



# AmeriHealth Caritas Next Delaware Formulary

Effective January 1st, 2025

[www.amerhealthcaritasnext.com/de](http://www.amerhealthcaritasnext.com/de)

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

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DEEX\_233112964-1



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# 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 benefits, including specialty medications. You will need to get your prescription medications filled from a network pharmacy to obtain coverage. Prescriptions can be filled at 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 [\[https://www.amerihhealthcaritasnext.com/de/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerihhealthcaritasnext.com/de/members/find-a-provider-or-pharmacy.aspx) or call us at **1-833-590-3300**.

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 [\[https://www.amerihhealthcaritasnext.com/de/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerihhealthcaritasnext.com/de/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

Diabetes related supplies such as blood glucose meters and strips, urine testing strips, syringes, continuous glucose monitors and supplies, and insulin pump supplies are only covered as a pharmacy benefit. These products are not covered as DME (Durable Medical Equipment) under the medical benefit.

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 require 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 in the following categories:

- Bowel preparations — for members from ages 45 to 75
- Oral fluoride supplementation — for members from ages 6 months to 5 years
- Moderate-intensity statins — for members from ages 40 to 75 years
- Folic acid 400 to 800 micrograms (mcg) — for members of childbearing age
- Aspirin 81 milligrams (mg) — 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 200 mg-25 mg), oral tablet
  - emtricitabine/tenofovir df 200 mg- 300 mg, oral tablet
- Breast cancer primary prevention
  - Anastrozole, oral tablet 1 mg
  - Exemestane, oral tablet 25 mg
  - Letrozole, oral tablet 2.5 mg
  - 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% when prescribed by a participating network provider for generic products.
  - 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.

## Pharmacy Benefit Information

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

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 nonpharmacy 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 [\[https://www.amerihhealthcaritasnext.com/de/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerihhealthcaritasnext.com/de/members/find-a-provider-or-pharmacy.aspx) or call us at 1-833-590-3300.

### Formulary changes

The formulary is occasionally subject to change. If a change negatively affects a 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 copay 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 the 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 medication on a lower step 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.

### Nonformulary 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 nonformulary drug is medically necessary, your provider can ask for an exception request.

### Noncovered 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, nonsedating antihistamines are a class of drugs that give relief for allergy symptoms. Because many nonsedating 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 as 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.



## Pharmacy Benefit Information

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 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 nonformulary 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 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 nonformulary 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 [\[https://www.amerihhealthcaritasnext.com/de/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerihhealthcaritasnext.com/de/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 [\[https://ppa.performrx.com/PublicUser/OnlineForm/OnlineFDBSingleForm.aspx?cucu\\_id=Y65L6nti7Fh2jIt8A7Rsjw%3d%3d\]](https://ppa.performrx.com/PublicUser/OnlineForm/OnlineFDBSingleForm.aspx?cucu_id=Y65L6nti7Fh2jIt8A7Rsjw%3d%3d).
- By fax: By fax: [1-844-470-2506] for standard (nonurgent) requests [1-844-470-2509] for expedited (fast)\* requests
- By mail:
  - 200 Stevens Drive
  - Philadelphia, PA 19113 CC: 236
- By phone: **1-833-733-7977**

## 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 time frames:

- Standard (nonurgent): no later than **72 hours** after we receive the request and any additional required information
- Expedited (fast)\*: no later than **24 hours** after we receive the request and any additional required information

\*Expedited (fast) requests 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 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 **1-833-590-3300 (TTY 711)** if you need help with your appeal request. It's 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 number listed on the form.
- By phone: Call **1-833-590-3300 (TTY 711)** and ask for an appeal.

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:

## Pharmacy Benefit Information

- Mail: [Member Appeals AmeriHealth Caritas Next P.O. Box 7135 London, KY 40742-7101]
- Phone: [1-833-590-3300 (TTY 711)]
- Fax: [1-833-356-7329]

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.

In addition to contacting us, you may contact the Consumer Services Division at:

Delaware Department of Insurance  
Insurance Commissioner and Department of Insurance Consumer Services Division  
1351 West North Street Suite 101  
Dover, DE 19904

- Phone: **1-302-674-7310** or toll-free in Delaware: **1-800-282-8611**
- Fax: **1-302-739-6278**
- Email: [consumer@delaware.gov](mailto:consumer@delaware.gov)
- <http://www.delawareinsurance.gov/>

### 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 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 90-day supply.

