUS CONCENTRATE (***tirofiban hcl***)	3	
AGGRASTAT INTRAVENOUS SOLUTION (***tirofiban hcl in nacl***)	3	
eptifibatide intravenous solution	1 or 1b*	
tirofiban hcl in nacl intravenous solution	1 or 1b*	
HEMATORHEOLOGIC AGENTS - DRUGS FOR THE BLOOD**		
pentoxifylline er oral tablet extended release	1 or 1b*	
HEMIN - DRUGS FOR THE BLOOD**		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED (***hemin***)	3	LD
HUMAN PROTEIN C - DRUGS FOR THE BLOOD**		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED (***protein c concentrate (human)***)	3	LD
PHOSPHODIESTERASE III INHIBITORS - DRUGS FOR THE BLOOD**		
cilostazol oral tablet	1 or 1b*	
PLASMA EXPANDERS - DRUGS FOR THE BLOOD**		
hetastarch-nacl intravenous solution	1 or 1b*	
HEXTEND INTRAVENOUS SOLUTION (***hetastarch-electrolytes***)	3	
lmd in d5w intravenous solution	1 or 1b*	
lmd in nacl intravenous solution	1 or 1b*	
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES - DRUGS FOR THE BLOOD**		
TAKHZYRO SUBCUTANEOUS SOLUTION (***lanadelumab-flyo***)	3	PA; LD; QL (1 vial per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***lanadelumab-flyo***)	3	PA; LD; QL (1 syringe per 28 days)
PLASMA KALLIKREIN INHIBITORS - DRUGS FOR THE BLOOD**		
KALBITOR SUBCUTANEOUS SOLUTION (***ecallantide***)	3	PA; LD; QL (36 vials per 30 days)
ORLADEYO ORAL CAPSULE (***berotralstat hcl***)	3	PA; LD; QL (1 capsule per 1 day)
PLASMA PROTEINS - DRUGS FOR THE BLOOD**		
ALBUKED 25 INTRAVENOUS SOLUTION (***albumin human***)	3	
ALBUKED 5 INTRAVENOUS SOLUTION (***albumin human***)	3	
ALBUMIN HUMAN INTRAVENOUS SOLUTION	3	
ALBUMINEX INTRAVENOUS SOLUTION (***albumin human-kjda***)	3	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	3	
ALBURX INTRAVENOUS SOLUTION	3	
ALBUTEIN INTRAVENOUS SOLUTION (***albumin human***)	3	
FLEXBUMIN INTRAVENOUS SOLUTION (***albumin human***)	3	
KEDBUMIN INTRAVENOUS SOLUTION	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (***plasma human***)	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (***plasma human***)	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (***plasma human***)	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (***plasma human***)	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED (***plasminogen human-tvmh***)	3	PA; LD
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED (***antithrombin iii (human)***)	3	
PLATELET AGGREGATION INHIBITOR COMBINATIONS - DRUGS FOR THE BLOOD**		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	QL (2 capsules per 1 day)
YOSPRALA ORAL TABLET DELAYED RELEASE (***aspirin-omeprazole***)	3	PA; QL (1 tablet per 1 day)
PLATELET AGGREGATION INHIBITORS - DRUGS FOR THE BLOOD**		
dipyridamole oral tablet	1 or 1b*	
PROTAMINE - DRUGS FOR THE BLOOD**		
protamine sulfate intravenous solution	1 or 1b*	
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS - DRUGS FOR THE BLOOD**		
ZONTIVITY ORAL TABLET (***vorapaxar sulfate***)	3	PA; QL (1 tablet per 1 day)
PYRUVATE KINASE ACTIVATORS - DRUGS FOR THE BLOOD**		
PYRUKYND ORAL TABLET (***mitapivat sulfate***)	3	PA; LD; QL (2 tablets per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK (***mitapivat sulfate***)	3	PA; LD; QL (1 pack per 28 days)
QUINAZOLINE AGENTS - DRUGS FOR THE BLOOD**		
AGRYLIN ORAL CAPSULE (***anagrelide hcl***)	3	QL (20 capsules per 1 day)
anagrelide hcl oral capsule 0.5 mg	1 or 1b*	QL (20 capsules per 1 day)
anagrelide hcl oral capsule 1 mg	1 or 1b*	QL (10 capsules per 1 day)
SPLEEN TYROSINE KINASE (SYK) INHIBITORS - DRUGS FOR THE BLOOD**		
TAVALISSE ORAL TABLET (***fostamatinib disodium***)	3	PA; LD; QL (2 tablets per 1 day)
THIENOPYRIDINE DERIVATIVES - DRUGS FOR THE BLOOD**		
clopidogrel bisulfate oral tablet	1 or 1b*	QL (1 tablet per 1 day)
EFFIENT ORAL TABLET (***prasugrel hcl***)	3	QL (1 tablet per 1 day)
PLAVIX ORAL TABLET (***clopidogrel bisulfate***)	3	QL (1 tablet per 1 day)
prasugrel hcl oral tablet	1 or 1b*	QL (1 tablet per 1 day)
THROMBOLYTIC AGENT - MISC - DRUGS FOR THE BLOOD**		
DEFITELIO INTRAVENOUS SOLUTION (***defibrotide sodium***)	3	LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TISSUE PLASMINOGEN ACTIVATORS - DRUGS FOR THE BLOOD**		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED (***alteplase***)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED (***alteplase***)	3	
TNKASE INTRAVENOUS KIT (***tenecteplase***)	3	
***HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION**		
AGENTS FOR GAUCHER DISEASE - DRUGS FOR NUTRITION**		
CERDELGA ORAL CAPSULE (***eliglustat tartrate***)	2	PA; LD; QL (2 capsules per 1 day)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED (***imiglucerase***)	3	PA; LD
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED (***taliglucerase alfa***)	3	PA; LD
miglustat oral capsule	1 or 1b*	PA; LD; QL (3 capsules per 1 day)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED (***velaglucerase alfa***)	3	PA; LD
miglustat (Yargesa Oral Capsule)	1 or 1b*	PA; LD; QL (3 capsules per 1 day)
ZAVESCA ORAL CAPSULE (***miglustat***)	3	PA; LD; QL (3 capsules per 1 day)
AMINO ACIDS - DRUGS FOR NUTRITION**		
ENDARI ORAL PACKET (***glutamine (sickle cell)***)	3	PA; LD
l-glutamine oral packet	1 or 1b*	PA; LD
COBALAMINS - DRUGS FOR NUTRITION**		
cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
cyanocobalamin nasal solution	3	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
NASCOBAL NASAL SOLUTION (***cyanocobalamin***)	3	
CXCR4 RECEPTOR ANTAGONIST - DRUGS FOR NUTRITION**		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED (***motixafortide acetate***)	3	PA; LD
MOZOBIL SUBCUTANEOUS SOLUTION (***plerixafor***)	3	PA; LD
plerixafor subcutaneous solution	1 or 1b*	PA; LD
XOLREMDI ORAL CAPSULE (***mavorixafor***)	3	PA; LD; QL (4 capsules per 1 day)
CYTOTOXIC AGENTS - DRUGS FOR NUTRITION**		
DROXIA ORAL CAPSULE (***hydroxyurea***)	2	
SIKLOS ORAL TABLET (***hydroxyurea***)	3	PA; LD
XROMI ORAL SOLUTION (***hydroxyurea***)	3	PA
ERYTHROID MATURATION AGENTS - DRUGS FOR NUTRITION**		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED (***luspatercept-aamt***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS) - DRUGS FOR NUTRITION**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (***darbepoetin alfa***)	3	PA; LD; QL (4 vials per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML (***darbepoetin alfa***)	3	PA; LD; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (***darbepoetin alfa***)	3	PA; LD; QL (4 syringes per 30 days)
EPOGEN INJECTION SOLUTION (***epoetin alfa***)	3	PA; LD; QL (12 mL per 28 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE (***methoxy peg-epoetin beta***)	3	PA; LD; QL (2 syringes per 28 days)
PROCRIT INJECTION SOLUTION (***epoetin alfa***)	3	PA; LD; QL (12 mL per 28 days)
RETACRIT INJECTION SOLUTION (***epoetin alfa-epbx***)	3	PA; LD; QL (12 mL per 28 days)
FOLIC ACID/FOLATE COMBINATIONS - DRUGS FOR NUTRITION**		
foltabs 800 oral tablet	1 or 1b*; $0	
FOLIC ACID/FOLATES - DRUGS FOR NUTRITION**		
cvs folic acid oral tablet	1 or 1a*; $0	
fa-8 oral capsule	1 or 1b*; $0	
folate oral tablet	1 or 1a*; $0	
folic acid injection solution	1 or 1a*	
folic acid oral capsule 0.8 mg	1 or 1b*; $0	
folic acid oral tablet 1 mg	1 or 1a*	
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*; $0	
ft folic acid oral tablet	1 or 1a*; $0	
gnp folic acid oral tablet	1 or 1a*; $0	
kp folic acid oral tablet 800 mcg	1 or 1a*; $0	
qc folic acid oral tablet	1 or 1a*; $0	
ra folic acid oral tablet	1 or 1a*; $0	
true folic acid oral tablet 400 mcg	1 or 1a*; $0	
yl folic acid oral tablet	1 or 1a*; $0	
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF) - DRUGS FOR NUTRITION**		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***pegfilgrastim-jmdb***)	3	PA; LD; QL (2 syringes per 28 days)
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***pegfilgrastim-pbbk***)	3	PA; LD; QL (2 syringes per 28 days)
GRANIX SUBCUTANEOUS SOLUTION (***tbo-filgrastim***)	3	PA; LD
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***tbo-filgrastim***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (***pegfilgrastim***)	3	PA; LD; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***pegfilgrastim***)	3	PA; LD; QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION (***filgrastim***)	3	PA; LD
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (***filgrastim***)	3	PA; LD
NIVESTYM INJECTION SOLUTION (***filgrastim-aafi***)	3	PA; LD
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE (***filgrastim-aafi***)	3	PA; LD
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE (***filgrastim-txid***)	3	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***pegfilgrastim-apgf***)	3	PA; LD; QL (2 syringes per 28 days)
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***eflapegrastim-xnst***)	3	PA; LD; QL (2 syringes per 28 days)
RYZNEUTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***efbemalenograstim alfa-vuxw***)	3	PA; QL (2 syringes per 28 days)
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***pegfilgrastim-fpgk***)	3	PA; LD; QL (2 syringes per 28 days)
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***pegfilgrastim-cbqv***)	3	PA; LD; QL (2 syringes per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***pegfilgrastim-cbqv***)	3	PA; LD; QL (2 syringes per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***pegfilgrastim-cbqv***)	3	PA; LD; QL (2 syringes per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE (***filgrastim-sndz***)	3	PA; LD
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***pegfilgrastim-bmez***)	3	PA; LD; QL (2 injections per 28 days)
GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF) - DRUGS FOR NUTRITION**		
LEUKINE INJECTION SOLUTION RECONSTITUTED (***sargramostim***)	3	PA; LD
HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS - DRUGS FOR NUTRITION**		
VAFSEO ORAL TABLET 150 MG (***vadadustat***)	3	PA; LD; QL (1 tablet per 1 day)
VAFSEO ORAL TABLET 300 MG (***vadadustat***)	3	PA; LD; QL (2 tablets per 1 day)
IRON COMBINATIONS - DRUGS FOR NUTRITION**		
NIFEREX ORAL TABLET (***iron combinations***)	3	
IRON - DRUGS FOR NUTRITION**		
ACCRUFER ORAL CAPSULE (***ferric maltol***)	3	
FERAHEME INTRAVENOUS SOLUTION (***ferumoxytol***)	3	PA; LD; QL (2 vials per 6 days)
FERRLECIT INTRAVENOUS SOLUTION (***na ferric gluc cplx in sucrose***)	3	PA; LD; QL (16 vials per 8 weekss)
ferumoxytol intravenous solution	3	PA; LD; QL (2 vials per 6 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFED INJECTION SOLUTION (***iron dextran***)	3	PA; LD
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML (***ferric carboxymaltose***)	3	LD
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML (***ferric carboxymaltose***)	3	PA; LD; QL (2 vials per 14 days)
MONOFERRIC INTRAVENOUS SOLUTION (***ferric derisomaltose***)	3	PA; LD; QL (1 vial per 1 day)
na ferric gluc cplx in sucrose intravenous solution	1 or 1b*	PA; LD; QL (16 vials per 8 weekss)
VENOFER INTRAVENOUS SOLUTION (***iron sucrose***)	3	PA; LD; QL (15 mL per 84 days)
SELECTIN BLOCKERS - DRUGS FOR NUTRITION**		
ADAKVEO INTRAVENOUS SOLUTION (***crizanlizumab-tmca***)	3	PA; LD
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS - DRUGS FOR NUTRITION**		
ALVAIZ ORAL TABLET 18 MG, 9 MG (***eltrombopag choline***)	3	PA; LD; DO
ALVAIZ ORAL TABLET 36 MG, 54 MG (***eltrombopag choline***)	3	PA; LD; QL (1 tablet per 1 day)
DOPTELET ORAL TABLET (***avatrombopag maleate***)	3	PA; LD; QL (2 tablets per 1 day)
eltrombopag olamine oral packet 12.5 mg	1 or 1b*	PA; LD; DO
eltrombopag olamine oral packet 25 mg	1 or 1b*	PA; LD; QL (3 dose-packs per 1 day)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	1 or 1b*	PA; LD; DO
eltrombopag olamine oral tablet 50 mg	1 or 1b*	PA; LD; QL (3 tablets per 1 day)
eltrombopag olamine oral tablet 75 mg	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
MULPLETA ORAL TABLET (***lusutrombopag***)	3	PA; LD; QL (1 tablet per 1 day)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED (***romiplostim***)	3	PA; LD
PROMACTA ORAL PACKET 12.5 MG (***eltrombopag olamine***)	3	PA; LD; DO
PROMACTA ORAL PACKET 25 MG (***eltrombopag olamine***)	3	PA; LD; QL (3 dose-packs per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (***eltrombopag olamine***)	3	PA; LD; DO
PROMACTA ORAL TABLET 50 MG (***eltrombopag olamine***)	3	PA; LD; QL (3 tablets per 1 day)
PROMACTA ORAL TABLET 75 MG (***eltrombopag olamine***)	3	PA; LD; QL (1 tablet per 1 day)
***HEMOSTATICS* - DRUGS FOR THE BLOOD**		
HEMOSTATIC COMBINATIONS - TOPICAL - DRUGS TO PREVENT BLEEDING**		
ARTISS EXTERNAL KIT (***fibrin sealant component***)	3	
ARTISS EXTERNAL SOLUTION (***fibrin sealant component***)	3	
THROMBI-GEL 10 EXTERNAL PAD (***thrombin-cmc-cacl-gelatin***)	3	
THROMBI-GEL 100 EXTERNAL PAD (***thrombin-cmc-cacl-gelatin***)	3	
THROMBI-GEL 40 EXTERNAL PAD (***thrombin-cmc-cacl-gelatin***)	3	
THROMBI-PAD EXTERNAL PAD (***thrombin-cmc-cacl***)	3	
TISSEEL EXTERNAL KIT (***fibrin sealant component***)	3	
TISSEEL EXTERNAL SOLUTION (***fibrin sealant component***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOSTATICS - SYSTEMIC - DRUGS TO PREVENT BLEEDING**		
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	1 or 1b*	QL (120 mL per 1 day)
aminocaproic acid oral tablet 1000 mg	1 or 1b*	
aminocaproic acid oral tablet 500 mg	1 or 1b*	QL (60 tablets per 1 day)
CYKLOKAPRON INTRAVENOUS SOLUTION (***tranexamic acid***)	3	
tranexamic acid intravenous solution	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	QL (6 tablets per 1 day)
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	
HEMOSTATICS - TOPICAL - DRUGS TO PREVENT BLEEDING**		
ACTIFOAM COLLAGEN SPONGE EXTERNAL (***absorbable collagen hemostat***)	3	
AVITENE EXTERNAL PAD (***microfibrillar coll hemostat***)	3	
AVITENE FLOUR EXTERNAL POWDER (***microfibrillar coll hemostat***)	3	
ENDO AVITENE EXTERNAL (***absorbable collagen hemostat***)	3	
GELFILM EXTERNAL FILM (***gelatin absorbable***)	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (***gelatin absorbable***)	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL (***gelatin absorbable***)	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL (***gelatin absorbable***)	3	
GELFOAM MOUTH/THROAT POWDER (***gelatin absorbable***)	3	
GELFOAM SPONGE EXTERNAL (***gelatin absorbable***)	3	
GELFOAM SPONGE SIZE 100 EXTERNAL (***gelatin absorbable***)	3	
GELFOAM SPONGE SIZE 200 EXTERNAL (***gelatin absorbable***)	3	
GELFOAM SPONGE SIZE 50 EXTERNAL (***gelatin absorbable***)	3	
INSTAT EXTERNAL PAD (***absorbable collagen hemostat***)	3	
INTERCEED (TC7) EXTERNAL PAD (***oxidized cellulose***)	3	
INTERCEED EXTERNAL PAD (***oxidized cellulose***)	3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED (***thrombin (recombinant)***)	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED (***thrombin (recombinant)***)	3	
SURGICEL FIBRILLAR EXTERNAL PAD (***oxidized cellulose***)	3	
SURGICEL NU-KNIT EXTERNAL PAD (***oxidized cellulose***)	3	
SURGICEL SNOW 1"X2" EXTERNAL PAD (***oxidized cellulose***)	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD (***oxidized cellulose***)	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD (***oxidized cellulose***)	3	
SYRINGE AVITENE EXTERNAL (***absorbable collagen hemostat***)	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT (***thrombin***)	3	
THROMBIN-JMI EXTERNAL KIT (***thrombin***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED (***thrombin***)	3	
THROMBOGEN EXTERNAL KIT (***thrombin***)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED (***thrombin***)	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL (***microfibrillar coll hemostat***)	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL (***microfibrillar coll hemostat***)	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL (***microfibrillar coll hemostat***)	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL (***microfibrillar coll hemostat***)	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL (***microfibrillar coll hemostat***)	3	
***HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
BARBITURATE HYPNOTICS - DRUGS FOR INSOMNIA**		
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	QL (100 mL per 1 day)
phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg	1 or 1b*	QL (4 tablets per 1 day)
phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg	1 or 1b*	DO
phenobarbital sodium injection solution	1 or 1b*	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED (***phenobarbital sodium***)	3	
BENZODIAZEPINE HYPNOTICS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED (***remimazolam besylate***)	3	LD
estazolam oral tablet	1 or 1b*	QL (1 tablet per 1 day)
flurazepam hcl oral capsule	1 or 1b*	QL (1 capsule per 1 day)
HALCION ORAL TABLET (***triazolam***)	3	ST; QL (1 tablet per 1 day)
midazolam hcl (pf) +rfid injection solution	1 or 1b*	
midazolam hcl (pf) injection solution	1 or 1b*	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 25 mg/5ml, 5 mg/ml, 50 mg/10ml	1 or 1b*	
midazolam hcl oral syrup	1 or 1b*	QL (10 mL per 1 fill)
midazolam-sodium chloride (pf) intravenous solution	1 or 1b*	
quazepam oral tablet	1 or 1b*	QL (1 tablet per 1 day)
RESTORIL ORAL CAPSULE (***temazepam***)	3	ST; QL (1 capsule per 1 day)
temazepam oral capsule	1 or 1b*	QL (1 capsule per 1 day)
triazolam oral tablet	1 or 1b*	QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPNOTICS - TRICYCLIC AGENTS - DRUGS FOR INSOMNIA**		
doxepin hcl oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
SILENOR ORAL TABLET (***doxepin hcl***)	3	ST; QL (1 tablet per 1 day)
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS - DRUGS FOR INSOMNIA**		
AMBIEN CR ORAL TABLET EXTENDED RELEASE (***zolpidem tartrate***)	3	ST; QL (1 tablet per 1 day)
AMBIEN ORAL TABLET (***zolpidem tartrate***)	3	ST; QL (1 tablet per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL (***zolpidem tartrate***)	3	ST; QL (1 tablet per 1 day)
eszopiclone oral tablet	1 or 1b*	QL (1 tablet per 1 day)
LUNESTA ORAL TABLET 1 MG, 2 MG (***eszopiclone***)	3	ST; QL (1 tablet per 1 day)
LUNESTA ORAL TABLET 3 MG (***eszopiclone***)	3	ST; AL; QL (1 tablet per 1 day)
zaleplon oral capsule	1 or 1b*	QL (1 capsule per 1 day)
zolpidem tartrate er oral tablet extended release	1 or 1b*	QL (1 tablet per 1 day)
zolpidem tartrate oral capsule	3	ST; QL (1 capsule per 1 day)
zolpidem tartrate oral tablet	1 or 1b*	QL (1 tablet per 1 day)
zolpidem tartrate sublingual tablet sublingual	1 or 1b*	ST; QL (1 tablet per 1 day)
OREXIN RECEPTOR ANTAGONISTS - DRUGS FOR INSOMNIA**		
BELSOMRA ORAL TABLET (***suvorexant***)	3	ST; QL (1 tablet per 1 day)
DAYVIGO ORAL TABLET (***lemborexant***)	3	ST; QL (1 tablet per 1 day)
QUVIVIQ ORAL TABLET (***daridorexant hcl***)	3	ST; QL (1 tablet per 1 day)
SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES - DRUGS FOR INSOMNIA**		
dexmedetomidine hcl in nacl intravenous solution	1 or 1b*	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1 or 1b*	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
IGALMI SUBLINGUAL FILM (***dexmedetomidine hcl***)	3	PA; QL (20 films per 30 days)
PRECEDEX INTRAVENOUS SOLUTION (***dexmedetomidine hcl in nacl***)	3	
SELECTIVE MELATONIN RECEPTOR AGONISTS - DRUGS FOR INSOMNIA**		
HETLIOZ LQ ORAL SUSPENSION (***tasimelteon***)	3	PA; LD; QL (5 mL per 1 day)
HETLIOZ ORAL CAPSULE (***tasimelteon***)	3	PA; LD; QL (1 capsule per 1 day)
ramelteon oral tablet	1 or 1b*	QL (1 tablet per 1 day)
ROZEREM ORAL TABLET (***ramelteon***)	3	ST; QL (1 tablet per 1 day)
tasimelteon oral capsule	1 or 1b*	PA; LD; QL (1 capsule per 1 day)
***LAXATIVES* - DRUGS FOR THE STOMACH**		
BOWEL EVACUANT COMBINATIONS - DRUGS TO PREVENT CONSTIPATION**		
CLENPIQ ORAL SOLUTION (***sod picosulfate-mag ox-cit acd***)	3	QL (350 mL per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (***peg 3350-kcl-nabcb-nacl-nasulf***)	1 or 1a*; $0	QL (1 bottle per 30 days)
gavilyte-g oral solution reconstituted	1 or 1a*; $0	QL (4000 grams per 30 days)
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	1 or 1a*; $0	QL (4000 grams per 30 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED (***peg 3350-kcl-nabcb-nacl-nasulf***)	3	QL (4000 grams per 30 days)
MOVIPREP ORAL SOLUTION RECONSTITUTED (***peg-kcl-nacl-nasulf-na asc-c***)	3	QL (1 gram per 30 days)
na sulfate-k sulfate-mg sulf oral solution	1 or 1b*; $0	QL (1 kit per 30 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*; $0	QL (4000 grams per 30 days)
peg-3350/electrolytes oral solution reconstituted	1 or 1a*; $0	QL (4000 grams per 30 days)
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*; $0	QL (1 gram per 30 days)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*; $0	QL (1 gram per 30 days)
PEG-PREP ORAL KIT (***bisacodyl-peg-kcl-nabicar-nacl***)	3	QL (1 kit per 30 days)
PLENVU ORAL SOLUTION RECONSTITUTED (***peg-kcl-nacl-nasulf-na asc-c***)	3	QL (1 gram per 30 days)
SUFLAVE ORAL SOLUTION RECONSTITUTED (***peg 3350-kcl-nacl-nasulf-mgsul***)	3	QL (2 kits per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION (***na sulfate-k sulfate-mg sulf***)	3	QL (1 kit per 30 days)
SUTAB ORAL TABLET (***sodium sulfate-mag sulfate-kcl***)	2	QL (24 tablets per 30 days)
LAXATIVES - MISCELLANEOUS - DRUGS TO PREVENT CONSTIPATION**		
clearlax oral powder	1 or 1b*; $0	
constulose oral solution	1 or 1b*	
cvs purelax oral packet	1 or 1b*; $0	
cvs purelax oral powder	1 or 1b*; $0	
eq clearlax oral powder	1 or 1b*; $0	
eq laxative oral packet	1 or 1b*; $0	
eql clearlax oral powder	1 or 1b*; $0	
ft clearlax oral powder	1 or 1b*; $0	
gavilax oral powder	1 or 1b*; $0	
glycolax oral powder	1 or 1b*; $0	
gnp clearlax oral packet	1 or 1b*; $0	
gnp clearlax oral powder	1 or 1b*; $0	
goodsense clearlax oral powder	1 or 1b*; $0	
healthylax oral packet	1 or 1b*; $0	
kls laxaclear oral powder	1 or 1b*; $0	
KRISTALOSE ORAL PACKET (***lactulose***)	1 or 1b*	ST; QL (2 packets per 1 day)
LACTULOSE ORAL PACKET 10 GM	1 or 1b*	ST; QL (2 packets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lactulose oral packet 20 gm	1 or 1b*	ST; QL (2 packets per 1 day)
lactulose oral solution	1 or 1b*	
mm clearlax oral powder	1 or 1b*; $0	
peg 3350 oral packet	1 or 1b*; $0	
peg 3350 oral powder	1 or 1b*; $0	
polyethylene glycol 3350 oral packet	1 or 1b*; $0	
polyethylene glycol 3350 oral powder	1 or 1b*; $0	
qc natura-lax oral powder	1 or 1b*; $0	
ra laxative oral powder	1 or 1b*; $0	
sb polyethylene glycol 3350 oral powder	1 or 1b*; $0	
smooth lax oral packet	1 or 1b*; $0	
smooth lax oral powder	1 or 1b*; $0	
true laxative oral powder	1 or 1b*; $0	
LUBRICANT LAXATIVES - DRUGS TO PREVENT CONSTIPATION**		
mineral oil heavy oral oil	1 or 1b*	
SALINE LAXATIVES - DRUGS TO PREVENT CONSTIPATION**		
citrate of magnesia oral solution	1 or 1a*; $0	
citroma oral solution	1 or 1a*; $0	
cvs magnesium citrate oral solution	1 or 1a*; $0	
cvs milk of magnesia oral suspension	1 or 1b*; $0	
dulcolax milk of magnesia oral suspension	1 or 1b*; $0	
dulcolax oral suspension	1 or 1b*; $0	
eq magnesium citrate oral solution	1 or 1a*; $0	
eql magnesium citrate oral solution	1 or 1a*; $0	
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION (***magnesium citrate***)	1 or 1a*; $0	
ft magnesium citrate oral solution	1 or 1a*; $0	
ft milk of magnesia oral suspension	1 or 1b*; $0	
gentle laxative oral suspension	1 or 1b*; $0	
gnp magnesium citrate oral solution	1 or 1a*; $0	
gnp milk of magnesia oral suspension	1 or 1b*; $0	
goodsense magnesium citrate oral solution	1 or 1a*; $0	
goodsense milk of magnesia oral suspension	1 or 1b*; $0	
magnesium citrate oral solution	1 or 1a*; $0	
milk of magnesia oral suspension	1 or 1b*; $0	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION (***magnesium citrate***)	1 or 1a*; $0	
phillips milk of magnesia oral suspension	1 or 1b*; $0	
qc magnesium citrate oral solution	1 or 1a*; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc milk of magnesia oral suspension	1 or 1b*; $0	
ra magnesium citrate oral solution	1 or 1a*; $0	
ra milk of magnesia oral suspension	1 or 1b*; $0	
sb magnesium citrate oral solution	1 or 1a*; $0	
sb milk of magnesia oral suspension	1 or 1b*; $0	
STIMULANT LAXATIVES - DRUGS TO PREVENT CONSTIPATION**		
alophen oral tablet delayed release	1 or 1a*; $0	
bisacodyl ec oral tablet delayed release	1 or 1a*; $0	
cvs c-lax laxative oral tablet delayed release	1 or 1a*; $0	
cvs gentle laxative oral tablet delayed release	1 or 1a*; $0	
cvs gentle laxative womens oral tablet delayed release	1 or 1a*; $0	
eq gentle laxative oral tablet delayed release	1 or 1a*; $0	
eql gentle laxative oral tablet delayed release	1 or 1a*; $0	
eql laxative oral tablet delayed release	1 or 1a*; $0	
ex-lax ultra oral tablet delayed release	1 or 1a*; $0	
FLEET STIMULANT ORAL TABLET DELAYED RELEASE (***bisacodyl***)	1 or 1a*; $0	
ft laxative oral tablet delayed release	1 or 1a*; $0	
gentle laxative oral tablet delayed release	1 or 1a*; $0	
gnp gentle laxative oral tablet delayed release	1 or 1a*; $0	
gnp womens gentle laxative oral tablet delayed release	1 or 1a*; $0	
goodsense bisacodyl laxative oral tablet delayed release	1 or 1a*; $0	
kp bisacodyl oral tablet delayed release	1 or 1a*; $0	
qc gentle laxative oral tablet delayed release	1 or 1a*; $0	
qc gentle laxative womens oral tablet delayed release	1 or 1a*; $0	
qc laxative oral tablet delayed release	1 or 1a*; $0	
ra laxative oral tablet delayed release	1 or 1a*; $0	
ra womens laxative oral tablet delayed release	1 or 1a*; $0	
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*; $0	
sb gentle lax-women oral tablet delayed release	1 or 1a*; $0	
womans laxative oral tablet delayed release	1 or 1a*; $0	
womens laxative oral tablet delayed release	1 or 1a*; $0	
***LOCAL ANESTHETICS-PARENTERAL* - DRUGS FOR PAIN AND FEVER**		
LOCAL ANESTHETIC & SYMPATHOMIMETIC - DRUGS FOR SEDATION**		
articadent dental injection solution cartridge	3	
bupivacaine-epinephrine (pf) injection solution	1 or 1b*	
bupivacaine-epinephrine injection solution 0.5% -1:200000	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine-epinephrine (pf) injection solution	1 or 1b*	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000	1 or 1b*	
MARCAINE/EPINEPHRINE INJECTION SOLUTION (***bupivacaine-epinephrine***)	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (***bupivacaine-epinephrine***)	3	
ORABLOC INJECTION SOLUTION CARTRIDGE (***articaine-epinephrine***)	3	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.25% -1:200000	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.5% -1:200000	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (***bupivacaine-epinephrine***)	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION (***lidocaine-epinephrine***)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (***lidocaine-epinephrine***)	3	
LOCAL ANESTHETICS - AMIDES - DRUGS FOR SEDATION**		
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION	3	
bupivacaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	
MARCAINE INJECTION SOLUTION (***bupivacaine hcl***)	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION (***bupivacaine hcl***)	3	
MONOJECT BONE MARROW BIOPSY INJECTION KIT (***lidocaine hcl***)	3	
NAROPIN INJECTION SOLUTION (***ropivacaine hcl***)	3	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
POSIMIR INJECTION SOLUTION (***bupivacaine***)	3	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
ROPIVACAINE HCL INJECTION SOLUTION 2 MG/ML	1 or 1b*	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
XARACOLL IMPLANT IMPLANT (***bupivacaine hcl***)	3	
XYLOCAINE INJECTION SOLUTION (***lidocaine hcl***)	3	
XYLOCAINE MPF +RFID INJECTION SOLUTION (***lidocaine hcl***)	3	
XYLOCAINE-MPF +RFID INJECTION SOLUTION (***lidocaine hcl***)	3	
XYLOCAINE-MPF INJECTION SOLUTION (***lidocaine hcl***)	3	
LOCAL ANESTHETICS - ESTERS - DRUGS FOR SEDATION**		
chloroprocaine hcl (pf) injection solution	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NESACAINE INJECTION SOLUTION (***chloroprocaine hcl***)	3	
NESACAINE-MPF INJECTION SOLUTION (***chloroprocaine hcl***)	3	
***MACROLIDES* - DRUGS FOR INFECTIONS**		
AZITHROMYCIN - ANTIBIOTICS**		
azithromycin intravenous solution reconstituted	1 or 1b*	
azithromycin oral suspension reconstituted	1 or 1b*	
azithromycin oral tablet	1 or 1b*	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED (***azithromycin***)	3	
ZITHROMAX ORAL PACKET (***azithromycin***)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED (***azithromycin***)	3	
ZITHROMAX ORAL TABLET (***azithromycin***)	3	
ZITHROMAX TRI-PAK ORAL TABLET (***azithromycin***)	3	
ZITHROMAX Z-PAK ORAL TABLET (***azithromycin***)	3	
CLARITHROMYCIN - ANTIBIOTICS**		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
ERYTHROMYCINS - ANTIBIOTICS**		
e.e.s. 400 oral tablet	1 or 1b*	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED (***erythromycin ethylsuccinate***)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED (***erythromycin ethylsuccinate***)	3	
ery-tab oral tablet delayed release	1 or 1b*	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED (***erythromycin lactobionate***)	3	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	
erythromycin ethylsuccinate oral suspension reconstituted	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin lactobionate intravenous solution reconstituted	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
FIDAXOMICIN - ANTIBIOTICS**		
DIFICID ORAL SUSPENSION RECONSTITUTED (***fidaxomicin***)	3	QL (1 bottle per 30 days)
DIFICID ORAL TABLET (***fidaxomicin***)	3	QL (20 tablets per 1 fill)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
CERVICAL CAPS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
FEMCAP VAGINAL DEVICE (***cervical caps***)	2; $0	
CONDOMS - FEMALE - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
FC2 FEMALE CONDOM (***condoms - female***)	2; $0	QL (12 units per 1 fill)
CONDOMS - MALE - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
aimsco lubricated	2; $0	
condoms	2; $0	
DUREX EXTRA SENSITIVE THIN (***condoms latex lubricated***)	2; $0	
DUREX EXTRA SENSITIVE THIN DEVICE (***condoms latex lubricated***)	2; $0	
DUREX REALFEEL DEVICE (***condoms non-latex lubricated***)	2; $0	
DUREX TROPICAL (***condoms latex lubricated***)	2; $0	
FANTASY LUBRICATED (***condoms latex lubricated***)	2; $0	
FANTASY LUBRICATED/SPERMICIDE (***condoms latex lubricated***)	2; $0	
KAMELEON LUBRICATED (***condoms latex lubricated***)	2; $0	
kimono	2; $0	
KIMONO COLORS DEVICE (***condoms latex lubricated***)	2; $0	
KIMONO MAXX-LARGE FLARE (***condoms latex lubricated***)	2; $0	
kimono micro thin	2; $0	
kimono micro thin plus	2; $0	
kimono plus	2; $0	
kimono ps	2; $0	
kimono ps plus	2; $0	
kimono sensation	2; $0	
kimono sensation plus	2; $0	
KIMONO SPECIAL DEVICE (***condoms latex lubricated***)	2; $0	
maxx	2; $0	
maxx plus	2; $0	
REALITY LATEX CONDOMS (***condoms latex lubricated***)	2; $0	
REALITY LATEX/ULTRA TEXTURED DEVICE (***condoms latex lubricated***)	2; $0	
REALITY LATEX/ULTRA THIN DEVICE (***condoms latex lubricated***)	2; $0	
TROJAN ENZ (***condoms latex non-lubricated***)	2; $0	
TROJAN MAGNUM (***condoms latex lubricated***)	2; $0	
TROJAN ULTRA RIBBED LUBRICATED DEVICE (***condoms latex lubricated***)	2; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROJAN ULTRA THIN (***condoms latex lubricated***)	2; $0	
TROJAN ULTRA THIN/SPERMICIDAL (***condoms latex lubricated***)	2; $0	
TROJAN-ENZ LUBRICATED (***condoms latex lubricated***)	2; $0	
TROJAN-ENZ/SPERMICIDAL (***condoms latex lubricated***)	2; $0	
true cover device	2; $0	
TRUSTEX COLOR CONDOMS + LUBE (***condoms latex lubricated***)	2; $0	
TRUSTEX LUB/RIBBED/STUDDED (***condoms latex lubricated***)	2; $0	
TRUSTEX LUB/SPERMICIDE EX ST (***condoms latex lubricated***)	2; $0	
TRUSTEX LUB/SPERMICIDE XL (***condoms latex lubricated***)	2; $0	
TRUSTEX LUBRICATED (***condoms latex lubricated***)	2; $0	
TRUSTEX LUBRICATED EX LARGE (***condoms latex lubricated***)	2; $0	
TRUSTEX LUBRICATED EXTRA ST (***condoms latex lubricated***)	2; $0	
TRUSTEX LUBRICATED/SPERMICIDE (***condoms latex lubricated***)	2; $0	
TRUSTEX NATURAL CONDOMS + LUBE (***condoms latex lubricated***)	2; $0	
TRUSTEX NON-LUBRICATED (***condoms latex non-lubricated***)	2; $0	
TRUSTEX RIA LUB/SPERMICIDE (***condoms latex lubricated***)	2; $0	
TRUSTEX RIA LUBRICATED (***condoms latex lubricated***)	2; $0	
TRUSTEX RIA NON-LUBRICATED (***condoms latex non-lubricated***)	2; $0	
TRUSTEX-NONOXYNOL-9/RIB/STUD (***condoms latex lubricated***)	2; $0	
DENTAL DESENSITIZING PRODUCTS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
REMESENSE DENTAL (***dental desensitizing product***)	3	
DENTIFRICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
MI PASTE DENTAL PASTE (***dentifrices***)	3	
MI PASTE PLUS DENTAL PASTE (***dentifrices***)	3	
DIAPHRAGMS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
CAYA VAGINAL DIAPHRAGM (***diaphragm arc-spring***)	2; $0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (***diaphragms***)	3; $0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	2; $0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	2; $0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	2; $0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	2; $0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	2; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	2; $0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	2; $0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	2; $0	
GLUCOSE MONITORING TEST SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
ACCU-CHEK FASTCLIX LANCET KIT (***lancets misc.***)	2	QL (200 units per 30 days)
ACCU-CHEK FASTCLIX LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT (***lancets misc.***)	2	QL (200 units per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
ACTI-LANCE 28G	2	QL (204 lancets per 30 days)
ACTI-LANCE LITE LANCETS 28G	2	QL (204 lancets per 30 days)
ACTI-LANCE SPECIAL LANCETS 17G	2	QL (204 lancets per 30 days)
ACTI-LANCE UNIVERSAL 23G	2	QL (204 lancets per 30 days)
adjustable lancing device	2	
ADVANCED MOBILE LANCET	2	QL (204 lancets per 30 days)
ADVOCATE LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
ADVOCATE LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
ADVOCATE LANCING DEVICE (***lancet devices***)	2	
ADVOCATE RAPID-SAFE LANCING (***lancet devices***)	2	
ADVOCATE SAFETY LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 21G (***lancets***)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 23G (***lancets***)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 26G (***lancets***)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 32G	2	QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 33G (***lancets***)	2	QL (204 lancets per 30 days)
AQUALANCE LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
ASSURE COMFORT LANCETS 28G	2	QL (204 lancets per 30 days)
ASSURE LANCE LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
ASSURE LANCE LANCETS 21G (***lancets***)	2	QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 25G (***lancets***)	2	QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 30G (***lancets***)	2	QL (204 lancets per 30 days)
ASSURE LANCE SAFETY LANCET 28G (***lancets***)	2	QL (204 lancets per 30 days)
AURORA LANCET SUPER THIN 30G	2	QL (204 lancets per 30 days)
AURORA LANCET THIN 23G	2	QL (204 lancets per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUTO-LANCET (***lancet devices***)	2	
AUTO-LANCET MINI (***lancet devices***)	2	
AUTOLET II CLINISAFE KIT (***lancets misc.***)	2	QL (200 units per 30 days)
AUTOLET LANCING DEVICE (***lancet devices***)	2	
AUTOLET LITE CLINISAFE KIT (***lancets misc.***)	2	QL (200 units per 30 days)
AUTOLET LITE LANCING DEVICE (***lancet devices***)	2	
AUTOLET LITE STARTER PACK KIT (***lancets misc.***)	2	QL (200 units per 30 days)
AUTOLET MINI (***lancet devices***)	2	
AUTOLET PLATFORMS (***lancets misc.***)	2	QL (200 units per 30 days)
AUTOLET PLUS (***lancet devices***)	2	
BD MICROTAINER LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
CARDIOCOM LANCING DEVICE (***lancet devices***)	2	
careone advanced lancing dev	2	
CAREONE LANCET SUPER THIN 30G (***lancets***)	2	QL (204 lancets per 30 days)
CAREONE LANCET THIN 23G	2	QL (204 lancets per 30 days)
CARESENS LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
CARESENS LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
CARETOUCH LANCING/EJECTOR (***lancet devices***)	2	
CARETOUCH SAFETY LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS 26G (***lancets***)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 33G (***lancets***)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST MC LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
CHOSEN LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
CHOSEN LANCING DEVICE (***lancet devices***)	2	
CHOSEN SAFETY LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
CLEANLET LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
CLEVER CHEK LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
CLEVER CHOICE COMFORT EZ (***lancets***)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 21G (***lancets***)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 23G (***lancets***)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
COAGUCHEK LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
COMFORT ASSURED LANCETS 28G	2	QL (204 lancets per 30 days)
COMFORT ASSURED LANCETS 33G	2	QL (204 lancets per 30 days)
COMFORT TOUCH LANCETS 31G (***lancets***)	2	QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT TOUCH PLUS LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
COMFORT TOUCH TWIST LANCET 30G (***lancets***)	2	QL (204 lancets per 30 days)
CVS LANCETS ORIGINAL	2	QL (204 lancets per 30 days)
CVS LANCETS THIN 26G	2	QL (204 lancets per 30 days)
cvs lancing device	2	
CVS ULTRA THIN LANCETS	2	QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER DEVICE (***continuous glucose receiver***)	2	PA; QL (1 unit per 365 days)
DEXCOM G6 SENSOR (***continuous glucose sensor***)	2	PA; QL (3 units per 30 days)
DEXCOM G6 TRANSMITTER (***continuous glucose transmitter***)	2	PA; QL (1 unit per 90 days)
DEXCOM G7 RECEIVER DEVICE (***continuous glucose receiver***)	2	PA; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR (***continuous glucose sensor***)	2	PA; QL (3 sensors per 30 days)
DIATHRIVE LANCET ULTRA THIN 30 (***lancets***)	2	QL (204 lancets per 30 days)
DIATHRIVE LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
DIATHRIVE LANCING DEVICE (***lancet devices***)	2	
DROPLET GENTEEL LANCING DEVICE (***lancet devices***)	2	
DROPLET LANCETS ULTRA THIN 30G (***lancets***)	2	QL (204 lancets per 30 days)
DROPLET LANCING DEVICE (***lancet devices***)	2	
DROPLET PERSONAL LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE 23G (***lancets***)	2	QL (204 lancets per 30 days)
DRUG MART ON-THE-GO LANCET 30G (***lancets***)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 33G (***lancets***)	2	QL (204 lancets per 30 days)
EASY COMFORT LANCETS	2	QL (204 lancets per 30 days)
EASY COMFORT LANCETS TWIST TOP	2	QL (204 lancets per 30 days)
easy mini eject lancing device	2	
easy mini lancing device	2	
EASY TOUCH LANCETS 21G (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 23G (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 26G (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G/TWIST (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G/TWIST (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G/TWIST (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 33G/TWIST (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCING DEVICE (***lancet devices***)	2	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SAFETY LANCETS 21G (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 23G (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 26G (***lancets***)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
EMBRACE LANCETS ULTRA THIN 30G (***lancets***)	2	QL (204 lancets per 30 days)
embrace lancing device/ejector	2	
EMBRACE PRESSURE ACTIVATED 21G (***lancets***)	2	QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G (***lancets***)	2	QL (204 lancets per 30 days)
ENLITE GLUCOSE SENSOR (***continuous glucose sensor***)	3	PA
EVERSENSE 365 SENSOR/HOLDER (***continuous glucose sensor***)	3	QL (1 sensor per 1 year)
EVERSENSE 365 SMART TRANSMIT (***continuous glucose transmitter***)	3	PA; QL (1 transmitter per 1 year)
EVERSENSE SENSOR/HOLDER (***continuous glucose sensor***)	3	PA
EVERSENSE SMART TRANSMITTER (***continuous glucose transmitter***)	3	PA; QL (1 unit per 365 days)
EZ-LETS LANCETS 21G (***lancets***)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 26G (***lancets***)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
FIFTY50 SAFETY SEAL LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G (***lancets***)	2	QL (204 lancets per 30 days)
FINGERSTIX LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
FORA LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
FORA LANCING DEVICE (***lancet devices***)	2	
FREESTYLE LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (***continuous glucose receiver***)	2	PA; QL (1 unit per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (***continuous glucose sensor***)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR (***continuous glucose sensor***)	2	PA; QL (2 kits per 30 days)
FREESTYLE LIBRE 2 READER DEVICE (***continuous glucose receiver***)	2	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR (***continuous glucose sensor***)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR (***continuous glucose sensor***)	2	PA; QL (2 sensors per 30 days)
FREESTYLE LIBRE 3 READER DEVICE (***continuous glucose receiver***)	2	PA; QL (1 unit per 1 year)
FREESTYLE LIBRE 3 SENSOR (***continuous glucose sensor***)	2	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE (***continuous glucose receiver***)	2	PA; QL (1 unit per 365 days)
FREESTYLE UNISTICK II LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (***lancets***)	2	QL (204 lancets per 30 days)
GENTEEL CONTACT TIPS (BLUE) (***lancets misc.***)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (CLEAR) (***lancets misc.***)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (GREEN) (***lancets misc.***)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (ORANGE) (***lancets misc.***)	2	QL (200 units per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENTEEL CONTACT TIPS (RAINBOW) (***lancets misc.***)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (VIOLET) (***lancets misc.***)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (YELLOW) (***lancets misc.***)	2	QL (200 units per 30 days)
GENTEEL LANCING KIT (BLUE) KIT (***lancets misc.***)	2	QL (200 units per 30 days)
GENTEEL NOZZLES (***lancets misc.***)	2	QL (200 units per 30 days)
GENTEEL PLUS LANCING (BLACK) (***lancet devices***)	2	
GENTEEL PLUS LANCING (PURPLE) (***lancet devices***)	2	
GENTEEL PLUS LANCING (WHITE) (***lancet devices***)	2	
GENTEEL PLUS LANCING DEV(BLUE) (***lancet devices***)	2	
GENTEEL PLUS LANCING DEV(PINK) (***lancet devices***)	2	
GLOBAL INJECT EASE LANCETS 28G	2	QL (204 lancets per 30 days)
GLOBAL INJECT EASE LANCETS 30G	2	QL (204 lancets per 30 days)
global lancing device	2	
GLUCOCOM LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 33G (***lancets***)	2	QL (204 lancets per 30 days)
GNP LANCING SYSTEM DEVICE (***lancet devices***)	2	
GNP STERILE LANCETS 28G	2	QL (204 lancets per 30 days)
GNP STERILE LANCETS 30G	2	QL (204 lancets per 30 days)
GNP STERILE LANCETS 33G	2	QL (204 lancets per 30 days)
GOJJI LANCING DEVICE/CLEAR CAP (***lancet devices***)	2	
GOJJI STERILE LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
GUARDIAN 4 GLUCOSE SENSOR (***continuous glucose sensor***)	3	PA; QL (5 sensors per 30 days)
GUARDIAN 4 TRANSMITTER (***continuous glucose transmitter***)	3	PA; QL (1 unit per 1 year)
GUARDIAN LINK 3 TRANSMITTER (***continuous glucose transmitter***)	3	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE (***continuous glucose receiver***)	3	PA; QL (1 unit per 365 days)
GUARDIAN SENSOR (3) (***continuous glucose sensor***)	3	PA; QL (5 sensors per 30 days)
GUARDIAN SENSOR 3	3	PA; QL (5 sensors per 30 days)
HAEMOLANCE (***lancets***)	2	QL (204 lancets per 30 days)
HAEMOLANCE LOW FLOW LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS (***lancets***)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS HIGH FLOW (***lancets***)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS LOW FLOW (***lancets***)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS MAX FLOW (***lancets***)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW (***lancets***)	2	QL (204 lancets per 30 days)
h-e-b incontrol adv lancing	2	
H-E-B INCONTROL LANCETS 28G	2	QL (204 lancets per 30 days)
H-E-B INCONTROL LANCETS 30G	2	QL (204 lancets per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
H-E-B INCONTROL LANCETS 33G	2	QL (204 lancets per 30 days)
HYPOLANCE AST LANCING KIT (***lancets misc.***)	2	QL (200 units per 30 days)
HY-VEE LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
HY-VEE THIN LANCETS	2	QL (204 lancets per 30 days)
IHEALTH LANCING DEVICE (***lancet devices***)	2	
IN TOUCH LANCING DEVICE (***lancet devices***)	2	
IN TOUCH STERILE LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
KINNEY LANCETS	2	QL (204 lancets per 30 days)
KINNEY THIN LANCETS	2	QL (204 lancets per 30 days)
KROGER AUTOLET LANCING DEVICE (***lancet devices***)	2	
KROGER HEALTHPRO LANCET 26G (***lancets***)	2	QL (204 lancets per 30 days)
KROGER LANCETS	2	QL (204 lancets per 30 days)
KROGER LANCETS SUPER THIN	2	QL (204 lancets per 30 days)
KROGER LANCETS THIN	2	QL (204 lancets per 30 days)
lancet device	2	
lancet device with ejector	2	
LANCETS	2	QL (204 lancets per 30 days)
LANCETS 28G THIN	2	QL (204 lancets per 30 days)
LANCETS 30G	2	QL (204 lancets per 30 days)
LANCETS 33G	2	QL (204 lancets per 30 days)
LANCETS MICRO THIN 33G	2	QL (204 lancets per 30 days)
LANCETS SUPER THIN (***lancets***)	2	QL (204 lancets per 30 days)
LANCETS SUPER THIN 28G	2	QL (204 lancets per 30 days)
LANCETS THIN	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN (***lancets***)	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN 30G	2	QL (204 lancets per 30 days)
lancing device	2	
LANZO (***lancet devices***)	2	
leader advanced lancing device	2	
LIBERTY MEDICAL LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
LITE TOUCH LANCETS	2	QL (204 lancets per 30 days)
LITE TOUCH LANCING PEN (***lancet devices***)	2	
LITETOUCH LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
LIVE BETTER LANCET SUPER THIN	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET EXTRA	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET NORM	2	QL (204 lancets per 30 days)
MEDLANCE PLUS EXTRA 21G (***lancets***)	2	QL (204 lancets per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDLANCE PLUS LITE 25G (***lancets***)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM (***lancets***)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G (***lancets***)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS UNIVERSAL 21G (***lancets***)	2	QL (204 lancets per 30 days)
MEIJER LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 21G (***lancets***)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 30G (***lancets***)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 33G (***lancets***)	2	QL (204 lancets per 30 days)
MICROLET LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
MICROLET NEXT LANCING DEVICE (***lancet devices***)	2	
mini lancing device	2	
MINILINK REAL-TIME TRANSMITTER (***continuous glucose transmitter***)	3	PA
MINIMED 630G GUARDIAN PRESS (***continuous glucose transmitter***)	3	PA
MM LANCING DEVICE (***lancet devices***)	2	
MM TWIST LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
mobile lancets 30g	2	QL (204 lancets per 30 days)
MONOLET LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
MONOLET OPD LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
MONOLETTOR SAFETY LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
multi-lancet device	2	
MULTI-LANCET DEVICE 2 KIT (***lancets misc.***)	2	QL (200 units per 30 days)
MYGLUCOHEALTH LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 23G (***lancets***)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
NOVA SUREFLEX LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
NOVA SUREFLEX LANCING DEVICE (***lancet devices***)	2	
ONETOUCH DELICA PLUS LANCET30G (***lancets***)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (***lancets***)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCING (***lancet devices***)	2	
ONETOUCH DELICA SAFETY LANCING (***lancets***)	2	QL (204 lancets per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
PARADIGM REAL-TIME TRANSMITTER (***continuous glucose transmitter***)	3	PA
PERFECT LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
PERFECT LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
PERFECT POINT SAFETY LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
PHARMACIST CHOICE LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
PIP LANCETS 28G	2	QL (204 lancets per 30 days)
PIP LANCETS 30G	2	QL (204 lancets per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
PRO COMFORT LANCETS 31G	2	QL (204 lancets per 30 days)
pro comfort safety lancets 30g	2	QL (204 lancets per 30 days)
PRODIGY LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
PRODIGY LANCING DEVICE (***lancet devices***)	2	
PRODIGY SAFETY LANCETS 26G (***lancets***)	2	QL (204 lancets per 30 days)
PRODIGY TWIST TOP LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
PURE COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
px advanced lancing device	2	
PX LANCETS MICROTHIN 33G	2	QL (204 lancets per 30 days)
PX LANCETS ULTRA THIN 28G	2	QL (204 lancets per 30 days)
qc advanced lancing device	2	
QC LANCETS SUPER THIN 30G	2	QL (204 lancets per 30 days)
QC LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
QC UNILET LANCETS 28G	2	QL (204 lancets per 30 days)
QC UNILET LANCETS MICRO THIN	2	QL (204 lancets per 30 days)
READYLANCE SAFETY LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
REALITY LANCETS	2	QL (204 lancets per 30 days)
REALITY TRIGGER LANCETS	2	QL (204 lancets per 30 days)
RELION LANCET DEVICES 30G (***lancets***)	2	QL (204 lancets per 30 days)
RELION LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
RELION LANCETS MICRO-THIN 33G (***lancets***)	2	QL (204 lancets per 30 days)
RELION LANCETS THIN 26G (***lancets***)	2	QL (204 lancets per 30 days)
RELION LANCETS ULTRA-THIN 30G (***lancets***)	2	QL (204 lancets per 30 days)
RELION LANCING DEVICE (***lancet devices***)	2	
RELION ULTRA THIN LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
RIGHTEST ALTERNATE SITE ADAPT (***lancets misc.***)	2	QL (200 units per 30 days)
RIGHTEST GD500 LANCING DEVICE (***lancet devices***)	2	
RIGHTEST GL300 LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
SAFETY LANCET 30G/PRESSURE ACT	2	QL (204 lancets per 30 days)
SAFETY LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 21G (***lancets***)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 23G (***lancets***)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 28G	2	QL (204 lancets per 30 days)
saps health plus lancets	2	QL (204 lancets per 30 days)
SAPS HEALTH TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SAPS TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SAPSCARE TWIST TOP LANCETS	2	QL (204 lancets per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SB LANCETS THIN	2	QL (204 lancets per 30 days)
SB LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
select-lite device/lancets kit	2	QL (200 units per 30 days)
select-lite lancing device	2	
SIMPLE DIAGNOSTICS LANCING DEV (***lancet devices***)	2	
SIMPLERA SENSOR (***continuous glucose sensor***)	3	PA; QL (5 sensors per 30 days)
SIMPLERA SYNC SENSOR (***continuous glucose sensor***)	3	PA; QL (5 sensors per 30 days)
SIMPLERA SYSTEM (***continuous glucose sensor***)	3	PA; QL (1 kit per 1 year)
SINGLE-LET (***lancets***)	2	QL (204 lancets per 30 days)
SMART DIABETES VANTAGE LANCING (***lancet devices***)	2	
SMARTEST LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
SOLUS V2 LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
SOLUS V2 LANCING DEVICE (***lancet devices***)	2	
SOLUS V2 TWIST LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
STERILANCE TL (***lancets***)	2	QL (204 lancets per 30 days)
SUPER THIN LANCETS	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 18G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 21G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 23G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 28G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
sure comfort lancing pen	2	
SURELITE LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
TECHLITE AST LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
TECHLITE LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
TECHLITE LANCETS 26G (***lancets***)	2	QL (204 lancets per 30 days)
todays health lancing device	2	
TODAYS HEALTH THIN LANCETS 28G	2	QL (204 lancets per 30 days)
TODAYS HEALTH THIN LANCETS 30G	2	QL (204 lancets per 30 days)
TRAVEL LANCETS ADVANCED 28G (***lancets***)	2	QL (204 lancets per 30 days)
true comfort safety lancets	2	QL (204 lancets per 30 days)
TRUE COMFORT TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
TRUEDRAW LANCING DEVICE (***lancet devices***)	2	
TRUEPLUS LANCETS 26G (***lancets***)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 33G (***lancets***)	2	QL (204 lancets per 30 days)
TRUEPLUS SAFETY LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
twist top lancets 30g	2	QL (204 lancets per 30 days)
ULTI-LANCE AUTOMATIC (***lancet devices***)	2	
ULTILET CLASSIC LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
ULTILET LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS 23G (***lancets***)	2	QL (204 lancets per 30 days)
ULTRA THIN LANCETS 31G	2	QL (204 lancets per 30 days)
ULTRA-CARE LANCETS 30G	2	QL (204 lancets per 30 days)
ULTRA-THIN II AUTO LANCET (***lancets***)	2	QL (204 lancets per 30 days)
ULTRA-THIN II LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
UNILET COMFORTOUCH LANCET (***lancets***)	2	QL (204 lancets per 30 days)
UNILET EXCELITE (***lancets***)	2	QL (204 lancets per 30 days)
UNILET EXCELITE II (***lancets***)	2	QL (204 lancets per 30 days)
UNILET G.P. LANCET (***lancets***)	2	QL (204 lancets per 30 days)
UNILET G.P. SUPERLITE LANCET (***lancets***)	2	QL (204 lancets per 30 days)
UNILET GP 28 ULTRA THIN (***lancets***)	2	QL (204 lancets per 30 days)
UNILET LANCET (***lancets***)	2	QL (204 lancets per 30 days)
UNILET MICRO-THIN 33G (***lancets***)	2	QL (204 lancets per 30 days)
UNILET SUPERLITE LANCET (***lancets***)	2	QL (204 lancets per 30 days)
UNILET SUPER-THIN 30G (***lancets***)	2	QL (204 lancets per 30 days)
UNILET ULTRA-THIN 28G (***lancets***)	2	QL (204 lancets per 30 days)
UNISTIK 1 (***lancets***)	2	QL (200 units per 30 days)
UNISTIK 2 (***lancets***)	2	QL (200 units per 30 days)
UNISTIK 2 COMFORT (***lancets***)	2	QL (200 units per 30 days)
UNISTIK 2 EXTRA (***lancets***)	2	QL (200 units per 30 days)
UNISTIK 2 NEONATAL (***lancets***)	2	QL (200 units per 30 days)
UNISTIK 2 NORMAL (***lancets***)	2	QL (200 units per 30 days)
UNISTIK 2 SUPER (***lancets***)	2	QL (200 units per 30 days)
UNISTIK 3 (***lancets***)	2	QL (200 units per 30 days)
UNISTIK 3 COMFORT (***lancets***)	2	QL (200 units per 30 days)
UNISTIK 3 EXTRA (***lancets***)	2	QL (200 units per 30 days)
UNISTIK 3 GENTLE (***lancets***)	2	QL (204 lancets per 30 days)
UNISTIK 3 NEONATAL (***lancets***)	2	QL (200 units per 30 days)
UNISTIK 3 NORMAL (***lancets***)	2	QL (200 units per 30 days)
UNISTIK CZT COMFORT (***lancets***)	2	QL (200 units per 30 days)
UNISTIK CZT NORMAL (***lancets***)	2	QL (200 units per 30 days)
UNISTIK NORMAL (***lancets***)	2	QL (200 units per 30 days)
UNISTIK PRO SAFETY LANCET (***lancets***)	2	QL (204 lancets per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK SAFETY LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 21G (***lancets***)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 23G (***lancets***)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 28G (***lancets***)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 30G (***lancets***)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 21G (***lancets***)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 23G (***lancets***)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 28G (***lancets***)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 30G (***lancets***)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 33G (***lancets***)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCETS (***lancets***)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCETS 30G (***lancets***)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCING DEVICE (***lancet devices***)	2	
VIVAGUARD SAFETY LANCETS 28G (***lancets***)	2	QL (204 lancets per 30 days)
ZEVRX TWIST TOP LANCETS 30G	2	QL (204 lancets per 30 days)
INSULIN ADMINISTRATION SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (***insulin disposable pump***)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (***insulin disposable pump***)	2	PA; QL (15 pods per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT (***insulin disposable pump***)	2	PA; QL (1 kit per 4 years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS (***insulin disposable pump***)	2	PA; QL (15 pods per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT (***insulin disposable pump***)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PDM (GEN 4) KIT (***insulin disposable pump***)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PODS (GEN 4) (***insulin disposable pump***)	2	PA; QL (15 pods per 30 days)
TWIIST REFILL KIT KIT (***insulin disposable pump***)	2	PA; QL (1 kit per 30 days)
TWIIST REFILL KIT/INFUSION SET KIT (***insulin disposable pump***)	2	PA; QL (1 kit per 30 days)
TWIIST STARTER KIT KIT (***insulin disposable pump***)	2	PA; QL (1 kit per 1 one-time fill)
V-GO 20 KIT (***insulin disposable pump***)	3	PA
V-GO 30 KIT (***insulin disposable pump***)	3	PA
V-GO 40 KIT (***insulin disposable pump***)	3	PA
NEEDLES & SYRINGES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
1ST TIER UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE INSULIN SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
aq insulin syringe	3	ST; QL (200 syringes per 30 days)
aqinject pen needle	3	ST; QL (200 needles per 30 days)
ASSURE ID DUO PRO PEN NEEDLES (***insulin pen needle***)	3	QL (200 needles per 30 days)
ASSURE ID PRO PEN NEEDLES (***insulin pen needle***)	3	QL (200 needles per 30 days)
ASSURE ID SAFETY PEN NEEDLES (***insulin pen needle***)	3	QL (200 needles per 30 days)
aum insulin safety pen needle	3	ST; QL (200 needles per 30 days)
AUM MINI INSULIN PEN NEEDLE	3	ST; QL (200 needles per 30 days)
aum pen needle	3	ST; QL (200 needles per 30 days)
AUM READYGARD DUO PEN NEEDLE (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
AUM SAFETY PEN NEEDLE (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
AURORA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
BD AUTOSHIELD DUO (***insulin pen needle***)	2	QL (200 needles per 30 days)
BD INS SYR ULTRAFINE 1/2UNIT (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
BD INSULIN SYR ULTRAFINE II (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 (***insulin syringe/needle u-500***)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE (***insulin pen needle***)	2	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (***insulin pen needle***)	2	QL (200 needles per 30 days)
BD PEN NEEDLE MINI ULTRAFINE (***insulin pen needle***)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (***insulin pen needle***)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO ULTRAFINE (***insulin pen needle***)	2	QL (200 needles per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE (***insulin pen needle***)	2	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE (***insulin pen needle***)	2	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYR ULTRAFINE (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
CAREONE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 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 (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML (***insulin syringe-needle u-100***)	3	QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
CEQUR SIMPLICITY 2U DEVICE (***injection device for insulin***)	3	PA
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (***insulin pen needle***)	3	ST; QL (200 needles 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 (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (***insulin syringe-needle u-100***)	3	QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM (***insulin pen needle***)	3	QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE (***insulin pen needle***)	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 15/64" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML (***insulin syringe-needle u-100***)	3	QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 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" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
DROPLET MICRON (***insulin pen needle***)	3	QL (200 needles per 30 days)
DROPLET PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM	3	QL (200 needles per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE (***insulin syringe-needle u-100***)	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
easy comfort insulin syringe 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml	3	ST; QL (200 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
easy comfort pen needles 29g x 4mm , 29g x 5mm	3	ST; QL (200 needles per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	ST; QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLES 31G X 8 MM	3	QL (200 needles per 30 days)
EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN BARRELS (***insulin syringes (disposable)***)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML (***insulin syringe-needle u-100***)	3	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (***insulin pen needle***)	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 (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
EMBECTA AUTOSHIELD DUO (***insulin pen needle***)	2	QL (200 needles per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT (***insulin syringe-needle u-100***)	2	QL (200 needles per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 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" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	2	QL (200 needles per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE U-100 (***insulin syringe-needle u-100***)	2	QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE U-500 (***insulin syringe/needle u-500***)	2	QL (200 syringes per 30 days)
EMBECTA PEN NEEDLE NANO (***insulin pen needle***)	2	QL (200 needles per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN (***insulin pen needle***)	2	QL (200 needles per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE (***insulin pen needle***)	2	QL (200 needles per 30 days)
EMBRACE PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
FIFTY50 PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML	3	QL (200 syringes per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	3	ST; QL (200 syringes per 30 days)
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL (200 syringes per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLOBAL INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 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 (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML (***insulin syringe-needle u-100***)	3	QL (200 syringes per 30 days)
GNP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 28GX1/2"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 29GX1/2"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 30GX5/16"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 31GX5/16"	3	ST; QL (200 syringes per 30 days)
gnp pen needles	3	ST; QL (200 needles per 30 days)
GNP ULTICARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
GNP ULTRA COM INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
HEALTHWISE INSULIN SYR/NEEDLE	3	QL (200 syringes per 30 days)
HEALTHWISE MICRON PEN NEEDLES	3	QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	3	QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL PEN NEEDLES	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml	3	ST; QL (200 syringes per 30 days)
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
INSUPEN PEN NEEDLES	3	ST; QL (200 needles per 30 days)
KINRAY INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KROGER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
MAGELLAN INSULIN SAFETY SYR (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MARATHON MEDICAL PENTIPS (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
MEDIC INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MEIJER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
MM INSULIN SYRINGE/NEEDLE	3	ST; QL (200 syringes per 30 days)
MM PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
NOVOFINE PEN NEEDLE (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
PC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
pen needle/5-bevel tip	3	ST; QL (200 needles per 30 days)
PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PENTIPS (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
pip pen needles 31g x 5mm	3	ST; QL (200 needles per 30 days)
pip pen needles 32g x 4mm	3	ST; QL (200 needles per 30 days)
PRECISION SURE-DOSE SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
PREVENT DROPSAFE PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	3	ST; QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
PURE COMFORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
pure comfort safety pen needle	3	QL (200 needles per 30 days)
PX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PX MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
RA INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
RA PEN NEEDLES	3	ST; QL (200 needles per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
raya sure pen needle	3	ST; QL (200 needles per 30 days)
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	QL (200 syringes per 30 days)
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
RELION PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
safety pen needles	3	ST; QL (200 needles per 30 days)
SB INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SECURESAFE INSULIN SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
SECURESAFE SAFETY PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
SURE COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL (200 needles per 30 days)
sure comfort pen needles 31g x 6 mm	3	ST; QL (200 needles per 30 days)
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	3	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM (***insulin pen needle***)	3	
TECHLITE PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
TECHLITE PLUS PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TRUE COMFORT PRO INSULIN SYR	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT PRO PEN NEEDLES	3	ST; QL (200 needles per 30 days)
true comfort safety pen needle	3	ST; QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (***insulin pen needle***)	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 (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SAFETY SYR (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (***insulin syringe-needle u-100***)	3	ST; QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES (***insulin pen needle***)	3	ST; QL (200 needles per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

