



AmeriHealth Caritas Next North Carolina Formulary

Effective January 1st, 2025

www.amerihealthcaritasnext.com/nc

This document applies to AmeriHealth Caritas Next individual and family health plans both on and off the Exchange.

All images are used under license for illustrative purposes only.
Any individual depicted is a model.

NCEX_232899700



A product of AmeriHealth Caritas North Carolina, Inc.

Table of Contents

Antidote Therapeutics.....	2
Antihistamine Drugs.....	3
Anti-Infective Agents.....	5
Antineoplastic Agents.....	19
Antitoxins,Immune Glob,Toxoids,Vaccines.....	25
Autonomic Drugs	30
Blood Formation, Coagulation, Thrombosis	40
Cardiovascular Drugs	48
Central Nervous System Agents	64
Dental Agents	98
Devices.....	99
Diagnostic Agents.....	105
Electrolytic, Caloric, And Water Balance.....	106
Enzymes.....	108
Eye, Ear, Nose And Throat (Ent) Preps.....	109
Gastrointestinal Drugs.....	116
Heavy Metal Antagonists.....	122
Hormones And Synthetic Substitutes	122
Immunomodulatory Agents (90:00).....	170
Local Anesthetics (Parenteral)	175
Miscellaneous Therapeutic Agents	175
Nonhormonal Contraceptives.....	188
Respiratory Tract Agents	192
Skin And Mucous Membrane Agents.....	198
Smooth Muscle Relaxants	208
Vitamins	209

Pharmacy Benefit Information

Prescription Drug Benefits

AmeriHealth Caritas Next strives to provide you with high-quality and cost-effective drug coverage.

We use AmeriHealth Caritas Next's PBM to help manage your prescription drug benefit, including specialty medications. You will need to get your prescription medications filled from a network pharmacy to obtain coverage. Prescriptions can be filled at either a retail network pharmacy, through our mail-order network pharmacy, or a network specialty pharmacy. You will need to show your member ID card when you fill or obtain your prescription medications.

The prescription drug benefits do not cover all drugs and prescriptions. Some drugs must meet certain medical necessity guidelines before we can cover them. Your provider must ask us for prior authorization before we will cover these drugs.

Formulary

The list of prescription drugs covered under this plan is called a formulary. The formulary applies only to drugs you get at retail, mail-order, and specialty pharmacies. Along with the covered drugs, the formulary also allows you to review any limitations or restrictions such as prior authorization, step therapy, quantity limits, and age limits. The formulary does not apply to drugs you get if you are in the hospital. For our latest pharmacy benefit and formulary information please visit

[\[https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx) or call us at **1-833-613-2262**.

The formulary is a closed formulary (i.e., products not listed are treated as nonformulary); however, drugs not on the formulary can still be requested, and our pharmacy benefits manager's coverage determination and prior authorization process may allow for nonformulary exceptions.

The formulary covers both brand (preferred and nonpreferred) and generic drugs and will determine what your out-of-pocket costs will be under our plan based on the drug tier. Please refer to your Summary of Benefits and Coverage for more information on copays and deductibles.

Covered prescription drugs and supplies

The prescription drug benefits cover many different therapeutic classes of drugs, which you can find at [\[https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx)

You can use the searchable drug list, to search by the first letter of your medication, by typing part of the generic (chemical) or brand (trade) names, or by selecting the therapeutic class of the medication you are looking for.

Your prescription drug benefits cover prescription insulin drugs and will include at least one formulation of each of the following types of prescription insulin drugs on the lowest tier of the drug formulary developed and maintained by your health benefit plan.

- Rapid-acting
- Short-acting
- Intermediate-acting
- Long-acting

Pharmacy Benefit Information

In addition to the covered prescription drugs and supplies listed in the Formulary, we may cover:

- Oral and injectable drug therapies used in the treatment of covered infertility services only when you have been approved for covered infertility treatment.
- Compounded medications: If at least one active ingredient requires a prescription by law and is approved by the U.S. Food and Drug Administration (FDA). Compounding kits that are not FDA approved and include prescription ingredients that are readily available may not be covered. To confirm whether the specific medication or kit is covered under this plan, please call the Member Services team. Some compounded medications may be subject to prior authorization.
- We will also cover certain off-label uses of cancer drugs in accordance with state law. To qualify for off-label use, the drug must be recognized for the specific treatment for which the drug is being prescribed by one of the following compendia: (1) National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium; (2) The Thompson Micromedex DrugDex; (3) American Hospital Formulary Service; (4) Lexi-Drugs; or (5) any other authoritative compendia as recognized periodically by the United States Secretary of Health and Human Services.

Included in the Formulary are:

- Hormone replacement therapy (HRT) for perimenopausal and postmenopausal individuals
- Hypodermic syringes or needles when Medically Necessary

Narrow Therapeutic Index (NTI) Drugs

AmeriHealth Caritas Next will cover certain Narrow Therapeutic Index (NTI) brand medications. The medication may first require a prior authorization to be covered.

The brand formulations of the following NTI medications are eligible for coverage:

- Carbamazepine
- Cyclosporine
- Digoxin
- Ethosuximide
- Levothyroxine sodium tablets
- Lithium
- Phenytoin
- Procainamide
- Tacrolimus
- Theophylline
- Warfarin sodium tablets

Pharmacy Benefit Information

Preventive medications

Under the Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), some preventive medications may be covered at no cost (copay, coinsurance, or deductible) for AmeriHealth Caritas Next members.

These include certain medications as follows:

- Bowel Preparations – for members from ages 45 to 75 years
- Oral Fluoride Supplementation – for members from ages 6 months to 5 years
- Moderate-intensity Statins – for member from ages 40 to 75 years
- Folic acid 400 to 800 mcg for members of childbearing age
- Aspirin 81mg to prevent or delay the onset of preeclampsia
- Tobacco Cessation
 - Nicotine gum
 - Nicotine lozenge
 - Nicotine patch
 - Bupropion HCL (smoking deterrent) tab ER 12hr 150 mg
 - Varenicline tartrate
- HIV Pre-exposure prophylaxis (PrEP):
 - Descovy (emtricitabine/tenofovir alafenamide), oral tablet 200mg-25mg
 - Emtricitabine-tenofovir df, oral tablet 200mg-300 mg
- Breast Cancer primary prevention:
 - Anastrozole, oral tablet 1mg
 - Exemestane, oral tablet 25mg
 - Letrozole, oral tablet 2.5mg
 - Raloxifene HCL, oral tablet 60 mg
 - Tamoxifen citrate, oral tablet 10 mg and 20 mg
- Vaccines recommended by Advisory Committee on Immunization Practices (ACIP)
- Contraception: As a requirement of the Women's Prevention Services provision of the ACA, contraceptives are covered at 100% for generic products when prescribed by a participating network provider.
 - Contraceptive categories include*:
 - Oral contraceptives
 - Injectable contraceptives
 - Barrier methods (by prescription [Rx])
 - Intrauterine devices**, subdermal rods** and vaginal rings (Rx)
 - Transdermal patches (Rx)
 - Emergency contraception (Rx or over-the-counter [OTC])
 - Condoms (OTC)
 - Female condoms (OTC)
 - Vaginal pH modulators (Rx)
 - Vaginal sponges (OTC)
 - Spermicides (OTC)

*Please see the formulary for the most up-to-date list of products.

** Certain drugs or products may be covered as a nonpharmacy benefit (e.g., infused, injected, or implanted drugs, which are covered under medical benefits).

Pharmacy Benefit Information

Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications.

Exclusions

What is not covered:

- Any drug products used exclusively for cosmetic purposes
- Experimental drugs, which are those that cannot be marketed lawfully without the approval of the FDA and for which such approval has not been granted at the time of their use or proposed use, or for which such approval has been withdrawn
- Prescription drugs that are not approved by the FDA
- Drugs on the FDA Drug Efficacy Study Implementation (DESI) list
- Immunization agents or vaccines not listed on the formulary. Some immunizations may be covered under the medical benefit.
- Medical supplies*
- Mifepristone 200mg (Mifeprex 200mg)*
- Prescription and over-the-counter homeopathic medications
- Drugs that by law do not require a prescription (OTC) unless listed on the formulary as covered
- Vitamins and dietary supplements (except prescription prenatal vitamins, vitamins as required by the Affordable Care Act, fluoride for children, and supplements for the treatment of mitochondrial disease)
- Topical and oral fluorides for adults
- Medications for the treatment of idiopathic short stature
- Prescriptions filled at pharmacies other than network-designated pharmacies, except for emergency care or other permissible reasons. An override will be required to allow the pharmacy to process the claim.
- Prescriptions filled through an internet pharmacy that is not a verified internet pharmacy practice site certified by the National Association of Boards of Pharmacy
- Prescription medications, when the same active ingredient, or a modified version of an active ingredient that is therapeutically equivalent to a covered prescription medication, has become available over the counter. In these cases, the specific medication may not be covered, and the entire class of prescription medications may also not be covered.
- Prescription medications when co-packaged with non-prescription products
- Medications packaged for institutional use will be excluded from the pharmacy benefit coverage unless otherwise noted on the formulary.
- Drugs used for erectile dysfunction or sexual dysfunction
- Drugs used for weight loss
- Bulk Chemicals
- Repackaged products

* Certain drugs or products may be covered as a non-pharmacy benefit (e.g., infused, injected, or implanted drugs, which are covered under medical benefits).

Pharmacy Benefit Information

For our latest pharmacy benefit and formulary information, please visit [\[https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx) or call us at **1-833-613-2262**.

Formulary Changes

The formulary is occasionally subject to change. If a change negatively affects the medication you are taking, we will provide written notice to you before the change takes effect. We will work with you and your prescriber to transition to another covered medication if you are on a long-term prescription.

Formulary Tier Explanation

- Tier 1 — Generics
- Tier 2 — Preferred Brand
- Tier 3 — Nonpreferred Brand
- Tier 4 — Specialty

Please see your specific “metal level” coverage for co-pay and coinsurance amounts.

Prior Authorizations, step-therapy, quantity limits, age limits, generic drug program, and other formulary tools

AmeriHealth Caritas Next’s PBM may use certain tools to help ensure your safety and so that you are receiving the most appropriate medication at the lowest cost to you. These tools include prior authorization, step therapy, quantity limits, age limits, and generic drug program. Below is more information about these tools.

Prior Authorizations (PA)

There are restrictions on the coverage of certain drug products that have a narrow indication for usage, may have safety concerns, and/or are extremely expensive, requiring the prescribing provider to obtain prior authorization from us for such drugs. The formulary states whether a drug requires prior authorization.

Step therapy (ST)

Step therapy is a type of prior authorization program (usually automated) that uses a stepwise approach, requiring the use of the most therapeutically appropriate and cost-effective agents first before other medications may be covered. Members must first try one or more medications on a lower step to treat a certain medical condition before a medication on a higher step is covered for that condition. If your Provider advises that the medications on lower step(s) is not right for your health condition and that the medication on higher step is Medically Necessary, your Provider can submit a request for approval.

Quantity limits (QL)

To make sure the drugs you take are safe and that you are getting the right amount, we may limit how much you can get at one time. Your Provider can ask us for approval if you need more than we cover.

Quantity limits will be waived under certain circumstances during a state of emergency or disaster.

Pharmacy Benefit Information

Age limits (AL)

Age limits are designed to prevent potential harm to members and promote appropriate use. The approval criteria are based on information from the FDA, medical literature, actively practicing consultant physicians and pharmacists, and appropriate external organizations.

If the prescription does not meet the FDA age guidelines, it will not be covered until prior authorization is obtained. Your Provider can request an age limit exception.

Generic drugs

Generic drugs have the same active ingredients and work the same as brand-name drugs. When generic drugs are available, we may not cover the brand-name drug without granting approval. If you and your provider feel that a generic drug is not right for your health condition and that the brand name drug is medically necessary, your provider can ask for prior authorization.

New-to-market drugs

We review new drugs for safety and effectiveness before we add them to our formulary. A Provider who feels a new-to-market drug is medically necessary for you before we have reviewed it can submit a request for approval.

Non-formulary drugs

While most drugs are covered, a small number of drugs are not covered because there are safe, effective, and more affordable alternatives available. All of the alternative drug products are approved by the FDA and are widely used and accepted in the medical community to treat the same conditions as the medications that are not covered. If you and your provider feel that a formulary drug is not right for your health condition and that the non-formulary drug is medically necessary, your provider can ask for an exception request.

Non-covered drugs with over-the-counter alternatives

AmeriHealth Caritas Next does not cover select prescription medications that you can buy without a prescription, or “over-the-counter.” These drugs are commonly referred to as OTC medications.

In addition, when OTC versions of a medication are available and can provide the same therapeutic benefits, AmeriHealth Caritas Next may no longer cover any of the prescription medications in the entire class. For example, non-sedating antihistamines are a class of drugs that give relief for allergy symptoms. Because many non-sedating antihistamines are available over-the-counter, AmeriHealth Caritas Next does not cover them.

Please refer to the pharmacy formulary for a list of covered medications. As always, we encourage you to speak with your provider about which medications may be right for you.

Prior Authorization and Exception requests

For formulary drugs that have restrictions such a prior authorization (PA), step therapy (ST), quantity limitations (QL), and age limitations (AL), a prior authorization request may be submitted for decisions. AmeriHealth Caritas Next’s PBM will review the requests and will determine if a request meets the clinical drug criteria requirements.

For non-formulary drugs, non-formulary exception requests can be made. Non-formulary exception requests are reviewed on a case-by-case basis. Your provider will be asked to provide medical

Pharmacy Benefit Information

reasons and any other important information about why you need an exception. AmeriHealth Caritas Next's PBM will review the requests and will determine if a request is consistent with our medical necessity guidelines.

We will cover non-formulary prescription drugs if the outpatient drug is prescribed by a network provider to treat a covered person for a covered chronic, disabling, or life-threatening illness if the drug:

- Has been approved by the U.S. Food and Drug Administration (FDA) for at least one indication; and
- Is recognized for treatment of the indication for which the drug is prescribed in:
 - A prescription drug reference compendium approved by the Insurance Commissioner for purposes of this section; or
 - Substantially accepted peer-reviewed medical literature;

and

- There are no formulary drugs that can be taken for the same condition. If there are formulary alternatives to treat the same condition then documentation must be provided that the member has had a treatment failure with, or is unable to tolerate, two or more formulary alternative medications.
- Prescription drug samples, coupons, or other incentive programs will not be considered a trial and failure of a prescribed drug in place of trying the formulary-preferred or nonrestricted access prescription drug.

AmeriHealth Caritas Next's PBM will review the request. If the requested drug is approved, it will be covered according to our medical necessity guidelines. If the request is not approved then you, your authorized representative, or your provider can appeal the decision.

If the request for a non-formulary drug is approved, the medication will be covered on the highest tier.

You, your authorized representative, or your provider can visit our website to review the formulary and find covered drugs. You can access a searchable and a printable formulary on our website at [\[https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx)

Your provider can request for both formulary drug prior authorizations (PA, ST, QL, and AL) and non-formulary exceptions in the following ways:

- Electronically: directly to AmeriHealth Caritas Next's PBM, at [\[https://ppa.performrx.com/PublicUser/OnlineForm/OnlineFDBSingleForm.aspx?cucu_id=Y65L6nti7Fh2jJt8A7Rsjw%3d%3d\]](https://ppa.performrx.com/PublicUser/OnlineForm/OnlineFDBSingleForm.aspx?cucu_id=Y65L6nti7Fh2jJt8A7Rsjw%3d%3d).
- By fax: By fax: [1-855-756-9901] for standard (nonurgent) requests [1-866-533-5497] for expedited (fast)* requests
- By mail to:

200 Stevens Drive
Philadelphia, PA 19113 CC: 236
- By telephone at: 1-844-280-9131

Pharmacy Benefit Information

Once all necessary and relevant information to make a decision is received, AmeriHealth Caritas Next's PBM will review the request. If the request is approved, they will provide an approval response to your provider with a duration of approval. If the request is denied, they will provide a denial response to you and your provider.

Prior authorization and non-formulary exception requests will be completed and notifications sent within the following timeframes:

- Standard (non-urgent): no later than **72 hours** after we receive the request and any additionally required information.
- Expedited (fast)*: no later than **24 hours** after we receive the request and any additionally required information.

*Expedited (fast) request can be made based on exigent circumstances. Exigent circumstances exist when you are suffering from a health 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. You can indicate your exigent circumstance on the form and request an expedited review.

If the prior authorization request is denied and you feel we have denied the request incorrectly, you may challenge the decision through the internal appeal process of AmeriHealth Caritas Next.

You can ask for an appeal yourself. You may also ask a friend, a family member, your provider, or a lawyer to help you. You can call AmeriHealth Caritas Next at **1-833-613-2262 (TTY 1-844-214-2471)** if you need help with your appeal request. It is easy to ask us for an appeal by using one of the options below:

- Mail: Fill out and sign the Appeal Request Form in the notice you receive about our decision. Mail it to the address listed on the form. We must receive your form no later than 180 days after the date on this notice.
- Fax: Fill out, sign, and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax numbers listed on the form.
- By phone: Call **1-833-613-2262 (TTY 1-844-214-2471)** and ask for an appeal.

If a decision is made to uphold the denial pursuant to our internal dispute process, then upon exhaustion of that process, you have the right to pursue either a standard or, if warranted and appropriate, an expedited external review by an impartial, third-party reviewer known as an independent review organization (IRO).

An expedited external review may be warranted upon exhaustion of the internal appeals process if your health could be seriously compromised by having to wait for resolution of a standard external review. If your request for a standard external review is accepted, it is decided within 45 days of receipt of your request. If your request for an expedited external review is accepted, it is decided within three (3) days of your request. Alternatively, and depending on the extent to which you or your provider believe that your health could be seriously harmed by waiting for resolution of AmeriHealth Caritas Next's internal dispute process, you may request and be granted an immediate expedited external review by the IRO. Once again, requests for expedited external review are resolved within three (3) days.

Pharmacy Benefit Information

We must follow the IRO's decision. If the IRO reverses our decision on a standard external review, we will provide coverage for the drug product within three days of receiving notice of the reversal. If the IRO reverses our decision on an expedited external review, we will provide coverage for the non-formulary within one day of receiving notice. An IRO review may be requested by the member, member's representative, or member's prescribing provider by web, mail, or fax at the address below:

- Web: **External Review Request Form** can be found at:
https://secure1.ncdoi.com/consumer/ext_review_entry.jsp. FAQs and more info about external review at <https://www.ncdoi.gov/consumers/health-insurance/health-claim-denied/request-external-review>.
- Mail: NC Department of Insurance
3200 Beechleaf Court
Raleigh, NC 27603
- Phone: **1-855-408-1212**
- Fax: **1-866-582-2053**

For more information on appeals please see the section on appeals of the Member Handbook.

Non-formulary exception request denial rights

For non-formulary exception request denials, you also have the right to pursue either a standard or, if warranted and appropriate, an expedited external review by an impartial, third-party reviewer known as an Independent Review Organization (IRO).

You may exercise your right to external review with an Independent Review Organization (IRO) upon initial denial or following a decision to uphold the initial denial pursuant to the internal appeal process of AmeriHealth Caritas Next. If a decision is made to uphold the initial denial, your denial notice will explain your right to external review and provide instructions on how to make this request. An IRO review may be requested by the member, member's representative, or member's prescribing provider by contacting AmeriHealth Caritas Next via mail, phone, or fax at the following address:

- Mail: [Member Appeals AmeriHealth Caritas Next P.O. Box 7417 London, KY 40742-7417]
- Phone: **[1-833-613-2262 (TTY 711 1-844-214-2471)]**
- Fax: **[1-844-201-6798]**

An expedited external review may be warranted if based on exigent circumstances, your request for a standard external review is accepted, it is decided within 72 hours of receipt of your request. If your request for an expedited external review is accepted, it is decided within 24 hours of receipt of your request.

We must follow the IRO's decision. If the IRO reverses our decision on a standard external review, we will provide coverage for the non-formulary item for the duration of the prescription. If the IRO reverses our decision on an expedited external review, we will provide coverage for the non-formulary item for duration of the exigency.

Pharmacy Benefit Information

Specialty drug program

We have designated specialty pharmacies that specialize in providing medications used to treat certain conditions and are staffed with clinicians to provide support services for members. Some medications must be obtained at a specialty pharmacy. Medications may be added to this program from time to time. Designated specialty pharmacies can dispense up to a 30-Day supply of medication at one time, and the supply is delivered via mail to either the member's home or your doctor's office in certain cases. This is NOT part of the mail-order pharmacy Benefit. Extended-Day supplies and Copayment savings do not apply to these designated specialty drugs.

Filling prescriptions at the Pharmacy

Retail Pharmacy – you can fill up to a 30 day supply

Mail Order – you can fill a 31-90 day supply

Specialty – you can fill up to a 30 day supply

Mail Order Pharmacy

We use Alliance Rx Walgreens Pharmacy as our mail-order pharmacy. You must register and have your prescriptions sent to Alliance Rx Walgreens Pharmacy.

Alliance Rx Walgreens Pharmacy
P.O. Box 29061
Phoenix, AZ 85038-9061

Alliance Rx Walgreens Pharmacy
Customer Care Center
Phone: **1-800-345-1985**
Fax: **1-480-752-8250**
<https://www.alliancerxwp.com/>

COVID-19

Covid-19 Vaccines: FDA approved Covid-19 vaccines are covered at \$0 copay according to FDA approved indications and age.

For details on the latest formulary information on COVID-19 vaccines, please visit [\[https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx) or call us at **1-833-613-2262 (TTY 1-844-214-2471)**.

Pharmacy Benefit Information

School Supply

AmeriHealth Caritas North Carolina Exchange allows school supplies for the following medications:

- Insulin
- Insulin needles
- Lancets
- Test strips
- One glucometer for school
- Alcohol swabs
- Glucagon
- Inhalers
- Diastat
- EpiPens
- Spacers

For our latest pharmacy benefit and formulary information, please visit

[\[https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx) or
call us at **1-833-613-2262 (TTY 1-844-214-2471)**.

		Drug Tier	Requirements and Limits		
lowercase italics = Generic drugs		T1 = Generic	90DS = 90 Day Supply Eligible		
UPPERCASE = Brand name drugs		T2 = Preferred Brand	AL = Age Limit		
		T3 = Non-Preferred Brand	PA = Prior Authorization		
		T4 = Specialty	QL = Quantity Limit		
			SP = Specialty Pharmacy		
			ST = Step Therapy		
Drug Name	Drug Tier	Requirements and Limits			
Antidote Therapeutics					
Acetaminophen Antidote					
<i>acetylcysteine inhalation</i>	T1				
Alcohol Deterrents (91:02)					
<i>acamprosate calcium</i>	T1	90DS			
<i>disulfiram oral</i>	T1	90DS			
<i>naltrexone hcl oral</i>	T1				
Antidote Therapeutics					
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	90DS			
<i>BAQSIMI ONE PACK</i>	T2	QL (4 EA per 30 days)			
<i>BAQSIMI TWO PACK</i>	T2	QL (4 EA per 30 days)			
<i>glucagon emergency injection kit</i>	T2	QL (4 EA per 30 days)			
<i>GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML</i>	T3	QL (0.4 ML per 30 days)			
<i>GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML</i>	T3	QL (0.8 ML per 30 days)			
<i>GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML</i>	T3	QL (0.4 ML per 30 days)			
<i>GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML</i>	T3	QL (0.8 ML per 30 days)			
<i>GVOKE KIT</i>	T3	QL (0.8 ML per 30 days)			
<i>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML</i>	T3	QL (0.4 ML per 30 days)			
<i>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML</i>	T3	QL (0.8 ML per 30 days)			
<i>KLOXXADO</i>	T2				
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1				

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naloxone hcl nasal</i>	T1	
<i>penicillamine oral</i>	T1	PA
REXTOVY	T2	
RIVIVE	T2	
Antidotes (91:04)		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naltrexone hcl oral</i>	T1	
<i>sevelamer carbonate oral packet</i>	T1	PA; 90DS
<i>sevelamer carbonate oral tablet</i>	T1	90DS
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
Chemotherapy Antidotes/Protectants		
<i>leucovorin calcium oral</i>	T1	
Antihistamine Drugs		
Antihistamine Drugs		
<i>promethazine hcl oral tablet 25 mg</i>	T1	
Ethanolamine Derivatives		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
First Gen. Antihist. Derivatives, Misc.		
<i>cyproheptadine hcl oral</i>	T1	
First Generation Antihistamines		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1		
<i>ciproheptadine hcl oral</i>	T1		
<i>hydrocod poli-chlorphe poli er</i>	T1	QL (50 ML per 5 days); AL (Min 18 Years and Max 999 Years)	
<i>hydroxyzine hcl oral syrup</i>	T1		
<i>hydroxyzine hcl oral tablet</i>	T1		
<i>hydroxyzine pamoate oral</i>	T1		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T1		
<i>promethazine hcl oral solution</i>	T1		
<i>promethazine hcl oral tablet</i>	T1		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1		
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3		
Other Antihistamines			
<i>bepotastine besilate</i>	T1	ST	
<i>cimetidine oral tablet 200 mg</i>	T1		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	90DS	
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	90DS	
<i>hydroxyzine hcl oral syrup</i>	T1		
<i>hydroxyzine hcl oral tablet</i>	T1		
<i>hydroxyzine pamoate oral</i>	T1		
LASTACRAFT	T3		
<i>nizatidine oral capsule</i>	T1	90DS	
<i>olopatadine hcl nasal</i>	T1		
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1		
Phenothiazine Derivatives			
<i>promethazine hcl oral solution</i>	T1		
<i>promethazine hcl oral tablet</i>	T1		

			Requirements and Limits		
Drug Tier			90DS = 90 Day Supply Eligible		
T1 = Generic			AL = Age Limit		
T2 = Preferred Brand			PA = Prior Authorization		
T3 = Non-Preferred Brand			QL = Quantity Limit		
T4 = Specialty			SP = Specialty Pharmacy		
			ST = Step Therapy		
Drug Name	Drug Tier	Requirements and Limits			
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1				
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3				
Propylamine Derivatives					
<i>hydrocod poli-chlorphe poli er</i>	T1	QL (50 ML per 5 days); AL (Min 18 Years and Max 999 Years)			
Second Generation Antihistamines					
ALOMIDE	T3				
<i>desloratadine oral tablet</i>	T1				
<i>epinastine hcl</i>	T1	ST			
LASTACRAFT	T3				
<i>levocetirizine dihydrochloride oral</i>	T1				
Anti-Infective Agents					
1St Generation Cephalosporin Antibiotics					
<i>cefadroxil</i>	T1				
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1				
<i>cephalexin oral suspension reconstituted</i>	T1				
<i>cephalexin oral tablet</i>	T1				
2Nd Generation Cephalosporin Antibiotics					
<i>cefaclor er</i>	T1				
<i>cefaclor oral capsule</i>	T1				
<i>cefprozil</i>	T1				
<i>cefuroxime axetil oral tablet</i>	T1				
3Rd Generation Cephalosporin Antibiotics					
<i>cefdinir</i>	T1				
<i>cefixime oral capsule</i>	T1				

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>cefpodoxime proxetil</i>	T1		
Adamantane Antivirals			
<i>amantadine hcl oral capsule</i>	T1	90DS	
<i>amantadine hcl oral solution</i>	T1	90DS	
GOCOVRI	T3	PA	
Allylamine Antifungals			
<i>terbinafine hcl oral</i>	T1		
Amebicides			
<i>chlorhexidine gluconate mouth/throat</i>	T1		
<i>metronidazole external cream</i>	T1		
<i>metronidazole external gel</i>	T1		
<i>metronidazole oral</i>	T1		
<i>metronidazole vaginal</i>	T1		
Aminoglycoside Antibiotics			
<i>neomycin sulfate oral</i>	T1		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T4	PA; SP	
<i>tobramycin ophthalmic</i>	T1		
<i>tobramycin-dexamethasone</i>	T1	QL (10 ML per 30 days)	
Aminopenicillin Antibiotics			
<i>amoxicillin oral capsule</i>	T1		
<i>amoxicillin oral suspension reconstituted</i>	T1		
<i>amoxicillin oral tablet</i>	T1		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1		
<i>amoxicillin-pot clavulanate er</i>	T1		
<i>amoxicillin-pot clavulanate oral</i>	T1		
<i>ampicillin oral capsule 500 mg</i>	T1		
Anthelmintics			
<i>albendazole oral</i>	T1		
EMVERM	T3		

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>ivermectin oral</i>	T1	QL (16 EA per 30 days)	
<i>praziquantel oral</i>	T1		
Antifungals, Miscellaneous			
<i>griseofulvin microsize oral suspension</i>	T1		
Antileprosy Agents			
<i>dapsone oral</i>	T1	90DS	
Antimalarials			
<i>atovaquone-proguanil hcl</i>	T1		
<i>chloroquine phosphate oral</i>	T1	90DS	
<i>doxycycline hyclate oral capsule</i>	T1		
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1		
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	90DS	
<i>KRINTAFEL</i>	T3		
<i>mefloquine hcl</i>	T1	90DS	
<i>minocycline hcl oral capsule</i>	T1		
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	T1		
<i>pyrimethamine oral</i>	T4	PA; SP	
<i>quinidine gluconate er</i>	T1	90DS	
<i>quinidine sulfate oral</i>	T1	90DS	
<i>quinine sulfate oral</i>	T1		
<i>tetracycline hcl oral capsule</i>	T1		
Antimycobacterials, Miscellaneous			
<i>dapsone oral</i>	T1	90DS	
Antiprotozoals, Cryptosporidiosis			
<i>ALINIA</i>	T3		
Antiprotozoals, Miscellaneous			

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
ALINIA	T3	
<i>atovaquone oral</i>	T1	
<i>benznidazole</i>	T1	
<i>dapsone oral</i>	T1	90DS
<i>metronidazole oral</i>	T1	
<i>pentamidine isethionate inhalation</i>	T1	
SOLOSEC	T3	ST
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<i>tinidazole oral</i>	T1	
Antiprotozoals, Nitroimidazole-Derivative		
<i>tinidazole oral</i>	T1	
Antituberculosis Agents		
<i>ciprofloxacin hcl oral</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral tablet</i>	T1	90DS
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>pretomanid</i>	T1	PA
PRIFTIN	T3	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
SIRTURO	T4	PA; SP
TRECATOR	T3	
Antivirals, Miscellaneous		

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
PAXLOVID (150/100)	T2	QL (20 EA per 180 days); AL (Min 12 Years and Max 999 Years)
PAXLOVID (300/100)	T2	QL (30 EA per 180 days); AL (Min 12 Years and Max 999 Years)
PREVYMIS ORAL	T3	QL (100 EA per 100 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 EA per 1 day)
Azole Antifungals		
CRESEMBA ORAL	T3	PA
<i>fluconazole oral</i>	T1	
<i>itraconazole oral</i>	T1	PA
<i>ketoconazole oral</i>	T1	
<i>posaconazole oral</i>	T1	PA; 90DS
<i>voriconazole oral suspension reconstituted</i>	T1	PA; AL (Max 12 Years)
<i>voriconazole oral tablet</i>	T1	PA
Carbapenem Antibiotics		
<i>ertapenem sodium</i>	T1	
Endonuclease Inhibitors		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 EA per 1 day)
Erythromycin Antibiotics		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T1	
<i>erythromycin base oral tablet</i>	T1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	T1	
<i>erythromycin ethylsuccinate oral tablet</i>	T1	

			Requirements and Limits
lowercase italics = Generic drugs	Drug Tier	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy	
Drug Name	Drug Tier	Requirements and Limits	
<i>erythromycin external gel</i>	T1		
<i>erythromycin external solution</i>	T1		
Glycopeptide Antibiotics			
<i>vancomycin hcl oral capsule</i>	T1		
Hcv Polymerase Inhibitor Antivirals			
EPCLUSA	T4	PA; SP	
HARVONI	T4	PA; SP	
<i>ledipasvir-sofosbuvir</i>	T2	PA; SP	
<i>sofosbuvir-velpatasvir</i>	T2	PA; SP	
VOSEVI	T2	PA; SP	
Hcv Protease Inhibitor Antivirals			
MAVYRET	T2	PA; SP	
VOSEVI	T2	PA; SP	
Hcv Replication Complex Inhibitors			
EPCLUSA	T4	PA; SP	
HARVONI	T4	PA; SP	
<i>ledipasvir-sofosbuvir</i>	T2	PA; SP	
MAVYRET	T2	PA; SP	
<i>sofosbuvir-velpatasvir</i>	T2	PA; SP	
VOSEVI	T2	PA; SP	
Hiv Entry And Fusion Inhibitors			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T2	QL (60 EA per 30 days)	
<i>maraviroc</i>	T1	90DS; QL (60 EA per 30 days)	
RUKOBIA	T3	QL (60 EA per 30 days)	
SELZENTRY ORAL SOLUTION	T2	90DS; QL (920 ML per 30 days)	
SELZENTRY ORAL TABLET 25 MG	T2	90DS; QL (120 EA per 30 days)	
SELZENTRY ORAL TABLET 75 MG	T2	90DS; QL (60 EA per 30 days)	
Hiv Integrase Inhibitor Antiretrovirals			

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
---	--	--

Drug Name	Drug Tier	Requirements and Limits
BIKTARVY	T2	90DS; QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	T2	QL (4 ml per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	T2	QL (6 ml per 60 days)
DOVATO	T2	90DS; QL (30 EA per 30 days)
GENVOYA	T2	90DS; QL (30 EA per 30 days)
ISENTRESS HD	T2	90DS; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	T2	90DS; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	T2	90DS; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE	T2	90DS; QL (180 EA per 30 days)
JULUCA	T2	90DS; QL (30 EA per 30 days)
STRIBILD	T3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	T2	90DS; QL (120 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	T2	90DS; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	T2	90DS; QL (60 EA per 30 days)
TIVICAY PD	T2	90DS; QL (180 EA per 30 days)
TRIUMEQ	T2	90DS; QL (30 EA per 30 days)
<i>triumeq pd</i>	T2	90DS; QL (180 EA per 30 days)
VOCABRIA	T3	QL (30 EA per 30 days)

Hiv Nonnucleoside Rev. Transcrip. Inhib.