Mail-order pharmacy — You can fill up to a 90-day supply.

Specialty pharmacy — 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

## Pharmacy Benefit Information

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

[\[https://www.amerhealthcaritasnext.com/de/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerhealthcaritasnext.com/de/members/find-a-provider-or-pharmacy.aspx) or call us at **1-833-590-3300 (TTY 711)**.

### School supply

AmeriHealth Caritas Next 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

[\[https://www.amerhealthcaritasnext.com/de/members/find-a-provider-or-pharmacy.aspx\]](https://www.amerhealthcaritasnext.com/de/members/find-a-provider-or-pharmacy.aspx) or call us at **1-833-590-3300 (TTY 711)**

**CURRENT AS OF 1/1/2025**

<p><b>lowercase italics</b> = Generic drugs  <b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b>  <b>T1</b> = Generic  <b>T2</b> = Preferred Brand  <b>T3</b> = Non-Preferred Brand  <b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b>  <b>90DS</b> = 90 Day Supply Eligible  <b>AL</b> = Age Limit  <b>PA</b> = Prior Authorization  <b>QL</b> = Quantity Limit  <b>SP</b> = Specialty Pharmacy  <b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
<b>Antidote Therapeutics</b>		
<b>Acetaminophen Antidote</b>		
<i>acetylcysteine inhalation</i>	T1	
<b>Alcohol Deterrents (91:02)</b>		
<i>acamprosate calcium</i>	T1	90DS
<i>disulfiram oral</i>	T1	90DS
<i>naltrexone hcl oral</i>	T1	
<b>Antidote Therapeutics</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	90DS
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)
KLOXXADO	T2	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	

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

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	
<b>Antidotes (91:04)</b>		
<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	
<b>Chemotherapy</b>		
<b>Antidotes/Protectants</b>		
<i>leucovorin calcium oral</i>	T1	
<b>Antihistamine Drugs</b>		
<b>Antihistamine Drugs</b>		
<i>promethazine hcl oral tablet 25 mg</i>	T1	
<b>Ethanolamine Derivatives</b>		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
<b>First Gen. Antihist. Derivatives, Misc.</b>		
<i>cyproheptadine hcl oral</i>	T1	
<b>First Generation Antihistamines</b>		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine 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	
<b>Other Antihistamines</b>		
<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	
LASTACAFT	T3	
<i>nizatidine oral capsule</i>	T1	90DS
<i>olopatadine hcl nasal</i>	T1	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1	
<b>Phenothiazine Derivatives</b>		
<i>promethazine hcl oral solution</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	

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



		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>cefepodoxime proxetil</i>	T1	
<b>Adamantane Antivirals</b>		
<i>amantadine hcl oral capsule</i>	T1	90DS
<i>amantadine hcl oral solution</i>	T1	90DS
GOCOVRI	T3	PA
<b>Allylamine Antifungals</b>		
<i>terbinafine hcl oral</i>	T1	
<b>Amebicides</b>		
<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	
<b>Aminoglycoside Antibiotics</b>		
<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)
<b>Aminopenicillin Antibiotics</b>		
<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	
<b>Anthelmintics</b>		
<i>albendazole oral</i>	T1	
EMVERM	T3	

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>ivermectin oral</i>	T1	QL (16 EA per 30 days)
<i>praziquantel oral</i>	T1	
<b>Antifungals, Miscellaneous</b>		
<i>griseofulvin microsize oral suspension</i>	T1	
<b>Antileprosy Agents</b>		
<i>dapsone oral</i>	T1	90DS
<b>Antimalarials</b>		
<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
KRINTAFEL	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	
<b>Antimycobacterials, Miscellaneous</b>		
<i>dapsone oral</i>	T1	90DS
<b>Antiprotozoals, Cryptosporidiosis</b>		
ALINIA	T3	
<b>Antiprotozoals, Miscellaneous</b>		

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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	
<b>Antiprotozoals, Nitroimidazole-Derivative</b>		
<i>tinidazole oral</i>	T1	
<b>Antituberculosis Agents</b>		
<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
TRECTOR	T3	
<b>Antivirals, Miscellaneous</b>		