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

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEVRX PEN NEEDLES	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 (***rimegepant sulfate***)	2	PA; QL (8 tablets per 30 days)
QULIPTA ORAL TABLET (***atogepant***)	2	PA; QL (1 tablet per 1 day)
UBRELVY ORAL TABLET (***ubrogepant***)	2	ST; QL (16 tablets per 30 days)
ZAVZPRET NASAL SOLUTION (***zavegepant hcl***)	3	ST; QL (8 devices per 30 days)
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES - DRUGS FOR MIGRAINE HEADACHES**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***erenumab-aooe***)	3	PA; QL (1 autoinjector per 28 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***fremanezumab-vfrm***)	3	PA; QL (3 syringes per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***fremanezumab-vfrm***)	3	PA; QL (3 syringes per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***galcanezumab-gnlm***)	3	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***galcanezumab-gnlm***)	3	PA; QL (1 pen per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***galcanezumab-gnlm***)	3	PA; QL (1 syringe per 28 days)
VYEPTI INTRAVENOUS SOLUTION (***eptinezumab-jjmr***)	3	PA; LD; QL (1 vial per 3 monthss)
ERGOT COMBINATIONS - DRUGS FOR MIGRAINE HEADACHES**		
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	
MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS - DRUGS FOR MIGRAINE HEADACHES**		
ELYXYB ORAL SOLUTION (***celecoxib (migraine)***)	3	ST; QL (43.2 mL per 30 days)
MIGRAINE PRODUCTS - NSAIDS - DRUGS FOR MIGRAINE HEADACHES**		
CAMBIA ORAL PACKET (***diclofenac potassium(migraine)***)	3	ST; QL (9 packets per 30 days)
diclofenac potassium(migraine) oral packet	3	ST; QL (9 packets per 30 days)
MIGRAINE PRODUCTS - DRUGS FOR MIGRAINE HEADACHES**		
dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL (24 mL per 28 days)
dihydroergotamine mesylate nasal solution	3	ST; QL (8 mL per 28 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL (***ergotamine tartrate***)	3	ST; QL (20 tablets per 30 days)
TRUDHESA NASAL AEROSOL SOLUTION (***dihydroergotamine mesylate hfa***)	3	ST; QL (2 kits per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS - DRUGS FOR MIGRAINE HEADACHES**		
sumatriptan-naproxen sodium oral tablet	3	ST; QL (9 tablets per 30 days)
SYMBRAVO ORAL TABLET (***meloxicam-rizatriptan***)	3	ST; QL (9 tablets per 30 days)
TREXIMET ORAL TABLET (***sumatriptan-naproxen sodium***)	3	ST; QL (9 tablets per 30 days)
SELECTIVE SEROTONIN AGONISTS 5-HT(1) - DRUGS FOR MIGRAINE HEADACHES**		
almotriptan malate oral tablet	1 or 1b*	QL (9 tablets per 30 days)
eletriptan hydrobromide oral tablet	1 or 1b*	QL (9 tablets per 30 days)
FROVA ORAL TABLET (***frovatriptan succinate***)	3	ST; QL (9 tablets per 30 days)
frovatriptan succinate oral tablet	1 or 1b*	ST; QL (9 tablets per 30 days)
IMITREX ORAL TABLET (***sumatriptan succinate***)	3	ST; QL (9 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE (***sumatriptan succinate***)	3	ST; QL (6 cartridges per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (***sumatriptan succinate***)	3	ST; QL (6 syringes (2 ML) per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (***sumatriptan succinate***)	3	ST; QL (6 cartridges per 30 days)
MAXALT ORAL TABLET (***rizatriptan benzoate***)	3	ST; QL (9 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE (***rizatriptan benzoate***)	3	ST; QL (9 tablets per 30 days)
naratriptan hcl oral tablet	1 or 1b*	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER (***sumatriptan succinate***)	3	ST; QL (1 kit per 30 days)
RELPAX ORAL TABLET (***eletriptan hydrobromide***)	3	ST; QL (9 tablets per 30 days)
rizatriptan benzoate oral tablet	1 or 1b*	QL (9 tablets per 30 days)
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL (9 tablets per 30 days)
sumatriptan nasal solution	1 or 1b*	QL (6 nasal inhalers per 30 days)
sumatriptan succinate oral tablet	1 or 1b*	QL (9 tablets per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge	1 or 1b*	QL (6 cartridges per 30 days)
sumatriptan succinate subcutaneous solution	1 or 1b*	QL (5 vials per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	1 or 1b*	QL (6 syringes (2 ML) per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	1 or 1b*	QL (6 cartridges per 30 days)
TOSYMRA NASAL SOLUTION (***sumatriptan***)	3	ST; QL (12 units per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***sumatriptan succinate***)	3	ST; QL (8 syringes per 30 days)
zolmitriptan nasal solution	1 or 1b*	ST; QL (6 nasal inhalers per 30 days)
zolmitriptan oral tablet	1 or 1b*	QL (9 tablets per 30 days)
zolmitriptan oral tablet dispersible	1 or 1b*	QL (9 tablets per 30 days)
ZOMIG NASAL SOLUTION (***zolmitriptan***)	3	ST; QL (6 nasal inhalers per 30 days)
zolmitriptan (Zomig Oral Tablet)	3	ST; QL (9 tablets per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELECTIVE SEROTONIN AGONISTS 5-HT(1F) - DRUGS FOR MIGRAINE HEADACHES**		
REYVOW ORAL TABLET 100 MG (***lasmiditan succinate***)	3	ST; QL (8 tablets per 30 days)
REYVOW ORAL TABLET 50 MG (***lasmiditan succinate***)	3	ST; QL (4 tablets per 30 days)
***MINERALS & ELECTROLYTES* - DRUGS FOR NUTRITION**		
BICARBONATES - DRUGS FOR NUTRITION**		
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
sodium acetate intravenous solution 4 meq/ml	1 or 1b*	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1 or 1b*	
THAM INTRAVENOUS SOLUTION (***tromethamine***)	3	
CALCIUM COMBINATIONS - DRUGS FOR NUTRITION**		
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 2-0.675 GM/100ML-%	3	
CALCIUM - DRUGS FOR NUTRITION**		
CALCIUM GLUCONATE INTRAVENOUS SOLUTION	3	
ELECTROLYTES & DEXTROSE - DRUGS FOR NUTRITION**		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
dextrose in lactated ringers intravenous solution	1 or 1b*	
dextrose-nacl intravenous solution	3	
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %, 5-0.225 %, 5-0.3 %	3	
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
dextrose-sodium chloride intravenous solution 2.5-0.45 %	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (***electrolyte-mb in dextrose***)	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (***electrolyte-p in dextrose***)	3	
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-%-%	1 or 1b*	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	3	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (***electrolyte-m in dextrose***)	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (***electrolyte-r in dextrose***)	3	
potassium cl in dextrose 5% intravenous solution	1 or 1b*	
ELECTROLYTES PARENTERAL - DRUGS FOR NUTRITION**		
ISOLYTE-S INTRAVENOUS SOLUTION (***electrolyte-s***)	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (***electrolyte-s (ph 7.4)***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KCL (0.149%) IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%	1 or 1b*	
kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-%	1 or 1b*	
KCL (0.298%) IN NACL INTRAVENOUS SOLUTION	1 or 1b*	
lactated ringers intravenous solution	1 or 1b*	
multiple electro type 1 ph 5.5 intravenous solution	1 or 1b*	
multiple electro type 1 ph 7.4 intravenous solution	1 or 1b*	
NORMOSOL-R INTRAVENOUS SOLUTION (***electrolyte-r***)	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (***electrolyte-r (ph 7.4)***)	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (***electrolyte-148***)	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION (***electrolyte-a***)	3	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%	3	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%	3	
ringers intravenous solution	1 or 1b*	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (***parenteral electrolytes***)	3	
FLUORIDE COMBINATIONS - DRUGS FOR NUTRITION**		
FLORIVA ORAL LIQUID (***sodium fluoride-vitamin d***)	3	ST
FLUORIDE - DRUGS FOR NUTRITION**		
sodium fluoride oral solution	1 or 1a*; $0	
sodium fluoride oral tablet	1 or 1a*; $0	
sodium fluoride oral tablet chewable	1 or 1a*; $0	
MAGNESIUM - DRUGS FOR NUTRITION**		
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION	3	
MAGNESIUM SULFATE INJECTION SOLUTION	1 or 1b*	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION	3	
MANGANESE - DRUGS FOR NUTRITION**		
manganese chloride intravenous solution	1 or 1b*	
PHOSPHATE - DRUGS FOR NUTRITION**		
GLYCOPHOS INTRAVENOUS SOLUTION (***sodium glycerophosphate***)	3	
K-PHOS ORAL TABLET (***potassium phosphate monobasic***)	2	
K-PHOS-NEUTRAL ORAL TABLET (***k phos mono-sod phos di & mono***)	3	
phospha 250 neutral oral tablet	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
phospho-trin 250 neutral oral tablet	1 or 1b*	
phospho-trin k500 oral tablet	1 or 1b*	
POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML	3	
potassium phosphates intravenous solution 45 mmole/15ml	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium phosphates(66 meq k) intravenous solution	3	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION	3	
potassium phosphates-nacl intravenous solution 30 mmol/500ml	3	
sodium phosphates intravenous solution	1 or 1b*	
wes-phos 250 neutral oral tablet	1 or 1b*	
POTASSIUM - DRUGS FOR NUTRITION**		
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet extended release	1 or 1a*	
klor-con m15 oral tablet extended release	1 or 1a*	
klor-con m20 oral tablet extended release	1 or 1a*	
klor-con oral packet	1 or 1b*	
klor-con oral tablet extended release	1 or 1b*	
POKONZA ORAL PACKET (***potassium chloride***)	3	ST
POTASSIUM ACETATE INTRAVENOUS SOLUTION	3	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release	1 or 1b*	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML	3	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution	1 or 1b*	
SODIUM - DRUGS FOR NUTRITION**		
aquastat intravenous solution	1 or 1b*	
sodium chloride flush (Aquastat Sfr Intravenous Solution)	1 or 1b*	
bd posiflush intravenous solution	1 or 1b*	
sodium chloride flush (Bd Posiflush Safescrub Intravenous Solution)	1 or 1b*	
monoject flush syringe intravenous solution	1 or 1b*	
monoject sodium chloride flush intravenous solution	1 or 1b*	
normal saline flush intravenous solution	1 or 1b*	
saline flush intravenous solution	1 or 1b*	
sodium chloride (pf) injection solution	1 or 1b*	
sodium chloride injection solution 0.9 %	3	
sodium chloride injection solution 2.5 meq/ml	1 or 1b*	
sodium chloride intravenous solution 0.45 %, 3 %, 5 %	1 or 1b*	
TRACE MINERAL COMBINATIONS - DRUGS FOR NUTRITION**		
MULTRYS INTRAVENOUS SOLUTION (***trace minerals cu-mn-se-zn***)	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT (***trace minerals cr-cu-mn-se-zn***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRALEMENT INTRAVENOUS SOLUTION (***trace minerals cu-mn-se-zn***)	3	
TRACE MINERALS - DRUGS FOR NUTRITION**		
chromic chloride intravenous solution	3	
cupric chloride intravenous solution	3	
SELENIOUS ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML	3	
SELENIOUS ACID INTRAVENOUS SOLUTION 40 MCG/ML	1 or 1b*	
ZINC - DRUGS FOR NUTRITION**		
GALZIN ORAL CAPSULE (***zinc acetate (oral)***)	3	
zinc chloride intravenous solution	3	
zinc sulfate intravenous solution	1 or 1b*	
***MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS**		
ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT - VITAMINS AND MINERALS**		
JOENJA ORAL TABLET (***leniolisib phosphate***)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
ANTILEPROTICS - VITAMINS AND MINERALS**		
THALOMID ORAL CAPSULE (***thalidomide***)	2; OC	PA; LD; QL (1 capsule per 1 day); OC
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS - VITAMINS AND MINERALS**		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED (***belimumab***)	3	PA; LD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***belimumab***)	3	PA; LD; QL (4 autoinjectors per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***belimumab***)	3	PA; LD; QL (4 pens per 28 days)
CHELATING AGENTS - VITAMINS AND MINERALS**		
CUPRIMINE ORAL CAPSULE (***penicillamine***)	3	PA; LD; QL (8 capsules per 1 day)
CUVRIOR ORAL TABLET (***trientine tetrahydrochloride***)	3	PA; LD; QL (10 tablets per 1 day)
DEPEN TITRATABS ORAL TABLET (***penicillamine***)	3	PA; LD; QL (8 tablets per 1 day)
penicillamine oral capsule	3	PA; LD; QL (8 capsules per 1 day)
penicillamine oral tablet	1 or 1b*	PA; LD; QL (8 tablets per 1 day)
SYPRINE ORAL CAPSULE (***trientine hcl***)	3	PA; LD; QL (8 capsules per 1 day)
trientine hcl oral capsule 250 mg	1 or 1b*	PA; LD; QL (8 capsules per 1 day)
trientine hcl oral capsule 500 mg	3	PA; LD; QL (4 capsules per 1 day)
***COLONY STIMULATING FACTOR-1 RECEPTOR (CSF-1R) ANTIBODIES** - VITAMINS AND MINERALS**		
NIKTIMVO INTRAVENOUS SOLUTION (***axatilimab-csfr***)	3	PA

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS - VITAMINS AND MINERALS**		
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION (***bicarb-dextrose-k (crrt)***)	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION (***bicarb-dextrose-ca (crrt)***)	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION (***bicarb-dextrose-k (crrt)***)	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION (***bicarb-dextrose-k-ca (crrt)***)	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION (***bicarb-dextose-k-mg (crrt)***)	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION (***bicarb-dextrose-k-ca (crrt)***)	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION (***bicarb-mg (crrt)***)	3	
CYCLOSPORINE ANALOGS - VITAMINS AND MINERALS**		
cyclosporine modified oral capsule	1 or 1b*	LD
cyclosporine modified oral solution	1 or 1b*	LD
cyclosporine oral capsule	1 or 1b*	LD
gengraf oral capsule	1 or 1b*	LD
gengraf oral solution	1 or 1b*	LD
LUPKYNIS ORAL CAPSULE (***voclosporin***)	3	PA; LD; QL (6 capsules per 1 day)
NEORAL ORAL CAPSULE (***cyclosporine modified***)	3	LD
NEORAL ORAL SOLUTION (***cyclosporine modified***)	3	LD
SANDIMMUNE INTRAVENOUS SOLUTION (***cyclosporine***)	3	LD
SANDIMMUNE ORAL CAPSULE (***cyclosporine***)	3	LD
ENZYMES - VITAMINS AND MINERALS**		
AMPHADASE INJECTION SOLUTION (***hyaluronidase bovine***)	3	
HYLENEX INJECTION SOLUTION (***hyaluronidase human***)	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED (***collagenase clostrid histolyt***)	3	PA; LD
FARNESYLTRANSFERASE INHIBITORS - VITAMINS AND MINERALS**		
ZOKINVY ORAL CAPSULE (***lonafarnib***)	3	PA; LD; QL (4 capsules per 1 day)
IMMUNE GLOBULIN IMMUNOSUPPRESSANTS - VITAMINS AND MINERALS**		
ATGAM INTRAVENOUS SOLUTION (***lymphocyte,anti-thymo imm glob***)	3	LD
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED (***anti-thymocyte glob (rabbit)***)	3	LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMMUNOMODULATORS - COMBINATIONS - VITAMINS AND MINERALS**		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION (***efgartigimod alfa-hyalur-qvfc***)	3	PA; LD; QL (4 vials per 28 days)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***efgartigimod alfa-hyalur-qvfc***)	3	PA; QL (4 syringes per 28 days)
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES - VITAMINS AND MINERALS**		
lenalidomide oral capsule	1 or 1b*; OC	PA; LD; QL (1 capsule per 1 day); OC
REVLIMID ORAL CAPSULE (***lenalidomide***)	2; OC	PA; LD; QL (1 capsule per 1 day); OC
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - VITAMINS AND MINERALS**		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED (***mycophenolate mofetil hcl***)	3	LD
CELLCEPT ORAL CAPSULE (***mycophenolate mofetil***)	3	ST; LD
CELLCEPT ORAL SUSPENSION RECONSTITUTED (***mycophenolate mofetil***)	3	ST; LD
CELLCEPT ORAL TABLET (***mycophenolate mofetil***)	3	ST; LD
mycophenolate mofetil hcl intravenous solution reconstituted	1 or 1b*	LD
mycophenolate mofetil intravenous solution reconstituted	1 or 1b*	LD
mycophenolate mofetil oral capsule	1 or 1b*	LD
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	LD
mycophenolate mofetil oral tablet	1 or 1b*	LD
mycophenolate sodium oral tablet delayed release	1 or 1b*	LD
mycophenolic acid oral tablet delayed release	1 or 1b*	LD
MYFORTIC ORAL TABLET DELAYED RELEASE (***mycophenolate sodium***)	3	LD
MYHIBBIN ORAL SUSPENSION (***mycophenolate mofetil***)	3	ST; LD
INTERLEUKIN-6 (IL-6) ANTAGONISTS - VITAMINS AND MINERALS**		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED (***siltuximab***)	3	PA; LD
IRRIGATION SOLUTIONS - VITAMINS AND MINERALS**		
argyle sterile water irrigation solution	1 or 1b*	
lactated ringers irrigation solution	1 or 1b*	
physiolyte irrigation solution	1 or 1b*	
physiosol irrigation irrigation solution	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	
sterile water for irrigation irrigation solution	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MACROLIDE IMMUNOSUPPRESSANTS - VITAMINS AND MINERALS**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (***tacrolimus***)	3	LD
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR (***tacrolimus***)	3	LD
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1 or 1b*	LD
PROGRAF INTRAVENOUS SOLUTION (***tacrolimus***)	2	LD
PROGRAF ORAL CAPSULE (***tacrolimus***)	3	LD
PROGRAF ORAL PACKET (***tacrolimus***)	3	LD
sirolimus oral solution	1 or 1b*	LD
sirolimus oral tablet	1 or 1b*	LD
tacrolimus oral capsule	1 or 1b*	LD
ZORTRESS ORAL TABLET (***everolimus***)	3	LD
MONOCLONAL ANTIBODIES - VITAMINS AND MINERALS**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***satralizumab-mwge***)	3	PA; LD; QL (1 syringe per 28 days)
GAMIFANT INTRAVENOUS SOLUTION (***emapalumab-lzsg***)	3	PA; LD
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED (***basiliximab***)	3	LD
UPLIZNA INTRAVENOUS SOLUTION (***inebilizumab-cdon***)	3	PA; LD; QL (30 mL per 180 days)
NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS - VITAMINS AND MINERALS**		
IMAAVY INTRAVENOUS SOLUTION (***nipocalimab-aahu***)	3	PA
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (***rozanolixizumab-noli***)	3	PA; LD; QL (18 vials per 63 days)
RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML, 560 MG/4ML, 840 MG/6ML (***rozanolixizumab-noli***)	3	PA; LD; QL (6 vials per 63 days)
VYVGART INTRAVENOUS SOLUTION (***efgartigimod alfa-fcab***)	3	PA; LD; QL (12 vials per 4 weeks)
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB - VITAMINS AND MINERALS**		
VIJOICE ORAL PACKET (***alpelisib***)	3	PA; LD; QL (1 packet per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (***alpelisib***)	3	PA; LD; QL (1 tablet per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (***alpelisib***)	3	PA; LD; QL (2 tablets per 1 day)
POTASSIUM REMOVING AGENTS - VITAMINS AND MINERALS**		
LOKELMA ORAL PACKET 10 GM (***sodium zirconium cyclosilicate***)	3	QL (34 packets per 30 days)
LOKELMA ORAL PACKET 5 GM (***sodium zirconium cyclosilicate***)	3	QL (3 packets per 1 day)
sodium polystyrene sulfonate oral powder	1 or 1b*	
sps (sodium polystyrene sulf) rectal suspension	1 or 1b*	
VELTASSA ORAL PACKET 1 GM (***patiromer sorbitex calcium***)	3	QL (8 packets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM (***patiromer sorbitex calcium***)	3	QL (1 packet per 1 day)
VELTASSA ORAL PACKET 8.4 GM (***patiromer sorbitex calcium***)	3	QL (3 packets per 1 day)
PURINE ANALOGS - VITAMINS AND MINERALS**		
azasan oral tablet	1 or 1b*	LD
azathioprine oral tablet	1 or 1b*	LD
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	LD
IMURAN ORAL TABLET (***azathioprine***)	3	LD
ROCK INHIBITORS - VITAMINS AND MINERALS**		
REZUROCK ORAL TABLET (***belumosudil mesylate***)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
SCLEROSING AGENTS - VITAMINS AND MINERALS**		
ASCLERA INTRAVENOUS SOLUTION (***polidocanol***)	3	
ETHAMOLIN INTRAVENOUS SOLUTION (***ethanolamine oleate***)	3	
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 % (***sodium tetradecyl sulfate***)	1 or 1b*	
sotradecol intravenous solution 3 %	1 or 1b*	
VARITHENA INTRAVENOUS FOAM (***polidocanol***)	3	
SELECTIVE T-CELL COSTIMULATION BLOCKERS - VITAMINS AND MINERALS**		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED (***belatacept***)	3	PA; LD
TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS - VITAMINS AND MINERALS**		
SAPHNELO INTRAVENOUS SOLUTION (***anifrolumab-fnia***)	3	PA; LD; QL (1 vial per 28 days)
UREMIC PRURITUS AGENTS - VITAMINS AND MINERALS**		
KORSUVA INTRAVENOUS SOLUTION (***difelikefalin acetate***)	3	PA
***MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT**		
ANESTHETICS TOPICAL ORAL - DRUGS FOR THE MOUTH AND THROAT**		
lidocaine hcl mouth/throat solution	1 or 1a*	QL (10 mL per 1 day)
lidocaine viscous hcl mouth/throat solution	1 or 1a*	QL (10 mL per 1 day)
ANTI-INFECTIVES - THROAT - DRUGS FOR THE MOUTH AND THROAT**		
clotrimazole mouth/throat troche	1 or 1b*	QL (5 tablet per 1 day)
nystatin mouth/throat suspension	3	QL (24 mL per 1 day)
ORAVIG BUCCAL TABLET (***miconazole***)	3	
ANTISEPTICS - MOUTH/THROAT - DRUGS FOR THE MOUTH AND THROAT**		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL (480 mL per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERIDEX MOUTH/THROAT SOLUTION (***chlorhexidine gluconate***)	3	QL (480 mL per 30 days)
periogard mouth/throat solution	1 or 1a*	QL (480 mL per 30 days)
DENTAL PRODUCTS - COMBINATIONS - DRUGS FOR THE MOUTH AND THROAT**		
denta 5000 plus sensitive dental gel	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL (***sod fluoride-potassium nitrate***)	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL (***sod fluoride-potassium nitrate***)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL (***sod fluoride-potassium nitrate***)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL (***sod fluoride-potassium nitrate***)	3	
sodium fluoride 5000 enamel dental gel	1 or 1b*	
sodium fluoride 5000 sensitive dental gel	1 or 1b*	
FLUORIDE DENTAL PRODUCTS - DRUGS FOR THE MOUTH AND THROAT**		
clinpro 5000 dental paste	1 or 1b*	QL (3.77 grams per 1 day)
denta 5000 plus dental cream	1 or 1b*	QL (3.4 grams per 1 day)
dentagel dental gel	1 or 1a*	QL (100 grams per 30 days)
easygel dental gel	1 or 1b*	
fluoridex daily renewal mouth/throat concentrate	1 or 1b*	
fluoridex dental paste	1 or 1b*	QL (3.77 grams per 1 day)
fluoridex enhanced whitening dental paste	1 or 1b*	QL (3.77 grams per 1 day)
fluorimax 5000 dental paste	1 or 1b*	
fraiche 5000 dental dental gel	1 or 1b*	QL (100 grams per 30 days)
just right 5000 dental paste	1 or 1b*	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE (***sodium fluoride***)	3	QL (3.77 grams per 1 day)
PREVIDENT 5000 DRY MOUTH DENTAL GEL (***sodium fluoride***)	3	QL (100 grams per 30 days)
PREVIDENT 5000 KIDS DENTAL PASTE (***sodium fluoride***)	3	QL (3.7 grams per 1 day)
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE (***sodium fluoride***)	3	QL (3.77 grams per 1 day)
PREVIDENT 5000 PLUS DENTAL CREAM (***sodium fluoride***)	3	QL (3.4 grams per 1 day)
PREVIDENT DENTAL GEL (***sodium fluoride***)	3	QL (100 grams per 30 days)
PREVIDENT MOUTH/THROAT SOLUTION (***sodium fluoride***)	3	
sf 5000 plus dental cream	1 or 1b*	QL (3.4 grams per 1 day)
sf dental gel	1 or 1a*	QL (100 grams per 30 days)
sodium fluoride 5000 plus dental cream	1 or 1b*	QL (3.4 grams per 1 day)
sodium fluoride 5000 ppm dental cream	1 or 1b*	QL (3.4 grams per 1 day)
sodium fluoride 5000 ppm dental gel	1 or 1b*	QL (100 grams per 30 days)
sodium fluoride 5000 ppm dental paste	1 or 1b*	QL (3.77 grams per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium fluoride dental cream	1 or 1b*	QL (3.4 grams per 1 day)
sodium fluoride mouth/throat solution	1 or 1a*	
SALIVA STIMULANTS - DRUGS FOR THE MOUTH AND THROAT**		
cevimeline hcl oral capsule	1 or 1b*	
EVOXAC ORAL CAPSULE (***cevimeline hcl***)	3	
pilocarpine hcl oral tablet	1 or 1b*	QL (4 tablets per 1 day)
SALAGEN ORAL TABLET (***pilocarpine hcl***)	3	QL (4 tablets per 1 day)
STEROIDS - MOUTH/THROAT/DENTAL - DRUGS FOR THE MOUTH AND THROAT**		
triamcinolone acetonide (Kourzeq Mouth/Throat Paste)	1 or 1b*	
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
***MULTIVITAMINS* - DRUGS FOR NUTRITION**		
B-COMPLEX VITAMINS - DRUGS FOR NUTRITION**		
b complex-b12 oral tablet	1 or 1b*; $0	
b-complex plus b-12 oral tablet	1 or 1b*; $0	
b-complex/b-12 oral tablet	1 or 1b*; $0	
ra b-complex oral tablet	1 or 1b*; $0	
ra b-complex with b-12 oral tablet	1 or 1b*; $0	
vitamin b complex oral tablet	1 or 1b*; $0	
vitamin b complex w/b-12 oral tablet	1 or 1b*; $0	
vitamin-b complex oral tablet	1 or 1b*; $0	
B-COMPLEX W/ C & CALCIUM - DRUGS FOR NUTRITION**		
gnp b-complex plus vitamin c oral tablet	1 or 1b*; $0	
qc b-complex/vitamin c oral tablet	1 or 1b*; $0	
B-COMPLEX W/ C & FOLIC ACID - DRUGS FOR NUTRITION**		
b complex-c-folic acid oral tablet	1 or 1b*; $0	
b-complex balanced oral tablet	1 or 1b*; $0	
b-complex/vitamin c oral tablet	1 or 1b*; $0	
b-complex-c (w/folic acid) oral tablet	1 or 1b*; $0	
b-plex oral tablet	1 or 1b*; $0	
dialyvite 800 oral tablet	1 or 1b*; $0	
eql super b complex/vitamin c oral tablet	1 or 1b*; $0	
FULL SPECTRUM B/VITAMIN C ORAL TABLET	1 or 1b*; $0	
kp b complex-c oral tablet	1 or 1b*; $0	
nephro vitamins oral tablet	1 or 1b*; $0	
NEPHRO-VITE ORAL TABLET (***b complex-c-folic acid***)	1 or 1b*; $0	
renal vitamin oral tablet	1 or 1b*; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rena-vite oral tablet	1 or 1b*; $0	
stress formula (folic acid) oral tablet	1 or 1b*; $0	
super b complex/fa/vit c oral tablet	1 or 1b*; $0	
super b-complex/vit c/fa oral tablet	1 or 1b*; $0	
B-COMPLEX W/ C - DRUGS FOR NUTRITION**		
allbee/c oral tablet	1 or 1b*; $0	
b complex-c oral tablet	1 or 1b*; $0	
b-complex-c oral tablet	1 or 1b*; $0	
better b complex oral tablet	1 or 1b*; $0	
cvs b complex plus c oral tablet	1 or 1b*; $0	
cvs super b complex/c oral tablet	1 or 1b*; $0	
ft b-complex plus vitamin c oral tablet	1 or 1b*; $0	
super b complex/vitamin c oral tablet	1 or 1b*; $0	
super b-complex + vitamin c oral tablet	1 or 1b*; $0	
B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID - DRUGS FOR NUTRITION**		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2; $0	
B-COMPLEX W/ C-D-E & FOLIC ACID - DRUGS FOR NUTRITION**		
cobalefol oral capsule	3	
B-COMPLEX W/ FOLIC ACID - DRUGS FOR NUTRITION**		
b complex formula 1 (w/ fa) oral tablet	1 or 1b*; $0	
b-complex (folic acid) oral tablet	1 or 1b*; $0	
b-complex/electrolytes oral tablet	1 or 1b*; $0	
big 100 oral tablet	1 or 1b*; $0	
kobee oral tablet	1 or 1b*; $0	
B-COMPLEX W/BIOTIN & FOLIC ACID - DRUGS FOR NUTRITION**		
b complex 100 tr oral tablet extended release	1 or 1b*; $0	
b-100 b-complex oral tablet	1 or 1b*; $0	
b-100 complex cr oral tablet extended release	1 or 1b*; $0	
b-100 tr oral tablet extended release	1 or 1b*; $0	
b-50 complex oral tablet	1 or 1b*; $0	
balance b-50 oral tablet	1 or 1b*; $0	
balanced b complex oral tablet	1 or 1b*; $0	
balanced b-100 oral tablet	1 or 1b*; $0	
balanced b-100 oral tablet extended release	1 or 1b*; $0	
balanced b-50/fa oral tablet	1 or 1b*; $0	
b-compleet-100 oral tablet	1 or 1b*; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
b-compleet-50 oral tablet	1 or 1b*; $0	
b-complex oral tablet	1 or 1b*; $0	
big 100 (biotin) oral tablet	1 or 1b*; $0	
complex b-100 oral tablet extended release	1 or 1b*; $0	
complex b-50 prolonged release oral tablet extended release	1 or 1b*; $0	
endur-b oral tablet extended release	1 or 1b*; $0	
eql b complex 50 oral tablet	1 or 1b*; $0	
eql b-100 complex oral tablet extended release	1 or 1b*; $0	
ft b-100 complex pr oral tablet extended release	1 or 1b*; $0	
gnp b-100 complex oral tablet extended release	1 or 1b*; $0	
gnp b-50 complex oral tablet extended release	1 or 1b*; $0	
qc b50 prolonged release oral tablet extended release	1 or 1b*; $0	
quin b strong b-25 oral tablet	1 or 1b*; $0	
ra balanced b-100 cr oral tablet extended release	1 or 1b*; $0	
ra balanced b-100 oral tablet	1 or 1b*; $0	
ra balanced b-50 oral tablet	1 or 1b*; $0	
ra balanced b-50 tr oral tablet extended release	1 or 1b*; $0	
super b-complex oral tablet	1 or 1b*; $0	
super dec b-100 oral tablet	1 or 1b*; $0	
super quints b-50 oral tablet	1 or 1b*; $0	
yl balanced b-100 oral tablet	1 or 1b*; $0	
MULTIPLE VITAMINS W/ IRON - DRUGS FOR NUTRITION**		
daily vite multivitamin/iron oral tablet	1 or 1b*; $0	
destress-iron oral tablet	2; $0	
multiple vitamins/iron oral tablet	1 or 1b*; $0	
multivitamin plus iron adult oral tablet	1 or 1b*; $0	
multi-vitamin/iron oral tablet	1 or 1b*; $0	
nat-rul daily-vite+iron oral tablet	1 or 1b*; $0	
one daily multivitamin/iron oral tablet	1 or 1b*; $0	
one-daily multi-vitamin/iron oral tablet	1 or 1b*; $0	
one-daily/iron oral tablet	1 or 1b*; $0	
qc daily multivitamins/iron oral tablet	1 or 1b*; $0	
stress b complex/iron oral tablet	1 or 1b*; $0	
stress formula/iron oral tablet	1 or 1b*; $0	
tab-a-vite/iron oral tablet	1 or 1b*; $0	
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET (***multiple vitamins-iron***)	2; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID - DRUGS FOR NUTRITION**		
FOLGARD OS ORAL TABLET (***multiple vit-min-calcium-fa***)	3	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID - DRUGS FOR NUTRITION**		
QUFLORA FE ORAL TABLET CHEWABLE (***multi vit-min-fluoride-fe-fa***)	3	ST
MULTIPLE VITAMINS W/ MINERALS - DRUGS FOR NUTRITION**		
FLORRAXYL ORAL TABLET (***multiple vitamins-minerals***)	3	
prev-rx oral tablet	3	
MULTIVITAMINS - DRUGS FOR NUTRITION**		
anti-oxidant oral tablet	1 or 1b*; $0	
daily multiple vitamins oral tablet	1 or 1b*; $0	
daily value multivitamin oral tablet	1 or 1b*; $0	
daily vitamins oral tablet	1 or 1b*; $0	
daily vite oral tablet	1 or 1b*; $0	
daily vites oral tablet	1 or 1b*; $0	
daily-vite multivitamin oral tablet	1 or 1b*; $0	
daily-vite oral tablet	1 or 1b*; $0	
ESTROFACTORS ORAL TABLET (***multiple vitamin***)	2; $0	
gnp essential one daily oral tablet	1 or 1b*; $0	
healthy hair/skin/nails oral tablet	1 or 1b*; $0	
INFUVITE ADULT INTRAVENOUS SOLUTION (***multiple vitamin***)	3	
mincora oral tablet	3	
multi vitamin oral tablet	2; $0	
MULTI VITAMIN W/D-3 ORAL TABLET	2; $0	
multiple vitamin-folic acid oral tablet	1 or 1b*; $0	
multiple vitamins essential oral tablet	1 or 1b*; $0	
multiple vitamins oral tablet	1 or 1b*; $0	
multivitamin adult oral tablet	2; $0	
multivitamin iron-free oral tablet	1 or 1b*; $0	
MULTIVITAMIN ORAL TABLET	2; $0	
multi-vitamin oral tablet	1 or 1b*; $0	
NEOMULTIVITE ORAL TABLET (***multiple vitamin***)	2; $0	
novite oral capsule	1 or 1b*	
OMNICAP ORAL TABLET	2; $0	
once daily oral tablet	1 or 1b*; $0	
one daily essential oral tablet	2; $0	
one daily essentials oral tablet	2; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
one daily multivitamin adult oral tablet	1 or 1b*; $0	
one daily oral tablet	1 or 1b*; $0	
ONE VITE DAILY MULTIVITAMIN ORAL TABLET (***multiple vitamin***)	2; $0	
one-daily multi vitamins oral tablet	1 or 1b*; $0	
one-daily multi-vitamin oral tablet	1 or 1b*; $0	
qc essentials oral tablet	1 or 1b*; $0	
QUINTABS ORAL TABLET	2; $0	
stress formula oral tablet	1 or 1b*; $0	
stress formula/zinc/energy oral tablet	2; $0	
stresstabs energy oral tablet	1 or 1b*; $0	
tab-a-vite oral tablet	1 or 1b*; $0	
tab-a-vite/beta carotene oral tablet	1 or 1b*; $0	
THERA ORAL TABLET (***multiple vitamin***)	2; $0	
thera-tabs oral tablet	1 or 1b*; $0	
THEREMS ORAL TABLET (***multiple vitamin***)	2; $0	
tm-daily vite oral tablet	2; $0	
true daily vite oral tablet	1 or 1b*; $0	
true multivitamin oral tablet	2; $0	
vit e-vit c-beta carotene oral tablet	1 or 1b*; $0	
vitalee oral tablet	1 or 1b*; $0	
VITLIPID N ADULT INTRAVENOUS EMULSION (***multiple vitamin***)	3	
PED MULTI VITAMINS W/FL & FE - DRUGS FOR NUTRITION**		
multi-vitamin/fluoride/iron oral solution	1 or 1b*	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE (***ped multivitamins-fl-iron***)	3	ST
QUFLORA FE PEDIATRIC ORAL LIQUID (***ped multivitamins-fl-iron***)	3	ST
PED MV W/ FLUORIDE - DRUGS FOR NUTRITION**		
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE (***pediatric multivitamins-fl***)	3	ST
FLORIVA PLUS ORAL SOLUTION (***pediatric multivitamins-fl***)	3	ST
FLOTREX ORAL TABLET CHEWABLE (***pediatric multivitamins-fl***)	3	ST
multivitamin w/fluoride oral tablet chewable	1 or 1b*; $0	
multi-vitamin/fluoride oral solution	1 or 1b*; $0	
multivitamin/fluoride oral solution 0.25 mg/ml	3	
multivitamin/fluoride oral solution 0.5 mg/ml	2	ST
multivitamin/fluoride oral tablet chewable	2; $0	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE (***pediatric multivitamins-fl***)	3	ST
POLY-VI-FLOR ORAL SUSPENSION (***pediatric multivitamins-fl***)	3	ST