BIKTARVY	T2	90DS; QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	T2	QL (4 ml per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	T2	QL (6 ml per 60 days)
COMPLERA	T2	90DS; QL (30 EA per 30 days)
DELSTRIGO	T2	90DS; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
EDURANT	T3	QL (60 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	T1	90DS; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	T1	90DS; QL (180 EA per 30 days)
<i>efavirenz oral tablet</i>	T1	90DS; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	T1	90DS; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	T1	90DS; QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	T1	90DS; QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	T1	90DS; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	T2	90DS; QL (120 EA per 30 days)
JULUCA	T2	90DS; QL (30 EA per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	T1	QL (480 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	T1	90DS; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	T1	90DS; QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
ODEFSEY	T2	90DS; QL (30 EA per 30 days)
PIFELTRO	T2	90DS; QL (30 EA per 30 days)
Hiv Nucleoside, Nucleotide Rt Inhibitors		
<i>abacavir sulfate oral solution</i>	T1	90DS; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine</i>	T1	90DS; QL (30 EA per 30 days)
BIKTARVY	T2	90DS; QL (30 EA per 30 days)
CIMDUO	T3	QL (30 EA per 30 days)
COMPLERA	T2	90DS; QL (30 EA per 30 days)
DELSTRIGO	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG	T2	90DS; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
DESCOVY ORAL TABLET 200-25 MG	T2	\$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
DOVATO	T2	90DS; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	T1	90DS; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitabine</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1	\$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	T2	90DS; QL (720 ML per 30 days)
GENVOYA	T2	90DS; QL (30 EA per 30 days)
<i>lamivudine oral solution</i>	T1	90DS; QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>lamivudine-zidovudine</i>	T1	90DS; QL (60 EA per 30 days)
ODEFSEY	T2	90DS; QL (30 EA per 30 days)
STRIBILD	T3	QL (30 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	T1	90DS; QL (30 EA per 30 days)
TRIUMEQ	T2	90DS; QL (30 EA per 30 days)
<i>triumeq pd</i>	T2	90DS; QL (180 EA per 30 days)
VIREAD ORAL POWDER	T2	90DS; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	90DS; QL (30 EA per 30 days)
<i>zidovudine oral capsule</i>	T1	90DS; QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	T1	90DS; QL (1680 ML per 28 days)

Drug Tier	Requirements and Limits	
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>zidovudine oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE	T2	90DS; QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	T1	90DS; QL (30 EA per 30 days)
EVOTAZ	T2	90DS; QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	T1	90DS; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION	T2	90DS; QL (840 ML per 30 days)
<i>lopinavir-ritonavir oral solution</i>	T1	90DS; QL (300 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	T1	90DS; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	T1	90DS; QL (120 EA per 30 days)
NORVIR ORAL PACKET	T3	QL (360 EA per 30 days)
PREZCOBIX	T2	90DS; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	T2	90DS; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	T2	90DS; QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	T2	90DS; QL (300 EA per 30 days)
REYATAZ ORAL PACKET	T2	90DS; QL (150 EA per 30 days)
<i>ritonavir</i>	T1	90DS; QL (360 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	T2	90DS; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	T2	90DS; QL (120 EA per 30 days)
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
Lincomycin Antibiotics			
<i>clindamycin hcl oral</i>	T1		
<i>clindamycin palmitate hcl</i>	T1		
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	T1		
<i>clindamycin phosphate external gel 1 %</i>	T1		
<i>clindamycin phosphate external lotion</i>	T1		
<i>clindamycin phosphate external solution</i>	T1		
<i>clindamycin phosphate external swab</i>	T1		
<i>clindamycin phosphate vaginal</i>	T1		
Monobactam Antibiotics			
CAYSTON	T4	PA; SP	
Natural Penicillin Antibiotics			
<i>penicillin v potassium oral solution reconstituted</i>	T1	AL (Max 12 Years)	
<i>penicillin v potassium oral tablet</i>	T1		
Neuraminidase Inhibitor Antivirals			
<i>oseltamivir phosphate oral capsule 30 mg</i>	T1	QL (84 EA per 180 days)	
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	T1	QL (42 EA per 180 days)	
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	QL (540 ML per 180 days)	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	QL (60 EA per 180 days)	
Nitroimidazole Derivative, Trypanocidal			
<i>benznidazole</i>	T1		
Nitroimidazole Derivatives, Misc			
<i>metronidazole external cream</i>	T1		

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
<i>metronidazole external gel</i>	T1	
<i>metronidazole oral</i>	T1	
<i>metronidazole vaginal</i>	T1	
Nucleoside And Nucleotide Antivirals		
<i>acyclovir external cream</i>	T1	PA
<i>acyclovir external ointment</i>	T1	
<i>acyclovir oral</i>	T1	
<i>adefovir dipivoxil</i>	T4	SP
BARACLUDE ORAL SOLUTION	T3	
COMPLERA	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	T2	\$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1	\$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
entecavir	T1	90DS
<i>famciclovir oral</i>	T1	
LAGEVRIO	T2	QL (40 EA per 180 days); AL (Min 18 Years and Max 999 Years)
ODEFSEY	T2	90DS; QL (30 EA per 30 days)
<i>ribavirin oral capsule</i>	T1	
<i>ribavirin oral tablet 200 mg</i>	T1	
<i>valacyclovir hcl oral</i>	T1	
<i>valganciclovir hcl oral solution reconstituted</i>	T1	90DS; AL (Max 12 Years)
<i>valganciclovir hcl oral tablet</i>	T1	90DS
VEMLIDY	T2	90DS; QL (30 EA per 30 days)

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Other Macrolide Antibiotics			
<i>azithromycin oral packet</i>	T1		
<i>azithromycin oral suspension reconstituted</i>	T1		
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1		
<i>clarithromycin er</i>	T1		
<i>clarithromycin oral</i>	T1		
DIFICID ORAL TABLET	T3	PA	
Other Macrolides (8:12.12.92)			
<i>azithromycin oral packet</i>	T1		
<i>azithromycin oral suspension reconstituted</i>	T1		
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1		
<i>clarithromycin er</i>	T1		
<i>clarithromycin oral</i>	T1		
DIFICID ORAL TABLET	T3	PA	
Oxazolidinone Antibiotics			
<i>linezolid oral suspension reconstituted</i>	T1	AL (Max 12 Years)	
<i>linezolid oral tablet</i>	T1		
Penicillinase-Resistant Penicillins			
<i>dicloxacillin sodium</i>	T1		
Polyene Antifungals			
<i>nystatin mouth/throat</i>	T1		
<i>nystatin oral tablet</i>	T1		
Polymyxin Antibiotics			
<i>polymyxin b-trimethoprim</i>	T1		
Pyrimidine Antifungals			
<i>flucytosine oral</i>	T1	PA	
Quinolone Antibiotics			
BAXDELA ORAL	T3		

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic drugs			AL = Age Limit
uppercase italics = Generic drugs			PA = Prior Authorization
uppercase = Brand name drugs			QL = Quantity Limit
T2 = Preferred Brand			SP = Specialty Pharmacy
T3 = Non-Preferred Brand			ST = Step Therapy
T4 = Specialty			
Drug Name	Drug Tier	Requirements and Limits	
<i>ciprofloxacin hcl oral</i>	T1		
<i>levofloxacin oral</i>	T1		
<i>moxifloxacin hcl ophthalmic solution</i>	T1	QL (3 ML per 30 days)	
<i>moxifloxacin hcl oral</i>	T1		
<i>ofloxacin ophthalmic</i>	T1		
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1		
<i>ofloxacin otic</i>	T1		
Rifamycin Antibiotics			
PRIFTIN	T3		
<i>rifabutin</i>	T1		
<i>rifampin oral</i>	T1		
XIFAXAN	T3	PA	
Sulfonamide Antibiotics (Systemic)			
<i>sulfadiazine oral</i>	T1		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1		
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1		
<i>sulfasalazine oral</i>	T1	90DS	
Tetracycline Antibiotics			
<i>demeclocycline hcl oral</i>	T1		
<i>doxycycline hyclate oral capsule</i>	T1		
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1		
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1		
<i>minocycline hcl oral capsule</i>	T1		
<i>tetracycline hcl oral capsule</i>	T1		
Urinary Anti-Infectives			
<i>methenamine hippurate</i>	T1		
MONUROL	T3	QL (1 EA per 1 day)	
<i>nitrofurantoin macrocrystal oral</i>	T1		

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>nitrofurantoin monohyd macro</i>	T1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<i>trimethoprim oral</i>	T1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate oral tablet 250 mg</i>	T4	SP
<i>abiraterone acetate oral tablet 500 mg</i>	T4	PA
ALECENSA	T4	PA; SP
ALUNBRIG	T4	PA; SP
<i>anastrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
AYVAKIT	T4	PA; SP
BALVERSA	T4	PA; SP
<i>bexarotene oral</i>	T4	PA; SP
<i>bicalutamide</i>	T1	
BOSULIF	T4	PA; SP
BRAFTOVI ORAL CAPSULE 75 MG	T4	PA; SP
BRUKINSA	T4	PA; SP
CABOMETYX	T4	PA; SP
CALQUENCE ORAL TABLET	T4	PA; SP
<i>capecitabine</i>	T1	
CAPRELSA	T4	PA; SP
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP
COPIKTRA	T4	PA; SP
COTELLIC	T4	PA; SP
<i>cyclophosphamide oral capsule</i>	T1	

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<i>dasatinib</i>	T4	PA
DAURISMO	T4	PA; SP
DROXIA	T3	
ELIGARD	T4	PA; SP
EMCYT	T4	SP
ERIVEDGE	T4	PA; SP
ERLEADA	T4	PA; SP
<i>erlotinib hcl</i>	T4	PA; SP
<i>etoposide oral</i>	T4	SP
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP
<i>everolimus oral tablet soluble</i>	T4	PA; SP
<i>exemestane</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
EXKIVITY	T4	PA; SP
<i>fluorouracil external cream 0.5 %</i>	T1	
<i>fluorouracil external cream 5 %</i>	T1	QL (40 g per 30 days)
<i>fluorouracil external solution</i>	T1	
FOTIVDA	T4	PA; SP
GAVRETO	T4	PA; SP
<i>gefitinib</i>	T4	PA; SP
GILOTrif	T4	PA; SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T4	PA; SP
HYCAMTIN ORAL	T4	SP
<i>hydroxyurea oral</i>	T1	
IBRANCE	T4	PA; SP
ICLUSIG	T4	PA; SP
IDHIFA	T4	PA; SP
<i>imatinib mesylate</i>	T1	PA; SP

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
IMBRUVICA ORAL CAPSULE 140 MG	T4	PA; SP; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	T4	PA; SP
IMBRUVICA ORAL SUSPENSION	T4	PA; SP
IMBRUVICA ORAL TABLET 140 MG	T4	PA; SP; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	T4	PA; SP
INLYTA	T4	PA; SP
INQOVI	T4	PA; SP
INREBIC	T4	PA; SP
JAKAFI	T4	PA; SP
JAYPIRCA	T4	PA; SP
KISQALI FEMARA (200 MG DOSE)	T4	PA; SP
KISQALI FEMARA (400 MG DOSE)	T4	PA; SP
KISQALI FEMARA (600 MG DOSE)	T4	PA; SP
KOSELUGO	T4	PA; SP
KRAZATI	T4	PA; SP
<i>lapatinib ditosylate</i>	T4	PA
<i>lenalidomide</i>	T4	PA
LENVIMA (10 MG DAILY DOSE)	T4	PA; SP
LENVIMA (12 MG DAILY DOSE)	T4	PA; SP
LENVIMA (14 MG DAILY DOSE)	T4	PA; SP
LENVIMA (18 MG DAILY DOSE)	T4	PA; SP
LENVIMA (20 MG DAILY DOSE)	T4	PA; SP
LENVIMA (24 MG DAILY DOSE)	T4	PA; SP
LENVIMA (4 MG DAILY DOSE)	T4	PA; SP
LENVIMA (8 MG DAILY DOSE)	T4	PA; SP
<i>letrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEUKERAN	T4	
<i>leuprolide acetate (3 month)</i>	T4	PA; SP
<i>leuprolide acetate injection</i>	T4	SP

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
LONSURF	T4	PA; SP
LORBRENA	T4	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 320 MG	T4	PA; SP
LUPRON DEPOT (1-MONTH)	T4	PA; SP
LUPRON DEPOT (3-MONTH)	T4	PA; SP
LUPRON DEPOT (4-MONTH)	T4	PA; SP
LUPRON DEPOT (6-MONTH)	T4	PA; SP
LYNPARZA ORAL TABLET	T4	PA; SP
LYSODREN	T4	
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SP
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SP
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SP
MATULANE	T4	SP
MAVENCLAD (10 TABS)	T4	PA; SP
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T1	90DS
<i>megestrol acetate oral tablet</i>	T1	
MEKINIST	T4	PA; SP
MEKTOVI	T4	PA; SP
<i>mercaptopurine oral</i>	T1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
NERLYNX	T4	PA; SP
<i>nilutamide</i>	T4	SP
NINLARO	T4	PA; SP
NUBEQA	T4	PA; SP
ODOMZO	T4	PA; SP
ONUREG	T4	PA; SP
OPZELURA	T4	PA
ORSERDU	T4	PA; SP
<i>pazopanib hcl</i>	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
PEMAZYRE	T4	PA; SP
PIQRAY (200 MG DAILY DOSE)	T4	PA; SP
PIQRAY (250 MG DAILY DOSE)	T4	PA; SP
PIQRAY (300 MG DAILY DOSE)	T4	PA; SP
POMALYST	T4	PA; SP
PURIXAN	T4	SP
QINLOCK	T4	PA; SP
RETEVMO	T4	PA; SP
REVLIMID	T4	PA; SP
REZLIDHIA	T4	PA; SP
ROZLYTREK	T4	PA; SP
RUBRACA	T4	PA; SP
RUXIENCE	T4	PA; SP
RYDAPT	T4	PA; SP
SCEMBLIX	T4	PA; SP
SOLTAMOX	T4	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>sorafenib tosylate</i>	T4	PA
STIVARGA	T4	PA; SP
<i>sunitinib malate</i>	T4	PA
SYNRIBO	T4	PA; SP
TABLOID	T4	PA; SP
TABRECTA	T4	PA; SP
TAFINLAR	T4	PA; SP
TAGRISSO	T4	PA; SP
TALZENNA	T4	PA; SP
<i>tamoxifen citrate oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
TARGETIN EXTERNAL	T4	PA; SP
TASIGNA	T4	PA; SP
TAZVERIK	T4	PA; SP
TECVAYLI	T4	PA; SP
TEPMETKO	T4	PA; SP
THALOMID	T4	PA; SP
TIBSOVO	T4	PA; SP
<i>toremifene citrate</i>	T1	90DS
TRELSTAR MIXJECT	T4	PA; SP
<i>tretinoin oral</i>	T4	SP
TRUXIMA	T4	PA; SP
TUKYSA	T4	PA; SP
TURALIO ORAL CAPSULE 125 MG	T4	PA; SP
VENCLEXTA	T4	PA; SP
VENCLEXTA STARTING PACK	T4	PA; SP
VERZENIO	T4	PA; SP
VITRAKVI	T4	PA; SP
VIZIMPRO	T4	PA; SP
WELIREG	T4	PA; SP
XALKORI	T4	PA; SP

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
XATMEP	T3	PA
XOSPATA	T4	PA; SP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T4	PA; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA; SP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA; SP
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T4	PA; SP
XPOVIO (60 MG TWICE WEEKLY)	T4	PA; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA; SP
XPOVIO (80 MG TWICE WEEKLY)	T4	PA; SP
XTANDI	T4	PA; SP
YONSA	T4	PA; SP
ZEJULA ORAL TABLET	T4	PA; SP
ZELBORAF	T4	PA; SP
ZOLINZA	T4	PA; SP
ZYDELIG	T4	PA; SP
ZYKADIA ORAL TABLET	T4	PA; SP
Antitoxins, Immune Glob, Toxoids, Vaccines		
Antitoxins And Immune Globulins		
ALYGLO	T4	PA
ASCENIV	T4	PA; SP
BIVIGAM	T4	PA; SP
CUTAQUIG	T4	PA; SP
CUVITRU	T4	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	T4	PA; SP
GAMASTAN	T4	PA; SP

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
GAMMAGARD	T4	PA; SP
GAMMAGARD S/D LESS IGA	T4	PA; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML	T4	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	T4	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	T4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	T4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
HYQVIA	T4	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML	T4	PA; SP
PANZYGA	T4	PA; SP
PRIVIGEN	T4	PA; SP
XEMBIFY	T4	PA; SP
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T2	ACA Preventative Medication-\$0 Copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T2	ACA Preventative Medication-\$0 Copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	T2	ACA Preventative Medication-\$0 Copay
INFANRIX	T2	ACA Preventative Medication-\$0 Copay
TDVAX	T2	ACA Preventative Medication-\$0 Copay

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Vaccines		
ABRYSVO	T2	ACA Preventative Medication-\$0 Copay; QL (1 dose per 2 years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T2	ACA Preventative Medication-\$0 Copay
AFLURIA	T2	ACA Preventative Medication-\$0 Copay
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
AREXVY	T2	ACA Preventative Medication-\$0 Copay; QL (1 dose per 2 years)
BEXSERO	T2	ACA Preventative Medication-\$0 Copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T2	ACA Preventative Medication-\$0 Copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
CAPVAXIVE	T2	QL (0.5 ML per 1 lifetime)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	T2	ACA Preventative Medication-\$0 Copay
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	T2	ACA Preventative Medication-\$0 Copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
FLUAD	T2	ACA Preventative Medication-\$0 Copay

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
FLUCELVAX INTRAMUSCULAR SUSPENSION	T2	ACA Preventative Medication-\$0 Copay
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
FLUMIST	T2	ACA Preventative Medication-\$0 Copay
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
FLUZONE INTRAMUSCULAR SUSPENSION	T2	ACA Preventative Medication-\$0 Copay
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
GARDASIL 9	T2	ACA Preventative Medication-\$0 Copay
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T2	ACA Preventative Medication-\$0 Copay
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
INFANRIX	T2	ACA Preventative Medication-\$0 Copay
MENACTRA INTRAMUSCULAR SOLUTION	T2	ACA Preventative Medication-\$0 Copay
MENQUADFI INTRAMUSCULAR SOLUTION	T2	ACA Preventative Medication-\$0 Copay
MENVEO	T2	ACA Preventative Medication-\$0 Copay
M-M-R II INJECTION	T2	ACA Preventative Medication-\$0 Copay

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
MRESVIA	T2	QL (1 dose per 2 years)
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe</i>	T2	ACA Preventative Medication-\$0 Copay.
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	T2	ACA Preventative Medication-\$0 Copay
<i>pizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	T2	ACA Preventative Medication-\$0 Copay
PNEUMOVAX 23 INJECTION SOLUTION	T2	ACA Preventative Medication-\$0 Copay; QL (0.5 ML per 1 lifetime)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay; QL (0.5 ML per 1 lifetime)
PREHEVBRIOS	T2	ACA Preventative Medication-\$0 Copay
PREVNAR 20	T2	ACA Preventative Medication-\$0 Copay; QL (0.5 ML per 1 lifetime)
PRIORIX	T2	ACA Preventative Medication-\$0 Copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	T2	ACA Preventative Medication-\$0 Copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T2	ACA Preventative Medication-\$0 Copay
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T2	ACA Preventative Medication-\$0 Copay
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
---	--	--

Drug Name	Drug Tier	Requirements and Limits
TRUMENBA	T2	ACA Preventative Medication-\$0 Copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T2	ACA Preventative Medication-\$0 Copay
VARIVAX INJECTION	T2	ACA Preventative Medication-\$0 Copay
VAXNEUVANCE	T2	ACA Preventative Medication-\$0 Copay; QL (0.5 ML per 1 lifetime)

Autonomic Drugs

Alpha- And Beta-Adrenergic Agonists

<i>epinephrine injection solution auto-injector</i>	T1	QL (2 EA per 30 days)
---	----	-----------------------

Alpha-Adrenergic Agonists

<i>clonidine</i>	T1	90DS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T1	90DS; QL (120 EA per 30 days)
<i>clonidine hcl oral</i>	T1	90DS
<i>lofexidine hcl</i>	T4	
<i>methyldopa oral</i>	T1	90DS
<i>midodrine hcl</i>	T1	

Antimuscarinics/Antispasmodics

ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T3	ST; QL (60 Inhaler per 30 days)
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	90DS
ATROVENT HFA	T3	QL (12.9 Inhaler per 25 days)
BEVESPI AEROSPHERE	T2	90DS; QL (10.7 Inhaler per 30 days)
BREZTRI AEROSPHERE	T2	90DS; QL (1 Inhaler per 30 days)

Drug Tier		Requirements and Limits	
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible	
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit	
	T3 = Non-Preferred Brand	PA = Prior Authorization	
	T4 = Specialty	QL = Quantity Limit	
		SP = Specialty Pharmacy	
		ST = Step Therapy	
Drug Name	Drug Tier	Requirements and Limits	
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)	
<i>dicyclomine hcl oral</i>	T1		
<i>diphenoxylate-atropine oral liquid</i>	T1		
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)	
<i>ipratropium bromide inhalation</i>	T1	90DS	
<i>ipratropium bromide nasal</i>	T1	90DS	
<i>ipratropium-albuterol</i>	T1	90DS	
<i>methscopolamine bromide oral</i>	T1		
<i>scopolamine</i>	T1	QL (10 EA per 30 days)	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)	
<i>tiotropium bromide monohydrate</i>	T1	90DS; QL (30 EA per 30 days)	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)	
Antiparkinsonian Agents			
<i>benztropine mesylate oral</i>	T1	90DS	
GOCOVRI	T3	PA	
<i>trihexyphenidyl hcl</i>	T1	90DS	
Autonomic Drugs, Miscellaneous			
<i>cvs nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay	

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
cvs <i>nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
cvs <i>nicotine transdermal</i>	T1	ACA Preventative Medication-\$0 Copay
eq <i>nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
eq <i>nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
eq <i>nicotine step 3</i>	T1	ACA Preventative Medication-\$0 Copay
eq <i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
gnp <i>nicotine mini mouth/throat lozenge 2 mg</i>	T1	ACA Preventative Medication-\$0 Copay
gnp <i>nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
gnp <i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
goodsense <i>nicotine</i>	T1	ACA Preventative Medication-\$0 Copay
hm <i>nicotine polacrilex mouth/throat gum</i>	T1	ACA Preventative Medication-\$0 Copay
hm <i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	T1	ACA Preventative Medication-\$0 Copay
hm <i>nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
KLS QUIT2	T1	ACA Preventative Medication-\$0 Copay
KLS QUIT4	T1	ACA Preventative Medication-\$0 Copay
NICORELIEF MOUTH/THROAT GUM 2 MG	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine</i>	T1	ACA Preventative Medication-\$0 Copay

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	Drug Tier	90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
UPPERCASE = Brand name drugs	T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
<i>nicotine mini</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine polacrilex mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine step 1</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine step 2</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine step 3</i>	T1	ACA Preventative Medication-\$0 Copay
NICOTROL	T2	ACA Preventative Medication-\$0 Copay
NICOTROL NS	T2	ACA Preventative Medication-\$0 Copay
<i>px stop smoking aid mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra mini nicotine</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine polacrilex mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine transdermal patch 24 hour 21 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine transdermal patch 24 hour 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T1	ACA Preventative Medication-\$0 Copay; QL (56 EA per 28 days)

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Botulinum Toxins		
DYSPORT	T4	PA; SP
XEOMIN	T4	PA; SP
Centrally Acting Skeletal Muscle Relaxnt		
<i>carisoprodol oral tablet 350 mg</i>	T1	PA; QL (63 EA per 21 days)
<i>chlorzoxazone oral tablet 500 mg</i>	T1	QL (120 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	T1	QL (480 EA per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	T1	QL (300 EA per 30 days)
<i>tizanidine hcl oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>tizanidine hcl oral tablet 4 mg</i>	T1	QL (240 EA per 30 days)
Direct-Acting Skeletal Muscle Relaxants		
<i>dantrolene sodium oral capsule 100 mg</i>	T1	QL (120 EA per 30 days)
<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	T1	QL (90 EA per 30 days)
Gaba-Derivative Skeletal Muscle Relaxant		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	QL (120 EA per 30 days)
Indirect-Acting Skeletal Muscle Relaxant		
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
Non-Sel. Beta-Adrenergic Blocking Agents		
<i>carvedilol</i>	T1	90DS
<i>labetalol hcl oral</i>	T1	90DS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>nebivolol hcl</i>	T1	90DS
<i>pindolol</i>	T1	90DS
<i>propranolol hcl er</i>	T1	90DS
<i>propranolol hcl oral</i>	T1	90DS
<i>sotalol hcl (af)</i>	T1	90DS
<i>sotalol hcl oral</i>	T1	90DS
<i>timolol maleate oral</i>	T1	90DS

Non-Sel.Alpha-1-Adrenergic Blocking Agts

<i>doxazosin mesylate oral</i>	T1	90DS
<i>prazosin hcl oral</i>	T1	90DS
<i>terazosin hcl oral</i>	T1	90DS

Non-Sel.Alpha-Adrenergic Blocking Agents

<i>dihydroergotamine mesylate nasal</i>	T1	QL (8 ML per 30 days)
<i>ergoloid mesylates oral</i>	T1	90DS
ERGOMAR	T3	QL (5 EA per 30 days)
<i>ergotamine-caffeine</i>	T1	QL (40 EA per 30 days)
<i>phenoxybenzamine hcl oral</i>	T4	SP

Parasympathomimetic (Cholinergic Agents)

<i>bethanechol chloride oral</i>	T1	
<i>cevimeline hcl</i>	T1	90DS
<i>donepezil hcl</i>	T1	90DS
FIRDAPSE	T4	PA; SP
<i>galantamine hydrobromide er</i>	T1	90DS
<i>galantamine hydrobromide oral tablet</i>	T1	90DS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	90DS
<i>pilocarpine hcl oral</i>	T1	90DS
<i>pyridostigmine bromide er</i>	T1	

		Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic		90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand		AL = Age Limit
	T3 = Non-Preferred Brand		PA = Prior Authorization
	T4 = Specialty		QL = Quantity Limit
			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1		
<i>rivastigmine</i>	T1	ST; 90DS	
<i>rivastigmine tartrate</i>	T1	90DS	
VUITY	T3	PA	
Selective Alpha-1-Adrenergic Block Agent			
<i>alfuzosin hcl er</i>	T1	90DS; QL (30 EA per 30 days)	
<i>carvedilol</i>	T1	90DS	
<i>dutasteride-tamsulosin hcl</i>	T1	90DS	
<i>labetalol hcl oral</i>	T1	90DS	
<i>silodosin</i>	T1	ST; 90DS	
<i>tamsulosin hcl</i>	T1	90DS	
Selective Beta-2-Adrenergic Agonists			
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	90DS	
<i>albuterol sulfate inhalation</i>	T1	90DS	
<i>albuterol sulfate oral</i>	T1	90DS	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T3	ST; QL (60 Inhaler per 30 days)	
BEVESPI AEROSPHERE	T2	90DS; QL (10.7 Inhaler per 30 days)	
BREZTRI AEROSPHERE	T2	90DS; QL (1 Inhaler per 30 days)	
<i>budesonide-formoterol fumarate</i>	T2	90DS; QL (10.2 GM per 30 days)	
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T2	90DS; QL (60 EA per 30 days)	

		Drug Tier	Requirements and Limits
lowercase italics = Generic drugs		T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs		T2 = Preferred Brand	AL = Age Limit
		T3 = Non-Preferred Brand	PA = Prior Authorization
		T4 = Specialty	QL = Quantity Limit
			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	90DS; QL (60 EA per 30 days)	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	90DS; QL (1 EA per 30 days)	
<i>formoterol fumarate inhalation</i>	T1	90DS; QL (120 ml per 30 days)	
<i>ipratropium-albuterol</i>	T1	90DS	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	ST; 90DS	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)	
STRIVERDI RESPIMAT	T2	90DS; QL (4 GM per 30 days)	
<i>terbutaline sulfate oral</i>	T1	90DS	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)	
Selective Beta-Adrenergic Blocking Agent			
<i>acebutolol hcl oral</i>	T1	90DS	
<i>atenolol oral</i>	T1	90DS	
<i>betaxolol hcl</i>	T1	90DS	
<i>bisoprolol fumarate oral</i>	T1	90DS	
<i>metoprolol succinate er</i>	T1	90DS	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	90DS	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS	
Skeletal Muscle Relaxants, Miscellaneous			
DYSPORT	T4	PA; SP	

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
XEOMIN	T4	PA; SP
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det)</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs nicotine transdermal</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine step 3</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense nicotine</i>	T1	ACA Preventative Medication-\$0 Copay
<i>hm nicotine polacrilex mouth/throat gum</i>	T1	ACA Preventative Medication-\$0 Copay
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay

Drug Name	Drug Tier	Requirements and Limits
KLS QUIT2	T1	ACA Preventative Medication-\$0 Copay
KLS QUIT4	T1	ACA Preventative Medication-\$0 Copay
<i>naltrexone hcl oral</i>	T1	
NICORELIEF MOUTH/THROAT GUM 2 MG	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine mini</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine polacrilex mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine step 1</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine step 2</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine step 3</i>	T1	ACA Preventative Medication-\$0 Copay
NICOTROL	T2	ACA Preventative Medication-\$0 Copay
NICOTROL NS	T2	ACA Preventative Medication-\$0 Copay
<i>px stop smoking aid mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra mini nicotine</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine polacrilex mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine transdermal patch 24 hour 21 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay

		Drug Tier	Requirements and Limits		
lowercase italics = Generic drugs	T1 = Generic		90DS = 90 Day Supply Eligible		
UPPERCASE = Brand name drugs	T2 = Preferred Brand		AL = Age Limit		
	T3 = Non-Preferred Brand		PA = Prior Authorization		
	T4 = Specialty		QL = Quantity Limit		
			SP = Specialty Pharmacy		
			ST = Step Therapy		
Drug Name	Drug Tier	Requirements and Limits			
<i>sm nicotine mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay			
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	T1	ACA Preventative Medication-\$0 Copay			
<i>sm nicotine transdermal patch 24 hour 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay			
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T1	ACA Preventative Medication-\$0 Copay; QL (56 EA per 28 days)			
Blood Formation, Coagulation, Thrombosis					
Antianemia Drugs					
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA; SP			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA; SP			
JESDUVROQ	T4	PA			
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T2	PA; SP			
Anticoagulants, Miscellaneous					
<i>fondaparinux sodium</i>	T1				
Blood Form.,Coag,Thrombosis Agents Misc.					
PYRUKYND	T4	PA; SP			
PYRUKYND TAPER PACK	T4	PA; SP			
Coumarin Derivatives					
JANTOVEN	T1	90DS			
<i>warfarin sodium oral</i>	T1	90DS			
Direct Factor Xa Inhibitors					

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	90DS; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	90DS; QL (74 EA per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	90DS; QL (600 ML per 30 days); AL (Max 18 Years)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	90DS; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	T2	90DS; QL (60 EA per 30 days)
XARELTO STARTER PACK	T2	QL (51 EA per 30 days)
Direct Thrombin Inhibitors		
<i>dabigatran etexilate mesylate</i>	T1	90DS; QL (60 EA per 30 days)
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA; SP
DOPTELET ORAL TABLET 20 MG	T4	PA; SP
FULPHILA	T4	PA; SP
JESDUVROQ	T4	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED	T4	PA; SP
NIVESTYM	T4	PA; SP
PROMACTA	T4	PA; SP
<i>releuko subcutaneous</i>	T4	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T2	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline er</i>	T1	90DS
Hemostatics		
<i>aminocaproic acid oral tablet</i>	T1	

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>desmopressin ace spray refrig</i>	T1	90DS; QL (15 ML per 30 days)
<i>desmopressin acetate oral</i>	T1	90DS
<i>desmopressin acetate spray</i>	T1	90DS; QL (15 ML per 30 days)
<i>tranexamic acid oral</i>	T1	
Heparins		
<i>enoxaparin sodium injection solution prefilled syringe</i>	T1	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	T3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	T3	QL (15 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	T3	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	T3	QL (21.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	T3	QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	T3	QL (9 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	T1	
Indirect Factor Xa Inhibitors		
<i>fondaparinux sodium</i>	T1	
Iron Preparations		
<i>m-natal plus</i>	T1	
<i>pnv prenatal plus multivitamin</i>	T1	
PRENATABS RX	T1	
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>westab plus</i>	T1	
Platelet-Aggregation Inhibitors		

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<i>adult aspirin regimen</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin 81 oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin-dipyridamole er</i>	T1	90DS
BRILINTA	T2	90DS
<i>childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cilostazol</i>	T1	90DS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	T1	90DS
<i>cvs aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<i>cvs aspirin adult low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>dipyridamole oral</i>	T1	90DS
<i>eq aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eql aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>h-e-b aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>hm aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kls aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kp aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>prasugrel hcl</i>	T1	90DS

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>px aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>px enteric aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>qc aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>qc childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec adult low st</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb low dose asa ec</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
ZONTIVITY	T3	PA
Platelet-Reducing Agents		
<i>anagrelide hcl</i>	T1	90DS
Thrombolytic Agents		

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>adult aspirin regimen</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin 81 oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	Drug Tier	Requirements and Limits
UPPERCASE = Brand name drugs	T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
cvs aspirin low dose	T1	ACA Preventative Medication-\$0 Copay
cvs aspirin low strength oral tablet delayed release	T1	ACA Preventative Medication-\$0 Copay
eq aspirin adult low dose	T1	ACA Preventative Medication-\$0 Copay
eq aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-\$0 Copay
eql aspirin low dose	T1	ACA Preventative Medication-\$0 Copay
gnp adult aspirin low strength oral tablet chewable	T1	ACA Preventative Medication-\$0 Copay
gnp aspirin low dose	T1	ACA Preventative Medication-\$0 Copay
gnp aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-\$0 Copay
goodsense aspirin low dose	T1	ACA Preventative Medication-\$0 Copay
goodsense aspirin oral tablet chewable	T1	ACA Preventative Medication-\$0 Copay
h-e-b aspirin	T1	ACA Preventative Medication-\$0 Copay
hm aspirin ec low dose	T1	ACA Preventative Medication-\$0 Copay
kls aspirin low dose	T1	ACA Preventative Medication-\$0 Copay
kp aspirin	T1	ACA Preventative Medication-\$0 Copay
px aspirin oral tablet chewable	T1	ACA Preventative Medication-\$0 Copay
px enteric aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-\$0 Copay
qc aspirin low dose	T1	ACA Preventative Medication-\$0 Copay

Drug Tier	Requirements and Limits
T1 = Generic drugs	90DS = 90 Day Supply Eligible
T2 = Preferred Brand	AL = Age Limit
T3 = Non-Preferred Brand	PA = Prior Authorization
T4 = Specialty	QL = Quantity Limit
	SP = Specialty Pharmacy
	ST = Step Therapy

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Drug Tier	Requirements and Limits
<i>qc childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec adult low st</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb low dose asa ec</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay

Cardiovascular Drugs

Acl Inhibitors

NEXLETOL	T3	PA
NEXLIZET	T3	PA

Alpha-Adrenergic Blocking Agents

<i>doxazosin mesylate oral</i>	T1	90DS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS
<i>prazosin hcl oral</i>	T1	90DS
<i>terazosin hcl oral</i>	T1	90DS

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Alpha-Adrenergic Blocking Agt.(Hypoten)			
<i>carvedilol</i>	T1	90DS	
<i>doxazosin mesylate oral</i>	T1	90DS	
<i>labetalol hcl oral</i>	T1	90DS	
<i>prazosin hcl oral</i>	T1	90DS	
<i>terazosin hcl oral</i>	T1	90DS	
Angiotensin II Recep Antagonist/Neprolyns			
ENTRESTO ORAL TABLET	T2	90DS; QL (60 EA per 30 days)	
Angiotensin II Receptor Antagon.(Hypotn)			
<i>candesartan cilexetil</i>	T1	90DS	
<i>irbesartan</i>	T1	90DS	
<i>losartan potassium oral</i>	T1	90DS	
<i>olmesartan medoxomil oral</i>	T1	90DS	
<i>telmisartan</i>	T1	90DS	
<i>valsartan oral tablet</i>	T1	90DS	
Angiotensin II Receptor Antagonists			
<i>amlodipine besylate-valsartan</i>	T1	90DS	
<i>amlodipine-olmesartan</i>	T1	90DS	
<i>candesartan cilexetil</i>	T1	90DS	
<i>candesartan cilexetil-hctz</i>	T1	90DS	
ENTRESTO ORAL TABLET	T2	90DS; QL (60 EA per 30 days)	
<i>irbesartan</i>	T1	90DS	
<i>irbesartan-hydrochlorothiazide</i>	T1	90DS	
<i>losartan potassium oral</i>	T1	90DS	
<i>losartan potassium-hctz</i>	T1	90DS	
<i>olmesartan medoxomil oral</i>	T1	90DS	
<i>olmesartan medoxomil-hctz</i>	T1	90DS	
<i>telmisartan</i>	T1	90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>telmisartan-hctz</i>	T1	90DS	
<i>valsartan oral tablet</i>	T1	90DS	
<i>valsartan-hydrochlorothiazide</i>	T1	90DS	
Angiotensin-Convert Enzyme Inhib(Hypotn)			
<i>benazepril hcl oral</i>	T1	90DS	
<i>captopril oral</i>	T1	90DS	
<i>enalapril maleate oral tablet</i>	T1	90DS	
<i>fosinopril sodium</i>	T1	90DS	
<i>lisinopril oral</i>	T1	90DS	
<i>moexipril hcl</i>	T1	90DS	
<i>perindopril erbumine</i>	T1	90DS	
<i>quinapril hcl</i>	T1	90DS	
<i>ramipril</i>	T1	90DS	
<i>trandolapril</i>	T1	90DS	
Angiotensin-Converting Enzyme Inhibitors			
<i>amlodipine besy-benazepril hcl</i>	T1	90DS	
<i>benazepril hcl oral</i>	T1	90DS	
<i>benazepril-hydrochlorothiazide</i>	T1	90DS	
<i>captopril oral</i>	T1	90DS	
<i>enalapril maleate oral tablet</i>	T1	90DS	
<i>enalapril-hydrochlorothiazide</i>	T1	90DS	
<i>fosinopril sodium</i>	T1	90DS	
<i>lisinopril oral</i>	T1	90DS	
<i>lisinopril-hydrochlorothiazide</i>	T1	90DS	
<i>moexipril hcl</i>	T1	90DS	
<i>perindopril erbumine</i>	T1	90DS	
<i>quinapril hcl</i>	T1	90DS	
<i>quinapril-hydrochlorothiazide</i>	T1	90DS	
<i>ramipril</i>	T1	90DS	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>trandolapril</i>	T1	90DS
Antiarrhythmics, Miscellaneous		
DIGOX	T1	90DS
<i>digoxin oral solution</i>	T1	90DS
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	90DS
Antilipemic Agents, Miscellaneous		
<i>icosapent ethyl</i>	T1	PA; 90DS
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP
NEXLETOL	T3	PA
NEXLIZET	T3	PA
<i>niacin er (antihyperlipidemic)</i>	T1	90DS
<i>omega-3-acid ethyl esters</i>	T1	90DS
VASCEPA	T3	PA
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>atenolol-chlorthalidone</i>	T1	90DS
<i>betaxolol hcl oral</i>	T1	90DS
<i>bisoprolol fumarate oral</i>	T1	90DS
<i>bisoprolol-hydrochlorothiazide</i>	T1	90DS
<i>carvedilol</i>	T1	90DS
<i>doxazosin mesylate oral</i>	T1	90DS
<i>labetalol hcl oral</i>	T1	90DS
<i>metoprolol succinate er</i>	T1	90DS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	90DS
<i>metoprolol-hydrochlorothiazide</i>	T1	90DS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS
<i>nebivolol hcl</i>	T1	90DS
<i>pindolol</i>	T1	90DS

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>prazosin hcl oral</i>	T1	90DS	
<i>propranolol hcl er</i>	T1	90DS	
<i>propranolol hcl oral</i>	T1	90DS	
<i>sotalol hcl (af)</i>	T1	90DS	
<i>sotalol hcl oral</i>	T1	90DS	
<i>terazosin hcl oral</i>	T1	90DS	
<i>timolol maleate oral</i>	T1	90DS	
Bile Acid Sequestrants			
<i>cholestyramine light</i>	T1	90DS	
<i>cholestyramine oral</i>	T1	90DS	
<i>colesevelam hcl</i>	T1	90DS	
<i>colestipol hcl</i>	T1	90DS	
Bradykinin Receptors Antagonists			
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP	
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA	
Calcium-Channel Block.Agt,Misc(Hypoten)			
<i>CARTIA XT</i>	T1	90DS	
<i>diltiazem hcl er beads</i>	T1	90DS	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	90DS	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	90DS	
<i>diltiazem hcl oral</i>	T1	90DS	
<i>dilt-xr</i>	T1	90DS	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	90DS	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
verapamil hcl oral	T1	90DS	
Calcium-Channel Blocking Agents			
CARTIA XT	T1	90DS	
diltiazem hcl er beads	T1	90DS	
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	90DS	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	90DS	
diltiazem hcl oral	T1	90DS	
dilt-xr	T1	90DS	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	90DS	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	90DS	
verapamil hcl oral	T1	90DS	
Calcium-Channel Blocking Agents, Misc.			
CARTIA XT	T1	90DS	
diltiazem hcl er beads	T1	90DS	
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	90DS	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	90DS	
diltiazem hcl oral	T1	90DS	
dilt-xr	T1	90DS	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	90DS	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	90DS	
verapamil hcl oral	T1	90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Carbonic Anhydrase Inhibitors (24:36)			
<i>acetazolamide er</i>	T1	90DS	
<i>acetazolamide oral</i>	T1	90DS	
<i>methazolamide oral</i>	T1	90DS	
Carbonic Anhydrase Inhibitors(Hypoten)			
<i>acetazolamide er</i>	T1	90DS	
<i>acetazolamide oral</i>	T1	90DS	
<i>methazolamide oral</i>	T1	90DS	
Cardiac Drugs, Miscellaneous			
CAMZYOS	T4	PA	
CORLANOR ORAL SOLUTION	T3	PA	
<i>ivabradine hcl</i>	T1	PA; 90DS	
<i>ranolazine er</i>	T1	90DS	
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)	
VYNDAQEL	T4	PA; SP	
Cardiotonic Agents			
CORLANOR ORAL SOLUTION	T3	PA	
DIGOX	T1	90DS	
<i>digoxin oral solution</i>	T1	90DS	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	90DS	
<i>ivabradine hcl</i>	T1	PA; 90DS	
Central Alpha-Agonists (25:24)			
<i>acebutolol hcl oral</i>	T1	90DS	
<i>atenolol oral</i>	T1	90DS	
<i>atenolol-chlorthalidone</i>	T1	90DS	
<i>betaxolol hcl oral</i>	T1	90DS	
<i>bisoprolol fumarate oral</i>	T1	90DS	
<i>bisoprolol-hydrochlorothiazide</i>	T1	90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>carvedilol</i>	T1	90DS	
<i>clonidine</i>	T1	90DS	
<i>clonidine hcl oral</i>	T1	90DS	
<i>guanfacine hcl oral</i>	T1	90DS	
<i>labetalol hcl oral</i>	T1	90DS	
<i>methyldopa oral</i>	T1	90DS	
<i>metoprolol succinate er</i>	T1	90DS	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	90DS	
<i>metoprolol-hydrochlorothiazide</i>	T1	90DS	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS	
<i>nebivolol hcl</i>	T1	90DS	
<i>pindolol</i>	T1	90DS	
<i>propranolol hcl er</i>	T1	90DS	
<i>propranolol hcl oral</i>	T1	90DS	
<i>sotalol hcl (af)</i>	T1	90DS	
<i>sotalol hcl oral</i>	T1	90DS	
<i>timolol maleate oral</i>	T1	90DS	
Cgmp Synthesis Agent			
VERQUVO	T3	PA	
Cholesterol Absorption Inhibitors			
<i>ezetimibe</i>	T1	90DS	
<i>ezetimibe-simvastatin</i>	T1	90DS	
NEXLIZET	T3	PA	
Class Ia Antiarrhythmics			
<i>disopyramide phosphate oral</i>	T1	90DS	
NORPACE CR	T3		
<i>quinidine gluconate er</i>	T1	90DS	
<i>quinidine sulfate oral</i>	T1	90DS	
Class Ib Antiarrhythmics			
DILANTIN ORAL CAPSULE 30 MG	T3		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>mexiletine hcl oral</i>	T1	90DS
PHENYTEK	T3	
<i>phenytoin oral</i>	T1	90DS
<i>phenytoin sodium extended</i>	T1	90DS
Class Ic Antiarrhythmics		
<i>flecainide acetate</i>	T1	90DS
<i>propafenone hcl</i>	T1	90DS
Class II Antiarrhythmics		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>betaxolol hcl</i>	T1	90DS
<i>bisoprolol fumarate oral</i>	T1	90DS
<i>carvedilol</i>	T1	90DS
<i>labetalol hcl oral</i>	T1	90DS
<i>metoprolol succinate er</i>	T1	90DS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	90DS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS
<i>nebivolol hcl</i>	T1	90DS
<i>pindolol</i>	T1	90DS
<i>propranolol hcl er</i>	T1	90DS
<i>propranolol hcl oral</i>	T1	90DS
<i>sotalol hcl (af)</i>	T1	90DS
<i>sotalol hcl oral</i>	T1	90DS
<i>timolol maleate oral</i>	T1	90DS
Class III Antiarrhythmics		
<i>amiodarone hcl oral</i>	T1	90DS
<i>dofetilide</i>	T1	90DS
MULTAQ	T3	
<i>sotalol hcl (af)</i>	T1	90DS
<i>sotalol hcl oral</i>	T1	90DS