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>90DS</b> = 90 Day Supply Eligible</p> <p><b>AL</b> = Age Limit</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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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)
<b>Azole Antifungals</b>		
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
<b>Carbapenem Antibiotics</b>		
<i>ertapenem sodium</i>	T1	
<b>Endonuclease Inhibitors</b>		
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)
<b>Erythromycin Antibiotics</b>		
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	

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<b>Glycopeptide Antibiotics</b>		
<i>vancomycin hcl oral capsule</i>	T1	
<b>Hcv Polymerase Inhibitor Antivirals</b>		
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
<b>Hcv Protease Inhibitor Antivirals</b>		
MAVYRET	T2	PA; SP
VOSEVI	T2	PA; SP
<b>Hcv Replication Complex Inhibitors</b>		
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
<b>Hiv Entry And Fusion Inhibitors</b>		
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)
<b>Hiv Integrase Inhibitor Antiretrovirals</b>		

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

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 Nucleoside 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)

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)
<b>Hiv Nucleoside, Nucleotide Rt Inhibitors</b>		
<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)

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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>trumeq 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)



		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>zidovudine oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
<b>Hiv Protease Inhibitor Antiretrovirals</b>		
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)
<b>Interferon Antivirals</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	<b>AL</b> = Age Limit
	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<b>Lincomycin Antibiotics</b>		
<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	
<b>Monobactam Antibiotics</b>		
CAYSTON	T4	PA; SP
<b>Natural Penicillin Antibiotics</b>		
<i>penicillin v potassium oral solution reconstituted</i>	T1	AL (Max 12 Years)
<i>penicillin v potassium oral tablet</i>	T1	
<b>Neuraminidase Inhibitor Antivirals</b>		
<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)
<b>Nitroimidazole Derivative, Trypanocidal</b>		
<i>benznidazole</i>	T1	
<b>Nitroimidazole Derivatives, Misc</b>		
<i>metronidazole external cream</i>	T1	

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>metronidazole external gel</i>	T1	
<i>metronidazole oral</i>	T1	
<i>metronidazole vaginal</i>	T1	
<b>Nucleoside And Nucleotide Antivirals</b>		
<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)
<i>entecavir</i>	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)

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	<b>AL</b> = Age Limit
	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Other Macrolide Antibiotics</b>		
<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
<b>Other Macrolides (8:12.12.92)</b>		
<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
<b>Oxazolidinone Antibiotics</b>		
<i>linezolid oral suspension reconstituted</i>	T1	AL (Max 12 Years)
<i>linezolid oral tablet</i>	T1	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	T1	
<b>Polyene Antifungals</b>		
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral tablet</i>	T1	
<b>Polymyxin Antibiotics</b>		
<i>polymyxin b-trimethoprim</i>	T1	
<b>Pyrimidine Antifungals</b>		
<i>flucytosine oral</i>	T1	PA
<b>Quinolone Antibiotics</b>		
BAXDELA ORAL	T3	

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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	
<b>Rifamycin Antibiotics</b>		
PRIFTIN	T3	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
XIFAXAN	T3	PA
<b>Sulfonamide Antibiotics (Systemic)</b>		
<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
<b>Tetracycline Antibiotics</b>		
<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	
<b>Urinary Anti-Infectives</b>		
<i>methenamine hippurate</i>	T1	
MONUROL	T3	QL (1 EA per 1 day)
<i>nitrofurantoin macrocrystal oral</i>	T1	

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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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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

		<b>Requirements and Limits</b>
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	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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



		<b>Requirements and Limits</b>
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	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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	

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**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 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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
TAGRISO	T4	PA; SP
TALZENNA	T4	PA; SP
<i>tamoxifen citrate oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
TARGRETIN 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

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<b>UPPERCASE</b> = Brand name drugs		

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<b>Toxoids</b>		
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T2	ACA Preventative Medication-\$0 Copay
<i>tetanus-diphtheria toxoids td</i>	T2	ACA Preventative Medication-\$0 Copay
<b>Vaccines</b>		
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T2</b> = Preferred Brand	<b>AL</b> = Age Limit
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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>pfizer 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)
PREHEVBRIO	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