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLY-VI-FLOR ORAL TABLET CHEWABLE (***pediatric multivitamins-fl***)	3	ST
QUFLORA PEDIATRIC ORAL SOLUTION (***pediatric multivitamins-fl***)	3	ST
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE (***pediatric multivitamins-fl***)	3	ST
tri-vitamin with fluoride oral solution	3	ST
PED VITAMINS ACD & FA W/ FLUORIDE - DRUGS FOR NUTRITION**		
TRI-VI-FLOR ORAL SUSPENSION (***ped vit a-c-d-methylfolate-fl***)	3	ST
TRI-VI-FLORO ORAL SUSPENSION	3	ST
PED VITAMINS ACD W/ FLUORIDE - DRUGS FOR NUTRITION**		
tri-vite/fluoride oral solution	1 or 1b*; $0	
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE - DRUGS FOR NUTRITION**		
FLORIVA ORAL TABLET CHEWABLE (***ped multiple vit-minerals-fl***)	3	ST
PEDIATRIC MULTIPLE VITAMINS - DRUGS FOR NUTRITION**		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (***pediatric multiple vitamins***)	3	
VITALIPID N INFANT INTRAVENOUS EMULSION (***pediatric multiple vitamins***)	3	
VITLIPID N INFANT INTRAVENOUS EMULSION (***pediatric multiple vitamins***)	3	
PRENATAL MV & MIN W/FE-FA - DRUGS FOR NUTRITION**		
ATABEX EC ORAL TABLET DELAYED RELEASE (***prenatal vit-dss-fe cbn-fa***)	2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET (***prenatal vit w/ fe bisg-fa***)	2	QL (1 tablet per 1 day)
AZESCO ORAL TABLET	3	ST; QL (2 tablets per 1 day)
CLASSIC PRENATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
C-NATE DHA ORAL CAPSULE	2	QL (1 capsule per 1 day)
COMPLETENATE ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET (***prenatal vit-fe fumarate-fa***)	2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE (***prenat-fefum-fepo-fa-omega 3***)	2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE (***prenat w/o a vit-fefum-fepo-fa***)	2	QL (1 capsule per 1 day)
CVS PRENATAL ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
DERMACINRX PRETRATE ORAL TABLET (***prenatal multivit-min-fe-fa***)	3	
elite-ob oral tablet	1 or 1b*	QL (1 tablet per 1 day)
ENBRACE HR ORAL CAPSULE (***prenat vit-fe gly cys-fa-omega***)	3	ST; QL (1 capsule per 1 day)
EQL PRENATAL FORMULA ORAL TABLET	2; $0	QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE (***prenat w/o a vit-fefum-fepo-fa***)	2	QL (1 capsule per 1 day)
ft prenatal oral tablet	2; $0	QL (1 tablet per 1 day)
GNP PRENATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp prenatal/folic acid oral tablet	2; $0	QL (1 tablet per 1 day)
inatal gt oral tablet	1 or 1b*	QL (1 tablet per 1 day)
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	ST; QL (1 tablet per 1 day)
KP PRENATAL MULTIVITAMINS ORAL TABLET	2; $0	QL (1 tablet per 1 day)
KPN PRENATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
MASONATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
MATERNACEL ORAL TABLET (***prenatal vit w/ fe bisg-fa***)	3	ST; QL (1 tablet per 1 day)
M-NATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
MULTI PRENATAL ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
natal pnv oral tablet	3	ST; QL (2 tablets per 1 day)
NEEVO DHA ORAL CAPSULE (***prenat w/oa-fefum-methf-omegas***)	3	ST; QL (1 capsule per 1 day)
neomaterna oral tablet	3	ST; QL (1 tablet per 1 day)
NEONATAL COMPLETE ORAL TABLET	3	ST; QL (1 tablet per 1 day)
NEONATAL PLUS ORAL TABLET (***prenatal vit-fe fumarate-fa***)	3	QL (1 tablet per 1 day)
neonatal prenatal oral tablet	2; $0	QL (1 tablet per 1 day)
NEONATAL VITAMIN ORAL TABLET (***prenatal vit-fe fumarate-fa***)	2; $0	ST; QL (1 tablet per 1 day)
NESTABS DHA ORAL (***prenat-w/oa-fe bisgly-fa-omega***)	3	ST; QL (2 tablets per 1 day)
NESTABS ORAL TABLET (***prenat-fe bisgly-fa-w/o vit a***)	3	ST; QL (2 tablets per 1 day)
NIVA-PLUS ORAL TABLET (***prenatal vit-fe fumarate-fa***)	2	QL (1 tablet per 1 day)
OB COMPLETE ONE ORAL CAPSULE (***prenat-fecbn-feaspgl-fa-fish***)	3	ST; QL (1 capsule per 1 day)
OB COMPLETE ORAL TABLET (***prenatal vit-iron carbonyl-fa***)	3	ST; QL (1 tablet per 1 day)
OB COMPLETE PETITE ORAL CAPSULE (***prenat-fecbn-feaspgl-fa-omega***)	3	ST; QL (1 capsule per 1 day)
OB COMPLETE PREMIER ORAL TABLET (***prenatal-fe cbn-fe asp gly-fa***)	3	ST; QL (1 tablet per 1 day)
OB COMPLETE/DHA ORAL CAPSULE (***prenat-fecbn-feaspgl-fa-omega***)	3	ST; QL (1 capsule per 1 day)
ONE VITE WOMENS ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
ONE VITE WOMENS PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
pnv 27-ca/fe/fa oral tablet	2	ST; QL (1 tablet per 1 day)
pnv prenatal plus multivit+dha oral	2	QL (2 units per 1 day)
PNV TABS 20-1 ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PNV-OMEGA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
pnv-select oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
PREGENNA ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL (1 capsule per 1 day)
PRENATAL (W/IRON & FA) ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET 29-1 MG	2	QL (1 tablet per 1 day)
prenatal 19 oral tablet chewable	1 or 1a*	QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	2	QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL COMPLETE ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
PRENATAL FORTE ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
PRENATAL ONE DAILY ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 27-0.8 MG	2; $0	ST; QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 27-1 MG	2	QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 28-0.8 MG	2; $0	QL (1 tablet per 1 day)
PRENATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
prenatal vitamins oral tablet 27-0.8 mg	2; $0	QL (1 tablet per 1 day)
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG	2; $0	QL (1 tablet per 1 day)
PRENATAL/IRON ORAL TABLET	2; $0	ST; QL (1 tablet per 1 day)
PRENATAL/IRON ORAL TABLET 28-0.8 MG	2; $0	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE (***prenatal w/o a vit-fe fum-fa***)	2	QL (1 capsule per 1 day)
PRENATE ELITE ORAL TABLET (***prenatal-feaspgly-methylfol-fa***)	3	ST; QL (1 tablet per 1 day)
PRENATRIX ORAL TABLET (***prenatal vit-fe fumarate-fa***)	3	ST; QL (1 tablet per 1 day)
PRENATRYL ORAL TABLET (***prenatal vit-fe fumarate-fa***)	3	ST; QL (1 tablet per 1 day)
PROVIDA OB ORAL CAPSULE (***prenat w/o a vit-fefum-fepo-fa***)	2	QL (1 capsule per 1 day)
QC PRENATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
RA PRENATAL FORMULA ORAL TABLET	2; $0	QL (1 tablet per 1 day)
RA PRENATAL ORAL TABLET	2; $0	QL (1 tablet per 1 day)
RELNATE DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (***prenat vit-fepoly-methylfol-fa***)	3	ST; QL (1 tablet per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (***prenatal vit-fe psac cmplx-fa***)	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
TARON-C DHA ORAL CAPSULE (***prenat-fefum-fepo-fa-omega 3***)	2	QL (1 capsule per 1 day)
THRIVITE RX ORAL TABLET	2	ST; QL (1 tablet per 1 day)
TRINATAL RX 1 ORAL TABLET	2	QL (1 tablet per 1 day)
trinate oral tablet	1 or 1a*	QL (1 tablet per 1 day)
VINATE DHA RF ORAL CAPSULE (***prenat w/oa-fefum-methf-omegas***)	3	ST; QL (1 capsule per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE (***prenatal vit-fe phos-fa-omega***)	2	QL (3 gummies per 1 day)
VITAFOL-OB ORAL TABLET (***prenatal vit-fe fumarate-fa***)	3	ST; QL (1 tablet per 1 day)
vitalara oral tablet	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE (***prenat-fefum-fered-fa-dha w/oa***)	3	ST; QL (1 capsule per 1 day)
VITATHELY WITH GINGER ORAL TABLET (***prenatal vit-fe fumarate-fa***)	3	ST; QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVA DHA ORAL CAPSULE (***prenatal vit-fe fum-fa-omega***)	3	ST; QL (1 capsule per 1 day)
WESTAB PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
ZALVIT ORAL TABLET	3	ST; QL (2 tablets per 1 day)
ZIPHEX ORAL TABLET	3	ST; QL (2 tablets per 1 day)
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL - DRUGS FOR NUTRITION**		
COMPLETE NATAL DHA ORAL	2	QL (2 units per 1 day)
wesnatal dha complete oral	2	QL (2 units per 1 day)
PRENATAL MV & MIN W/FE-FA-DHA - DRUGS FOR NUTRITION**		
CITRANATAL 90 DHA ORAL (***prenat w/o a-fecbgl-dss-fa-dha***)	3	ST; QL (2 tablets per 1 day)
CITRANATAL ASSURE ORAL (***prenat w/o a-fecbgl-dss-fa-dha***)	3	ST; QL (2 units per 1 day)
CITRANATAL HARMONY ORAL CAPSULE (***prenat-fefmcb-dss-fa-dha w/o a***)	3	ST; QL (1 capsule per 1 day)
CITRANATAL MEDLEY ORAL CAPSULE (***prenat-fecb-fefum-fa-dha w/o a***)	3	ST; QL (1 capsule per 1 day)
ENFAMIL EXPECTA ORAL (***prenatal mv-min-fe fum-fa-dha***)	2; $0	QL (2 tablets per 1 day)
NESTABS ONE ORAL CAPSULE (***prenat-fe-methylfol-dha w/o a***)	3	ST; QL (1 capsule per 1 day)
pnv-dha oral capsule	1 or 1b*	QL (1 capsule per 1 day)
PNV-DHA+DOCUSATE ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
PREGEN DHA ORAL CAPSULE	3	ST; QL (1 tablet per 1 day)
prena 1 true oral	2	
PRENATAL MULTIVITAMIN + DHA ORAL (***prenatal mv-min-fe fum-fa-dha***)	2; $0	QL (2 tablets per 1 day)
PRENATE DHA ORAL CAPSULE (***prenat-feasp-meth-fa-dha w/o a***)	3	ST; QL (1 capsule per 1 day)
PRENATE ENHANCE ORAL CAPSULE (***prenat w/o a-fe-methfol-fa-dha***)	3	ST; QL (1 capsule per 1 day)
PRENATE ESSENTIAL ORAL CAPSULE (***prenat-feasp-meth-fa-dha w/o a***)	3	ST; QL (1 capsule per 1 day)
PRENATE MINI ORAL CAPSULE (***prenat-fecbn-feasp-meth-fa-dha***)	3	ST; QL (1 capsule per 1 day)
PRENATE PIXIE ORAL CAPSULE (***prenat-feasp-meth-fa-dha w/o a***)	3	ST; QL (1 capsule per 1 day)
PRENATE RESTORE ORAL CAPSULE (***prenat w/o a-fe-methfol-fa-dha***)	3	ST; QL (1 capsule per 1 day)
SELECT-OB+DHA ORAL (***prenatal vit-fepoly-fa-dha***)	3	ST; QL (2 units per 1 day)
TRISTART DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
VITAFOL FE+ ORAL CAPSULE (***prenat-fe poly-methfol-fa-dha***)	3	ST; QL (2 capsules per 1 day)
VITAFOL ULTRA ORAL CAPSULE (***prenat-fe poly-methfol-fa-dha***)	3	ST; QL (1 capsule per 1 day)
VITAFOL-OB+DHA ORAL (***prenatal mv-min-fe fum-fa-dha***)	3	ST; QL (2 units per 1 day)
VITAFOL-ONE ORAL CAPSULE (***prenatal vit-fepoly-fa-dha***)	3	ST; QL (1 capsule per 1 day)
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (***prenat w/o a-fe-methfol-fa-dha***)	3	ST; QL (1 capsule per 1 day)
WESTGEL DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL MV & MINERALS W/FA WITHOUT IRON - DRUGS FOR NUTRITION**		
PRENATE ORAL TABLET CHEWABLE (***prenat mv-min-methylfolate-fa***)	3	ST; QL (1 tablet per 1 day)
PRENATAL VITAMINS - DRUGS FOR NUTRITION**		
PREMESISRX ORAL TABLET (***prenatal ca-b6-b12-fa-ginger***)	3	ST; QL (1 tablet per 1 day)
prena1 oral tablet chewable	3	
PRENATE AM ORAL TABLET (***prenatal ca-b6-b12-fa-ginger***)	3	ST; QL (1 tablet per 1 day)
SPECIALTY VITAMINS PRODUCTS - DRUGS FOR NUTRITION**		
glp-dlax oral tablet	3	
VITAMINS W/ LIPOTROPICS - DRUGS FOR NUTRITION**		
ACTIFLOVIT EAR HEALTH ORAL TABLET (***vitamins-lipotropics***)	2; $0	
b complex (lipotropics) oral tablet	1 or 1b*; $0	
b complex formula 1 (lipotrop) oral tablet	1 or 1b*; $0	
balance b-100 oral tablet	1 or 1b*; $0	
balanced b-50 complex oral tablet	1 or 1b*; $0	
COMPLEX B-100-INOSITOL ORAL TABLET EXTENDED RELEASE	2; $0	
cvs balanced b50 oral tablet	1 or 1b*; $0	
cvs inner ear plus oral tablet	1 or 1b*; $0	
ear health formula oral tablet	1 or 1b*; $0	
ear health plus oral tablet	1 or 1b*; $0	
FLAVOVIT EAR HEALTH ORAL TABLET (***vitamins-lipotropics***)	1 or 1b*; $0	
lipo flavonoid plus oral tablet	1 or 1b*; $0	
LIPOTRIAD ORAL TABLET (***vitamins-lipotropics***)	2; $0	
mega multiple/chelated mineral oral tablet	1 or 1b*; $0	
nat-rul b-50 oral tablet	1 or 1b*; $0	
risanoid plus oral tablet	1 or 1b*; $0	
ultra b-100 complex oral tablet	1 or 1b*; $0	
***MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
CENTRAL MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR (***cyclobenzaprine hcl***)	3	ST; QL (1 capsule per 1 day)
baclofen oral solution 10 mg/5ml	3	PA; QL (40 mL per 1 day)
baclofen oral solution 5 mg/5ml	3	PA; QL (80 mL per 1 day)
baclofen oral suspension	3	PA; QL (16 mL per 1 day)
baclofen oral tablet 10 mg, 5 mg	1 or 1b*	QL (3 tablets per 1 day)
baclofen oral tablet 15 mg	3	QL (3 tablets per 1 day)
baclofen oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
carisoprodol oral tablet	1 or 1b*	QL (4 tablets per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlorzoxazone oral tablet 250 mg	3	ST; QL (4 tablets per 1 day)
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL (4 tablets per 1 day)
chlorzoxazone oral tablet 500 mg	1 or 1b*	QL (4 tablets per 1 day)
cyclobenzaprine hcl er oral capsule extended release 24 hour	3	ST; QL (1 capsule per 1 day)
cyclobenzaprine hcl oral tablet 10 mg	1 or 1b*	QL (3 tablets per 1 day)
cyclobenzaprine hcl oral tablet 5 mg	1 or 1b*	QL (6 tablets per 1 day)
cyclobenzaprine hcl oral tablet 7.5 mg	3	ST; QL (3 tablets per 1 day)
fexmid oral tablet	3	ST; QL (3 tablets per 1 day)
FLEQSUVY ORAL SUSPENSION (***baclofen***)	3	PA; QL (16 mL per 1 day)
LYVISPAH ORAL PACKET 10 MG, 5 MG (***baclofen***)	3	PA; QL (3 packets per 1 day)
LYVISPAH ORAL PACKET 20 MG (***baclofen***)	3	PA; QL (4 packets per 1 day)
metaxalone oral tablet	3	ST; QL (4 tablets per 1 day)
methocarbamol injection solution	1 or 1b*	
methocarbamol oral tablet 1000 mg	3	ST; QL (4 tablets per 1 day)
methocarbamol oral tablet 500 mg	1 or 1b*	QL (8 tablets per 1 day)
methocarbamol oral tablet 750 mg	1 or 1b*	QL (6 tablets per 1 day)
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL (2 tablets per 1 day)
orphenadrine citrate injection solution	1 or 1b*	
OZOBAX DS ORAL SOLUTION (***baclofen***)	3	PA; QL (40 mL per 1 day)
ROBAXIN INJECTION SOLUTION (***methocarbamol***)	3	
SOMA ORAL TABLET (***carisoprodol***)	3	ST; QL (4 tablets per 1 day)
methocarbamol (Tanlor Oral Tablet)	3	ST; QL (4 tablets per 1 day)
tizanidine hcl oral capsule 2 mg	3	ST; QL (4 capsules per 1 day)
tizanidine hcl oral capsule 4 mg	3	ST; QL (9 capsules per 1 day)
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL (6 capsules per 1 day)
tizanidine hcl oral tablet 2 mg	1 or 1b*	QL (4 tablets per 1 day)
tizanidine hcl oral tablet 4 mg	1 or 1b*	QL (9 tablets per 1 day)
ZANAFLEX ORAL TABLET (***tizanidine hcl***)	3	ST; QL (9 tablets per 1 day)
DIRECT MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED (***dantrolene sodium***)	3	
DANTRIUM ORAL CAPSULE (***dantrolene sodium***)	3	
dantrolene sodium intravenous solution reconstituted	1 or 1b*	
dantrolene sodium oral capsule	1 or 1b*	
revonto intravenous solution reconstituted	1 or 1b*	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED (***dantrolene sodium***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUSCLE RELAXANT COMBINATIONS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
NORGESIC FORTE ORAL TABLET	1 or 1b*	ST; QL (4 tablets per 1 day)
norgesic oral tablet	1 or 1b*	ST; QL (8 tablets per 1 day)
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET	1 or 1b*	ST; QL (8 tablets per 1 day)
orphengesic forte oral tablet	1 or 1b*	ST; QL (4 tablets per 1 day)
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
SOHONOS ORAL CAPSULE 1 MG (***palovarotene***)	3	PA; LD; QL (4 capsules per 1 day)
SOHONOS ORAL CAPSULE 1.5 MG (***palovarotene***)	3	PA; LD; QL (2 capsules per 1 day)
SOHONOS ORAL CAPSULE 10 MG (***palovarotene***)	3	PA; LD; QL (14 capsules per 365 days)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG (***palovarotene***)	3	PA; LD; QL (1 capsule per 1 day)
VISCOSUPPLEMENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE (***sodium hyaluronate (viscosup)***)	3	PA; LD
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate (viscosup)***)	3	PA; LD
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE (***cross-linked hyaluronate***)	3	PA; LD
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate (viscosup)***)	3	PA; LD
HYALGAN INTRA-ARTICULAR SOLUTION (***sodium hyaluronate (viscosup)***)	3	PA; LD
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate (viscosup)***)	3	PA; LD
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***hyaluronan***)	3	PA; LD
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***hyaluronan***)	3	PA; LD
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***hyaluronan***)	3	PA; LD
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate (viscosup)***)	3	PA; LD
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate (viscosup)***)	3	PA; LD
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***hylan g-f 20***)	3	PA; LD
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***hylan g-f 20***)	3	PA; LD
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate (viscosup)***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate (viscosup)***)	3	PA; LD
***NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE**		
ANTIHISTAMINE-STEROID - ALLERGY**		
azelastine-fluticasone nasal suspension	3	QL (1 bottle per 30 days)
DYMISTA NASAL SUSPENSION (***azelastine-fluticasone***)	3	QL (1 bottle per 30 days)
RYALTRIS NASAL SUSPENSION (***olopatadine-mometasone***)	3	QL (1 inhaler per 30 days)
NASAL ANESTHETICS - ALLERGY**		
COCAINE HCL NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION (***cocaine hcl (nasal anesthetic)***)	3	
NASAL ANTICHOLINERGICS - ALLERGY**		
ipratropium bromide nasal solution 0.03 %	1 or 1b*	QL (2 bottles per 30 days)
ipratropium bromide nasal solution 0.06 %	1 or 1b*	QL (1 mL per 1 day)
NASAL ANTIHISTAMINES - ALLERGY**		
azelastine hcl nasal solution	1 or 1b*	QL (1 package per 25 days)
olopatadine hcl nasal solution	1 or 1b*	QL (1 bottle per 30 days)
NASAL STEROIDS - ALLERGY**		
flunisolide nasal solution	3	ST; QL (3 inhalers per 30 days)
fluticasone propionate nasal suspension	1 or 1a*	BE; QL (1 bottle per 30 days)
mometasone furoate nasal suspension	3	ST; BE; QL (1 bottle per 30 days)
OMNARIS NASAL SUSPENSION (***ciclesonide***)	3	ST; QL (1 bottle per 30 days)
PROPEL CONTOUR NASAL IMPLANT (***mometasone furoate***)	3	
PROPEL MINI NASAL IMPLANT (***mometasone furoate***)	3	
PROPEL MINI SDS NASAL IMPLANT (***mometasone furoate***)	3	
PROPEL NASAL IMPLANT (***mometasone furoate***)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION (***beclomethasone diprop (nasal)***)	3	ST; QL (1 bottle per 30 days)
QNASL NASAL AEROSOL SOLUTION (***beclomethasone diprop (nasal)***)	3	ST; QL (1 bottle per 30 days)
XHANCE NASAL EXHALER SUSPENSION (***fluticasone propionate***)	3	PA; QL (2 inhalers per 30 days)
***NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES**		
ALS AGENTS - MISCELLANEOUS - DRUGS FOR NERVES AND MUSCLES**		
edaravone intravenous solution 30 mg/100ml	3	PA; LD
edaravone intravenous solution 60 mg/100ml	3	PA
RADICAVA ORS ORAL SUSPENSION (***edaravone***)	3	PA; LD; QL (1 kit per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION (***edaravone***)	3	PA; LD; QL (1 starter kit per 1 lifetime)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENZATHIAZOLES - DRUGS FOR NERVES AND MUSCLES**		
riluzole oral tablet	1 or 1b*	PA; LD; QL (4 tablets per 1 day)
TEGLUTIK ORAL SUSPENSION (***riluzole***)	3	PA; LD; QL (40 mL per 1 day)
TIGLUTIK ORAL SUSPENSION (***riluzole***)	3	PA; LD; QL (40 mL per 1 day)
DEPOLARIZING MUSCLE RELAXANTS - DRUGS FOR NERVES AND MUSCLES**		
ANECTINE INJECTION SOLUTION (***succinylcholine chloride***)	3	
QUELICIN INJECTION SOLUTION (***succinylcholine chloride***)	3	
FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS - DRUGS FOR NERVES AND MUSCLES**		
SKYCLARYS ORAL CAPSULE (***omaveloxolone***)	3	PA; LD; QL (3 capsules per 1 day)
MUSCULAR DYSTROPHY - GENE THERAPY AGENTS - DRUGS FOR NERVES AND MUSCLES**		
AMONDYS 45 INTRAVENOUS SOLUTION	3	PA; LD
EXONDYS 51 INTRAVENOUS SOLUTION (***eteplirsen***)	3	PA; LD
VILTEPSO INTRAVENOUS SOLUTION (***viltolarsen***)	3	PA; LD
VYONDYS 53 INTRAVENOUS SOLUTION (***golodirsen***)	3	PA; LD
***MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS** - DRUGS FOR NERVES AND MUSCLES**		
DUVYZAT ORAL SUSPENSION (***givinostat hcl***)	3	PA; LD; QL (12 mL per 1 day)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS - DRUGS FOR NERVES AND MUSCLES**		
BOTOX INJECTION SOLUTION RECONSTITUTED (***onabotulinumtoxina***)	3	PA; LD
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED (***abobotulinumtoxina***)	3	PA; LD
MYOBLOC INTRAMUSCULAR SOLUTION (***rimabotulinumtoxinb***)	3	PA; LD
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED (***incobotulinumtoxina***)	3	PA; LD
NONDEPOLARIZING MUSCLE RELAXANTS - DRUGS FOR NERVES AND MUSCLES**		
atracurium besylate intravenous solution	1 or 1b*	
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution	1 or 1b*	
rocuronium bromide intravenous solution	1 or 1b*	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS - DRUGS FOR NERVES AND MUSCLES**		
DAYBUE ORAL SOLUTION (***trofinetide***)	3	PA; LD; QL (120 mL per 1 day)
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS - DRUGS FOR NERVES AND MUSCLES**		
EVRYSDI ORAL SOLUTION RECONSTITUTED (***risdiplam***)	3	PA; LD; QL (5 mg per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVRYSDI ORAL TABLET (***risdiplam***)	3	PA; QL (1 tablet per 1 day)
***NUTRIENTS* - DRUGS FOR NUTRITION**		
AMINO ACID MIXTURES - DRUGS FOR NUTRITION**		
AMINOSYN II INTRAVENOUS SOLUTION 10 % (***amino acid infusion***)	3	
aminosyn ii intravenous solution 15 %	1 or 1b*	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION (***amino acid infusion***)	3	
AMINOSYN-PF INTRAVENOUS SOLUTION (***amino acid infusion***)	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION (***amino ac elect-calc in d5w***)	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (***amino ac elect-calc in d10w***)	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (***amino ac elect-calc in d5w***)	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION (***amino ac elect-calc in d15w***)	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION (***amino ac elect-calc in d20w***)	3	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (***amino acid infusion in d10w***)	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (***amino acid infusion in d5w***)	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION (***amino acid infusion in d15w***)	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION (***amino acid infusion in d20w***)	3	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
clinisol sf intravenous solution	1 or 1b*	
plenamine intravenous solution	1 or 1b*	
PREMASOL INTRAVENOUS SOLUTION (***amino acid infusion***)	3	
PROSOL INTRAVENOUS SOLUTION (***amino acid infusion***)	3	
REFRESH AA 15 PKU ORAL LIQUID (***amino acids***)	2	
REFRESH AA 15 TYR ORAL LIQUID (***amino acids***)	2	
TRAVASOL INTRAVENOUS SOLUTION (***amino acid infusion***)	3	
TROPHAMINE INTRAVENOUS SOLUTION (***amino acid infusion***)	3	
AMINO ACIDS-SINGLE - DRUGS FOR NUTRITION**		
ELCYS INTRAVENOUS SOLUTION (***cysteine hcl***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARBOHYDRATES - DRUGS FOR NUTRITION**		
dextrose intravenous solution 10 %	1 or 1b*	
DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 %	3	
dextrose intravenous solution 5 %	3	
glucose (dextrose) intravenous solution	3	
LIPIDS - DRUGS FOR NUTRITION**		
CLINOLIPID INTRAVENOUS EMULSION (***fat emuls plant base(soy/oliv)***)	3	
DOJOLVI ORAL LIQUID (***triheptanoin***)	3	PA; LD; QL (2 bottles per 30 days)
INTRALIPID INTRAVENOUS EMULSION (***fat emulsion plant based (soy)***)	3	
NUTRILIPID INTRAVENOUS EMULSION (***fat emulsion plant based (soy)***)	3	
OMEGAVEN INTRAVENOUS EMULSION (***fish oil triglyceride based***)	3	
SMOFLIPID INTRAVENOUS EMULSION (***fat emul fish oil/plant based***)	3	
PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS - DRUGS FOR NUTRITION**		
KABIVEN INTRAVENOUS EMULSION (***amino ac-dext-lipid-electrolyt***)	3	
PERIKABIVEN INTRAVENOUS EMULSION (***amino ac-dext-lipid-electrolyt***)	3	
***OPHTHALMIC AGENTS* - DRUGS FOR THE EYE**		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB - DRUGS FOR GLAUCOMA**		
SIMBRINZA OPHTHALMIC SUSPENSION (***brinzolamide-brimonidine***)	2	QL (8 mL per 30 days)
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS - DRUGS FOR GLAUCOMA**		
brimonidine tartrate-timolol ophthalmic solution	1 or 1b*	QL (15 mL per 30 days)
COMBIGAN OPHTHALMIC SOLUTION (***brimonidine tartrate-timolol***)	3	QL (15 mL per 30 days)
COSOPT OPHTHALMIC SOLUTION (***dorzolamide hcl-timolol mal***)	3	QL (10 mL per 30 days)
COSOPT PF OPHTHALMIC SOLUTION (***dorzolamide hcl-timolol mal***)	3	QL (60 units per 30 days)
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	QL (10 mL per 30 days)
dorzolamide hcl-timolol mal pf ophthalmic solution	1 or 1b*	QL (60 units per 30 days)
BETA-BLOCKERS - OPHTHALMIC - DRUGS FOR GLAUCOMA**		
betaxolol hcl ophthalmic solution	1 or 1b*	QL (0.5 mL per 1 day)
BETIMOL OPHTHALMIC SOLUTION (***timolol hemihydrate***)	3	QL (15 mL per 30 days)
BETOPTIC-S OPHTHALMIC SUSPENSION (***betaxolol hcl***)	2	QL (15 mL per 30 days)
carteolol hcl ophthalmic solution	1 or 1a*	
ISTALOL OPHTHALMIC SOLUTION (***timolol maleate***)	3	QL (5 mL per 30 days)
levobunolol hcl ophthalmic solution	1 or 1b*	
timolol hemihydrate ophthalmic solution	1 or 1b*	QL (15 mL per 30 days)
timolol maleate (once-daily) ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)
timolol maleate ocudose ophthalmic solution	1 or 1b*	QL (20 mL per 30 days)
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL (5 mL per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
timolol maleate ophthalmic solution	1 or 1b*	QL (20 mL per 30 days)
timolol maleate pf ophthalmic solution 0.25 %	1 or 1b*	QL (18 mL per 30 days)
timolol maleate pf ophthalmic solution 0.5 %	1 or 1b*	QL (20 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (***timolol maleate***)	3	QL (18 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (***timolol maleate***)	3	QL (20 mL per 30 days)
CHOLINERGIC AGONISTS - DRUGS FOR THE EYE**		
TYRVAYA NASAL SOLUTION (***varenicline tartrate***)	3	PA; QL (0.28 mL per 1 day)
CYCLOPLEGIC MYDRIATIC COMBINATIONS - DRUGS FOR THE EYE**		
CYCLOMYDRIL OPHTHALMIC SOLUTION (***cyclopentolate-phenylephrine***)	3	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE (***tropicamide-phenylephrine***)	3	
CYCLOPLEGIC MYDRIATICS - DRUGS FOR THE EYE**		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	QL (20 mL per 30 days)
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (***cyclopentolate hcl***)	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 % (***cyclopentolate hcl***)	3	QL (15 mL per 30 days)
cyclopentolate hcl ophthalmic solution	1 or 1b*	QL (15 mL per 30 days)
MYDRIACYL OPHTHALMIC SOLUTION (***tropicamide***)	3	
phenylephrine hcl ophthalmic solution 10 %	1 or 1b*	
phenylephrine hcl ophthalmic solution 2.5 %	3	
tropicamide ophthalmic solution	1 or 1b*	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
XIIDRA OPHTHALMIC SOLUTION (***lifitegrast***)	2	PA; QL (2 vial per 1 day)
MIOTICS - CHOLINESTERASE INHIBITORS - DRUGS FOR GLAUCOMA**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED (***echothiophate iodide***)	3	QL (5 mL per 30 days)
MIOTICS - DIRECT ACTING - DRUGS FOR GLAUCOMA**		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED (***acetylcholine chloride***)	3	
MIOSTAT INTRAOCULAR SOLUTION (***carbachol***)	3	
pilocarpine hcl ophthalmic solution	1 or 1b*	
QLOSI OPHTHALMIC SOLUTION (***pilocarpine hcl***)	3	PA; QL (2 vials per 1 day)
VUITY OPHTHALMIC SOLUTION (***pilocarpine hcl***)	3	PA; QL (5 mL per 30 days)
OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS - DRUGS FOR THE EYE**		
VABYSMO INTRAVITREAL SOLUTION (***faricimab-svoa***)	3	PA; LD