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Class Iv Antiarrhythmics			
CARTIA XT	T1	90DS	
<i>diltiazem hcl er beads</i>	T1	90DS	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	90DS	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	90DS	
<i>diltiazem hcl oral</i>	T1	90DS	
<i>dilt-xr</i>	T1	90DS	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	90DS	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS	
<i>verapamil hcl oral</i>	T1	90DS	
Dihydropyridines			
<i>amlodipine besy-benazepril hcl</i>	T1	90DS	
<i>amlodipine besylate oral</i>	T1	90DS	
<i>amlodipine besylate-valsartan</i>	T1	90DS	
<i>amlodipine-atorvastatin</i>	T1	ST; 90DS	
<i>amlodipine-olmesartan</i>	T1	90DS	
<i>felodipine er</i>	T1	90DS	
<i>isradipine</i>	T1	90DS	
<i>nicardipine hcl oral</i>	T1	90DS	
<i>nifedipine er</i>	T1	90DS	
<i>nifedipine er osmotic release</i>	T1	90DS	
<i>nifedipine oral</i>	T1	90DS	
<i>nimodipine oral</i>	T1		
Dihydropyridines (Antihypertensive)			
<i>amlodipine besylate oral</i>	T1	90DS	
<i>felodipine er</i>	T1	90DS	
<i>isradipine</i>	T1	90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>nicardipine hcl oral</i>	T1	90DS	
<i>nifedipine er</i>	T1	90DS	
<i>nifedipine er osmotic release</i>	T1	90DS	
<i>nifedipine oral</i>	T1	90DS	
<i>nimodipine oral</i>	T1		
Direct Vasodilators			
<i>clonidine</i>	T1	90DS	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T1	90DS; QL (120 EA per 30 days)	
<i>clonidine hcl oral</i>	T1	90DS	
<i>guanfacine hcl oral</i>	T1	90DS	
<i>hydralazine hcl oral</i>	T1	90DS	
<i>methyldopa oral</i>	T1	90DS	
<i>minoxidil oral</i>	T1	90DS	
Diuretics, Miscellaneous (Hypotensive)			
<i>theophylline er</i>	T1	90DS	
<i>theophylline oral</i>	T1	90DS	
Fibric Acid Derivatives			
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	90DS	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	T1	90DS	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	90DS	
<i>fenofibric acid oral capsule delayed release</i>	T1	90DS	
<i>fenofibric acid oral tablet 35 mg</i>	T1	90DS	
<i>gemfibrozil oral</i>	T1	90DS	
Hmg-Coa Reductase Inhibitors			
<i>amlodipine-atorvastatin</i>	T1	ST; 90DS	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS	

Drug Tier	Requirements and Limits	
lowercase italics = Generic drugs	90DS = 90 Day Supply Eligible AL = Age Limit	
UPPERCASE = Brand name drugs	PA = Prior Authorization QL = Quantity Limit	
	SP = Specialty Pharmacy ST = Step Therapy	
Drug Name	Drug Tier	Requirements and Limits
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	90DS
<i>ezetimibe-simvastatin</i>	T1	90DS
<i>lovastatin oral tablet 10 mg, 20 mg</i>	T1	90DS
<i>lovastatin oral tablet 40 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<i>pravastatin sodium oral tablet 10 mg, 20 mg</i>	T1	90DS
<i>pravastatin sodium oral tablet 40 mg, 80 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1	90DS
<i>simvastatin oral tablet 10 mg, 5 mg, 80 mg</i>	T1	90DS
<i>simvastatin oral tablet 20 mg, 40 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
Kallikrein		
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
TAKHZYRO	T4	PA; SP
Loop Diuretics (24:36)		
<i>bumetanide oral</i>	T1	90DS
<i>ethacrynic acid oral</i>	T1	PA; 90DS
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	90DS
<i>furosemide oral tablet</i>	T1	90DS
<i>torsemide oral</i>	T1	90DS
Loop Diuretics (Hypotensive Agents)		
<i>bumetanide oral</i>	T1	90DS
<i>ethacrynic acid oral</i>	T1	PA; 90DS
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	90DS
<i>furosemide oral tablet</i>	T1	90DS
<i>torsemide oral</i>	T1	90DS

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Mineralocorticoid (Aldosterone) Antagonists			
<i>eplerenone</i>	T1	90DS	
<i>spironolactone oral tablet</i>	T1	90DS	
<i>spironolactone-hctz</i>	T1	90DS	
Mineralocorticoid(Aldoster.)Antag(Hypot)			
<i>eplerenone</i>	T1	90DS	
<i>spironolactone oral tablet</i>	T1	90DS	
Mtp Protein Inhibitors			
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP	
Nitrates And Nitrates			
<i>acebutolol hcl oral</i>	T1	90DS	
<i>atenolol oral</i>	T1	90DS	
<i>betaxolol hcl oral</i>	T1	90DS	
<i>bisoprolol fumarate oral</i>	T1	90DS	
<i>carvedilol</i>	T1	90DS	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	90DS	
<i>isosorbide mononitrate</i>	T1	90DS	
<i>isosorbide mononitrate er</i>	T1	90DS	
<i>labetalol hcl oral</i>	T1	90DS	
<i>metoprolol succinate er</i>	T1	90DS	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	90DS	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS	
<i>NITRO-BID</i>	T3		
<i>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</i>	T3		
<i>nitroglycerin rectal</i>	T3		
<i>nitroglycerin sublingual</i>	T1	90DS	

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>nitroglycerin transdermal patch 24 hour</i>	T1	90DS
<i>nitroglycerin translingual solution</i>	T1	90DS
<i>pindolol</i>	T1	90DS
<i>propranolol hcl er</i>	T1	90DS
<i>propranolol hcl oral</i>	T1	90DS
<i>sotalol hcl (af)</i>	T1	90DS
<i>sotalol hcl oral</i>	T1	90DS
<i>timolol maleate oral</i>	T1	90DS
Omega-3-Mediated Antilipemics		
<i>icosapent ethyl</i>	T1	PA; 90DS
<i>omega-3-acid ethyl esters</i>	T1	90DS
VASCEPA	T3	PA
Pcsk9 Inhibitors		
REPATHA	T2	PA
REPATHA PUSHTRONEX SYSTEM	T2	PA
REPATHA SURECLICK	T2	PA
Phosphodiesterase Type 5 Inhibitors		
<i>aspirin-dipyridamole er</i>	T1	90DS
<i>cilostazol</i>	T1	90DS
<i>dipyridamole oral</i>	T1	90DS
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS; SP
<i>tadalafil (pah)</i>	T1	PA; 90DS
Potassium-Sparing Diuretic		
<i>amiloride hcl oral</i>	T1	90DS
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
Potassium-Sparing Diuretics (Hypoten)		

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>amiloride hcl oral</i>	T1	90DS	
<i>eplerenone</i>	T1	90DS	
<i>spironolactone oral tablet</i>	T1	90DS	
Renin-Angioten.-Aldost. Sys. Inhib, Misc			
ENTRESTO ORAL TABLET	T2	90DS; QL (60 EA per 30 days)	
Steroidal Mineralocorticoid Receptor Ant			
<i>eplerenone</i>	T1	90DS	
<i>spironolactone oral tablet</i>	T1	90DS	
<i>spironolactone-hctz</i>	T1	90DS	
Thiazide Diuretics (24:36)			
<i>hydrochlorothiazide oral</i>	T1	90DS	
Thiazide Diuretics(Hypotensive Agents)			
<i>hydrochlorothiazide oral</i>	T1	90DS	
Thiazide-Like Diuretics (24:36)			
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	90DS	
<i>indapamide oral</i>	T1	90DS	
<i>metolazone</i>	T1	90DS	
Thiazide-Like Diuretics(Hypotensive Agt)			
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	90DS	
<i>indapamide oral</i>	T1	90DS	
<i>metolazone</i>	T1	90DS	
Vasodilating Agents, Miscellaneous			
<i>ambrisentan</i>	T4	PA; SP	
<i>amlodipine besylate oral</i>	T1	90DS	
<i>bosentan</i>	T4	PA; SP	
<i>CARTIA XT</i>	T1	90DS	
<i>CORLANOR ORAL SOLUTION</i>	T3	PA	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>diltiazem hcl er beads</i>	T1	90DS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	90DS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>diltiazem hcl oral</i>	T1	90DS
<i>dilt-xr</i>	T1	90DS
<i>dipyridamole oral</i>	T1	90DS
<i>ivabradine hcl</i>	T1	PA; 90DS
<i>nicardipine hcl oral</i>	T1	90DS
<i>nifedipine er</i>	T1	90DS
<i>nifedipine er osmotic release</i>	T1	90DS
<i>nifedipine oral</i>	T1	90DS
<i>nimodipine oral</i>	T1	
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
<i>phenoxybenzamine hcl oral</i>	T4	SP
TYVASO	T4	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	T4	PA; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per lifetime)
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
VENTAVIS	T4	PA; SP
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	90DS

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS	
<i>verapamil hcl oral</i>	T1	90DS	
VERQUVO	T3	PA	
Central Nervous System Agents			
Adamantanes (Cns)			
<i>amantadine hcl oral capsule</i>	T1	90DS	
<i>amantadine hcl oral solution</i>	T1	90DS	
GOCOVRI	T3	PA	
Amphetamines			
ADZENYS XR-ODT	T3	ST; QL (30 EA per 30 days); AL (Max 21 Years)	
<i>amphetamine sulfate oral tablet 10 mg</i>	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)	
<i>amphetamine sulfate oral tablet 5 mg</i>	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)	
<i>amphetamine-dextroamphet er</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)	
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)	
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T1	QL (120 EA per 30 days); AL (Max 21 Years)	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 EA per 30 days); AL (Max 21 Years)	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)	
<i>lisdexamfetamine dimesylate oral capsule</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Amyotrophic Lateral Sclerosis(Als) Agent			
RADICAVA ORS	T4	PA; SP	
RADICAVA ORS STARTER KIT	T4	PA; SP	
riluzole	T1	90DS; SP	
Analgesics And Antipyretics, Misc.			
<i>acetaminophen-codeine oral solution</i>	T1	QL (4500 ML per 30 days); AL (Min 18 Years)	
<i>acetaminophen-codeine oral tablet</i>	T1	QL (180 EA per 30 days); AL (Min 18 Years)	
<i>butilbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (36 EA per 30 days)	
<i>butilbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (18 EA per 30 days); AL (Min 18 Years)	
<i>butilbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)	
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)	
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)	
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)	
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1		
<i>tramadol-acetaminophen</i>	T1	QL (40 EA per 5 days)	
Anticholinergic Agents (Cns)			
<i>benztropine mesylate oral</i>	T1	90DS	
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)	
<i>trihexyphenidyl hcl</i>	T1	90DS	
Anticonvulsants, Miscellaneous			

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
APTIOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION	T3	ST; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	T3	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	T1	90DS
<i>carbamazepine er oral tablet extended release 12 hour</i>	T1	90DS
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	90DS; AL (Max 12 Years)
<i>carbamazepine oral tablet</i>	T1	90DS
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	90DS
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	T4	ST; SP; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	T4	ST; SP; QL (6 EA per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	90DS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	90DS
<i>divalproex sodium oral tablet delayed release</i>	T1	90DS
EPIDIOLEX	T4	ST; SP; QL (500 ml per 28 days)
EQUETRO	T3	
<i>felbamate</i>	T1	90DS
FINTEPLA	T4	ST; SP; QL (360 ml per 30 days)
FYCOMPA ORAL SUSPENSION	T3	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET	T3	ST; QL (30 EA per 30 days)
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	Drug Tier	Requirements and Limits
UPPERCASE = Brand name drugs	T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	T1	90DS; QL (1200 ML per 30 days)
<i>lacosamide oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
<i>lamotrigine er</i>	T1	90DS
<i>lamotrigine oral tablet</i>	T1	90DS
<i>lamotrigine oral tablet chewable</i>	T1	90DS
<i>lamotrigine starter kit-blue</i>	T1	
<i>lamotrigine starter kit-green</i>	T1	
<i>lamotrigine starter kit-orange</i>	T1	
<i>levetiracetam er</i>	T1	90DS
<i>levetiracetam oral</i>	T1	90DS
<i>oxcarbazepine oral suspension</i>	T1	90DS; AL (Max 12 Years)
<i>oxcarbazepine oral tablet</i>	T1	90DS
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	90DS; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	T1	90DS; QL (900 ML per 30 days)
<i>rufinamide oral suspension</i>	T1	90DS; QL (2400 ML per 30 days); AL (Max 12 Years)
<i>rufinamide oral tablet</i>	T1	ST; 90DS; QL (240 EA per 30 days)
<i>tiagabine hcl</i>	T1	90DS
<i>topiramate oral</i>	T1	90DS
<i>valproic acid oral capsule</i>	T1	90DS
<i>valproic acid oral solution 250 mg/5ml</i>	T1	90DS
<i>vigabatrin oral packet</i>	T1	ST; 90DS; SP; QL (180 EA per 30 days)
<i>vigabatrin oral tablet</i>	T1	ST; 90DS; QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Antidepressants, Miscellaneous		
<i>bupropion hcl er (smoking det)</i>	T1	ACA Preventative Medication-\$0 Copay
<i>bupropion hcl er (sr)</i>	T1	90DS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	T1	90DS
<i>bupropion hcl oral</i>	T1	90DS
<i>mirtazapine oral</i>	T1	90DS
Antimanic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	T2	QL (3.2 ML per 60 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T2	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T2	QL (1 EA per 28 days)
<i>aripiprazole oral solution</i>	T1	90DS; QL (750 ML per 30 days); AL (Max 12 Years)
<i>aripiprazole oral tablet</i>	T1	90DS; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T1	90DS; QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T2	QL (2.4 ML per 168 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T2	QL (3.9 ML per 56 days)

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T2	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T2	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T2	QL (3.2 ML per 28 days)
<i>asenapine maleate</i>	T1	ST; 90DS; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	T1	90DS
<i>carbamazepine er oral tablet extended release 12 hour</i>	T1	90DS
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	90DS; AL (Max 12 Years)
<i>carbamazepine oral tablet</i>	T1	90DS
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	90DS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	90DS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	90DS
<i>divalproex sodium oral tablet delayed release</i>	T1	90DS
EQUETRO	T3	
<i>lamotrigine er</i>	T1	90DS
<i>lamotrigine oral tablet</i>	T1	90DS
<i>lamotrigine oral tablet chewable</i>	T1	90DS
<i>lamotrigine starter kit-blue</i>	T1	
<i>lamotrigine starter kit-green</i>	T1	
<i>lamotrigine starter kit-orange</i>	T1	
<i>lithium carbonate er</i>	T1	90DS
<i>lithium carbonate oral</i>	T1	90DS
<i>olanzapine oral</i>	T1	90DS; QL (30 EA per 30 days)
PERSERIS	T3	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	90DS; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	T1	90DS; QL (90 EA per 30 days)
<i>risperidone microspheres er</i>	T1	QL (2 EA per 28 days)
<i>risperidone oral solution</i>	T1	90DS; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	T1	90DS; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	T1	90DS; QL (120 EA per 30 days)
<i>RYKINDO</i>	T3	PA; QL (2 EA per 28 days)
<i>SECUADO</i>	T3	ST; QL (30 EA per 30 days)
<i>valproic acid oral capsule</i>	T1	90DS
<i>valproic acid oral solution 250 mg/5ml</i>	T1	90DS
<i>ziprasidone hcl</i>	T1	90DS; QL (60 EA per 30 days)
<i>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG</i>	T2	QL (2 EA per 28 days)
<i>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG</i>	T2	QL (1 EA per 28 days)
Antimigraine Agents, Miscellaneous		
<i>adult aspirin regimen</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin 81 oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<i>aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>butorphanol tartrate nasal</i>	T1	QL (5 ML per 30 days)
<i>childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>dihydroergotamine mesylate nasal</i>	T1	QL (8 ML per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	90DS

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	90DS
<i>divalproex sodium oral tablet delayed release</i>	T1	90DS
<i>ec-naproxen</i>	T1	90DS
<i>eq aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eql aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
ERGOMAR	T3	QL (5 EA per 30 days)
ergotamine-caffeine	T1	QL (40 EA per 30 days)
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>h-e-b aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>hm aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	90DS
<i>ketoprofen oral capsule 25 mg</i>	T1	90DS
<i>kls aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kp aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>naproxen oral tablet</i>	T1	90DS

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<i>naproxen oral tablet delayed release</i>	T1	90DS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	90DS
<i>propranolol hcl er</i>	T1	90DS
<i>propranolol hcl oral</i>	T1	90DS
<i>px aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>px enteric aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>qc aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>qc childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec adult low st</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb low dose asa ec</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>timolol maleate oral</i>	T1	90DS

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>topiramate oral</i>	T1	90DS	
<i>valproic acid oral capsule</i>	T1	90DS	
<i>valproic acid oral solution 250 mg/5ml</i>	T1	90DS	
Antipsychotics, Miscellaneous			
<i>loxapine succinate oral</i>	T1	90DS	
<i>pimozide</i>	T1	90DS	
Anxiolytics, Sedatives, And Hypnotics, Misc			
BELSOMRA	T3	ST; QL (30 EA per 30 days)	
<i>buspirone hcl oral</i>	T1		
DAYVIGO	T3	ST; QL (30 EA per 30 days)	
<i>eszopiclone</i>	T1	QL (30 EA per 30 days)	
HETLIOZ LQ	T4	PA; SP; QL (5 ml per 1 day)	
<i>hydroxyzine hcl oral syrup</i>	T1		
<i>hydroxyzine hcl oral tablet</i>	T1		
<i>hydroxyzine pamoate oral</i>	T1		
<i>meprobamate</i>	T1		
<i>promethazine hcl oral solution</i>	T1		
<i>promethazine hcl oral tablet</i>	T1		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1		
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3		
<i>ramelteon</i>	T1	ST; QL (30 EA per 30 days)	
<i>tasimelteon</i>	T4	PA; QL (30 EA per 30 days)	
<i>zaleplon</i>	T1	QL (30 EA per 30 days)	
<i>zolpidem tartrate er</i>	T1	QL (30 EA per 30 days)	
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 EA per 30 days)	
Atypical Antipsychotics			
ABILITY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	T2	QL (3.2 ML per 60 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T2	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T2	QL (1 EA per 28 days)
<i>aripiprazole oral solution</i>	T1	90DS; QL (750 ML per 30 days); AL (Max 12 Years)
<i>aripiprazole oral tablet</i>	T1	90DS; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T1	90DS; QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T2	QL (2.4 ML per 168 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T2	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T2	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T2	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T2	QL (3.2 ML per 28 days)
<i>asenapine maleate</i>	T1	ST; 90DS; QL (60 EA per 30 days)
CAPLYTA	T3	ST; QL (30 EA per 30 days)
<i>clozapine oral tablet 100 mg</i>	T1	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	T1	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	T1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	T1	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	T1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	T1	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	T1	QL (120 EA per 30 days)
FANAPT	T3	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK	T3	ST; QL (1 kit per 999 lifetimes)

Drug Tier		Requirements and Limits	
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible	AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy	ST = Step Therapy
	T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	T3	PA; QL (3.5 ML per 180 days)	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	T3	PA; QL (5 ML per 180 days)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	T3	PA; QL (0.75 ML per 28 days)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	T3	PA; QL (1 ML per 28 days)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	T3	PA; QL (1.5 ML per 28 days)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	T3	PA; QL (0.25 ML per 28 days)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	T3	PA; QL (0.5 ML per 28 days)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	T3	PA; QL (0.88 ML per 84 days)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	T3	PA; QL (1.32 ML per 84 days)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	T3	PA; QL (1.75 ML per 84 days)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	T3	PA; QL (2.63 ML per 84 days)	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	T1	ST; 90DS; QL (30 EA per 30 days)	
<i>lurasidone hcl oral tablet 80 mg</i>	T1	ST; 90DS; QL (60 EA per 30 days)	

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
NUPLAZID ORAL CAPSULE	T3	ST; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	T3	ST; QL (30 EA per 30 days)
<i>olanzapine oral</i>	T1	90DS; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T1	ST; 90DS; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T1	ST; 90DS; QL (60 EA per 30 days)
PERSERIS	T3	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	T1	90DS; QL (90 EA per 30 days)
REXULTI	T3	ST; QL (30 EA per 30 days)
<i>risperidone microspheres er</i>	T1	QL (2 EA per 28 days)
<i>risperidone oral solution</i>	T1	90DS; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	T1	90DS; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	T1	90DS; QL (120 EA per 30 days)
RYKINDO	T3	PA; QL (2 EA per 28 days)
SECUADO	T3	ST; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	T3	PA; QL (0.28 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	T3	PA; QL (0.35 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	T3	PA; QL (0.42 ML per 60 days)

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	T3	PA; QL (0.56 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	T3	PA; QL (0.7 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	T3	PA; QL (0.14 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	T3	PA; QL (0.21 ML per 30 days)
VERSACLOZ	T3	QL (540 ML per 30 days)
VRAYLAR ORAL CAPSULE	T3	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	T3	ST; QL (14 EA per 365 days)
<i>ziprasidone hcl</i>	T1	90DS; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)
Barbiturates (Anticonvulsants)		
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	90DS
Barbiturates (Anxiolytic, Sedative/Hyp)		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (36 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (18 EA per 30 days); AL (Min 18 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<i>butalbital-asa-caffeine</i>	T1	QL (18 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (18 EA per 30 days)
<i>phenobarbital oral elixir</i>	T1	

Drug Tier		Requirements and Limits	
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible	AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy	ST = Step Therapy
	T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits	
<i>phenobarbital oral tablet</i>	T1		
Benzodiazepines (Anticonvulsants)			
<i>clobazam oral suspension</i>	T1	QL (480 ML per 30 days)	
<i>clobazam oral tablet</i>	T1	QL (60 EA per 30 days)	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)	
<i>clonazepam oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)	
<i>clonazepam oral tablet dispersible 2 mg</i>	T1	QL (120 EA per 30 days)	
<i>clorazepate dipotassium oral tablet 15 mg</i>	T1	QL (180 EA per 30 days)	
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T1	QL (90 EA per 30 days)	
DIASTAT ACUDIAL	T3		
DIASTAT PEDIATRIC	T3		
<i>diazepam oral concentrate</i>	T1	QL (240 ML per 30 days)	
<i>diazepam oral solution 5 mg/5ml</i>	T1	QL (1200 ML per 30 days)	
<i>diazepam oral tablet</i>	T1	QL (120 EA per 30 days)	
<i>diazepam rectal</i>	T1		
<i>lorazepam oral concentrate</i>	T1	QL (150 ML per 30 days)	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)	
<i>lorazepam oral tablet 2 mg</i>	T1	QL (150 EA per 30 days)	
NAYZILAM	T3	QL (10 EA per 30 days)	
SYMPAZAN	T3	ST; QL (60 EA per 30 days)	
VALTOCO 10 MG DOSE	T3	QL (10 EA per 30 days)	
VALTOCO 15 MG DOSE	T3	QL (10 EA per 30 days)	
VALTOCO 20 MG DOSE	T3	QL (10 EA per 30 days)	
VALTOCO 5 MG DOSE	T3	QL (10 EA per 30 days)	
Benzodiazepines (Anxiolytic, Sedativ/Hyp)			
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (120 EA per 30 days)	
<i>alprazolam oral tablet 2 mg</i>	T1	QL (150 EA per 30 days)	

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	T1	QL (270 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	T1	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	T1	QL (90 EA per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>clobazam oral suspension</i>	T1	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	T1	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	T1	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T1	QL (90 EA per 30 days)
DIASTAT ACUDIAL	T3	
DIASTAT PEDIATRIC	T3	
<i>diazepam oral concentrate</i>	T1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	T1	QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	T1	QL (120 EA per 30 days)
<i>diazepam rectal</i>	T1	
<i>estazolam</i>	T1	QL (30 EA per 30 days)
<i>lorazepam oral concentrate</i>	T1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T1	QL (150 EA per 30 days)
NAYZILAM	T3	QL (10 EA per 30 days)
<i>oxazepam</i>	T1	QL (120 EA per 30 days)
<i>quazepam</i>	T1	QL (30 EA per 30 days)
SYMPAZAN	T3	ST; QL (60 EA per 30 days)
<i>temazepam</i>	T1	QL (30 EA per 30 days)
<i>triazolam</i>	T1	QL (30 EA per 30 days)
Butyrophenones		

		Requirements and Limits	
		90DS = 90 Day Supply Eligible	
		AL = Age Limit	
		PA = Prior Authorization	
		QL = Quantity Limit	
		SP = Specialty Pharmacy	
		ST = Step Therapy	
Drug Name	Drug Tier	Requirements and Limits	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	T1		
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T1	90DS	
<i>haloperidol oral</i>	T1	90DS	
Calcitonin Gene-Related Peptide Antag.			
AIMOVIG	T3	PA; QL (1 ML per 30 days)	
EMGALITY	T2	PA; QL (1 ML per 30 days)	
EMGALITY (300 MG DOSE)	T2	PA; QL (1 ML per 30 days)	
NURTEC	T3	PA; QL (8 EA per 30 days)	
QULIPTA	T3	PA; QL (30 EA per 30 days)	
UBRELVY	T2	ST; QL (16 EA per 30 days)	
Catechol-O-Methyltransferase(Comt)Inhib.			
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100- 200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	90DS	
<i>entacapone</i>	T1	90DS	
<i>ONGENTYS ORAL CAPSULE 50 MG</i>	T3	PA	
<i>tolcapone</i>	T1	90DS	
Central Nervous System Agents, Misc.			
<i>acamprosate calcium</i>	T1	90DS	
<i>atomoxetine hcl</i>	T1	90DS	
<i>guanfacine hcl er</i>	T1	90DS	
<i>guanfacine hcl oral</i>	T1	90DS	
<i>memantine hcl er</i>	T1	90DS; QL (30 EA per 30 days)	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	90DS	
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	QL (1 kit per 999 lifetimes)	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
NUEDEXTA	T3	PA; QL (60 EA per 30 days)	
RADICAVA ORS	T4	PA; SP	
RADICAVA ORS STARTER KIT	T4	PA; SP	
<i>riluzole</i>	T1	90DS; SP	
<i>sodium oxybate</i>	T4	PA; QL (540 ml per 30 days)	
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)	
XYWAV	T4	PA; SP; QL (540 ml per 30 days)	
Cyclooxygenase-2 (Cox-2) Inhibitors			
<i>celecoxib oral</i>	T1	90DS	
Dibenzoxapines			
<i>loxapine succinate oral</i>	T1	90DS	
Diphenylbutylperidines			
<i>pimozide</i>	T1	90DS	
Dopamine Precursors			
<i>carbidopa oral</i>	T1	90DS	
<i>carbidopa-levodopa</i>	T1	90DS	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	90DS	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	90DS	
Ergot-Deriv. Dopamine Receptor Agonists			
<i>bromocriptine mesylate oral</i>	T1	90DS	
<i>cabergoline</i>	T1		
Fibromyalgia Agents			
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	90DS	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	90DS; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	T1	90DS; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 25 MG, 50 MG	T3	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 12.5 MG	T3	QL (30 EA per 30 days)
SAVELLA TITRATION PACK	T3	QL (1 kit per 999 lifetimes)
Gaba-Mediated Anticonvulsants		
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	T4	ST; SP; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	T4	ST; SP; QL (6 EA per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	90DS
<i>divalproex sodium oral tablet delayed release</i>	T1	90DS
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	90DS; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	T1	90DS; QL (900 ML per 30 days)
<i>tiagabine hcl</i>	T1	90DS
<i>valproic acid oral solution 250 mg/5ml</i>	T1	90DS
<i>vigabatrin oral packet</i>	T1	ST; 90DS; SP; QL (180 EA per 30 days)

		Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic		90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand		AL = Age Limit
	T3 = Non-Preferred Brand		PA = Prior Authorization
	T4 = Specialty		QL = Quantity Limit
			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>vigabatrin oral tablet</i>	T1	ST; 90DS; QL (180 EA per 30 days)	
Hydantoins			
DILANTIN ORAL CAPSULE 30 MG	T3		
PHENYTEK	T3		
<i>phenytoin oral</i>	T1	90DS	
<i>phenytoin sodium extended</i>	T1	90DS	
Ion Channel Inhibition Agents			
APTIOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)	
APTIOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)	
<i>lacosamide oral solution 10 mg/ml</i>	T1	90DS; QL (1200 ML per 30 days)	
<i>lacosamide oral tablet</i>	T1	90DS; QL (60 EA per 30 days)	
<i>oxcarbazepine oral suspension</i>	T1	90DS; AL (Max 12 Years)	
<i>oxcarbazepine oral tablet</i>	T1	90DS	
<i>rufinamide oral suspension</i>	T1	90DS; QL (2400 ML per 30 days); AL (Max 12 Years)	
<i>rufinamide oral tablet</i>	T1	ST; 90DS; QL (240 EA per 30 days)	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	ST; QL (56 EA per 28 days)	
XCOPRI (350 MG DAILY DOSE)	T3	ST; QL (56 EA per 28 days)	
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	T3	ST; QL (30 EA per 30 days)	
XCOPRI ORAL TABLET 200 MG	T3	ST; QL (60 EA per 30 days)	
XCOPRI ORAL TABLET THERAPY PACK	T3	ST; QL (1 kit per 999 lifetimes)	
<i>zonisamide oral</i>	T1	90DS	
Melatonin Receptor Agonists			
HETLIOZ LQ	T4	PA; SP; QL (5 ml per 1 day)	
<i>ramelteon</i>	T1	ST; QL (30 EA per 30 days)	
<i>tasimelteon</i>	T4	PA; QL (30 EA per 30 days)	
Monoamine Oxidase B Inhibitors			

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
EMSAM	T3		
<i>rasagiline mesylate oral</i>	T1	90DS	
<i>selegiline hcl oral</i>	T1	90DS	
XADAGO	T3	PA	
Monoamine Oxidase Inhibitors			
EMSAM	T3		
MARPLAN	T3		
<i>phenelzine sulfate oral</i>	T1	90DS	
<i>rasagiline mesylate oral</i>	T1	90DS	
<i>selegiline hcl oral</i>	T1	90DS	
<i>tranylcypromine sulfate</i>	T1	90DS	
XADAGO	T3	PA	
Non-Benzodiazepine Anxiolytics			
<i>buspirone hcl oral</i>	T1		
<i>meprobamate</i>	T1		
Non-Benzodiazepine Hypnotics			
<i>eszopiclone</i>	T1	QL (30 EA per 30 days)	
<i>zaleplon</i>	T1	QL (30 EA per 30 days)	
<i>zolpidem tartrate er</i>	T1	QL (30 EA per 30 days)	
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 EA per 30 days)	
Nonergot-Deriv.Dopamine Receptor Agonist			
<i>apomorphine hcl subcutaneous</i>	T4	PA	
NEUPRO	T3		
<i>pramipexole dihydrochloride</i>	T1	90DS	
<i>pramipexole dihydrochloride er</i>	T1	90DS	
<i>ropinirole hcl</i>	T1	90DS	
<i>ropinirole hcl er</i>	T1	90DS	
Non-Opioid Analgesics			
<i>acetaminophen-codeine oral solution</i>	T1	QL (4500 ML per 30 days); AL (Min 18 Years)	

	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>acetaminophen-codeine oral tablet</i>	T1	QL (180 EA per 30 days); AL (Min 18 Years)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (36 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (18 EA per 30 days); AL (Min 18 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>tramadol-acetaminophen</i>	T1	QL (40 EA per 5 days)

Nonsteroidal Anti-Inflamm. Agents, Misc

<i>diclofenac potassium oral tablet 50 mg</i>	T1	90DS
<i>diclofenac sodium er</i>	T1	90DS
<i>diclofenac sodium oral</i>	T1	90DS
<i>diclofenac-misoprostol oral tablet delayed release</i>	T1	90DS
<i>diflunisal oral</i>	T1	90DS
<i>ec-naproxen</i>	T1	90DS
<i>etodolac er</i>	T1	90DS
<i>etodolac oral</i>	T1	90DS
<i>fenoprofen calcium oral tablet</i>	T1	90DS
<i>flurbiprofen oral</i>	T1	90DS
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	90DS
<i>indomethacin er</i>	T1	90DS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	90DS
<i>ketoprofen oral capsule 25 mg</i>	T1	90DS

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>ketorolac tromethamine oral</i>	T1	QL (20 EA per 30 days)
<i>meclofenamate sodium oral</i>	T1	90DS
<i>mefenamic acid oral</i>	T1	90DS
<i>meloxicam oral tablet</i>	T1	90DS
<i>nabumetone oral</i>	T1	90DS
<i>naproxen oral tablet</i>	T1	90DS
<i>naproxen oral tablet delayed release</i>	T1	90DS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	90DS
<i>oxaprozin oral tablet</i>	T1	90DS
<i>piroxicam oral</i>	T1	90DS
<i>sulindac oral</i>	T1	90DS
Opioid Agonists (28:08)		
<i>acetaminophen-codeine oral solution</i>	T1	QL (4500 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet</i>	T1	QL (180 EA per 30 days); AL (Min 18 Years)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (18 EA per 30 days); AL (Min 18 Years)
<i>codeine sulfate oral tablet</i>	T1	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>fentanyl</i>	T1	PA; QL (10 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant</i>	T1	PA
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	T1	PA
<i>hydromorphone hcl oral tablet</i>	T1	
<i>levorphanol tartrate oral</i>	T1	PA

Drug Tier	Requirements and Limits
T1 = Generic drugs	90DS = 90 Day Supply Eligible
T2 = Preferred Brand	AL = Age Limit
T3 = Non-Preferred Brand	PA = Prior Authorization
T4 = Specialty	QL = Quantity Limit
	SP = Specialty Pharmacy
	ST = Step Therapy

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Drug Tier	Requirements and Limits
<i>meperidine hcl oral tablet 50 mg</i>	T1	QL (180 EA per 30 days)
<i>methadone hcl oral solution</i>	T1	PA
<i>methadone hcl oral tablet</i>	T1	PA
<i>morphine sulfate er oral tablet extended release</i>	T1	PA
<i>morphine sulfate oral tablet</i>	T1	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrant 10 mg, 20 mg, 40 mg, 80 mg</i>	T1	PA
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
<i>oxycodone hcl oral tablet abuse-deterrant 15 mg</i>	T1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>oxymorphone hcl</i>	T1	
<i>oxymorphone hcl er</i>	T1	PA
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	T1	PA; QL (90 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg</i>	T1	PA; QL (45 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	T1	PA; QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	T1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen</i>	T1	QL (40 EA per 5 days)
Opioid Antagonists (28:10)		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 EA per 30 days)
<i>KLOXXADO</i>	T2	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	

Drug Tier		Requirements and Limits	
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible	AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy	ST = Step Therapy
	T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits	
<i>naloxone hcl injection solution cartridge</i>	T1		
<i>naloxone hcl injection solution prefilled syringe</i>	T1		
<i>naloxone hcl nasal</i>	T1		
<i>naltrexone hcl oral</i>	T1		
<i>pentazocine-naloxone hcl</i>	T1		
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)	
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	T3	PA; QL (11.2 ML per 28 days)	
REXTOVY	T2		
RIVIVE	T2		
Opioid Partial Agonists			
<i>buprenorphine hcl sublingual</i>	T1	QL (90 EA per 30 days)	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 EA per 30 days)	
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL (90 EA per 30 days)	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 EA per 30 days)	
<i>buprenorphine transdermal</i>	T1	PA; QL (4 EA per 28 days)	
<i>butorphanol tartrate nasal</i>	T1	QL (5 ML per 30 days)	
<i>pentazocine-naloxone hcl</i>	T1		
Orexin Receptor Antagonists			
BELSOMRA	T3	ST; QL (30 EA per 30 days)	
DAYVIGO	T3	ST; QL (30 EA per 30 days)	
Phenothiazines			
<i>chlorpromazine hcl oral concentrate</i>	T1	90DS; AL (Max 12 Years)	
<i>chlorpromazine hcl oral tablet</i>	T1	90DS	
<i>fluphenazine decanoate injection</i>	T1		
<i>fluphenazine hcl oral</i>	T1	90DS	

Drug Tier	Requirements and Limits
T1 = Generic drugs	90DS = 90 Day Supply Eligible
T2 = Preferred Brand	AL = Age Limit
T3 = Non-Preferred Brand	PA = Prior Authorization
T4 = Specialty	QL = Quantity Limit
	SP = Specialty Pharmacy
	ST = Step Therapy

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Name	Drug Tier	Requirements and Limits
<i>perphenazine oral</i>	T1	90DS
<i>perphenazine-amitriptyline</i>	T1	90DS
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	90DS
<i>thioridazine hcl oral</i>	T1	90DS
<i>trifluoperazine hcl oral</i>	T1	90DS

Respiratory And Cns Stimulants

<i>atomoxetine hcl</i>	T1	90DS
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (18 EA per 30 days); AL (Min 18 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<i>butalbital-asa-caffeine</i>	T1	QL (18 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (18 EA per 30 days)
<i>dexmethylphenidate hcl er</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>ergotamine-caffeine</i>	T1	QL (40 EA per 30 days)
<i>methylphenidate hcl er (cd)</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er (la)</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er (xr)</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)

Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	PA = Prior Authorization QL = Quantity Limit
	SP = Specialty Pharmacy ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	T1	QL (900 ML per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	T1	QL (450 ML per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral tablet</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS

Reversible Cox-1/Cox-2 Inhibitors

<i>diflunisal oral</i>	T1	90DS
<i>ec-naproxen</i>	T1	90DS
<i>etodolac er</i>	T1	90DS
<i>etodolac oral</i>	T1	90DS
<i>fenoprofen calcium oral tablet</i>	T1	90DS
<i>flurbiprofen oral</i>	T1	90DS
<i>flurbiprofen sodium</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	90DS
<i>indomethacin er</i>	T1	90DS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	90DS
<i>ketorolac tromethamine oral</i>	T1	QL (20 EA per 30 days)

Drug Tier	Requirements and Limits	
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>meclofenamate sodium oral</i>	T1	90DS
<i>mefenamic acid oral</i>	T1	90DS
<i>meloxicam oral tablet</i>	T1	90DS
<i>nabumetone oral</i>	T1	90DS
<i>naproxen oral tablet</i>	T1	90DS
<i>naproxen oral tablet delayed release</i>	T1	90DS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	90DS
<i>oxaprozin oral tablet</i>	T1	90DS
<i>piroxicam oral</i>	T1	90DS
<i>sulindac oral</i>	T1	90DS
Salicylates		
<i>adult aspirin regimen</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin 81 oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin-dipyridamole er</i>	T1	90DS
<i>butalbital-asa-caffeine</i>	T1	QL (18 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (18 EA per 30 days)
<i>childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eql aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>h-e-b aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>hm aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kls aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kp aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
<i>px aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>px enteric aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>qc aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>qc childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec adult low st</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb low dose asa ec</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay

		Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic		90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand		AL = Age Limit
	T3 = Non-Preferred Brand		PA = Prior Authorization
	T4 = Specialty		QL = Quantity Limit
			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>sm aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay	
<i>sm aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay	
<i>sm childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay	
Sel.Serotonin,Norepi Reuptake Inhibitor			
<i>desvenlafaxine succinate er</i>	T1	90DS	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	90DS	
FETZIMA	T3	QL (30 EA per 30 days)	
FETZIMA TITRATION	T3	QL (28 kit per 999 lifetimes)	
SAVELLA ORAL TABLET 100 MG, 25 MG, 50 MG	T3	QL (60 EA per 30 days)	
SAVELLA ORAL TABLET 12.5 MG	T3	QL (30 EA per 30 days)	
SAVELLA TITRATION PACK	T3	QL (1 kit per 999 lifetimes)	
<i>venlafaxine hcl</i>	T1	90DS	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	90DS	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	T1	ST; 90DS	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	T1	90DS	
Selective Serotonin Agonists			
<i>almotriptan malate</i>	T1	ST; QL (8 EA per 30 days)	
<i>eletriptan hydrobromide</i>	T1	ST; QL (8 EA per 30 days)	
<i>frovatriptan succinate</i>	T1	ST; QL (9 EA per 30 days)	
<i>naratriptan hcl</i>	T1	ST; QL (9 EA per 30 days)	
<i>rizatriptan benzoate</i>	T1	QL (8 EA per 30 days)	
<i>sumatriptan nasal</i>	T1	ST; QL (12 EA per 30 days)	
<i>sumatriptan succinate oral</i>	T1	QL (9 EA per 30 days)	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	T1	ST; QL (4 ML per 30 days)	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	ST; QL (4 ML per 30 days)	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	T1	ST; QL (4 ML per 30 days)	
<i>zolmitriptan oral tablet</i>	T1	ST; QL (8 EA per 30 days)	
Selective-Serotonin Reuptake Inhibitors			
<i>citalopram hydrobromide oral solution</i>	T1	90DS	
<i>citalopram hydrobromide oral tablet</i>	T1	90DS	
<i>escitalopram oxalate oral solution</i>	T1	90DS; AL (Max 12 Years)	
<i>escitalopram oxalate oral tablet</i>	T1	90DS	
<i>fluoxetine hcl (pmdd) oral tablet</i>	T1	90DS	
<i>fluoxetine hcl oral capsule</i>	T1	90DS	
<i>fluoxetine hcl oral capsule delayed release</i>	T1	90DS	
<i>fluoxetine hcl oral solution</i>	T1	90DS	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1	ST; 90DS	
<i>fluvoxamine maleate</i>	T1	90DS	
<i>paroxetine hcl er</i>	T1	90DS	
<i>paroxetine hcl oral tablet</i>	T1	90DS	
PAXIL ORAL SUSPENSION	T3		
<i>sertraline hcl oral concentrate</i>	T1	90DS	
<i>sertraline hcl oral tablet</i>	T1	90DS	
Serotonin Modulators			
<i>mirtazapine oral</i>	T1	90DS	
<i>nefazodone hcl</i>	T1	90DS	
<i>trazodone hcl oral</i>	T1	90DS	
TRINTELLIX	T3		
VIBRYD STARTER PACK	T3		
<i>vilazodone hcl</i>	T1	90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Succinimides			
CELONTIN	T3		
<i>ethosuximide oral</i>	T1	90DS	
Thioxanthenes			
<i>thiothixene oral</i>	T1	90DS	
Tricyclics, Other Norepi-Ru Inhibitors			
<i>amitriptyline hcl oral</i>	T1	90DS	
<i>amoxapine</i>	T1	90DS	
<i>chlordiazepoxide-amitriptyline</i>	T1		
<i>clomipramine hcl oral</i>	T1	90DS	
<i>desipramine hcl oral</i>	T1	90DS	
<i>doxepin hcl oral capsule</i>	T1	90DS	
<i>doxepin hcl oral concentrate</i>	T1	90DS	
<i>doxepin hcl oral tablet</i>	T1	QL (30 EA per 30 days)	
<i>imipramine hcl oral</i>	T1	90DS	
<i>imipramine pamoate</i>	T1	90DS	
<i>nortriptyline hcl oral</i>	T1	90DS	
<i>perphenazine-amitriptyline</i>	T1	90DS	
<i>protriptyline hcl</i>	T1	90DS	
<i>trimipramine maleate oral</i>	T1	90DS	
Vesicular Monoamine Transport2 Inhibitor			
AUSTEDO	T4	PA; SP	
AUSTEDO PATIENT TITRATION KIT	T4	PA; SP	
AUSTEDO XR	T4	PA; SP	
AUSTEDO XR PATIENT TITRATION	T4	PA; SP	
INGREZZA	T4	PA; SP	
<i>tetrabenazine</i>	T1	PA; 90DS; SP	
Wakefulness-Promoting Agents			
<i>armodafinil</i>	T1	PA	

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	T1	90DS
<i>modafinil oral</i>	T1	PA
<i>sodium oxybate</i>	T4	PA; QL (540 ml per 30 days)
SUNOSI	T3	PA
Dental Agents		
Dental Agents		
<i>sf</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sf 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 ppm dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental gel 1.1 %</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral tablet chewable</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
Nutritional Supplements		

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
---	--	--

Drug Name	Drug Tier	Requirements and Limits
<i>sf</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sf 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 ppm dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental gel 1.1 %</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral tablet chewable</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS

Devices

Devices

ACCU-CHEK AVIVA IN VITRO SOLUTION	T1	
ACCU-CHEK AVIVA PLUS	T1	QL (1 kit per 365 days)
ACCU-CHEK FASTCLIX LANCET	T1	
ACCU-CHEK FASTCLIX LANCETS	T1	
ACCU-CHEK GUIDE	T1	QL (1 kit per 365 days)
ACCU-CHEK GUIDE CONTROL	T1	

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
ACCU-CHEK GUIDE ME	T1	QL (1 kit per 365 days)
ACCU-CHEK LINKASSIST	T1	
ACCU-CHEK PLASTIC CARTRIDGE	T1	
ACCU-CHEK RAPID-D INFUSION SET	T1	
ACCU-CHEK SMARTVIEW CONTROL	T1	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T1	
ACCU-CHEK SOFTCLIX LANCETS	T1	
ACCU-CHEK TENDER I SET 24"	T1	
ACCU-CHEK TENDER I SET 31"	T1	
ACCU-CHEK ULTRAFLEX INF SET	T1	
AIRZONE PEAK FLOW METER	T1	QL (1 EA per 365 days)
<i>alcohol pad , 70 %</i>	T1	
ALCOHOL PAD , 70 %	T1	
ASSESS PEAK FLOW METER	T1	QL (1 EA per 365 days)
AUTOSOFT 30 INFUSION SET	T1	
AUTOSOFT 90 INFUSION SET	T1	
AUTOSOFT XC INFUSION SET	T1	
BD AUTOSHIELD DUO	T1	
BD INSULIN SYRINGE U/F 1/2UNIT	T1	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML	T1	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML	T1	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	T1	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	T1	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML	T1	
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	T1	
BD INSULIN SYRINGE U-500	T1	
BD PEN NEEDLE MICRO U/F	T1	

Drug Tier		Requirements and Limits	
Drug Name		Requirements and Limits	
BD PEN NEEDLE MINI U/F	T1	90DS = 90 Day Supply Eligible	
BD PEN NEEDLE NANO 2ND GEN	T1	AL = Age Limit	
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)	T1	PA = Prior Authorization	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	T1	QL = Quantity Limit	
BD VEO INSULIN SYR U/F 1/2UNIT	T1	SP = Specialty Pharmacy	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (OTC)	T1	ST = Step Therapy	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML (OTC)	T1		
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML (OTC)	T1		
COMFORT SHORT INF SET 23"/13MM	T1		
COMFORT SHORT INF SET 31"/13MM	T1		
COMFORT SHORT INF SET 43"/13MM	T1		
DELTEC COZMO CLEO SET 24" 6MM	T1		
DELTEC COZMO CLEO SET 24" 9MM	T1		
DELTEC COZMO CLEO SET 31" 6MM	T1		
DELTEC COZMO CLEO SET 31" 9MM	T1		
DELTEC COZMO CLEO SET 42" 6MM	T1		
DELTEC COZMO CLEO SET 42" 9MM	T1		
DEXCOM G6 RECEIVER	T2	ST; QL (1 EA per 365 days)	
DEXCOM G6 SENSOR	T2	ST; QL (3 EA per 30 days)	
DEXCOM G6 TRANSMITTER	T2	ST; QL (1 EA per 90 days)	
DEXCOM G7 RECEIVER	T2	ST; QL (1 EA per 365 days)	
DEXCOM G7 SENSOR	T2	ST; QL (3 EA per 30 days)	
ENLITE SERTER	T1		
<i>extended infusion set 23"/6mm</i>	T1		
<i>extended infusion set 23"/9mm</i>	T1		
<i>extended infusion set 32"/9mm</i>	T1		

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
EXTENDED RESERVOIR 3ML	T1	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 3 READER	T2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE READER	T2	ST; QL (1 EA per 365 days)
<i>gauze pad 2"x2"</i>	T1	
GAUZE PAD 2"X2"	T1	
<i>infusion catheter soft 23"</i>	T1	
<i>infusion catheter soft 31"</i>	T1	
<i>infusion catheter soft 43"</i>	T1	
<i>insulin cartridge 3ml</i>	T1	
<i>lung perform peak flow meter</i>	T1	QL (1 EA per 365 days)
MINI WRIGHT PEAK FLOW METER	T1	QL (1 EA per 365 days)
MINILINK REAL-TIME REPLACEMENT	T1	
MINILINK-REAL-TIME STARTER	T1	
MINIMED MIO ADVANCE INFUSE SET	T1	
MINIMED MIO INFUSION SET	T1	
MINIMED PUMP RESERVOIR 3ML	T1	
MINIMED QUICK SET INF SET 18"	T1	
MINIMED QUICK SET INF SET 23"	T1	
MINIMED QUICK SET INF SET 32"	T1	
MINIMED QUICK SET INF SET 43"	T1	
MINIMED QUICK-SERTER	T1	
MINIMED RESERVOIR 1.8ML	T1	
MINIMED RESERVOIR 3ML	T1	
MINIMED SILHOUETTE INF SET 32"	T1	

Drug Name	Drug Tier	Requirements and Limits
MINIMED SILHOUETTE INF SET 43"	T1	
MIO INFUSION SET 18" 6MM	T1	
MIO INFUSION SET 23" 6MM	T1	
MIO INFUSION SET 32" 6MM	T1	
MIO INFUSION SET 32" 9MM	T1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T2	QL (1 EA per 730 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	T2	
OMNIPOD 5 LIBRE2 PLUS G6	T2	QL (1 EA per 730 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T2	
OMNIPOD DASH PDM (GEN 4)	T2	QL (1 EA per 730 days)
OMNIPOD DASH PODS (GEN 4)	T2	
OMNIPOD POD PALS	T1	
OPTICHAMBER DIAMOND	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-LG MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-MD MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-SM MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
PARADIGM PATHWAY UPGRADE	T1	
PARADIGM POLYFIN QR/WINGS 24"	T1	
PARADIGM POLYFIN QR/WINGS 42"	T1	
PARADIGM PUMP REMOTE PROGRAM	T1	
PARADIGM QUICK-SET 18" 6MM	T1	
PARADIGM QUICK-SET 23" 6MM	T1	
PARADIGM QUICK-SET 23" 9MM	T1	
PARADIGM QUICK-SET 32" 6MM	T1	
PARADIGM QUICK-SET 32" 9MM	T1	
PARADIGM QUICK-SET 43" 6MM	T1	
PARADIGM QUICK-SET 43" 9MM	T1	
PARADIGM SILHOUETTE 18" 13MM	T1	

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	Drug Tier	Requirements and Limits
UPPERCASE = Brand name drugs	T1 = Generic	90DS = 90 Day Supply Eligible
	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
PARADIGM SILHOUETTE 32" 13MM	T1	
PARADIGM SILHOUETTE 32" 17MM	T1	
PARADIGM SILHOUETTE COMBO 23"	T1	
PARADIGM SILHOUETTE COMBO 43"	T1	
PARADIGM SILHOUETTE FULL 23"	T1	
PARADIGM SILHOUETTE FULL 43"	T1	
PARADIGM SOF-SET MICRO QR 24"	T1	
PARADIGM SOF-SET MICRO QR 42"	T1	
PARADIGM SOF-SET ULT QR 24"	T1	
PARADIGM SOF-SET ULT QR 42"	T1	
PARADIGM SURE-T 23" 8MM	T1	
<i>peak a-i-r flow meter</i>	T1	QL (1 EA per 365 days)
PEAK AIR PEAK FLOW METER	T1	QL (1 EA per 365 days)
POCKET PEAK FLOW METER	T1	QL (1 EA per 365 days)
POCKETPEAK PEAK FLOW METER	T1	QL (1 EA per 365 days)
POLYFIN INFUSION SET 24"	T1	
POLYFIN INFUSION SET 42"	T1	
POLYFIN QR INFUSION SET 24"	T1	
POLYFIN QR INFUSION SET 42"	T1	
POLYFIN TUBING SET 60"	T1	
<i>pump remote programmer</i>	T1	
QUICK-SERTER INSERTION DEVICE	T1	
QUICK-SET INFUSION 23" 6MM	T1	
QUICK-SET INFUSION 23" 9MM	T1	
QUICK-SET INFUSION 43" 6MM	T1	
QUICK-SET INFUSION 43" 9MM	T1	
SEN-SERTER	T1	
SILHOUETTE 23" INFUSION SET	T1	
SILHOUETTE 43" INFUSION SET	T1	
SILHOUETTE INFUSION SET 18"	T1	
SIL-SERTER INSERTION DEVICE	T1	

Drug Tier		Requirements and Limits			
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible			
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit			
	T3 = Non-Preferred Brand	PA = Prior Authorization			
	T4 = Specialty	QL = Quantity Limit			
		SP = Specialty Pharmacy			
		ST = Step Therapy			
Drug Name	Drug Tier	Requirements and Limits			
SOF-SERTER INSERTION DEVICE	T1				
SOF-SET INFUSION SET 24"	T1				
SOF-SET INFUSION SET 42"	T1				
SOF-SET MICRO QR INFUSION 24"	T1				
SOF-SET MICRO QR INFUSION 42"	T1				
SOF-SET ULTIMATE QR 24"	T1				
SOF-SET ULTIMATE QR 42"	T1				
SURE T INFUSION SET 18"/6MM	T1				
SURE T INFUSION SET 23"/10MM	T1				
SURE T INFUSION SET 23"/6MM	T1				
SURE T INFUSION SET 23"/8MM	T1				
SURE T INFUSION SET 32"/10MM	T1				
SURE T INFUSION SET 32"/6MM	T1				
SURE T INFUSION SET 32"/8MM	T1				
T:FLEX T:LOCK CARTRIDGE 4.8ML	T1				
T:SLIM T:LOCK INSULIN CART 3ML	T1				
T:SLIM X2 3ML CARTRIDGE	T1				
TRUSTEEL INFUSION SET	T1				
TRUZONE PEAK FLOW METER	T1	QL (1 EA per 365 days)			
VARISOFT INFUSION SET	T1				
Diagnostic Agents					
Adrenocortical Insufficiency					
ACTHAR	T4	PA; SP			
ACTHAR GEL	T4	PA; SP			
CORTROPHIN	T4	PA; SP			
Cardiac Function					
dipyridamole oral	T1	90DS			
Diabetes Mellitus					
ACCU-CHEK AVIVA PLUS IN VITRO	T1				
ACCU-CHEK GUIDE TEST	T1				

			Requirements and Limits		
Drug Tier			90DS = 90 Day Supply Eligible		
T1 = Generic			AL = Age Limit		
T2 = Preferred Brand			PA = Prior Authorization		
T3 = Non-Preferred Brand			QL = Quantity Limit		
T4 = Specialty			SP = Specialty Pharmacy		
			ST = Step Therapy		
Drug Name	Drug Tier	Requirements and Limits			
ACCU-CHEK SMARTVIEW	T1				
Thyroid Function					
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	T4	SP			
Electrolytic, Caloric, And Water Balance					
Alkalizing Agents					
<i>potassium citrate er</i>	T1				
Ammonia Detoxicants					
<i>carglumic acid oral tablet soluble</i>	T4				
<i>constulose</i>	T1	90DS			
<i>enulose</i>	T1	90DS			
<i>generlac</i>	T1	90DS			
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	T1	90DS			
<i>lactulose oral solution 10 gm/15ml</i>	T1	90DS			
Carbonic Anhydrase Inhibitors					
<i>acetazolamide er</i>	T1	90DS			
<i>acetazolamide oral</i>	T1	90DS			
Diuretics, Miscellaneous					
<i>theophylline er</i>	T1	90DS			
<i>theophylline oral</i>	T1	90DS			
Irrigating Solutions					
RENACIDIN	T3				
Loop Diuretics (40:28)					
<i>bumetanide oral</i>	T1	90DS			
<i>ethacrynic acid oral</i>	T1	PA; 90DS			
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	90DS			
<i>furosemide oral tablet</i>	T1	90DS			
<i>torsemide oral</i>	T1	90DS			

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Phosphate-Removing Agents			
<i>calcium acetate (phos binder) oral capsule</i>	T1	90DS	
FOSRENOL ORAL PACKET	T3	PA	
<i>lanthanum carbonate</i>	T1	PA; 90DS	
<i>sevelamer carbonate oral packet</i>	T1	PA; 90DS	
<i>sevelamer carbonate oral tablet</i>	T1	90DS	
VELPHORO	T3	PA	
Potassium-Removing Agents			
LOKELMA	T3	PA	
<i>sodium polystyrene sulfonate oral powder</i>	T1		
SPS (SODIUM POLYSTYRENE SULF)	T3		
VELTASSA	T3	PA; SP	
Potassium-Sparing Diuretics			
<i>amiloride hcl oral</i>	T1	90DS	
<i>amiloride-hydrochlorothiazide</i>	T1	90DS	
<i>eplerenone</i>	T1	90DS	
<i>spironolactone oral tablet</i>	T1	90DS	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	90DS	
<i>triamterene-hctz oral tablet</i>	T1	90DS	
Replacement Preparations			
<i>calcium acetate (phos binder) oral capsule</i>	T1	90DS	
KLOR-CON 10	T2	90DS	
KLOR-CON M10	T2	90DS	
KLOR-CON M15	T2	90DS	
KLOR-CON M20	T2	90DS	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T2	90DS	
<i>potassium chloride crys er</i>	T1	90DS	
<i>potassium chloride er</i>	T1	90DS	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	T1	90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Thiazide Diuretics			
<i>amiloride-hydrochlorothiazide</i>	T1	90DS	
<i>benazepril-hydrochlorothiazide</i>	T1	90DS	
<i>bisoprolol-hydrochlorothiazide</i>	T1	90DS	
<i>candesartan cilexetil-hctz</i>	T1	90DS	
<i>enalapril-hydrochlorothiazide</i>	T1	90DS	
<i>hydrochlorothiazide oral</i>	T1	90DS	
<i>irbesartan-hydrochlorothiazide</i>	T1	90DS	
<i>lisinopril-hydrochlorothiazide</i>	T1	90DS	
<i>losartan potassium-hctz</i>	T1	90DS	
<i>metoprolol-hydrochlorothiazide</i>	T1	90DS	
<i>olmesartan medoxomil-hctz</i>	T1	90DS	
<i>quinapril-hydrochlorothiazide</i>	T1	90DS	
<i>spironolactone-hctz</i>	T1	90DS	
<i>telmisartan-hctz</i>	T1	90DS	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	90DS	
<i>triamterene-hctz oral tablet</i>	T1	90DS	
<i>valsartan-hydrochlorothiazide</i>	T1	90DS	
Thiazide-Like Diuretics			
<i>atenolol-chlorthalidone</i>	T1	90DS	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	90DS	
<i>indapamide oral</i>	T1	90DS	
<i>metolazone</i>	T1	90DS	
Uricosuric Agents			
<i>colchicine-probenecid</i>	T1	90DS	
<i>probenecid oral</i>	T1	90DS	
Vasopressin Antagonists			
<i>JYNARQUE</i>	T4	PA; SP	
<i>tolvaptan</i>	T4	PA; SP	
Enzymes			

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Enzyme Cofactors/Chaperones			
GALAFOLD	T4	PA; SP	
<i>sapropterin dihydrochloride oral packet</i>	T4	PA	
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA	
Enzyme Inhibitors			
CERDELGA	T4	PA; SP	
<i>miglustat</i>	T4	PA; SP	
<i>nitisinone</i>	T4	PA; SP	
NITYR	T4	PA; SP	
ORFADIN ORAL SUSPENSION	T4	PA; SP	
Enzymes			
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	T4	PA; SP	
CREON	T2	90DS	
ELELYSO	T4	PA; SP	
HYQVIA	T4	PA; SP	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP	
SANTYL	T3	PA	
SUCRAID	T4	PA; SP	
VPRIV	T4	PA; SP	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	T2	90DS	
Eye, Ear, Nose And Throat (Ent) Preps.			
Alpha-Adrenergic Agonists (Ent)			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T2	90DS; QL (10 ML per 30 days)	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>apraclonidine hcl</i>	T1	ST	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	90DS	
<i>brimonidine tartrate-timolol</i>	T1	ST; 90DS	
SIMBRINZA	T2	90DS; QL (8 ML per 25 days)	
Antiallergic Agents			
ALOCRIL	T3		
ALOMIDE	T3		
<i>azelastine hcl nasal</i>	T1		
<i>azelastine hcl ophthalmic</i>	T1		
<i>bepotastine besilate</i>	T1	ST	
<i>cromolyn sodium inhalation</i>	T1	90DS	
<i>cromolyn sodium ophthalmic</i>	T1		
<i>cromolyn sodium oral</i>	T1	90DS	
<i>epinastine hcl</i>	T1	ST	
LASTACAFT	T3		
<i>olopatadine hcl nasal</i>	T1		
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1		
Antibacterials (52:04)			
AZASITE	T3		
<i>bacitracin ophthalmic</i>	T1		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1		
BESIVANCE	T3		
CIPRO HC	T3		
<i>ciprofloxacin hcl ophthalmic</i>	T1		
<i>ciprofloxacin hcl otic</i>	T1	ST	
<i>ciprofloxacin-dexamethasone</i>	T1	ST	
<i>ciprofloxacin-fluocinolone pf</i>	T1	ST	
<i>erythromycin external gel</i>	T1		
<i>erythromycin external solution</i>	T1		

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>erythromycin ophthalmic</i>	T1		
<i>gatifloxacin ophthalmic</i>	T1		
<i>gentamicin sulfate ophthalmic solution</i>	T1		
<i>moxifloxacin hcl ophthalmic solution</i>	T1	QL (3 ML per 30 days)	
<i>neomycin sulfate oral</i>	T1		
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1		
<i>neomycin-polymyxin-dexameth</i>	T1		
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1		
<i>neomycin-polymyxin-hc otic</i>	T1		
<i>ofloxacin ophthalmic</i>	T1		
<i>ofloxacin otic</i>	T1		
<i>polymyxin b-trimethoprim</i>	T1		
<i>sulfacetamide sodium ophthalmic</i>	T1		
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T4	PA; SP	
<i>tobramycin ophthalmic</i>	T1		
<i>tobramycin-dexamethasone</i>	T1	QL (10 ML per 30 days)	
ZYLET	T3		
Antifungals (Eent)			
NATACYN	T3		
Anti-Infectives, Miscellaneous (52:04)			
<i>chlorhexidine gluconate mouth/throat</i>	T1		
Anti-Inflammatory Agents (Eent)			
<i>cyclosporine modified</i>	T1	90DS	
<i>cyclosporine ophthalmic</i>	T1	ST; 90DS; QL (60 EA per 30 days)	
<i>cyclosporine oral capsule</i>	T1	90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS	
GENGRAF ORAL SOLUTION	T2	90DS	
OXERVATE	T4	PA; SP	
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)	
XXIDRA	T3	PA; QL (60 EA per 30 days)	
Antivirals (Eent)			
<i>trifluridine ophthalmic</i>	T1		
Astringents (52:04)			
<i>chlorhexidine gluconate mouth/throat</i>	T1		
Beta-Adrenergic Blocking Agents (Eent)			
<i>betaxolol hcl ophthalmic</i>	T1	90DS	
<i>brimonidine tartrate-timolol</i>	T1	ST; 90DS	
<i>carteolol hcl</i>	T1	90DS	
<i>dorzolamide hcl-timolol mal</i>	T1	90DS	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	90DS	
<i>timolol maleate ophthalmic solution</i>	T1	90DS	
Carbonic Anhydrase Inhibitors (Eent)			
<i>acetazolamide er</i>	T1	90DS	
<i>acetazolamide oral</i>	T1	90DS	
<i>brinzolamide</i>	T1	ST; 90DS	
<i>dorzolamide hcl ophthalmic</i>	T1	90DS	
<i>dorzolamide hcl-timolol mal</i>	T1	90DS	
<i>methazolamide oral</i>	T1	90DS	
SIMBRINZA	T2	90DS; QL (8 ML per 25 days)	
Corticosteroids (Eent)			
CIPRO HC	T3		
<i>ciprofloxacin-dexamethasone</i>	T1	ST	
<i>ciprofloxacin-fluocinolone pf</i>	T1	ST	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>difluprednate</i>	T1	ST
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<i>fluocinolone acetonide external cream 0.01 %</i>	T1	ST
<i>fluocinolone acetonide external cream 0.025 %</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	
<i>fluocinolone acetonide otic</i>	T1	
<i>fluorometholone ophthalmic</i>	T1	
<i>fluticasone propionate nasal</i>	T1	
FML FORTE	T2	
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone butyrate external cream</i>	T1	ST
<i>hydrocortisone butyrate external lotion</i>	T1	ST
<i>hydrocortisone butyrate external ointment</i>	T1	ST
<i>hydrocortisone butyrate external solution</i>	T1	ST
<i>hydrocortisone external cream 1 %, 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1	
<i>hydrocortisone oral</i>	T1	
<i>hydrocortisone rectal enema</i>	T1	
<i>hydrocortisone valerate external cream</i>	T1	
<i>hydrocortisone valerate external ointment</i>	T1	ST
<i>hydrocortisone-acetic acid</i>	T1	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	T1	ST
<i>mometasone furoate nasal</i>	T1	
<i>neomycin-polymyxin-dexameth</i>	T1	

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>neomycin-polymyxin-hc otic</i>	T1	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	QL (10 ML per 30 days)
ZYLET	T3	
Ent Anti-Inflammatory Agents, Misc.		
<i>cyclosporine ophthalmic</i>	T1	ST; 90DS; QL (60 EA per 30 days)
XIIDRA	T3	PA; QL (60 EA per 30 days)
Ent Drugs, Miscellaneous		
<i>acetic acid otic</i>	T1	
<i>apraclonidine hcl</i>	T1	ST
<i>artificial tears ophthalmic solution 0.1-0.3 %, 1.4 %</i>	T1	
<i>artificial tears pf</i>	T1	
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	T1	
<i>cromolyn sodium inhalation</i>	T1	90DS
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T1	90DS
<i>eq artificial tears ophthalmic solution 1-0.3 %</i>	T1	
<i>eq restore tears</i>	T1	
GENTEAL TEARS	T1	
GENTEAL TEARS PF	T1	
<i>hydrocortisone-acetic acid</i>	T1	
<i>just tears eye drops</i>	T1	

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>liquitears</i>	T1	
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	T1	
MOISTURE EYES	T1	
OXERVATE	T4	PA; SP
<i>polyvinyl alcohol ophthalmic</i>	T1	
PURE & GENTLE LUBRICANT OPTHALMIC SOLUTION 3 MG/ML	T1	
REFRESH TEARS	T1	
<i>sm artificial tears</i>	T1	
SOOTHE HYDRATION	T1	
SOOTHE XP	T1	
SOOTHE XP XTRA PROTECTION	T1	
SYSTANE CONTACTS	T1	
ULTRA FRESH	T1	
Eent Nonsteroidal Anti-Inflam. Agents		
<i>bromfenac sodium (once-daily)</i>	T1	ST
<i>diclofenac sodium ophthalmic</i>	T1	
<i>flurbiprofen sodium</i>	T1	
<i>ketorolac tromethamine ophthalmic</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL (20 EA per 30 days)
NEVANAC	T3	
Local Anesthetics (Eent)		
<i>lidocaine hcl mouth/throat</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
<i>proparacaine hcl ophthalmic</i>	T1	
Miotics		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	90DS
VURITY	T3	PA
Mydriatics		

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	90DS	
Prostaglandin Analogs			
<i>latanoprost ophthalmic</i>	T1	90DS	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	90DS; QL (2.5 ML per 25 days)	
<i>tafluprost (pf)</i>	T1	ST; 90DS	
<i>travoprost (bak free)</i>	T1	ST; 90DS	
Rho Kinase Inhibitors			
RHOPRESSA	T3	QL (2.5 ML per 25 days)	
Vascular Endothelial Growth Factor Antag			
CIMERLI	T4	PA; SP	
Gastrointestinal Drugs			
5-HT3 Receptor Antagonists			
AKYNZEO ORAL	T3	PA	
<i>granisetron hcl oral</i>	T1	QL (2 EA per 1 day)	
<i>ondansetron hcl oral solution</i>	T1	QL (30 ML per 1 day)	
<i>ondansetron hcl oral tablet 24 mg</i>	T1	QL (1 EA per 1 day)	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	QL (3 EA per 1 day)	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T1	QL (3 EA per 1 day)	
Antacids And Adsorbents			
<i>omeprazole-sodium bicarbonate oral capsule</i>	T1	ST; 90DS	
<i>omeprazole-sodium bicarbonate oral packet</i>	T1	ST; 90DS; AL (Max 12 Years)	
Antidiarrhea Agents			
<i>diphenoxylate-atropine oral liquid</i>	T1		
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1		
<i>loperamide hcl oral capsule</i>	T1		
XERMELO	T4	PA; SP	
Antiemetics, Miscellaneous			

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
dronabinol	T1		
promethazine hcl oral solution	T1		
promethazine hcl oral tablet	T1		
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1		
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3		
scopolamine	T1	QL (10 EA per 30 days)	
SYNDROS	T3	AL (Max 12 Years)	
Antihistamines (Gi Drugs)			
doxylamine-pyridoxine	T1	PA	
meclizine hcl oral tablet 12.5 mg, 25 mg	T1		
prochlorperazine	T1		
prochlorperazine maleate oral	T1	90DS	
trimethobenzamide hcl oral	T1		
Anti-Inflammatory Agents (Gi Drugs)			
alosetron hcl	T1	90DS; QL (60 EA per 30 days)	
balsalazide disodium	T1		
DIPENTUM	T3		
mesalamine er oral capsule extended release 24 hour	T1	90DS	
mesalamine oral capsule delayed release	T1	90DS	
mesalamine oral tablet delayed release 1.2 gm	T1	90DS	
mesalamine rectal	T1		
mesalamine-cleanser	T1		
sulfasalazine oral	T1	90DS	
Antiucler Agents And Acid Suppressants			
amoxicillin oral capsule	T1		
amoxicillin oral suspension reconstituted	T1		

		Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic		90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand		AL = Age Limit
	T3 = Non-Preferred Brand		PA = Prior Authorization
	T4 = Specialty		QL = Quantity Limit
			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>amoxicillin oral tablet</i>	T1		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1		
<i>clarithromycin er</i>	T1		
<i>clarithromycin oral</i>	T1		
<i>metronidazole oral</i>	T1		
<i>tetracycline hcl oral capsule</i>	T1		
Cathartics And Laxatives			
GAVILYTE-C	T1	\$0 copay for members ages 45-75 years	
GAVILYTE-G	T1	\$0 copay for members ages 45-75 years	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	T1	ST; \$0 copay for members ages 45-75 years	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	\$0 copay for members ages 45-75 years	
<i>peg-3350/electrolytes</i>	T1	\$0 copay for members ages 45-75 years	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	ST; \$0 copay for members ages 45-75 years	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	T1		
<i>polyethylene glycol 3350 oral powder</i>	T1		
<i>polyethylene glycol 3350 powder</i>	T1		
Chloride Channel Activators			
<i>lubiprostone</i>	T1	90DS; QL (60 EA per 30 days)	
Cholelitholytic Agents			
BYLVAY	T4	PA; SP	
BYLVAY (PELLETS)	T4	PA; SP	
LIVMARLI	T4	PA; SP	
OCALIVA	T4	PA; SP	
<i>ursodiol oral capsule 300 mg</i>	T1	90DS	
<i>ursodiol oral tablet</i>	T1	90DS	

Drug Name	Drug Tier	Requirements and Limits
Digestants		
CREON	T2	90DS
GATTEX	T4	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	T2	90DS
Gi Drugs, Miscellaneous		
adalimumab-fkjp	T4	PA; SP
adalimumab-fkjp (2 pen)	T4	PA; SP
adalimumab-fkjp (2 syringe)	T4	PA; SP
BYLVAY	T4	PA; SP
BYLVAY (PELLETS)	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
dronabinol	T1	
GATTEX	T4	PA; SP
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	T4	PA; SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-Injector KIT	T4	PA; SP
HUMIRA-PED<40KG CROHNS STARTER	T4	PA; SP
HUMIRA-PED>/=40KG CROHNS START	T4	PA; SP
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-Injector KIT	T4	PA; SP

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP
LINZESS	T2	ST; 90DS; QL (30 EA per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	T4	PA; SP
<i>lubiprostone</i>	T1	90DS; QL (60 EA per 30 days)
MOVANTIK	T2	ST; QL (30 EA per 30 days)
OCALIVA	T4	PA; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	PA; SP
<i>octreotide acetate intramuscular</i>	T4	PA
<i>octreotide acetate subcutaneous</i>	T4	PA; SP
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	T3	PA; QL (11.2 ML per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
SKYRIZI INTRAVENOUS	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP
SYMPROIC	T2	ST; QL (30 EA per 30 days)
SYNDROS	T3	AL (Max 12 Years)
Guanylate Cyclase C (Gcc) Recept Agonist		

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
LINZESS	T2	ST; 90DS; QL (30 EA per 30 days)
Histamine H2-Antagonists		
cimetidine oral tablet 200 mg	T1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	T1	90DS
famotidine oral tablet 20 mg, 40 mg	T1	90DS
nizatidine oral capsule	T1	90DS
Lipotropic Agents		
scopolamine	T1	QL (10 EA per 30 days)
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL	T3	PA
aprepitant oral	T1	QL (3 EA per 3 days)
aprepitant oral capsule 125 mg	T1	QL (1 EA per 1 day)
aprepitant oral capsule 40 mg	T1	QL (4 EA per 2 days)
aprepitant oral capsule 80 & 125 mg	T1	QL (3 EA per 3 days)
aprepitant oral capsule 80 mg	T1	QL (2 EA per 2 days)
EMEND ORAL SUSPENSION RECONSTITUTED	T3	
VARUBI (180 MG DOSE)	T3	PA
Opioid Antagonists (56:18)		
MOVANTIK	T2	ST; QL (30 EA per 30 days)
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	T3	PA; QL (11.2 ML per 28 days)
SYMPROIC	T2	ST; QL (30 EA per 30 days)
Prokinetic Agents		
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1	
metoclopramide hcl oral tablet	T1	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Prostaglandins			
<i>diclofenac-misoprostol oral tablet delayed release</i>	T1	90DS	
<i>misoprostol oral</i>	T1	90DS	
Protectants			
<i>sucralfate oral tablet</i>	T1	90DS	
Proton-Pump Inhibitors			
<i>dexlansoprazole</i>	T1	PA	
<i>esomeprazole magnesium oral capsule delayed release</i>	T1	ST	
<i>lansoprazole oral capsule delayed release</i>	T1	ST	
<i>omeprazole oral capsule delayed release</i>	T1		
<i>omeprazole-sodium bicarbonate oral capsule</i>	T1	ST; 90DS	
<i>omeprazole-sodium bicarbonate oral packet</i>	T1	ST; 90DS; AL (Max 12 Years)	
<i>pantoprazole sodium oral tablet delayed release</i>	T1		
<i>rabeprazole sodium oral tablet delayed release</i>	T1	ST	
Heavy Metal Antagonists			
Heavy Metal Antagonists			
<i>deferasirox granules</i>	T4	PA; SP	
<i>deferasirox oral tablet</i>	T4	PA; SP	
<i>deferasirox oral tablet soluble</i>	T4	PA; SP	
<i>deferiprone</i>	T4	PA	
<i>FERRIPROX TWICE-A-DAY</i>	T4	PA	
<i>penicillamine oral</i>	T1	PA	
<i>trientine hcl oral capsule 250 mg</i>	T4	PA; SP	
Hormones And Synthetic Substitutes			
Adrenals			

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	Drug Tier	
UPPERCASE = Brand name drugs	T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
ARNUITY ELLIPTA	T2	90DS; QL (30 Inhaler per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
ASMANEX HFA	T2	90DS; QL (13 Inhaler per 30 days)
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external lotion</i>	T1	
<i>betamethasone valerate external ointment</i>	T1	
BREZTRI AEROSPHERE	T2	90DS; QL (1 Inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	T1	90DS; QL (120 ml per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	T1	90DS; QL (60 ML per 30 days)
<i>budesonide oral</i>	T1	
<i>budesonide-formoterol fumarate</i>	T2	90DS; QL (10.2 GM per 30 days)
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	90DS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T2	90DS; QL (60 EA per 30 days)
<i>fluticasone propionate diskus</i>	T2	90DS; QL (60 Inhaler per 30 days)
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T1	ST
<i>fluticasone propionate external ointment</i>	T1	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>	T2	90DS; QL (12 Inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T2	90DS; QL (10.6 Inhaler per 30 days)
<i>fluticasone propionate nasal</i>	T1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	90DS; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	90DS; QL (1 EA per 30 days)
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone butyrate external cream</i>	T1	ST
<i>hydrocortisone butyrate external lotion</i>	T1	ST
<i>hydrocortisone butyrate external ointment</i>	T1	ST
<i>hydrocortisone butyrate external solution</i>	T1	ST
<i>hydrocortisone external cream 1 %, 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1	
<i>hydrocortisone oral</i>	T1	
<i>hydrocortisone rectal enema</i>	T1	
<i>hydrocortisone valerate external cream</i>	T1	
<i>hydrocortisone valerate external ointment</i>	T1	ST
<i>hydrocortisone-acetic acid</i>	T1	
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA; SP