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<b>UPPERCASE</b> = Brand name drugs		

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)
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#### 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)

		<b>Requirements and Limits</b>
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	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)
<b>Antiparkinsonian Agents</b>		
<i>benztropine mesylate oral</i>	T1	90DS
GOCOVRI	T3	PA
<i>trihexyphenidyl hcl</i>	T1	90DS
<b>Autonomic Drugs, Miscellaneous</b>		
<i>cvs nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
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

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)

		<b>Requirements and Limits</b>
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	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Botulinum Toxins</b>		
DYSPOORT	T4	PA; SP
XEOMIN	T4	PA; SP
<b>Centrally Acting Skeletal Muscle Relaxant</b>		
<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)
<b>Direct-Acting Skeletal Muscle Relaxants</b>		
<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)
<b>Gaba-Derivative Skeletal Muscle Relaxant</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	QL (120 EA per 30 days)
<b>Indirect-Acting Skeletal Muscle Relaxant</b>		
<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)
<b>Non-Sel. Beta-Adrenergic Blocking Agents</b>		
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Non-Selelpha-1-Adrenergic Blocking Agts</b>		
<i>doxazosin mesylate oral</i>	T1	90DS
<i>prazosin hcl oral</i>	T1	90DS
<i>terazosin hcl oral</i>	T1	90DS
<b>Non-Selelpha-Adrenergic Blocking Agents</b>		
<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
<b>Parasympathomimetic (Cholinergic Agents)</b>		
<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	

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

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)

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	<b>AL</b> = Age Limit
	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
<b>Selective Beta-Adrenergic Blocking Agent</b>		
<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
<b>Skeletal Muscle Relaxants, Miscellaneous</b>		
DYSPORT	T4	PA; SP



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

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

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>Requirements and Limits</b> 90DS = 90 Day Supply Eligible
<b>UPPERCASE</b> = 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	
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#### 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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)
<b>Direct Thrombin Inhibitors</b>		
<i>dabigatran etexilate mesylate</i>	T1	90DS; QL (60 EA per 30 days)
<b>Hematopoietic Agents</b>		
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
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline er</i>	T1	90DS
<b>Hemostatics</b>		
<i>aminocaproic acid oral tablet</i>	T1	

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	<b>AL</b> = Age Limit
	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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	
<b>Heparins</b>		
<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	
<b>Indirect Factor Xa Inhibitors</b>		
<i>fondaparinux sodium</i>	T1	
<b>Iron Preparations</b>		
<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	
<b>Platelet-Aggregation Inhibitors</b>		

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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

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

		<b>Requirements and Limits</b>
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	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Platelet-Reducing Agents</b>		
<i>anagrelide hcl</i>	T1	90DS
<b>Thrombolytic Agents</b>		



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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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

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

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>Requirements and Limits</b> 90DS = 90 Day Supply Eligible
<b>UPPERCASE</b> = 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>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

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

Drug Name	Drug Tier	Requirements and Limits
<b>Alpha-Adrenergic Blocking Agt.(Hypoten)</b>		
<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
<b>Angiotensin II Receptor Antagonist/Neprols</b>		
ENTRESTO ORAL TABLET	T2	90DS; QL (60 EA per 30 days)
<b>Angiotensin II Receptor Antagon.(Hypotn)</b>		
<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
<b>Angiotensin II Receptor Antagonists</b>		
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>telmisartan-hctz</i>	T1	90DS
<i>valsartan oral tablet</i>	T1	90DS
<i>valsartan-hydrochlorothiazide</i>	T1	90DS
<b>Angiotensin-Convert.Enzyme Inhib(Hypotn)</b>		
<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
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>trandolapril</i>	T1	90DS
<b>Antiarrhythmics, Miscellaneous</b>		
DIGOX	T1	90DS
<i>digoxin oral solution</i>	T1	90DS
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	90DS
<b>Antilipemic Agents, Miscellaneous</b>		
<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
<b>Beta-Adrenergic Blocking Agents</b>		
<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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
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	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light</i>	T1	90DS
<i>cholestyramine oral</i>	T1	90DS
<i>colesevelam hcl</i>	T1	90DS
<i>colestipol hcl</i>	T1	90DS
<b>Bradykinin Receptors Antagonists</b>		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
<b>Calcium-Channel Block.Agt,Misc(Hypoten)</b>		
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>verapamil hcl oral</i>	T1	90DS
<b>Calcium-Channel Blocking Agents</b>		
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
<b>Calcium-Channel Blocking Agents, Misc.</b>		
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