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE (***faricimab-svoa***)	3	PA; LD
OPHTHALMIC ANTIALLERGIC - DRUGS FOR ITCHY EYE**		
ALOCRIL OPHTHALMIC SOLUTION (***nedocromil sodium***)	3	ST; QL (1 bottle per 30 days)
azelastine hcl ophthalmic solution	1 or 1b*	QL (1 bottle per 24 days)
bepotastine besilate ophthalmic solution	3	ST; QL (10 mL per 30 days)
BEPREVE OPHTHALMIC SOLUTION (***bepotastine besilate***)	3	ST; QL (10 mL per 30 days)
cromolyn sodium ophthalmic solution	1 or 1a*	QL (2 bottles per 30 days)
epinastine hcl ophthalmic solution	1 or 1b*	QL (1 bottle per 30 days)
olopatadine hcl ophthalmic solution 0.1 %	1 or 1b*	ST; QL (1 bottle per 30 days)
olopatadine hcl ophthalmic solution 0.2 %	3	ST; BE; QL (0.1 mL per 1 day)
ZERVIATE OPHTHALMIC SOLUTION (***cetirizine hcl***)	3	ST; QL (2 boxes per 30 days)
OPHTHALMIC ANTIBIOTICS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
AZASITE OPHTHALMIC SOLUTION (***azithromycin***)	3	QL (2.5 mL per 30 days)
bacitracin ophthalmic ointment	1 or 1b*	QL (7 grams per 30 days)
BESIVANCE OPHTHALMIC SUSPENSION (***besifloxacin hcl***)	3	QL (5 mL per 30 days)
CILOXAN OPHTHALMIC OINTMENT (***ciprofloxacin hcl***)	3	QL (3.5 grams per 30 days)
ciprofloxacin hcl ophthalmic solution	1 or 1a*	QL (10 mL per 30 days)
erythromycin ophthalmic ointment	3	QL (3.5 grams per 30 days)
gatifloxacin ophthalmic solution	1 or 1b*	QL (2.5 mL per 30 days)
gentamicin sulfate ophthalmic solution	1 or 1a*	QL (10 mL per 30 days)
levofloxacin ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)
mitomycin intraocular solution prefilled syringe	3	
MITOSOL OPHTHALMIC KIT (***mitomycin***)	3	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	QL (3 mL per 30 days)
moxifloxacin hcl ophthalmic solution	1 or 1b*	QL (3 mL per 30 days)
OCUFLOX OPHTHALMIC SOLUTION (***ofloxacin***)	3	QL (10 mL per 30 days)
ofloxacin ophthalmic solution	1 or 1a*	QL (10 mL per 30 days)
tobramycin ophthalmic solution	1 or 1a*	QL (20 mL per 30 days)
TOBREX OPHTHALMIC OINTMENT (***tobramycin***)	3	QL (3.5 grams per 30 days)
VIGAMOX OPHTHALMIC SOLUTION (***moxifloxacin hcl***)	3	QL (3 mL per 30 days)
OPHTHALMIC ANTIFUNGAL - DRUGS FOR THE EYE**		
NATACYN OPHTHALMIC SUSPENSION (***natamycin***)	3	QL (15 mL per 30 days)
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bacitracin-polymyxin b ophthalmic ointment	1 or 1a*	QL (3.5 grams per 30 days)
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	QL (3.5 grams per 30 days)
neomycin-polymyxin-gramicidin ophthalmic solution	1 or 1b*	QL (10 mL per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neo-polycin ophthalmic ointment	1 or 1b*	QL (3.5 grams per 30 days)
polycin ophthalmic ointment	1 or 1a*	QL (3.5 grams per 30 days)
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	QL (10 mL per 30 days)
OPHTHALMIC ANTISEPTICS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION (***povidone-iodine***)	3	
OPHTHALMIC ANTIVIRALS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
trifluridine ophthalmic solution	1 or 1b*	QL (7.5 mL per 30 days)
ZIRGAN OPHTHALMIC GEL (***ganciclovir***)	3	QL (5 gram per 7 days)
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR GLAUCOMA**		
AZOPT OPHTHALMIC SUSPENSION (***brinzolamide***)	3	QL (15 ML per 30 days)
brinzolamide ophthalmic suspension	1 or 1b*	QL (15 mL per 30 days)
dorzolamide hcl ophthalmic solution	1 or 1b*	QL (10 mL per 30 days)
OPHTHALMIC COMPLEMENT C3 INHIBITORS - DRUGS FOR THE EYE**		
SYFOVRE INTRAVITREAL SOLUTION (***pegcetacoplan (ophthalmic)***)	3	PA; LD
OPHTHALMIC COMPLEMENT C5 INHIBITORS - DRUGS FOR THE EYE**		
IZERVAY INTRAVITREAL SOLUTION (***avacincaptad pegol***)	3	PA; LD
OPHTHALMIC DIAGNOSTIC PRODUCTS - DRUGS FOR THE EYE**		
ak-fluor intravenous solution	1 or 1b*	
altafluor benox ophthalmic solution	1 or 1b*	
fluorescein intravenous solution	1 or 1b*	
fluorescein sodium intravenous solution	1 or 1b*	
FLUORESCEIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION	3	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
FLUORESCITE INTRAVENOUS SOLUTION (***fluorescein sodium***)	3	
FLURA-SAFE OPHTHALMIC SOLUTION (***fluorexon-benoxinate***)	3	
***OPHTHALMIC ECTOPARASITICIDE** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
XDEMVY OPHTHALMIC SOLUTION (***lotilaner***)	3	PA; QL (1 bottle per 1 fill)
OPHTHALMIC IMMUNOMODULATORS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
CEQUA OPHTHALMIC SOLUTION (***cyclosporine***)	3	PA; QL (2 vials per 1 day)
cyclosporine ophthalmic emulsion	1 or 1b*	PA; QL (2 vials per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (***cyclosporine***)	2	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION (***cyclosporine***)	2	PA; QL (2 vials per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERKAZIA OPHTHALMIC EMULSION (***cyclosporine***)	3	PA; QL (120 vials per 30 days)
VEVYE OPHTHALMIC SOLUTION (***cyclosporine***)	3	PA; QL (1 bottle per 30 days)
OPHTHALMIC IRRIGATION SOLUTIONS - DRUGS FOR THE EYE**		
BSS INTRAOCULAR SOLUTION (***ophth irr soln-intraocular***)	3	
BSS PLUS INTRAOCULAR SOLUTION (***ophth irr soln-intraocular***)	3	
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS - DRUGS FOR GLAUCOMA**		
ROCKLATAN OPHTHALMIC SOLUTION (***netarsudil-latanoprost***)	3	QL (2.5 mL per 30 days)
OPHTHALMIC LOCAL ANESTHETICS - DRUGS FOR THE EYE**		
AKTEN OPHTHALMIC GEL (***lidocaine hcl***)	3	
ALCAINE OPHTHALMIC SOLUTION (***proparacaine hcl***)	3	
IHEEZO OPHTHALMIC GEL (***chloroprocaine hcl***)	3	
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
OPHTHALMIC NERVE GROWTH FACTORS - DRUGS FOR THE EYE**		
OXERVATE OPHTHALMIC SOLUTION (***cenegermin-bkbj***)	3	PA; LD; QL (2 vials per 1 day)
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
ACULAR LS OPHTHALMIC SOLUTION (***ketorolac tromethamine***)	3	QL (5 mL per 30 days)
ACULAR OPHTHALMIC SOLUTION (***ketorolac tromethamine***)	3	QL (10 mL per 30 days)
ACUVAIL OPHTHALMIC SOLUTION (***ketorolac tromethamine***)	3	QL (1 box per 30 days)
bromfenac sodium (once-daily) ophthalmic solution	1 or 1b*	QL (1.7 mL per 30 days)
bromfenac sodium ophthalmic solution 0.07 %	1 or 1b*	QL (3 mL per 30 days)
bromfenac sodium ophthalmic solution 0.075 %	1 or 1b*	QL (5 mL per 30 days)
BROMSITE OPHTHALMIC SOLUTION (***bromfenac sodium***)	3	QL (5 mL per 30 days)
diclofenac sodium ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)
flurbiprofen sodium ophthalmic solution	1 or 1b*	QL (2.5 mL per 30 days)
ILEVRO OPHTHALMIC SUSPENSION (***nepafenac***)	2	QL (3 mL per 30 days)
ketorolac tromethamine ophthalmic solution 0.4 %	1 or 1b*	QL (5 mL per 30 days)
ketorolac tromethamine ophthalmic solution 0.5 %	1 or 1b*	QL (10 mL per 30 days)
NEVANAC OPHTHALMIC SUSPENSION (***nepafenac***)	3	QL (3 mL per 30 days)
PROLENSA OPHTHALMIC SOLUTION (***bromfenac sodium***)	3	QL (3 mL per 30 days)
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS - DRUGS FOR THE EYE**		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED (***verteporfin***)	3	LD; QL (1 fill per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPHTHALMIC PHOTOENHANCER COMBINATIONS - DRUGS FOR THE EYE**		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE (***riboflav5 & riboflav5-dextran***)	3	
OPHTHALMIC RHO KINASE INHIBITORS - DRUGS FOR GLAUCOMA**		
RHOPRESSA OPHTHALMIC SOLUTION (***netarsudil dimesylate***)	3	QL (2.5 mL per 30 days)
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS - DRUGS FOR GLAUCOMA**		
ALPHAGAN P OPHTHALMIC SOLUTION (***brimonidine tartrate***)	3	QL (30 mL per 30 days)
apraclonidine hcl ophthalmic solution	1 or 1b*	
brimonidine tartrate ophthalmic solution	1 or 1b*	QL (30 mL per 30 days)
IOPIDINE OPHTHALMIC SOLUTION (***apraclonidine hcl***)	3	
OPHTHALMIC STEROID COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*	QL (7 mL per 30 days)
MAXITROL OPHTHALMIC OINTMENT (***neomycin-polymyxin-dexameth***)	3	QL (7 mL per 30 days)
MAXITROL OPHTHALMIC SUSPENSION (***neomycin-polymyxin-dexameth***)	3	QL (20 mL per 30 days)
neomycin-polymyxin-dexameth ophthalmic ointment	1 or 1a*	QL (7 mL per 30 days)
neomycin-polymyxin-dexameth ophthalmic suspension	1 or 1a*	QL (20 mL per 30 days)
neomycin-polymyxin-hc ophthalmic suspension	1 or 1b*	
neo-polycin hc ophthalmic ointment	1 or 1b*	QL (7 mL per 30 days)
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL (15 mL per 30 days)
TOBRADEX OPHTHALMIC OINTMENT (***tobramycin-dexamethasone***)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION (***tobramycin-dexamethasone***)	3	QL (10 mL per 30 days)
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL (10 mL per 30 days)
ZYLET OPHTHALMIC SUSPENSION (***loteprednol-tobramycin***)	2	QL (20 mL per 30 days)
OPHTHALMIC STEROIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
ALREX OPHTHALMIC SUSPENSION (***loteprednol etabonate***)	3	
clobetasol propionate ophthalmic suspension	3	QL (3.5 mL per 30 days)
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT (***dexamethasone***)	3	
DEXYCU INTRAOCULAR SUSPENSION (***dexamethasone***)	3	
difluprednate ophthalmic emulsion	1 or 1b*	QL (10 mL per 30 days)
DUREZOL OPHTHALMIC EMULSION (***difluprednate***)	3	QL (10 mL per 30 days)
EYSUVIS OPHTHALMIC SUSPENSION (***loteprednol etabonate***)	3	PA; QL (20 mL per 30 days)
FLAREX OPHTHALMIC SUSPENSION (***fluorometholone acetate***)	3	
fluorometholone ophthalmic suspension	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FML FORTE OPHTHALMIC SUSPENSION (***fluorometholone***)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION (***fluorometholone***)	3	
ILUVIEN INTRAVITREAL IMPLANT (***fluocinolone acetonide***)	3	PA; LD
INVELTYS OPHTHALMIC SUSPENSION (***loteprednol etabonate***)	3	QL (5.6 mL per 30 days)
LOTEMAX OPHTHALMIC GEL (***loteprednol etabonate***)	3	QL (10 grams per 30 days)
LOTEMAX OPHTHALMIC OINTMENT (***loteprednol etabonate***)	3	QL (7 grams per 30 days)
LOTEMAX OPHTHALMIC SUSPENSION (***loteprednol etabonate***)	3	QL (30 mL per 30 days)
LOTEMAX SM OPHTHALMIC GEL (***loteprednol etabonate***)	3	QL (10 grams per 30 days)
loteprednol etabonate ophthalmic gel	1 or 1b*	QL (10 grams per 30 days)
loteprednol etabonate ophthalmic suspension 0.2 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	1 or 1b*	QL (30 mL per 30 days)
MAXIDEX OPHTHALMIC SUSPENSION (***dexamethasone***)	3	
OZURDEX INTRAVITREAL IMPLANT (***dexamethasone***)	3	PA; LD
PRED FORTE OPHTHALMIC SUSPENSION (***prednisolone acetate***)	3	QL (20 mL per 30 days)
PRED MILD OPHTHALMIC SUSPENSION (***prednisolone acetate***)	3	
prednisolone acetate ophthalmic suspension	1 or 1b*	QL (20 mL per 30 days)
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	3	QL (20 mL per 30 days)
RETISERT INTRAVITREAL IMPLANT (***fluocinolone acetonide***)	3	PA; LD
TRIESENCE INTRAOCULAR SUSPENSION (***triamcinolone acetonide***)	3	
XIPERE INTRAOCULAR SUSPENSION (***triamcinolone acetonide***)	3	PA; LD
YUTIQ INTRAVITREAL IMPLANT (***fluocinolone acetonide***)	3	PA; LD
OPHTHALMIC SULFONAMIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
sulfacetamide sodium ophthalmic ointment	1 or 1b*	QL (3.5 grams per 30 days)
sulfacetamide sodium ophthalmic solution	1 or 1b*	QL (15 mL per 30 days)
OPHTHALMIC SURGICAL AIDS - COMBINATIONS - DRUGS FOR THE EYE**		
DISCOVISC INTRAOCULAR SOLUTION (***na chondroit sulf-na hyaluron***)	3	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML (***na hyalur & na chond-na hyalur***)	3	
OMIDRIA INTRAOCULAR SOLUTION (***phenylephrine-ketorolac***)	3	
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE (***na chondroit sulf-na hyaluron***)	3	
OPHTHALMIC SURGICAL AIDS - DRUGS FOR THE EYE**		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate***)	3	LD
AMVISC PLUS INTRAOCULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate***)	3	LD
CELLUGEL INTRAOCULAR SOLUTION (***hypromellose***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate***)	3	LD
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate***)	3	LD
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate***)	3	LD
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate***)	3	LD
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate***)	3	LD
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (***brilliant blue g***)	3	
TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (***sodium hyaluronate***)	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (***trypan blue***)	3	
***OPHTHALMICS - BLEPHAROPTOSIS AGENTS** - DRUGS FOR THE EYE**		
UPNEEQ OPHTHALMIC SOLUTION (***oxymetazoline hcl***)	3	PA; QL (30 containers per 30 days)
***OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE**		
CYSTADROPS OPHTHALMIC SOLUTION (***cysteamine hcl***)	3	PA; QL (4 bottles per 28 days)
CYSTARAN OPHTHALMIC SOLUTION (***cysteamine hcl***)	3	PA; LD; QL (60 mL per 28 days)
OPHTHALMICS MISC. - OTHER - DRUGS FOR THE EYE**		
MIEBO OPHTHALMIC SOLUTION (***perfluorohexyloctane***)	3	PA; QL (1 bottle per 30 days)
PROSTAGLANDINS - OPHTHALMIC - DRUGS FOR GLAUCOMA**		
bimatoprost ophthalmic solution	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT (***bimatoprost***)	3	PA; LD; QL (2 applicators per 1 lifetime)
IDOSE TR INTRAOCULAR IMPLANT (***travoprost***)	3	PA; LD; QL (2 units per 1 lifetime)
IYUZEH OPHTHALMIC SOLUTION (***latanoprost***)	3	QL (30 units per 30 days)
latanoprost ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (***bimatoprost***)	2	QL (7.5 mL per 30 days)
tafluprost (pf) ophthalmic solution	1 or 1b*	QL (9 mL per 30 days)
TRAVATAN Z OPHTHALMIC SOLUTION (***travoprost***)	3	QL (10 mL per 30 days)
travoprost (bak free) ophthalmic solution	1 or 1b*	QL (10 mL per 30 days)
VYZULTA OPHTHALMIC SOLUTION (***latanoprostene bunod***)	3	QL (5 mL per 30 days)
XALATAN OPHTHALMIC SOLUTION (***latanoprost***)	3	QL (5 mL per 30 days)
XELPROS OPHTHALMIC EMULSION (***latanoprost***)	3	QL (5 mL per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION (***tafluprost***)	3	QL (9 mL per 30 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS - DRUGS FOR THE EYE**		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE (***brolucizumab-dbll***)	3	PA; LD
BYOOVIZ INTRAVITREAL SOLUTION (***ranibizumab-nuna***)	3	PA; LD
CIMERLI INTRAVITREAL SOLUTION (***ranibizumab-eqrn***)	3	PA; LD
EYLEA HD INTRAVITREAL SOLUTION (***aflibercept***)	3	PA; LD
EYLEA INTRAVITREAL SOLUTION (***aflibercept***)	3	PA; LD
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (***aflibercept***)	3	PA; LD
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (***ranibizumab***)	3	PA; LD
PAVBLU INTRAVITREAL SOLUTION (***aflibercept-ayyh***)	3	PA
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE (***aflibercept-ayyh***)	3	PA
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION (***ranibizumab***)	3	LD
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION (***ranibizumab***)	3	LD
***OTIC AGENTS* - DRUGS FOR THE EAR**		
OTIC AGENTS - MISCELLANEOUS - WAX REMOVAL**		
acetic acid otic solution	1 or 1b*	
OTIC ANALGESIC COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
PRAMOTIC OTIC LIQUID (***pramoxine-chloroxylenol***)	3	
OTIC ANTI-INFECTIVES - ANTIBIOTICS**		
CETRAXAL OTIC SOLUTION (***ciprofloxacin hcl***)	3	QL (28 containers per 1 fill)
ciprofloxacin hcl otic solution	1 or 1b*	QL (28 containers per 1 fill)
ofloxacin otic solution	1 or 1b*	QL (10 mL per 1 fill)
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
CIPRO HC OTIC SUSPENSION (***ciprofloxacin-hydrocortisone***)	3	QL (10 mL per 1 fill)
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	QL (7.5 mL per 1 fill)
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	QL (28 vials per 1 fill)
CORTISPORIN-TC OTIC SUSPENSION (***neomycin-colist-hc-thonzonium***)	3	
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	QL (15 mL per 30 days)
OTOVEL OTIC SOLUTION (***ciprofloxacin-fluocinolone***)	3	QL (28 vials per 1 fill)
OTIC STEROIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
DERMOTIC OTIC OIL (***fluocinolone acetonide***)	3	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	QL (10 mL per 1 fill)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***OXYTOCICS* - HORMONES**		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS - DRUGS FOR WOMEN**		
carboprost tromethamine intramuscular solution	1 or 1b*	
carboprost tromethamine intramuscular solution prefilled syringe	3	
CERVIDIL VAGINAL INSERT (***dinoprostone***)	3	
HEMABATE INTRAMUSCULAR SOLUTION (***carboprost tromethamine***)	3	
PREPIDIL VAGINAL GEL (***dinoprostone***)	3	
OXYTOCICS - DRUGS FOR WOMEN**		
methergine oral tablet	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
PITOCIN INJECTION SOLUTION (***oxytocin***)	3	
***PASSIVE IMMUNIZING AND TREATMENT AGENTS* - BIOLOGICAL AGENTS**		
ANTITOXINS-ANTIVENINS - BIOLOGICAL AGENTS**		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (***centruroides (scorpion) im fab***)	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (***crotalidae immune fab (equine)***)	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (***crotalidae polyval immune fab***)	3	
ANTIVIRAL MONOCLONAL ANTIBODIES - BIOLOGICAL AGENTS**		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML (***nirsevimab-alip***)	3; $0	PA; LD; QL (2 syringe per 180 days)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***nirsevimab-alip***)	3; $0	PA; LD; QL (1 syringe per 1 lifetime)
PEMGARDA INTRAVENOUS SOLUTION (***pemivibart***)	3	
SYNAGIS INTRAMUSCULAR SOLUTION (***palivizumab***)	3	PA; LD
BACTERIAL MONOCLONAL ANTIBODIES - BIOLOGICAL AGENTS**		
ZINPLAVA INTRAVENOUS SOLUTION (***bezlotoxumab***)	3	PA
IMMUNE SERUMS - BIOLOGICAL AGENTS**		
ALYGLO INTRAVENOUS SOLUTION (***immune globulin (human)-stwk***)	3	PA; LD
ASCENIV INTRAVENOUS SOLUTION (***immune globulin (human)-slra***)	3	PA; LD
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED (***botulism immune globulin human***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIVIGAM INTRAVENOUS SOLUTION (***immune globulin (human)***)	3	PA; LD
CNJ-016 INTRAVENOUS SOLUTION (***vaccinia immune globulin human***)	3	
CUTAQUIG SUBCUTANEOUS SOLUTION (***immune globulin (human)-hipp***)	3	PA; LD
CUVITRU SUBCUTANEOUS SOLUTION (***immune globulin (human)***)	3	PA; LD
CYTOGAM INTRAVENOUS SOLUTION (***cytomegalovirus immune glob***)	3	LD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION (***immune globulin (human)***)	3	PA; LD
GAMASTAN INTRAMUSCULAR INJECTABLE (***immune globulin (human)***)	3	PA; LD
GAMMAGARD INJECTION SOLUTION (***immune globulin (human)***)	3	PA; LD
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED (***immune globulin (human)***)	3	PA; LD
GAMMAKED INJECTION SOLUTION (***immune globulin (human)***)	3	PA; LD
GAMMAPLEX INTRAVENOUS SOLUTION (***immune globulin (human)***)	3	PA; LD
GAMUNEX-C INJECTION SOLUTION (***immune globulin (human)***)	3	PA; LD
HEPAGAM B INJECTION SOLUTION (***hepatitis b immune globulin***)	3	LD
HIZENTRA SUBCUTANEOUS SOLUTION (***immune globulin (human)***)	3	PA; LD
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***immune globulin (human)***)	3	PA; LD
HYPERHEP B INTRAMUSCULAR SOLUTION (***hepatitis b immune globulin***)	3	LD
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***hepatitis b immune globulin***)	3	LD
HYPERRAB INJECTION SOLUTION (***rabies immune globulin***)	3	LD
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***rho d immune globulin***)	3	LD; QL (2 fills per 365 days)
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***tetanus immune globulin***)	3	
IMOGAM RABIES-HT INJECTION SOLUTION (***rabies immune globulin***)	3	LD
KEDRAB INJECTION SOLUTION	3	LD
NABI-HB INTRAMUSCULAR SOLUTION (***hepatitis b immune globulin***)	3	LD
OCTAGAM INTRAVENOUS SOLUTION (***immune globulin (human)***)	3	PA; LD
PANZYGA INTRAVENOUS SOLUTION (***immune globulin (human)-ifas***)	3	PA; LD
PRIVIGEN INTRAVENOUS SOLUTION (***immune globulin (human)***)	3	PA; LD
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***rho d immune globulin***)	3	LD; QL (2 fills per 365 days)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE (***rho d immune globulin***)	3	LD; QL (2 fills per 365 days)
VARIZIG INTRAMUSCULAR SOLUTION (***varicella-zoster immune glob***)	3	LD
WINRHO SDF INJECTION SOLUTION (***rho d immune globulin***)	3	LD; QL (2 fills per 365 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XEMBIFY SUBCUTANEOUS SOLUTION (***immune globulin (human)-klhw***)	3	PA; LD
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - BIOLOGICAL AGENTS**		
HYQVIA SUBCUTANEOUS KIT (***immune globulin-hyaluronidase***)	3	PA; LD
***PENICILLINS* - DRUGS FOR INFECTIONS**		
AMINOPENICILLINS - ANTIBIOTICS**		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml	1 or 1a*	
amoxicillin oral suspension reconstituted 400 mg/5ml	3	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable	1 or 1a*	
ampicillin oral capsule	1 or 1a*	
ampicillin sodium injection solution reconstituted	1 or 1b*	
ampicillin sodium intravenous solution reconstituted	1 or 1b*	
NATURAL PENICILLINS - ANTIBIOTICS**		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***penicillin g benzathine***)	3	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED (***penicillin g benzathine***)	3	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED (***penicillin g benzathine***)	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	3	
penicillin g potassium injection solution reconstituted	1 or 1b*	
penicillin g sodium injection solution reconstituted	1 or 1b*	
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen injection solution reconstituted	1 or 1b*	
PENICILLIN COMBINATIONS - ANTIBIOTICS**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
ampicillin-sulbactam sodium injection solution reconstituted	1 or 1b*	
ampicillin-sulbactam sodium intravenous solution reconstituted	1 or 1b*	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED (***amoxicillin-pot clavulanate***)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED (***amoxicillin-pot clavulanate***)	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION (***penicillin g benzathine & proc***)	3	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BICILLIN C-R INTRAMUSCULAR SUSPENSION (***penicillin g benzathine & proc***)	3	
piperacillin sod-tazobactam so intravenous solution reconstituted	1 or 1b*	
UNASYN INJECTION SOLUTION RECONSTITUTED (***ampicillin-sulbactam sodium***)	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED (***ampicillin-sulbactam sodium***)	3	
ZOSYN INTRAVENOUS SOLUTION (***piperacillin-tazobactam in dex***)	3	
PENICILLINASE-RESISTANT PENICILLINS - ANTIBIOTICS**		
dicloxacillin sodium oral capsule	1 or 1b*	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
nafcillin sodium injection solution reconstituted	1 or 1b*	
nafcillin sodium intravenous solution reconstituted	1 or 1b*	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
oxacillin sodium injection solution reconstituted	1 or 1b*	
oxacillin sodium intravenous solution reconstituted	1 or 1b*	
***PROGESTINS* - HORMONES**		
PROGESTINS - DRUGS FOR WOMEN**		
norethindrone acetate (Gallifrey Oral Tablet)	1 or 1b*	
medroxyprogesterone acetate oral tablet	1 or 1a*	QL (1 tablet per 1 day)
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone oral capsule 100 mg	1 or 1b*	QL (2 capsules per 1 day)
progesterone oral capsule 200 mg	1 or 1b*	QL (2 capsule per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG (***progesterone***)	3	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 200 MG (***progesterone***)	3	QL (2 capsule per 1 day)
PROVERA ORAL TABLET (***medroxyprogesterone acetate***)	3	QL (1 tablet per 1 day)
***PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM**		
AGENTS FOR OPIOID WITHDRAWAL - DRUGS FOR THE NERVOUS SYSTEM**		
lofexidine hcl oral tablet	1 or 1b*	QL (16 tablets per 1 day)
LUCEMYRA ORAL TABLET (***lofexidine hcl***)	3	QL (16 tablets per 1 day)
ALCOHOL DETERRENTS - DRUGS FOR THE NERVOUS SYSTEM**		
acamprosate calcium oral tablet delayed release	1 or 1b*	QL (6 tablet per 1 day)
disulfiram oral tablet	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-CATAPLECTIC AGENTS - DRUGS FOR SLEEP DISORDER**		
LUMRYZ ORAL PACKET (***sodium oxybate***)	3	PA; LD; QL (1 packet per 1 day)
LUMRYZ STARTER PACK ORAL THERAPY PACK (***sodium oxybate***)	3	PA; LD; QL (1 pack per 6 months)
sodium oxybate oral solution	3	PA; LD; QL (18 mL per 1 day)
XYREM ORAL SOLUTION (***sodium oxybate***)	3	PA; LD; QL (18 mL per 1 day)
ANTI-CATAPLECTIC COMBINATIONS - DRUGS FOR SLEEP DISORDER**		
XYWAV ORAL SOLUTION (***ca, mg, k, and na oxybates***)	3	PA; LD; QL (18 mL per 1 day)
ANTIDEMENTIA AGENT COMBINATIONS - DRUGS FOR ALZHEIMER'S DISEASE**		
memantine hcl-donepezil hcl oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG (***memantine hcl-donepezil hcl***)	3	QL (1 capsule per 1 day)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG (***memantine hcl-donepezil hcl***)	2	QL (1 capsule per 1 day)
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS - DRUGS FOR THE NERVOUS SYSTEM**		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***eplontersen sodium***)	3	PA; LD; QL (1 autoinjector per 28 days)
BENZODIAZEPINES & TRICYCLIC AGENTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
CHOLINOMIMETICS - ACHE INHIBITORS - DRUGS FOR ALZHEIMER'S DISEASE**		
ADLARITY TRANSDERMAL PATCH WEEKLY (***donepezil hcl***)	3	ST; QL (1 patch per 1 week)
ARICEPT ORAL TABLET 10 MG, 23 MG (***donepezil hcl***)	3	QL (1 tablet per 1 day)
ARICEPT ORAL TABLET 5 MG (***donepezil hcl***)	3	DO
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	QL (1 tablet per 1 day)
donepezil hcl oral tablet 5 mg	1 or 1b*	DO
donepezil hcl oral tablet dispersible	1 or 1b*	QL (1 tablet per 1 day)
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 9.5 MG/24HR (***rivastigmine***)	3	ST; QL (1 patch per 1 day)
EXELON TRANSDERMAL PATCH 24 HOUR 4.6 MG/24HR (***rivastigmine***)	3	ST; QL (1 gram per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	1 or 1b*	QL (1 capsule per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	1 or 1b*	DO
galantamine hydrobromide oral solution	1 or 1b*	QL (6 mL per 1 day)
galantamine hydrobromide oral tablet 12 mg, 8 mg	1 or 1b*	QL (2 tablets per 1 day)
galantamine hydrobromide oral tablet 4 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	1 or 1b*	QL (2 capsules per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr	1 or 1b*	QL (1 patch per 1 day)
rivastigmine transdermal patch 24 hour 4.6 mg/24hr	1 or 1b*	QL (1 gram per 1 day)
ZUNVEYL ORAL TABLET DELAYED RELEASE (***benzgalantamine gluconate***)	3	QL (2 tablets per 1 day)
FIBROMYALGIA AGENT - SNRIS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
SAVELLA ORAL TABLET (***milnacipran hcl***)	2	QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL (***milnacipran hcl***)	2	QL (1 pack per 365 days)
MELANOCORTIN RECEPTOR AGONISTS - DRUGS FOR THE NERVOUS SYSTEM**		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***bremelanotide acetate***)	3	PA; QL (4 autoinjectors per 30 days)
MOVEMENT DISORDER DRUG THERAPY - DRUGS FOR THE NERVOUS SYSTEM**		
AUSTEDO ORAL TABLET (***deutetrabenazine***)	3	PA; LD; QL (4 tablets per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (***deutetrabenazine***)	3	PA; LD; QL (2 tablets per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG (***deutetrabenazine***)	3	PA; LD; QL (1 tablet per 1 day)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK (***deutetrabenazine***)	3	PA; LD; QL (2 kits per 1 year)
INGREZZA ORAL CAPSULE 40 MG (***valbenazine tosylate***)	3	PA; LD; DO
INGREZZA ORAL CAPSULE 60 MG, 80 MG (***valbenazine tosylate***)	3	PA; LD; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (***valbenazine tosylate***)	3	PA; LD; DO
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (***valbenazine tosylate***)	3	PA; LD; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK (***valbenazine tosylate***)	3	PA; LD; QL (1 pack per 1 one-time fill)
tetrabenazine oral tablet 12.5 mg	1 or 1b*	PA; LD; QL (8 tablets per 1 day)
tetrabenazine oral tablet 25 mg	1 or 1b*	PA; LD; QL (4 tablets per 1 day)
XENAZINE ORAL TABLET 12.5 MG (***tetrabenazine***)	3	PA; LD; QL (8 tablets per 1 day)
XENAZINE ORAL TABLET 25 MG (***tetrabenazine***)	3	PA; LD; QL (4 tablets per 1 day)
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS - DRUGS FOR MULTIPLE SCLEROSIS**		
AUBAGIO ORAL TABLET (***teriflunomide***)	3	PA; LD; QL (1 tablet per 1 day)
teriflunomide oral tablet	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES - DRUGS FOR MULTIPLE SCLEROSIS**		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK (***cladribine***)	3	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (***cladribine***)	3	PA; LD; QL (2 packs per 46 weekss)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (***cladribine***)	3	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (***cladribine***)	3	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (***cladribine***)	3	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (***cladribine***)	3	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (***cladribine***)	3	PA; LD; QL (2 packs per 46 weekss)
MULTIPLE SCLEROSIS AGENTS - COMBINATIONS - DRUGS FOR MULTIPLE SCLEROSIS**		
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION (***ocrelizumab-hyaluronidase-ocsq***)	3	PA; LD; QL (1 vial per 6 months)
MULTIPLE SCLEROSIS AGENTS - INTERFERONS - DRUGS FOR MULTIPLE SCLEROSIS**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (***interferon beta-1a***)	3	PA; LD; QL (4 kits per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (***interferon beta-1a***)	3	PA; LD; QL (4 kits per 28 days)
BETASERON SUBCUTANEOUS KIT (***interferon beta-1b***)	3	PA; LD; QL (15 kits per 30 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***peginterferon beta-1a***)	3	PA; LD; QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***peginterferon beta-1a***)	3	PA; LD; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***peginterferon beta-1a***)	3	PA; LD; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***peginterferon beta-1a***)	3	PA; LD; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***peginterferon beta-1a***)	3	PA; LD; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***interferon beta-1a***)	3	PA; LD; QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***interferon beta-1a***)	3	PA; LD; QL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***interferon beta-1a***)	3	PA; LD; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***interferon beta-1a***)	3	PA; LD; QL (1 pack per 1 fill)
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES - DRUGS FOR MULTIPLE SCLEROSIS**		
BRIUMVI INTRAVENOUS SOLUTION (***ublituximab-xiiy***)	3	PA; LD; QL (3 vials per 24 weeks)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***ofatumumab***)	3	PA; LD; QL (1 syringe per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEMTRADA INTRAVENOUS SOLUTION (***alemtuzumab***)	3	PA; LD; QL (3 vials per 365 days)
OCREVUS INTRAVENOUS SOLUTION (***ocrelizumab***)	3	PA; LD; QL (2 vials per 180 days)
TYSABRI INTRAVENOUS CONCENTRATE (***natalizumab***)	3	PA; LD; QL (1 vial per 28 days)
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS - DRUGS FOR MULTIPLE SCLEROSIS**		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE (***monomethyl fumarate***)	3	PA; LD; QL (4 capsules per 1 day)
dimethyl fumarate oral capsule delayed release 120 mg	1 or 1b*	PA; LD; QL (14 capsules per 365 days)
dimethyl fumarate oral capsule delayed release 240 mg	1 or 1b*	PA; LD; QL (2 capsules per 1 day)
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1 or 1b*	PA; LD; QL (1 kit per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (***dimethyl fumarate***)	3	PA; LD; QL (14 capsules per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (***dimethyl fumarate***)	3	PA; LD; QL (2 capsules per 1 day)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK (***dimethyl fumarate***)	3	PA; LD; QL (1 kit per 365 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE (***diroximel fumarate***)	3	PA; LD; QL (4 capsules per 1 day)
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS - DRUGS FOR MULTIPLE SCLEROSIS**		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR (***dalfampridine***)	3	PA; LD; QL (2 tablets per 1 day)
dalfampridine er oral tablet extended release 12 hour	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
MULTIPLE SCLEROSIS AGENTS - DRUGS FOR MULTIPLE SCLEROSIS**		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (***glatiramer acetate***)	3	PA; LD; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (***glatiramer acetate***)	3	PA; LD; QL (12 syringe per 28 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	3	PA; LD; QL (1 syringe per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	3	PA; LD; QL (12 syringe per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	3	PA; LD; QL (1 syringe per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	3	PA; LD; QL (12 syringe per 28 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS - DRUGS FOR ALZHEIMER'S DISEASE**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg	1 or 1b*	DO
memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg	1 or 1b*	QL (1 capsule per 1 day)
memantine hcl oral solution	1 or 1b*	QL (10 mL per 1 day)
memantine hcl oral tablet 10 mg	1 or 1b*	QL (2 tablets per 1 day)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1 or 1b*	QL (1 tablet per 6 months)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
memantine hcl oral tablet 5 mg	1 or 1b*	DO
NAMENDA TITRATION PAK ORAL TABLET (***memantine hcl***)	3	QL (1 tablet per 6 months)
PHENOTHIAZINES & TRICYCLIC AGENTS - DRUGS FOR DEPRESSION**		
perphenazine-amitriptyline oral tablet	1 or 1b*	AL
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
gabapentin (once-daily) oral tablet	1 or 1b*	PA; DO
GRALISE ORAL TABLET 300 MG (***gabapentin (once-daily)***)	3	PA; DO
GRALISE ORAL TABLET 450 MG (***gabapentin (once-daily)***)	2	PA; DO
GRALISE ORAL TABLET 600 MG (***gabapentin (once-daily)***)	3	PA; QL (3 tablets per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (***gabapentin (once-daily)***)	2	PA; QL (2 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (***pregabalin***)	3	PA; DO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (***pregabalin***)	3	PA; QL (2 tablets per 1 day)
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1 or 1b*	PA; DO
pregabalin er oral tablet extended release 24 hour 330 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS - DRUGS FOR DEPRESSION**		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
PSEUDOBULBAR AFFECT AGENT COMBINATIONS - DRUGS FOR SEVERE MENTAL DISORDERS**		
NUEDEXTA ORAL CAPSULE (***dextromethorphan-quinidine***)	3	PA; QL (2 capsules per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR SEVERE MENTAL DISORDERS**		
AQNEURSA ORAL PACKET (***levacetylleucine***)	3	PA; LD; QL (4 packets per 1 day)
MIPLYFFA ORAL CAPSULE (***arimoclomol citrate***)	3	PA; LD; QL (3 capsules per 1 day)
pimozide oral tablet 1 mg	1 or 1b*	AL; QL (10 tablets per 1 day)
pimozide oral tablet 2 mg	1 or 1b*	AL; QL (5 tablets per 1 day)
RESTLESS LEG SYNDROME (RLS) AGENTS - DRUGS FOR THE NERVOUS SYSTEM**		
HORIZANT ORAL TABLET EXTENDED RELEASE (***gabapentin enacarbil***)	3	PA; QL (2 tablets per 1 day)
SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG - DRUGS FOR THE NERVOUS SYSTEM**		
ADDYI ORAL TABLET (***flibanserin***)	3	PA; QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS - DRUGS FOR THE NERVOUS SYSTEM**		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***vutrisiran sodium***)	3	PA; LD; QL (1 syringe per 90 days)
ONPATTRO INTRAVENOUS SOLUTION (***patisiran sodium***)	3	PA; LD; QL (0.72 mL per 1 day)
SMOKING DETERRENTS - DRUGS FOR DEPRESSION**		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*; $0	QL (2 tablets per 1 day)
cvs nicotine mouth/throat gum	1 or 1b*; $0	
cvs nicotine mouth/throat lozenge	1 or 1b*; $0	
cvs nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
cvs nicotine transdermal patch 24 hour	1 or 1b*; $0	
eq nicotine mouth/throat lozenge	1 or 1b*; $0	
eq nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*; $0	
eq nicotine transdermal patch 24 hour	1 or 1b*; $0	
ft nicotine mini mouth/throat lozenge	1 or 1b*; $0	
ft nicotine mouth/throat gum	1 or 1b*; $0	
ft nicotine mouth/throat lozenge	1 or 1b*; $0	
ft nicotine transdermal patch 24 hour	1 or 1b*; $0	
gnp nicotine mini mouth/throat lozenge	1 or 1b*; $0	
gnp nicotine mouth/throat gum	1 or 1b*; $0	
gnp nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
gnp nicotine transdermal patch 24 hour	1 or 1b*; $0	
goodsense nicotine mouth/throat gum	1 or 1b*; $0	
goodsense nicotine mouth/throat lozenge	1 or 1b*; $0	
habitrol transdermal patch 24 hour	1 or 1b*; $0	
kls quit2 mouth/throat gum	1 or 1b*; $0	
kls quit2 mouth/throat lozenge	1 or 1b*; $0	
kls quit4 mouth/throat gum	1 or 1b*; $0	
kls quit4 mouth/throat lozenge	1 or 1b*; $0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (***nicotine***)	2; $0	
NICORETTE MINI MOUTH/THROAT LOZENGE (***nicotine polacrilex***)	2; $0	
NICORETTE MOUTH/THROAT GUM (***nicotine polacrilex***)	2; $0	
NICORETTE MOUTH/THROAT LOZENGE (***nicotine polacrilex***)	2; $0	
NICORETTE STARTER KIT MOUTH/THROAT GUM (***nicotine polacrilex***)	2; $0	
nicotine mini mouth/throat lozenge	1 or 1b*; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotine polacrilex mini mouth/throat lozenge	1 or 1b*; $0	
nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
nicotine step 1 transdermal patch 24 hour	1 or 1b*; $0	
nicotine step 2 transdermal patch 24 hour	1 or 1b*; $0	
nicotine step 3 transdermal patch 24 hour	1 or 1b*; $0	
NICOTINE TRANSDERMAL KIT	2; $0	
nicotine transdermal patch 24 hour	1 or 1b*; $0	
NICOTROL INHALATION INHALER (***nicotine***)	3; $0	QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION (***nicotine***)	3; $0	QL (4 mL per 1 day)
qc nicotine transdermal system transdermal patch 24 hour	1 or 1b*; $0	
ra mini nicotine mouth/throat lozenge	1 or 1b*; $0	
ra nicotine gum mouth/throat gum	1 or 1b*; $0	
ra nicotine mouth/throat gum	1 or 1b*; $0	
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
ra nicotine transdermal patch 24 hour	1 or 1b*; $0	
sm nicotine mouth/throat gum	1 or 1b*; $0	
sm nicotine mouth/throat lozenge	1 or 1b*; $0	
sm nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
thrive mouth/throat gum	1 or 1b*; $0	
varenicline tartrate (starter) oral tablet therapy pack	1 or 1b*; $0	QL (53 dose pack per 365 days)
varenicline tartrate oral tablet 0.5 mg	1 or 1b*; $0	QL (2 tablets per 1 day)
varenicline tartrate oral tablet 1 mg	1 or 1b*; $0	QL (2 tablet per 1 day)
varenicline tartrate(continue) oral tablet	1 or 1b*; $0	QL (2 tablet per 1 day)
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS - DRUGS FOR MULTIPLE SCLEROSIS**		
fingolimod hcl oral capsule	1 or 1b*	PA; LD; QL (1 capsule per 1 day)
GILENYA ORAL CAPSULE (***fingolimod hcl***)	3	PA; LD; QL (1 capsule per 1 day)
MAYZENT ORAL TABLET 0.25 MG (***siponimod fumarate***)	3	PA; LD; QL (4 tablets per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (***siponimod fumarate***)	3	PA; LD; QL (1 tablet per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (***siponimod fumarate***)	3	PA; LD; QL (1 pack per 1 one time fill)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (***siponimod fumarate***)	3	PA; LD; QL (1 pack per 1 fill)
PONVORY ORAL TABLET (***ponesimod***)	3	PA; LD; QL (1 tablet per 1 day)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK (***ponesimod***)	3	PA; LD; QL (1 pack per 1 one time fill)
TASCENSO ODT ORAL TABLET DISPERSIBLE (***fingolimod lauryl sulfate***)	3	PA; LD; QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK (***ozanimod hcl***)	3	PA; LD; QL (1 pack per 1 fill)
ZEPOSIA ORAL CAPSULE (***ozanimod hcl***)	3	PA; LD; QL (1 capsule per 1 day)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK (***ozanimod hcl***)	3	PA; LD; QL (1 pack per 1 fill)
THIENBENZODIAZEPINES & OPIOID ANTAGONISTS - DRUGS FOR SEVERE MENTAL DISORDERS**		
LYBALVI ORAL TABLET (***olanzapine-samidorphan***)	3	ST; QL (1 tablet per 1 day)
THIENBENZODIAZEPINES & SSRIS - DRUGS FOR SEVERE MENTAL DISORDERS**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	AL; QL (1 capsule per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO; AL
SYMBYAX ORAL CAPSULE (***olanzapine-fluoxetine hcl***)	3	ST; DO
VASOMOTOR SYMPTOM AGENTS - SSRIS - DRUGS FOR THE NERVOUS SYSTEM**		
paroxetine mesylate oral capsule	1 or 1b*	
***RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS**		
ALPHA-PROTEINASE INHIBITOR (HUMAN) - DRUGS FOR ASTHMA/COPD**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED (***alpha1-proteinase inhibitor***)	3	PA; LD
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (***alpha1-proteinase inhibitor***)	3	PA; LD
PROLASTIN-C INTRAVENOUS SOLUTION (***alpha1-proteinase inhibitor***)	3	PA; LD
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED (***alpha1-proteinase inhibitor***)	3	PA; LD
CFTR POTENTIATORS - DRUGS FOR CYSTIC FIBROSIS**		
KALYDECO ORAL PACKET (***ivacaftor***)	3	PA; LD; QL (2 packets per 1 day)
KALYDECO ORAL TABLET (***ivacaftor***)	3	PA; LD; QL (2 tablets per 1 day)
CYSTIC FIBROSIS AGENT - COMBINATIONS - DRUGS FOR CYSTIC FIBROSIS**		
ALYFTREK ORAL TABLET 10-50-125 MG (***vanzacaft-tezacaft-deutivacaft***)	3	PA; QL (2 tablets per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG (***vanzacaft-tezacaft-deutivacaft***)	3	PA; QL (3 tablets per 1 day)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (***lumacaftor-ivacaftor***)	3	PA; LD; QL (2 packets per 1 day)
ORKAMBI ORAL PACKET 75-94 MG (***lumacaftor-ivacaftor***)	3	PA; LD; QL (2 units per 1 day)
ORKAMBI ORAL TABLET (***lumacaftor-ivacaftor***)	3	PA; LD; QL (4 tablet per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK (***tezacaftor-ivacaftor***)	3	PA; LD; QL (1 carton per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK (***elexacaftor-tezacaftor-ivacaft***)	3	PA; LD; QL (1 carton per 28 days)
TRIKAFTA ORAL THERAPY PACK (***elexacaftor-tezacaftor-ivacaft***)	3	PA; LD; QL (1 carton per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTIC FIBROSIS AGENTS - MISCELLANEOUS - DRUGS FOR CYSTIC FIBROSIS**		
BRONCHITOL INHALATION CAPSULE (***mannitol (cystic fibrosis)***)	3	PA; LD; QL (560 tablets per 28 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE (***mannitol (cystic fibrosis)***)	3	PA; LD; QL (1 test per 1 fill)
HYDROLYTIC ENZYMES - DRUGS FOR THE LUNGS**		
PULMOZYME INHALATION SOLUTION (***dornase alfa***)	3	PA; LD; QL (150 mL per 30 days)
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS - DRUGS FOR THE LUNGS**		
OFEV ORAL CAPSULE (***nintedanib esylate***)	3	PA; LD; QL (2 capsules per 1 day)
PULMONARY FIBROSIS AGENTS - DRUGS FOR THE LUNGS**		
ESBRIET ORAL CAPSULE (***pirfenidone***)	3	PA; LD; QL (9 capsule per 1 day)
ESBRIET ORAL TABLET 267 MG (***pirfenidone***)	3	PA; LD; QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG (***pirfenidone***)	3	PA; LD; QL (3 tablets per 1 day)
pirfenidone oral capsule	1 or 1b*	PA; LD; QL (9 capsule per 1 day)
pirfenidone oral tablet 267 mg	1 or 1b*	PA; LD; QL (9 tablets per 1 day)
pirfenidone oral tablet 534 mg, 801 mg	1 or 1b*	PA; LD; QL (3 tablets per 1 day)
***SULFONAMIDES* - DRUGS FOR INFECTIONS**		
SULFONAMIDES - ANTIBIOTICS**		
sulfadiazine oral tablet	1 or 1b*	
***TETRACYCLINES* - DRUGS FOR INFECTIONS**		
AMINOMETHYLCYCLINES - ANTIBIOTICS**		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED (***omadacycline tosylate***)	3	
NUZYRA ORAL TABLET (***omadacycline tosylate***)	3	PA; QL (30 tablets per 30 days)
FLUOROCYCLINES - ANTIBIOTICS**		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED (***eravacycline dihydrochloride***)	3	
GLYCYLCYCLINES - ANTIBIOTICS**		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED (***tigecycline***)	3	
TETRACYCLINES - ANTIBIOTICS**		
demeclocycline hcl oral tablet	1 or 1b*	
DORYX MPC ORAL TABLET DELAYED RELEASE (***doxycycline hyclate***)	3	ST
doxy 100 intravenous solution reconstituted	1 or 1b*	QL (2 vials per 1 day)
doxycycline hyclate intravenous solution reconstituted	1 or 1b*	QL (2 vials per 1 day)
doxycycline hyclate oral capsule	1 or 1b*	QL (2 capsules per 1 day)
doxycycline hyclate oral tablet 100 mg, 20 mg	1 or 1b*	QL (2 tablets per 1 day)
doxycycline hyclate oral tablet 150 mg	3	ST; QL (1 tablet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline hyclate oral tablet 50 mg, 75 mg	3	ST; QL (2 tablets per 1 day)
doxycycline hyclate oral tablet delayed release	3	ST; QL (2 tablets per 1 day)
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1 or 1b*	QL (2 capsules per 1 day)
doxycycline monohydrate oral capsule 150 mg	3	ST; QL (1 capsule per 1 day)
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	QL (600 mL per 30 days)
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1 or 1b*	QL (2 tablets per 1 day)
doxycycline monohydrate oral tablet 150 mg	1 or 1b*	QL (1 tablet per 1 day)
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED (***minocycline hcl***)	3	
minocycline hcl er oral tablet extended release 24 hour	3	ST; QL (1 tablet per 1 day)
minocycline hcl oral capsule 100 mg, 75 mg	1 or 1b*	QL (2 capsules per 1 day)
minocycline hcl oral capsule 50 mg	1 or 1b*	QL (4 capsules per 1 day)
minocycline hcl oral tablet 100 mg, 75 mg	1 or 1b*	QL (2 tablets per 1 day)
minocycline hcl oral tablet 50 mg	1 or 1b*	QL (4 tablets per 1 day)
mondoxyne nl oral capsule	1 or 1b*	QL (2 capsules per 1 day)
SEYSARA ORAL TABLET (***sarecycline hcl***)	3	ST; QL (1 tablet per 1 day)
targadox oral tablet	3	ST; QL (2 tablets per 1 day)
tetracycline hcl oral capsule	1 or 1b*	QL (4 capsules per 1 day)
tetracycline hcl oral tablet	3	ST; QL (4 tablets per 1 day)
***THYROID AGENTS* - HORMONES**		
ANTITHYROID AGENTS - RADIOPHARMACEUTICALS - DRUGS FOR THYROID**		
SODIUM IODIDE I-131 ORAL SOLUTION	3	
ANTITHYROID AGENTS - DRUGS FOR THYROID**		
methimazole oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
THYROID HORMONES - DRUGS FOR THYROID**		
ADTHYZA ORAL TABLET (***thyroid***)	3	
ARMOUR THYROID ORAL TABLET (***thyroid***)	3	
CYTOMEL ORAL TABLET (***liothyronine sodium***)	3	
ERMEZA ORAL SOLUTION (***levothyroxine sodium***)	3	
euthyrox oral tablet	1 or 1b*	
levo-t oral tablet	1 or 1b*	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML	3	
levothyroxine sodium intravenous solution 100 mcg/ml	3	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
levothyroxine sodium oral capsule	1 or 1b*	
levothyroxine sodium oral tablet	1 or 1a*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levoxyl oral tablet	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
niva thyroid oral tablet	3	
np thyroid oral tablet	3	
RENTHYROID ORAL TABLET (***thyroid***)	3	
SYNTHROID ORAL TABLET (***levothyroxine sodium***)	3	
THYQUIDITY ORAL SOLUTION (***levothyroxine sodium***)	3	
thyroid oral tablet	3	
TIROSINT ORAL CAPSULE (***levothyroxine sodium***)	3	
TIROSINT-SOL ORAL SOLUTION (***levothyroxine sodium***)	3	
unithroid oral tablet	1 or 1a*	
***TOXOIDS* - BIOLOGICAL AGENTS**		
TOXOID COMBINATIONS - VACCINES**		
ADACEL INTRAMUSCULAR SUSPENSION (***tetanus-diphth-acell pertussis***)	3; $0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***tetanus-diphth-acell pertussis***)	3; $0	
DAPTACEL INTRAMUSCULAR SUSPENSION (***diphth-acell pertussis-tetanus***)	3; $0	
INFANRIX INTRAMUSCULAR SUSPENSION (***diphth-acell pertussis-tetanus***)	3; $0	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-ipv vaccine***)	3; $0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-hepatitis b recomb-ipv***)	3; $0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (***dtap-ipv-hib vaccine***)	3; $0	
QUADRACEL INTRAMUSCULAR SUSPENSION (***dtap-ipv vaccine***)	3; $0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-ipv vaccine***)	3; $0	
TENIVAC INTRAMUSCULAR INJECTABLE (***tetanus-diphtheria toxoids td***)	3; $0	
VAXELIS INTRAMUSCULAR SUSPENSION (***dtap-ipv-hib-hepatitis b recmb***)	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-ipv-hib-hepatitis b recmb***)	3	
***ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* - DRUGS FOR THE STOMACH**		
ANTICHOLINERGIC COMBINATIONS - DRUGS FOR STOMACH CRAMPS**		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIBRAX ORAL CAPSULE (***chlordiazepoxide-clidinium***)	3	
ANTISPASMODICS - DRUGS FOR STOMACH CRAMPS**		
BENTYL INTRAMUSCULAR SOLUTION (***dicyclomine hcl***)	3	
dicyclomine hcl intramuscular solution	1 or 1b*	
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution 10 mg/5ml	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	
BELLADONNA ALKALOIDS - DRUGS FOR STOMACH CRAMPS**		
ATROPINE SULFATE INJECTION SOLUTION	3	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION	3	
H-2 ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID**		
cimetidine hcl oral solution	1 or 1b*	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1 or 1b*	
famotidine (pf) intravenous solution	1 or 1b*	
famotidine intravenous solution	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	
famotidine oral tablet 40 mg	1 or 1b*	
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule	1 or 1b*	
PEPCID ORAL TABLET (***famotidine***)	3	
MISC. ANTI-ULCER - DRUGS FOR ULCERS AND STOMACH ACID**		
CARAFATE ORAL SUSPENSION (***sucralfate***)	3	
CARAFATE ORAL TABLET (***sucralfate***)	3	
sucralfate oral suspension	1 or 1b*	
sucralfate oral tablet	1 or 1b*	
PPI - POTASSIUM-COMPETITIVE ACID BLOCKERS (P-CAB) - DRUGS FOR ULCERS AND STOMACH ACID**		
VOQUEZNA ORAL TABLET 10 MG (***vonoprazan fumarate***)	3	PA; QL (1 tablet per 1 day)
VOQUEZNA ORAL TABLET 20 MG (***vonoprazan fumarate***)	3	PA; QL (56 tablets per 8 months)
PROTON PUMP INHIBITOR-ANTACID COMBINATIONS - DRUGS FOR ULCERS AND STOMACH ACID**		
KONVOMEP ORAL SUSPENSION RECONSTITUTED (***omeprazole-sodium bicarbonate***)	3	ST; QL (20 mL per 1 day)
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	3	ST; QL (1 capsule per 1 day)
omeprazole-sodium bicarbonate oral packet	3	ST; QL (1 packet per 1 day)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**		
ACIPHEX ORAL TABLET DELAYED RELEASE (***rabeprazole sodium***)	3	ST
DEXILANT ORAL CAPSULE DELAYED RELEASE (***dexlansoprazole***)	3	ST
dexlansoprazole oral capsule delayed release	3	ST
esomeprazole magnesium oral capsule delayed release	1 or 1b*	
esomeprazole magnesium oral packet	1 or 1b*	
esomeprazole sodium intravenous solution reconstituted	1 or 1b*	
lansoprazole oral capsule delayed release 15 mg	1 or 1b*	BE
lansoprazole oral capsule delayed release 30 mg	1 or 1b*	
lansoprazole oral tablet delayed release dispersible	3	ST
NEXIUM ORAL CAPSULE DELAYED RELEASE (***esomeprazole magnesium***)	3	ST
NEXIUM ORAL PACKET (***esomeprazole magnesium***)	3	ST
omeprazole oral capsule delayed release	1 or 1b*	
pantoprazole sodium intravenous solution reconstituted	1 or 1b*	
pantoprazole sodium oral packet	3	ST
pantoprazole sodium oral tablet delayed release	1 or 1b*	
pantoprazole sodium-nacl intravenous solution	3	
PREVACID ORAL CAPSULE DELAYED RELEASE (***lansoprazole***)	3	ST
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE (***lansoprazole***)	3	ST
PRILOSEC ORAL PACKET (***omeprazole magnesium***)	3	ST
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED (***pantoprazole sodium***)	3	
PROTONIX ORAL PACKET (***pantoprazole sodium***)	3	ST
PROTONIX ORAL TABLET DELAYED RELEASE (***pantoprazole sodium***)	3	ST
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	ST
rabeprazole sodium oral tablet delayed release	3	ST
QUATERNARY ANTICHOLINERGICS - DRUGS FOR STOMACH CRAMPS**		
CUVPOSA ORAL SOLUTION (***glycopyrrolate***)	3	
GLYCATE ORAL TABLET (***glycopyrrolate***)	3	PA
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral solution	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA
glycopyrrolate pf +rfid injection solution prefilled syringe	1 or 1b*	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml	3	
GLYRX-PF INJECTION SOLUTION (***glycopyrrolate***)	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE (***glycopyrrolate***)	3	
methscopolamine bromide oral tablet	1 or 1b*	
ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS - DRUGS FOR ULCERS AND STOMACH ACID**		
bis subcit-metronid-tetracyc oral capsule	1 or 1b*	ST; QL (1 pack per 1 fill)
bismuth/metronidaz/tetracyclin oral capsule	1 or 1b*	ST; QL (1 pack per 1 fill)
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	3	ST; QL (1 pack per 1 fill)
PYLERA ORAL CAPSULE (***bis subcit-metronid-tetracyc***)	3	ST; QL (1 pack per 1 fill)
ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**		
amoxicill-clarithro-lansopraz oral therapy pack	1 or 1b*	ST; QL (1 pack per 1 fill)
OMECLAMOX-PAK ORAL (***amoxicill-clarithro-omeprazole***)	3	ST; QL (1 pack per 1 fill)
TALICIA ORAL CAPSULE DELAYED RELEASE (***amoxicill-rifabutin-omeprazole***)	3	ST; QL (1 pack per 1 fill)
ULCER ANTI-INFECTIVE-PCAB COMBINATIONS - DRUGS FOR THE STOMACH**		
VOQUEZNA DUAL PAK ORAL THERAPY PACK (***amoxicillin-vonoprazan***)	3	PA; QL (1 pack per 1 fill)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK (***amoxicill-clarithro-vonoprazan***)	3	PA; QL (1 pack per 1 fill)
ULCER DRUGS - PROSTAGLANDINS - DRUGS FOR ULCERS AND STOMACH ACID**		
CYTOTEC ORAL TABLET (***misoprostol***)	3	$0 for Fully insured members in California
misoprostol oral tablet	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**		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
DETROL ORAL TABLET (***tolterodine tartrate***)	3	ST; QL (2 tablets per 1 day)
fesoterodine fumarate er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	1 or 1b*	QL (2 tablets per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	1 or 1b*	QL (1 tablet per 1 day)
oxybutynin chloride oral solution	1 or 1b*	QL (20 mL per 1 day)
oxybutynin chloride oral tablet 2.5 mg	1 or 1b*	QL (3 tablets per 1 day)
oxybutynin chloride oral tablet 5 mg	1 or 1b*	QL (4 tablets per 1 day)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY (***oxybutynin***)	3	ST; BE; QL (8 patch per 28 days)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
solifenacin succinate oral tablet	1 or 1b*	QL (1 tablet per 1 day)
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
tolterodine tartrate oral tablet	1 or 1b*	QL (2 tablets per 1 day)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (***fesoterodine fumarate***)	3	ST; QL (1 tablet per 1 day)
trospium chloride er oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
trospium chloride oral tablet	1 or 1b*	QL (2 tablets per 1 day)
VESICARE LS ORAL SUSPENSION (***solifenacin succinate***)	3	PA; QL (10 mL per 1 day)
VESICARE ORAL TABLET (***solifenacin succinate***)	3	ST; QL (1 tablet per 1 day)
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - DRUGS FOR THE BLADDER**		
GEMTESA ORAL TABLET (***vibegron***)	3	ST; QL (1 tablet per 1 day)
mirabegron er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER (***mirabegron***)	3	PA; QL (3 bottles per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (***mirabegron***)	3	ST; QL (1 tablet per 1 day)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - DRUGS FOR THE BLADDER**		
bethanechol chloride oral tablet	1 or 1b*	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS - DRUGS FOR THE BLADDER**		
flavoxate hcl oral tablet	1 or 1b*	
***VACCINES* - BIOLOGICAL AGENTS**		
BACTERIAL VACCINES - VACCINES**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (***haemophilus b polysac conj vac***)	3; $0	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	3; $0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***meningococcal b recomb omv adj***)	3; $0	
BIOTHRAX INTRAMUSCULAR SUSPENSION (***anthrax vaccine adsorbed***)	3	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***pneumococcal 21-valent conjuga***)	3; $0	
HIBERIX INJECTION SOLUTION RECONSTITUTED (***haemophilus b polysac conj vac***)	3; $0	
MENQUADFI INTRAMUSCULAR SOLUTION (***mening acy&w-135 tetanus conj***)	3; $0	
MENVEO INTRAMUSCULAR SOLUTION (***meningococcal a c y&w-135 olig***)	3; $0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (***meningococcal a c y&w-135 olig***)	3; $0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (***haemophilus b polysac conj vac***)	3; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (***mening acyw(tet conj)-b(rcmb)***)	3; $0	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE (***pneumococcal vac polyvalent***)	2; $0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***pneumococcal 20-val conj vacc***)	2; $0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***meningococcal b vac (recomb)***)	3; $0	
TYPHIM VI INTRAMUSCULAR SOLUTION (***typhoid vi polysaccharide vacc***)	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***typhoid vi polysaccharide vacc***)	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (***cholera vac live attenuated***)	3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***pneumococcal 15-val conj vacc***)	2; $0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (***typhoid vaccine***)	2	
VIRAL VACCINE COMBINATIONS - VACCINES**		
M-M-R II INJECTION SOLUTION RECONSTITUTED (***measles, mumps & rubella vac***)	3; $0	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles, mumps & rubella vac***)	3; $0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles-mumps-rubella-varicell***)	3; $0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***hepatitis a-hep b recomb vac***)	3; $0	
VIRAL VACCINES - VACCINES**		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED (***rsv pre-fusion f a&b vac rcmb***)	3; $0	QL (1 injection per 1 lifetime)
ACAM2000 INJECTION SOLUTION RECONSTITUTED (***smallpox vaccine***)	3; $0	
AFLURIA INTRAMUSCULAR SUSPENSION (***influenza virus vaccine split***)	2; $0	QL (1 mL per 1 one-time fill)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza virus vacc split pf***)	2; $0	QL (1 mL per 1 one-time fill)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED (***rsvpref3 vac recomb adjuvanted***)	3; $0	PA; AL; QL (1 injection per 1 lifetime)
AUDENZ INTRAMUSCULAR EMULSION (***influenza a (h5n1) subunit adj***)	2; $0	
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE (***influenza a (h5n1) subunit adj***)	2; $0	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***covid-19 mrna virus vaccine***)	2; $0	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (***dengue virus vaccine live tetr***)	3	
ENGERIX-B INJECTION SUSPENSION (***hepatitis b vac recombinant***)	3; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE (***hepatitis b vac recombinant***)	3; $0	
ERVEBO INTRAMUSCULAR SUSPENSION (***ebola zaire virus vaccine live***)	3	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac a&b surf ant adj***)	2; $0	QL (1 mL per 1 one-time fill)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza virus vacc split pf***)	2; $0	QL (1 mL per 1 one-time fill)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***influenza vac recombinant ha***)	2; $0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (***influenza vac tiss-cult subunt***)	2; $0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac tiss-cult subunt***)	2; $0	QL (1 fill per 180 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza virus vacc split pf***)	2; $0	QL (1 mL per 1 one-time fill)
FLUMIST NASAL LIQUID (***influenza virus vaccine live***)	2; $0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac split high-dose***)	2; $0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION (***influenza virus vaccine split***)	2; $0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza virus vacc split pf***)	2; $0	QL (1 mL per 1 one-time fill)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (***hpv 9-valent recomb vaccine***)	2; $0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***hpv 9-valent recomb vaccine***)	2; $0	
HAVRIX INTRAMUSCULAR SUSPENSION (***hepatitis a vaccine***)	3; $0	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***hepatitis a vaccine***)	3; $0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***hepatitis b vac recomb adj***)	3; $0	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED (***rabies virus vaccine, hdc***)	3	
IPOL INJECTION INJECTABLE (***poliovirus vaccine inactivated***)	3; $0	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED (***chikungunya virus vaccine live***)	3	
IXIARO INTRAMUSCULAR SUSPENSION (***japanese encephalitis vac inac***)	3	
JYNNEOS SUBCUTANEOUS SUSPENSION (***smallpox & monkeypox vac, live***)	3; $0	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***covid-19 mrna virus vaccine***)	2; $0	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***rsv mrna pre-f virus vaccine***)	3; $0	AL; QL (1 syringe per 1 lifetime)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
novavax covid-19 vaccine intramuscular suspension prefilled syringe	2; $0	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION (***covid-19 mrna virus vaccine***)	2; $0	
pfizer covid-19 vac-tris 6m-4y intramuscular suspension	2; $0	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (***rabies vaccine, pcec***)	3	
RECOMBIVAX HB INJECTION SUSPENSION (***hepatitis b vac recombinant***)	3; $0	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE (***hepatitis b vac recombinant***)	3; $0	
ROTARIX ORAL SUSPENSION (***rotavirus vaccine live oral***)	3; $0	
ROTATEQ ORAL SOLUTION (***rotavirus vac live pentavalent***)	3; $0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (***zoster vac recomb adjuvanted***)	3; $0	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***covid-19 mrna virus vaccine***)	2; $0	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***tick-borne encephalitis vacc***)	3	
VAQTA INTRAMUSCULAR SUSPENSION (***hepatitis a vaccine***)	3; $0	
VARIVAX INJECTION SUSPENSION RECONSTITUTED (***varicella virus vaccine live***)	3; $0	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***chikungunya virus vac rcmb vlp***)	3	
YF-VAX SUBCUTANEOUS INJECTABLE (***yellow fever vaccine***)	3	
***VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN**		
IMIDAZOLE-RELATED ANTIFUNGALS - DRUGS FOR INFECTIONS**		
GYNAZOLE-1 VAGINAL CREAM (***butoconazole nitrate (1 dose)***)	3	
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream 0.4 %	1 or 1b*	QL (90 grams per 30 days)
terconazole vaginal cream 0.8 %	1 or 1b*	QL (40 grams per 30 days)
terconazole vaginal suppository	1 or 1b*	QL (6 suppositories per 30 days)
MISCELLANEOUS VAGINAL PRODUCTS - DRUGS FOR WOMEN**		
INTRAROSA VAGINAL INSERT (***prasterone***)	3	ST; QL (1 insert per 1 day)
SPERMICIDES - BIRTH CONTROL PILLS**		
ENCARE VAGINAL SUPPOSITORY (***nonoxynol-9***)	2; $0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL (***nonoxynol-9***)	2; $0	
TODAY SPONGE VAGINAL (***nonoxynol-9***)	2; $0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM (***nonoxynol-9***)	2; $0	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL (***nonoxynol-9***)	2; $0	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAGINAL ANTI-INFECTIVES - DRUGS FOR INFECTIONS**		
CLEOCIN VAGINAL CREAM (***clindamycin phosphate***)	3	
CLEOCIN VAGINAL SUPPOSITORY (***clindamycin phosphate***)	2	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM (***clindamycin phosphate (1 dose)***)	3	
metronidazole vaginal gel	1 or 1b*	
NUVESSA VAGINAL GEL (***metronidazole***)	3	
VANDAZOLE VAGINAL GEL (***metronidazole***)	1 or 1b*	
XACIATO VAGINAL GEL (***clindamycin phosphate***)	3	PA; QL (1 applicator per 1 fill)
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS - DRUGS FOR WOMEN**		
PHEXXI VAGINAL GEL (***lactic ac-citric ac-pot bitart***)	3	$0
VAGINAL ESTROGENS - DRUGS FOR WOMEN**		
ESTRACE VAGINAL CREAM (***estradiol***)	3	QL (42.5 grams per 30 days)
estradiol vaginal cream	1 or 1b*	QL (42.5 grams per 30 days)
estradiol vaginal tablet	1 or 1b*	QL (18 tablet per 28 days)
ESTRING VAGINAL RING (***estradiol***)	3	QL (1 ring per 90 days)
FEMRING VAGINAL RING (***estradiol acetate***)	3	QL (1 ring per 90 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (***estradiol***)	3	QL (18 inserts per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (***estradiol***)	3	QL (18 packs per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG (***estradiol***)	3	QL (18 inserts per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 4 MCG (***estradiol***)	3	QL (18 packs per 28 days)
PREMARIN VAGINAL CREAM (***estrogens, conjugated***)	2	QL (1 gm per 1 day)
VAGIFEM VAGINAL TABLET (***estradiol***)	3	QL (18 tablet per 28 days)
yuvafem vaginal tablet	1 or 1b*	QL (18 tablet per 28 days)
VAGINAL PROGESTINS - DRUGS FOR WOMEN**		
CRINONE VAGINAL GEL 4 % (***progesterone***)	3	LD
CRINONE VAGINAL GEL 8 % (***progesterone***)	3	PA; LD; QL (1 applicator per 1 day)
ENDOMETRIN VAGINAL INSERT (***progesterone***)	3	PA
***VASOPRESSORS* - DRUGS FOR THE HEART**		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
ADRENALIN INJECTION SOLUTION (***epinephrine***)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR (***epinephrine***)	3	ST; QL (2 pens per 1 fill)
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	QL (2 pens per 1 fill)
EPINEPHRINESNAP INJECTION KIT (***epinephrine***)	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR (***epinephrine***)	3	ST; QL (2 pens per 1 fill)