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>methylprednisolone oral</i>	T1		
<i>mometasone furoate nasal</i>	T1		
<i>prednisolone acetate ophthalmic</i>	T1		
<i>prednisolone oral solution</i>	T1		
<i>prednisolone sodium phosphate ophthalmic</i>	T1		
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1		
<i>prednisone oral</i>	T1		
PULMICORT FLEXHALER	T2	90DS; QL (1 Inhaler per 30 days)	
QVAR REDIHALER	T2	90DS; QL (1 Inhaler per 30 days)	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)	
Alpha-Glucosidase Inhibitors			
<i>acarbose oral</i>	T1	90DS	
Amylinomimetics			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		
Androgens			
<i>danazol oral</i>	T1		
<i>methyltestosterone oral</i>	T1	PA	
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	T1	QL (10 ML per 30 days)	
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	T1	QL (4 ML per 28 days)	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>testosterone enanthate intramuscular solution</i>	T1	QL (5 ML per 28 days)	
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	T1	PA	
<i>testosterone transdermal solution</i>	T1	PA	
Antidiabetic Agents, Miscellaneous			
<i>colesevelam hcl</i>	T1	90DS	
<i>mifepristone oral tablet 300 mg</i>	T4	SP	
Antiestrogens			
<i>anastrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS	
<i>exemestane</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS	
<i>KISQALI FEMARA (200 MG DOSE)</i>	T4	PA; SP	
<i>KISQALI FEMARA (400 MG DOSE)</i>	T4	PA; SP	
<i>KISQALI FEMARA (600 MG DOSE)</i>	T4	PA; SP	
<i>letrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS	
Antigonadotropins			
<i>CETROTIDE SUBCUTANEOUS KIT 0.25 MG</i>	T4	PA; SP	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP	
<i>ORILISSA</i>	T3	PA	
Antiparathyroid Agents			
<i>calcitonin (salmon) nasal</i>	T1	90DS; QL (3.7 ML per 30 days)	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	T1	90DS; QL (60 EA per 30 days)	
<i>cinacalcet hcl oral tablet 90 mg</i>	T1	90DS; QL (120 EA per 30 days)	
Antithyroid Agents			
<i>methimazole oral</i>	T1	90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>propylthiouracil oral</i>	T1	90DS	
Biguanides			
<i>alogliptin-metformin hcl</i>	T1	90DS; QL (60 EA per 30 days)	
<i>glipizide-metformin hcl</i>	T1	90DS	
<i>glyburide-metformin</i>	T1	90DS	
JANUMET	T2	90DS; QL (60 EA per 30 days)	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	90DS; QL (30 EA per 30 days)	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	90DS; QL (60 EA per 30 days)	
<i>metformin hcl er</i>	T1	90DS	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	90DS	
<i>pioglitazone hcl-metformin hcl</i>	T1	90DS	
SYNJARDY	T2	90DS; QL (60 EA per 30 days)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	90DS; QL (30 EA per 30 days)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	90DS; QL (30 EA per 30 days)	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)	
Contraceptives			

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
AFIRMELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ALTAVERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>alyacen 1/35</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>alyacen 7/7/7</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
AMETHIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AMETHYST	T1	ACA Preventative Medication-\$0 Copay; 90DS
APRI	T1	ACA Preventative Medication-\$0 Copay; 90DS
ARANELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ASHLYNA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUBRA	T1	
AUBRA EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
AVIANE	T1	ACA Preventative Medication-\$0 Copay; 90DS
AYUNA	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
AZURETTE	T1	ACA Preventative Medication-\$0 Copay; 90DS
BALZIVA	T1	ACA Preventative Medication-\$0 Copay; 90DS
BLISOVI 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
BLISOVI FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
BLISOVI FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>briellyn</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMILA	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMRESE	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMRESE LO	T1	ACA Preventative Medication-\$0 Copay; 90DS
CHARLOTTE 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
CHATEAL	T1	
CHATEAL EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
CRYSELLE-28	T1	ACA Preventative Medication-\$0 Copay; 90DS
CYCLAFEM 1/35	T1	
CYCLAFEM 7/7/7	T1	
CYRED	T1	
CYRED EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
DASETTA 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
DASETTA 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
DAYSEE	T1	ACA Preventative Medication-\$0 Copay; 90DS
DEBLITANE	T1	ACA Preventative Medication-\$0 Copay; 90DS
DELYLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>desogestrel-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
DOLISHALE	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospirenen-eth estrad-levomefol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospirenone-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
ECONTRA ONE-STEP	T1	ACA Preventative Medication-\$0 Copay
ELINEST	T1	ACA Preventative Medication-\$0 Copay; 90DS
ELLA	T2	ACA Preventative Medication-\$0 Copay
ELURYNG	T1	ACA Preventative Medication-\$0 Copay; 90DS
EMOQUETTE	T1	
ENILLORING	T1	
ENPRESSE-28	T1	ACA Preventative Medication-\$0 Copay; 90DS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	ACA Preventative Medication-\$0 Copay; 90DS
ERRIN	T1	ACA Preventative Medication-\$0 Copay; 90DS
ESTARYLLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>ethynodiol diac-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>etonogestrel-ethynodiol estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
FALMINA	T1	ACA Preventative Medication-\$0 Copay; 90DS
FAYOSIM	T1	
FEMYNOR	T1	
FINZALA	T1	
GEMMILY	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
HALOETTE	T1	
HEATHER	T1	ACA Preventative Medication-\$0 Copay; 90DS
ICLEVIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
INCASSIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
INTROVALE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ISIBLOOM	T1	ACA Preventative Medication-\$0 Copay; 90DS
JAIMIESS	T1	ACA Preventative Medication-\$0 Copay; 90DS
JASMIEL	T1	ACA Preventative Medication-\$0 Copay; 90DS
JENCYCLA	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
JOLESSA	T1	ACA Preventative Medication-\$0 Copay; 90DS
JULEBER	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL FE 24	T1	ACA Preventative Medication-\$0 Copay; 90DS
KAITLIB FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
KALLIGA	T1	ACA Preventative Medication-\$0 Copay; 90DS
KARIVA	T1	ACA Preventative Medication-\$0 Copay; 90DS
KELNOR 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
KELNOR 1/50	T1	ACA Preventative Medication-\$0 Copay; 90DS
KURVELO	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
LARIN FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARISSIA	T1	
LAYOLIS FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEENA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LESSINA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVONEST	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth est & eth est</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth estrad 91-day</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>levonorgestrel-ethynodiol dihydrogen phosphate</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
LILLOW	T1	
LOJAIMIESS	T1	ACA Preventative Medication-\$0 Copay; 90DS
LORYNA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LOW-OGESTREL	T1	ACA Preventative Medication-\$0 Copay; 90DS
LO-ZUMANDIMINE	T1	ACA Preventative Medication-\$0 Copay; 90DS
LUTERA	T1	ACA Preventative Medication-\$0 Copay; 90DS

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	Drug Tier	Requirements and Limits
UPPERCASE = Brand name drugs	T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
LYLEQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
LYZA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>marlissa</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>medroxyprogesterone acetate intramuscular</i>	T1	ACA Preventative Medication-\$0 Copay
MERZEE	T1	ACA Preventative Medication-\$0 Copay; 90DS
MIBELAS 24 FE	T1	
MICROGESTIN 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
MILI	T1	ACA Preventative Medication-\$0 Copay; 90DS
MONO-LINYAH	T1	ACA Preventative Medication-\$0 Copay; 90DS
MY CHOICE	T1	ACA Preventative Medication-\$0 Copay
MY WAY	T1	ACA Preventative Medication-\$0 Copay
NECON 0.5/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NECON 1/35 (28)	T1	
NEW DAY	T1	ACA Preventative Medication-\$0 Copay

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
NIKKI	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORA-BE	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norelgestromin-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral capsule</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone acet-ethynodiol oral tablet</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindron-ethynodiol estrad-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin-eth estradiol-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestim-eth estrad triphasic</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORLYDA	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORLYROC	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 0.5/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 1/35 (21)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 1/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS

Drug Name	Drug Tier	Requirements and Limits
NORTREL 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYMYO	T1	ACA Preventative Medication-\$0 Copay; 90DS
OCELLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
OPCICON ONE-STEP	T1	ACA Preventative Medication-\$0 Copay
OPILL	T1	ACA Preventative Medication-\$0 Copay.
OPTION 2	T1	ACA Preventative Medication-\$0 Copay
ORSYTHIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
PHILITH	T1	ACA Preventative Medication-\$0 Copay; 90DS
PIMTREA	T1	ACA Preventative Medication-\$0 Copay; 90DS
PIRMELLA 1/35	T1	
PIRMELLA 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
PORTIA-28	T1	ACA Preventative Medication-\$0 Copay; 90DS
PREVIFEM	T1	
RECLIPSEN	T1	ACA Preventative Medication-\$0 Copay; 90DS
RIVELSA	T1	ACA Preventative Medication-\$0 Copay; 90DS
SETLAKIN	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
SHAROBEL	T1	ACA Preventative Medication-\$0 Copay; 90DS
SIMLIYA	T1	ACA Preventative Medication-\$0 Copay; 90DS
SIMPESSE	T1	ACA Preventative Medication-\$0 Copay; 90DS
SOLIA	T1	
SPRINTEC 28	T1	ACA Preventative Medication-\$0 Copay; 90DS
SRONYX	T1	ACA Preventative Medication-\$0 Copay; 90DS
SYEDA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TAKE ACTION	T1	ACA Preventative Medication-\$0 Copay
TARINA 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
TARINA FE 1/20	T1	
TARINA FE 1/20 EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
TAYSOFY	T1	ACA Preventative Medication-\$0 Copay; 90DS
TILIA FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI FEMYNOR	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-ESTARYLLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LEGEST FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LINYAH	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-ESTARYLLA	T1	ACA Preventative Medication-\$0 Copay; 90DS

Drug Name	Drug Tier	Requirements and Limits
TRI-LO-MARZIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-MILI	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-SPRINTEC	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-MILI	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRINESSA (28)	T1	
TRI-NYMYO	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-PREVIFEM	T1	
TRI-SPRINTEC	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRIVORA (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-VYLIBRA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-VYLIBRA LO	T1	ACA Preventative Medication-\$0 Copay; 90DS
TULANA	T1	
TURQOZ	T1	
TYBLUME ORAL TABLET CHEWABLE	T2	ACA Preventative Medication-\$0 Copay; 90DS
TYDEMY	T1	ACA Preventative Medication-\$0 Copay; 90DS
VELIVET	T1	ACA Preventative Medication-\$0 Copay; 90DS
VESTURA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VIENVA	T1	ACA Preventative Medication-\$0 Copay; 90DS
violele	T1	ACA Preventative Medication-\$0 Copay; 90DS

Drug Name	Drug Tier	Requirements and Limits
VOLNEA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WYMZYA FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
XULANE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ZAFEMY	T1	ACA Preventative Medication-\$0 Copay; 90DS
ZOVIA 1/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
ZOVIA 1/35E (28)	T1	
ZUMANDIMINE	T1	ACA Preventative Medication-\$0 Copay; 90DS
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
<i>alogliptin benzoate</i>	T1	90DS; QL (30 EA per 30 days)
<i>alogliptin-metformin hcl</i>	T1	90DS; QL (60 EA per 30 days)
GLYXAMBI	T2	90DS; QL (30 EA per 30 days)
JANUMET	T2	90DS; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	90DS; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	90DS; QL (60 EA per 30 days)
JANUVIA	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
Estrogen Agonist-Antagonists		
CLOMID	T3	PA; QL (10 EA per 30 days)
DUAVEE	T3	ST
OSPHENA	T3	
<i>raloxifene hcl</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
SOLTAMOX	T4	
<i>tamoxifen citrate oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>toremifene citrate</i>	T1	90DS
Estrogens		
AFIRMELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ALTAVERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>alyacen 1/35</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>alyacen 7/7/7</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
AMETHIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AMETHYST	T1	ACA Preventative Medication-\$0 Copay; 90DS
APRI	T1	ACA Preventative Medication-\$0 Copay; 90DS
ARANELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ASHLYNA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUBRA	T1	

Drug Name	Drug Tier	Requirements and Limits
AUBRA EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
AVIANE	T1	ACA Preventative Medication-\$0 Copay; 90DS
AYUNA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AZURETTE	T1	ACA Preventative Medication-\$0 Copay; 90DS
BALZIVA	T1	ACA Preventative Medication-\$0 Copay; 90DS
BIJUVA	T3	QL (30 EA per 30 days)
BLISOVI 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
BLISOVI FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
BLISOVI FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
briellyn	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMRESE	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMRESE LO	T1	ACA Preventative Medication-\$0 Copay; 90DS
CHARLOTTE 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
CHATEAL	T1	
CHATEAL EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
COMBIPATCH	T3	
CRYSELLE-28	T1	ACA Preventative Medication-\$0 Copay; 90DS
CYCLAFEM 1/35	T1	
CYCLAFEM 7/7/7	T1	
CYRED	T1	
CYRED EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
DASETTA 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
DASETTA 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
DAYSEE	T1	ACA Preventative Medication-\$0 Copay; 90DS
DELYLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>desogestrel-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
DOLISHALE	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospirenen-eth estrad-levomefol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospirenone-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
DUAVEE	T3	ST
ELINEST	T1	ACA Preventative Medication-\$0 Copay; 90DS
ELURYNG	T1	ACA Preventative Medication-\$0 Copay; 90DS
EMOQUETTE	T1	
ENILLORING	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ENPRESSE-28	T1	ACA Preventative Medication-\$0 Copay; 90DS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	ACA Preventative Medication-\$0 Copay; 90DS
ESTARYLLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>estradiol oral</i>	T1	90DS
<i>estradiol transdermal patch twice weekly</i>	T1	90DS
<i>estradiol transdermal patch weekly</i>	T1	90DS
<i>estradiol vaginal</i>	T1	90DS
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T1	
<i>estradiol-norethindrone acet</i>	T1	90DS
<i>ethynodiol diac-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>etonogestrel-ethynodiol estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
FALMINA	T1	ACA Preventative Medication-\$0 Copay; 90DS
FAYOSIM	T1	
FEMYNOR	T1	
FINZALA	T1	
FYAVOLV	T1	90DS
GEMMILY	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
HALOETTE	T1	

Drug Name	Drug Tier	Requirements and Limits
ICLEVIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
INTROVALE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ISIBLOOM	T1	ACA Preventative Medication-\$0 Copay; 90DS
JAIMIESS	T1	ACA Preventative Medication-\$0 Copay; 90DS
JASMIEL	T1	ACA Preventative Medication-\$0 Copay; 90DS
JINTELI	T1	90DS
JOLESSA	T1	ACA Preventative Medication-\$0 Copay; 90DS
JULEBER	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL FE 24	T1	ACA Preventative Medication-\$0 Copay; 90DS
KAITLIB FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
KALLIGA	T1	ACA Preventative Medication-\$0 Copay; 90DS
KARIVA	T1	ACA Preventative Medication-\$0 Copay; 90DS
KELNOR 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
KELNOR 1/50	T1	ACA Preventative Medication-\$0 Copay; 90DS

Drug Name	Drug Tier	Requirements and Limits
KURVELO	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARISSIA	T1	
LAYOLIS FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEENA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LESSINA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVONEST	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth est & eth est</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth estrad 91-day</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgestrel-ethynodiol dihydrogen phosphate</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgestrel estradiol triphasic oral tablet 50-30/75-40/125-30 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
LILLOW	T1	
LOJAIMIESS	T1	ACA Preventative Medication-\$0 Copay; 90DS

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
LORYNA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LOW-OGESTREL	T1	ACA Preventative Medication-\$0 Copay; 90DS
LO-ZUMANDIMINE	T1	ACA Preventative Medication-\$0 Copay; 90DS
LUTERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>marlissa</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
MENEST	T3	ST
MERZEE	T1	ACA Preventative Medication-\$0 Copay; 90DS
MIBELAS 24 FE	T1	
MICROGESTIN 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
MILI	T1	ACA Preventative Medication-\$0 Copay; 90DS
MIMVEY	T1	90DS
MONO-LINYAH	T1	ACA Preventative Medication-\$0 Copay; 90DS
NECON 0.5/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NECON 1/35 (28)	T1	
NIKKI	T1	ACA Preventative Medication-\$0 Copay; 90DS

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
<i>norelgestromin-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral capsule</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone acet-ethynodiol est oral tablet</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1	90DS
<i>norethindron-ethynodiol estrad-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin-eth estradiol-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestim-eth estrad triphasic</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 0.5/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 1/35 (21)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 1/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYMYO	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
OCELLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
ORSYTHIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
PHILITH	T1	ACA Preventative Medication-\$0 Copay; 90DS
PIMTREA	T1	ACA Preventative Medication-\$0 Copay; 90DS
PIRMELLA 1/35	T1	
PIRMELLA 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
PORTIA-28	T1	ACA Preventative Medication-\$0 Copay; 90DS
PREMARIN ORAL	T3	ST
PREMARIN VAGINAL	T3	
PREMPHASE	T3	
PREMPRO	T3	
PREVIFEM	T1	
RECLIPSEN	T1	ACA Preventative Medication-\$0 Copay; 90DS
RIVELSA	T1	ACA Preventative Medication-\$0 Copay; 90DS
SETLAKIN	T1	ACA Preventative Medication-\$0 Copay; 90DS
SIMLIYA	T1	ACA Preventative Medication-\$0 Copay; 90DS
SIMPESSE	T1	ACA Preventative Medication-\$0 Copay; 90DS
SOLIA	T1	
SPRINTEC 28	T1	ACA Preventative Medication-\$0 Copay; 90DS
SRONYX	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
SYEDA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TARINA 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
TARINA FE 1/20	T1	
TARINA FE 1/20 EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
TAYSOFY	T1	ACA Preventative Medication-\$0 Copay; 90DS
TILIA FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI FEMYNOR	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-ESTARYLLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LEGEST FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LINYAH	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-ESTARYLLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-MARZIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-MILI	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-SPRINTEC	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-MILI	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRINESSA (28)	T1	
TRI-NYMYO	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-PREVIFEM	T1	
TRI-SPRINTEC	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
TRIVORA (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-VYLIBRA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-VYLIBRA LO	T1	ACA Preventative Medication-\$0 Copay; 90DS
TURQOZ	T1	
TYBLUME ORAL TABLET CHEWABLE	T2	ACA Preventative Medication-\$0 Copay; 90DS
TYDEMY	T1	ACA Preventative Medication-\$0 Copay; 90DS
VELIVET	T1	ACA Preventative Medication-\$0 Copay; 90DS
VESTURA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VIENVA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>viorele</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
VOLNEA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WYMZYA FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
XULANE	T1	ACA Preventative Medication-\$0 Copay; 90DS
YUVAFEM	T1	90DS
ZAFEMY	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
ZOVIA 1/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
ZOVIA 1/35E (28)	T1	
ZUMANDIMINE	T1	ACA Preventative Medication-\$0 Copay; 90DS
Glycogenolytic Agents		
BAQSIMI ONE PACK	T2	QL (4 EA per 30 days)
BAQSIMI TWO PACK	T2	QL (4 EA per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (4 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
Gonadotropins		
ELIGARD	T4	PA; SP
FOLLISTIM AQ SUBCUTANEOUS	T4	PA; SP
GONAL-F	T4	PA; SP
GONAL-F RFF	T4	PA; SP
GONAL-F RFF REDIRECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>leuprolide acetate (3 month)</i>	T4	PA; SP	
<i>leuprolide acetate injection</i>	T4	SP	
LUPRON DEPOT (1-MONTH)	T4	PA; SP	
LUPRON DEPOT (3-MONTH)	T4	PA; SP	
LUPRON DEPOT (4-MONTH)	T4	PA; SP	
LUPRON DEPOT (6-MONTH)	T4	PA; SP	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T4	PA; SP	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	T4	PA; SP	
LUPRON DEPOT-PED (6-MONTH)	T4	PA; SP	
MENOPUR	T4	PA; SP	
NOVAREL	T4	PA; SP	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
PREGNYL	T4	PA; SP	
SYNAREL	T4	PA; SP	
TRELSTAR MIXJECT	T4	PA; SP	
Incretin Mimetics			
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	ST; QL (2 ML per 28 days)	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML	T2	ST; QL (3 ML per 28 days)	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	ST; QL (3 ML per 28 days)	
OZEMPIC (2 MG/DOSE)	T2	ST; QL (3 ML per 28 days)	
RYBELSUS	T2	ST; QL (30 EA per 30 days)	
SOLIQUA	T2	ST; 90DS; QL (30 ML per 30 days)	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	ST; QL (2 ML per 28 days)	
XULTOPHY	T3	ST; QL (15 ML per 30 days)	

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Intermediate-Acting Insulins		
HUMULIN 70/30	T2	90DS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMULIN N	T2	90DS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
Long-Acting Insulins		
<i>insulin degludec</i>	T2	ST; 90DS
<i>insulin degludec flextouch</i>	T2	ST; 90DS
<i>insulin glargine-yfgn</i>	T1	90DS
LANTUS	T2	90DS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	90DS
REZVOGLAR KWIKPEN	T1	90DS
SOLIQUA	T2	ST; 90DS; QL (30 ML per 30 days)
TOUJEO MAX SOLOSTAR	T3	ST
TOUJEO SOLOSTAR	T3	ST
XULTOPHY	T3	ST; QL (15 ML per 30 days)
Meglitinides		
<i>nateglinide</i>	T1	90DS
<i>repaglinide</i>	T1	90DS
Parathyroid Agents		
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>	T4	PA; SP
TYMLOS	T4	PA; SP
Pituitary		
ACTHAR	T4	PA; SP
ACTHAR GEL	T4	PA; SP
CORTROPHIN	T4	PA; SP

Drug Tier	Requirements and Limits	
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>desmopressin ace spray refrig</i>	T1	90DS; QL (15 ML per 30 days)
<i>desmopressin acetate oral</i>	T1	90DS
<i>desmopressin acetate spray</i>	T1	90DS; QL (15 ML per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP
HUMATROPE INJECTION CARTRIDGE	T4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN- INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA; SP
Progestins		
AFIRMELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ALTAVERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>alyacen</i> 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>alyacen</i> 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	Drug Tier	Requirements and Limits
UPPERCASE = Brand name drugs	T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
AMETHIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AMETHYST	T1	ACA Preventative Medication-\$0 Copay; 90DS
APRI	T1	ACA Preventative Medication-\$0 Copay; 90DS
ARANELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ASHLYNA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUBRA	T1	
AUBRA EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUROVELA FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
AVIANE	T1	ACA Preventative Medication-\$0 Copay; 90DS
AYUNA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AZURETTE	T1	ACA Preventative Medication-\$0 Copay; 90DS
BALZIVA	T1	ACA Preventative Medication-\$0 Copay; 90DS
BIJUVA	T3	QL (30 EA per 30 days)
BLISOVI 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
BLISOVI FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
BLISOVI FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>briellyn</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMILA	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMRESE	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMRESE LO	T1	ACA Preventative Medication-\$0 Copay; 90DS
CHARLOTTE 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
CHATEAL	T1	
CHATEAL EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
COMBIPATCH	T3	
CRINONE	T3	PA
CRYSELLE-28	T1	ACA Preventative Medication-\$0 Copay; 90DS
CYCLAFEM 1/35	T1	
CYCLAFEM 7/7/7	T1	
CYRED	T1	
CYRED EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
DASETTA 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
DASETTA 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
DAYSEE	T1	ACA Preventative Medication-\$0 Copay; 90DS
DEBLITANE	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
DELYLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>desogestrel-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
DOLISHALE	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospirenen-eth estrad-levomefol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospirenone-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
ECONTRA ONE-STEP	T1	ACA Preventative Medication-\$0 Copay
ELINEST	T1	ACA Preventative Medication-\$0 Copay; 90DS
ELLA	T2	ACA Preventative Medication-\$0 Copay
ELURYNG	T1	ACA Preventative Medication-\$0 Copay; 90DS
EMOQUETTE	T1	
ENDOMETRIN	T2	PA
ENILLORING	T1	
ENPRESSE-28	T1	ACA Preventative Medication-\$0 Copay; 90DS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	ACA Preventative Medication-\$0 Copay; 90DS
ERRIN	T1	ACA Preventative Medication-\$0 Copay; 90DS
ESTARYLLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>estradiol-norethindrone acet</i>	T1	90DS
<i>ethynodiol diac-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>etonogestrel-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
FALMINA	T1	ACA Preventative Medication-\$0 Copay; 90DS
FAYOSIM	T1	
FEMYNOR	T1	
FINZALA	T1	
FYAVOLV	T1	90DS
GEMMILY	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
HAILEY FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
HALOETTE	T1	
HEATHER	T1	ACA Preventative Medication-\$0 Copay; 90DS
ICLEVIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
INCASSIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
INTROVALE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ISIBLOOM	T1	ACA Preventative Medication-\$0 Copay; 90DS
JAIMIESS	T1	ACA Preventative Medication-\$0 Copay; 90DS
JASMIEL	T1	ACA Preventative Medication-\$0 Copay; 90DS
JENCYCLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
JINTELI	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
JOLESSA	T1	ACA Preventative Medication-\$0 Copay; 90DS
JULEBER	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
JUNEL FE 24	T1	ACA Preventative Medication-\$0 Copay; 90DS
KAITLIB FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
KALLIGA	T1	ACA Preventative Medication-\$0 Copay; 90DS
KARIVA	T1	ACA Preventative Medication-\$0 Copay; 90DS
KELNOR 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
KELNOR 1/50	T1	ACA Preventative Medication-\$0 Copay; 90DS
KURVELO	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARIN FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS

Drug Name	Drug Tier	Requirements and Limits
LARIN FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARISSIA	T1	
LAYOLIS FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEENA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LESSINA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVONEST	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth est & eth est</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth estrad 91-day</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>levonorgestrel-ethynodiol dihydrogen phosphate</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgestrel estradiol triphasic oral tablet 50-30/75-40/125-30 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
LILLOW	T1	
LOJAIMIERS	T1	ACA Preventative Medication-\$0 Copay; 90DS
LORYNA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LOW-OGESTREL	T1	ACA Preventative Medication-\$0 Copay; 90DS
LO-ZUMANDIMINE	T1	ACA Preventative Medication-\$0 Copay; 90DS
LUTERA	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
LYLEQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
LYZA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>marlissa</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>medroxyprogesterone acetate intramuscular</i>	T1	ACA Preventative Medication-\$0 Copay
<i>medroxyprogesterone acetate oral</i>	T1	90DS
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T1	90DS
<i>megestrol acetate oral tablet</i>	T1	
MERZEE	T1	ACA Preventative Medication-\$0 Copay; 90DS
MIBELAS 24 FE	T1	
MICROGESTIN 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
MICROGESTIN FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
MILI	T1	ACA Preventative Medication-\$0 Copay; 90DS
MIMVEY	T1	90DS
MONO-LINYAH	T1	ACA Preventative Medication-\$0 Copay; 90DS
MY CHOICE	T1	ACA Preventative Medication-\$0 Copay

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
MY WAY	T1	ACA Preventative Medication-\$0 Copay
NECON 0.5/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NECON 1/35 (28)	T1	
NEW DAY	T1	ACA Preventative Medication-\$0 Copay
NIKKI	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORA-BE	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norelgestromin-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral capsule</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone acetate oral</i>	T1	90DS
<i>norethindrone acet-ethynodiol oral tablet</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1	90DS
<i>norethindron-ethynodiol estrad-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin-eth estradiol-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestim-eth estrad triphasic</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
NORLYDA	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORLYROC	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 0.5/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 1/35 (21)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 1/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYMYO	T1	ACA Preventative Medication-\$0 Copay; 90DS
OCELLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
OPCICON ONE-STEP	T1	ACA Preventative Medication-\$0 Copay
OPILL	T1	ACA Preventative Medication-\$0 Copay.
OPTION 2	T1	ACA Preventative Medication-\$0 Copay
ORSYTHIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
PHILITH	T1	ACA Preventative Medication-\$0 Copay; 90DS
PIMTREA	T1	ACA Preventative Medication-\$0 Copay; 90DS
PIRMELLA 1/35	T1	
PIRMELLA 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
PORTIA-28	T1	ACA Preventative Medication-\$0 Copay; 90DS
PREMPHASE	T3	
PREMPRO	T3	
PREVIFEM	T1	
<i>progesterone oral</i>	T1	90DS
RECLIPSEN	T1	ACA Preventative Medication-\$0 Copay; 90DS
RIVELSA	T1	ACA Preventative Medication-\$0 Copay; 90DS
SETLAKIN	T1	ACA Preventative Medication-\$0 Copay; 90DS
SHAROBEL	T1	ACA Preventative Medication-\$0 Copay; 90DS
SIMLIYA	T1	ACA Preventative Medication-\$0 Copay; 90DS
SIMPESSE	T1	ACA Preventative Medication-\$0 Copay; 90DS
SOLIA	T1	
SPRINTEC 28	T1	ACA Preventative Medication-\$0 Copay; 90DS
SRONYX	T1	ACA Preventative Medication-\$0 Copay; 90DS
SYEDA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TAKE ACTION	T1	ACA Preventative Medication-\$0 Copay
TARINA 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
TARINA FE 1/20	T1	
TARINA FE 1/20 EQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
TAYSOFY	T1	ACA Preventative Medication-\$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
TILIA FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI FEMYNOR	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-ESTARYLLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LEGEST FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LINYAH	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-ESTARYLLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-MARZIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-MILI	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-SPRINTEC	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-MILI	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRINESSA (28)	T1	
TRI-NYMYO	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-PREVIFEM	T1	
TRI-SPRINTEC	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRIVORA (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-VYLIBRA	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-VYLIBRA LO	T1	ACA Preventative Medication-\$0 Copay; 90DS
TULANA	T1	
TURQOZ	T1	

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
TYBLUME ORAL TABLET CHEWABLE	T2	ACA Preventative Medication-\$0 Copay; 90DS
TYDEMY	T1	ACA Preventative Medication-\$0 Copay; 90DS
VELIVET	T1	ACA Preventative Medication-\$0 Copay; 90DS
VESTURA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VIENVA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>viorele</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
VOLNEA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WYMZYA FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
XULANE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ZAFEMY	T1	ACA Preventative Medication-\$0 Copay; 90DS
ZOVIA 1/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
ZOVIA 1/35E (28)	T1	
ZUMANDIMINE	T1	ACA Preventative Medication-\$0 Copay; 90DS
Rapid-Acting Insulins		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T2	90DS
HUMALOG MIX 50/50	T2	90DS

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS	
HUMALOG MIX 75/25	T2	90DS	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	90DS	
<i>insulin lispro (1 unit dial)</i>	T1	90DS	
<i>insulin lispro injection</i>	T1	90DS	
<i>insulin lispro junior kwikpen</i>	T1	90DS	
Short-Acting Insulins			
HUMULIN 70/30	T2	90DS	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS	
HUMULIN R	T2	90DS	
HUMULIN R U-500 (CONCENTRATED)	T2	90DS	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	90DS	
Sodium-Gluc Cotransport 2 (Sglt2) Inhib			
FARXIGA	T2	90DS; QL (30 EA per 30 days)	
GLYXAMBI	T2	90DS; QL (30 EA per 30 days)	
JARDIANCE	T2	90DS; QL (30 EA per 30 days)	
SYNJARDY	T2	90DS; QL (60 EA per 30 days)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	90DS; QL (30 EA per 30 days)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)	

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	90DS; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
Somatostatin Agonists		
<i>lanreotide acetate</i>	T4	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	PA; SP
<i>octreotide acetate intramuscular</i>	T4	PA
<i>octreotide acetate subcutaneous</i>	T4	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG	T4	PA; SP
SIGNIFOR	T4	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	T4	PA; SP
Somatotropin Agonists		
EGRIFTA SV	T4	PA; SP
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP
HUMATROPE INJECTION CARTRIDGE	T4	PA; SP
INCRELEX	T4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA; SP	
Somatotropin Antagonists			
SOMAVERT	T4	PA; SP	
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T1	90DS	
glipizide er	T1	90DS	
glipizide oral	T1	90DS	
glipizide xl	T1	90DS	
glipizide-metformin hcl	T1	90DS	
glyburide micronized	T1	90DS	
glyburide oral	T1	90DS	
glyburide-metformin	T1	90DS	
Thiazolidinediones			
pioglitazone hcl	T1	90DS	
pioglitazone hcl-metformin hcl	T1	90DS	
Thyroid Agents			
levothyroxine sodium oral tablet	T1	90DS	
LEVOXYL	T2	90DS	
liothyronine sodium oral	T1	90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
SYNTHROID	T2	90DS	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T3		
Immunomodulatory Agents (90:00)			
Amino Acid Polymers			
<i>glatiramer acetate</i>	T4	PA; SP	
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T4	PA; SP	
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T4	PA	
Antimetabolites			
MAVENCLAD (10 TABS)	T4	PA; SP	
MAVENCLAD (4 TABS)	T4	PA; SP	
MAVENCLAD (5 TABS)	T4	PA; SP	
MAVENCLAD (6 TABS)	T4	PA; SP	
MAVENCLAD (7 TABS)	T4	PA; SP	
MAVENCLAD (8 TABS)	T4	PA; SP	
MAVENCLAD (9 TABS)	T4	PA; SP	
<i>teriflunomide</i>	T4	PA	
Antimetabolites, Immunosupp Therapy Misc			
<i>azathioprine oral tablet 50 mg</i>	T1	90DS	
<i>mycophenolate mofetil oral capsule</i>	T1	90DS	
Bone-Modifying Agents			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
Calcineurin Inhibitors, Misc (90:28)			
ASTAGRAF XL	T4	SP	
<i>cyclosporine modified</i>	T1	90DS	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>cyclosporine ophthalmic</i>	T1	ST; 90DS; QL (60 EA per 30 days)
<i>cyclosporine oral capsule</i>	T1	90DS
ENVARSUS XR	T4	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
PROGRAF ORAL PACKET	T3	
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
<i>tacrolimus external ointment</i>	T1	ST
<i>tacrolimus oral</i>	T1	90DS
Complement Inhibitor Agents (90:20)		
TAVNEOS	T4	PA; SP
Disease-Modifying Antirheumat Drugs Misc		
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Disease-Modifying Antirheumatic Drugs		
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	90DS
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
<i>sulfasalazine oral</i>	T1	90DS

		Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic		90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand		AL = Age Limit
	T3 = Non-Preferred Brand		PA = Prior Authorization
	T4 = Specialty		QL = Quantity Limit
			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
TREMFYA INTRAVENOUS	T4	PA; SP	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
XATMEP	T3	PA	
Fumarates			
BAFIERTAM	T4	PA; SP	
<i>dimethyl fumarate oral</i>	T1	PA; 90DS	
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	PA	
VUMERITY	T4	PA; SP	
IgG1 Monoclonal Antibodies			
BENLYSTA SUBCUTANEOUS	T4	PA; SP	
Immunomodulatory Agents (90:00)			
<i>cyclophosphamide oral capsule</i>	T1		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP	
<i>everolimus oral tablet soluble</i>	T4	PA; SP	
<i>mercaptopurine oral</i>	T1		
PURIXAN	T4	SP	
Interferons			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA; SP	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA; SP	
BETASERON SUBCUTANEOUS KIT	T4	PA; SP	
EXTAVIA SUBCUTANEOUS KIT	T4	PA; SP	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-Injector	T4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Interleukin Inhibitor Agents, Misc		
XOLAIR	T4	PA; SP
Interleukin-Mediated Agents, Misc		
ACTEMRA ACTPEN	T4	PA; SP
ACTEMRA SUBCUTANEOUS	T4	PA; SP
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-Injector 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
KEVZARA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T4	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-Injector	T4	PA; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML	T4	PA; SP
Janus Kinase Inhibitors, Miscellaneous		
CIBINQO	T4	PA; SP

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
OLUMIANT ORAL TABLET 1 MG, 2 MG	T4	PA; SP	
RINVOQ	T4	PA; SP	
RINVOQ LQ	T4	PA; SP	
XELJANZ	T4	PA; SP	
XELJANZ XR	T4	PA; SP	
Monocarboxylic Acid Amide Agents			
<i>leflunomide oral</i>	T1	90DS	
Mtor Inhibitors, Miscellaneous			
HYFTOR	T4	PA; SP	
<i>sirolimus oral</i>	T1	90DS	
Phosphodiesterase-4 Inhibitors, Misc			
OTEZLA ORAL TABLET	T4	PA; SP	
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP	
Sphingosine 1-Phosphate (S1p) Agents			
<i> fingolimod hcl</i>	T1	PA; 90DS	
MAYZENT	T4	PA; SP	
MAYZENT STARTER PACK	T4	PA; SP	
TASCENO ODT	T4	PA; SP	
T-Cell Blockers (90:24)			
LUPKYNIS	T4	PA; SP	
Tumor Necrosis Factor Inhibitors, Misc			
<i>adalimumab-fkjp</i>	T4	PA; SP	
<i>adalimumab-fkjp (2 pen)</i>	T4	PA; SP	
<i>adalimumab-fkjp (2 syringe)</i>	T4	PA; SP	
CIMZIA (2 SYRINGE)	T4	PA; SP	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP	
CIMZIA-STARTER	T4	PA; SP	
ENBREL MINI	T4	PA; SP	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	
HADLIMA	T4	PA; SP	
HADLIMA PUSHTOUCH	T4	PA; SP	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	T4	PA; SP	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP	
HUMIRA-PED<40KG CROHNS STARTER	T4	PA; SP	
HUMIRA-PED>/=40KG CROHNS START	T4	PA; SP	
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP	
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
Local Anesthetics (Parenteral)			
Local Anesthetics (Parenteral)			
ZTLIDO	T3	PA	
Miscellaneous Therapeutic Agents			
5-Alpha-Reductase Inhibitors			
dutasteride oral	T1	90DS	

Drug Tier	Requirements and Limits	
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>dutasteride-tamsulosin hcl</i>	T1	90DS
<i>finasteride oral tablet 5 mg</i>	T1	90DS
5-Alpha-Reductase Inhibitors (92:04)		
<i>disulfiram oral</i>	T1	90DS
<i>dutasteride oral</i>	T1	90DS
<i>dutasteride-tamsulosin hcl</i>	T1	90DS
<i>finasteride oral tablet 5 mg</i>	T1	90DS
<i>naltrexone hcl oral</i>	T1	
Antidotes (92:12)		
<i>acetylcysteine inhalation</i>	T1	
BAQSIMI ONE PACK	T2	QL (4 EA per 30 days)
BAQSIMI TWO PACK	T2	QL (4 EA per 30 days)
FOSRENOL ORAL PACKET	T3	PA
<i>glucagon emergency injection kit</i>	T2	QL (4 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
<i>lanthanum carbonate</i>	T1	PA; 90DS

Drug Tier		Requirements and Limits	
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible	AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy	ST = Step Therapy
	T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits	
<i>leucovorin calcium oral</i>	T1		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1		
<i>naloxone hcl injection solution cartridge</i>	T1		
<i>naloxone hcl injection solution prefilled syringe</i>	T1		
<i>naltrexone hcl oral</i>	T1		
<i>sevelamer carbonate oral packet</i>	T1	PA; 90DS	
<i>sevelamer carbonate oral tablet</i>	T1	90DS	
<i>sodium polystyrene sulfonate oral powder</i>	T1		
SPS (SODIUM POLYSTYRENE SULF)	T3		
Antigout Agents			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	90DS	
<i>colchicine oral tablet</i>	T1		
<i>colchicine-probenecid</i>	T1	90DS	
<i>ec-naproxen</i>	T1	90DS	
<i>febuxostat</i>	T1	ST; 90DS	
<i>indomethacin er</i>	T1	90DS	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	90DS	
<i>naproxen oral tablet</i>	T1	90DS	
<i>naproxen oral tablet delayed release</i>	T1	90DS	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	90DS	
<i>probenecid oral</i>	T1	90DS	
Antisense Oligonucleotides			
<i>sodium oxybate</i>	T4	PA; QL (540 ml per 30 days)	
TEGSEDI	T4	PA; SP	
Bone Anabolic Agents			
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>	T4	PA; SP	
TYMLOS	T4	PA; SP	
Bone Resorption Inhibitors			

			Requirements and Limits
			Drug Tier
lowercase italics = Generic drugs			T1 = Generic
UPPERCASE = Brand name drugs			T2 = Preferred Brand
			T3 = Non-Preferred Brand
			T4 = Specialty
Drug Name	Drug Tier	Requirements and Limits	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1	90DS	
<i>calcitonin (salmon) nasal</i>	T1	90DS; QL (3.7 ML per 30 days)	
<i>estradiol oral</i>	T1	90DS	
<i>estradiol transdermal patch twice weekly</i>	T1	90DS	
<i>estradiol transdermal patch weekly</i>	T1	90DS	
<i>estradiol vaginal</i>	T1	90DS	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T1		
<i>ibandronate sodium oral</i>	T1	90DS	
MENEST	T3	ST	
PREMARIN ORAL	T3	ST	
PREMARIN VAGINAL	T3		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
<i>raloxifene hcl</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS	
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	T1	90DS	
<i>risedronate sodium oral tablet 30 mg</i>	T1		
YUVAFEM	T1	90DS	
Bradykinin Receptor Antagonists			
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP	
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA	
Cariostatic Agents			
<i>sf</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS	
<i>sf 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS	