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Drug Name	Drug Tier	Requirements and Limits
<b>Carbonic Anhydrase Inhibitors (24:36)</b>		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
<i>methazolamide oral</i>	T1	90DS
<b>Carbonic Anhydrase Inhibitors(Hypoten)</b>		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
<i>methazolamide oral</i>	T1	90DS
<b>Cardiac Drugs, Miscellaneous</b>		
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
<b>Cardiotonic Agents</b>		
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
<b>Central Alpha-Agonists (25:24)</b>		
<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

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>90DS</b> = 90 Day Supply Eligible</p> <p><b>AL</b> = Age Limit</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Cgmp Synthesis Agent</b>		
VERQUVO	T3	PA
<b>Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe</i>	T1	90DS
<i>ezetimibe-simvastatin</i>	T1	90DS
NEXLIZET	T3	PA
<b>Class Ia Antiarrhythmics</b>		
<i>disopyramide phosphate oral</i>	T1	90DS
NORPACE CR	T3	
<i>quinidine gluconate er</i>	T1	90DS
<i>quinidine sulfate oral</i>	T1	90DS
<b>Class Ib Antiarrhythmics</b>		
DILANTIN ORAL CAPSULE 30 MG	T3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>mexiletine hcl oral</i>	T1	90DS
PHENYTEK	T3	
<i>phenytoin oral</i>	T1	90DS
<i>phenytoin sodium extended</i>	T1	90DS
<b>Class Ic Antiarrhythmics</b>		
<i>flecainide acetate</i>	T1	90DS
<i>propafenone hcl</i>	T1	90DS
<b>Class Ii Antiarrhythmics</b>		
<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
<b>Class Iii Antiarrhythmics</b>		
<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

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<b>UPPERCASE</b> = Brand name drugs		

Drug Name	Drug Tier	Requirements and Limits
<b>Class Iv Antiarrhythmics</b>		
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
<b>Dihydropyridines</b>		
<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	
<b>Dihydropyridines (Antihypertensive)</b>		
<i>amlodipine besylate oral</i>	T1	90DS
<i>felodipine er</i>	T1	90DS
<i>isradipine</i>	T1	90DS

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>90DS</b> = 90 Day Supply Eligible</p> <p><b>AL</b> = Age Limit</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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	
<b>Direct Vasodilators</b>		
<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
<b>Diuretics, Miscellaneous (Hypotensive)</b>		
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
<b>Fibric Acid Derivatives</b>		
<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
<b>Hmg-Coa Reductase Inhibitors</b>		
<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

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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

<b>Kallikrein</b>		
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
TAKHZYRO	T4	PA; SP

<b>Loop Diuretics (24:36)</b>		
<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>torseamide oral</i>	T1	90DS

<b>Loop Diuretics (Hypotensive Agents)</b>		
<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>torseamide oral</i>	T1	90DS

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>Requirements and Limits</b> 90DS = 90 Day Supply Eligible
<b>UPPERCASE</b> = 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
<b>Mineralocorticoid (Aldosterone) Antagnts</b>		
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
<i>spironolactone-hctz</i>	T1	90DS
<b>Mineralocorticoid(Aldoster.)Antag(Hypot)</b>		
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
<b>Mtp Protein Inhibitors</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP
<b>Nitrates And Nitrites</b>		
<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
NITRO-BID	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T3	
<i>nitroglycerin rectal</i>	T3	
<i>nitroglycerin sublingual</i>	T1	90DS

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Omega-3-Mediated Antilipemics</b>		
<i>icosapent ethyl</i>	T1	PA; 90DS
<i>omega-3-acid ethyl esters</i>	T1	90DS
VASCEPA	T3	PA
<b>Pcsk9 Inhibitors</b>		
REPATHA	T2	PA
REPATHA PUSHTRONEX SYSTEM	T2	PA
REPATHA SURECLICK	T2	PA
<b>Phosphodiesterase Type 5 Inhibitors</b>		
<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
<b>Potassium-Sparing Diuretic</b>		
<i>amiloride hcl oral</i>	T1	90DS
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
<b>Potassium-Sparing Diuretics (Hypoten)</b>		