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (***epinephrine***)	3	ST; QL (2 pens per 1 fill)
NEFFY NASAL SOLUTION (***epinephrine***)	3	ST; QL (1 carton per 1 fill)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
droxidopa oral capsule 100 mg	1 or 1b*	PA; LD; QL (3 capsules per 1 day)
droxidopa oral capsule 200 mg, 300 mg	1 or 1b*	PA; LD; QL (6 capsules per 1 day)
NORTHERA ORAL CAPSULE 100 MG (***droxidopa***)	3	PA; LD; QL (3 capsules per 1 day)
NORTHERA ORAL CAPSULE 200 MG, 300 MG (***droxidopa***)	3	PA; LD; QL (6 capsules per 1 day)
VASOPRESSORS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
ADRENALIN INTRAVENOUS SOLUTION (***epinephrine-nacl***)	3	
ADRENALIN-NACL INTRAVENOUS SOLUTION (***epinephrine-nacl***)	3	
AKOVAZ INTRAVENOUS SOLUTION (***ephedrine sulfate (pressors)***)	3	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE (***ephedrine sulfate (pressors)***)	3	
BIORPHEN INTRAVENOUS SOLUTION (***phenylephrine hcl (pressors)***)	3	
EMERPHED INTRAVENOUS SOLUTION (***ephedrine sulfate (pressors)***)	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE (***ephedrine sulfate (pressors)***)	3	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION	3	
epinephrine bitartrate-nacl intravenous solution	3	
epinephrine injection solution 10 mg/10ml	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML	3	
EPINEPHRINE PF INJECTION SOLUTION	3	
GIAPREZA INTRAVENOUS SOLUTION (***angiotensin ii acetate***)	3	
IMMPHENTIV INTRAVENOUS SOLUTION (***phenylephrine hcl (pressors)***)	3	
LEVOPHED INTRAVENOUS SOLUTION (***norepinephrine bitartrate***)	3	
midodrine hcl oral tablet	1 or 1b*	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 10 MG/ML	3	
REZIPRES INTRAVENOUS SOLUTION (***ephedrine hcl***)	3	
VAZCULEP INTRAVENOUS SOLUTION (***phenylephrine hcl (pressors)***)	3	
***VITAMINS* - DRUGS FOR NUTRITION**		
VITAMIN A - DRUGS FOR NUTRITION**		
AQUASOL A INTRAMUSCULAR SOLUTION (***vitamin a***)	3	
VITAMIN B-1 - DRUGS FOR NUTRITION**		
thiamine hcl injection solution	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMIN C - DRUGS FOR NUTRITION**		
ASCOR INTRAVENOUS SOLUTION (***ascorbic acid***)	3	
VITAMIN D - DRUGS FOR NUTRITION**		
DRISDOL ORAL CAPSULE (***ergocalciferol***)	3	
ergocalciferol oral capsule	1 or 1a*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1 or 1a*	
VITAMIN K - DRUGS FOR NUTRITION**		
phytonadione injection solution	1 or 1b*	
phytonadione oral tablet	1 or 1b*	
vitamin k1 injection solution	1 or 1b*	

BRAND=Brand drug ***generic***=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share **$0**=Preventive Drug **BE**= Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Index

1ST TIER UNIFINE PENTIPS 211
1ST TIER UNIFINE PENTIPS PLUS . 211
abacavir sulfate 118
abacavir sulfate-lamivudine 115
ABELCET 69
ABILIFY 114
ABILIFY ASIMTUFII 114
ABILIFY MAINTENA 114
ABILIFY MYCITE MAINTENANCE KIT 114
ABILIFY MYCITE STARTER KIT ... 114
abiraterone acetate 86
Abirtega 86
ABLYSINOL 130
ABRAXANE 104
ABRILADA (1 PEN) 21
ABRILADA (2 PEN) 21
ABRILADA (2 SYRINGE) 21
ABRYSVO 273
ABSORICA 143
ABSORICA LD 143
ACAM2000 273
acamprosate calcium 257
ACANYA 143
acarbose 57
ACCOLATE 42
ACCRUFER 189
ACCU-CHEK AVIVA PLUS 156
ACCU-CHEK FASTCLIX LANCET .. 201
ACCU-CHEK FASTCLIX LANCETS 201
ACCU-CHEK GUIDE TEST 156
ACCU-CHEK SAFE-T PRO LANCETS 201
ACCU-CHEK SMARTVIEW 156
ACCU-CHEK SOFTCLIX LANCET DEV 201
ACCU-CHEK SOFTCLIX LANCETS 201
ACCUPRIL 75
ACCURETIC 75
accutane 143
ACCUTREND GLUCOSE 156
acebutolol hcl 122
ACETADOTE 66
acetaminophen 28
acetaminophen-codeine 30
acetazolamide 161
acetazolamide er 161
acetazolamide sodium 161
acetic acid 179, 253
acetylcysteine 66, 142
ACIPHEX 270
acitretin 146
ACTEMRA 25
ACTEMRA ACTPEN 25
ACTHAR 164
ACTHAR GEL 164
ACTHIB 272
ACTIFLOVIT EAR HEALTH 239
ACTIFOAM COLLAGEN SPONGE .. 191
ACTI-LANCE 28G 201
ACTI-LANCE LITE LANCETS 28G . 201
ACTI-LANCE SPECIAL LANCETS 17G 201
ACTI-LANCE UNIVERSAL 23G 201
ACTIMMUNE 101
ACTIVASE 187
ACTIVELLA 171
ACTONEL 163
ACTOPLUS MET 65
ACTOS 65
ACULAR 249
ACULAR LS 249
ACUVAIL 249
acyclovir 120, 148
acyclovir sodium 120
ACZONE 142
ADACEL 268
ADAKVEO 190
adalimumab-aacf (2 pen) 21
adalimumab-aacf (2 syringe) 21
adalimumab-aacf(cd/uc/hs strt) 21
adalimumab-aacf(ps/uv starter) 21
adalimumab-aaty (1 pen) 21
adalimumab-aaty (2 pen) 21
adalimumab-aaty (2 syringe) 21
adalimumab-aaty cd/uc/hs start 21
adalimumab-adaz 22
adalimumab-adbm (2 pen) 22
adalimumab-adbm (2 syringe) 22
adalimumab-adbm(cd/uc/hs strt) 22
adalimumab-adbm(ps/uv starter) 22
adalimumab-fkjp (2 pen) 22
adalimumab-fkjp (2 syringe) 22
adalimumab-ryvk (2 pen) 22
adalimumab-ryvk (2 syringe) 22
adapalene 143
ADAPALENE 143
adapalene-benzoyl peroxide 143
ADASUVE 113
ADBRY 148, 149
ADCETRIS 90
ADCIRCA 129
ADDERALL 14
ADDERALL XR 14
ADDYI 262
adefovir dipivoxil 119
ADEMPAS 129
adenosine 39
ADIPEX-P 16
adjustable lancing device 201
ADLARITY 258
ADMELOG 59
ADMELOG SOLOSTAR 59
ADRENALIN 276, 277
ADRENALIN-NACL 277
adriamycin 99
ADTHYZA 267
ADVAIR DISKUS 40
ADVAIR HFA 40
ADVANCE INTUITION TEST 156
ADVANCE MICRO-DRAW TEST 156
ADVANCED MOBILE LANCET 201
ADVATE 181
ADVOCATE INSULIN PEN NEEDLE 211
ADVOCATE INSULIN PEN NEEDLES 211
ADVOCATE INSULIN SYRINGE 212
ADVOCATE LANCETS 201
ADVOCATE LANCETS 30G 201
ADVOCATE LANCING DEVICE 201
ADVOCATE RAPID-SAFE LANCING 201
ADVOCATE REDI-CODE 156
ADVOCATE REDI-CODE+ TEST 156
ADVOCATE SAFETY LANCETS 201
ADVOCATE SAFETY LANCETS 21G 201
ADVOCATE SAFETY LANCETS 23G 201
ADVOCATE SAFETY LANCETS 26G 201
ADVOCATE SAFETY LANCETS 28G 201
ADVOCATE TEST 157
ADYNOVATE 181
ADZENYS XR-ODT 15
adzynma 181
AFINITOR 96
AFINITOR DISPERZ 96
afirmelle 133
AFLURIA 273
AFLURIA PRESERVATIVE FREE ... 273
AFREZZA 59
AFSTYLA 181
aftera 136
afterpill 137
AGAMATRIX AMP TEST 157
AGAMATRIX JAZZ TEST 157
AGAMATRIX PRESTO TEST 157
AGAMATRIX ULTRA-THIN LANCETS 201
AGAMREE 139
AGGRASTAT 185
AGRYLIN 186
AIMOVIG 219
aimsco lubricated 199
AIMSCO TWIST LANCETS 32G 201
AIMSCO TWIST LANCETS 33G 201
AIRDUO RESPICLICK 113/14 40
AIRDUO RESPICLICK 232/14 40
AIRDUO RESPICLICK 55/14 40
AIRSUPRA 40
AJOVY 219
AKEEGA 95
ak-fluor 248
AKLIEF 143
AKOVAZ 277
AKTEN 249
AKYNZEO 67
AKYNZEO (READY-TO-USE) 67
AKYNZEO (TO-BE-DILUTED) 67
ALA SCALP 149
ala-cort 149
albendazole 36

ALBUKED 25 ... 185
ALBUKED 5 ... 185
ALBUMIN HUMAN ... 185
ALBUMINEX ... 185
ALBUMIN-ZLB ... 185
ALBURX ... 185
ALBUTEIN ... 185
albuterol sulfate ... 41
ALBUTEROL SULFATE ... 41
albuterol sulfate hfa ... 41
ALCAINE ... 249
alclometasone dipropionate ... 149
ALDACTONE ... 162
ALDURAZYME ... 168
ALECENSA ... 88
alendronate sodium ... 163
alfuzosin hcl er ... 179
ALHEMO ... 181
ALIMTA ... 87
aliskiren fumarate ... 80
ALKINDI SPRINKLE ... 139
allbee/c ... 231
allopurinol ... 181
allopurinol sodium ... 181
ALLZITAL ... 28
almotriptan malate ... 220
ALOCRIL ... 247
alogliptin benzoate ... 58
alogliptin-metformin hcl ... 58
alogliptin-pioglitazone ... 59
alophen ... 196
ALOPRIM ... 181
ALORA ... 172
alosetron hcl ... 174
ALPHAGAN P ... 250
ALPHANATE ... 182
ALPHANINE SD ... 182
alprazolam ... 38
alprazolam er ... 38
ALPRAZOLAM INTENSOL ... 38
alprazolam xr ... 38
ALPROLIX ... 182
alprostadil ... 128
ALREX ... 250
ALTACE ... 75
altafluor benox ... 248
altavera ... 133
ALTOPREV ... 72, 73
ALTRENO ... 144
ALTUVIIIO ... 182
ALUNBRIG ... 89
ALVAIZ ... 190
ALVESCO ... 43
alvimopan ... 177
alyacen 1/35 ... 133
alyacen 7/7/7 ... 138
ALYFTREK ... 265
ALYGLO ... 254
ALYMSYS ... 107
alyq ... 129
amantadine hcl ... 108
AMBIEN ... 193
AMBIEN CR ... 193
AMBISOME ... 69
ambrisentan ... 129
amcinonide ... 149
AMCINONIDE ... 149
AMELUZ ... 154
amethyst ... 136
AMIDATE ... 178
amikacin sulfate ... 20
amiloride hcl ... 162
amiloride-hydrochlorothiazide ... 161
aminocaproic acid ... 191
aminophylline ... 44
AMINOSYN II ... 244
aminosyn ii ... 244
AMINOSYN-PF ... 244
AMINOSYN-PF 7% ... 244
amiodarone hcl ... 39
AMITIZA ... 174
amitriptyline hcl ... 56
AMJEVITA ... 22
AMJEVITA-PED 10KG TO <15KG ... 22
AMJEVITA-PED 15KG TO <30KG ... 22
amlodipine besy-benazepril hcl ... 74
amlodipine besylate ... 124
amlodipine besylate-valsartan ... 77
amlodipine-atorvastatin ... 127, 128
amlodipine-olmesartan ... 77
amlodipine-valsartan-hctz ... 79
amnesteem ... 144
Amnesteem ... 144
AMNIOTEXT ... 155
AMONDYS 45 ... 243
amoxapine ... 56
amoxicill-clarithro-lansopraz ... 271
amoxicillin ... 256
amoxicillin-pot clavulanate ... 256
amoxicillin-pot clavulanate er ... 256
AMPHADASE ... 225
AMPHENOL-40 ... 155
amphetamine sulfate ... 15
amphetamine-dextroamphet er ... 14
amphetamine-dextroamphetamine ... 14
amphet-dextroamphet 3-bead er ... 14
amphotericin b ... 69
amphotericin b liposome ... 69
ampicillin ... 256
ampicillin sodium ... 256
ampicillin-sulbactam sodium ... 256
AMPYRA ... 261
AMRIX ... 239
AMVISC ... 251
AMVISC PLUS ... 251
AMVUTTRA ... 263
AMZEEQ ... 142
ANAFRANIL ... 56
anagrelide hcl ... 186
ANALPRAM-HC ... 36
ANAPROX DS ... 26
ANASCORP ... 254
anastrozole ... 101
ANAVIP ... 254
ANCOBON ... 69
ANDEXXA ... 66
ANDROGEL PUMP ... 35
ANECTINE ... 243
ANESTHESIA S/I-40A ... 178
ANESTHESIA S/I-40H ... 178
ANESTHESIA S/I-40S ... 178
ANGELIQ ... 171
ANGIOMAX ... 45
ANKTIVA ... 100
ANNOVERA ... 136
ANORO ELLIPTA ... 40
anti-oxidant ... 233
ANTIVENIN LATRODECTUS MACTANS ... 254
ANTIVENIN MICRURUS FULVIUS 254
ANUSOL-HC ... 36
ANZEMET ... 67
APADAZ ... 33
apap-caff-dihydrocodeine ... 30
APHEXDA ... 187
APIDRA ... 59
APIDRA SOLOSTAR ... 59
APLENZIN ... 53
APOKYN ... 109
apomorphine hcl ... 109
APONVIE ... 68
apraclonidine hcl ... 250
aprepitant ... 68
APRETUDE ... 117
apri ... 133
APRISO ... 175
APTENSIO XR ... 17
APTIOM ... 46
APTIVUS ... 117
aq insulin syringe ... 212
aqinject pen needle ... 212
AQNEURSA ... 262
AQUALANCE LANCETS 30G ... 201
AQUASOL A ... 277
aquastat ... 223
Aquastat Sfr ... 223
ARAKODA ... 84
ARALAST NP ... 265
aranelle ... 138
ARANESP (ALBUMIN FREE) ... 188
ARAVA ... 28
ARAZLO ... 144
ARCALYST ... 25
AREXVY ... 273
arformoterol tartrate ... 41
ARGATROBAN ... 46
ARGATROBAN IN SODIUM CHLORIDE ... 46
argyle sterile saline ... 179
argyle sterile water ... 226
ARICEPT ... 258
ARIKAYCE ... 20
ARIMIDEX ... 101
aripiprazole ... 114
ARISTADA ... 114
ARISTADA INITIO ... 114
ARIXTRA ... 45
armodafinil ... 17
ARMOUR THYROID ... 267

ARNUITY ELLIPTA 43
AROMASIN 101
ARRANON 87
arsenic trioxide 101
ARTESUNATE 84
ARTHROTEC 25
articadent dental 196
ARTISS 190
ARZERRA 89
ASCENIV 254
ASCLERA 228
ascomp-codeine 30
ASCOR 278
asenapine maleate 112
ashlyna 137
ASMANEX (120 METERED DOSES) 43
ASMANEX (14 METERED DOSES) 43
ASMANEX (30 METERED DOSES) 43
ASMANEX (60 METERED DOSES) 43
ASMANEX HFA 43
ASPARLAS 100
aspirin 29
aspirin 81 29
aspirin adult low dose 29
aspirin adult low strength 29
aspirin childrens 29
aspirin ec adult low dose 29
aspirin ec low dose 29
aspirin ec low strength 29
aspirin low dose 29
aspirin regimen 29
aspirin-dipyridamole er 186
ASPRUZYO SPRINKLE 37
ASSURE 3 TEST 157
ASSURE 4 TEST 157
ASSURE COMFORT LANCETS 28G 201
ASSURE ID DUO PRO PEN NEEDLES 212
ASSURE ID PRO PEN NEEDLES 212
ASSURE ID SAFETY PEN NEEDLES 212
ASSURE II 157
ASSURE II CHECK 157
ASSURE LANCE LANCETS 201
ASSURE LANCE LANCETS 21G 201
ASSURE LANCE PLUS SAFETY 25G 201
ASSURE LANCE PLUS SAFETY 30G 201
ASSURE LANCE SAFETY LANCET 28G 201
ASSURE PLATINUM 157
ASSURE PRISM MULTI TEST 157
ASSURE PRO TEST 157
ASTAGRAF XL 227
ATABEX EC 235
ATABEX OB 235
ATACAND 78
ATACAND HCT 77
atazanavir sulfate 117
ATELVIA 163
atenolol 122
atenolol-chlorthalidone 80
ATGAM 225
ATIVAN 38
atomoxetine hcl 14
ATORVALIQ 73
atorvastatin calcium 73
atovaquone 81
atovaquone-proguanil hcl 84
atracurium besylate 243
ATRALIN 144
ATROPINE SULFATE 246, 269
ATROVENT HFA 42
ATTRUBY 130
AUBAGIO 259
aubra eq 133
AUDENZ 273
AUGMENTIN 256
AUGMENTIN ES-600 256
AUGTYRO 98
aum insulin safety pen needle 212
AUM MINI INSULIN PEN NEEDLE 212
aum pen needle 212
AUM READYGARD DUO PEN NEEDLE 212
AUM SAFETY PEN NEEDLE 212
AURLUMYN 128
AURORA LANCET SUPER THIN 30G 201
AURORA LANCET THIN 23G 201
AURORA PEN NEEDLES 212
aurovela 1.5/30 133
aurovela 1/20 133
aurovela 24 fe 133
aurovela fe 1.5/30 133
aurovela fe 1/20 133
AURYXIA 177
AUSTEDO 259
AUSTEDO XR 259
AUSTEDO XR PATIENT TITRATION 259
AUTO-LANCET 202
AUTO-LANCET MINI 202
AUTOLET II CLINISAFE 202
AUTOLET LANCING DEVICE 202
AUTOLET LITE CLINISAFE 202
AUTOLET LITE LANCING DEVICE 202
AUTOLET LITE STARTER PACK 202
AUTOLET MINI 202
AUTOLET PLATFORMS 202
AUTOLET PLUS 202
AUVELITY 53
AUVI-Q 276
AVALIDE 77
avanafil 130
AVAPRO 78
AVASTIN 107
AVEED 35
aviane 133
AVITENE 191
AVITENE FLOUR 191
AVMAPKI FAKZYNJA CO-PACK 100
AVODART 179
AVONEX PEN 260
AVONEX PREFILLED 260
AVSOLA 178
AVYCAZ 131
AXTLE 87
ayuna 133
AYVAKIT 98
azacitidine 87
AZACTAM 83
azasan 228
AZASITE 247
azathioprine 228
AZATHIOPRINE SODIUM 228
azelaic acid 154
azelastine hcl 242, 247
azelastine-fluticasone 242
AZELEX 144
AZESCO 235
AZILECT 108
azithromycin 198
AZMIRO 35
AZOPT 248
AZOR 77
AZSTARYS 17
aztreonam 83
AZULFIDINE 175
AZULFIDINE EN-TABS 175
azurette 132
b complex (lipotropics) 239
b complex 100 tr 231
b complex formula 1 (lipotrop) 239
b complex formula 1 (w/ fa) 231
b complex-b12 230
b complex-c 231
B COMPLEX-C-BIOTIN-E-FA 231
b complex-c-folic acid 230
b-100 b-complex 231
b-100 complex cr 231
b-100 tr 231
b-50 complex 231
BABYBIG 254
bac (butalbital-acetamin-caff) 28
bacitracin 247
bacitracin-polymyxin b 247
bacitra-neomycin-polymyxin-hc 250
baclofen 239
BACTRIM 81
BACTRIM DS 81
BAFIERTAM 261
balance b-100 239
balance b-50 231
balanced b complex 231
balanced b-100 231
balanced b-50 complex 239
balanced b-50/fa 231
BALCOLTRA 133
BALFAXAR 182
balsalazide disodium 175
BALVERSA 94
balziva 133
BANZEL 47
BAQSIMI ONE PACK 57
BAQSIMI TWO PACK 57
BARACLUDE 119
BARHEMSYS 68

BASAGLAR KWIKPEN 59
BASAGLAR TEMPO PEN 59
BAVENCIO 91
BAXDELA 173
bayer aspirin ec low dose 29
bayer low dose 29
BCG VACCINE 272
b-compleet-100 231
b-compleet-50 232
b-complex 232
b-complex (folic acid) 231
b-complex balanced 230
b-complex plus b-12 230
b-complex/b-12 230
b-complex/electrolytes 231
b-complex/vitamin c 230
b-complex-c 231
b-complex-c (w/folic acid) 230
BD AUTOSHIELD DUO 212
bd heparin posiflush 45
BD INS SYR ULTRAFINE 1/2UNIT . 212
BD INSULIN SYR ULTRAFINE II 212
BD INSULIN SYRINGE 212
BD INSULIN SYRINGE HALF-UNIT 212
BD INSULIN SYRINGE MICROFINE 212
BD INSULIN SYRINGE U/F 212
BD INSULIN SYRINGE U-500 212
BD INSULIN SYRINGE ULTRAFINE 212
BD MICROTAINER LANCETS 202
BD PEN NEEDLE MICRO ULTRAFINE 212
BD PEN NEEDLE MINI U/F 212
BD PEN NEEDLE MINI ULTRAFINE 212
BD PEN NEEDLE NANO 2ND GEN . 212
BD PEN NEEDLE NANO ULTRAFINE 212
BD PEN NEEDLE ORIG ULTRAFINE 212
BD PEN NEEDLE SHORT ULTRAFINE 212
bd posiflush 223
Bd Posiflush Safescrub 223
BD SAFETYGLIDE INSULIN SYRINGE 212
BD VEO INSULIN SYR U/F 1/2UNIT 212
BD VEO INSULIN SYR ULTRAFINE 212
BD VEO INSULIN SYRINGE U/F 212
BELBUCA 34
BELEODAQ 95
BELRAPZO 86
BELSOMRA 193
benazepril hcl 75
benazepril-hydrochlorothiazide 75
bendamustine hcl 86
BENDEKA 86
BENEFIX 182
BENICAR 78
BENICAR HCT 77
BENLYSTA 224
BENTYL 269
BENZALKONIUM CHLORIDE 115
BENZAMYCIN 143
BENZHYDROCODONE-ACETAMINOPHEN 33
BENZNIDAZOLE 36
benzonatate 141
benzoyl peroxide-erythromycin 143
benzphetamine hcl 16
benztropine mesylate 108
BEOVU 253
bepotastine besilate 247
BEPREVE 247
BERINERT 183
BESIVANCE 247
BESPONSA 90
BESREMI 101
BETADINE OPHTHALMIC PREP 248
betaine 166
betamethasone dipropionate 149
betamethasone dipropionate aug 149
betamethasone valerate 149
BETAPACE 123
BETAPACE AF 123
BETASERON 260
betaxolol hcl 122, 245
bethanechol chloride 272
BETHKIS 20
BETIMOL 245
BETOPTIC-S 245
better b complex 231
BEVESPI AEROSPHERE 40
bexagliflozin 63
bexarotene 106, 156
BEXSERO 272
BEYAZ 133
BEYFORTUS 254
bicalutamide 87
BICILLIN C-R 257
BICILLIN C-R 900/300 256
BICILLIN L-A 256
BIDIL 128
big 100 231
big 100 (biotin) 232
BIJUVA 171
BIKTARVY 115
BILTRICIDE 36
bimatoprost 154, 252
BIMZELX 146
BINOSTO 163
BIORPHEN 277
BIOTEL CARE TEST STRIPS 157
BIOTHRAX 272
bis subcit-metronid-tetracyc 271
bisacodyl ec 196
bismuth/metronidaz/tetracyclin 271
bisoprolol fumarate 122
bisoprolol-hydrochlorothiazide 80
bivalirudin trifluoroacetate 46
BIVIGAM 255
BIZENGRI (750 MG DOSE) 98
BKEMV 184
bleomycin sulfate 99
BLINCYTO 92
blisovi 24 fe 133
blisovi fe 1.5/30 133
blisovi fe 1/20 133
BLOOD GLUCOSE TEST 157
blood glucose test strips 333 157
BLOXIVERZ 85
BLULINK GLUCOSE TEST 157
BONJESTA 68
BOOSTRIX 268
bortezomib 98
BORUZU 98
bosentan 129
BOSULIF 92
BOTOX 243
BOTOX COSMETIC 152
b-plex 230
BRAFTOVI 93
BRENZAVVY 63
BREO ELLIPTA 40
BREVIBLOC 122
BREVIBLOC IN NACL 122
BREVIBLOC PREMIXED 122
BREVIBLOC PREMIXED DS 122
BREVITAL SODIUM 178
BREXAFEMME 69
Breyna 40
BREZTRI AEROSPHERE 40
BRIDION 66
briellyn 133
BRILINTA 184
brimonidine tartrate 154, 250
brimonidine tartrate-timolol 245
brinzolamide 248
BRIUMVI 260
BRIVIACT 47
BRIXADI 34
BRIXADI (WEEKLY) 34
bromfenac sodium 249
bromfenac sodium (once-daily) 249
bromocriptine mesylate 108
bromphen-pseudoeph-dm 142
BROMSITE 249
BRONCHITOL 266
BRONCHITOL TOLERANCE TEST . 266
BROVANA 41
BRUKINSA 93
BRYHALI 149
BSS 249
BSS PLUS 249
BUCAPSOL 37
budesonide 36, 43, 139
budesonide er 139
budesonide-formoterol fumarate 40
bumetanide 161
BUMEX 161
BUPHENYL 170
BUPIVACAINE FISIOPHARMA 197
bupivacaine hcl (pf) 197
bupivacaine-epinephrine 196
bupivacaine-epinephrine (pf) 196

buprenorphine 34
buprenorphine hcl 34
buprenorphine hcl-naloxone hcl 34
bupropion hcl 53
bupropion hcl er (smoking det) 263
bupropion hcl er (sr) 53
bupropion hcl er (xl) 53
buspirone hcl 37
busulfan 86
BUSULFEX 86
butalbital-acetaminophen 28
butalbital-apap-caff-cod 30
butalbital-apap-caffeine 28, 29
butalbital-asa-caff-codeine 30
butalbital-aspirin-caffeine 29
butorphanol tartrate 34
BUTRANS 34
BYFAVO 192
BYLVAY 175
BYLVAY (PELLETS) 175
BYOOVIZ 253
BYSTOLIC 122
CABENUVA 115
cabergoline 164
CABLIVI 183
CABOMETYX 96
CABTREO 143
CADUET 128
caffeine citrate 16
calcipotriene 148
calcipotriene-betameth diprop 156
calcitonin (salmon) 164
calcitrene 148
calcitriol 148, 166
calcium acetate 177
calcium acetate (phos binder) 177
CALCIUM GLUCONATE 221
CALCIUM GLUCONATE-NACL 221
CALDOLOR 26
CALQUENCE 93
CAMBIA 219
CAMCEVI 103
camila 138
CAMPTOSAR 106
camrese 137
camrese lo 137
CAMZYOS 128
CANASA 175
CANCIDAS 69
candesartan cilexetil 78
candesartan cilexetil-hctz 77
capecitabine 87
CAPLYTA 110
CAPRELSA 97
captopril 75
captopril-hydrochlorothiazide 75
CAPVAXIVE 272
CARAFATE 269
CARBAGLU 166
carbamazepine 47
carbamazepine er 47
CARBATROL 47
carbidopa 109
carbidopa-levodopa 109
carbidopa-levodopa er 109
carbidopa-levodopa-entacapone 109
carbinoxamine maleate 70
carbinoxamine maleate er 70
carboplatin 86
carboprost tromethamine 254
CARDENE IV 124
CARDIOCOM LANCING DEVICE 202
CARDIZEM 124
CARDIZEM CD 124
CARDIZEM LA 124
CARDURA 80
CARDURA XL 179
CAREFINE PEN NEEDLES 212
careone advanced lancing dev 202
CAREONE INSULIN SYRINGE 212
CAREONE LANCET SUPER THIN 30G 202
CAREONE LANCET THIN 23G 202
CAREONE UNIFINE PENTIPS PLUS 212
CARESENS LANCETS 202
CARESENS LANCETS 30G 202
CARESENS N GLUCOSE TEST 157
CARETOUCH INSULIN SYRINGE 212, 213
CARETOUCH LANCING/EJECTOR 202
CARETOUCH PEN NEEDLES 213
CARETOUCH SAFETY LANCETS 202
CARETOUCH SAFETY LANCETS 26G 202
CARETOUCH TEST 157
CARETOUCH TWIST LANCETS 28G 202
CARETOUCH TWIST LANCETS 30G 202
CARETOUCH TWIST LANCETS 33G 202
CARETOUCH TWIST MC LANCETS 30G 202
carglumic acid 166
carisoprodol 239
carmustine 105
CARNITOR 164
CARNITOR SF 164
CAROSPIR 162
carteolol hcl 245
cartia xt 124
carvedilol 121
carvedilol phosphate er 121
CASODEX 87
CASPOFUNGIN ACETATE 69
CATAPRES-TTS-1 79
CATAPRES-TTS-2 79
CATAPRES-TTS-3 79
CATHFLO ACTIVASE 187
CAVERJECT 128
CAVERJECT IMPULSE 128
CAYA 200
CAYSTON 84
cefaclor 131
CEFACLOR ER 131
cefadroxil 131
cefazolin sodium 131
CEFAZOLIN SODIUM 131
CEFAZOLIN SODIUM-DEXTROSE 131
cefazolin sodium-dextrose 131
cefdinir 132
cefepime hcl 132
CEFEPIME HCL 132
CEFEPIME-DEXTROSE 132
cefixime 132
CEFOTAN 131
cefotaxime sodium 132
cefotetan disodium 131
cefoxitin sodium 131
CEFOXITIN SODIUM-DEXTROSE 131
cefpodoxime proxetil 132
cefprozil 131
ceftazidime 132
ceftriaxone sodium 132
CEFTRIAXONE SODIUM 132
ceftriaxone sodium in dextrose 132
CEFTRIAXONE SODIUM-DEXTROSE 132
cefuroxime axetil 131
cefuroxime sodium 131
CELEBREX 24
celecoxib 24
CELESTONE SOLUSPAN 141
CELEXA 54
CELLCEPT 226
CELLCEPT INTRAVENOUS 226
CELLUGEL 251
CELONTIN 52
cephalexin 131
CEPROTIN 185
CEQUA 248
CEQUR SIMPLICITY 2U 213
CERDELGA 187
CEREBYX 51
CEREZYME 187
CERVIDIL 254
cetirizine hcl 71
CETRAXAL 253
cetrorelix acetate 165
CETROTIDE 165
cevimeline hcl 230
charlotte 24 fe 133
chateal eq 133
CHEMET 65
CHENODAL 173
childrens aspirin 29
chloramphenicol sod succinate 82
chlordiazepoxide hcl 38
chlordiazepoxide-amitriptyline 258
chlordiazepoxide-clidinium 268
chlorhexidine gluconate 228
chloroprocaine hcl (pf) 197
chloroquine phosphate 84
chlorothiazide sodium 162
chlorpromazine hcl 113
CHLORPROMAZINE HCL 113
chlorthalidone 162
chlorzoxazone 240

CHOLBAM 173
cholestyramine 72
cholestyramine light 72
CHORIONIC GONADOTROPIN 168
CHOSEN LANCETS 30G 202
CHOSEN LANCING DEVICE 202
CHOSEN SAFETY LANCETS 28G ... 202
chromic chloride 224
CIALIS 130
CIBINQO 148
ciclodan 145
ciclopirox 145
ciclopirox olamine 145
cidofovir 119
cilostazol 185
CILOXAN 247
CIMDUO 115
CIMERLI 253
cimetidine 269
cimetidine hcl 269
CIMZIA 178
CIMZIA (2 SYRINGE) 178
CIMZIA-STARTER 178
cinacalcet hcl 164
CINQAIR 42
CINRYZE 184
CINVANTI 68
CIPRO 173
CIPRO HC 253
ciprofloxacin hcl 173, 247, 253
ciprofloxacin in d5w 173
ciprofloxacin-dexamethasone 253
ciprofloxacin-fluocinolone pf 253
cisatracurium besylate 243
cisatracurium besylate (pf) 243
cisplatin 86
CISPLATIN 86
CITALOPRAM HYDROBROMIDE 54
citalopram hydrobromide 54
CITRANATAL 90 DHA 238
CITRANATAL ASSURE 238
CITRANATAL HARMONY 238
CITRANATAL MEDLEY 238
citrate of magnesia 195
citroma 195
cladribine 87
claravis 144
CLARINEX 71
CLARINEX-D 12 HOUR 142
clarithromycin 198
clarithromycin er 198
CLASSIC PRENATAL 235
CLEANLET LANCETS 28G 202
clearlax 194
CLEMASTINE FUMARATE 70
clemastine fumarate 70
CLENPIQ 193
CLEOCIN 83, 276
CLEOCIN PHOSPHATE 83
CLEOCIN-T 142
CLEVER CHEK AUTO-CODE TEST 157
CLEVER CHEK AUTO-CODE VOICE 157
CLEVER CHEK LANCETS 202
CLEVER CHEK TEST 157
CLEVER CHOICE AUTO-CODE TEST 157
CLEVER CHOICE COMFORT EZ 202, 213
CLEVER CHOICE LANCETS 21G 202
CLEVER CHOICE LANCETS 23G 202
CLEVER CHOICE LANCETS 28G 202
CLEVER CHOICE MICRO TEST 157
CLEVER CHOICE NO CODING 157
CLEVER CHOICE TALK SYSTEM .. 157
CLEVIPREX 124
CLIMARA 172
CLIMARA PRO 171
Clindacin 142
clindacin etz 142
clindacin-p 142
CLINDAGEL 142
clindamycin hcl 83
clindamycin palmitate hcl 83
clindamycin phos (once-daily) 143
clindamycin phos (twice-daily) 143
clindamycin phos-benzoyl perox 143
clindamycin phosphate 83, 143, 276
clindamycin phosphate in d5w 83
CLINDAMYCIN PHOSPHATE IN NACL 83
clindamycin-tretinoin 143
CLINDESSE 276
CLINIMIX E/DEXTROSE (2.75/5) 244
CLINIMIX E/DEXTROSE (4.25/10) .. 244
CLINIMIX E/DEXTROSE (4.25/5) 244
CLINIMIX E/DEXTROSE (5/15) 244
CLINIMIX E/DEXTROSE (5/20) 244
CLINIMIX E/DEXTROSE (8/10) 244
CLINIMIX E/DEXTROSE (8/14) 244
CLINIMIX/DEXTROSE (4.25/10) 244
CLINIMIX/DEXTROSE (4.25/5) 244
CLINIMIX/DEXTROSE (5/15) 244
CLINIMIX/DEXTROSE (5/20) 244
CLINIMIX/DEXTROSE (6/5) 244
CLINIMIX/DEXTROSE (8/10) 244
CLINIMIX/DEXTROSE (8/14) 244
clinisol sf 244
CLINOLIPID 245
clinpro 5000 229
clobazam 46
clobetasol propionate 149, 150, 250
clobetasol propionate e 149
clobetasol propionate emulsion 149
CLOBEX 150
CLOBEX SPRAY 150
clocortolone pivalate 150
clodan 150
CLODERM 150
clofarabine 87
Clomid 169
clomiphene citrate 169
clomipramine hcl 56
clonazepam 46
clonidine 79
clonidine er 79
clonidine hcl 79
clonidine hcl er 14
clopidogrel bisulfate 186
clorazepate dipotassium 38
clotrimazole 152, 228
clotrimazole-betamethasone 145
clozapine 112
CLOZARIL 112
C-NATE DHA 235
CNJ-016 255
COAGADEX 182
COAGUCHEK LANCETS 202
coal tar 155
COARTEM 84
cobalefol 231
COBENFY 113
COBENFY STARTER PACK 113
COCAINE HCL 242
CODEINE SULFATE 31
codeine sulfate 31
CODITUSSIN AC 141
CODITUSSIN DAC 141
COLAZAL 175
colchicine 181
colchicine-probenecid 180
colesevelam hcl 72
COLESTID 72
colestipol hcl 72
colistimethate sodium (cba) 84
COLUMVI 92
COLY-MYCIN M 84
COMBIGAN 245
COMBIPATCH 172
COMBIVENT RESPIMAT 40
COMBOGESIC 25
COMETRIQ (100 MG DAILY DOSE) . 97
COMETRIQ (140 MG DAILY DOSE) . 97
COMETRIQ (60 MG DAILY DOSE) ... 97
COMFORT ASSURED LANCETS 28G 202
COMFORT ASSURED LANCETS 33G 202
COMFORT EZ INSULIN SYRINGE . 213
COMFORT EZ MICRO PEN NEEDLES 213
COMFORT EZ PEN NEEDLES 213
COMFORT EZ PRO PEN NEEDLES . 213
COMFORT EZ SHORT PEN NEEDLES 213
COMFORT TOUCH INSULIN PEN NEED 213
COMFORT TOUCH LANCETS 31G . 202
COMFORT TOUCH PLUS LANCETS 28G 202
COMFORT TOUCH PLUS LANCETS 30G 203
COMFORT TOUCH TWIST LANCET 30G 203
COMIRNATY 273
COMPLERA 115
COMPLETE NATAL DHA 238
COMPLETENATE 235
complex b-100 232