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>sodium fluoride 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 ppm dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental gel 1.1 %</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral tablet chewable</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
Complement Inhibitors		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP
RUCONEST	T4	PA; SP
TAVNEOS	T4	PA; SP
Complement Inhibitors (92:32)		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP

Drug Name	Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
RUCONEST	T4	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SP
TAVNEOS	T4	PA; SP
Disease-Modifying Antirheumatic Agents		
ACTEMRA ACTPEN	T4	PA; SP
ACTEMRA SUBCUTANEOUS	T4	PA; SP
<i>adalimumab-fkjp</i>	T4	PA; SP
<i>adalimumab-fkjp (2 pen)</i>	T4	PA; SP
<i>adalimumab-fkjp (2 syringe)</i>	T4	PA; SP
<i>azathioprine oral tablet 50 mg</i>	T1	90DS
CIBINQO	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
<i>cyclosporine modified</i>	T1	90DS
<i>cyclosporine oral capsule</i>	T1	90DS
ENBREL MINI	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	T4	PA; SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP
HUMIRA-PED<40KG CROHNS STARTER	T4	PA; SP
HUMIRA-PED>/=40KG CROHNS START	T4	PA; SP
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	90DS
KEVZARA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>leflunomide oral</i>	T1	90DS
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
OLUMIANT ORAL TABLET 1 MG, 2 MG	T4	PA; SP
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
OTEZLA ORAL TABLET 30 MG	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T4	PA; SP
<i>penicillamine oral</i>	T1	PA
RINVOQ	T4	PA; SP
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>sulfasalazine oral</i>	T1	90DS
XATMEP	T3	PA
XELJANZ	T4	PA; SP
XELJANZ XR	T4	PA; SP
Immunomodulatory Agents		
ACTEMRA ACTPEN	T4	PA; SP
ACTEMRA SUBCUTANEOUS	T4	PA; SP
ACTIMMUNE	T4	PA; SP
<i>adalimumab-fkjp</i>	T4	PA; SP
<i>adalimumab-fkjp (2 pen)</i>	T4	PA; SP
<i>adalimumab-fkjp (2 syringe)</i>	T4	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA; SP
<i>azathioprine oral tablet 50 mg</i>	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
BAFIERTAM	T4	PA; SP
BETASERON SUBCUTANEOUS KIT	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
<i>cyclosporine modified</i>	T1	90DS
<i>cyclosporine oral capsule</i>	T1	90DS
<i>dimethyl fumarate oral</i>	T1	PA; 90DS
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	PA
ENBREL MINI	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
EXTAVIA SUBCUTANEOUS KIT	T4	PA; SP
<i> fingolimod hcl</i>	T1	PA; 90DS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
<i> glatiramer acetate</i>	T4	PA; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T4	PA; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T4	PA
HADLIMA	T4	PA; SP
HADLIMA PUSH TOUCH	T4	PA; SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	T4	PA; SP

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	T4	PA; SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-Injector KIT	T4	PA; SP
HUMIRA-PED<40KG CROHNS STARTER	T4	PA; SP
HUMIRA-PED>/=40KG CROHNS START	T4	PA; SP
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-Injector KIT	T4	PA; SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-Injector KIT	T4	PA; SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-Injector KIT	T4	PA; SP
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	90DS
KESIMPTA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>leflunomide oral</i>	T1	90DS
<i>lenalidomide</i>	T4	PA
MAVENCLAD (10 TABS)	T4	PA; SP
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
MAYZENT	T4	PA; SP
MAYZENT STARTER PACK	T4	PA; SP
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>methotrexate sodium oral</i>	T1	
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
POMALYST	T4	PA; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REVLIMID	T4	PA; SP
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>sulfasalazine oral</i>	T1	90DS
TASCENO ODT	T4	PA; SP
<i>teriflunomide</i>	T4	PA
THALOMID	T4	PA; SP
VUMERITY	T4	PA; SP
XATMEP	T3	PA
ZEPOSIA	T4	PA; SP

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
ZEPOSIA 7-DAY STARTER PACK	T4	PA; SP	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	T4	PA; SP	
Immunosuppressive Agents			
ASTAGRAF XL	T4	SP	
<i>azathioprine oral tablet 50 mg</i>	T1	90DS	
BENLYSTA SUBCUTANEOUS	T4	PA; SP	
<i>cyclophosphamide oral capsule</i>	T1		
<i>cyclosporine modified</i>	T1	90DS	
<i>cyclosporine oral capsule</i>	T1	90DS	
ENVARSUS XR	T4	SP	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4		
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS	
GENGRAF ORAL SOLUTION	T2	90DS	
HYFTOR	T4	PA; SP	
<i>leflunomide oral</i>	T1	90DS	
LUPKYNIS	T4	PA; SP	
MAVENCLAD (10 TABS)	T4	PA; SP	
MAVENCLAD (4 TABS)	T4	PA; SP	
MAVENCLAD (5 TABS)	T4	PA; SP	
MAVENCLAD (6 TABS)	T4	PA; SP	
MAVENCLAD (7 TABS)	T4	PA; SP	
MAVENCLAD (8 TABS)	T4	PA; SP	
MAVENCLAD (9 TABS)	T4	PA; SP	
<i>mercaptopurine oral</i>	T1		
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1		
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1		

Drug Tier		Requirements and Limits	
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible	
Drug Name	Drug Tier	Requirements and Limits	
<i>methotrexate sodium oral</i>	T1		
<i>mycophenolate mofetil oral</i>	T1	90DS	
<i>mycophenolate sodium</i>	T1	90DS	
<i>pimecrolimus</i>	T1	ST	
PROGRAF ORAL PACKET	T3		
PURIXAN	T4	SP	
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)	
<i>sirolimus oral</i>	T1	90DS	
<i>tacrolimus external ointment</i>	T1	ST	
<i>tacrolimus oral</i>	T1	90DS	
XATMEP	T3	PA	
Kallikrein Inhibitors			
KALBITOR	T4	PA; SP	
ORLADEYO	T4	PA; SP	
TAKHZYRO	T4	PA; SP	
Other Miscellaneous Therapeutic Agents			
<i>betaine</i>	T4		
CERDELGA	T4	PA; SP	
CYSTAGON	T4	SP	
<i>dalfampridine er</i>	T1	PA; 90DS	
DYSPORT	T4	PA; SP	
ELMIRON	T3	PA	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T4	PA; SP	
EVOTAZ	T2	90DS; QL (30 EA per 30 days)	
EVRYSDI	T4	PA; SP	
FIRDAPSE	T4	PA; SP	
GALAFOLD	T4	PA; SP	
GELSYN-3	T4	PA; SP	
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA; SP	

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>levocarnitine oral solution</i>	T1	90DS
<i>levocarnitine oral tablet</i>	T1	90DS
<i>levocarnitine sf</i>	T1	90DS
<i>L-glutamine oral packet</i>	T4	PA
<i>miglustat</i>	T4	PA; SP
<i>nitisinone</i>	T4	PA; SP
NITYR	T4	PA; SP
ORFADIN ORAL SUSPENSION	T4	PA; SP
PREZCOBIX	T2	90DS; QL (30 EA per 30 days)
REZUROCK	T4	PA; SP
<i>sapropterin dihydrochloride oral packet</i>	T4	PA
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA
STRIBILD	T3	QL (30 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
<i>tioprorin oral tablet delayed release</i>	T4	
TYBOST	T2	90DS; QL (30 EA per 30 days)
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)
VYNDAQEL	T4	PA; SP
XEOMIN	T4	PA; SP
Protective Agents		
<i>adapalene external gel 0.1 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>dalfampridine er</i>	T1	PA; 90DS
MESNEX ORAL	T3	
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
<i>aimsco lubricated</i>	T2	ACA Preventative Medication-\$0 Copay
CAYA	T2	ACA Preventative Medication-\$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>condoms</i>	T2	ACA Preventative Medication-\$0 Copay
DUREX REALFEEL	T2	ACA Preventative Medication-\$0 Copay
ENCARE VAGINAL SUPPOSITORY	T2	ACA Preventative Medication-\$0 Copay
FANTASY LUBRICATED	T2	ACA Preventative Medication-\$0 Copay
FANTASY LUBRICATED/SPERMICIDE	T2	ACA Preventative Medication-\$0 Copay
FC2 FEMALE CONDOM	T2	ACA Preventative Medication-\$0 Copay
FEMCAP	T2	ACA Preventative Medication-\$0 Copay
KAMELEON LUBRICATED	T2	ACA Preventative Medication-\$0 Copay
<i>kimono</i>	T2	ACA Preventative Medication-\$0 Copay
KIMONO COLORS	T2	ACA Preventative Medication-\$0 Copay
KIMONO MAXX-LARGE FLARE	T2	ACA Preventative Medication-\$0 Copay
<i>kimono micro thin</i>	T2	ACA Preventative Medication-\$0 Copay
<i>kimono micro thin plus</i>	T2	ACA Preventative Medication-\$0 Copay
<i>kimono plus</i>	T2	ACA Preventative Medication-\$0 Copay
<i>kimono ps</i>	T2	ACA Preventative Medication-\$0 Copay
<i>kimono ps plus</i>	T2	ACA Preventative Medication-\$0 Copay
<i>kimono sensation</i>	T2	ACA Preventative Medication-\$0 Copay

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>kimono sensation plus</i>	T2	ACA Preventative Medication-\$0 Copay
KIMONO SPECIAL	T2	ACA Preventative Medication-\$0 Copay
K-Y ME & YOU EXTRA LUBRICATED	T2	ACA Preventative Medication-\$0 Copay
K-Y ME & YOU INTENSE	T2	ACA Preventative Medication-\$0 Copay
<i>maxx</i>	T2	ACA Preventative Medication-\$0 Copay
<i>maxx plus</i>	T2	ACA Preventative Medication-\$0 Copay
OMNIFLEX DIAPHRAGM	T2	ACA Preventative Medication-\$0 Copay
OPTIONS GYNOL II CONTRACEPTIVE	T2	ACA Preventative Medication-\$0 Copay
PHEXXI	T2	ACA Preventative Medication-\$0 Copay
REALITY LATEX CONDOMS	T2	ACA Preventative Medication-\$0 Copay
REALITY LATEX/ULTRA TEXTURED	T2	ACA Preventative Medication-\$0 Copay
REALITY LATEX/ULTRA THIN	T2	ACA Preventative Medication-\$0 Copay
TODAY SPONGE	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX COLOR CONDOMS + LUBE	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX LUB/RIBBED/STUDDED	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX LUB/SPERMICIDE EX ST	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX LUB/SPERMICIDE XL	T2	ACA Preventative Medication-\$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits

90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
TRUSTEX LUBRICATED	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX LUBRICATED EX LARGE	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX LUBRICATED EXTRA ST	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX LUBRICATED/SPERMICIDE	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX NATURAL CONDOMS + LUBE	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX NON-LUBRICATED	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX RIA LUB/SPERMICIDE	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX RIA LUBRICATED	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX RIA NON-LUBRICATED	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX-NONOXYNOL-9/RIB/STUD	T2	ACA Preventative Medication-\$0 Copay
VCF VAGINAL CONTRACEPTIVE	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 60	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 65	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 70	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 75	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 80	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 85	T2	ACA Preventative Medication-\$0 Copay

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
WIDE-SEAL DIAPHRAGM 90	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 95	T2	ACA Preventative Medication-\$0 Copay
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
<i>epinephrine injection solution auto-injector</i>	T1	QL (2 EA per 30 days)
Anticholinergic Agents (Respir.Tract)		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	90DS
ATROVENT HFA	T3	QL (12.9 Inhaler per 25 days)
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
<i>ipratropium bromide inhalation</i>	T1	90DS
<i>ipratropium bromide nasal</i>	T1	90DS
<i>ipratropium-albuterol</i>	T1	90DS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
<i>tiotropium bromide monohydrate</i>	T1	90DS; QL (30 EA per 30 days)
Antifibrotic Agents		
OFEV	T4	PA; SP
<i>pirfenidone oral capsule</i>	T4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	T4	PA; SP
Anti-Inflammatory Agents (Respiratory)		
NUCALA	T4	PA; SP
Antitussives		

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>codeine sulfate oral tablet</i>	T1	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>hydrocod poli-chlorphe poli er</i>	T1	QL (50 ML per 5 days); AL (Min 18 Years and Max 999 Years)
Corticosteroids (Respiratory Tract)		
ARNUITY ELLIPTA	T2	90DS; QL (30 Inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	T1	90DS; QL (120 ml per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	T1	90DS; QL (60 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<i>fluticasone propionate diskus</i>	T2	90DS; QL (60 Inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>	T2	90DS; QL (12 Inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T2	90DS; QL (10.6 Inhaler per 30 days)
<i>fluticasone propionate nasal</i>	T1	
<i>mometasone furoate nasal</i>	T1	
PULMICORT FLEXHALER	T2	90DS; QL (1 Inhaler per 30 days)
QVAR REDIHALER	T2	90DS; QL (1 Inhaler per 30 days)
Cystic Fibrosis (Cftr) Correctors		
ORKAMBI	T4	PA; SP
SYMDEKO	T4	PA; SP
TRIKAFTA	T4	PA; SP
Cystic Fibrosis (Cftr) Potentiators		
KALYDECO	T4	PA; SP
ORKAMBI	T4	PA; SP

			Requirements and Limits
lowercase italics = Generic drugs	Drug Tier	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy	
Drug Name	Drug Tier	Requirements and Limits	
SYMDEKO	T4	PA; SP	
TRIKAFTA	T4	PA; SP	
Endothelin Receptor Antagonists			
<i>ambrisentan</i>	T4	PA; SP	
<i>bosentan</i>	T4	PA; SP	
First Generation Antihist.(Respir Tract)			
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1		
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1		
<i>cyproheptadine hcl oral</i>	T1		
<i>promethazine hcl oral solution</i>	T1		
<i>promethazine hcl oral tablet</i>	T1		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1		
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3		
Interleukin Antagonists			
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML	T4	PA; SP	
FASENRA	T4	PA; SP	
FASENRA PEN	T4	PA; SP	
TEZSPIRE	T4	PA; SP	
Leukotriene Modifiers			
<i>montelukast sodium oral</i>	T1	90DS	
<i>zafirlukast</i>	T1	ST; 90DS	
<i>zileuton er</i>	T1	ST; 90DS	
Mast-Cell Stabilizers			
ALOCRIL	T3		
ALOMIDE	T3		
<i>cromolyn sodium inhalation</i>	T1	90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
ST = Step Therapy			
Drug Name	Drug Tier	Requirements and Limits	
<i>cromolyn sodium ophthalmic</i>	T1		
<i>cromolyn sodium oral</i>	T1	90DS	
Mucolytic Agents			
<i>acetylcysteine inhalation</i>	T1		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP	
<i>sodium chloride inhalation nebulization solution 3 %, 7 %</i>	T1		
Nasal Preparations (Steroids)			
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1		
<i>fluticasone propionate nasal</i>	T1		
<i>mometasone furoate nasal</i>	T1		
Orally Inhaled Preparations (Steroids)			
ARNUITY ELLIPTA	T2	90DS; QL (30 Inhaler per 30 days)	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	T1	90DS; QL (120 ml per 30 days)	
<i>budesonide inhalation suspension 1 mg/2ml</i>	T1	90DS; QL (60 ML per 30 days)	
<i>fluticasone propionate diskus</i>	T2	90DS; QL (60 Inhaler per 30 days)	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act</i>	T2	90DS; QL (12 Inhaler per 30 days)	
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T2	90DS; QL (10.6 Inhaler per 30 days)	
PULMICORT FLEXHALER	T2	90DS; QL (1 Inhaler per 30 days)	
QVAR REDIHALER	T2	90DS; QL (1 Inhaler per 30 days)	
Phosphodiesterase Type 4 Inhibitors			
<i>roflumilast</i>	T1	PA; 90DS	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Phosphodiesterase-5 Inhibitors (Respir)			
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS; SP	
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS; SP	
<i>tadalafil (pah)</i>	T1	PA; 90DS	
Prostacyclin & Prostacyclin Derivatives			
ORENITRAM	T4	PA; SP	
ORENITRAM MONTH 1	T4	PA; SP	
ORENITRAM MONTH 2	T4	PA; SP	
ORENITRAM MONTH 3	T4	PA; SP	
TYVASO	T4	PA; SP	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)	
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	T4	PA; SP	
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per lifetime)	
TYVASO REFILL KIT	T4	PA; SP	
TYVASO STARTER KIT	T4	PA; SP	
VENTAVIS	T4	PA; SP	
Respiratory Tract Agents, Miscellaneous			
<i>pirfenidone oral capsule</i>	T4	PA; SP	
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	T4	PA; SP	
TEZSPIRE	T4	PA; SP	
XOLAIR	T4	PA; SP	
Second Generation Antihist(Respir Tract)			
<i>azelastine hcl nasal</i>	T1		

		Drug Tier	Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic		90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand		AL = Age Limit
	T3 = Non-Preferred Brand		PA = Prior Authorization
	T4 = Specialty		QL = Quantity Limit
			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
<i>azelastine hcl ophthalmic</i>	T1		
<i>desloratadine oral tablet</i>	T1		
Select.Beta-2-Adrenergic Agonist(Respir)			
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	90DS	
<i>albuterol sulfate inhalation</i>	T1	90DS	
<i>albuterol sulfate oral</i>	T1	90DS	
<i>formoterol fumarate inhalation</i>	T1	90DS; QL (120 ml per 30 days)	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	ST; 90DS	
STRIVERDI RESPIMAT	T2	90DS; QL (4 GM per 30 days)	
<i>terbutaline sulfate oral</i>	T1	90DS	
Vasodilating Agents (Respiratory Tract)			
ADEMPAS	T4	PA; SP; QL (3 tablet per 1 day)	
<i>ambrisentan</i>	T4	PA; SP	
<i>bosentan</i>	T4	PA; SP	
ORENITRAM	T4	PA; SP	
ORENITRAM MONTH 1	T4	PA; SP	
ORENITRAM MONTH 2	T4	PA; SP	
ORENITRAM MONTH 3	T4	PA; SP	
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS; SP	
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS; SP	
<i>tadalafil (pah)</i>	T1	PA; 90DS	
TYVASO	T4	PA; SP	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)	
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	T4	PA; SP	

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per lifetime)
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
UPTRAVI ORAL	T4	PA; SP; QL (2 tablet per 1 day)
UPTRAVI TITRATION	T4	PA; SP; QL (1 pack per 1 lifetime)
VENTAVIS	T4	PA; SP
Vasodilating Agents, Misc		
ADEMPAS	T4	PA; SP; QL (3 tablet per 1 day)
UPTRAVI ORAL	T4	PA; SP; QL (2 tablet per 1 day)
UPTRAVI TITRATION	T4	PA; SP; QL (1 pack per 1 lifetime)
Xanthine Derivatives		
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T2	90DS; QL (10 ML per 30 days)
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	90DS
<i>brimonidine tartrate-timolol</i>	T1	ST; 90DS
Allylamines (Skin And Mucous Membrane)		
<i>naftifine hcl external cream</i>	T1	PA
Antibacterials (84:04)		
ALTABAX	T3	ST
<i>azelaic acid external</i>	T1	
<i>bacitracin ophthalmic</i>	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<i>benzoyl peroxide-erythromycin</i>	T1	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	T1	
<i>clindamycin phosphate external gel 1 %</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<i>dapsone oral</i>	T1	90DS
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>gentamicin sulfate external</i>	T1	
<i>levofloxacin oral</i>	T1	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole oral</i>	T1	
<i>metronidazole vaginal</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>mupirocin external</i>	T1	QL (88 GM per 30 days)
<i>neomycin sulfate oral</i>	T1	
<i>polymyxin b-trimethoprim</i>	T1	
<i>sulfacetamide sodium (acne)</i>	T1	
SULFAMYLON EXTERNAL CREAM	T3	

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
XEPI	T3	ST	
Anti-Inflammatory Agents, Misc (Skin)			
EUCRISA	T3	PA	
Antiproliferants			
<i>bexarotene oral</i>	T4	PA; SP	
<i>fluorouracil external cream 0.5 %</i>	T1		
<i>fluorouracil external cream 5 %</i>	T1	QL (40 g per 30 days)	
<i>fluorouracil external solution</i>	T1		
<i>imiquimod external cream 5 %</i>	T1	QL (24 EA per 30 days)	
PANRETIN	T4	PA; SP	
TARGRETIN EXTERNAL	T4	PA; SP	
VALCHLOR	T4	PA; SP	
Antipruritics And Local Anesthetics			
<i>doxepin hcl external</i>	T1	ST; QL (45 GM per 30 days)	
<i>lidocaine external ointment 5 %</i>	T1		
<i>lidocaine external patch 5 %</i>	T1	PA; QL (90 EA per 30 days)	
<i>lidocaine hcl external solution</i>	T1		
<i>lidocaine-prilocaine</i>	T1		
ZTLIDO	T3	PA	
Antivirals (Skin And Mucous Membrane)			
<i>acyclovir external cream</i>	T1	PA	
<i>acyclovir external ointment</i>	T1		
<i>acyclovir oral</i>	T1		
<i>penciclovir</i>	T1	PA	
Astringents (84:12)			
BEVESPI AEROSPHERE	T2	90DS; QL (10.7 Inhaler per 30 days)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1		
Astringents, Anti-Infective			

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>selenium sulfide external lotion</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SSD	T3	
Azoles (Skin And Mucous Membrane)		
<i>clotrimazole anti-fungal</i>	T1	
<i>clotrimazole external cream</i>	T1	
<i>clotrimazole external solution</i>	T1	
<i>clotrimazole mouth/throat troche</i>	T1	
<i>clotrimazole-betamethasone</i>	T1	
<i>econazole nitrate external</i>	T1	
GYNIAZOLE-1	T3	
JUBLIA	T3	PA; QL (8 ml per 30 days)
<i>ketoconazole external cream</i>	T1	
<i>ketoconazole external shampoo 2 %</i>	T1	
<i>luliconazole</i>	T1	PA
<i>oxiconazole nitrate</i>	T1	PA
<i>sulconazole nitrate external cream</i>	T1	QL (60 GM per 30 days)
<i>terconazole</i>	T1	
Basic Lotions And Liniments		
<i>ammonium lactate external</i>	T1	
Basic Ointments And Protectants		
<i>calcipotriene external cream</i>	T1	
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST
<i>hydrocortisone external cream 1 %</i>	T1	
<i>nitroglycerin rectal</i>	T3	
SANTYL	T3	PA

lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	Requirements and Limits 90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Cell Stimulants And Proliferants		
<i>finasteride oral tablet 5 mg</i>	T1	90DS
<i>minoxidil oral</i>	T1	90DS
<i>tretinoin external cream</i>	T1	AL (Max 30 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 30 Years)
<i>tretinoin oral</i>	T4	SP
Corticosteroids (Skin, Mucous Membrane)		
<i>alclometasone dipropionate</i>	T1	
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external lotion</i>	T1	
<i>betamethasone valerate external ointment</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate e</i>	T1	
<i>clobetasol propionate external cream</i>	T1	
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external ointment</i>	T1	
<i>clobetasol propionate external solution</i>	T1	
<i>clorcortolone pivalate</i>	T1	ST
<i>clotrimazole-betamethasone</i>	T1	
<i>desonide external cream</i>	T1	
<i>desonide external lotion</i>	T1	ST
<i>desonide external ointment</i>	T1	
<i>desoximetasone external cream 0.05 %</i>	T1	ST
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external gel</i>	T1	ST
<i>desoximetasone external liquid</i>	T1	ST

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible
UPPERCASE = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>desoximetasone external ointment 0.05 %</i>	T1	ST
<i>desoximetasone external ointment 0.25 %</i>	T1	
<i>fluocinolone acetonide external cream 0.01 %</i>	T1	ST
<i>fluocinolone acetonide external cream 0.025 %</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	
<i>fluocinolone acetonide otic</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T1	ST
<i>fluticasone propionate external ointment</i>	T1	
<i>halcinonide</i>	T1	ST
<i>halobetasol propionate external cream</i>	T1	
<i>halobetasol propionate external foam</i>	T1	ST
<i>halobetasol propionate external ointment</i>	T1	
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone butyrate external cream</i>	T1	ST
<i>hydrocortisone butyrate external lotion</i>	T1	ST
<i>hydrocortisone butyrate external ointment</i>	T1	ST
<i>hydrocortisone butyrate external solution</i>	T1	ST
<i>hydrocortisone external cream 1 %, 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1	
<i>hydrocortisone oral</i>	T1	
<i>hydrocortisone rectal enema</i>	T1	
<i>hydrocortisone valerate external cream</i>	T1	

Drug Tier		Requirements and Limits
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization
	T3 = Non-Preferred Brand	QL = Quantity Limit
	T4 = Specialty	SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>hydrocortisone valerate external ointment</i>	T1	ST
<i>hydrocortisone-acetic acid</i>	T1	
<i>mometasone furoate external</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment</i>	T1	
<i>triamcinolone acetonide mouth/throat</i>	T1	
Hydroxypyridones (Skin, Mucous Membrane)		
<i>ciclopirox external solution</i>	T1	
<i>ciclopirox olamine external</i>	T1	
Immunomodulatory Agents (84:06)		
ASTAGRAF XL	T4	SP
ENVARSUS XR	T4	SP
HYFTOR	T4	PA; SP
ILUMYA	T4	PA; SP
<i>pimecrolimus</i>	T1	ST
PROGRAF ORAL PACKET	T3	
SILIQ	T4	PA; SP
<i>sirolimus oral</i>	T1	90DS
SKYRIZI PEN	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>tacrolimus external ointment</i>	T1	ST
<i>tacrolimus oral</i>	T1	90DS
TREMFYA INTRAVENOUS	T4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP

			Requirements and Limits
Drug Tier			90DS = 90 Day Supply Eligible
T1 = Generic			AL = Age Limit
T2 = Preferred Brand			PA = Prior Authorization
T3 = Non-Preferred Brand			QL = Quantity Limit
T4 = Specialty			SP = Specialty Pharmacy
			ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits	
Janus Kinase Inhibitors (84:06)			
CIBINQO	T4	PA; SP	
JAKAFI	T4	PA; SP	
OPZELURA	T4	PA	
<i>roflumilast</i>	T1	PA; 90DS	
SOTYKTU	T4	PA; SP	
Keratolytic Agents			
<i>acitretin</i>	T1	PA	
<i>adapalene external gel 0.1 %</i>	T1		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1		
<i>isotretinoin oral</i>	T1	PA; QL (60 EA per 30 days)	
<i>podofilox external solution</i>	T1		
<i>tazarotene external cream 0.1 %</i>	T1		
TAZORAC EXTERNAL CREAM 0.05 %	T3		
TAZORAC EXTERNAL GEL	T3		
Local Anti-Infectives, Miscellaneous			
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1		
<i>benzoyl peroxide-erythromycin</i>	T1		
<i>chlorhexidine gluconate mouth/throat</i>	T1		
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	T1		
<i>selenium sulfide external lotion</i>	T1		
<i>silver sulfadiazine external</i>	T1		
SSD	T3		
SULFAMYLYON EXTERNAL CREAM	T3		
Nonsteroidal Anti-Inflamat.Agents(Skin)			
<i>diclofenac sodium external gel 1 %</i>	T1		
<i>diclofenac sodium external gel 3 %</i>	T1	QL (100 g per 30 days)	

		Requirements and Limits	
		90DS = 90 Day Supply Eligible	
		AL = Age Limit	
		PA = Prior Authorization	
		QL = Quantity Limit	
		SP = Specialty Pharmacy	
		ST = Step Therapy	
Drug Name	Drug Tier	Requirements and Limits	
Phosphodiesterase-4 Inhibitors (84:06)			
EUCRISA	T3	PA	
roflumilast	T1	PA; 90DS	
Pigmenting Agents			
<i>methoxsalen rapid</i>	T4	QL (84 EA per 30 days)	
Polyenes (Skin And Mucous Membrane)			
<i>nystatin external</i>	T1		
<i>nystatin-triamcinolone</i>	T1		
Scabicides And Pediculicides			
CROTAN	T3		
<i>ivermectin external cream</i>	T1	ST	
<i>lindane external shampoo</i>	T1		
<i>malathion external</i>	T1		
<i>permethrin external cream</i>	T1		
<i>spinosad</i>	T1		
Skin And Mucous Membrane Agents, Misc.			
<i>acitretin</i>	T1	PA	
<i>adapalene external gel 0.1 %</i>	T1		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1		
<i>azelaic acid external</i>	T1		
<i>calcipotriene external cream</i>	T1		
<i>calcipotriene external ointment</i>	T1		
<i>calcipotriene external solution</i>	T1		
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST	
<i>calcitriol external</i>	T1	QL (800 GM per 28 days)	
CIBINQO	T4	PA; SP	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
<i>dapsone oral</i>	T1	90DS
<i>diclofenac sodium external gel 1 %</i>	T1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP
<i>fluorouracil external cream 0.5 %</i>	T1	
<i>fluorouracil external cream 5 %</i>	T1	QL (40 g per 30 days)
<i>fluorouracil external solution</i>	T1	
HYFTOR	T4	PA; SP
ILUMYA	T4	PA; SP
<i>imiquimod external cream 5 %</i>	T1	QL (24 EA per 30 days)
<i>isotretinoin oral</i>	T1	PA; QL (60 EA per 30 days)
<i>l-glutamine oral packet</i>	T4	PA
<i>nitroglycerin rectal</i>	T3	
OPZELURA	T4	PA
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
PANRETIN	T4	PA; SP
<i>pimecrolimus</i>	T1	ST
<i>podofilox external solution</i>	T1	
REGRANEX	T3	PA; QL (15 GM per 30 days)
SANTYL	T3	PA
SILIQ	T4	PA; SP
SKYRIZI PEN	T4	PA; SP

Drug Tier	Requirements and Limits
T1 = Generic	90DS = 90 Day Supply Eligible
drugs	AL = Age Limit
UPPERCASE = Brand name	PA = Prior Authorization
drugs	QL = Quantity Limit
	SP = Specialty Pharmacy
	ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
SOTYKTU	T4	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T4	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>tacrolimus external ointment</i>	T1	ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
TARGRETIN EXTERNAL	T4	PA; SP
<i>tazarotene external cream 0.1 %</i>	T1	
TAZORAC EXTERNAL CREAM 0.05 %	T3	
TAZORAC EXTERNAL GEL	T3	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4	PA; SP
VALCHLOR	T4	PA; SP

Smooth Muscle Relaxants

Antimuscarinics

<i>darifenacin hydrobromide er</i>	T1	ST; 90DS
<i>fesoterodine fumarate er</i>	T1	ST; 90DS
<i>flavoxate hcl</i>	T1	90DS
<i>oxybutynin chloride er</i>	T1	90DS
<i>oxybutynin chloride oral solution</i>	T1	90DS
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	90DS
<i>solifenacin succinate</i>	T1	90DS
<i>tolterodine tartrate</i>	T1	90DS
<i>tolterodine tartrate er</i>	T1	ST; 90DS
<i>trospium chloride</i>	T1	90DS
<i>trospium chloride er</i>	T1	ST; 90DS

Drug Name	Drug Tier	Requirements and Limits
Drug Tier		
T1 = Generic drugs		90DS = 90 Day Supply Eligible
T2 = Preferred Brand		AL = Age Limit
T3 = Non-Preferred Brand		PA = Prior Authorization
T4 = Specialty		QL = Quantity Limit
lowercase italics = Generic drugs		SP = Specialty Pharmacy
UPPERCASE = Brand name drugs		ST = Step Therapy
Respiratory Smooth Muscle Relaxants		
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS; SP
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
Selective Beta-3-Adrenergic Agonists		
<i>mirabegron er</i>	T3	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	QL (300 ML per 30 days); AL (Min 3 Years and Max 18 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	QL (30 EA per 30 days)
Vitamins		
Multivitamin Preparations		
<i>m-natal plus</i>	T1	
<i>pnv prenatal plus multivitamin</i>	T1	
PRENATABS RX	T1	
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>westab plus</i>	T1	
Vitamin B Complex		
<i>cvs folic acid oral tablet 800 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospiren-eth estrad-levomefol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>folic acid oral capsule 0.8 mg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>folic acid oral tablet 1 mg</i>	T1	90DS
<i>folic acid oral tablet 400 mcg</i>	T1	ACA Preventative Medication-\$0 Copay

Drug Tier		Requirements and Limits	
lowercase italics = Generic drugs	T1 = Generic	90DS = 90 Day Supply Eligible	AL = Age Limit
UPPERCASE = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy	ST = Step Therapy
	T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits	
<i>folic acid oral tablet 800 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS	
<i>gnp folic acid</i>	T1	ACA Preventative Medication-\$0 Copay	
<i>hm folic acid</i>	T1	ACA Preventative Medication-\$0 Copay	
<i>kp folic acid oral tablet 800 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS	
<i>leucovorin calcium oral</i>	T1		
<i>m-natal plus</i>	T1		
<i>niacin er (antihyperlipidemic)</i>	T1	90DS	
<i>pnv prenatal plus multivitamin</i>	T1		
PRENATABS RX	T1		
<i>prenatal oral tablet 27-1 mg</i>	T1		
<i>px folic acid</i>	T1	ACA Preventative Medication-\$0 Copay	
<i>qc folic acid</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS	
<i>ra folic acid oral tablet 400 mcg</i>	T1	ACA Preventative Medication-\$0 Copay	
<i>ra folic acid oral tablet 800 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS	
<i>sm folic acid</i>	T1	ACA Preventative Medication-\$0 Copay	
TYDEMY	T1	ACA Preventative Medication-\$0 Copay; 90DS	
<i>westab plus</i>	T1		
<i>yl folic acid</i>	T1	ACA Preventative Medication-\$0 Copay	
Vitamin C			
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	ST; \$0 copay for members ages 45-75 years	
Vitamin D			
<i>calcitriol oral</i>	T1	90DS	

lowercase italics = Generic drugs	Drug Tier	Requirements and Limits
UPPERCASE = Brand name drugs	T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	90DS = 90 Day Supply Eligible AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>doxercalciferol oral</i>	T1	90DS
<i>paricalcitol oral</i>	T1	90DS
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	90DS

Index

A

abacavir sulfate 12
abacavir sulfate-lamivudine 12
ABILIFY ASIMTUFII ... 68, 74, 75
ABILIFY MAINTENA ... 68, 75
abiraterone acetate 19
ABRYSVO 27
acamprosate calcium 2, 81
acarbose 125
ACCU-CHEK AVIVA 99
ACCU-CHEK AVIVA PLUS 99, 105
ACCU-CHEK FASTCLIX
 LANCET 99
ACCU-CHEK FASTCLIX
 LANCETS 99
ACCU-CHEK GUIDE 99
ACCU-CHEK GUIDE
 CONTROL 99
ACCU-CHEK GUIDE ME 100
ACCU-CHEK GUIDE TEST 105
ACCU-CHEK LINKASSIST 100
ACCU-CHEK PLASTIC
 CARTRIDGE 100
ACCU-CHEK RAPID-D
 INFUSION SET 100
ACCU-CHEK SMARTVIEW 106
ACCU-CHEK SMARTVIEW
 CONTROL 100
ACCU-CHEK SOFTCLIX
 LANCET DEV 100
ACCU-CHEK SOFTCLIX
 LANCETS 100
ACCU-CHEK TENDER I SET
 24 100
ACCU-CHEK TENDER I SET
 31 100
ACCU-CHEK ULTRAFLEX
 INF SET 100
acebutolol hcl . 37, 51, 54, 56, 60
acetaminophen-codeine ... 65, 85, 86, 87

acetazolamide 54, 66, 106, 112
acetazolamide er 54, 66, 106, 112
acetic acid 114
acetylcysteine 2, 176, 195
acitretin 205, 206
ACTEMRA 173, 180, 182
ACTEMRA ACTPEN 173, 180, 182
ACTHAR 105, 153
ACTHAR GEL 105, 153
ACTIMMUNE 182
acyclovir 16, 200
ADACEL 26, 27
adalimumab-fkjp 119, 174, 180, 182
adalimumab-fkjp (2 pen) . 119, 174, 180, 182
adalimumab-fkjp (2 syringe) 119, 174, 180, 182
adapalene 188, 205, 206
adapalene-benzoyl peroxide 188, 205, 206
adefovir dipivoxil 16
ADEMPAS 197, 198
adult aspirin regimen .. 43, 46, 70, 92
ADZENYS XR-ODT 64
AFIRMELLE 128, 140, 154
AFLURIA 27
AFLURIA PRESERVATIVE
 FREE 27
AIMOVIG 81
aimsco lubricated 188
AIRZONE PEAK FLOW
 METER 100
AKYNZEO 116, 121
albendazole 6
albuterol sulfate 36, 197
albuterol sulfate hfa ... 36, 197
alclometasone dipropionate 202
alcohol 100
ALCOHOL 100
ALECENSA 19
alendronate sodium 178
alfuzosin hcl er 36

ALINIA 7, 8
allopurinol 177
almotriptan malate 95
ALOCRIL 110, 194
alogliptin benzoate 139
alogliptin-metformin hcl .. 127, 139
ALOMIDE 5, 110, 194
alosetron hcl 117
ALPHAGAN P 109, 198
alprazolam 79
ALTABAX 198
ALTAVERA 128, 140, 154
ALUNBRIG 19
alyacen 1/35 ... 128, 140, 154
alyacen 7/7/7 ... 128, 140, 154
ALYGLO 25
amantadine hcl 6, 64
ambrisentan 62, 194, 197
AMETHIA 128, 140, 155
AMETHYST 128, 140, 155
amiloride hcl 61, 62, 107
amiloride-hydrochlorothiazide 107, 108
aminocaproic acid 41
amiodarone hcl 56
amitriptyline hcl 97
amlodipine besy-benazepril
 hcl 50, 57
amlodipine besylate 57, 62
amlodipine besylate-
 valsartan 49, 57
amlodipine-atorvastatin 57, 58
amlodipine-olmesartan 49, 57
ammonium lactate 201
amoxapine 97
amoxicillin 6, 117, 118
amoxicillin-pot clavulanate .. 6
amoxicillin-pot clavulanate er 6
amphetamine sulfate 64
amphetamine-dextroamphetamine
 er 64
amphetamine-
 dextroamphetamine 64
ampicillin 6
anagrelide hcl 45
anastrozole 19, 126