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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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

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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)

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	<b>AL</b> = Age Limit
	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Amyotrophic Lateral Sclerosis(AIs) Agent</b>		
RADICAVA ORS	T4	PA; SP
RADICAVA ORS STARTER KIT	T4	PA; SP
<i>riluzole</i>	T1	90DS; SP
<b>Analgesics And Antipyretics, Misc.</b>		
<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-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>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)
<b>Anticholinergic Agents (Cns)</b>		
<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
<b>Anticonvulsants, Miscellaneous</b>		

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>Requirements and Limits</b> 90DS = 90 Day Supply Eligible
<b>UPPERCASE</b> = 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>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)

**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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	<b>AL</b> = Age Limit
	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<b>Antidepressants, Miscellaneous</b>		
<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
<b>Antimanic Agents</b>		
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)

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<b>UPPERCASE</b> = Brand name drugs		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)



		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T2</b> = Preferred Brand	<b>AL</b> = Age Limit
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
RYKINDO	T3	PA; QL (2 EA per 28 days)
SECUADO	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)
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)
<b>Antimigraine Agents, Miscellaneous</b>		
<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

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
<i>ergotamine-caffeine</i>	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

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	T4 = Specialty	QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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

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	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Antipsychotics, Miscellaneous</b>		
<i>loxapine succinate oral</i>	T1	90DS
<i>pimozide</i>	T1	90DS
<b>Anxiolytics, Sedatives, And Hypnotics, Misc</b>		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
<i>bupirone 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)
<b>Atypical Antipsychotics</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T2</b> = Preferred Brand	<b>AL</b> = Age Limit
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	<b>AL</b> = Age Limit
	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)



		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	<b>AL</b> = Age Limit
	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)
<b>Barbiturates (Anticonvulsants)</b>		
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	90DS
<b>Barbiturates (Anxiolytic, Sedative/Hyp)</b>		
<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	

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>90DS</b> = 90 Day Supply Eligible</p> <p><b>AL</b> = Age Limit</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
<i>phenobarbital oral tablet</i>	T1	
<b>Benzodiazepines (Anticonvulsants)</b>		
<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)
<b>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</b>		
<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)

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
<b>Butyrophenones</b>		

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	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
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		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Calcitonin Gene-Related Peptide Antag.</b>		
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)
<b>Catechol-O-Methyltransferase(Comt)Inhib.</b>		
<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
ONGENTYS ORAL CAPSULE 50 MG	T3	PA
<i>tolcapone</i>	T1	90DS
<b>Central Nervous System Agents, Misc.</b>		
<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 &amp; 21 x 10 mg</i>	T1	QL (1 kit per 999 lifetimes)

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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)
<b>Cyclooxygenase-2 (Cox-2) Inhibitors</b>		
<i>celecoxib oral</i>	T1	90DS
<b>Dibenzoxapines</b>		
<i>loxapine succinate oral</i>	T1	90DS
<b>Diphenylbutylperidines</b>		
<i>pimozide</i>	T1	90DS
<b>Dopamine Precursors</b>		
<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
<b>Ergot-Deriv. Dopamine Receptor Agonists</b>		
<i>bromocriptine mesylate oral</i>	T1	90DS
<i>cabergoline</i>	T1	
<b>Fibromyalgia Agents</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	90DS

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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
<b>Gaba-Mediated Anticonvulsants</b>		
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)

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	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>vigabatrin oral tablet</i>	T1	ST; 90DS; QL (180 EA per 30 days)
<b>Hydantoins</b>		
DILANTIN ORAL CAPSULE 30 MG	T3	
PHENYTEK	T3	
<i>phenytoin oral</i>	T1	90DS
<i>phenytoin sodium extended</i>	T1	90DS
<b>Ion Channel Inhibition Agents</b>		
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
<b>Melatonin Receptor Agonists</b>		
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)
<b>Monoamine Oxidase B Inhibitors</b>		