COMPLEX B-100-INOSITOL 239
complex b-50 prolonged release 232
compro 113
CO-NATAL FA 235
CONCEPT DHA 235
CONCEPT OB 235
CONCERTA 17
condoms 199
CONDYLOX 153
CONJUPRI 124
constulose 194
CONTOUR NEXT TEST 157
CONTOUR PLUS TEST 157
CONTOUR TEST 157
CONTRAVE 16
CONZIP 31
COOL BLOOD GLUCOSE TEST STRIPS 157
COPASIL 155
COPAXONE 261
COPIKTRA 105
CORDRAN 150
COREG 122
COREG CR 122
CORIFACT 182
CORLANOR 130
CORTEF 139
CORTENEMA 36
CORTIFOAM 36
cortisone acetate 139
CORTISPORIN-TC 253
CORTROPHIN 164
CORTROPHIN GEL 164
CORVERT 39
COSELA 104
COSENTYX 146
COSENTYX (300 MG DOSE) 146
COSENTYX SENSOREADY (300 MG) 146
COSENTYX SENSOREADY PEN 146
COSENTYX UNOREADY 146
COSOPT 245
COSOPT PF 245
COTELLIC 95
COTEMPLA XR-ODT 17
COXANTO 26
COZAAR 78
CRENESSITY 164
CREON 161
CRESEMBA 69
CRESTOR 73
CREXONT 109
CRINONE 276
CROFAB 254
cromolyn sodium 41, 174, 247
crotan 155
cryselle-28 133
CRYSVITA 171
CTEXLI 174
cupric chloride 224
CUPRIMINE 224
curity sterile saline 179
CUTAQUIG 255
CUVITRU 255
CUVPOSA 270
CUVRIOR 224
CVS ADVANCED GLUCOSE TEST 157
cvs aspirin adult low dose 29
cvs aspirin adult low strength 29
cvs aspirin ec 29
cvs aspirin low dose 29
cvs aspirin low strength 29
cvs b complex plus c 231
cvs balanced b50 239
cvs c-lax laxative 196
cvs folic acid 188
cvs gentle laxative 196
cvs gentle laxative womens 196
CVS GLUCOSE METER TEST STRIPS 157
cvs inner ear plus 239
CVS LANCETS ORIGINAL 203
CVS LANCETS THIN 26G 203
cvs lancing device 203
cvs magnesium citrate 195
cvs milk of magnesia 195
cvs nicotine 263
cvs nicotine polacrilex 263
CVS PRENATAL 235
cvs purelax 194
cvs super b complex/c 231
cvs true metrix glucose test 157
CVS ULTRA THIN LANCETS 203
cyanocobalamin 187
CYANOKIT 66
cyclobenzaprine hcl 240
cyclobenzaprine hcl er 240
CYCLOGYL 246
CYCLOMYDRIL 246
cyclopentolate hcl 246
cyclophosphamide 104, 105
CYCLOPHOSPHAMIDE 105
cycloserine 85
CYCLOSET 59
cyclosporine 225, 248
cyclosporine modified 225
CYGNUS DUAL 155
CYKLOKAPRON 191
CYLTEZO (2 PEN) 22
CYLTEZO (2 SYRINGE) 22
CYLTEZO-CD/UC/HS STARTER 23
CYLTEZO-PSORIASIS/UV STARTER 23
CYMBALTA 55
cyproheptadine hcl 71
CYRAMZA 107
cyred eq 133
CYSTADANE 166
CYSTADROPS 252
CYSTAGON 179
CYSTARAN 252
cytarabine 87
cytarabine (pf) 87
CYTOGAM 255
CYTOMEL 267
CYTOTEC 271
dabigatran etexilate mesylate 46
dacarbazine 101
dactinomycin 99
daily multiple vitamins 233
daily value multivitamin 233
daily vitamins 233
daily vite 233
daily vite multivitamin/iron 232
daily vites 233
daily-vite 233
daily-vite multivitamin 233
dalfampridine er 261
DALIRESP 43
DALVANCE 82
danazol 35
DANTRIUM 240
dantrolene sodium 240
DANYELZA 90
DANZITEN 92
dapagliflozin pro-metformin er 63
dapagliflozin propanediol 63
dapsone 83, 143
DAPTACEL 268
DAPTOMYCIN 82
daptomycin-sodium chloride 82
DARAPRIM 84
darifenacin hydrobromide er 271
darunavir 117
DARZALEX 90
DARZALEX FASPRO 100
dasatinib 92
dasetta 1/35 (28) 133
dasetta 7/7/7 138
DATROWAY 106
DAUNORUBICIN HCL 99
DAURISMO 95
DAVIMET-FLUORIDE 234
DAXXIFY 152
DAYBUE 243
DAYPRO 26
daysee 137
DAYTRANA 17
DAYVIGO 193
D-CARE BLOOD GLUCOSE 157
DDAVP 171
DDAVP PF 171
deblitane 138
decitabine 88
deferasirox 65
deferasirox granules 65
deferiprone 65
deferoxamine mesylate 66
DEFITELIO 186
deflazacort 139
DELESTROGEN 172
DELSTRIGO 116
delyla 133
DELZICOL 175
demeclocycline hcl 266
DEMEROL 31
DEMSER 77
DENAVIR 148
DENGVAXIA 273

denta 5000 plus 229
denta 5000 plus sensitive 229
dentagel 229
DEPAKOTE 52
DEPAKOTE ER 52
DEPAKOTE SPRINKLES 52
DEPEN TITRATABS 224
DEPO-ESTRADIOL 172
DEPO-MEDROL 139
DEPO-PROVERA 137
DEPO-SUBQ PROVERA 104 138
DEPO-TESTOSTERONE 35
DERMACINRX PRETRATE 235
DERMA-SMOOTHE/FS BODY 150
DERMA-SMOOTHE/FS SCALP 150
DERMOTIC 253
DESCOVY 116
DESFERAL 66
desflurane 178
desipramine hcl 56
desloratadine 71
desmopressin ace spray refrig 171
desmopressin acetate 171
desmopressin acetate pf 171
desmopressin acetate spray 171
desogestrel-ethinyl estradiol 132
desonide 150
DESOWEN 150
desoximetasone 150
destress-iron 232
DESVENLAFAXINE ER 55
desvenlafaxine succinate er 55
DETROL 271
dexameth sod phos (pf) +rfid 139
dexamethasone 139
DEXAMETHASONE INTENSOL 139
dexamethasone sod phos +rfid 139
dexamethasone sod phosphate pf 139
DEXAMETHASONE SOD PHOSPHATE PF 139
dexamethasone sodium phosphate 139, 250
DEXAMETHASONE SODIUM PHOSPHATE 140
DEXCOM G6 RECEIVER 203
DEXCOM G6 SENSOR 203
DEXCOM G6 TRANSMITTER 203
DEXCOM G7 RECEIVER 203
DEXCOM G7 SENSOR 203
DEXEDRINE 15
DEXILANT 270
dexlansoprazole 270
DEXMEDETOMIDINE HCL 193
dexmedetomidine hcl 193
dexmedetomidine hcl in nacl 193
DEXMEDETOMIDINE HCL-DEXTROSE 193
dexmethylphenidate hcl 17
dexmethylphenidate hcl er 17
dexrazoxane 101
dexrazoxane hcl 101
DEXTENZA 250
dextroamphetamine sulfate 15
dextroamphetamine sulfate er 15
dextrose 245
DEXTROSE 245
DEXTROSE 5%/ELECTROLYTE #48 221
dextrose in lactated ringers 221
dextrose-nacl 221
DEXTROSE-SODIUM CHLORIDE 221
dextrose-sodium chloride 221
DEXYCU 250
DHIVY 109
DIACOMIT 47
dialyvite 800 230
DIATHRIVE BLOOD GLUCOSE TEST 157
DIATHRIVE GLUCOSE TEST 157
DIATHRIVE LANCET ULTRA THIN 30 203
DIATHRIVE LANCETS 203
DIATHRIVE LANCING DEVICE 203
DIATHRIVE PEN NEEDLE 213
DIATHRIVE+ GLUCOSE TEST 157
diazepam 38, 46
diazepam intensol 38
diazoxide 57
DIBENZYLINE 77
dichlorphenamide 161
DICLEGIS 68
diclofenac epolamine 145
diclofenac potassium 26
diclofenac potassium(migraine) 219
diclofenac sodium 26, 145, 146, 249
diclofenac sodium er 26
diclofenac-misoprostol 25
dicloxacillin sodium 257
dicyclomine hcl 269
diethylpropion hcl 16
diethylpropion hcl er 16
DIFFERIN 144
DIFICID 198
diflorasone diacetate 150
DIFLUCAN 69, 70
diflunisal 29
difluprednate 250
DIGIFAB 66
digoxin 127
dihydroergotamine mesylate 219
DILANTIN 51
DILANTIN INFATABS 51
DILANTIN-125 51
DILAUDID 31
diltiazem hcl 125
DILTIAZEM HCL 125
diltiazem hcl er 125
diltiazem hcl er beads 125
diltiazem hcl er coated beads 125
diltiazem hcl-sodium chloride 125
dilt-xr 125
DIMENHYDRINATE 68
dimethyl fumarate 261
dimethyl fumarate starter pack 261
DIOVAN 78
DIOVAN HCT 77
DIPENTUM 175
diphenhydramine hcl 71
diphenoxylate-atropine 65
DIPRIVAN 178
DIPROLENE 150
dipyridamole 186
DISCOVISC 251
disopyramide phosphate 39
disulfiram 257
DIURIL 162
divalproex sodium 52
divalproex sodium er 52
DIVIGEL 172
dobutamine hcl 127
DOBUTAMINE-DEXTROSE 127
DOCETAXEL 104
DOCIVYX 104
dofetilide 39
DOJOLVI 245
dolishale 136
DOLOBID 29
donepezil hcl 258
DOPAMINE HCL 127
DOPAMINE-DEXTROSE 127
DOPRAM 16
DOPTELET 190
DORYX MPC 266
dorzolamide hcl 248
dorzolamide hcl-timolol mal 245
dorzolamide hcl-timolol mal pf 245
dotti 172
DOVATO 116
doxazosin mesylate 80
doxepin hcl 56, 146, 193
doxercalciferol 167
DOXIL 99
doxorubicin hcl 99
doxorubicin hcl liposomal 99
doxy 100 266
doxycycline 154
doxycycline hyclate 266, 267
doxycycline monohydrate 267
doxylamine-pyridoxine 68
DRISDOL 278
DRIZALMA SPRINKLE 55
dronabinol 68
droperidol 37
DROPLET GENTEEL LANCING DEVICE 203
DROPLET INSULIN SYRINGE 213
DROPLET LANCETS ULTRA THIN 30G 203
DROPLET LANCING DEVICE 203
DROPLET MICRON 213
DROPLET PEN NEEDLES 213
DROPLET PERSONAL LANCETS 30G 203
DROPSAFE ACTI-LANCE 23G 203
DROPSAFE SAFETY PEN NEEDLES 213
DROPSAFE SAFETY SYRINGE/NEEDLE 213
drospiren-eth estrad-levomefol 133

drospirenone-ethinyl estradiol 133
DROXIA 187
droxidopa 277
DRUG MART ON-THE-GO LANCET 30G 203
DRUG MART UNIFINE PENTIPS 213
DRUG MART UNIFINE PENTIPS PLUS 213
DRUG MART UNILET LANCETS 28G 203
DRUG MART UNILET LANCETS 30G 203
DRUG MART UNILET LANCETS 33G 203
DSUVIA 31
DUAKLIR PRESSAIR 40
DUAVEE 173
DUETACT 65
DUEXIS 25
dulcolax 195
dulcolax milk of magnesia 195
DULERA 40
duloxetine hcl 55
DUOBRII 156
DUO-CARE TEST 157
DUOPA 109
DUOVISC 251
DUPIXENT 149
duramorph 31
DUREX EXTRA SENSITIVE THIN .. 199
DUREX REALFEEL 199
DUREX TROPICAL 199
DUREZOL 250
DUROLANE 241
DURYSTA 252
dutasteride 179
dutasteride-tamsulosin hcl 180
DUVYZAT 243
DYANAVEL XR 15
dyclopro 153
DYMISTA 242
DYRENIUM 162
DYSPORT 243
e.e.s. 400 198
E.E.S. GRANULES 198
ear health formula 239
ear health plus 239
easy comfort insulin syringe 213
EASY COMFORT INSULIN SYRINGE 213
EASY COMFORT LANCETS 203
EASY COMFORT LANCETS TWIST TOP 203
easy comfort pen needles 213
EASY COMFORT PEN NEEDLES 214
EASY GLIDE PEN NEEDLES 214
EASY MAX BLOOD GLUCOSE TEST 157
easy mini eject lancing device 203
easy mini lancing device 203
EASY PLUS II GLUCOSE TEST 157
EASY STEP TEST 158
EASY TALK BLOOD GLUCOSE TEST 158
EASY TALK PLUS II TEST STRIPS . 158
EASY TOUCH FLIPLOCK INSULIN SY 214
EASY TOUCH HEALTHPRO GLUCOSE 158
EASY TOUCH INSULIN BARRELS . 214
EASY TOUCH INSULIN SAFETY SYR 214
EASY TOUCH INSULIN SYRINGE . 214
EASY TOUCH LANCETS 21G 203
EASY TOUCH LANCETS 23G 203
EASY TOUCH LANCETS 26G 203
EASY TOUCH LANCETS 28G 203
EASY TOUCH LANCETS 28G/TWIST 203
EASY TOUCH LANCETS 30G 203
EASY TOUCH LANCETS 30G/TWIST 203
EASY TOUCH LANCETS 32G 203
EASY TOUCH LANCETS 32G/TWIST 203
EASY TOUCH LANCETS 33G/TWIST 203
EASY TOUCH LANCING DEVICE .. 203
EASY TOUCH PEN NEEDLES 214
EASY TOUCH SAFETY LANCETS 21G 204
EASY TOUCH SAFETY LANCETS 23G 204
EASY TOUCH SAFETY LANCETS 26G 204
EASY TOUCH SAFETY LANCETS 28G 204
EASY TOUCH SAFETY PEN NEEDLES 214
EASY TOUCH SHEATHLOCK SYRINGE 214
EASY TOUCH TEST 158
EASY TRAK BLOOD GLUCOSE TEST 158
EASY TRAK II GLUCOSE TEST 158
easygel 229
EASYGLUCO 158
EASYMAX 15 TEST 158
EASYMAX TEST 158
EASYPRO BLOOD GLUCOSE TEST 158
EASYPRO PLUS 158
EBGLYSS 149
EC-NAPROSYN 26
ec-naproxen 26
econazole nitrate 152
econtra one-step 137
ecotrin low strength 29
ECOZA 152
edaravone 242
EDARBI 78
EDARBYCLOR 78
EDECRIN 161
edetate calcium disodium 66
EDEX 128
EDLUAR 193
EDURANT 118
EDURANT PED 118
efavirenz 118
efavirenz-emtricitab-tenofo df 116
efavirenz-lamivudine-tenofovir 116
EFFEXOR XR 55
EFFIENT 186
EGRIFTA SV 165
ELAHERE 100
ELAPRASE 168
ELCYS 244
ELELYSO 187
ELEMENT COMPACT TEST 158
ELEMENT TEST 158
ELEPSIA XR 47
ELESTRIN 172
eletriptan hydrobromide 220
ELFABRIO 165
ELIDEL 153
ELIGARD 103
ELIMITE 155
elinest 133
ELIQUIS 44
ELIQUIS DVT/PE STARTER PACK ... 44
ELITEK 101
elite-ob 235
ELIXOPHYLLIN 44
ELLA 137
ELLENCE 99
ELMIRON 180
ELOCTATE 182
ELREXFIO 92
eltrombopag olamine 190
eluryng 136
ELYXYB 219
ELZONRIS 100
EMBECTA AUTOSHIELD DUO 214
EMBECTA INS SYR U/F 1/2 UNIT ... 214
EMBECTA INSULIN SYR ULTRAFINE 214
EMBECTA INSULIN SYRINGE 214
EMBECTA INSULIN SYRINGE U-100 214
EMBECTA INSULIN SYRINGE U-500 214
EMBECTA PEN NEEDLE NANO 214
EMBECTA PEN NEEDLE NANO 2 GEN 214
EMBECTA PEN NEEDLE ULTRAFINE 214
EMBLAVEO 83
EMBRACE BLOOD GLUCOSE TEST 158
EMBRACE EVO BLOOD GLUCOSE TEST 158
EMBRACE LANCETS ULTRA THIN 30G 204
embrace lancing device/ejector 204
EMBRACE PEN NEEDLES 214
EMBRACE PRESSURE ACTIVATED 21G 204

EMBRACE PRESSURE ACTIVATED 28G 204
EMBRACE PRO GLUCOSE TEST 158
EMBRACE TALK GLUCOSE TEST . 158
EMBRACE WAVE BLOOD GLUCOSE 158
EMEND 68
EMEND BIPACK 68
EMEND TRIPACK 68
EMERPHED 277
EMFLAZA 140
EMGALITY 219
EMGALITY (300 MG DOSE) 219
EMPAVELI 184
EMPLICITI 91
EMRELIS 90
EMROSI 154
EMSAM 53
emtricitabine 118
emtricitabine-tenofovir df 116
emtricitab-rilpivir-tenofov df 116
EMTRIVA 118
EMVERM 36
Emzahh 138
enalapril maleate 75, 76
enalaprilat 76
enalapril-hydrochlorothiazide 75
ENBRACE HR 235
ENBREL 28
ENBREL MINI 28
ENBREL SURECLICK 28
ENCARE 275
ENDARI 187
ENDO AVITENE 191
endocet 33
ENDOMETRIN 276
endur-b 232
ENFAMIL EXPECTA 238
ENGERIX-B 273, 274
ENHERTU 100
Enilloring 136
ENJAYMO 184
ENLITE GLUCOSE SENSOR 204
enoxaparin sodium 45
enpresse-28 138
enskyce 133
ENSPRYNG 227
ENSTILAR 156
entacapone 110
ENTADFI 180
entecavir 119
ENTRESTO 128
ENTYVIO 176
ENTYVIO PEN 176
enulose 176
ENVARSUS XR 227
EOHILIA 140
EPANED 76
EPCLUSA 119, 120
EPHEDRINE SULFATE (PRESSORS) 277
EPIDIOLEX 47
EPIDUO 143
EPIDUO FORTE 143
EPIFOAM 155
epinastine hcl 247
epinephrine 276, 277
EPINEPHRINE 277
epinephrine (anaphylaxis) 276
epinephrine bitartrate-nacl 277
EPINEPHRINE PF 277
EPINEPHRINESNAP 276
EPIPEN 2-PAK 276
EPIPEN JR 2-PAK 277
epitol 47
EPIVIR 118
EPKINLY 93
eplerenone 80
EPOGEN 188
epoprostenol sodium 128
EPRONTIA 47
EPSOLAY 144
eptifibatide 185
EPYSQLI 184
eq aspirin adult low dose 29
eq aspirin low dose 29
EQ BLOOD GLUCOSE TEST 158
eq clearlax 194
eq gentle laxative 196
eq laxative 194
eq magnesium citrate 195
eq nicotine 263
eq nicotine polacrilex 263
eq nicotine step 3 263
eql aspirin low dose 29
eql b complex 50 232
eql b-100 complex 232
eql clearlax 194
eql gentle laxative 196
eql laxative 196
eql magnesium citrate 195
EQL PRENATAL FORMULA 235
eql super b complex/vitamin c 230
EQUETRO 110
ERAXIS 69
ERBITUX 93
ergocalciferol 278
ERGOMAR 219
ergotamine-caffeine 219
eribulin mesylate 104
ERIVEDGE 95
ERLEADA 87
erlotinib hcl 94
ERMEZA 267
errin 138
ERTACZO 152
ertapenem sodium 82
ERVEBO 274
ery 143
ERYGEL 143
ERYPED 400 198
ery-tab 198
ERYTHROCIN LACTOBIONATE 198
erythromycin 143, 198, 247
erythromycin base 198
erythromycin ethylsuccinate 198
erythromycin lactobionate 198
ERZOFRI 111
ESBRIET 266
escitalopram oxalate 54
ESKATA 155
eslicarbazepine acetate 47
esmolol hcl 122
ESMOLOL HCL 122
esmolol hcl-sodium chloride 122
esomeprazole magnesium 270
esomeprazole sodium 270
ESPEROCT 182
estarylla 133
estazolam 192
ESTRACE 172, 276
estradiol 172, 276
estradiol valerate 172
estradiol-norethindrone acet 172
ESTRING 276
ESTROFACTORS 233
ESTROGEL 172
eszopiclone 193
ethacrynate sodium 161
ethacrynic acid 161
ethambutol hcl 85
ETHAMOLIN 228
ethosuximide 52
ethynodiol diac-eth estradiol 133
etodolac 26
etodolac er 26
etomidate 178
etonogestrel-ethinyl estradiol 136
ETOPOPHOS 104
etoposide 104
etravirine 118
EUCRISA 154
EUFLEXXA 241
EULEXIN 87
euthyrox 267
EVAMIST 172
EVEKEO 15
EVENITY 170
everolimus 96, 227
EVERSENSE 365 SENSOR/HOLDER 204
EVERSENSE 365 SMART TRANSMIT 204
EVERSENSE SENSOR/HOLDER 204
EVERSENSE SMART TRANSMITTER 204
EVISTA 170
EVKEEZA 71
EVOLUTION AUTOCODE 158
EVOMELA 105
EVOTAZ 116
EVOXAC 230
EVRYSDI 243, 244
EXELDERM 152
EXELON 258
exemestane 101
exenatide 62
EXFORGE 77
EXFORGE HCT 79

EXJADE 65
ex-lax ultra 196
EXONDYS 51 243
EXTENCILLINE 256
EYLEA 253
EYLEA HD 253
EYSUVIS 250
EZALLOR SPRINKLE 73
ezetimibe 74
ezetimibe-simvastatin 73
EZ-LETS LANCETS 21G 204
EZ-LETS LANCETS 26G 204
EZ-LETS LANCETS 28G 204
EZ-LETS LANCETS 30G 204
fa-8 188
FABHALTA 184
FABIOR 144
FABRAZYME 165
falmina 134
famciclovir 120
famotidine 269
famotidine (pf) 269
famotidine premixed 269
FANAPT 111
FANAPT TITRATION PACK 111
FANTASY LUBRICATED 199
FANTASY LUBRICATED/SPERMICIDE 199
FARESTON 87
FARXIGA 63
FASENRA 42
FASENRA PEN 42
FASLODEX 102
FC2 FEMALE CONDOM 199
febuxostat 181
FEIBA 182
Feirza 1.5/30 134
Feirza 1/20 134
felbamate 51
FELBATOL 51
felodipine er 125
FEMARA 101
FEMCAP 199
FEMLYV 134
FEMRING 276
fenofibrate 72
fenofibrate micronized 72
fenofibric acid 72
fenoprofen calcium 26
FENOPRON 26
FENSOLVI (6 MONTH) 167
fentanyl 31
FENTANYL CITRATE (PF) 31
fentanyl citrate (pf) 31
fentanyl citrate pf 31
FENTANYL CITRATE PF 31
FERAHEME 189
ferric citrate 177
FERRIPROX 66
FERRIPROX TWICE-A-DAY 66
FERRLECIT 189
ferumoxytol 189
fesoterodine fumarate er 271
FETROJA 132
FETZIMA 55
FETZIMA TITRATION 55
fexmid 240
FIASP 59
FIASP FLEXTOUCH 59
FIASP PENFILL 59
FIASP PUMPCART 59
FIBRYGA 182
FIFTY50 GLUCOSE TEST 2.0 158
FIFTY50 PEN NEEDLES 214
FIFTY50 SAFETY SEAL LANCETS 204
FIFTY50 SUPERIOR COMFORT SYR 214
FIFTY50 UNILET LANCETS 33G 204
FILSPARI 180
FILSUVEZ 156
FINACEA 154
finasteride 156, 179
FINGERSTIX LANCETS 204
fingolimod hcl 264
FINTEPLA 47
Finzala 134
FIORICET 29
FIORICET/CODEINE 30
FIRAZYR 183
FIRDAPSE 85
FIRMAGON 102
FIRMAGON (240 MG DOSE) 102
FIRVANQ 82
FLAREX 250
FLAVOVIT EAR HEALTH 239
flavoxate hcl 272
FLEBOGAMMA DIF 255
flecainide acetate 39
FLECTOR 145
FLEET STIMULANT 196
FLEQSUVY 240
FLEXBUMIN 185
FLOLAN 128
FLOLIPID 73
FLORIVA 222, 235
FLORIVA PLUS 234
FLORRAXYL 233
FLOTREX 234
floxuridine 88
FLUAD 274
FLUARIX 274
FLUBLOK 274
FLUCELVAX 274
fluconazole 70
FLUCONAZOLE IN SODIUM CHLORIDE 70
fluconazole in sodium chloride 70
flucytosine 69
fludarabine phosphate 88
fludrocortisone acetate 141
FLULAVAL 274
flumazenil 66
FLUMIST 274
flunisolide 242
fluocinolone acetonide 150, 253
fluocinolone acetonide body 150
fluocinolone acetonide scalp 150
fluocinonide 150
fluocinonide emulsified base 150
fluorescein 248
fluorescein sodium 248
FLUORESCEIN SODIUM/BENOXINATE 248
fluorescein-benoxinate 248
FLUORESCITE 248
fluoridex 229
fluoridex daily renewal 229
fluoridex enhanced whitening 229
FLUORIDEX SENSITIVITY RELIEF 229
fluorimax 5000 229
FLUORIMAX 5000 SENSITIVE 229
fluorometholone 250
fluorouracil 88, 146
fluoxetine hcl 54
FLUOXETINE HCL 54
fluoxetine hcl (pmdd) 262
fluphenazine decanoate 113
fluphenazine hcl 113, 114
flurandrenolide 150
FLURA-SAFE 248
flurazepam hcl 192
flurbiprofen 26
flurbiprofen sodium 249
fluticasone furoate-vilanterol 40
fluticasone propionate 151, 242
fluticasone propionate diskus 43
fluticasone propionate hfa 43
fluticasone-salmeterol 40
fluvastatin sodium 73
fluvastatin sodium er 73
fluvoxamine maleate 54
fluvoxamine maleate er 54
FLUZONE 274
FLUZONE HIGH-DOSE 274
FML FORTE 251
FML LIQUIFILM 251
FOCALIN 17, 18
FOCALIN XR 18
focinvez 68
folate 188
FOLGARD OS 233
folic acid 188
FOLIVANE-OB 235
FOLLISTIM AQ 168
FOLOTYN 88
foltabs 800 188
fomepizole 66
fondaparinux sodium 45
FORA 6 CONNECT 158
FORA 6 CONNECT/GTEL TEST 158
FORA D40/G31 BLOOD GLUCOSE 158
FORA G20 BLOOD GLUCOSE TEST 158
FORA GD20 TEST 158
FORA GD50 BLOOD GLUCOSE TEST 158
FORA GTEL BLOOD GLUCOSE TEST 158
FORA LANCETS 204

FORA LANCING DEVICE 204
FORA TN'G ADVANCE PRO 158
FORA TN'G/TN'G VOICE 158
FORA V10 BLOOD GLUCOSE TEST 158
FORA V30A BLOOD GLUCOSE TEST 158
FORACARE GD40 TEST 158
FORACARE PREMIUM V10 TEST 158
FORACARE TEST N GO TEST 158
FORANE 178
FORFIVO XL 53
formaldehyde 115
formoterol fumarate 41
FORTEO 169
FOSAMAX 163
FOSAMAX PLUS D 163
fosamprenavir calcium 117
fosaprepitant dimeglumine 68
foscarnet sodium 119
FOSCAVIR 119
fosfomycin tromethamine 84
fosinopril sodium 76
fosinopril sodium-hctz 75
fosphenytoin sodium 51
FOSRENOL 177
FOTIVDA 97
FRAGMIN 45
fraiche 5000 dental 229
FREESTYLE INSULINX TEST 158
FREESTYLE LANCETS 204
FREESTYLE LIBRE 14 DAY READER 204
FREESTYLE LIBRE 14 DAY SENSOR 204
FREESTYLE LIBRE 2 PLUS SENSOR 204
FREESTYLE LIBRE 2 READER 204
FREESTYLE LIBRE 2 SENSOR 204
FREESTYLE LIBRE 3 PLUS SENSOR 204
FREESTYLE LIBRE 3 READER 204
FREESTYLE LIBRE 3 SENSOR 204
FREESTYLE LIBRE READER 204
FREESTYLE LITE TEST 158
FREESTYLE PRECISION NEO TEST 159
FREESTYLE TEST 159
FREESTYLE UNISTICK II LANCETS 204
fresenius propoven 178
FRESKARO MAGNESIUM CITRATE 195
FRINDOVYX 105
FROVA 220
frovatriptan succinate 220
FRUZAQLA 107
ft aspirin 30
ft aspirin low dose 29
ft b-100 complex pr 232
ft b-complex plus vitamin c 231
ft clearlax 194
ft folic acid 188
ft laxative 196
ft magnesium citrate 195
ft milk of magnesia 195
ft nicotine 263
ft nicotine mini 263
ft prenatal 235
FULL SPECTRUM B/VITAMIN C 230
FULPHILA 188
fulvestrant 102
FUNGIMEZ 145
FUROSCIX 162
furosemide 162
FUZEON 117
FYARRO 96
fyavolv 172
FYCOMPA 46
FYLNETRA 188
fyremadel 165
g tussin ac 141
gabapentin 47
gabapentin (once-daily) 262
GABARONE 47
GALAFOLD 165
galantamine hydrobromide 258
galantamine hydrobromide er 258
Gallifrey 257
GALZIN 224
GAMASTAN 255
GAMIFANT 227
GAMMAGARD 255
GAMMAGARD S/D LESS IGA 255
GAMMAKED 255
GAMMAPLEX 255
GAMUNEX-C 255
GANCICLOVIR SODIUM 119
ganciclovir sodium 119
GANIRELIX ACETATE 165
GARDASIL 9 274
GASTROCROM 174
gatifloxacin 247
GATTEX 174
gavilax 194
GAVILYTE-C 194
gavilyte-g 194
Gavilyte-N With Flavor Pack 194
GAVRETO 98
GAZYVA 89
GE100 BLOOD GLUCOSE TEST 159
gefitinib 94
GELFILM 191
GEL-FLOW NT 191
GELFOAM 191
GELFOAM COMPRESSED SIZE 100 191
GELFOAM DENTAL PACK SIZE 4 191
GELFOAM SPONGE 191
GELFOAM SPONGE SIZE 100 191
GELFOAM SPONGE SIZE 200 191
GELFOAM SPONGE SIZE 50 191
GEL-ONE 241
GELSYN-3 241
GEMCITABINE HCL 88
gemcitabine hcl 88
gemfibrozil 72
gemmily 134
GEMTESA 272
generlac 176
gengraf 225
GENOTROPIN 165
GENOTROPIN MINIQUICK 165
gentamicin in saline 20
gentamicin sulfate 20, 145, 247
GENTEEL BUTTERFLY TOUCH LANCET 204
GENTEEL CONTACT TIPS (BLUE) 204
GENTEEL CONTACT TIPS (CLEAR) 204
GENTEEL CONTACT TIPS (GREEN) 204
GENTEEL CONTACT TIPS (ORANGE) 204
GENTEEL CONTACT TIPS (RAINBOW) 205
GENTEEL CONTACT TIPS (VIOLET) 205
GENTEEL CONTACT TIPS (YELLOW) 205
GENTEEL LANCING KIT (BLUE) 205
GENTEEL NOZZLES 205
GENTEEL PLUS LANCING (BLACK) 205
GENTEEL PLUS LANCING (PURPLE) 205
GENTEEL PLUS LANCING (WHITE) 205
GENTEEL PLUS LANCING DEV(BLUE) 205
GENTEEL PLUS LANCING DEV(PINK) 205
gentle laxative 195, 196
GENULTIMATE TEST 159
GENVOYA 116
GEODON 110
GHT TEST 159
GIAPREZA 277
GILENYA 264
GILOTRIF 94
GIMOTI 174
GIVLAARI 181
GLASSIA 265
glatiramer acetate 261
glatopa 261
GLEEVEC 92
GLEOSTINE 105
GLIADEL WAFER 105
glimepiride 64
glipizide 64
glipizide er 64
glipizide-metformin hcl 64
GLOBAL EASE INJECT PEN NEEDLES 214
GLOBAL EASY GLIDE INSULIN SYR 214
GLOBAL EASY GLIDE PEN NEEDLES 214

GLOBAL INJECT EASE INSULIN SYR ... 214
GLOBAL INJECT EASE LANCETS 28G ... 205
GLOBAL INJECT EASE LANCETS 30G ... 205
GLOBAL INSULIN SYRINGES ... 215
global lancing device ... 205
GLOPERBA ... 181
glp-dlax ... 239
GLUCAGON EMERGENCY ... 57
GLUCO PERFECT 3 TEST ... 159
GLUCOCARD 01 SENSOR PLUS ... 159
GLUCOCARD EXPRESSION TEST ... 159
GLUCOCARD SHINE TEST ... 159
GLUCOCARD VITAL TEST ... 159
GLUCOCARD X-SENSOR ... 159
GLUCOCOM LANCETS 28G ... 205
GLUCOCOM LANCETS 30G ... 205
GLUCOCOM LANCETS 33G ... 205
GLUCOCOM TEST ... 159
GLUCONAVII BLOOD GLUCOSE TEST ... 159
GLUCOPRO INSULIN SYRINGE ... 215
glucose (dextrose) ... 245
GLUCOSE METER TEST ... 159
GLUCOTROL XL ... 64
glyburide ... 64
glyburide micronized ... 64
glyburide-metformin ... 64
GLYCATE ... 270
glycine ... 179
glycine urologic ... 180
glycolax ... 194
GLYCOPHOS ... 222
glycopyrrolate ... 270
GLYCOPYRROLATE ... 270
GLYCOPYRROLATE PF ... 270
glycopyrrolate pf ... 271
glycopyrrolate pf +rfid ... 270
glydo ... 153
GLYRX-PF ... 271
GLYXAMBI ... 63
gnp adult aspirin low strength ... 30
gnp aspirin ... 30
gnp aspirin low dose ... 30
gnp b-100 complex ... 232
gnp b-50 complex ... 232
gnp b-complex plus vitamin c ... 230
gnp clearlax ... 194
GNP EASY TOUCH GLUCOSE TEST ... 159
gnp essential one daily ... 233
gnp folic acid ... 188
gnp gentle laxative ... 196
GNP INSULIN SYRINGE ... 215
GNP INSULIN SYRINGES ... 215
GNP INSULIN SYRINGES 28GX1/2" ... 215
GNP INSULIN SYRINGES 29GX1/2" ... 215
GNP INSULIN SYRINGES 30GX5/16" ... 215
GNP INSULIN SYRINGES 31GX5/16" ... 215
GNP LANCING SYSTEM DEVICE ... 205
gnp magnesium citrate ... 195
gnp milk of magnesia ... 195
gnp nicotine ... 263
gnp nicotine mini ... 263
gnp nicotine polacrilex ... 263
gnp pen needles ... 215
GNP PRENATAL ... 235
gnp prenatal/folic acid ... 236
GNP STERILE LANCETS 28G ... 205
GNP STERILE LANCETS 30G ... 205
GNP STERILE LANCETS 33G ... 205
GNP TRUE METRIX GLUCOSE STRIPS ... 159
GNP TRUETRACK SMART SYSTEM ... 159
GNP TRUETRACK TEST STRIPS ... 159
GNP ULTICARE PEN NEEDLES ... 215
GNP ULTIGUARD SAFEPACK NEEDLE ... 215
GNP ULTRA COM INSULIN SYRINGE ... 215
gnp womens gentle laxative ... 196
GOCOVRI ... 108
gohibic ... 184
GOJJI BLOOD GLUCOSE TEST ... 159
GOJJI BLOOD TEST STRIP/LANCETS ... 159
GOJJI LANCING DEVICE/CLEAR CAP ... 205
GOJJI STERILE LANCETS ... 205
GOLYTELY ... 194
GOMEKLI ... 95, 96
GONAL-F ... 169
GONAL-F RFF ... 169
GONAL-F RFF REDIJECT ... 169
goodsense aspirin ... 30
goodsense aspirin low dose ... 30
goodsense bisacodyl laxative ... 196
goodsense clearlax ... 194
goodsense magnesium citrate ... 195
goodsense milk of magnesia ... 195
goodsense nicotine ... 263
GRAFAPEX ... 86
GRALISE ... 262
granisetron hcl ... 67
GRANIX ... 188
GRASTEK ... 19
griseofulvin microsize ... 69
griseofulvin ultramicrosize ... 69
guaifenesin-codeine ... 141
guanfacine hcl ... 79
guanfacine hcl er ... 14
GUARDIAN 4 GLUCOSE SENSOR ... 205
GUARDIAN 4 TRANSMITTER ... 205
GUARDIAN LINK 3 TRANSMITTER ... 205
GUARDIAN REAL-TIME REPLACE PED ... 205
GUARDIAN SENSOR (3) ... 205
GUARDIAN SENSOR 3 ... 205
GVOKE HYPOPEN 1-PACK ... 58
GVOKE HYPOPEN 2-PACK ... 58
GVOKE KIT ... 58
GVOKE PFS ... 58
GYNAZOLE-1 ... 275
habitrol ... 263
HADLIMA ... 23
HADLIMA PUSHTOUCH ... 23
HAEGARDA ... 184
HAEMOLANCE ... 205
HAEMOLANCE LOW FLOW LANCETS ... 205
HAEMOLANCE PLUS ... 205
HAEMOLANCE PLUS HIGH FLOW ... 205
HAEMOLANCE PLUS LOW FLOW ... 205
HAEMOLANCE PLUS MAX FLOW ... 205
HAEMOLANCE PLUS PEDIATRIC FLOW ... 205
hailey 1.5/30 ... 134
hailey 24 fe ... 134
hailey fe 1.5/30 ... 134
hailey fe 1/20 ... 134
HALAVEN ... 104
halcinonide ... 151
HALCION ... 192
HALDOL DECANOATE ... 112
halobetasol propionate ... 151
HALOBETASOL PROPIONATE ... 151
Haloette ... 136
HALOG ... 151
haloperidol ... 112
haloperidol decanoate ... 112
haloperidol lactate ... 112
HARVONI ... 120
HAVRIX ... 274
HEALON DUET PRO ... 252
HEALON GV PRO ... 252
HEALON PRO ... 252
HEALON5 PRO ... 252
HEALTHWISE INSULIN SYR/NEEDLE ... 215
HEALTHWISE MICRON PEN NEEDLES ... 215
HEALTHWISE SHORT PEN NEEDLES ... 215
healthy hair/skin/nails ... 233
healthylax ... 194
heather ... 138
h-e-b aspirin ... 30
h-e-b incontrol adv lancing ... 205
H-E-B INCONTROL LANCETS 28G ... 205
H-E-B INCONTROL LANCETS 30G ... 205
H-E-B INCONTROL LANCETS 33G ... 206
H-E-B INCONTROL PEN NEEDLES ... 215
H-E-B INCONTROL UNIFINE PENTIP ... 215
HECTOROL ... 167
HELIDAC THERAPY ... 271
HEMABATE ... 254
HEMADY ... 140
HEMANGEOL ... 123
HEMICLOR ... 162
HEMLIBRA ... 181

HEMOFIL M 182
HEPAGAM B 255
heparin (porcine) in nacl 45
HEPARIN (PORCINE) IN NACL 45
heparin na (pork) lock flsh pf 45
HEPARIN SOD (PORCINE) IN D5W .. 45
heparin sod (porcine) in d5w 45
heparin sod (pork) lock flush 45
heparin sodium (porcine) 45
HEPARIN SODIUM (PORCINE) 45
heparin sodium (porcine) pf 45
HEPARIN SODIUM (PORCINE) PF 45
HEPLISAV-B 274
HEPZATO W/50MM CATHETER 105
HEPZATO W/62MM CATHETER 105
HER STYLE 137
HERCEPTIN 90
HERCEPTIN HYLECTA 100
HERCESSI 90
HERZUMA 90
hetastarch-nacl 185
HETLIOZ 193
HETLIOZ LQ 193
HEXATRIONE 140
HEXTEND 185
HIBERIX 272
hidex 6-day 140
HIPREX 84
HIZENTRA 255
HM ULTICARE INSULIN SYRINGE 215
HM ULTICARE MINI PEN NEEDLES 215
HM ULTICARE SHORT PEN NEEDLES 215
HORIZANT 262
HULIO (2 PEN) 23
HULIO (2 SYRINGE) 23
HUMALOG 59, 60
HUMALOG JUNIOR KWIKPEN 59
HUMALOG KWIKPEN 59
HUMALOG MIX 50/50 KWIKPEN 59
HUMALOG MIX 75/25 60
HUMALOG MIX 75/25 KWIKPEN 60
HUMALOG TEMPO PEN 60
HUMATE-P 182
HUMATIN 20
HUMATROPE 165
HUMIRA (1 PEN) 23
HUMIRA (2 PEN) 23
HUMIRA (2 SYRINGE) 23
HUMIRA-CD/UC/HS STARTER 23
HUMIRA-PSORIASIS/UVEIT STARTER 23
HUMULIN 70/30 60
HUMULIN 70/30 KWIKPEN 60
HUMULIN N 60
HUMULIN N KWIKPEN 60
HUMULIN R 60
HUMULIN R U-500 (CONCENTRATED) 60
HUMULIN R U-500 KWIKPEN 60
HW EMBRACE PRO GLUCOSE TEST 159
HW EMBRACE TALK GLUCOSE TEST 159
HYALGAN 241
HYCAMTIN 107
HYCODAN 141
hydralazine hcl 80, 81
HYDREA 101
hydrochlorothiazide 162
hydrocod poli-chlorphe poli er 142
hydrocodone bitartrate er 31
hydrocodone bit-homatrop mbr 141
hydrocodone-acetaminophen 31
hydrocodone-ibuprofen 31
hydrocortisone 36, 140, 151
hydrocortisone (perianal) 36
hydrocortisone ace-pramoxine 36
hydrocortisone butyrate 151
hydrocortisone sod suc (pf) 140
hydrocortisone valerate 151
hydrocortisone-acetic acid 253
hydromet 141
hydromorphone hcl 31
hydromorphone hcl er 31
HYDROMORPHONE HCL PF 31
hydromorphone hcl pf 31
hydroxocobalamin acetate 187
HYDROXYCHLOROQUINE SULFATE 84, 85
hydroxychloroquine sulfate 85
hydroxyurea 101
hydroxyzine hcl 37
hydroxyzine pamoate 37
HYFTOR 153
HYLENEX 225
HYMOVIS 241
HYMPAVZI 181
HYPERHEP B 255
HYPERRAB 255
HYPERRHO S/D 255
HYPERSAL 142
HYPERTET 255
HYPOLANCE AST LANCING 206
HYQVIA 256
HYRIMOZ 23
HYRIMOZ-CROHNS/UC STARTER .. 23
HYRIMOZ-PED<40KG CROHN STARTER 23
HYRIMOZ-PED>/=40KG CROHN START 24
HYRIMOZ-PLAQ PSOR/UVEIT START 24
HYRIMOZ-PLAQUE PSORIASIS START 24
HYSINGLA ER 31
HY-VEE LANCETS 206
HY-VEE THIN LANCETS 206
HYZAAR 78
ibandronate sodium 163
IBRANCE 101, 102
IBSRELA 175
ibu 26
ibuprofen 26
ibuprofen lysine 26
ibuprofen-famotidine 25
ibutilide fumarate 39
icatibant acetate 183
iclevia 137
ICLUSIG 92
icosapent ethyl 71, 72
IDAMYCIN PFS 99
idarubicin hcl 99
IDELVION 182
IDHIFA 103
IDOSE TR 252
IFEX 105
ifosfamide 105
IFOSFAMIDE 105
IGALMI 193
IGLUCOSE TEST STRIPS 159
IHEALTH BLOOD GLUCOSE TEST STR 159
IHEALTH LANCING DEVICE 206
IHEEZO 249
ILARIS 25
ILEVRO 249
ILIDERM 154
ILUMYA 147
ILUVIEN 251
IMAAVY 227
imatinib mesylate 92
IMBRUVICA 93
IMCIVREE 17
IMDELLTRA 93
IMFINZI 91
imipenem-cilastatin 82
imipramine hcl 56
imipramine pamoate 56
imiquimod 152
imiquimod pump 153
IMITREX 220
IMITREX STATDOSE REFILL 220
IMITREX STATDOSE SYSTEM 220
IMJUDO 90
imkeldi 92
IMMPHENTIV 277
IMOGAM RABIES-HT 255
IMOVAX RABIES 274
IMPAVIDO 81
IMPOYZ 151
IMURAN 228
IMVEXXY MAINTENANCE PACK . 276
IMVEXXY STARTER PACK 276
IN TOUCH BLOOD GLUCOSE TEST 159
IN TOUCH LANCING DEVICE 206
IN TOUCH STERILE LANCETS 30G 206
inatal gt 236
INBRIJA 108
incassia 138
INCONTROL ULTICARE PEN NEEDLES 215
INCRELEX 167
INCRUSE ELLIPTA 42
indapamide 162
INDERAL LA 123