ANORO ELLIPTA.....	30, 36
<i>apomorphine hcl</i>	85
<i>apraclonidine hcl</i>	110, 114
<i>aprepitant</i>	121
APRI.....	128, 140, 155
APTIOM	66, 84
APTIVUS	14
ARANELLE	128, 140, 155
ARANESP (ALBUMIN FREE)	40, 41
AREXVY.....	27
<i>ariprazole</i>	68, 75
ARISTADA	68, 69, 75
ARISTADA INITIO.....	68, 75
<i>armodafinil</i>	97
ARNUTITY ELLIPTA	123, 193,
195	
<i>artificial tears</i>	114
<i>artificial tears pf</i>	114
ASCENIV	25
<i>asenapine maleate</i>	69, 75
ASHLYNA	128, 140, 155
ASMANEX (120 METERED DOSES).....	123
ASMANEX (30 METERED DOSES).....	123
ASMANEX (60 METERED DOSES).....	123
ASMANEX HFA	123
<i>aspirin</i>	43, 46, 71, 93
<i>aspirin 81</i>	43, 46, 70, 92
<i>aspirin adult low dose.</i>	43, 46,
70, 92	
<i>aspirin adult low strength .</i>	43,
46, 70, 92	
<i>aspirin childrens</i> ...	43, 46, 71,
92	
<i>aspirin ec adult low dose..</i>	43,
46, 71, 92	
<i>aspirin ec low dose.....</i>	43, 46,
71, 92	
<i>aspirin ec low strength</i>	43, 46,
71, 92	
<i>aspirin low dose ...</i>	43, 46, 71,
92	
<i>aspirin low strength</i>	43, 46,
71, 92	
<i>aspirin-dipyridamole er</i>	43, 61,
93	
ASSESS PEAK FLOW	
METER	100
ASTAGRAF XL	170, 186, 204
<i>atazanavir sulfate</i>	14
<i>atenolol</i>	37, 51, 54, 56, 60
<i>atenolol-chlorthalidone</i>	51, 54,
108	
<i>atomoxetine hcl</i>	81, 90
<i>atorvastatin calcium</i>	58, 59
<i>atovaquone</i>	8
<i>atovaquone-proguanil hcl</i>	7
<i>atropine sulfate</i>	2, 30, 116,
192	
ATROVENT HFA	30, 192
AUBRA.....	128, 140, 155
AUBRA EQ.....	128, 141, 155
AUROVELA 1.5/30.	128, 141,
155	
AUROVELA 1/20....	128, 141,
155	
AUROVELA 24 FE .	128, 141,
155	
AUROVELA FE 1.5/30 ...	128,
141, 155	
AUROVELA FE 1/20	128,
141, 155	
AUSTEDO.....	97
AUSTEDO PATIENT	
TITRATION KIT	97
AUSTEDO XR	97
AUSTEDO XR PATIENT	
TITRATION.....	97
AUTOSOFT 30 INFUSION	
SET	100
AUTOSOFT 90 INFUSION	
SET	100
AUTOSOFT XC INFUSION	
SET	100
AVIANE	128, 141, 155
AVONEX PEN	172, 182
AVONEX PREFILLED....	172,
182	
AYUNA.....	128, 141, 155
AYVAKIT	19
AZASITE	110
<i>azathioprine</i>	170, 180, 182,
186	
<i>azelaic acid</i>	198, 206
<i>azelastine hcl</i> ..	110, 196, 197
<i>azithromycin</i>	17
AZURETTE	
129, 141, 155	
B	
<i>bacitracin</i>	110, 198
<i>bacitracin-polymyxin b</i>	110,
199	
<i>baclofen</i>	34
BAFIERTAM.....	172, 183
<i>balsalazide disodium</i>	117
BALVERSA	19
BALZIVA	129, 141, 155
BAQSIMI ONE PACK.2,	151,
176	
BAQSIMI TWO PACK 2,	151,
176	
BARACLUDE	16
BAXDELA.....	17
BD AUTOSHIELD DUO ..	100
BD INSULIN SYRINGE U/F	
.....	100
BD INSULIN SYRINGE U/F	
1/2UNIT	100
BD INSULIN SYRINGE U-	
500.....	100
BD PEN NEEDLE MICRO	
U/F.....	100
BD PEN NEEDLE MINI U/F	
.....	101
BD PEN NEEDLE NANO	
2ND GEN.....	101
BD PEN NEEDLE NANO U/F	
.....	101
BD PEN NEEDLE ORIGINAL	
U/F.....	101
BD PEN NEEDLE SHORT	
U/F.....	101
BD VEO INSULIN SYR U/F	
1/2UNIT	101
BD VEO INSULIN SYRINGE	
U/F.....	101
BELSOMRA	74, 89
<i>benazepril hcl</i>	50
<i>benazepril-</i>	
<i>hydrochlorothiazide</i>	50, 108
BENLYSTA	172, 186
<i>benznidazole</i>	8, 15
<i>benzoyl peroxide-</i>	
<i>erythromycin</i>	199, 205
<i>benztropine mesylate</i> ..	31, 65
<i>bepotastine besilate</i>	4, 110
BERINERT	179

BESIVANCE.....	110	bumetanide	59, 106	carbidopa	82
<i>betaine</i>	187	buprenorphine	89	<i>carbidopa-levodopa</i>	82
<i>betamethasone dipropionate</i>	123, 202	<i>buprenorphine hcl</i>	89	<i>carbidopa-levodopa er</i>	82
<i>betamethasone dipropionate aug</i>	123, 202	<i>buprenorphine hcl-naloxone hcl</i>	88, 89	<i>carbidopa-levodopa-entacapone</i>	81, 82
<i>betamethasone valerate</i>	123, 202	<i>bupropion hcl</i>	68	<i>carbinoxamine maleate</i>	3, 194
BETASERON.....	172, 183	<i>bupropion hcl er (smoking det)</i>	38, 68	<i>carboxymethylcellulose sodium</i>	114
<i>betaxolol hcl</i> ...	37, 51, 54, 56, 60, 112	<i>bupropion hcl er (sr)</i>	68	<i>carglumic acid</i>	106
<i>bethanechol chloride</i>	35	<i>bupropion hcl er (xl)</i>	68	<i>carisoprodol</i>	34
BEVESPI AEROSPHERE 30, 36, 200		<i>buspirone hcl</i>	74, 85	<i>carteolol hcl</i>	112
<i>bexarotene</i>	19, 200	<i>butalbital-acetaminophen</i>	65,	CARTIA XT	52, 53, 57, 62
BEXSERO.....	27	78, 86		<i>carvedilol</i>	34, 36, 49, 51, 55, 56, 60
<i>bicalutamide</i>	19	<i>butalbital-apap-caff-cod</i>	65,	CAYA	188
BIJUVA	141, 155	78, 86, 87, 90		CAYSTON	15
BIKTARVY	11, 12	<i>butalbital-apap-caffeine</i>	65,	<i>cefaclor</i>	5
<i>bisoprolol fumarate</i>	37, 51, 54, 56, 60	78, 86, 90		<i>cefaclor er</i>	5
<i>bisoprolol-hydrochlorothiazide</i>	51, 54, 108	<i>butalbital-asa-caffeine</i>	78, 90,	<i>cefadroxil</i>	5
BIVIGAM	25	93		<i>cefdinir</i>	5
BLISOVI 24 FE 129, 141, 155		<i>butalbital-aspirin-caffeine</i>	78,	<i>cefixime</i>	5
BLISOVI FE 1.5/30. 129, 141, 156		90, 93		<i>cefpodoxime proxetil</i>	6
BLISOVI FE 1/20... 129, 141, 156		<i>butorphanol tartrate</i>	71, 89	<i>cefprozil</i>	5
BOOSTRIX.....	26, 27	BYLVAY	118, 119	<i>cefuroxime axetil</i>	5
<i>bosentan</i>	62, 194, 197	BYLVAY (PELLETS)118, 119		<i>celecoxib</i>	82
BOSULIF.....	19	C		CELONTIN	97
BRAFTOVI	19	CABENUVA	11	<i>cephalexin</i>	5
BREZTRI AEROSPHERE 30, 36, 123		<i>cabergoline</i>	82	CERDELGA	109, 187
<i>briellyn</i>	129, 141, 156	CABOMETYX.....	19	CEREZYME	109
BRILINTA.....	43	<i>calcipotriene</i>	201, 206	CETROTIDE	126
<i>brimonidine tartrate</i>	110, 198	<i>calcipotriene-betameth diprop</i>	201, 202, 206	<i>cevimeline hcl</i>	35
<i>brimonidine tartrate-timolol</i>	110, 112, 198	<i>calcitonin (salmon)</i> ..	126, 178	CHARLOTTE 24 FE129, 141, 156	
<i>brinzolamide</i>	112	<i>calcitriol</i>	206, 210	CHATEAL.....	129, 142, 156
BRIVIACT.....	66	<i>calcium acetate (phos binder)</i>	107	CHATEAL EQ . 129, 142, 156	
<i>bromfenac sodium (once-daily)</i>	115	CALQUENCE	19	<i>childrens aspirin</i> ... 43, 46, 71, 93	
<i>bromocriptine mesylate</i>	82	CAMILA.....	129, 156	<i>chlordiazepoxide hcl</i>	80
BRUKINSA.....	19	CAMRESE	129, 141, 156	<i>chlordiazepoxide-amitriptyline</i>	80, 97
<i>budesonide</i>	123, 193, 195	CAMRESE LO. 129, 141, 156		<i>chlorhexidine gluconate</i>	6, 111, 112, 201, 205
<i>budesonide-formoterol fumarate</i>	36, 123	CAMZYOS	54	<i>chloroquine phosphate</i>	7
		<i>candesartan cilexetil</i>	49	<i>chlorpromazine hcl</i>	89
		<i>candesartan cilexetil-hctz</i> . 49, 108		<i>chlorthalidone</i>	62, 108
		<i>capecitabine</i>	19	<i>chlorzoxazone</i>	34
		CAPLYTA.....	75	<i>cholestyramine</i>	52
		CAPRELSA.....	19	<i>cholestyramine light</i>	52
		<i>captopril</i>	50	CIBINQO. 173, 180, 205, 206	
		CAPVAXIVE.....	27	<i>ciclopirox</i>	204
		<i>carbamazepine</i>	66, 69		
		<i>carbamazepine er</i>	66, 69		

<i>ciclopirox olamine</i>	204	<i>codeine sulfate</i>	87, 193	<i>cvs aspirin adult low strength</i>	44, 46, 71, 93
<i>cilostazol</i>	43, 61	<i>colchicine</i>	177	<i>cvs aspirin ec</i>	44, 46, 71, 93
<i>CIMDUO</i>	12	<i>colchicine-probenecid</i>	108, 177	<i>cvs aspirin low dose</i>	44, 47, 71, 93
<i>CIMERLI</i>	116	<i>colesevelam hcl</i>	52, 126	<i>cvs aspirin low strength</i>	44, 47, 71, 93
<i>cimetidine</i>	4, 121	<i>colestipol hcl</i>	52	<i>cvs folic acid</i>	209
<i>CIMZIA</i>	119, 171, 174, 180, 183	<i>COMBIPATCH</i>	142, 156	<i>cvs nicotine</i>	31, 32, 38
<i>CIMZIA (2 SYRINGE)</i>	119, 171, 174, 180, 183	<i>COMBIVENT RESPIMAT</i>	31, 36, 192	<i>cvs nicotine polacrilex</i>	32, 38
<i>CIMZIA-STARTER</i>	119, 171, 174, 180, 183	<i>COMETRIQ (100 MG DAILY DOSE)</i>	19	<i>CYCLAFEM 1/35</i>	129, 142, 156
<i>cinacalcet hcl</i>	126	<i>COMETRIQ (140 MG DAILY DOSE)</i>	19	<i>CYCLAFEM 7/7/7</i>	129, 142, 156
<i>CINRYZE</i>	179	<i>COMETRIQ (60 MG DAILY DOSE)</i>	19	<i>cyclobenzaprine hcl</i>	34
<i>CIPRO HC</i>	110, 112	<i>COMFORT SHORT INF SET 23</i>	101	<i>cyclophosphamide</i>	19, 172, 186
<i>ciprofloxacin hcl</i>	8, 18, 110	<i>COMFORT SHORT INF SET 31</i>	101	<i>cyclosporine</i>	111, 114, 171, 180, 183, 186
<i>ciprofloxacin-dexamethasone</i>	110, 112	<i>COMFORT SHORT INF SET 43</i>	101	<i>cyclosporine modified</i>	111, 170, 180, 183, 186
<i>ciprofloxacin-fluocinolone pf</i>	110, 112	<i>COMIRNATY</i>	27	<i>cyproheptadine hcl</i>	3, 4, 194
<i>citalopram hydrobromide</i>	96	<i>COMPLERA</i>	11, 12, 16	<i>CYRED</i>	129, 142, 156
<i>clarithromycin</i>	8, 17, 118	<i>condoms</i>	189	<i>CYRED EQ</i>	129, 142, 156
<i>clarithromycin er</i>	8, 17, 118	<i>constulose</i>	106	<i>CYSTAGON</i>	187
<i>clemastine fumarate</i>	3, 4, 194	<i>COPIKTRA</i>	19	D	
<i>clindamycin hcl</i>	15, 199	<i>CORLANOR</i>	54, 62	<i>dabigatran etexilate mesylate</i>	41
<i>clindamycin palmitate hcl</i>	15, 199	<i>CORTROPHIN</i>	105, 153	<i>dalfampridine er</i>	187, 188
<i>clindamycin phos-benzoyl peroxy</i>	15, 199, 205	<i>COSENTYX</i>	173, 180, 207	<i>danazol</i>	125
<i>clindamycin phosphate</i>	15, 199	<i>COSENTYX (300 MG DOSE)</i>	173, 180, 207	<i>dantrolene sodium</i>	34
<i>clobazam</i>	79, 80	<i>COSENTYX SENSOREADY (300 MG)</i>	173, 180, 207	<i>dapsone</i>	7, 8, 199, 207
<i>clobetasol prop emollient base</i>	202	<i>COSENTYX SENSOREADY PEN</i>	173, 180, 207	<i>DAPTACEL</i>	26, 27
<i>clobetasol propionate</i>	202	<i>COSENTYX UNOREADY</i>	173, 180, 207	<i>darifenacin hydrobromide er</i>	208
<i>clobetasol propionate e</i>	202	<i>COTELLIC</i>	19	<i>darunavir</i>	14
<i>clocortolone pivalate</i>	202	<i>CREON</i>	109, 119	<i>dasatinib</i>	20
<i>CLOMID</i>	140	<i>CRESEMBA</i>	9	<i>DASETTA 1/35</i>	129, 142, 156
<i>clomipramine hcl</i>	97	<i>CRINONE</i>	156	<i>DASETTA 7/7/7</i>	129, 142, 156
<i>clonazepam</i>	79, 80	<i>cromolyn sodium</i>	110, 114, 194, 195	DAURISMO	20
<i>clonidine</i>	30, 55, 58	<i>CROTAN</i>	206	<i>DAYSEE</i>	130, 142, 156
<i>clonidine hcl</i>	30, 55, 58	<i>CRYSELLE-28</i>	129, 142, 156	<i>DAYVIGO</i>	74, 89
<i>clonidine hcl er</i>	30, 58	<i>CUTAQUIG</i>	25	<i>DEBLITANE</i>	130, 156
<i>clopidogrel bisulfate</i>	43	<i>CUVITRU</i>	25	<i>deferasirox</i>	122
<i>clorazepate dipotassium</i>	79, 80	<i>cvs aspirin adult low dose</i>	43, 46, 71, 93	<i>deferasirox granules</i>	122
<i>clotrimazole</i>	201			<i>deferiprone</i>	122
<i>clotrimazole anti-fungal</i>	201			<i>DELSTRIGO</i>	11, 12
<i>clotrimazole-betamethasone</i>	201, 202			<i>DELTEC COZMO CLEO SET 24</i>	101
<i>clozapine</i>	75				

DELTEC COZMO CLEO SET	
31	101
DELTEC COZMO CLEO SET	
42	101
DELYLA	130, 142, 157
<i>demeclacycline hcl</i>	18
DESCOVY	12, 13, 16
<i>desipramine hcl</i>	97
<i>desloratadine</i>	5, 197
<i>desmopressin ace spray</i>	
<i>refrig</i>	42, 154
<i>desmopressin acetate</i>	42, 154
<i>desmopressin acetate spray</i>	
.....	42, 154
<i>desogestrel-ethynodiol estradiol</i>	
.....	130, 142, 157
<i>desonide</i>	202
<i>desoximetasone</i>	202, 203
<i>desvenlafaxine succinate er</i>	
.....	95
<i>dexamethasone</i>	123
<i>dexamethasone sodium phosphate</i>	
.....	113
DEXCOM G6 RECEIVER	101
DEXCOM G6 SENSOR ..	101
DEXCOM G6	
TRANSMITTER	101
DEXCOM G7 RECEIVER	101
DEXCOM G7 SENSOR ..	101
<i>dexlansoprazole</i>	122
<i>dexamethylphenidate hcl</i>	90
<i>dexamethylphenidate hcl er</i>	90
<i>dextroamphetamine sulfate</i>	64
<i>dextroamphetamine sulfate er</i>	
.....	64
DIACOMIT	66, 83
DIASTAT ACUDIAL	79, 80
DIASTAT PEDIATRIC ..	79, 80
<i>diazepam</i>	79, 80
<i>diclofenac potassium</i>	86
<i>diclofenac sodium</i>	86, 98,
115, 205, 207	
<i>diclofenac sodium er</i>	86
<i>diclofenac-misoprostol</i>	86,
122	
<i>dicloxacillin sodium</i>	17
<i>dicyclomine hcl</i>	31
DIFICID	17
<i>diflunisal</i>	86, 91
<i>diluprednate</i>	113
DIGOX	51, 54
<i>digoxin</i>	51, 54
<i>dihydroergotamine mesylate</i>	
.....	35, 71
DILANTIN	55, 84
<i>diltiazem hcl</i>	52, 53, 57, 63
<i>diltiazem hcl er</i>	52, 53, 57, 63
<i>diltiazem hcl er beads</i>	
.....	52, 53, 57, 63
<i>diltiazem hcl er coated beads</i>	
.....	52, 53, 57, 63
<i>dilt-xr</i>	52, 53, 57, 63
<i>dimethyl fumarate</i>	172, 183
<i>dimethyl fumarate starter pack</i>	
.....	172, 183
DIPENTUM	117
<i>diphenoxylate-atropine</i>	31,
116	
<i>dipyridamole</i>	44, 61, 63, 105
<i>disopyramide phosphate</i>	55
<i>disulfiram</i>	2, 176
<i>divalproex sodium</i>	66, 69, 72,
83	
<i>divalproex sodium er</i>	66, 69,
71, 83	
<i>dofetilide</i>	56
<i>DOLISHALE</i>	130, 142, 157
<i>donepezil hcl</i>	35
<i>DOPTELET</i>	41
<i>dorzolamide hcl</i>	112
<i>dorzolamide hcl-timolol mal</i>	
.....	112
<i>DOVATO</i>	11, 13
<i>doxazosin mesylate</i>	35, 48,
49, 51	
<i>doxepin hcl</i>	97, 200
<i>doxercalciferol</i>	211
<i>doxycycline hydiate</i>	7, 18, 199
<i>doxycycline monohydrate</i>	7,
18, 199	
<i>doxylamine-pyridoxine</i>	117
<i>dronabinol</i>	117, 119
<i>drospirenone-eth estrad-</i>	
<i>levomefol</i>	130, 142, 157,
209	
<i>drospirenone-ethynodiol estradiol</i>	
.....	130, 142, 157
<i>DROXIA</i>	20
<i>DUAVEE</i>	140, 142
<i>duloxetine hcl</i>	82, 95
DUPIXENT	194, 207
DUREX REALFEEL	189
<i>dutasteride</i>	175, 176
<i>dutasteride-tamsulosin hcl</i>	36,
176	
DYSPORT	34, 37, 187
E	
<i>ec-naproxen</i>	72, 86, 91, 177
<i>econazole nitrate</i>	201
ECONTRA ONE-STEP ..	130,
157	
EDURANT	12
efavirenz	12
<i>efavirenz-emtricitab-tenofo df</i>	
.....	12, 13
<i>efavirenz-lamivudine-tenofovir</i>	
.....	12, 13
EGRIFTA SV	168
ELELYSO	109
<i>eletriptan hydrobromide</i>	95
ELIGARD	20, 151
ELINEST	130, 142, 157
ELIQUIS	41
ELIQUIS DVT/PE STARTER	
PACK	41
ELLA	130, 157
ELMIRON	187
ELURYNG	130, 142, 157
EMCYT	20
EMEND	121
EMGALITY	81
EMGALITY (300 MG DOSE)	81
EMOQUETTE	130, 142, 157
EMPAVELI	179
EMSAM	85
emtricitabine	13
emtricitabine-tenofovir df ..	13,
16	
EMTRIVA	13
EMVERM	6
enalapril maleate	50
enalapril-hydrochlorothiazide	50, 108
ENBREL	175, 181, 183
ENBREL MINI	174, 180, 183
ENBREL SURECLICK ..	175,
181, 183	
ENCARE	189
ENDOMETRIN	157

ENGERIX-B	27
ENILLORING ..	130, 142, 157
ENLITE SERTER	101
enoxaparin sodium	42
ENPRESSE-28	130, 143, 157
ENSKYCE	130, 143, 157
entacapone	81
entecavir.....	16
ENTRESTO.....	49, 62
enulose	106
ENVARSUS XR	171, 186, 204
EPCLUSA	10
EPIDIOLEX	66
epinastine hcl	5, 110
epinephrine	30, 192
plererone ...	60, 61, 62, 107
eq artificial tears	114
eq aspirin adult low dose..	44, 47, 72, 93
eq aspirin low dose	44, 47, 72, 93
eq nicotine	32, 38
eq nicotine polacrilex...	32, 38
eq nicotine step 3	32, 38
eq restore tears	114
eql aspirin low dose....	44, 47, 72, 93
EQUETRO	66, 69
ergoloid mesylates	35
ERGOMAR.....	35, 72
ergotamine-caffeine ...	35, 72, 90
ERIVEDGE.....	20
ERLEADA	20
erlotinib hcl	20
ERRIN	130, 157
ertapenem sodium	9
ERYTHROCIN STEARATE.	9
erythromycin.....	10, 110, 111, 199
erythromycin base	9
erythromycin ethylsuccinate	9
escitalopram oxalate	96
esomeprazole magnesium	122
ESTARYLLA ...	130, 143, 157
estazolam.....	80
estradiol	143, 178
estradiol valerate ...	143, 178
estradiol-norethindrone acet	143, 157
eszopiclone	74, 85
ethacrylic acid	59, 106
ethambutol hcl.....	8
ethosuximide	97
ethynodiol diac-eth estradiol	130, 143, 157
etodolac.....	86, 91
etodolac er	86, 91
etonogestrel-ethinyl estradiol	131, 143, 157
etoposide.....	20
etravirine	12
EUCRISA	200, 206
EUFLEXXA	187
everolimus.....	20, 172, 186
EVOTAZ.....	14, 187
EVRYSDI	187
exemestane.....	20, 126
EXKIVITY	20
EXTAVIA	172, 183
extended infusion set 23 .101	
extended infusion set 32 .101	
EXTENDED RESERVOIR	
3ML.....	102
ezetimibe	55
ezetimibe-simvastatin..	55, 59
F	
FALMINA.....	131, 143, 158
famciclovir	16
famotidine.....	4, 121
FANAPT	75
FANAPT TITRATION PACK	
.....	75
FANTASY LUBRICATED	189
FANTASY	
LUBRICATED/SPERMICID E	189
FARXIGA	167
FASENRA	194
FASENRA PEN	194
FAYOSIM	131, 143, 158
FC2 FEMALE CONDOM.	189
febuxostat.....	177
felbamate	66
felodipine er.....	57
FEMCAP	189
FEMYNOR	131, 143, 158
fenofibrate	58
fenofibrate micronized	58
fenofibric acid	58
fenoprofen calcium	86, 91
fentanyl.....	87
fentanyl citrate	87
FERRIPROX TWICE-A-DAY	122
fesoterodine fumarate er .	208
FETZIMA.....	95
FETZIMA TITRATION	95
finasteride.....	176, 202
fingolimod hcl	174, 183
FINTEPLA	66
FINZALA	131, 143, 158
FIRDAPSE	35, 187
flavoxate hcl	208
FLEBOGAMMA DIF	25
flecainide acetate	56
FLUAD	27
FLUARIX	28
FLUBLOK	28
FLUCELVAX	28
fluconazole	9
flucytosine	17
fludrocortisone acetate ...	123
FLULALVAL	28
FLUMIST	28
flunisolide 113, 123, 193, 195	
fluocinolone acetonide....	113, 203
fluocinonide	203
fluocinonide emulsified base	203
fluorometholone.....	113
fluorouracil.....	20, 200, 207
fluoxetine hcl	96
fluoxetine hcl (pmdd)	96
fluphenazine decanoate ...	89
fluphenazine hcl	89
flurbiprofen	86, 91
flurbiprofen sodium....	91, 115
fluticasone furoate-vilanterol	36, 124
fluticasone propionate ...	113, 124, 193, 195, 203
fluticasone propionate diskus	124, 193, 195
fluticasone propionate hfa	124, 193, 195
fluticasone-salmeterol/37 ,	124

<i>fluvoxamine maleate</i>	96	<i>ganirelix acetate</i>	126	GONAL-F	151
FLUZONE	28	GARDASIL 9	28	GONAL-F RFF	151
FLUZONE HIGH-DOSE	28	<i>gatifloxacin</i>	111	GONAL-F RFF REDIRECT	
FML FORTE	113	GATTEX	119		151
<i>folic acid</i>	209, 210	<i>gauze</i>	102	<i>goodsense aspirin</i>	44, 47, 72,
FOLLISTIM AQ	151	GAUZE	102	93	
<i>fondaparinux sodium</i>	40, 42	GAVILYTE-C	118	<i>goodsense aspirin low dose</i>	
<i>formoterol fumarate</i>	37, 197	GAVILYTE-G	118	44, 47, 72, 93	
<i>fosamprenavir calcium</i>	14	GAVRETO	20	<i>goodsense nicotine</i>	32, 38
<i>fosinopril sodium</i>	50	<i>gefitinib</i>	20	<i>granisetron hcl</i>	116
FOSRENOL	107, 176	GELSYN-3	187	<i>griseofulvin microsize</i>	7
FOTIVDA	20	<i>gemfibrozil</i>	58	<i>guanfacine hcl</i>	55, 58, 81
FRAGMIN	42	GEMMILY	131, 143, 158	<i>guanfacine hcl er</i>	81
FREESTYLE LIBRE 14 DAY READER	102	<i>generlac</i>	106	GVOKE HYPOPEN 1-PACK	
FREESTYLE LIBRE 14 DAY SENSOR	102	GENGRAF	112, 171, 181,	2, 151, 176	
FREESTYLE LIBRE 2 PLUS SENSOR	102	183, 186			
FREESTYLE LIBRE 2 READER	102	GENTROPIN	154, 168	GVOKE HYPOPEN 2-PACK	
FREESTYLE LIBRE 2 SENSOR	102	GENTROPIN MINIQUICK	154, 168	2, 151, 176	
FREESTYLE LIBRE 3 PLUS SENSOR	102	<i>gentamicin sulfate</i>	111, 199		
FREESTYLE LIBRE 3 READER	102	GENTEAL TEARS	114	GVOKE KIT	2, 151, 176
FREESTYLE LIBRE 3 SENSOR	102	GENTEAL TEARS PF	114	GVOKE PFS	2, 151, 176
FREESTYLE LIBRE READER	102	GENVOYA	11, 13	GYZNAZOLE-1	201
<i>frovatriptan succinate</i>	95	GIOTRIF	20	H	
FULPHILA	41	<i>glatiramer acetate</i>	170, 183	HADLIMA	119, 175, 181, 183
<i>furosemide</i>	59, 106	GLATOPA	170, 183	HADLIMA PUSHTOUCH	119, 175, 181, 183
FUZEON	10	GLEOSTINE	20	HAEGARDA	179
FYAVOLV	143, 158	<i>glimepiride</i>	169	HAILEY 1.5/30	131, 143, 158
FYCOMPA	66	<i>glipizide</i>	169	HAILEY 24 FE	131, 143, 158
G		<i>glipizide er</i>	169	HAILEY FE 1.5/30..	131, 143, 158
<i> gabapentin</i>	65, 66, 67, 83	<i>glipizide xl</i>	169	HAILEY FE 1/20	131, 143, 158
GALAFOLD	109, 187	<i>glipizide-metformin hcl</i>	127, 169	<i>halcinonide</i>	203
galantamine hydrobromide	35	<i>glyburide</i>	169	<i>halobetasol propionate</i>	203
galantamine hydrobromide er	35	<i>glyburide micronized</i>	169	HALOETTE	131, 143, 158
GAMASTAN	25	<i>glyburide-metformin</i>	127, 169	<i>haloperidol</i>	81
GAMMAGARD	26	<i>glycopyrrolate</i>	31, 200	<i>haloperidol decanoate</i>	81
GAMMAGARD S/D LESS IGA	26	GLYXAMBI	139, 167	<i>haloperidol lactate</i>	81
GAMMAKED	26	<i>gnp adult aspirin low strength</i>		HARVONI	10
GAMMAPLEX	26	44, 47, 72, 93		HAVRIX	28
GAMUNEX-C	26	<i>gnp aspirin</i>	44, 47, 72, 93	HEATHER	131, 158
		<i>gnp aspirin low dose</i>	44, 47, 72, 93	<i>h-e-b aspirin</i>	44, 47, 72, 94
		6, 31, 64		<i>heparin sodium (porcine)</i>	42
				<i>heparin sodium (porcine) pf</i>	
					42
				HEPLISAV-B	28
				HETLIOZ LQ	74, 84
				HIZENTRA	26
				<i>hm aspirin ec low dose</i>	44, 47, 72, 94
				<i>hm folic acid</i>	210

<i>hm nicotine</i>	32, 38	<i>hydrocodone-acetaminophen</i>	65, 86, 87	<i>INQOVI</i>	21
<i>hm nicotine polacrilex</i> ..	32, 38	<i>hydrocodone-ibuprofen</i>	86, 87, 91	<i>INREBIC</i>	21
HUMALOG	167	<i>hydrocortisone</i> 113, 124, 201, 203		<i>insulin cartridge 3ml</i>	102
HUMALOG KWIKPEN	166	<i>hydrocortisone (perianal)</i> 113, 124, 203		<i>insulin degludec</i>	153
HUMALOG MIX 50/50....	166	<i>hydrocortisone butyrate</i> ..	113, 124, 203	<i>insulin degludec flextouch</i>	153
HUMALOG MIX 50/50 KWIKPEN	167	<i>hydrocortisone valerate</i> ..	113, 124, 203, 204	<i>insulin glargine-yfgn</i>	153
HUMALOG MIX 75/25....	167	<i>hydrocortisone-acetic acid</i> ..	113, 114, 124, 204	<i>insulin lispro</i>	167
HUMALOG MIX 75/25 KWIKPEN	167	<i>hydromorphone hcl</i>	87	<i>insulin lispro (1 unit dial)</i> ..	167
HUMATROPE	154, 168	<i>hydromorphone hcl er</i>	87	<i>insulin lispro junior kwikpen</i>	167
HUMIRA (2 PEN) ...	119, 175, 181, 183	<i>hydroxychloroquine sulfate</i> . 7,	171, 181, 184	<i>INTELENCE</i>	12
HUMIRA (2 SYRINGE) ..	119, 175, 181, 184	<i>hydroxyurea</i>	20	<i>INTROVALE</i>	131, 144, 158
HUMIRA-CD/UC/HS STARTER...	119, 175, 181, 184	<i>hydroxyzine hcl</i>	4, 74	<i>INVEGA HAFYERA</i>	76
HUMIRA-PED<40KG CROHNS STARTER ..	119, 175, 181, 184	<i>hydroxyzine pamoate</i>	4, 74	<i>INVEGA SUSTENNA</i>	76
HUMIRA-PED>/=40KG CROHNS START	119, 175, 181, 184	<i>HYFTOR</i> .	174, 186, 204, 207	<i>INVEGA TRINZA</i>	76
HUMIRA-PED>/=40KG UC STARTER... 119, 175, 181, 184		<i>HYQVIA</i>	26, 109	<i>ipratropium bromide</i> ..	31, 192
HUMIRA-PS/UV/ADOL HS STARTER... 120, 175, 181, 184		I		<i>ipratropium-albuterol</i> ..	31, 37, 192
HUMIRA-PSORIASIS/UVEIT STARTER... 120, 175, 181, 184		<i>ibandronate sodium</i>	178	<i>irbesartan</i>	49
HUMULIN 70/30.....	153, 167	<i>IBRANCE</i>	20	<i>irbesartan-</i>	
HUMULIN 70/30 KWIKPEN	153, 167	<i>ibuprofen</i>	72, 86, 91	<i>hydrochlorothiazide</i>	49, 108
HUMULIN N	153	<i>icatibant acetate</i> 52, 178, 180		<i>ISENTRESS</i>	11
HUMULIN N KWIKPEN... 153		<i>ICLEVIA</i>	131, 144, 158	<i>ISENTRESS HD</i>	11
HUMULIN R	167	<i>ICLUSIG</i>	20	<i>ISIBLOOM</i>	131, 144, 158
HUMULIN R U-500 (CONCENTRATED)	167	<i>icosapent ethyl</i>	51, 61	<i>isoniazid</i>	8
HUMULIN R U-500 KWIKPEN	167	<i>IDHIFA</i>	20	<i>isosorbide dinitrate</i>	60
HYCAMTIN	20	<i>ILUMYA</i>	204, 207	<i>isosorbide mononitrate</i>	60
<i>hydralazine hcl</i>	58	<i>imatinib mesylate</i>	20	<i>isosorbide mononitrate er</i> ..	60
<i>hydrochlorothiazide</i> ...	62, 108	<i>IMBRUVICA</i>	21	<i>isotretinoin</i>	205, 207
<i>hydrocod poli-chlorphe poli er</i>	4, 5, 193	<i>imipramine hcl</i>	97	<i>isradipine</i>	57
<i>hydrocodone bitartrate er</i> ..	87	<i>imipramine pamoate</i>	97	<i>ISTURISA</i>	124, 187
		<i>imiquimod</i>	200, 207	<i>itraconazole</i>	9
		<i>INCASSIA</i>	131, 158	<i>ivabradine hcl</i>	54, 63
		<i>INCRELEX</i>	168	<i>ivermectin</i>	7, 206
		<i>INCRUSE ELLIPTA</i> ...	31, 192	J	
		<i>indapamide</i>	62, 108	<i>JAIMIESS</i>	131, 144, 158
		<i>indomethacin</i>	86, 91, 177	<i>JAKAFI</i>	21, 205
		<i>indomethacin er</i> ...	86, 91, 177	<i>JANTOVEN</i>	40
		<i>INFANRIX</i>	26, 28	<i>JANUMET</i>	127, 139
		<i>infusion catheter soft 23</i> ..	102	<i>JANUMET XR</i>	127, 139
		<i>infusion catheter soft 31</i> ..	102	<i>JANUVIA</i>	139
		<i>infusion catheter soft 43</i> ..	102	<i>JARDIANC</i>	167
		<i>INGREZZA</i>	97	<i>JASMIEL</i>	131, 144, 158
		<i>INLYTA</i>	21	<i>JAYPIRCA</i>	21

JULUCA	11, 12
JUNEL 1.5/30..	132, 144, 159
JUNEL 1/20....	132, 144, 159
JUNEL FE 1.5/30 ...	132, 144, 159
JUNEL FE 1/20 132,	144, 159
JUNEL FE 24 ..	132, 144, 159
<i>just tears eye drops</i>	114
JUXTAPID.....	51, 60
JYNARQUE.....	108
K	
KAITLIB FE	132, 144, 159
KALBITOR	59, 180, 187
KALLIGA	132, 144, 159
KALYDECO.....	193
KAMELEON LUBRICATED	189
KARIVA.....	132, 144, 159
KELNOR 1/35 .	132, 144, 159
KELNOR 1/50 .	132, 144, 159
KESIMPTA.....	184
<i>ketoconazole</i>	9, 201
<i>ketoprofen</i>	72, 86
<i>ketorolac tromethamine</i>	87, 91, 115
KEVZARA	173, 181
<i>kimono</i>	189
KIMONO COLORS	189
KIMONO MAXX-LARGE FLARE	189
<i>kimono micro thin</i>	189
<i>kimono micro thin plus</i> ...	189
<i>kimono plus</i>	189
<i>kimono ps</i>	189
<i>kimono ps plus</i>	189
<i>kimono sensation</i>	189
<i>kimono sensation plus</i>	190
KIMONO SPECIAL	190
KINERET.....	173, 181, 184
KISQALI FEMARA (200 MG DOSE).....	21, 126
KISQALI FEMARA (400 MG DOSE).....	21, 126
KISQALI FEMARA (600 MG DOSE).....	21, 126
KLOR-CON	107
KLOR-CON 10	107
KLOR-CON M10	107
KLOR-CON M15	107
KLOR-CON M20	107
KLOXXADO	2, 88
<i>kls aspirin low dose</i> ...	44, 47, 72, 94
KLS QUIT2.....	32, 39
KLS QUIT4.....	32, 39
KOSELUGO	21
<i>kp aspirin</i>	44, 47, 72, 94
<i>kp folic acid</i>	210
KRAZATI	21
KRINTAFEL	7
KURVELO	132, 145, 159
K-Y ME & YOU EXTRA LUBRICATED	190
K-Y ME & YOU INTENSE	190
L	
<i>labetalol hcl</i>	34, 36, 49, 51, 55, 56, 60
<i>lacosamide</i>	67, 84
<i>lactulose</i>	106
<i>lactulose encephalopathy</i> 106	
LAGEVRIO.....	16
<i>lamivudine</i>	13
<i>lamivudine-zidovudine</i>	13
<i>lamotrigine</i>	67, 69
<i>lamotrigine er</i>	67, 69
<i>lamotrigine starter kit-blue</i> 67, 69	
<i>lamotrigine starter kit-green</i>	67, 69
<i>lamotrigine starter kit-orange</i>	67, 69
<i>lanreotide acetate</i>	168
<i>lansoprazole</i>	122
<i>lanthanum carbonate</i>	107, 176
LANTUS	153
LANTUS SOLOSTAR.....	153
<i>lapatinib ditosylate</i>	21
LARIN 1.5/30... 132,	145, 159
LARIN 1/20..... 132,	145, 159
LARIN 24 FE ... 132,	145, 159
LARIN FE 1.5/30 ... 132,	145, 159
LARIN FE 1/20 133,	145, 160
LARISSIA.....	133, 145, 160
LASTACAFT	4, 5, 110
<i>latanoprost</i>	116
LAYOLIS FE....	133, 145, 160
<i>ledipasvir-sofosbuvir</i>	10
LEENA	133, 145, 160
<i>leflunomide</i>	174, 181, 184, 186
<i>lenalidomide</i>	21, 184
LENVIMA (10 MG DAILY DOSE)	21
LENVIMA (12 MG DAILY DOSE)	21
LENVIMA (14 MG DAILY DOSE)	21
LENVIMA (18 MG DAILY DOSE)	21
LENVIMA (20 MG DAILY DOSE)	21
LENVIMA (24 MG DAILY DOSE)	21
LENVIMA (4 MG DAILY DOSE)	21
LENVIMA (8 MG DAILY DOSE)	21
LESSINA	133, 145, 160
<i>letrozole</i>	21, 126
<i>leucovorin calcium</i>	3, 177, 210
LEUKERAN	21
LEUKINE	41
<i>leuprolide acetate</i>	21, 152
<i>leuprolide acetate (3 month)</i>	21, 152
<i>levabuterol hcl</i>	37, 197
<i>levetiracetam</i>	67
<i>levetiracetam er</i>	67
<i>levobunolol hcl</i>	112
<i>levocarnitine</i>	188
<i>levocarnitine sf</i>	188
<i>levocetirizine dihydrochloride</i>	5
<i>levofloxacin</i>	8, 18, 199
LEVONEST	133, 145, 160
<i>levonorgest-eth est & eth est</i>	133, 145, 160
<i>levonorgest-eth estrad 91-day</i>	133, 145, 160
<i>levonorgestrel</i>	133, 160
<i>levonorgestrel-ethinyl estrad</i>	133, 145, 160
<i>levonorgestrel-triphasic</i>	133, 145, 160
LEVORA 0.15/30 (28) ...	133, 145, 160
<i>levorphanol tartrate</i>	87

levothyroxine sodium 169
LEVOXYL 169
LEXIVA 14
l-glutamine 188, 207
lidocaine 200
lidocaine hcl 115, 200
lidocaine viscous hcl 115
lidocaine-prilocaine 200
LILLOW 133, 145, 160
lindane 206
linezolid 17
LINZESS 120, 121
liothyronine sodium 169
liquitears 115
lisdexexamfetamine dimesylate 64
lisinopril 50
lisinopril-hydrochlorothiazide 50, 108
lithium carbonate 69
lithium carbonate er 69
LIVMARLI 118, 120
lofexidine hcl 30
LOJAIMIESS ... 133, 145, 160
LOKELMA 107
LONSURF 22
loperamide hcl 116
lopinavir-ritonavir 14
lorazepam 79, 80
LORBRENA 22
LORYNA 133, 146, 160
losartan potassium 49
losartan potassium-hctz ... 49, 108
loteprednol etabonate 113
lovastatin 59
LOW-OGESTREL .. 133, 146, 160
loxapine succinate..... 74, 82
LO-ZUMANDIMINE 133, 146, 160
lubiprostone 118, 120
lubricant eye drops 115
luliconazole 201
LUMAKRAS 22
LUMIGAN 116
lung perform peak flow meter 102
LUPKYNIS 174, 186