INDERAL XL 123
INDOCIN 26
indomethacin 26
indomethacin er 26
indomethacin sodium 26
INFANRIX 268
INFED 190
INFINITY BLOOD GLUCOSE TEST 159
INFINITY VOICE 159
INFLECTRA 178
INFLIXIMAB 178
INFUMORPH 200 32
INFUMORPH 500 32
INFUVITE ADULT 233
INFUVITE PEDIATRIC 235
INGREZZA 259
INJECTAFER 190
INLYTA 107
INNOPRAN XL 123
INPEFA 128
INQOVI 100
INREBIC 103
INSPRA 80
INSTAT 191
INSULIN ASP PROT & ASP FLEXPEN 60
INSULIN ASPART 60
INSULIN ASPART FLEXPEN 60
INSULIN ASPART PENFILL 60
INSULIN ASPART PROT & ASPART 60
insulin degludec 60
insulin degludec flextouch 60
insulin glargine max solostar 60
insulin glargine solostar 60
INSULIN GLARGINE-YFGN 60
INSULIN LISPRO 60
INSULIN LISPRO (1 UNIT DIAL) 60
INSULIN LISPRO JUNIOR KWIKPEN 60
INSULIN LISPRO PROT & LISPRO 60
INSULIN SYRINGE 215
insulin syringe-needle u-100 215
INSULIN SYRINGE-NEEDLE U-100 215
INSUPEN PEN NEEDLES 215
INTELENCE 118
INTERCEED 191
INTERCEED (TC7) 191
INTRALIPID 245
INTRAROSA 275
introvale 137
INTUNIV 14
INVEGA 111
INVEGA HAFYERA 111
INVEGA SUSTENNA 111
INVEGA TRINZA 111
INVELTYS 251
INVOKAMET 63
INVOKAMET XR 63
INVOKANA 63
INZIRQO 162
IONOSOL-MB IN D5W 221
IOPIDINE 250
IPOL 274
ipratropium bromide 42, 242
ipratropium-albuterol 40
IQIRVO 177
irbesartan 78
irbesartan-hydrochlorothiazide 78
IRESSA 94
irinotecan hcl 107
ISENTRESS 117
ISENTRESS HD 117
isibloom 134
isoflurane 179
ISOLYTE-P IN D5W 221
ISOLYTE-S 221
ISOLYTE-S PH 7.4 221
isoniazid 85
isoproterenol hcl 41
ISORDIL TITRADOSE 37
isosorb dinitrate-hydralazine 128
isosorbide dinitrate 37
isosorbide mononitrate 37
isosorbide mononitrate er 37
isotretinoin 144
isradipine 125
ISTALOL 245
ISTODAX 95
ISTURISA 164
ITOVEBI 105
itraconazole 70
ivabradine hcl 130
ivermectin 37, 154
ivra 105
IWILFIN 105
IXCHIQ 274
IXEMPRA KIT 104
IXIARO 274
IXINITY 182
IYUZEH 252
IZERVAY 248
JADENU 66
JADENU SPRINKLE 66
jaimiess 137
JAKAFI 103
JALYN 180
jantoven 44
JANUMET 58
JANUMET XR 58
JANUVIA 58
JARDIANCE 63
jasmiel 134
JATENZO 35
Javygtor 169
JAYPIRCA 93
JELMYTO 99
JEMPERLI 91
jencycla 138
JENLIVA PRENATAL/POSTNATAL 236
JENTADUETO 58
JENTADUETO XR 58
JEUVEAU 152
JEVTANA 104
jinteli 172
JIVI 182
JOENJA 224
jolessa 137
JORNAY PM 18
JOURNAVX 28
Joyeaux 134
JUBLIA 152
juleber 134
JULUCA 116
junel 1.5/30 134
junel 1/20 134
junel fe 1.5/30 134
junel fe 1/20 134
junel fe 24 134
just right 5000 229
JUXTAPID 74
JYLAMVO 88
JYNARQUE 170
JYNNEOS 274
KABIVEN 245
KADCYLA 100
kaitlib fe 134
KALBITOR 185
KALETRA 116
kalliga 134
KALYDECO 265
KAMELEON LUBRICATED 199
KANJINTI 91
KANUMA 168
KAPSPARGO SPRINKLE 122
KARBINAL ER 71
KARDIAMEMBRANE 155
kariva 133
KATERZIA 125
KCENTRA 182
KCL (0.149%) IN NACL 222
kcl (0.149%) in nacl 222
KCL (0.298%) IN NACL 222
kcl in dextrose-nacl 221
KCL IN DEXTROSE-NACL 221
KCL-LACTATED RINGERS-D5W 221
KEDBUMIN 185
KEDRAB 255
kelnor 1/35 134
kelnor 1/50 134
KENALOG-10 140
KENALOG-40 140
KENALOG-80 140
KENDALL HYDROGEL WOUND DRESS 156
KENGREAL 184
KEPIVANCE 101
KEPPRA 47, 48
KEPPRA XR 48
KERENDIA 168
KESIMPTA 260
KETALAR 178
ketamine hcl 178
ketoconazole 69, 152
ketodan 152
ketoprofen 26, 27
ketoprofen er 26
ketorolac tromethamine 27, 249
KETOROLAC TROMETHAMINE 27

KEVEYIS 161
KEVZARA 25
KEYTRUDA 91
KHAPZORY 102
KHINDIVI 140
KIMMTRAK 93
kimono 199
KIMONO COLORS 199
KIMONO MAXX-LARGE FLARE 199
kimono micro thin 199
kimono micro thin plus 199
kimono plus 199
kimono ps 199
kimono ps plus 199
kimono sensation 199
kimono sensation plus 199
KIMONO SPECIAL 199
KIMYRSA 82
KINERET 25
KINNEY LANCETS 206
KINNEY THIN LANCETS 206
KINRAY INSULIN SYRINGE 215
KINRIX 268
KIPROFEN 27
KISQALI (200 MG DOSE) 102
KISQALI (400 MG DOSE) 102
KISQALI (600 MG DOSE) 102
KITABIS PAK (W/ NEBULIZER) 20
KLARON 143
Klayesta 145
KLISYRI (250 MG) 153
KLISYRI (350 MG) 154
KLONOPIN 46
klor-con 223
klor-con 10 223
klor-con m10 223
klor-con m15 223
klor-con m20 223
KLOXXADO 66
kls aspirin low dose 30
kls laxaclear 194
kls quit2 263
kls quit4 263
KOATE 182
KOATE-DVI 182
kobee 231
KOGENATE FS 182
KONVOMEP 269
KORLYM 63
KORSUVA 228
KOSELUGO 96
KOSHER PRENATAL PLUS IRON 236
Kourzeq 230
KOVALTRY 183
kp aspirin 30
kp b complex-c 230
kp bisacodyl 196
kp folic acid 188
KP PRENATAL MULTIVITAMINS 236
K-PHOS 222
K-PHOS NO 2 180
K-PHOS-NEUTRAL 222
KPN PRENATAL 236
KRAZATI 95
KRINTAFEL 85
KRISTALOSE 194
KROGER AUTOLET LANCING DEVICE 206
KROGER HEALTHPRO GLUCOSE TEST 159
KROGER HEALTHPRO LANCET 26G 206
KROGER LANCETS 206
KROGER LANCETS SUPER THIN 206
KROGER LANCETS THIN 206
KROGER PEN NEEDLES 215
KRYSTEXXA 181
kurvelo 134
KUVAN 169
KYLEENA 138
KYPROLIS 98
KYZATREX 35
labetalol hcl 122
lacosamide 48
lactated ringers 222, 226
LACTULOSE 194
lactulose 195
lactulose encephalopathy 176
LAGEVRIO 121
LAMICTAL 48
LAMICTAL ODT 48
LAMICTAL STARTER 48
LAMICTAL XR 48
lamivudine 118, 119
lamivudine-zidovudine 116
lamotrigine 48
lamotrigine er 48
lamotrigine starter kit-blue 49
lamotrigine starter kit-green 49
lamotrigine starter kit-orange 49
LAMPIT 81
LAMZEDE 163
lancet device 206
lancet device with ejector 206
LANCETS 206
LANCETS 28G THIN 206
LANCETS 30G 206
LANCETS 33G 206
LANCETS MICRO THIN 33G 206
LANCETS SUPER THIN 206
LANCETS SUPER THIN 28G 206
LANCETS THIN 206
LANCETS ULTRA THIN 206
LANCETS ULTRA THIN 30G 206
lancing device 206
LANOXIN 127
LANOXIN PEDIATRIC 127
LANREOTIDE ACETATE 170
lansoprazole 270
lanthanum carbonate 177
LANTUS 61
LANTUS SOLOSTAR 61
LANZO 206
lapatinib ditosylate 97
larin 1.5/30 134
larin 1/20 134
larin 24 fe 134
larin fe 1.5/30 134
larin fe 1/20 134
LASIX 162
latanoprost 252
LATISSE 154
LATUDA 110
layolis fe 134
LAZCLUZE 94
leader advanced lancing device 206
LEADER UNIFINE PENTIPS 215
LEADER UNIFINE PENTIPS PLUS 215
LEDIPASVIR-SOFOSBUVIR 120
leena 138
leflunomide 28
LEMTRADA 261
lenalidomide 226
LENTOCILIN 256
LENVIMA (10 MG DAILY DOSE) 107
LENVIMA (12 MG DAILY DOSE) 107
LENVIMA (14 MG DAILY DOSE) 107
LENVIMA (18 MG DAILY DOSE) 107
LENVIMA (20 MG DAILY DOSE) 107
LENVIMA (24 MG DAILY DOSE) 107
LENVIMA (4 MG DAILY DOSE) 107
LENVIMA (8 MG DAILY DOSE) 107
LEQVIO 74
LESCOL XL 73
lessina 134
LETAIRIS 129
letrozole 101
leucovorin calcium 102
LEUKERAN 105
LEUKINE 189
leuprolide acetate 103
levalbuterol hcl 41
levalbuterol tartrate 41
levamlodipine maleate 125
levetiracetam 49
levetiracetam er 49
LEVETIRACETAM IN NACL 49
levobunolol hcl 245
levocarnitine 164
levocarnitine sf 164
levocetirizine dihydrochloride 71
levofloxacin 173, 247
levofloxacin in d5w 173
levoleucovorin calcium 102
levoleucovorin calcium pf 102
levonest 138
levonorgest-eth estrad 91-day 137
levonorgest-eth estradiol-iron 134
levonorgestrel 137
levonorgestrel-ethinyl estrad 134, 136
levonorg-eth estrad triphasic 138
LEVOPHED 277
levora 0.15/30 (28) 134
levorphanol tartrate 32
levo-t 267
LEVOTHYROXINE SODIUM 267
levothyroxine sodium 267
levoxyl 268
LEVULAN KERASTICK 154

LEXAPRO 54
LEXETTE 151
l-glutamine 187
LIALDA 175
LIBERTY MEDICAL LANCETS 206
LIBRAX 269
LIBTAYO 91
LICART 145
lidocaine 153
lidocaine hcl 153, 197, 228
lidocaine hcl (cardiac) 39
LIDOCAINE HCL (CARDIAC) PF 39
lidocaine hcl (cardiac) pf 39
lidocaine hcl (pf) 197
lidocaine hcl urethral/mucosal 153
lidocaine in d5w 39
lidocaine viscous hcl 228
lidocaine-epinephrine 197
lidocaine-epinephrine (pf) 197
lidocaine-prilocaine 156
LIDODERM 153
LIKMEZ 81
LILETTA (52 MG) 138
LINCOCIN 83
lincomycin hcl 83
linezolid 84
linezolid in sodium chloride 84
LINZESS 174
liothyronine sodium 268
LIPITOR 73
lipo flavonoid plus 239
LIPOFEN 72
LIPOTRIAD 239
liraglutide 62
lisdexamfetamine dimesylate 15
lisinopril 76
lisinopril-hydrochlorothiazide 75
LITE TOUCH LANCETS 206
LITE TOUCH LANCING PEN 206
LITETOUCH INSULIN SYRINGE 215
LITETOUCH LANCETS 206
LITETOUCH PEN NEEDLES 215
LITFULO 144
lithium 110
lithium carbonate 110
lithium carbonate er 110
LITHOBID 110
LITHOSTAT 180
LIVALO 73
LIVDELZI 177
LIVE BETTER LANCET SUPER THIN 206
LIVMARLI 175
LIVTENCITY 119
lmd in d5w 185
lmd in nacl 185
LO LOESTRIN FE 133
LODINE 27
LODOCO 128
LODOSYN 109
loestrin 1.5/30 (21) 134
loestrin 1/20 (21) 134
loestrin fe 1.5/30 134
loestrin fe 1/20 134
lofena 27
lofexidine hcl 257
lojaimiess 137
LOKELMA 227
LOMAIRA 16
LOMOTIL 65
LONSURF 100
loperamide hcl 65
LOPID 72
lopinavir-ritonavir 116
LOPRESSOR 122
LOQTORZI 91
lorazepam 38
lorazepam intensol 38
LORBRENA 89
LOREEV XR 38
loryna 135
losartan potassium 79
losartan potassium-hctz 78
LOTEMAX 251
LOTEMAX SM 251
LOTENSIN 76
LOTENSIN HCT 75
loteprednol etabonate 251
LOTREL 74
LOTRONEX 174
lovastatin 73
LOVAZA 72
LOVENOX 45
low-ogestrel 135
loxapine succinate 113
lo-zumandimine 135
lubiprostone 174
LUCEMYRA 257
LUCENTIS 253
LUGOLS STRONG IODINE 115
luliconazole 152
LUMAKRAS 95
LUMIGAN 252
LUMIZYME 165
LUMRYZ 258
LUMRYZ STARTER PACK 258
LUNESTA 193
LUNSUMIO 93
LUPKYNIS 225
LUPRON DEPOT (1-MONTH) 103
LUPRON DEPOT (3-MONTH) 103
LUPRON DEPOT (4-MONTH) 104
LUPRON DEPOT (6-MONTH) 104
LUPRON DEPOT-PED (1-MONTH) 167
LUPRON DEPOT-PED (3-MONTH) 167
LUPRON DEPOT-PED (6-MONTH) 167
lurasidone hcl 110
LUTATHERA 100
lutera 135
LUTRATE DEPOT 104
LUZU 152
LYBALVI 265
lyleq 138
lyllana 172
LYNPARZA 106
LYRICA 49
LYRICA CR 262
LYSODREN 87
LYTGOBI (12 MG DAILY DOSE) 94
LYTGOBI (16 MG DAILY DOSE) 94
LYTGOBI (20 MG DAILY DOSE) 94
LYUMJEV 61
LYUMJEV KWIKPEN 61
LYUMJEV TEMPO PEN 61
LYVISPAH 240
lyza 138
MACROBID 84
MACRODANTIN 84
MAGELLAN INSULIN SAFETY SYR 215
magnesium citrate 195
MAGNESIUM SULFATE 222
MAGNESIUM SULFATE IN D5W 222
MALARONE 84
malathion 155
manganese chloride 222
mannitol 162
MARATHON MEDICAL PENTIPS 216
maraviroc 116
MARCAINE 197
MARCAINE PRESERVATIVE FREE 197
MARCAINE/EPINEPHRINE 197
MARCAINE/EPINEPHRINE PF 197
MAR-COF CG EXPECTORANT 141
MARGENZA 91
MARINOL 68
marlissa 135
MARPLAN 53
MASONATAL 236
MATERNACEL 236
MATULANE 101
matzim la 125
MAVENCLAD (10 TABS) 259
MAVENCLAD (4 TABS) 259
MAVENCLAD (5 TABS) 260
MAVENCLAD (6 TABS) 260
MAVENCLAD (7 TABS) 260
MAVENCLAD (8 TABS) 260
MAVENCLAD (9 TABS) 260
MAVYRET 120
MAXALT 220
MAXALT-MLT 220
MAXICOMFORT II PEN NEEDLE 216
MAXI-COMFORT INSULIN SYRINGE 216
MAXI-COMFORT SAFETY PEN NEEDLE 216
MAXICOMFORT SYR 27G X 1/2" 216
MAXIDEX 251
MAXITROL 250
maxi-tuss ac 141
MAXI-TUSS CD 142
maxx 199
maxx plus 199
MAYZENT 264
MAYZENT STARTER PACK 264
meclizine hcl 68
meclofenamate sodium 27
MEDIC INSULIN SYRINGE 216

MEDICHOICE SAFETY LANCET....206
MEDICHOICE SAFETY LANCET EXTRA....206
MEDICHOICE SAFETY LANCET NORM....206
MEDICINE SHOPPE PEN NEEDLES216
MEDLANCE PLUS EXTRA 21G....206
MEDLANCE PLUS LITE 25G....207
MEDLANCE PLUS SPECIAL 0.8MM....207
MEDLANCE PLUS SUPERLITE 30G....207
MEDLANCE PLUS UNIVERSAL 21G....207
MEDROL....140
medroxyprogesterone acetate....138, 257
mefenamic acid....27
mefloquine hcl....85
mega multiple/chelated mineral....239
megestrol acetate....106, 257
MEIJER LANCETS....207
MEIJER LANCETS UNIVERSAL 21G....207
MEIJER LANCETS UNIVERSAL 30G....207
MEIJER LANCETS UNIVERSAL 33G....207
MEIJER PEN NEEDLES....216
MEIJER TRUETEST TEST....159
MEIJER TRUETRACK TEST....159
MEKINIST....96
MEKTOVI....96
meloxicam....27
melphalan hcl....105
memantine hcl....261, 262
memantine hcl er....261
memantine hcl-donepezil hcl....258
MENEST....172
MENOPUR....169
MENOSTAR....172
MENQUADFI....272
MENVEO....272
meperidine hcl....32
meprobamate....37
MEPRON....81
MEPSEVII....168
mercaptopurine....88
meropenem....82
MEROPENEM-SODIUM CHLORIDE.82
merzee....135
mesalamine....175
mesalamine er....175
mesalamine-cleanser....175
mesna....107
MESNEX....107
MESTINON....85
METADATE CD....18
metaxalone....240
metformin hcl....57
METFORMIN HCL....57
metformin hcl er....57
metformin hcl er (mod)....57
metformin hcl er (osm)....57
METHADONE HCL....32
methadone hcl....32
methadone hcl intensol....32
METHADOSE....32
methadose....32
METHADOSE SUGAR-FREE....32
methamphetamine hcl....15
methazolamide....161
methenamine hippurate....84
methergine....254
methimazole....267
METHITEST....35
methocarbamol....240
methohexital sodium....178
methotrexate sodium....88
methotrexate sodium (pf)....88
methoxsalen rapid....147
methscopolamine bromide....271
methsuximide....52
methyldopa....80
methylene blue....66
methylene blue (antidote)....66
methylergonovine maleate....254
METHYLIN....18
methylphenidate....19
methylphenidate hcl....18
methylphenidate hcl er....18
methylphenidate hcl er (cd)....18
methylphenidate hcl er (la)....18
methylphenidate hcl er (osm)....18
METHYLPHENIDATE HCL ER (OSM)....18
methylphenidate hcl er (xr)....18
methylprednisolone....140
methylprednisolone sodium succ....140
methyltestosterone....35
metoclopramide hcl....174
metolazone....162
metoprolol succinate er....122
metoprolol tartrate....122
metoprolol-hydrochlorothiazide....80
METROCREAM....154
METROGEL....154
METROLOTION....154
METRONIDAZOLE....81
metronidazole....81, 154, 276
metyrosine....77
mexiletine hcl....39
MI PASTE....200
MI PASTE PLUS....200
MIACALCIN....164
Mibelas 24 Fe....135
MICAFUNGIN SODIUM....69
micafungin sodium-nacl....69
MICARDIS....79
MICARDIS HCT....78
miconazole 3....275
miconazole-zinc oxide-petrolat....145
MICRODOT PEN NEEDLE....216
MICRODOT TEST....159
microgestin 1.5/30....135
microgestin 1/20....135
microgestin fe 1.5/30....135
microgestin fe 1/20....135
MICROLET LANCETS....207
MICROLET NEXT LANCING DEVICE....207
midazolam hcl....192
midazolam hcl (pf)....192
midazolam hcl (pf) +rfid....192
midazolam-sodium chloride (pf)....192
midodrine hcl....277
MIEBO....252
MIFEPREX....162
mifepristone....63, 162
migergot....219
miglitol....57
miglustat....187
mili....135
milk of magnesia....195
milrinone lactate....127
milrinone lactate in dextrose....127
mimvey....172
mincora....233
mineral oil heavy....195
mini lancing device....207
MINILINK REAL-TIME TRANSMITTER....207
MINIMED 630G GUARDIAN PRESS....207
MINIVELLE....172
MINOCIN....267
minocycline hcl....267
minocycline hcl er....267
minoxidil....81
Minzoya....135
MIOCHOL-E....246
MIOSTAT....246
MIPLYFFA....262
mirabegron er....272
MIRCERA....188
MIRENA (52 MG)....138
mirtazapine....52
MIRVASO....154
misoprostol....271
MITIGARE....181
mitigo....32
mitomycin....99, 247
MITOSOL....247
mitoxantrone hcl....99
MIUDELLA INTRAUTERINE COPPER....136
mm aspirin....30
MM BLULINK GLUCOSE TEST....159
mm clearlax....195
MM EASY TOUCH GLUCOSE....159
MM INSULIN SYRINGE/NEEDLE...216
MM LANCING DEVICE....207
MM PEN NEEDLES....216
MM TWIST LANCETS....207
M-M-R II....273
M-NATAL PLUS....236
mobile lancets 30g....207
modafinil....19

MODERNA COVID-19 VAC 6M-11Y 274
moexipril hcl 76
molindone hcl 113
mometasone furoate 151, 242
mondoxyne nl 267
MONJUVI 89
MONOFERRIC 190
MONOJECT BONE MARROW BIOPSY 197
monoject flush syringe 223
MONOJECT INSULIN SYRINGE 216
monoject sodium chloride flush 223
MONOJECT ULTRA COMFORT SYRINGE 216
MONOLET LANCETS 207
MONOLET OPD LANCETS 207
MONOLETTOR SAFETY LANCETS 207
mono-linyah 135
MONOVISC 241
montelukast sodium 43
MORPHINE SULFATE 32
morphine sulfate 32
morphine sulfate (concentrate) 32
morphine sulfate (pf) 32
MORPHINE SULFATE (PF) 32
morphine sulfate er 32
morphine sulfate er beads 32
MOTEGRITY 173
MOTOFEN 65
MOTPOLY XR 49
MOUNJARO 62
MOVANTIK 177
MOVIPREP 194
MOXIFLOXACIN HCL 173
moxifloxacin hcl 173, 247
moxifloxacin hcl (2x day) 247
moxifloxacin hcl in nacl 173
MOZOBIL 187
MRESVIA 274
MS CONTIN 32
MULPLETA 190
MULTAQ 39
MULTI PRENATAL 236
multi vitamin 233
MULTI VITAMIN W/D-3 233
multi-lancet device 207
MULTI-LANCET DEVICE 2 207
multiple electro type 1 ph 5.5 222
multiple electro type 1 ph 7.4 222
multiple vitamin-folic acid 233
multiple vitamins 233
multiple vitamins essential 233
multiple vitamins/iron 232
MULTIVITAMIN 233
multi-vitamin 233
multivitamin adult 233
multivitamin iron-free 233
multivitamin plus iron adult 232
multivitamin w/fluoride 234
multivitamin/fluoride 234
multi-vitamin/fluoride 234
multi-vitamin/fluoride/iron 234
multi-vitamin/iron 232
MULTI-VIT-FLOR 234
MULTRYS 223
mupirocin 145
mupirocin calcium 145
mutamycin 99
MVASI 107
my choice 137
my way 137
MYALEPT 167
MYCAMINE 69
MYCAPSSA 170
mycophenolate mofetil 226
mycophenolate mofetil hcl 226
mycophenolate sodium 226
mycophenolic acid 226
MYDAYIS 14
MYDCOMBI 246
MYDRIACYL 246
MYFEMBREE 172
MYFORTIC 226
MYGLUCOHEALTH LANCETS 30G 207
MYGLUCOHEALTH TEST 159
MYHIBBIN 226
MYLERAN 86
MYLOTARG 90
MYOBLOC 243
MYRBETRIQ 272
MYSOLINE 49
MYTESI 65
MYXREDLIN 61
na ferric gluc cplx in sucrose 190
na sulfate-k sulfate-mg sulf 194
NABI-HB 255
nabumetone 27
nadolol 123
nafcillin sodium 257
NAFCILLIN SODIUM IN DEXTROSE 257
naftifine hcl 145
NAFTIN 145
NAGLAZYME 168
nalbuphine hcl 34
nalmefene hcl 66
NALOCET 33
naloxone hcl 66, 67
naltrexone hcl 67
NAMENDA TITRATION PAK 262
NAMZARIC 258
NAPRELAN 27
NAPROSYN 27
naproxen 27
naproxen dr 27
naproxen sodium 27
naproxen sodium er 27
naproxen-esomeprazole mg 25
naratriptan hcl 220
NARCAN 67
NARDIL 53
NAROPIN 197
NASCOBAL 187
NATACYN 247
natal pnv 236
NATAZIA 137
nateglinide 63
NATESTO 35
NATROBA 155
nat-rul b-50 239
nat-rul daily-vite+iron 232
NAYZILAM 46
nebivolol hcl 123
NEBUPENT 81
Nebusal 142
necon 0.5/35 (28) 135
NEEVO DHA 236
nefazodone hcl 54
NEFFY 277
nelarabine 88
NEMLUVIO 153
neomaterna 236
NEOMULTIVITE 233
neomycin sulfate 20
neomycin-bacitracin zn-polymyx 247
neomycin-polymyxin b gu 179
neomycin-polymyxin-dexameth 250
neomycin-polymyxin-gramicidin 247
neomycin-polymyxin-hc 250, 253
NEONATAL COMPLETE 236
NEONATAL PLUS 236
neonatal prenatal 236
NEONATAL VITAMIN 236
neo-polycin 248
neo-polycin hc 250
NEOPROFEN 27
NEORAL 225
NEOSTIGMINE METHYLSULFATE . 85
neostigmine methylsulfate rfid 85
NEO-SYNALAR 144
NEOX 100 155
NEOX CORD 1K 155
nephro vitamins 230
NEPHRO-VITE 230
NERLYNX 97
NESACAINE 198
NESACAINE-MPF 198
NESTABS 236
NESTABS DHA 236
NESTABS ONE 238
neuac 143
NEULASTA 189
NEULASTA ONPRO 189
NEUPOGEN 189
NEUPRO 109
NEURONTIN 49
NEUTEK 2TEK TEST 159
NEVANAC 249
nevirapine 118
nevirapine er 118
new day 137
NEXAVAR 97
NEXICLON XR 80
NEXIUM 270
NEXLETOL 71
NEXLIZET 71
NEXOBRID 152

NEXPLANON 137
NEXTERONE 39
NEXTSTELLIS 135
NEXVIAZYME 165
NGENLA 165
niacin (antihyperlipidemic) 74
niacin er (antihyperlipidemic) 74
niacor 74
nicardipine hcl 126
NICARDIPINE HCL IN NACL 126
NICODERM CQ 263
NICORETTE 263
NICORETTE MINI 263
NICORETTE STARTER KIT 263
NICOTINE 264
nicotine 264
nicotine mini 263
nicotine polacrilex 264
nicotine polacrilex mini 264
nicotine step 1 264
nicotine step 2 264
nicotine step 3 264
NICOTROL 264
NICOTROL NS 264
nifedipine 126
nifedipine er 126
nifedipine er osmotic release 126
NIFEREX 189
nikki 135
NIKTIMVO 224
NILANDRON 87
nilotinib hcl 92
nilutamide 87
nimodipine 126
NINJACOF-XG 141
NINLARO 98
NIPENT 101
NIPRIDE RTU 81
nisoldipine er 126
nitazoxanide 81
NITHIODOTE 65
nitisinone 166
NITRO-BID 37
NITRO-DUR 37
nitrofurantoin 84
nitrofurantoin macrocrystal 84
nitrofurantoin monohyd macro 84
nitroglycerin 36, 37
NITROGLYCERIN 37
nitroglycerin in d5w 37
NITROLINGUAL 37
nitroprusside sodium 81
nitroprusside sodium-nacl 81
NITROSTAT 37
NITYR 166
niva thyroid 268
NIVA-PLUS 236
NIVESTYM 189
nizatidine 269
nora-be 138
NORDITROPIN FLEXPRO 165
norelgestromin-eth estradiol 136
norethin ace-eth estrad-fe 135
norethindrone 138
norethindrone acetate 257
norethindrone acet-ethinyl est 135
norethindrone-eth estradiol 172
norgesic 241
NORGESIC FORTE 241
norgestimate-eth estradiol 135
norgestim-eth estrad triphasic 138
NORITATE 154
NORLIQVA 126
norlyroc 138
normal saline flush 223
NORMOSOL-M IN D5W 221
NORMOSOL-R 222
NORMOSOL-R IN D5W 221
NORMOSOL-R PH 7.4 222
NORPACE 39
NORPACE CR 39
NORPRAMIN 56
NORTHERA 277
nortrel 0.5/35 (28) 135
nortrel 1/35 (21) 135
nortrel 1/35 (28) 135
nortrel 7/7/7 138
nortriptyline hcl 56, 57
NORVASC 126
NORVIR 117
NOURIANZ 108
NOVA MAX GLUCOSE TEST 159
NOVA SAFETY LANCETS 23G 207
NOVA SAFETY LANCETS 28G 207
NOVA SUREFLEX LANCETS 207
NOVA SUREFLEX LANCING DEVICE 207
NOVAREL 169
novavax covid-19 vaccine 275
novite 233
NOVOEIGHT 183
NOVOFINE PEN NEEDLE 216
NOVOFINE PLUS PEN NEEDLE 216
NOVOLIN 70/30 61
NOVOLIN 70/30 FLEXPEN 61
NOVOLIN 70/30 FLEXPEN RELION 61
NOVOLIN 70/30 RELION 61
NOVOLIN N 61
NOVOLIN N FLEXPEN 61
NOVOLIN N FLEXPEN RELION 61
NOVOLIN N RELION 61
NOVOLIN R 61
NOVOLIN R FLEXPEN 61
NOVOLIN R FLEXPEN RELION 61
NOVOLIN R RELION 61
NOVOLOG 61
NOVOLOG 70/30 FLEXPEN RELION 61
NOVOLOG FLEXPEN 61
NOVOLOG FLEXPEN RELION 61
NOVOLOG MIX 70/30 62
NOVOLOG MIX 70/30 FLEXPEN 61
NOVOLOG MIX 70/30 RELION 61
NOVOLOG PENFILL 62
NOVOLOG RELION 62
NOVOSEVEN RT 183
NOXAFIL 70
np thyroid 268
NPLATE 190
NUBEQA 87
NUCALA 42
NUCYNTA 32
NUCYNTA ER 32
NUEDEXTA 262
NULIBRY 168
NULOJIX 228
NUMBRINO 242
NUPLAZID 110
NURTEC 219
NUTRILIPID 245
NUTROPIN AQ NUSPIN 10 166
NUTROPIN AQ NUSPIN 20 166
NUTROPIN AQ NUSPIN 5 166
NUVARING 136
NUVESSA 276
NUVIGIL 19
NUWIQ 183
NUZYRA 266
nyamyc 145
nylia 1/35 135
nylia 7/7/7 139
NYMALIZE 126
NYPOZI 189
nystatin 69, 145, 228
nystatin-triamcinolone 145
nystop 145
NYVEPRIA 189
OB COMPLETE 236
OB COMPLETE ONE 236
OB COMPLETE PETITE 236
OB COMPLETE PREMIER 236
OB COMPLETE/DHA 236
obizur 183
OCALIVA 173
ocella 135
OCREVUS 261
OCREVUS ZUNOVO 260
OCTAGAM 255
OCTAPLAS BLOOD GROUP A 186
OCTAPLAS BLOOD GROUP AB 186
OCTAPLAS BLOOD GROUP B 186
OCTAPLAS BLOOD GROUP O 186
octreotide acetate 170
OCUFLOX 247
ODACTRA 20
ODEFSEY 116
ODOMZO 95
OFEV 266
ofloxacin 173, 247, 253
OGIVRI 91
OGSIVEO 94, 95
OHTUVAYRE 43
OJEMDA 93
OJJAARA 103
olanzapine 115
olanzapine-fluoxetine hcl 265
OLINVYK 33
olmesartan medoxomil 79
olmesartan medoxomil-hctz 78

olmesartan-amlodipine-hctz 79
olopatadine hcl 242, 247
OLPRUVA (2 GM DOSE) 170
OLPRUVA (3 GM DOSE) 171
OLPRUVA (4 GM DOSE) 171
OLPRUVA (5 GM DOSE) 171
OLPRUVA (6 GM DOSE) 171
OLPRUVA (6.67 GM DOSE) 171
OLUMIANT 21
OMECLAMOX-PAK 271
omega-3-acid ethyl esters 72
OMEGAVEN 245
omeprazole 270
omeprazole-sodium bicarbonate 269
OMIDRIA 251
OMNARIS 242
OMNICAP 233
OMNIFLEX DIAPHRAGM 200
OMNIPOD 5 DEXG7G6 INTRO GEN 5 211
OMNIPOD 5 DEXG7G6 PODS GEN 5 211
OMNIPOD 5 LIBRE2 PLUS G6 211
OMNIPOD 5 LIBRE2 PLUS G6 PODS 211
OMNIPOD DASH INTRO (GEN 4) 211
OMNIPOD DASH PDM (GEN 4) 211
OMNIPOD DASH PODS (GEN 4) 211
OMNITROPE 166
OMVOH 176
OMVOH (300 MG DOSE) 176
ON CALL EXPRESS BLOOD GLUCOSE 159
ONAPGO 109
ONCASPAR 100
once daily 233
ondansetron 67
ondansetron hcl 67
ondansetron hcl +rfid 67
one daily 234
one daily essential 233
one daily essentials 233
one daily multivitamin adult 234
one daily multivitamin/iron 232
ONE DROP TEST 159
ONE VITE DAILY MULTIVITAMIN 234
ONE VITE WOMENS 236
ONE VITE WOMENS PLUS 236
one-daily multi vitamins 234
one-daily multi-vitamin 234
one-daily multi-vitamin/iron 232
one-daily/iron 232
ONELAX MAGNESIUM CITRATE 195
ONETOUCH DELICA PLUS LANCET30G 207
ONETOUCH DELICA PLUS LANCET33G 207
ONETOUCH DELICA PLUS LANCING 207
ONETOUCH DELICA SAFETY LANCING 207
ONETOUCH ULTRA 160
ONETOUCH ULTRA BLUE TEST 160
ONETOUCH ULTRA TEST 160
ONETOUCH ULTRASOFT 2 LANCETS 207
ONETOUCH VERIO 160
ONEXTON 143
ONFI 46
ONGENTYS 110
ONGLYZA 58
ONIVYDE 107
ONPATTRO 263
ONTRUZANT 91
ONUREG 88
ONYDA XR 14
ONZETRA XSAIL 220
opcicon one-step 137
OPDIVO 91
OPDIVO QVANTIG 100
OPDUALAG 89
OPFOLDA 165
OPILL 138
OPIPZA 115
OPSUMIT 129
OPSYNVI 128
option 2 137
OPTIONS GYNOL II CONTRACEPTIVE 275
OPTIUMEZ TEST 160
OPVEE 67
OPZELURA 148
ORABLOC 197
ORACEA 155
ORALAIR 20
oralone 230
ORAPRED ODT 140
ORAVIG 228
ORBACTIV 82
ORENCIA 28
ORENCIA CLICKJECT 28
ORENITRAM 129
ORENITRAM MONTH 1 128
ORENITRAM MONTH 2 128
ORENITRAM MONTH 3 129
ORFADIN 166
ORGOVYX 102
ORIAHNN 172
ORILISSA 165
ORKAMBI 265
ORLADEYO 185
orlistat 17
Ormalvi 161
orphenadrine citrate 240
orphenadrine citrate er 240
ORPHENADRINE-ASPIRIN-CAFFEINE 241
orphengesic forte 241
ORSERDU 106
ORTHOVISC 241
oseltamivir phosphate 121
osmitrol 162
OSPHENA 170
OTEZLA 28
OTOVEL 253
OTREXUP 21
OTULFI 147, 176
OVIDE 155
OVIDREL 169
oxacillin sodium 257
OXACILLIN SODIUM IN DEXTROSE 257
oxaliplatin 86
oxaprozin 27
oxazepam 38
oxcarbazepine 49
oxcarbazepine er 49
OXERVATE 249
oxiconazole nitrate 152
OXISTAT 152
OXLUMO 180
OXTELLAR XR 49
oxybutynin chloride 271
oxybutynin chloride er 271
oxycodone hcl 33
OXYCODONE-ACETAMINOPHEN 33, 34
oxycodone-acetaminophen 34
OXYCONTIN 33
oxymorphone hcl 33
oxymorphone hcl er 33
oxytocin 254
OXYTROL 271
OZEMPIC (0.25 OR 0.5 MG/DOSE) 62
OZEMPIC (1 MG/DOSE) 62
OZEMPIC (2 MG/DOSE) 62
OZOBAX DS 240
OZURDEX 251
pacerone 39
paclitaxel 104
PACLITAXEL PROTEIN-BOUND PART 104
PADCEV 91
PALFORZIA (1 MG DAILY DOSE) 19
PALFORZIA (12 MG DAILY DOSE) 19
PALFORZIA (120 MG DAILY DOSE) 19
PALFORZIA (160 MG DAILY DOSE) 19
PALFORZIA (20 MG DAILY DOSE) 19
PALFORZIA (200 MG DAILY DOSE) 19
PALFORZIA (240 MG DAILY DOSE) 19
PALFORZIA (3 MG DAILY DOSE) 20
PALFORZIA (300 MG MAINTENANCE) 20
PALFORZIA (300 MG TITRATION) 20
PALFORZIA (40 MG DAILY DOSE) 20
PALFORZIA (6 MG DAILY DOSE) 20
PALFORZIA (80 MG DAILY DOSE) 20
PALFORZIA INITIAL DOSE 1-3YRS 20
PALFORZIA INITIAL DOSE 4-17YRS 20
PALFORZIA INITIAL ESCALATION 20
PALINGEN FLOW 155
PALINGEN HYDROMEMBRANE 155
PALINGEN INOVOFLO 155
PALINGEN MEMBRANE 155

PALINGEN XPLUS HYDROMEMBRANE 155
PALINGEN XPLUS MEMBRANE 156
paliperidone er 111
PALONOSETRON HCL 67
palonosetron hcl 67
PALYNZIQ 169
PAMELOR 57
pamidronate disodium 163
PAMIDRONATE DISODIUM 163
PANCREAZE 161
PANHEMATIN 185
PANRETIN 146
pantoprazole sodium 270
pantoprazole sodium-nacl 270
PANZYGA 255
PARADIGM REAL-TIME TRANSMITTER 207
PARAGARD INTRAUTERINE COPPER 136
paraplatin 86
paricalcitol 167
PARLODEL 108
PARNATE 53
paroxetine hcl 54
paroxetine hcl er 54
paroxetine mesylate 265
PARSABIV 164
PAVBLU 253
PAXIL 54
PAXIL CR 54
PAXLOVID 119
PAXLOVID (150/100) 119
PAXLOVID (300/100) 119
pazopanib hcl 97
PC UNIFINE PENTIPS 216
PEDIAPRED 140
PEDIARIX 268
PEDMARK 105
PEDVAX HIB 272
peg 3350 195
peg 3350-kcl-na bicarb-nacl 194
peg-3350/electrolytes 194
peg-3350/electrolytes/ascorbat 194
PEGASYS 120
peg-kcl-nacl-nasulf-na asc-c 194
PEG-PREP 194
PEMAZYRE 94
pemetrexed 88
pemetrexed dipotassium 88
pemetrexed disodium 88
pemetrexed ditromethamine 88
PEMFEXY 88
PEMGARDA 254
PEMRYDI RTU 88
pen needle/5-bevel tip 216
PEN NEEDLES 216
PENBRAYA 273
penciclovir 148
penicillamine 224
PENICILLIN G POT IN DEXTROSE 256
penicillin g potassium 256
penicillin g sodium 256
penicillin v potassium 256
PENNSAID 146
PENTACEL 268
PENTAM 81
pentamidine isethionate 81
PENTASA 175
pentazocine-naloxone hcl 34
PENTIPS 216
PENTIPS GENERIC PEN NEEDLES 216
pentobarbital sodium 192
pentoxifylline er 185
PEPCID 269
PERCOCET 34
PERFECT LANCETS 28G 207
PERFECT LANCETS 30G 207
PERFECT POINT SAFETY LANCETS 207
PERFOROMIST 41
PERIDEX 229
PERIKABIVEN 245
perindopril erbumine 76
periogard 229
PERJETA 91
permethrin 155
perphenazine 114
perphenazine-amitriptyline 262
PERSERIS 111
PERTZYE 161
PFIZER COVID-19 VAC-TRIS 5-11Y 275
pfizer covid-19 vac-tris 6m-4y 275
pfizerpen 256
PHARMACIST CHOICE AUTOCODE 160
PHARMACIST CHOICE LANCETS 207
PHARMACIST CHOICE NO CODING 160
PHEBURANE 171
phendimetrazine tartrate 16
PHENDIMETRAZINE TARTRATE ER 16
phenelzine sulfate 53
PHENERGAN 71
phenobarbital 192
phenobarbital sodium 192
phenoxybenzamine hcl 77
phentermine hcl 16
phentermine-topiramate er 16
phentolamine mesylate 77
phenylephrine hcl 246
PHENYLEPHRINE HCL (PRESSORS) 277
PHENYTEK 52
phenytoin 52
phenytoin infatabs 52
phenytoin sodium 52
phenytoin sodium extended 52
PHESGO 100
PHEXXI 276
philith 135
phillips milk of magnesia 195
phospha 250 neutral 222
PHOSPHOLINE IODIDE 246
phosphorous 222
phospho-trin 250 neutral 222
phospho-trin k500 222
PHOTOFRIN 101
PHOTREXA-PHOTREXA VISCOUS KIT 250
PHOXILLUM B22K4/0 225
PHOXILLUM BK4/2.5 225
physiolyte 226
physiosol irrigation 226
phytonadione 278
PIASKY 184
PIFELTRO 118
pilocarpine hcl 230, 246
pimecrolimus 153
pimozide 262
pimtrea 133
pindolol 123
pioglitazone hcl 65
pioglitazone hcl-glimepiride 65
pioglitazone hcl-metformin hcl 65
PIP BLOOD GLUCOSE TEST STRIP 160
PIP LANCETS 28G 207
PIP LANCETS 30G 207
pip pen needles 31g x 5mm 216
pip pen needles 32g x 4mm 216
piperacillin sod-tazobactam so 257
PIQRAY (200 MG DAILY DOSE) 105
PIQRAY (250 MG DAILY DOSE) 106
PIQRAY (300 MG DAILY DOSE) 106
pirfenidone 266
piroxicam 27
pitavastatin calcium 73
PITOCIN 254
PLAQUENIL 85
PLASMA-LYTE 148 222
PLASMA-LYTE A 222
PLAVIX 186
PLEGRIDY 260
PLEGRIDY STARTER PACK 260
plenamine 244
PLENVU 194
plerixafor 187
PLUVICTO 100
PNEUMOVAX 23 273
pnv 27-ca/fe/fa 236
pnv prenatal plus multivit+dha 236
PNV TABS 20-1 236
pnv-dha 238
PNV-DHA+DOCUSATE 238
PNV-OMEGA 236
pnv-select 236
POCKETCHEM EZ TEST 160
podofilox 153
POGO AUTOMATIC TEST CARTRIDGES 160
POKONZA 223
POLIVY 90
polocaine 197
polocaine-mpf 197
polycin 248
polyethylene glycol 3350 195
polymyxin b sulfate 84

polymyxin b-trimethoprim 248
POLY-TUSSIN AC 142
POLY-VI-FLOR 234, 235
POLY-VI-FLOR/IRON 234
POMALYST 95
POMBILITI 165
PONVORY 264
PONVORY STARTER PACK 264
portia-28 135
PORTRAZZA 94
posaconazole 70
POSFREA 67
POSIMIR 197
POTASSIUM ACETATE 223
POTASSIUM CHLORIDE 223
potassium chloride 223
potassium chloride crys er 223
potassium chloride er 223
POTASSIUM CHLORIDE IN NACL . 222
potassium chloride in nacl 222
potassium citrate er 179
potassium cl in dextrose 5% 221
POTASSIUM PHOSPHATES 222
potassium phosphates 222
potassium phosphates(66 meq k) 223
POTASSIUM PHOSPHATES(71 MEQ K) 223
potassium phosphates-nacl 223
POTELIGEO 89
PRADAXA 46
PRALUENT 74
pramipexole dihydrochloride 109
pramipexole dihydrochloride er 109
PRAMOSONE 155
PRAMOTIC 253
prasugrel hcl 186
pravastatin sodium 73
PRAXBIND 66
praziquantel 37
prazosin hcl 80
PRECEDEX 193
PRECISION SURE-DOSE SYRINGE 216
PRECISION XTRA BLOOD GLUCOSE 160
PRED FORTE 251
PRED MILD 251
prednisolone 140
prednisolone acetate 251
prednisolone sodium phosphate 140
PREDNISOLONE SODIUM PHOSPHATE 251
prednisone 140
PREDNISONE INTENSOL 140
PREFERRED PLUS UNIFINE PENTIPS 216
pregabalin 49
pregabalin er 262
PREGEN DHA 238
PREGENNA 236
PREGNYL 169
PREMARIN 173, 276
PREMASOL 244
PREMESISRX 239
PREMPHASE 172
PREMPRO 172
prena 1 true 238
prena1 239
PRENA1 PEARL 236
PRENATAL 237
PRENATAL (W/IRON & FA) 236
PRENATAL 19 236
prenatal 19 236
PRENATAL COMPLETE 237
PRENATAL FORTE 237
PRENATAL MULTIVITAMIN + DHA 238
PRENATAL ONE DAILY 237
PRENATAL PLUS 237
PRENATAL PLUS VITAMIN/MINERAL 237
PRENATAL VITAMIN AND MINERAL 237
prenatal vitamins 237
PRENATAL VITAMINS 237
PRENATAL/IRON 237
PRENATAL-U 237
PRENATE 239
PRENATE AM 239
PRENATE DHA 238
PRENATE ELITE 237
PRENATE ENHANCE 238
PRENATE ESSENTIAL 238
PRENATE MINI 238
PRENATE PIXIE 238
PRENATE RESTORE 238
PRENATRIX 237
PRENATRYL 237
PREPIDIL 254
PRESTALIA 74
PRETOMANID 85
PREVACID 270
PREVACID SOLUTAB 270
prevalite 72
PREVDUO 65
PREVENT DROPSAFE PEN NEEDLES 216
PREVENT SAFETY PEN NEEDLES . 216
PREVIDENT 229
PREVIDENT 5000 BOOSTER PLUS . 229
PREVIDENT 5000 DRY MOUTH 229
PREVIDENT 5000 ENAMEL PROTECT 229
PREVIDENT 5000 KIDS 229
PREVIDENT 5000 ORTHO DEFENSE 229
PREVIDENT 5000 PLUS 229
PREVIDENT 5000 SENSITIVE 229
PREVNAR 20 273
prev-rx 233
PREVYMIS 119
PREZCOBIX 116
PREZISTA 117
PRIFTIN 85
PRILOSEC 270
PRIMAQUINE PHOSPHATE 85
PRIMAXIN IV 82
primidone 49, 50
PRIORIX 273
PRISMASOL B22GK 4/0 225
PRISMASOL BGK 0/2.5 225
PRISMASOL BGK 2/0 225
PRISMASOL BGK 2/3.5 225
PRISMASOL BGK 4/0/1.2 225
PRISMASOL BGK 4/2.5 225
PRISMASOL BK 0/0/1.2 225
PRISTIQ 55, 56
PRIVIGEN 255
PRO COMFORT INSULIN SYRINGE 216
PRO COMFORT LANCETS 30G 208
PRO COMFORT LANCETS 31G 208
PRO COMFORT PEN NEEDLES 216
pro comfort safety lancets 30g 208
PRO VOICE V8/V9 GLUCOSE 160
PROAIR RESPICLICK 41
probenecid 181
procainamide hcl 39
PROCARDIA XL 126
procentra 15
prochlorperazine 114
prochlorperazine edisylate 114
prochlorperazine maleate 114
PROCRIT 188
PROCTOCORT 36
PROCTOFOAM HC 36
procto-med hc 36
proctosol hc 36
proctozone-hc 36
PROCYSBI 179
PRODIGY INSULIN SYRINGE 216
PRODIGY LANCETS 28G 208
PRODIGY LANCING DEVICE 208
PRODIGY NO CODING BLOOD GLUC 160
PRODIGY SAFETY LANCETS 26G . 208
PRODIGY TWIST TOP LANCETS 28G 208
PROFILNINE 183
progesterone 257
PROGLYCEM 58
PROGRAF 227
PROLASTIN-C 265
PROLATE 34
PROLENSA 249
PROLEUKIN 100
PROLIA 169
PROMACTA 190
promethazine hcl 71
promethazine-codeine 142
promethazine-dm 142
promethazine-phenylephrine 142
promethegan 71
PROMETRIUM 257
propafenone hcl 39
propafenone hcl er 39
proparacaine hcl 249
PROPECIA 156
PROPEL 242
PROPEL CONTOUR 242