LUPRON DEPOT (1-MONTH) 22, 152
LUPRON DEPOT (3-MONTH) 22, 152
LUPRON DEPOT (4-MONTH) 22, 152
LUPRON DEPOT (6-MONTH) 22, 152
LUPRON DEPOT-PED (1-MONTH) 152
LUPRON DEPOT-PED (3-MONTH) 152
LUPRON DEPOT-PED (6-MONTH) 152
lurasidone hcl 76
LUTERA 133, 146, 160
LYLEQ 134, 161
LYNPARZA 22
LYSODREN 22
LYTGOBI (12 MG DAILY DOSE) 22
LYTGOBI (16 MG DAILY DOSE) 22
LYTGOBI (20 MG DAILY DOSE) 22
LYZA 134, 161
M
malathion 206
maraviroc 10
marlissa 134, 146, 161
MARPLAN 85
MATULANE 22
MAVENCLAD (10 TABS) .. 22, 170, 184, 186
MAVENCLAD (4 TABS) ... 22, 170, 184, 186
MAVENCLAD (5 TABS) ... 22, 170, 184, 186
MAVENCLAD (6 TABS) ... 22, 170, 184, 186
MAVENCLAD (7 TABS) ... 22, 170, 184, 186
MAVENCLAD (8 TABS) ... 22, 170, 184, 186
MAVENCLAD (9 TABS) ... 22, 170, 184, 186
MAVYRET 10
maxx 190
maxx plus 190
MAYZENT 174, 184

MAYZENT STARTER PACK 174, 184
meclizine hcl 4, 117
meclofenamate sodium 87, 92
medroxyprogesterone acetate 134, 161
mefenamic acid 87, 92
mefloquine hcl 7
megestrol acetate 22, 161
MEKINIST 22
MEKTOVI 22
meloxicam 87, 92
memantine hcl 81
memantine hcl er 81
MENACTRA 28
MENEST 146, 178
MENOPUR 152
MENQUADFI 28
MENVEO 28
meperidine hcl 88
meprobamate 74, 85
mercaptopurine .. 22, 172, 186
MERZEE 134, 146, 161
mesalamine 117
mesalamine er 117
mesalamine-cleanser 117
MESNEX 188
metaxalone 34
metformin hcl 127
metformin hcl er 127
methadone hcl 88
methazolamide 54, 112
methenamine hippurate.... 18
methimazole 126
methocarbamol 12, 34
methotrexate sodium 23, 171, 182, 184, 185, 186, 187
methotrexate sodium (pf) .. 22, 171, 181, 184, 186
methoxsalen rapid 206
methscopolamine bromide 31
methyldopa 30, 55, 58
methylphenidate hcl 91
methylphenidate hcl er 90, 91
methylphenidate hcl er (cd) 90
methylphenidate hcl er (la) 90
methylphenidate hcl er (osm) 90
methylphenidate hcl er (xr) 90
methylprednisolone 125

<i>methyltestosterone</i>	125	MINIMED QUICK-SERTER	<i>nadolol</i>	34, 37, 48, 51, 55, 56,
<i>metoclopramide hcl</i>	121	.....	60	
<i>metolazone</i>	62, 108	MINIMED RESERVOIR	<i>naftifine hcl</i>	198
<i>metoprolol succinate er</i>	37, 51, 55, 56, 60	1.8ML	<i>naloxone hcl</i>	2, 3, 88, 89, 177
<i>metoprolol tartrate</i>	37, 51, 55, 56, 60	MINIMED RESERVOIR 3ML	<i>naltrexone hcl</i>	2, 3, 39, 89, 176, 177
<i>metoprolol-</i>		.....	<i>naproxen</i>	72, 73, 87, 92, 177
<i>hydrochlorothiazide</i>	51, 55, 108	MINIMED SILHOUETTE INF	<i>naproxen sodium</i>	73, 87, 92, 177
<i>metronidazole</i>	6, 8, 15, 16, 118, 199	SET 32	<i>naratriptan hcl</i>	95
<i>mexiletine hcl</i>	56	MINIMED SILHOUETTE INF	NATACYN	111
MIBELAS 24 FE	134, 146, 161	SET 43	<i>nateglinide</i>	153
MICROGESTIN 1.5/30	134, 146, 161	MIO INFUSION SET 18	NAYZILAM	79, 80
MICROGESTIN 1/20	134, 146, 161	.. 103	<i>nebivolol hcl</i>	35, 51, 55, 56
MICROGESTIN 24 FE	134, 146, 161	MIO INFUSION SET 23	NECON 0.5/35 (28)	134, 146, 162
MICROGESTIN FE 1.5/30	134, 146, 161	.. 103	NECON 1/35 (28)	134, 146, 162
MICROGESTIN FE 1/20	134, 146, 161	MIO INFUSION SET 32	<i>nefazodone hcl</i>	96
<i>midodrine hcl</i>	30	.. 103	<i>neomycin sulfate</i>	. 6, 111, 199
<i>mifepristone</i>	126	mirabegron er	<i>neomycin-bacitracin zn-</i>	
<i> miglustat</i>	109, 188	<i>mirtazapine</i>	<i>polymyx</i>	111
MILI	134, 146, 161	<i>misoprostol</i>	<i>neomycin-polymyxin-</i>	
MIMVEY	146, 161	M-M-R II	<i>dexameth</i>	111, 113
MINI WRIGHT PEAK FLOW		<i>m-natal plus</i>	<i>neomycin-polymyxin-</i>	
METER	102	<i>modafinil</i>	<i>gramicidin</i>	111
MINILINK REAL-TIME		MODERNA COVID-19 VAC	<i>neomycin-polymyxin-hc</i>	111, 114
REPLACEMENT	102	6M-11Y	NERLYNX	23
MINILINK-REAL-TIME		<i>moexipril hcl</i>	NEUPRO	85
STARTER	102	MOISTURE EYES	NEVANAC	115
MINIMED MIO ADVANCE		<i>mometasone furoate</i>	<i>nevirapine</i>	12
INFUSE SET	102	MONO-LINYAH	<i>nevirapine er</i>	12
MINIMED MIO INFUSION		134, 146, 161	NEW DAY	134, 162
SET	102	<i>montelukast sodium</i>	NEXLETOL	48, 51
MINIMED PUMP		194	NEXLIZET	48, 51, 55
RESERVOIR 3ML	102	MONUROL	<i>niacin er (antihyperlipidemic)</i>	51, 210
MINIMED QUICK SET INF		18	<i>nicardipine hcl</i>	57, 58, 63
SET 18	102	<i>morphine sulfate</i>	NICORELIEF	32, 39
MINIMED QUICK SET INF		88	<i>nicotine</i>	32, 39
SET 23	102	<i>morphine sulfate er</i>	<i>nicotine mini</i>	33, 39
MINIMED QUICK SET INF		88	<i>nicotine polacrilex</i>	33, 39
SET 32	102	MOUNJARO	<i>nicotine step 1</i>	33, 39
MINIMED QUICK SET INF		152	<i>nicotine step 2</i>	33, 39
SET 43	102	MOVANTIK	<i>nicotine step 3</i>	33, 39
		120, 121	NICOTROL	33, 39
		<i>moxifloxacin hcl</i>	NICOTROL NS	33, 39
		.... 8, 18, 111, 199	<i>nifedipine</i>	57, 58, 63
		MRESVIA	<i>nifedipine er</i>	57, 58, 63
		29		
		MULTAQ		
		56		
		<i>mupirocin</i>		
		199		
		MY CHOICE		
		134, 161		
		MY WAY		
		134, 162		
		<i>mycophenolate mofetil</i>		
		... 170, 187		
		<i>mycophenolate sodium</i>		
		... 187		
		MYRBETRIQ		
		209		
		N		
		<i>na sulfate-k sulfate-mg sulf</i>		
			
		118		
		<i>nabumetone</i>		
		87, 92		

<i>nifedipine er osmotic release</i>	152
.....	57, 58, 63
NIKKI	135, 146, 162
<i>nilutamide</i>	23
<i>nimodipine</i>	57, 58, 63
NINLARO	23
<i>nitisinone</i>	109, 188
NITRO-BID	60
NITRO-DUR	60
<i>nitrofurantoin macrocrystal</i>	18
<i>nitrofurantoin monohyd macro</i>	19
<i>nitroglycerin</i>	60, 61, 201, 207
NITYR	109, 188
NIVESTYM	41
<i>nizatidine</i>	4, 121
NORA-BE	135, 162
NORDITROPIN FLEXPRO	154, 168
<i>norelgestromin-eth estradiol</i>	135, 147, 162
<i>norethin ace-eth estrad-fe</i>	135, 147, 162
<i>norethindrone</i>	135, 162
<i>norethindrone acetate</i>	162
<i>norethindrone acet-ethinyl est</i>	135, 147, 162
<i>norethindrone-eth estradiol</i>	147, 162
<i>norethindron-ethinyl estrad-fe</i>	135, 147, 162
<i>norethrin-eth estradiol-fe</i>	135, 147, 162
<i>norgestimate-eth estradiol</i>	135, 147, 162
<i>norgestim-eth estrad triphasic</i>	135, 147, 162
NORLYDA	135, 163
NORLYROC	135, 163
NORPACE CR	55
NORTREL 0.5/35 (28)	135, 147, 163
NORTREL 1/35 (21)	135, 147, 163
NORTREL 1/35 (28)	135, 147, 163
NORTREL 7/7/7	136, 147, 163
<i>nortriptyline hcl</i>	97
NORVIR	14
NOVAREL	152
<i>novavax covid-19 vaccine</i>	29
NUBEQA	23
NUCALA	192
NUEDEXTA	82
NUPLAZID	77
NURTEC	81
NUTROPIN AQ NUSPIN 10	154, 169
NUTROPIN AQ NUSPIN 20	154, 169
NUTROPIN AQ NUSPIN 5	154, 169
NYLIA 1/35	136, 147, 163
NYLIA 7/7/7	136, 147, 163
NYMYO	136, 147, 163
<i>nystatin</i>	17, 206
<i>nystatin-triamcinolone</i>	204, 206
O	
OCALIVA	118, 120
OCELLA	136, 148, 163
OCTAGAM	26
<i>octreotide acetate</i>	120, 168
ODEFSEY	12, 13, 16
ODOMZO	23
OFEV	192
<i>ofloxacin</i>	18, 111
<i>olanzapine</i>	69, 77
<i>olmesartan medoxomil</i>	49
<i>olmesartan medoxomil-hctz</i>	49, 108
<i>olopatadine hcl</i>	4, 110
OLUMIANT	174, 182
<i>omega-3-acid ethyl esters</i>	51, 61
omeprazole	122
<i>omeprazole-sodium bicarbonate</i>	116, 122
OMNIFLEX DIAPHRAGM	190
OMNIPOD 5 DEXG7G6	103
INTRO GEN 5	103
OMNIPOD 5 DEXG7G6 PODS GEN 5	103
OMNIPOD 5 LIBRE2 PLUS G6	103
OMNIPOD 5 LIBRE2 PLUS G6 PODS	103
OMNIPOD DASH PDM (GEN 4)	103
OMNIPOD DASH PODS	
(GEN 4)	103
OMNIPOD POD PALS	103
OMNITROPE	154, 169
<i>ondansetron</i>	116
<i>ondansetron hcl</i>	116
ONGENTYS	81
ONUREG	23
OPCICON ONE-STEP	136, 163
OPILL	136, 163
OPTICHAMBER DIAMOND	103
OPTICHAMBER DIAMOND-LG MASK	103
OPTICHAMBER DIAMOND-MD MASK	103
OPTICHAMBER DIAMOND-SM MASK	103
OPTION 2	136, 163
OPTIONS GYNOL II CONTRACEPTIVE	190
OPZELURA	23, 205, 207
ORENCIA	171, 182, 185
ORENCIA CLICKJECT	171, 182, 185
ORENITRAM	63, 196, 197
ORENITRAM MONTH 1	63, 196, 197
ORENITRAM MONTH 2	63, 196, 197
ORENITRAM MONTH 3	63, 196, 197
ORFADIN	109, 188
ORLISSA	126
ORKAMBI	193
ORLADEYO	59, 180, 187
<i>orphenadrine citrate er34</i>	38, 65
<i>orphenadrine-aspirin-caffeine</i>	34, 38, 91, 94
ORSERDU	23
ORSYTHIA	136, 148, 163
<i>oseltamivir phosphate</i>	15
OSPHENA	140
OTEZLA	174, 182, 185, 207
OVIDREL	152
<i>oxaprozin</i>	87, 92
<i>oxazepam</i>	80
<i>oxcarbazepine</i>	67, 84

OXERVATE.....	112, 115
oxiconazole nitrate	201
oxybutynin chloride	208
oxybutynin chloride er	208
oxycodone hcl	88
oxycodone hcl er	88
oxycodone-acetaminophen	65, 86, 88
oxymorphone hcl	88
oxymorphone hcl er	88
OZEMPIC (0.25 OR 0.5 MG/DOSE)	152
OZEMPIC (1 MG/DOSE).	152
OZEMPIC (2 MG/DOSE).	152
P	
paliperidone er	77
PANRETIN	200, 207
pantoprazole sodium.....	122
PANZYGA.....	26
PARADIGM PATHWAY UPGRADE.....	103
PARADIGM POLYFIN QR/WINGS 24	103
PARADIGM POLYFIN QR/WINGS 42	103
PARADIGM PUMP REMOTE PROGRAM	103
PARADIGM QUICK-SET 18	103
PARADIGM QUICK-SET 23	103
PARADIGM QUICK-SET 32	103
PARADIGM QUICK-SET 43	103
PARADIGM SILHOUETTE 18	103
PARADIGM SILHOUETTE 32	104
PARADIGM SILHOUETTE COMBO 23	104
PARADIGM SILHOUETTE COMBO 43	104
PARADIGM SILHOUETTE FULL 23.....	104
PARADIGM SILHOUETTE FULL 43.....	104
PARADIGM SOF-SET MICRO QR 24	104
PARADIGM SOF-SET MICR	104
PARADIGM SOF-SET ULT QR 24	104
PARADIGM SOF-SET ULT QR 42	104
PARADIGM SURE-T 23..	104
paricalcitol	211
paroxetine hcl	96
paroxetine hcl er	96
PAXIL	96
PAXLOVID (150/100)	9
PAXLOVID (300/100)	9
pazopanib hcl	23
peak a-i-r flow meter.....	104
PEAK AIR PEAK FLOW METER	104
peg 3350-kcl-na bicarb-nacl	118
peg-3350/electrolytes	118
PEGASYS	14, 15, 23, 185
peg-kcl-nacl-nasulf-na asc-c	118, 210
PEMAZYRE	23
penciclovir	200
penicillamine	3, 122, 182
penicillin v potassium	15
pentamidine isethionate	8
pentazocine-naloxone hcl..	89
pentoxifylline er	41
perindopril erbumine	50
permethrin	206
perphenazine	90
perphenazine-amitriptyline	90, 97
PERSERIS	69, 77
PFIZER COVID-19 VAC-TRIS 5-11Y	29
pfizer covid-19 vac-tris 6m-4y	29
phenelzine sulfate	85
phenobarbital	78, 79
phenoxybenzamine hcl	35, 63
PHENYTEK.....	56, 84
phenytoin.....	56, 84
phenytoin sodium extended	56, 84
PHEXXI	190
PHILITH	136, 148, 163
PIFELTRO	12
pilocarpine hcl	35, 115
pimecrolimus ...	187, 204, 207
pimozide	74, 82
PIMTREA	136, 148, 163
pindolol.....	35, 51, 55, 56, 61
pioglitazone hcl.....	169
pioglitazone hcl-metformin hcl	127, 169
PIQRAY (200 MG DAILY DOSE)	23
PIQRAY (250 MG DAILY DOSE)	23
PIQRAY (300 MG DAILY DOSE)	23
pirfenidone	192, 196
PIRMELLA 1/35.....	136, 148, 163
PIRMELLA 7/7/7....	136, 148, 163
piroxicam	87, 92
PNEUMOVAX 23	29
pnv prenatal plus multivitamin	42, 209, 210
POCKET PEAK FLOW	
METER	104
POCKETPEAK PEAK FLOW	
METER	104
podofilox	205, 207
polyethylene glycol 3350.	118
POLYFIN INFUSION SET 24	104
POLYFIN INFUSION SET 42	104
POLYFIN QR INFUSION SET 24	
SET 24.....	104
POLYFIN QR INFUSION SET 42	104
POLYFIN TUBING SET 60	
.....	104
polymyxin b-trimethoprim .	17, 111, 199
polyvinyl alcohol	115
POMALYST	23, 185
PORTIA-28.....	136, 148, 164
posaconazole	9
potassium chloride	107
potassium chloride crys er	107
potassium chloride er	107
potassium citrate er.....	106

<i>pramipexole dihydrochloride</i>	..... 85	<i>propranolol hcl er</i> .. 35, 52, 55, 56, 61, 73	QVAR REDIHALER 125, 193, 195
<i>pramipexole dihydrochloride er</i>	..... 85	<i>propylthiouracil</i> 127	R
<i>prasugrel hcl</i> 44		PROQUAD 29	<i>ra aspirin adult low dose</i> ... 45, 48, 73, 94
<i>pravastatin sodium</i> 59		<i>protriptyline hcl</i> 97	<i>ra aspirin adult low strength</i> 45, 48, 73, 94
<i>praziquantel</i> 7		PULMICORT FLEXHALER 125, 193, 195	<i>ra aspirin childrens</i> 45, 48, 73, 94
<i>prazosin hcl</i> 35, 48, 49, 52		PULMOZYME 109, 195	<i>ra aspirin ec</i> 45, 48, 73, 94
<i>prednisolone</i> 114, 125		<i>pump remote programmer</i> 104	<i>ra aspirin ec adult low st</i> ... 45, 48, 73, 94
<i>prednisolone acetate</i> 114, 125		PURE & GENTLE	<i>ra folic acid</i> 210
<i>prednisolone sodium phosphate</i> 114, 125		LUBRICANT 115	<i>ra mini nicotine</i> 33, 39
<i>prednisone</i> 125		PURIXAN 23, 172, 187	<i>ra nicotine</i> 33, 39
<i>pregabalin</i> 67, 83		<i>px aspirin</i> 45, 47, 73, 94	<i>ra nicotine gum</i> 33, 39
<i>PREGNYL</i> 152		<i>px enteric aspirin</i> .. 45, 47, 73, 94	<i>ra nicotine polacrilex</i> 33, 39
<i>PREHEVBRI</i> O..... 29		<i>px folic acid</i> 210	<i>rabeprazole sodium</i> 122
<i>PREMARIN</i> 148, 178		<i>px stop smoking aid</i> ... 33, 39	RADICAVA ORS 65, 82
<i>PREMPHASE</i> 148, 164		<i>pyrazinamide</i> 8	RADICAVA ORS STARTER
<i>PREMPRO</i> 148, 164		<i>pyridostigmine bromide</i> 36	KIT 65, 82
<i>PRENATABS RX</i> 42, 209, 210		<i>pyridostigmine bromide er</i> . 35	<i>raloxifene hcl</i> 140, 178
<i>prenatal</i> 42, 209, 210		<i>pyrimethamine</i> 7	<i>ramelteon</i> 74, 84
<i>pretomanid</i> 8		<i>PYRUKYND</i> 40	<i>ramipril</i> 50
<i>PREVIFEM</i> 136, 148, 164		PYRUKYND TAPER PACK 40	<i>ranolazine er</i> 54
<i>PREVNAR 20</i> 29		Q	<i>rasagiline mesylate</i> 85
<i>PREVYMIS</i> 9		<i>qc aspirin low dose</i> 45, 47, 73, 94	REALITY LATEX CONDOMS 190
<i>PREZCOBIX</i> 14, 188		<i>qc childrens aspirin</i> 45, 48, 73, 94	REALITY LATEX/ULTRA
<i>PREZISTA</i> 14		<i>qc folic acid</i> 210	TEXTURED 190
<i>PRIFTIN</i> 8, 18		<i>QINLOCK</i> 23	REALITY LATEX/ULTRA
<i>primaquine phosphate</i> 7		<i>quazepam</i> 80	THIN 190
<i>primidone</i> 78		<i>quetiapine fumarate</i> 70, 77	REBIF 173, 185
<i>PRIORIX</i> 29		<i>quetiapine fumarate er</i> 69, 70, 77	REBIF REBIDOSE .. 172, 185
<i>PRIVIGEN</i> 26		QUICK-SERTER	REBIF REBIDOSE
<i>probenecid</i> 108, 177		INSERTION DEVICE... 104	TITRATION PACK173, 185
<i>prochlorperazine</i> 90, 117		QUICK-SET INFUSION 23 104	REBIF TITRATION PACK
<i>prochlorperazine maleate</i> . 90, 117		QUICK-SET INFUSION 43 104	..... 173, 185
<i>progesterone</i> 164		<i>quinapril hcl</i> 50	RECLIPSEN 136, 148, 164
<i>PROGRAF</i> 171, 187, 204		<i>quinapril-hydrochlorothiazide</i> 50, 108	RECOMBIVAX HB 29
<i>PROLIA</i> 170, 178		<i>quinidine gluconate er</i> ... 7, 55	REFRESH TEARS 115
<i>PROMACTA</i> 41		<i>quinidine sulfate</i> 7, 55	REGRANEX 207
<i>promethazine hcl</i> .. 3, 4, 5, 74, 117, 194		<i>quinine sulfate</i> 7	RELENZA DISKHALER 15
<i>PROMETHEGAN</i> 4, 5, 74, 117, 194		QULIPTA 81	<i>releuko</i> 41
<i>propafenone hcl</i> 56			RELISTOR 89, 120, 121
<i>proparacaine hcl</i> 115			RENACIDIN 106
<i>propranolol hcl</i> 35, 52, 55, 56, 61, 73			<i>repaglinide</i> 153
			REPATHA 61
			REPATHA PUSHTRONEX SYSTEM 61

REPATHA SURECLICK	61	
RETACRIT	40, 41	
RETEVMO	23	
REVLIMID	23, 185	
REXTOVY	3, 89	
REXULTI	77	
REYATAZ	14	
REZLIDHIA	23	
REZUROCK	188	
REZVOGLAR KWIKPEN	153	
RHOPRESSA	116	
<i>ribavirin</i>	16	
<i>rifabutin</i>	8, 18	
<i>rifampin</i>	8, 18	
<i>riluzole</i>	65, 82	
RINVOQ	174, 182	
RINVOQ LQ	174	
<i>risedronate sodium</i>	178	
<i>risperidone</i>	70, 77	
<i>risperidone microspheres er</i>	70, 77	
<i>ritonavir</i>	14	
<i>rivastigmine</i>	36	
<i>rivastigmine tartrate</i>	36	
RIVELSA	136, 148, 164	
RIVIVE	3, 89	
<i>rizatriptan benzoate</i>	95	
<i>roflumilast</i>	195, 205, 206	
<i>ropinirole hcl</i>	85	
<i>ropinirole hcl er</i>	85	
<i>rosuvastatin calcium</i>	59	
ROZLYTREK	23	
RUBRACA	23	
RUCONEST	179, 180	
<i>rufinamide</i>	67, 84	
RUKOBIA	10	
RUXIENCE	23	
RYBELSUS	152	
RYDAPT	23	
RYKINDO	70, 77	
S		
SAJAZIR	52, 178, 180	
SANDIMMUNE	112, 171, 182, 185, 187	
SANDOSTATIN LAR DEPOT	120, 168	
SANTYL	109, 201, 207	
<i>sapropterin dihydrochloride</i>	109, 188	
SAVELLA	83, 95	
SAVELLA TITRATION PACK		
	83, 95	
<i>sb childrens aspirin</i>	45, 48, 73, 94	
<i>sb low dose asa ec</i>	45, 48, 73, 94	
SCEMBLIX	23	
<i>scopolamine</i>	31, 117, 121	
SECUADO	70, 77	
<i>selegiline hcl</i>	85	
<i>selenium sulfide</i>	201, 205	
SELZENTRY	10	
SEN-SERTER	104	
SEROSTIM	154, 169	
<i>sertraline hcl</i>	96	
SETLAKIN	136, 148, 164	
<i>sevelamer carbonate</i>	3, 107, 177	
	sf 98, 99, 178	
	sf 5000 plus	98, 99, 178
SHAROBEL	137, 164	
SHINGRIX	29	
SIGNIFOR	168	
<i>sildenafil citrate</i>	61, 196, 197, 209	
SILHOUETTE	23	
SILHOUETTE 43	104	
SILHOUETTE INFUSION SET	18	
SILIQ	204, 207	
<i>silodosin</i>	36	
SIL-SERTER INSERTION DEVICE	104	
<i>silver sulfadiazine</i>	201, 205	
SIMBRINZA	110, 112	
SIMLIYA	137, 148, 164	
SIMPESSE	137, 148, 164	
SIMPONI	120, 175, 182, 185	
<i>simvastatin</i>	59	
<i>sirolimus</i>	174, 187, 204	
SIRTURO	8	
SKYRIZI	120, 204, 208	
SKYRIZI PEN	204, 207	
<i>sm artificial tears</i>	115	
<i>sm aspirin adult low strength</i>	45, 48, 73, 94	
<i>sm aspirin ec low strength</i>	45, 48, 73, 95	
<i>sm aspirin low dose</i>	45, 48, 73, 95	
<i>sm childrens aspirin</i>	45, 48, 73, 95	
<i>sm folic acid</i>	210	
<i>sm nicotine</i>	33, 40	
<i>sm nicotine polacrilex</i>	33, 40	
<i>sodium chloride</i>	195	
<i>sodium fluoride</i>	98, 99, 179	
<i>sodium fluoride 5000 plus</i>	98, 99, 179	
<i>sodium fluoride 5000 ppm</i>	98, 99, 179	
<i>sodium oxybate</i>	82, 98, 177	
<i>sodium polystyrene sulfonate</i>	3, 107, 177	
<i>sofosbuvir-velpatasvir</i>	10	
SOF-SERTER INSERTION DEVICE	105	
SOF-SET INFUSION SET 24	105	
SOF-SET INFUSION SET 42	105	
SOF-SET MICRO QR INFUSION 24	105	
SOF-SET MICRO QR INFUSION 42	105	
SOF-SET ULTIMATE QR 24	105	
SOF-SET ULTIMATE QR 42	105	
SOLIA	137, 148, 164	
<i>solifenacin succinate</i>	208	
SOLIQUA	152, 153	
SOLOSEC	8	
SOLTAMOX	23, 140	
SOMATULINE DEPOT	168	
SOMAVERT	169	
SOOTHE HYDRATION	115	
SOOTHE XP	115	
SOOTHE XP XTRA PROTECTION	115	
<i>sorafenib tosylate</i>	24	
<i>sotalol hcl</i>	35, 52, 55, 56, 61	
<i>sotalol hcl (af)</i>	35, 52, 55, 56, 61	
SOTYKTU	205, 208	
SPIKEVAX	29	
<i>spinosad</i>	206	
SPIRIVA RESPIMAT	31, 192	
<i>spironolactone</i>	60, 61, 62, 107	

<i>spironolactone-hctz</i>	60, 62, 108	SYNJARDY XR	127, 167	TEPMETKO	24
SPRINTEC	28, 137, 148, 164	SYNRIBO	24	<i>terazosin hcl</i>	35, 48, 49, 52
SPS (SODIUM POLYSTYRENE SULF)	3, 107, 177	SYNTHROID	170	<i>terbinafine hcl</i>	6
SRONYX	137, 148, 164	SYSTANE CONTACTS	115	<i>terbutaline sulfate</i>	37, 197
SSD	201, 205	T		<i>terconazole</i>	201
STELARA	173, 208	T		<i>teriflunomide</i>	170, 185
STIOLTO RESPIMAT	31, 37	FLEX T		<i>teriparatide</i>	153, 177
STIVARGA	24	LOCK CARTRIDGE		<i>testosterone</i>	126
STRIBILD	11, 13, 188	4.8ML	105	<i>testosterone cypionate</i>	125
STRIVERDI RESPIMAT	37, 197	SLIM T		<i>testosterone enanthate</i>	126
SUCRAID	109	LOCK INSULIN CART		<i>tetanus-diphtheria toxoids td</i>	
<i>sucralfate</i>	122	3ML	105		27
<i>sulconazole nitrate</i>	201	SLIM X2 3ML CARTRIDGE		<i>tetrabenazine</i>	97
<i>sulfacetamide sodium</i>	111		105	<i>tetracycline hcl</i>	7, 18, 118
<i>sulfacetamide sodium (acne)</i>	199	TABLOID	24	TEZSPIRE	194, 196
<i>sulfacetamide-prednisolone</i>	111, 114	TABRECTA	24	THALOMID	24, 185
<i>sulfadiazine</i>	18	<i>tacrolimus</i>	171, 187, 204, 208	<i>theophylline</i>	58, 91, 106, 198, 209
<i>sulfamethoxazole-trimethoprim</i>	8, 18, 19	<i>tadalafil (pah)</i>	61, 196, 197	<i>theophylline er</i>	58, 91, 106, 198, 209
SULFAMYLYON	199, 205	TAFINLAR	24	<i>thioridazine hcl</i>	90
<i>sulfasalazine</i>	18, 117, 171, 182, 185	<i>tafluprost (pf)</i>	116	<i>thiothixene</i>	97
<i>suilindac</i>	87, 92	TAGRISSO	24	THYROGEN	106
<i>sumatriptan</i>	95	TAKE ACTION	137, 164	<i>tiagabine hcl</i>	67, 83
<i>sumatriptan succinate</i>	95, 96	TAKHYRO	59, 180, 187	TIBSOVO	24
<i>sumatriptan succinate refill</i>	96	TALTZ	173, 208	TILIA FE	137, 149, 165
<i>sunitinib malate</i>	24	TALZENNA	24	<i>timolol maleate</i>	35, 52, 55, 56, 61, 73, 112
SUNOSI	98	<i>tamoxifen citrate</i>	24, 140	<i>tinidazole</i>	8
SURE T INFUSION SET	18	<i>tamsulosin hcl</i>	36	<i>tiopronin</i>	188
	105	TARGETIN	24, 200, 208	<i>tiotropium bromide monohydrate</i>	31, 192
SURE T INFUSION SET	23	TARINA 24 FE	137, 149, 164	TIVICAY	11
	105	TARINA FE 1/20	137, 149,	TIVICAY PD	11
SURE T INFUSION SET	32	164	164	<i>tizanidine hcl</i>	34
	105	TASCENO ODT	174, 185	<i>tobramycin</i>	6, 111
SYEDA	137, 149, 164	TASIGNA	24	<i>tobramycin-dexamethasone</i>	6, 111, 114
SYMDEKO	193, 194	<i>tasimelteon</i>	74, 84	TODAY SPONGE	190
SYMLINPEN 120	125	TAVNEOS	171, 179, 180	<i>tolcapone</i>	81
SYMLINPEN 60	125	TAYSOFY	137, 149, 164	<i>tolterodine tartrate</i>	208
SYMPAZAN	79, 80	<i>tazarotene</i>	205, 208	<i>tolterodine tartrate er</i>	208
SYMPROIC	120, 121	TAZORAC	205, 208	<i>tolvaptan</i>	108
SYMTUZA	13, 14, 188	TAZVERIK	24	<i>topiramate</i>	67, 74
SYNAREL	152	TDVAX	26	<i>toremifene citrate</i>	24, 140
SYNDROS	117, 120	TECVAYLI	24	<i>torsemide</i>	59, 106
SYNJARDY	127, 167	TEGSEDI	177	TOUJEO MAX SOLOSTAR	
		<i>telmisartan</i>	49		
		<i>telmisartan-hctz</i>	50, 108		
		<i>temazepam</i>	80		
		TENIVAC	27		
		<i>tenofovir disoproxil fumarate</i>			
			13		
				<i>tramadol hcl</i>	88

<i>tramadol hcl er</i>	88	TYVASO	63, 196, 197
<i>tramadol-acetaminophen</i>	65,	TYVASO DPI	MAINTENANCE KIT 63,
86, 88			196, 197
<i>trandolapril</i>	50, 51	TYVASO DPI TITRATION	KIT 63, 196, 197, 198
<i>tranexamic acid</i>	42	TYVASO REFILL KIT	63, 196,
<i>tranylcypromine sulfate</i>	85		198
<i>travoprost (bak free)</i>	116	TYVASO STARTER KIT ..	63,
<i>trazodone hcl</i>	96		196, 198
TRECATOR	8	U	
TRELEGY ELLIPTA	31, 37,	UBRELVY	81
125		ULTRA FRESH	115
TRELSTAR MIXJECT	24, 152	UNITHROID	170
TREMFYA	172, 204, 208	UPTRAVI	198
<i>tretinoin</i>	24, 202	UPTRAVI TITRATION	198
TRI FEMYNOR	137, 149, 165	<i>ursodiol</i>	118
<i>triamcinolone acetonide</i>	204	UZEDY	77, 78
<i>triamterene-hctz</i>	107, 108	V	
<i>triazolam</i>	80	<i>valacyclovir hcl</i>	16
<i>trientine hcl</i>	122	VALCHLOR	200, 208
TRI-ESTARYLLA	137, 149,	<i>valganciclovir hcl</i>	16
165		<i>valproic acid</i>	67, 70, 74, 83
<i>trifluoperazine hcl</i>	90	<i>valsartan</i>	49, 50
<i>trifluridine</i>	112	<i>valsartan-hydrochlorothiazide</i>	50, 108
<i>trihexyphenidyl hcl</i>	31, 65	VALTOCO 10 MG DOSE ..	79
TRIJARDY XR	127, 139, 140,	VALTOCO 15 MG DOSE ..	79
168		VALTOCO 20 MG DOSE ..	79
TRIKAFTA	193, 194	VALTOCO 5 MG DOSE ..	79
TRI-LEGEST FE	137, 149,	<i>vancomycin hcl</i>	10
165		VAQTA	30
TRI-LINYAH	137, 149, 165	<i>varenicline tartrate</i>	33, 40
TRI-LO-ESTARYLLA	137,	VARISOFT INFUSION SET	
149, 165			105
TRI-LO-MARZIA	138, 149,	VARIVAX	30
165		VARUBI (180 MG DOSE)	121
TRI-LO-MILI	138, 149, 165	VASCEPA	51, 61
TRI-LO-SPRINTEC	138, 149,	VAXNEUVANCE	30
165		VCF VAGINAL	
<i>trimethobenzamide hcl</i>	117	CONTRACEPTIVE	191
<i>trimethoprim</i>	19	VELIVET	138, 150, 166
TRI-MILI	138, 149, 165	VELPHORO	107
<i>trimipramine maleate</i>	97	VELTASSA	107
TRINESSA (28)	138, 149, 165	VEMLIDY	16
TRINTELLIX	96	VENCLEXTA	24
TRI-NYMYO	138, 149, 165	VENCLEXTA STARTING	
TRI-PREVIFEM	138, 149, 165	PACK	24
TRI-SPRINTEC	138, 149, 165	<i>venlafaxine hcl</i>	95
TRIUMEQ	11, 13	<i>venlafaxine hcl er</i>	95
<i>triumeq pd</i>	11, 13		
TRIVORA (28)	138, 150, 165		
TRI-VYLIBRA	138, 150, 165		

VENTAVIS	63, 196, 198
verapamil hcl.....	53, 57, 64
verapamil hcl er....	52, 53, 57, 63, 64
VERQUVO	55, 64
VERSACLOZ	78
VERZENIO	24
VESTURA	138, 150, 166
VIENVA.....	138, 150, 166
vigabatrin.....	67, 83, 84
VIIBRYD STARTER PACK	96
vilazodone hcl	96
viorele	138, 150, 166
VIRACEPT	14
VIREAD.....	13
vitamin d (<i>ergocalciferol</i>) .	211
VITRAKVI.....	24
VIZIMPRO.....	24
VOCABRIA.....	11
VOLNEA.....	139, 150, 166
voriconazole	9
VOSEVI.....	10
VPRIV	109
VRAYLAR	78
VUITY	36, 115
VUMERTY.....	172, 185
VYFEMLA	139, 150, 166
VYLIBRA.....	139, 150, 166
VYNDAMAX	54, 82, 188
VYNDAQEL.....	54, 188
W	
warfarin sodium.....	40
WELIREG.....	24
WERA	139, 150, 166
westab plus	42, 209, 210
WIDE-SEAL DIAPHRAGM	
60	191
WIDE-SEAL DIAPHRAGM	
65	191
WIDE-SEAL DIAPHRAGM	
70	191
WIDE-SEAL DIAPHRAGM	
75	191
WIDE-SEAL DIAPHRAGM	
80.....	191
WIDE-SEAL DIAPHRAGM	
85.....	191
WIDE-SEAL DIAPHRAGM	
90.....	192
WIDE-SEAL DIAPHRAGM	
95.....	192
WYMZYA FE ..	139, 150, 166
X	
XADAGO.....	85
XALKORI.....	24
XARELTO	41
XARELTO STARTER PACK	
.....	41
XATMEP ..	25, 172, 182, 185, 187
XCOPRI	68, 84
XCOPRI (250 MG DAILY DOSE)	68, 84
XCOPRI (350 MG DAILY DOSE)	68, 84
XELJANZ	174, 182
XELJANZ XR	174, 182
XEMBIFY	26
XEOMIN	34, 38, 188
XEPI	200
XERMELO.....	116
XIFAXAN	18
XIGDUO XR	127, 168
XIIDRA	112, 114
XOFLUZA (40 MG DOSE) ..	9
XOFLUZA (80 MG DOSE) ..	9
XOLAIR	173, 196
XOSPATA	25
XPOVIO (100 MG ONCE WEEKLY)	25
XPOVIO (40 MG ONCE WEEKLY)	25
XPOVIO (40 MG TWICE WEEKLY)	25
XPOVIO (60 MG ONCE WEEKLY)	25
XPOVIO (60 MG TWICE WEEKLY)	25
XPOVIO (80 MG ONCE WEEKLY)	25
XPOVIO (80 MG TWICE WEEKLY)	25
XTANDI	25
XULANE	139, 150, 166
XULTOPHY	152, 153
XYWAV	82
Y	
yl folic acid.....	210
YONSA.....	25
YUVAFEM	150, 178
Z	
ZAFEMY	139, 150, 166
zafirlukast	194
zaleplon	74, 85
ZEJULA	25
ZELBORAF	25
ZENPEP	109, 119
ZEPOSIA	185
ZEPOSIA 7-DAY STARTER PACK	186
ZEPOSIA STARTER KIT	186
zidovudine	13, 14
zileuton er.....	194
ziprasidone hcl	70, 78
ZOLINZA	25
zolmitriptan	96
zolpidem tartrate.....	74, 85
zolpidem tartrate er	74, 85
zonisamide	68, 84
ZONTIVITY	45
ZOVIA 1/35 (28)	139, 151, 166
ZOVIA 1/35E (28)...	139, 151, 166
ZTLIDO	175, 200
ZUMANDIMINE139, 151, 166	
ZYDELIG	25
ZYKADIA	25
ZYLET	111, 114
ZYPREXA RELPREVV70, 78	