PROPEL MINI ... 242
PROPEL MINI SDS ... 242
propofol ... 178
propranolol hcl ... 123
propranolol hcl er ... 123
propylthiouracil ... 267
PROQUAD ... 273
PRO-RED AC ... 142
PROSCAR ... 179
PROSOL ... 244
PROSTIN VR ... 129
protamine sulfate ... 186
PROTONIX ... 270
PROTOPAM CHLORIDE ... 66
protriptyline hcl ... 57
PROVAYBLUE ... 66
PROVERA ... 257
PROVIDA OB ... 237
PROVIGIL ... 19
PROVISC ... 252
PROZAC ... 54
prucalopride succinate ... 173
PRUDOXIN ... 146
pseudoeph-bromphen-dm ... 142
PTS PANELS EGLU TEST ... 160
PULMICORT ... 44
PULMICORT FLEXHALER ... 43
Pulmosal ... 142
PULMOZYME ... 266
PURE COMFORT LANCETS 30G ... 208
PURE COMFORT PEN NEEDLE ... 216
pure comfort safety pen needle ... 216
PURIXAN ... 88
px advanced lancing device ... 208
PX INSULIN SYRINGE ... 216
PX LANCETS MICROTHIN 33G ... 208
PX LANCETS ULTRA THIN 28G ... 208
PX MINI PEN NEEDLES ... 216
PYLERA ... 271
pyrazinamide ... 85
pyridostigmine bromide ... 85
pyridostigmine bromide er ... 85
pyrimethamine ... 85
PYRUKYND ... 186
PYRUKYND TAPER PACK ... 186
PYZCHIVA ... 147, 176
QBRELIS ... 76
QBREXZA ... 154
qc advanced lancing device ... 208
qc aspirin low dose ... 30
qc b50 prolonged release ... 232
qc b-complex/vitamin c ... 230
qc childrens aspirin ... 30
qc daily multivitamins/iron ... 232
qc essentials ... 234
qc folic acid ... 188
qc gentle laxative ... 196
qc gentle laxative womens ... 196
QC LANCETS SUPER THIN 30G ... 208
QC LANCETS ULTRA THIN ... 208
qc laxative ... 196
qc magnesium citrate ... 195
qc milk of magnesia ... 196
qc natura-lax ... 195
qc nicotine transdermal system ... 264
QC PEN NEEDLES ... 216
QC PRENATAL ... 237
QC UNIFINE PENTIPS ... 216
QC UNILET LANCETS 28G ... 208
QC UNILET LANCETS MICRO THIN ... 208
QELBREE ... 14
QFITLIA ... 181
QINLOCK ... 97
QLOSI ... 246
QNASL ... 242
QNASL CHILDRENS ... 242
QSYMIA ... 16
QUADRACEL ... 268
quazepam ... 192
QUELICIN ... 243
QUESTRAN ... 72
QUESTRAN LIGHT ... 72
quetiapine fumarate ... 113
quetiapine fumarate er ... 113
QUFLORA FE ... 233
QUFLORA FE PEDIATRIC ... 234
QUFLORA PEDIATRIC ... 235
QUICK TOUCH BLOOD GLUCOSE TEST ... 160
QUICK TOUCH INSULIN PEN NEEDLE ... 216
QUICKTEK TEST ... 160
QUILLICHEW ER ... 19
QUILLIVANT XR ... 19
quin b strong b-25 ... 232
quinapril hcl ... 76
quinapril-hydrochlorothiazide ... 75
quinidine gluconate er ... 39
quinidine sulfate ... 39
quinine sulfate ... 85
QUINTABS ... 234
QUINTET AC BLOOD GLUCOSE TEST ... 160
QUINTET BLOOD GLUCOSE TEST 160
QULIPTA ... 219
QUVIVIQ ... 193
QUZYTTIR ... 71
QVAR REDIHALER ... 44
ra aspirin adult low dose ... 30
ra aspirin adult low strength ... 30
ra aspirin childrens ... 30
ra aspirin ec ... 30
ra aspirin ec adult low st ... 30
ra balanced b-100 ... 232
ra balanced b-100 cr ... 232
ra balanced b-50 ... 232
ra balanced b-50 tr ... 232
ra b-complex ... 230
ra b-complex with b-12 ... 230
ra folic acid ... 188
RA INSULIN SYRINGE ... 216
ra laxative ... 195, 196
ra magnesium citrate ... 196
ra milk of magnesia ... 196
ra mini nicotine ... 264
ra nicotine ... 264
ra nicotine gum ... 264
ra nicotine polacrilex ... 264
RA PEN NEEDLES ... 216
RA PRENATAL ... 237
RA PRENATAL FORMULA ... 237
ra womens laxative ... 196
RABAVERT ... 275
RABEPRAZOLE SODIUM ... 270
rabeprazole sodium ... 270
RADICAVA ORS ... 242
RADICAVA ORS STARTER KIT ... 242
RADIOGARDASE ... 66
RAGWITEK ... 20
RALDESY ... 54
raloxifene hcl ... 170
ramelteon ... 193
ramipril ... 76
ranolazine er ... 37
RAPAFLO ... 179
RAPIBLYK ... 123
RAPIVAB ... 121
rasagiline mesylate ... 108
RASUVO ... 21
RAVICTI ... 171
raya sure pen needle ... 217
RAYALDEE ... 167
RAYOS ... 140
react ... 137
READYLANCE SAFETY LANCETS 208
REALITY INSULIN SYRINGE ... 217
REALITY LANCETS ... 208
REALITY LATEX CONDOMS ... 199
REALITY LATEX/ULTRA TEXTURED ... 199
REALITY LATEX/ULTRA THIN ... 199
REALITY TRIGGER LANCETS ... 208
REBIF ... 260
REBIF REBIDOSE ... 260
REBIF REBIDOSE TITRATION PACK ... 260
REBIF TITRATION PACK ... 260
REBINYN ... 183
REBLOZYL ... 187
REBYOTA ... 177
RECARBRIO ... 82
RECLAST ... 163
reclipsen ... 135
RECOMBINATE ... 183
RECOMBIVAX HB ... 275
RECORLEV ... 164
RECOTHROM ... 191
RECOTHROM SPRAY KIT ... 191
RECTIV ... 36
REFRESH AA 15 PKU ... 244
REFRESH AA 15 TYR ... 244
REFUAH PLUS BLOOD GLUCOSE TEST ... 160
REGLAN ... 174
REGONOL ... 85
REGRANEX ... 156
RELAFEN DS ... 27
RELENZA DISKHALER ... 121

RELEUKO ... 189
RELEXXII ... 19
relibiotic ... 65
RELION BLOOD GLUCOSE TEST ... 160
RELION CONFIRM/MICRO TEST ... 160
RELION GLUCOSE TEST STRIPS ... 160
RELION INSULIN SYRINGE ... 217
RELION LANCET DEVICES 30G ... 208
RELION LANCETS ... 208
RELION LANCETS MICRO-THIN 33G ... 208
RELION LANCETS THIN 26G ... 208
RELION LANCETS ULTRA-THIN 30G ... 208
RELION LANCING DEVICE ... 208
RELION PEN NEEDLES ... 217
RELION PREMIER TEST ... 160
RELION PRIME TEST ... 160
RELION TRUE METRIX TEST STRIPS ... 160
RELION ULTIMA TEST ... 160
RELION ULTRA THIN LANCETS 30G ... 208
RELISTOR ... 177
RELNATE DHA ... 237
RELPAX ... 220
RELTONE ... 174
REMERON ... 52
REMERON SOLTAB ... 52
REMESENSE ... 200
REMICADE ... 178
remifentanil hcl ... 33
REMODULIN ... 129
RENACIDIN ... 180
renal vitamin ... 230
rena-vite ... 231
RENFLEXIS ... 178
RENOVA ... 144
RENOVA PUMP ... 144
RENTHYROID ... 268
RENVELA ... 177
repaglinide ... 63
REPATHA ... 74
REPATHA PUSHTRONEX SYSTEM ... 74
REPATHA SURECLICK ... 74
RESTASIS ... 248
RESTASIS MULTIDOSE ... 248
RESTORIL ... 192
RETACRIT ... 188
RETEVMO ... 98
RETIN-A ... 144
RETIN-A MICRO ... 144
RETIN-A MICRO PUMP ... 144
RETISERT ... 251
RETROVIR ... 118
REVATIO ... 129
REVCOVI ... 163
REVLIMID ... 226
revonto ... 240
REVUFORJ ... 96
REXTOVY ... 67
REXULTI ... 115
REYATAZ ... 117
REYVOW ... 221
REZDIFFRA ... 174
REZIPRES ... 277
REZLIDHIA ... 103
REZUROCK ... 228
REZVOGLAR KWIKPEN ... 62
REZZAYO ... 69
RHOFADE ... 155
RHOGAM ULTRA-FILTERED PLUS ... 255
RHOPHYLAC ... 255
RHOPRESSA ... 250
RIABNI ... 89
RIASTAP ... 183
ribavirin ... 120, 121
RIDAURA ... 25
rifabutin ... 86
RIFADIN ... 86
rifampin ... 86
RIGHTEST ALTERNATE SITE ADAPT ... 208
RIGHTEST GD500 LANCING DEVICE ... 208
RIGHTEST GL300 LANCETS ... 208
RIGHTEST GS100 BLOOD GLUCOSE ... 160
RIGHTEST GS300 BLOOD GLUCOSE ... 160
RIGHTEST GS550 BLOOD GLUCOSE ... 160
RIGHTEST GT333 BLOOD GLUCOSE ... 160
RIGHTEST GT333 GLUCOSE TEST 160
riluzole ... 243
rimantadine hcl ... 121
RIMSO-50 ... 180
ringers ... 222
ringers irrigation ... 226
RINVOQ ... 21
RINVOQ LQ ... 21
RIOMET ... 57
risanoid plus ... 239
risedronate sodium ... 163
RISPERDAL ... 111
RISPERDAL CONSTA ... 111
risperidone ... 112
risperidone microspheres er ... 111
RITALIN ... 19
RITALIN LA ... 19
ritonavir ... 117
RITUXAN ... 89
RITUXAN HYCELA ... 100
rivaroxaban ... 44
rivastigmine ... 259
rivastigmine tartrate ... 258
rivelsa ... 137
RIVFLOZA ... 180
RIXUBIS ... 183
rizatriptan benzoate ... 220
ROBAXIN ... 240
ROCALTROL ... 167
ROCKLATAN ... 249
rocuronium bromide ... 243
roflumilast ... 43
ROLVEDON ... 189
romidepsin ... 95
ROMVIMZA ... 93
ropinirole hcl ... 109
ropinirole hcl er ... 109
ropivacaine hcl ... 197
ROPIVACAINE HCL ... 197
rosuvastatin calcium ... 73
ROTARIX ... 275
ROTATEQ ... 275
ROWASA ... 175
roweepra ... 50
ROXICODONE ... 33
ROXYBOND ... 33
ROZEREM ... 193
ROZLYTREK ... 98
RUBRACA ... 106
RUCONEST ... 184
rufinamide ... 50
RUKOBIA ... 117
RUXIENCE ... 89
RYALTRIS ... 242
RYANODEX ... 240
RYBELSUS ... 62
RYBREVANT ... 98
ryclora ... 70
RYDAPT ... 97
RYDEX ... 142
RYKINDO ... 112
RYLAZE ... 100
RYPLAZIM ... 186
RYSTIGGO ... 227
RYTARY ... 109
RYTELO ... 105
RYVENT ... 71
RYZNEUTA ... 189
SABRIL ... 51
SAFETY LANCET 30G/PRESSURE ACT ... 208
SAFETY LANCETS ... 208
SAFETY LANCETS 21G ... 208
SAFETY LANCETS 23G ... 208
SAFETY LANCETS 28G ... 208
safety pen needles ... 217
SAFYRAL ... 135
sajazir ... 183
SALAGEN ... 230
saline flush ... 223
SAMSCA ... 170
SANCUSO ... 67
SANDIMMUNE ... 225
SANDOSTATIN ... 170
SANDOSTATIN LAR DEPOT ... 170
SANTYL ... 152
SAPHNELO ... 228
SAPHRIS ... 112
sapropterin dihydrochloride ... 169
saps health plus lancets ... 208
SAPS HEALTH TWIST TOP LANCETS ... 208
SAPS TWIST TOP LANCETS ... 208
SAPSCARE TWIST TOP LANCETS ... 208

SARCLISA 90
SAVAYSA 44
SAVELLA 259
SAVELLA TITRATION PACK 259
saxagliptin hcl 58
saxagliptin-metformin er 58
SAXENDA 16
sb bisacodyl laxative ec 196
sb childrens aspirin 30
sb gentle lax-women 196
SB INSULIN SYRINGE 217
SB LANCETS THIN 209
SB LANCETS ULTRA THIN 209
sb low dose asa ec 30
sb magnesium citrate 196
sb milk of magnesia 196
sb polyethylene glycol 3350 195
SCEMBLIX 92
SCENESSE 153
scopolamine 68
SECUADO 112
SECURESAFE INSULIN SYRINGE 217
SECURESAFE SAFETY PEN NEEDLES 217
SEGLUROMET 64
SELARSDI 147, 176
select-lite device/lancets 209
select-lite lancing device 209
SELECT-OB 237
SELECT-OB+DHA 238
selegiline hcl 108
SELENIOUS ACID 224
selenium sulfide 148
SELZENTRY 116
SEMGLEE (YFGN) 62
SE-NATAL 19 237
SENSIPAR 164
sensorcaine 197
sensorcaine/epinephrine 197
sensorcaine-mpf 197
sensorcaine-mpf/epinephrine 197
SENSORCAINE-MPF/EPINEPHRINE 197
SEREVENT DISKUS 41
SERNIVO 151
SEROQUEL 113
SEROQUEL XR 113
SEROSTIM 166
SERTRALINE HCL 54
sertraline hcl 54
setlakin 137
sevelamer carbonate 177
sevelamer hcl 177
SEVENFACT 183
sevoflurane 179
SEYSARA 267
SEZABY 192
sf 229
sf 5000 plus 229
SFROWASA 175
sharobel 138
SHINGRIX 275
SIGNIFOR 170
SIGNIFOR LAR 170
SIKLOS 187
sildenafil citrate 130
SILENOR 193
SILIQ 147
silodosin 179
SILVADENE 149
silver sulfadiazine 149
SIMBRINZA 245
SIMLANDI (1 PEN) 24
SIMLANDI (1 SYRINGE) 24
SIMLANDI (2 PEN) 24
SIMLANDI (2 SYRINGE) 24
simliya 133
simpesse 137
SIMPLE DIAGNOSTICS LANCING DEV 209
SIMPLERA SENSOR 209
SIMPLERA SYNC SENSOR 209
SIMPLERA SYSTEM 209
SIMPONI 24
SIMPONI ARIA 24
SIMULECT 227
simvastatin 73
SINEMET 109
SINGLE-LET 209
SINGULAIR 43
sirolimus 227
SIRTURO 86
sitaglipt base-metform hcl er 58
sitagliptin 58
sitagliptin base-metformin hcl 58
SITAVIG 120
SIVEXTRO 84
SKYCLARYS 243
SKYLA 138
SKYRIZI 147, 176
SKYRIZI PEN 147
SKYTROFA 166
SLYND 138
sm nicotine 264
sm nicotine polacrilex 264
SMART DIABETES VANTAGE LANCING 209
SMARTEST BLOOD GLUCOSE TEST 160
SMARTEST LANCETS 28G 209
SMOFLIPID 245
smooth lax 195
SOAANZ 162
sod benz-sod phenylacet 171
SODIUM ACETATE 221
sodium acetate 221
sodium bicarbonate 221
sodium chloride 142, 180, 223
sodium chloride (pf) 223
sodium fluoride 222, 230
sodium fluoride 5000 enamel 229
sodium fluoride 5000 plus 229
sodium fluoride 5000 ppm 229
sodium fluoride 5000 sensitive 229
SODIUM IODIDE I-131 267
SODIUM NITRITE 66
sodium nitroprusside 81
sodium oxybate 258
sodium phenylbutyrate 171
sodium phosphates 223
sodium polystyrene sulfonate 227
sodium tetradecyl sulfate 228
SODIUM THIOSULFATE 66
SOFDRA 154
SOFOSBUVIR-VELPATASVIR 120
SOGROYA 166
SOHONOS 241
solifenacin succinate 272
SOLIQUA 63
SOLIRIS 184
SOLOSEC 20
SOLTAMOX 87
SOLU-CORTEF 141
SOLU-MEDROL 141
SOLU-MEDROL (PF) 141
SOLUS V2 LANCETS 28G 209
SOLUS V2 LANCING DEVICE 209
SOLUS V2 TEST 160
SOLUS V2 TWIST LANCETS 30G 209
SOMA 240
SOMATULINE DEPOT 170
SOMAVERT 165
SOOLANTRA 155
sorafenib tosylate 97
SORBITOL 180
SORBITOL-MANNITOL 180
SORILUX 148
SOTALOL HCL 124
sotalol hcl 124
sotalol hcl (af) 124
SOTRADECOL 228
sotradecol 228
SOTYKTU 147
SOTYLIZE 124
SOVALDI 120
SOVUNA 85
SPEVIGO 147
SPIKEVAX 275
spinosad 155
SPIRIVA HANDIHALER 42
SPIRIVA RESPIMAT 42
spironolactone 162
spironolactone-hctz 161
SPORANOX 70
SPRAVATO (56 MG DOSE) 54
SPRAVATO (84 MG DOSE) 54
sprintec 28 135
SPRITAM 50
SPRIX 27
SPRYCEL 92
sps (sodium polystyrene sulf) 227
sronyx 135
ssd 149
st joseph aspirin 30
st joseph low dose 30
STAMARIL 275
STEGLATRO 63
STEGLUJAN 63
STELARA 147, 176

STENDRA 130
STEQEYMA 147, 176
STERILANCE TL 209
sterile water for irrigation 226
STIMUFEND 189
STIOLTO RESPIMAT 40
STIVARGA 97
STRATTERA 14
STRENSIQ 167
streptomycin sulfate 20
stress b complex/iron 232
stress formula 234
stress formula (folic acid) 231
stress formula/iron 232
stress formula/zinc/energy 234
stresstabs energy 234
STRIBILD 116
STRIVERDI RESPIMAT 42
STROMECTOL 37
STRONTIUM CHLORIDE SR-89 100
SUBLOCADE 34
SUBOXONE 34
subvenite 50
subvenite starter kit-blue 50
subvenite starter kit-green 50
subvenite starter kit-orange 50
SUCRAID 161
sucralfate 269
SUFENTANIL CITRATE 33
SUFLAVE 194
SULAR 126
sulconazole nitrate 152
sulfacetamide sodium 251
sulfacetamide sodium (acne) 143
sulfacetamide-prednisolone 250
sulfadiazine 266
sulfamethoxazole-trimethoprim 81
SULFAMYLON 149
sulfasalazine 175
sulfatrim pediatric 81
sulindac 27
sumatriptan 220
sumatriptan succinate 220
sumatriptan succinate refill 220
sumatriptan-naproxen sodium 220
sunitinib malate 97
SUNLENCA 116
SUNOSI 16
SUPARTZ FX 241
super b complex/fa/vit c 231
super b complex/vitamin c 231
super b-complex 232
super b-complex + vitamin c 231
super b-complex/vit c/fa 231
super dec b-100 232
super quints b-50 232
SUPER THIN LANCETS 209
SUPPRELIN LA 167
SUPRANE 179
SUPREME TEST 160
SUPREP BOWEL PREP KIT 194
SURE COMFORT INSULIN SYRINGE 217
SURE COMFORT LANCETS 18G 209
SURE COMFORT LANCETS 21G 209
SURE COMFORT LANCETS 23G 209
SURE COMFORT LANCETS 28G 209
SURE COMFORT LANCETS 30G 209
sure comfort lancing pen 209
SURE COMFORT PEN NEEDLES 217
sure comfort pen needles 217
SURELITE LANCETS 209
SURGICEL FIBRILLAR 191
SURGICEL NU-KNIT 191
SURGICEL SNOW 1"X2" 191
SURGICEL SNOW 2"X4" 191
SURGICEL SNOW 4"X4" 191
SUSTOL 67
SUSVIMO (IMPLANT 1ST FILL) 253
SUSVIMO (IMPLANT REFILL) 253
SUTAB 194
SUTENT 97
syeda 135
SYFOVRE 248
SYLVANT 226
SYMBICORT 40
SYMBRAVO 220
SYMBYAX 265
SYMDEKO 265
SYMFI 116
SYMLINPEN 120 57
SYMLINPEN 60 57
SYMPAZAN 46
SYMPROIC 177
SYMTUZA 116
SYNAGIS 254
SYNALAR 151
SYNAREL 168
SYNDROS 68
SYNJARDY 64
SYNJARDY XR 64
SYNOJOYNT 241
SYNTHROID 268
SYNVISC 241
SYNVISC ONE 241
SYPRINE 224
SYRINGE AVITENE 191
tab-a-vite 234
tab-a-vite/beta carotene 234
tab-a-vite/iron 232
TAB-A-VITE/IRON/BETA CAROTENE 232
TABLOID 88
TABRECTA 96
TACLONEX 156
tacrolimus 153, 227
tadalafil 130
tadalafil (pah) 130
TADLIQ 130
TAFINLAR 93
tafluprost (pf) 252
TAGRISSO 94
take action 137
TAKHZYRO 185
TALICIA 271
TALTZ 147
TALVEY 93
TALZENNA 106
TAMIFLU 121
tamoxifen citrate 87
tamsulosin hcl 179
Tanlor 240
taperdex 12-day 141
taperdex 6-day 141
taperdex 7-day 141
TARCEVA 94
targadox 267
TARGRETIN 106, 156
tarina 24 fe 135
tarina fe 1/20 eq 135
TARON-C DHA 237
TARPEYO 141
TASCENSO ODT 264
TASIGNA 92
tasimelteon 193
TASMAR 109
tavaborole 154
TAVALISSE 186
TAVNEOS 184
taysofy 135
TAYTULLA 135
TAZAROTENE 144
tazarotene 148
tazicef 132
TAZICEF 132
TAZORAC 148
TAZVERIK 96
TECENTRIQ 91
TECENTRIQ HYBREZA 100
TECFIDERA 261
TECHLITE AST LANCETS 209
TECHLITE INSULIN SYRINGE 217
TECHLITE LANCETS 209
TECHLITE LANCETS 26G 209
TECHLITE PEN NEEDLES 217
TECHLITE PLUS PEN NEEDLES 217
TECVAYLI 93
TEFLARO 132
TEGLUTIK 243
TEGRETOL 50
TEGRETOL-XR 50
TEKTURNA 80
telmisartan 79
telmisartan-amlodipine 77
telmisartan-hctz 78
temazepam 192
TEMBEXA 121
TEMODAR 102
temozolomide 102
temsirolimus 96
tencon 29
TENIVAC 268
tenofovir disoproxil fumarate 119
TENORETIC 100 80
TENORETIC 50 80
TENORMIN 123
TEPADINA 86
TEPEZZA 167
TEPMETKO 96

tepylute 86
terazosin hcl 80
terbinafine hcl 69
terbutaline sulfate 42
terconazole 275
teriflunomide 259
teriparatide 169
TERIPARATIDE 169
TERLIVAZ 171
terrell 179
TESTIM 35
TESTOPEL 35
testosterone 35, 36
testosterone cypionate 35
testosterone enanthate 35
tetrabenazine 259
tetracaine hcl 249
tetracycline hcl 267
TEVIMBRA 91
TEXACORT 151
TEZRULY 80
TEZSPIRE 44
THALITONE 162
THALOMID 224
THAM 221
THE LIQUILIFT TRACE 223
THEO-24 44
theophylline 44
theophylline er 44
THERA 234
thera-tabs 234
THEREMS 234
thiamine hcl 277
THIOLA 180
THIOLA EC 180
thioridazine hcl 114
thiotepa 86
thiothixene 115
thrive 264
THRIVITE RX 237
THROMBATE III 186
THROMBI-GEL 10 190
THROMBI-GEL 100 190
THROMBI-GEL 40 190
THROMBIN-JMI 191, 192
THROMBIN-JMI EPISTAXIS 191
THROMBI-PAD 190
THROMBOGEN 192
THYMOGLOBULIN 225
THYQUIDITY 268
thyroid 268
tiadylt er 126
tiagabine hcl 51
TIAZAC 126, 127
TIBSOVO 103
ticagrelor 184
TICE BCG 101
TICOVAC 275
TIGAN 68
TIGECYCLINE 266
TIGLUTIK 243
TIKOSYN 39
tilia fe 139
timolol hemihydrate 245
timolol maleate 124, 245, 246
timolol maleate (once-daily) 245
timolol maleate ocudose 245
timolol maleate pf 246
TIMOPTIC OCUDOSE 246
tinidazole 81
tiopronin 180
tiotropium bromide monohydrate 42
tirofiban hcl in nacl 185
TIROSINT 268
TIROSINT-SOL 268
TISSEEL 190
TISSUEBLUE 252
TIVDAK 91
TIVICAY 117
TIVICAY PD 117
tizanidine hcl 240
TLANDO 36
tm-daily vite 234
TNKASE 187
TOBI 20
TOBI PODHALER 20
TOBRADEX 250
TOBRADEX ST 250
tobramycin 20, 247
tobramycin sulfate 20
tobramycin-dexamethasone 250
TOBREX 247
TODAY SPONGE 275
todays health lancing device 209
TODAYS HEALTH PEN NEEDLES 217
TODAYS HEALTH SHORT PEN NEEDLE 217
TODAYS HEALTH THIN LANCETS 28G 209
TODAYS HEALTH THIN LANCETS 30G 209
TOFIDENCE 25
TOLAK 146
tolcapone 109
TOLECTIN 600 27
tolmetin sodium 27
TOLSURA 70
tolterodine tartrate 272
tolterodine tartrate er 272
tolvaptan 170
TOPAMAX 50
TOPAMAX SPRINKLE 50
TOPICORT 151
TOPICORT SPRAY 151
topiramate 50
topiramate er 50
TOPOTECAN HCL 107
topotecan hcl 107
TOPROL XL 123
toremifene citrate 87
TORISEL 96
Torpenz 96
torsemide 162
TOSYMRA 220
TOTALVISC 252
TOUJEO MAX SOLOSTAR 62
TOUJEO SOLOSTAR 62
tovet 151
TOVIAZ 272
TPN ELECTROLYTES 222
TPOXX 121
TRACLEER 129
TRADJENTA 58
TRALEMENT 224
TRAMADOL HCL 33
tramadol hcl 33
tramadol hcl (er biphasic) 33
tramadol hcl er 33
tramadol-acetaminophen 35
trandolapril 76
trandolapril-verapamil hcl er 74
tranexamic acid 191
TRANEXAMIC ACID-NACL 191
tranylcypromine sulfate 53
TRAVASOL 244
TRAVATAN Z 252
TRAVEL LANCETS ADVANCED 28G 209
travoprost (bak free) 252
TRAZIMERA 91
trazodone hcl 54, 55
TREANDA 86
TRECATOR 86
TRELEGY ELLIPTA 40, 41
TRELSTAR MIXJECT 104
TREMFYA 147, 176
TREMFYA CROHNS INDUCTION 176
TREMFYA ONE-PRESS 147
TREMFYA PEN 147, 176
treprostinil 129
TRESIBA 62
TRESIBA FLEXTOUCH 62
tretinoin 106, 144
tretinoin microsphere 144
tretinoin microsphere pump 144
TRETTEN 183
TREXALL 88
TREXIMET 220
trezix 30
triamcinolone acetonide 151, 230
triamcinolone in absorbase 152
triamterene 162
triamterene-hctz 161
triazolam 192
TRIBENZOR 79
TRICOR 72
Tridacaine Ii 153
Tridacaine Iii 153
triderm 152
trientine hcl 224
TRIESENCE 251
tri-estarylla 139
trifluoperazine hcl 114
trifluridine 248
trihexyphenidyl hcl 108
TRIJARDY XR 63
TRIKAFTA 265
tri-legest fe 139
TRILEPTAL 50

tri-linyah ... 139
tri-lo-estarylla ... 139
tri-lo-marzia ... 139
tri-lo-mili ... 139
tri-lo-sprintec ... 139
TRI-LUMA ... 152
TRILURON ... 241
trimethobenzamide hcl ... 68
TRIMETHOPRIM ... 81
tri-mili ... 139
trimipramine maleate ... 57
TRINATAL RX 1 ... 237
trinate ... 237
TRINTELLIX ... 55
TRIPTODUR ... 168
TRISENOX ... 101
tri-sprintec ... 139
TRISTART DHA ... 238
TRIUMEQ ... 116
TRIUMEQ PD ... 116
TRI-VI-FLOR ... 235
TRI-VI-FLORO ... 235
tri-vitamin with fluoride ... 235
tri-vite/fluoride ... 235
trivora (28) ... 139
tri-vylibra ... 139
tri-vylibra lo ... 139
TRODELVY ... 106
TROGARZO ... 116
TROJAN ENZ ... 199
TROJAN MAGNUM ... 199
TROJAN ULTRA RIBBED LUBRICATED ... 199
TROJAN ULTRA THIN ... 200
TROJAN ULTRA THIN/SPERMICIDAL ... 200
TROJAN-ENZ LUBRICATED ... 200
TROJAN-ENZ/SPERMICIDAL ... 200
TROKENDI XR ... 50, 51
TROPHAMINE ... 244
tropicamide ... 246
trospium chloride ... 272
trospium chloride er ... 272
TRUDHESA ... 219
true comfort insulin syringe ... 217
TRUE COMFORT INSULIN SYRINGE ... 217
TRUE COMFORT PEN NEEDLES ... 217
TRUE COMFORT PRO INSULIN SYR ... 217
TRUE COMFORT PRO PEN NEEDLES ... 217
true comfort safety lancets ... 209
true comfort safety pen needle ... 217
TRUE COMFORT TWIST TOP LANCETS ... 209
true cover ... 200
true daily vite ... 234
TRUE FOCUS BLOOD GLUCOSE STRIP ... 160
true folic acid ... 188
true laxative ... 195
TRUE METRIX BLOOD GLUCOSE TEST ... 160
true multivitamin ... 234
TRUEDRAW LANCING DEVICE ... 209
TRUEPLUS 5-BEVEL PEN NEEDLES ... 217
TRUEPLUS INSULIN SYRINGE ... 217
TRUEPLUS LANCETS 26G ... 209
TRUEPLUS LANCETS 28G ... 209
TRUEPLUS LANCETS 30G ... 209
TRUEPLUS LANCETS 33G ... 209
TRUEPLUS SAFETY LANCETS 28G ... 209
TRUETEST TEST ... 161
TRUETRACK TEST ... 161
TRULANCE ... 173
TRULICITY ... 62
TRUMENBA ... 273
TRUQAP ... 88
TRUSTEX COLOR CONDOMS + LUBE ... 200
TRUSTEX LUB/RIBBED/STUDDED 200
TRUSTEX LUB/SPERMICIDE EX ST ... 200
TRUSTEX LUB/SPERMICIDE XL ... 200
TRUSTEX LUBRICATED ... 200
TRUSTEX LUBRICATED EX LARGE ... 200
TRUSTEX LUBRICATED EXTRA ST ... 200
TRUSTEX LUBRICATED/SPERMICIDE ... 200
TRUSTEX NATURAL CONDOMS + LUBE ... 200
TRUSTEX NON-LUBRICATED ... 200
TRUSTEX RIA LUB/SPERMICIDE ... 200
TRUSTEX RIA LUBRICATED ... 200
TRUSTEX RIA NON-LUBRICATED 200
TRUSTEX-NONOXYNOL-9/RIB/STUD ... 200
TRUVADA ... 116
TRUXIMA ... 89
TRYNGOLZA ... 168
TRYVIO ... 80
TUDORZA PRESSAIR ... 42
TUKYSA ... 91
TURALIO ... 97
TURPENTINE ... 153
Turqoz ... 136
TUXARIN ER ... 142
TWIIST REFILL KIT ... 211
TWIIST REFILL KIT/INFUSION SET ... 211
TWIIST STARTER KIT ... 211
TWINRIX ... 273
TWIRLA ... 136
twist top lancets 30g ... 210
TWYNEO ... 143
TYBLUME ... 136
TYBOST ... 119
TYENNE ... 25
TYGACIL ... 266
TYKERB ... 97
TYMLOS ... 169
TYPHIM VI ... 273
TYRVAYA ... 246
TYSABRI ... 261
TYVASO ... 129
TYVASO DPI INSTITUTIONAL KIT 129
TYVASO DPI MAINTENANCE KIT 129
TYVASO DPI TITRATION KIT ... 129
TYVASO REFILL KIT ... 129
TYVASO STARTER KIT ... 129
TZIELD ... 57
UBRELVY ... 219
UCERIS ... 36, 141
UDENYCA ... 189
UDENYCA ONBODY ... 189
ULORIC ... 181
ULTANE ... 179
ULTICARE INSULIN SAFETY SYR 217
ULTICARE INSULIN SYR 1/2 UNIT 217
ULTICARE INSULIN SYRINGE ... 217
ULTICARE MICRO PEN NEEDLES ... 217
ULTICARE MINI PEN NEEDLES ... 217
ULTICARE PEN NEEDLES ... 218
ULTICARE SHORT PEN NEEDLES ... 218
ULTIGUARD SAFEPACK PEN NEEDLE ... 218
ULTIGUARD SAFEPACK SYR/NEEDLE ... 218
ULTI-LANCE AUTOMATIC ... 210
ULTILET CLASSIC LANCETS ... 210
ULTILET LANCETS ... 210
ULTILET PEN NEEDLE ... 218
ULTILET SAFETY LANCETS ... 210
ULTILET SAFETY LANCETS 23G ... 210
ULTIVA ... 33
ULTOMIRIS ... 184
ultra b-100 complex ... 239
ULTRA COMFORT INSULIN SYRINGE ... 218
ULTRA FLO INSULIN PEN NEEDLES ... 218
ULTRA FLO INSULIN SYR 1/2 UNIT ... 218
ULTRA FLO INSULIN SYRINGE ... 218
ULTRA THIN LANCETS 31G ... 210
ULTRA THIN PEN NEEDLES ... 218
ULTRACARE INSULIN SYRINGE ... 218
ULTRA-CARE LANCETS 30G ... 210
ULTRACARE PEN NEEDLES ... 218
ULTRAFOAM SPONGE 2X6.25X7CM ... 192
ULTRAFOAM SPONGE 8X12.5X1CM ... 192
ULTRAFOAM SPONGE 8X12.5X3CM ... 192
ULTRAFOAM SPONGE 8X25X1CM 192
ULTRAFOAM SPONGE 8X6.25X1CM ... 192
ULTRA-THIN II AUTO LANCET ... 210
ULTRA-THIN II INS SYR SHORT ... 218
ULTRA-THIN II INSULIN SYRINGE ... 218
ULTRA-THIN II LANCETS ... 210

ULTRA-THIN II MINI PEN NEEDLE 218
ULTRA-THIN II PEN NEEDLE SHORT 218
ULTRA-THIN II PEN NEEDLES 218
ULTRAVATE 152
umeclidinium-vilanterol 41
UNASYN 257
UNDECATREX 36
UNIFINE OTC PEN NEEDLES 218
UNIFINE PENTIPS 218
UNIFINE PENTIPS PLUS 218
UNIFINE PROTECT PEN NEEDLE .. 218
UNIFINE SAFECONTROL PEN NEEDLE 218
UNIFINE ULTRA PEN NEEDLE 218
UNILET COMFORTOUCH LANCET 210
UNILET EXCELITE 210
UNILET EXCELITE II 210
UNILET G.P. LANCET 210
UNILET G.P. SUPERLITE LANCET . 210
UNILET GP 28 ULTRA THIN 210
UNILET LANCET 210
UNILET MICRO-THIN 33G 210
UNILET SUPERLITE LANCET 210
UNILET SUPER-THIN 30G 210
UNILET ULTRA-THIN 28G 210
UNISTIK 1 210
UNISTIK 2 210
UNISTIK 2 COMFORT 210
UNISTIK 2 EXTRA 210
UNISTIK 2 NEONATAL 210
UNISTIK 2 NORMAL 210
UNISTIK 2 SUPER 210
UNISTIK 3 210
UNISTIK 3 COMFORT 210
UNISTIK 3 EXTRA 210
UNISTIK 3 GENTLE 210
UNISTIK 3 NEONATAL 210
UNISTIK 3 NORMAL 210
UNISTIK CZT COMFORT 210
UNISTIK CZT NORMAL 210
UNISTIK NORMAL 210
UNISTIK PRO SAFETY LANCET 210
UNISTIK SAFETY LANCETS 28G ... 211
UNISTIK SAFETY LANCETS 30G ... 211
UNISTIK TOUCH SAFETY LANC 21G 211
UNISTIK TOUCH SAFETY LANC 23G 211
UNISTIK TOUCH SAFETY LANC 28G 211
UNISTIK TOUCH SAFETY LANC 30G 211
UNISTRIP1 GENERIC 161
unithroid 268
UNITUXIN 90
UPLIZNA 227
UPNEEQ 252
UPTRAVI 130
UPTRAVI TITRATION 130
UROCIT-K 10 179
UROCIT-K 15 179
UROXATRAL 179
URSO FORTE 174
URSODIOL 174
ursodiol 174
ustekinumab 147, 176
ustekinumab-aekn 147
ustekinumab-ttwe 147, 176
UVADEX 101
UZEDY 112
VABOMERE 82
VABYSMO 246, 247
VAFSEO 189
VAGIFEM 276
valacyclovir hcl 120
VALCHLOR 146
VALCYTE 119
valganciclovir hcl 119
VALIUM 38
valproate sodium 52
valproic acid 52
valrubicin 99
VALSARTAN 79
valsartan 79
valsartan-hydrochlorothiazide 78
VALSTAR 99
VALTOCO 10 MG DOSE 46
VALTOCO 15 MG DOSE 46
VALTOCO 20 MG DOSE 46
VALTOCO 5 MG DOSE 46
VALTREX 120
Valtya 1/50 136
VANCOCIN 82
VANCOMYCIN HCL 83
vancomycin hcl 83
vancomycin hcl in dextrose 82
VANCOMYCIN HCL IN DEXTROSE 82
VANCOMYCIN HCL IN NACL 82, 83
VANDAZOLE 276
VANFLYTA 97
VANISHPOINT INSULIN SYRINGE 218
VANOS 152
VANRAFIA 180
VAQTA 275
vardenafil hcl 130
varenicline tartrate 264
varenicline tartrate (starter) 264
varenicline tartrate(continue) 264
VARITHENA 228
VARIVAX 275
VARIZIG 255
VARUBI (180 MG DOSE) 68
VASCEPA 72
VASERETIC 75
vasopressin 171
vasopressin +rfid 171
vasopressin-sodium chloride 171
VASOSTRICT 171
VASOTEC 76
VAXCHORA 273
VAXELIS 268
VAXNEUVANCE 273
VAZCULEP 277
VCF VAGINAL CONTRACEPTIVE . 275
VECAMYL 80
VECTIBIX 94
VECTICAL 148
vecuronium bromide 243
VEGZELMA 108
VELCADE 98
VELETRI 129
velivet 139
VELPHORO 177
VELSIPITY 177
VELTASSA 227, 228
VEMLIDY 119
VENCLEXTA 91, 92
VENCLEXTA STARTING PACK 92
VENIPUNCTURE PX1 PHLEBOTOMY 156
venlafaxine besylate er 56
venlafaxine hcl 56
venlafaxine hcl er 56
VENOFER 190
VENTAVIS 129
VENTOLIN HFA 42
Venxxiva 180
VEOPOZ 184
VEOZAH 168
verapamil hcl 127
verapamil hcl er 127
VERASENS BLOOD GLUCOSE TEST 161
VEREGEN 144
VERELAN 127
VERIFINE INSULIN PEN NEEDLE .. 218
VERIFINE INSULIN SYRINGE 218
VERIFINE PLUS PEN NEEDLE 218
VERIFINE SAFE LANCET MINI 21G 211
VERIFINE SAFE LANCET MINI 23G 211
VERIFINE SAFE LANCET MINI 28G 211
VERIFINE SAFE LANCET MINI 30G 211
VERIFINE UNIVERSAL LANCETS 28G 211
VERIFINE UNIVERSAL LANCETS 30G 211
VERIFINE UNIVERSAL LANCETS 33G 211
VERKAZIA 249
VERQUVO 130
VERSACLOZ 112
VERZENIO 102
VESICARE 272
VESICARE LS 272
vestura 136
VEVYE 249
VFEND 70
VFEND IV 70
V-GO 20 211
V-GO 30 211
V-GO 40 211
VIAGRA 130

VIBATIV 83
VIBERZI 174
VICTOZA 62
VIDAZA 88
vienva 136
vigabatrin 51
vigadrone 51
Vigadrone 51
VIGAFYDE 51
VIGAMOX 247
Vigpoder 51
VIIBRYD 55
VIJOICE 227
vilazodone hcl 55
VILTEPSO 243
VIMIZIM 168
VIMKUNYA 275
VIMOVO 26
VIMPAT 51
VINATE DHA RF 237
vinblastine sulfate 104
vincristine sulfate 104
vinorelbine tartrate 104
VIOKACE 161
viorele 133
VIRACEPT 117
VIREAD 119
VISCO-3 242
VISCOAT 251
VISIONBLUE 252
VISTOGARD 66
VISUDYNE 249
vit e-vit c-beta carotene 234
VITAFOL FE+ 238
VITAFOL GUMMIES 237
VITAFOL ULTRA 238
VITAFOL-OB 237
VITAFOL-OB+DHA 238
VITAFOL-ONE 238
vitalara 237
vitalee 234
VITALIPID N INFANT 235
VITAMEDMD ONE
RX/QUATREFOLIC 238
vitamin b complex 230
vitamin b complex w/b-12 230
vitamin d (ergocalciferol) 278
vitamin k1 278
vitamin-b complex 230
VITAPEARL 237
VITATHELY WITH GINGER 237
VITLIPID N ADULT 234
VITLIPID N INFANT 235
VITRAKVI 98
VIVA DHA 238
VIVAGUARD INO TEST STRIPS 161
VIVAGUARD LANCETS 211
VIVAGUARD LANCETS 30G 211
VIVAGUARD LANCING DEVICE ... 211
VIVAGUARD SAFETY LANCETS
28G 211
VIVELLE-DOT 173
vivimusta 86
VIVITROL 67
VIVJOA 69
VIVOTIF 273
VIZIMPRO 94
VOGELXO 36
VOGELXO PUMP 36
volnea 133
VONJO 103
VONVENDI 183
VOQUEZNA 269
VOQUEZNA DUAL PAK 271
VOQUEZNA TRIPLE PAK 271
VORANIGO 103
VORAXAZE 101
voriconazole 70
VOSEVI 120
VOTRIENT 97
VOWST 177
VOXZOGO 168
VOYDEYA 184
VPRIV 187
VRAYLAR 110
VTAMA 148
VUITY 246
VUMERITY 261
VUSION 145
VYALEV 109
VYEPTI 219
vyfemla 136
VYKAT XR 163
VYLEESI 259
vylibra 136
VYLOY 90
VYNDAMAX 130
VYNDAQEL 130
VYONDYS 53 243
VYTORIN 74
VYVANSE 15
VYVGART 227
VYVGART HYTRULO 226
VYXEOS 100
VYZULTA 252
WAINUA 258
WAKIX 17
warfarin sodium 44
water for irrigation, sterile 226
WEGMANS UNIFINE PENTIPS
PLUS 218
WEGOVY 16
WELCHOL 72
WELIREG 95
WELLBUTRIN SR 53
WELLBUTRIN XL 53
wera 136
wesnatal dha complete 238
wes-phos 250 neutral 223
WESTAB PLUS 238
WESTGEL DHA 238
WEZLANA 147, 148, 176
WIDE-SEAL DIAPHRAGM 60 200
WIDE-SEAL DIAPHRAGM 65 200
WIDE-SEAL DIAPHRAGM 70 200
WIDE-SEAL DIAPHRAGM 75 200
WIDE-SEAL DIAPHRAGM 80 200
WIDE-SEAL DIAPHRAGM 85 201
WIDE-SEAL DIAPHRAGM 90 201
WIDE-SEAL DIAPHRAGM 95 201
WILATE 183
WINLEVI 144
WINREVAIR 129
WINRHO SDF 255
wixela inhub 41
womans laxative 196
womens laxative 196
wymzya fe 136
WYNZORA 156
XACDURO 82
XACIATO 276
XADAGO 108
XALATAN 252
XALKORI 89
XANAX 38
XANAX XR 38
XARACOLL 197
Xarah Fe 139
XARELTO 44, 45
XARELTO STARTER PACK 45
XATMEP 88
XCOPRI 51
XCOPRI (250 MG DAILY DOSE) 51
XCOPRI (350 MG DAILY DOSE) 51
XDEMVY 248
XELJANZ 21
XELJANZ XR 21
XELODA 88
XELPROS 252
Xelria Fe 136
XELSTRYM 15
XEMBIFY 256
XENAZINE 259
XENICAL 17
XENPOZYME 163
XEOMIN 243
XERAVA 266
XERESE 148
XERMELO 177
XGEVA 169
XHANCE 242
XIAFLEX 225
XIFAXAN 81
XIGDUO XR 64
XIIDRA 246
XIPERE 251
XOFIGO 100
XOFLUZA (40 MG DOSE) 121
XOFLUZA (80 MG DOSE) 121
XOLAIR 41
XOLREMDI 187
XOPENEX HFA 42
XOSPATA 97
XPHOZAH 164
XPOVIO (100 MG ONCE WEEKLY) .. 99
XPOVIO (40 MG ONCE WEEKLY) 99
XPOVIO (40 MG TWICE WEEKLY) .. 99
XPOVIO (60 MG ONCE WEEKLY) 99
XPOVIO (60 MG TWICE WEEKLY) .. 99

XPOVIO (80 MG ONCE WEEKLY) 99
XPOVIO (80 MG TWICE WEEKLY) 99
XROMI 187
XTAMPZA ER 33
XTANDI 87
xulane 136
XULTOPHY 63
XURIDEN 166
XYLOCAINE 197
XYLOCAINE MPF +RFID 197
XYLOCAINE/EPINEPHRINE 197
XYLOCAINE-MPF 197
XYLOCAINE-MPF +RFID 197
XYLOCAINE-MPF/EPINEPHRINE 197
XYNTHA 183
XYNTHA SOLOFUSE 183
XYOSTED 36
XYREM 258
XYWAV 258
Yargesa 187
YASMIN 28 136
YAZ 136
YCANTH 153
YERVOY 90
YESINTEK 148, 176
YF-VAX 275
yl balanced b-100 232
yl folic acid 188
YONDELIS 106
YONSA 86
YORVIPATH 167
YOSPRALA 186
YUFLYMA (1 PEN) 24
YUFLYMA (2 PEN) 24
YUFLYMA (2 SYRINGE) 24
YUFLYMA-CD/UC/HS STARTER 24
YUPELRI 42
YUSIMRY 24
YUTIQ 251
YUTREPIA 129
yuvafem 276
zafemy 136
zafirlukast 43
zaleplon 193
ZALTRAP 108
ZALVIT 238
ZANAFLEX 240
ZARONTIN 52
ZARXIO 189
ZAVESCA 187
ZAVZPRET 219
ZEGALOGUE 58
ZEJULA 106
ZELAPAR 108
ZELBORAF 93
ZEMAIRA 265
ZEMBRACE SYMTOUCH 220
ZEMDRI 21
ZEMPLAR 167
zenatane 144
ZENPEP 161
zenzedi 15, 16
ZEPATIER 120
ZEPBOUND 16
ZEPOSIA 265
ZEPOSIA 7-DAY STARTER PACK 265
ZEPOSIA STARTER KIT 265
ZEPZELCA 86
ZERBAXA 131
ZERVIATE 247
ZESTORETIC 75
ZESTRIL 76, 77
ZETIA 74
ZEVALIN Y-90 99
ZEVRX INSULIN SYRINGE 218
ZEVRX PEN NEEDLES 219
ZEVRX TWIST TOP LANCETS 30G 211
ZEVTERA 132
ZIAGEN 118
ZIANA 143
zidovudine 118
ZIEXTENZO 189
ZIIHERA 91
ZILBRYSQ 184
zileuton er 40
ZILRETTA 141
ZILXI 155
ZIMHI 67
zinc chloride 224
zinc sulfate 224
ZINPLAVA 254
ZIOPTAN 252
ZIPHEX 238
ziprasidone hcl 110
ziprasidone mesylate 111
ZIPSOR 27
ZIRABEV 108
ZIRGAN 248
ZITHROMAX 198
ZITHROMAX TRI-PAK 198
ZITHROMAX Z-PAK 198
ZITUVIMET 59
ZITUVIMET XR 59
ZITUVIO 58
ZOCOR 73
ZOKINVY 225
ZOLADEX 104
zoledronic acid 163, 164
ZOLEDRONIC ACID 163
ZOLINZA 95
zolmitriptan 220
ZOLOFT 54
zolpidem tartrate 193
zolpidem tartrate er 193
ZOMACTON 166
ZOMIG 220
Zomig 220
ZONALON 146
ZONEGRAN 51
ZONISADE 51
zonisamide 51
ZONTIVITY 186
ZORTRESS 227
ZORYVE 154
ZOSYN 257
zovia 1/35 (28) 136
ZOVIRAX 148
ZTALMY 51
ZTLIDO 153
ZUBSOLV 35
zumandimine 136
ZUNVEYL 259
ZURZUVAE 53
ZYCLARA 153
ZYCLARA PUMP 153
ZYDELIG 106
ZYFLO 40
ZYKADIA 89
ZYLET 250
ZYMFENTRA (1 PEN) 178
ZYMFENTRA (2 PEN) 178
ZYMFENTRA (2 SYRINGE) 178
ZYNLONTA 89
ZYNYZ 91
ZYPITAMAG 73
ZYPREXA 115
ZYTIGA 87
ZYVOX 84

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

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

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

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

Rev. 3/19

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 مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة.
(TTY/TDD: 711)

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

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

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

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

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

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

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

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

Navajo
Bee ná ahóót'i' t'áá ni nizaad k'ehji níká a'doowołt'áá jiik'e. Naaltsoos bee atah nílínígíí bee néého'dólzingo nanitínígíí béésh bee hane'í bikáá' áaji' hodíílnih. Naaltsoos bee atah nílínígíí bee néého'dólzingo nanitínígíí béésh bee hane'í bikáá' áaji' hodíílnih. (TTY/TDD: 711)

It's important we treat you fairly
That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.