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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
EMSAM	T3	
<i>rasagiline mesylate oral</i>	T1	90DS
<i>selegiline hcl oral</i>	T1	90DS
XADAGO	T3	PA
<b>Monoamine Oxidase Inhibitors</b>		
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
<b>Non-Benzodiazepine Anxiolytics</b>		
<i>buspirone hcl oral</i>	T1	
<i>meprobamate</i>	T1	
<b>Non-Benzodiazepine Hypnotics</b>		
<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)
<b>Nonergot-Deriv.Dopamine Receptor Agonist</b>		
<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
<b>Non-Opioid Analgesics</b>		
<i>acetaminophen-codeine oral solution</i>	T1	QL (4500 ML per 30 days); AL (Min 18 Years)



		<b>Requirements and Limits</b>
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	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
<b>Nonsteroidal Anti-Inflamm. Agents, Misc</b>		
<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

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>Requirements and Limits</b> 90DS = 90 Day Supply Eligible
<b>UPPERCASE</b> = 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Opioid Agonists (28:08)</b>		
<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-deterrent</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

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<b>UPPERCASE</b> = 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-deterrent 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-deterrent 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)
<b>Opioid Antagonists (28:10)</b>		
<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)
KLOXXADO	T2	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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	
<b>Opioid Partial Agonists</b>		
<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	
<b>Orexin Receptor Antagonists</b>		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
DAYVIGO	T3	ST; QL (30 EA per 30 days)
<b>Phenothiazines</b>		
<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

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<b>UPPERCASE</b> = Brand name drugs		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Respiratory And Cns Stimulants</b>		
<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)

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<b>UPPERCASE</b> = Brand name drugs		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Reversible Cox-1/Cox-2 Inhibitors</b>		
<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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Salicylates</b>		
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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



		<b>Requirements and Limits</b>
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	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Sel.Serotonin,Norepi Reuptake Inhibitor</b>		
<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
<b>Selective Serotonin Agonists</b>		
<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)

		<b>Requirements and Limits</b>
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		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
<b>Selective-Serotonin Reuptake Inhibitors</b>		
<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 (pmd) 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
<b>Serotonin Modulators</b>		
<i>mirtazapine oral</i>	T1	90DS
<i>nefazodone hcl</i>	T1	90DS
<i>trazodone hcl oral</i>	T1	90DS
TRINTELLIX	T3	
VIIBRYD STARTER PACK	T3	
<i>vilazodone hcl</i>	T1	90DS

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Succinimides</b>		
CELONTIN	T3	
<i>ethosuximide oral</i>	T1	90DS
<b>Thioxanthenes</b>		
<i>thiothixene oral</i>	T1	90DS
<b>Tricyclics, Other Norepi-Ru Inhibitors</b>		
<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
<b>Vesicular Monoamine Transport2 Inhibitor</b>		
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
<b>Wakefulness-Promoting Agents</b>		
<i>armodafinil</i>	T1	PA

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

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

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Drug Name	Drug Tier	Requirements and Limits
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
BD PEN NEEDLE MINI U/F	T1	
BD PEN NEEDLE NANO 2ND GEN	T1	
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)	T1	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	T1	
BD PEN NEEDLE SHORT U/F	T1	
BD VEO INSULIN SYR U/F 1/2UNIT	T1	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (OTC)	T1	
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	



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**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
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	

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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	

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Drug Name	Drug Tier	Requirements and Limits
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	

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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

<i>dipyridamole oral</i>	T1	90DS
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#### Diabetes Mellitus

ACCU-CHEK AVIVA PLUS IN VITRO	T1	
ACCU-CHEK GUIDE TEST	T1	

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	<b>AL</b> = Age Limit
	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
ACCU-CHEK SMARTVIEW	T1	
<b>Thyroid Function</b>		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	T4	SP
<b>Electrolytic, Caloric, And Water Balance</b>		
<b>Alkalinizing Agents</b>		
<i>potassium citrate er</i>	T1	
<b>Ammonia Detoxicants</b>		
<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
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
<b>Diuretics, Miscellaneous</b>		
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
<b>Irrigating Solutions</b>		
RENACIDIN	T3	
<b>Loop Diuretics (40:28)</b>		
<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>torseamide oral</i>	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
<b>Phosphate-Removing Agents</b>		
<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
<b>Potassium-Removing Agents</b>		
LOKELMA	T3	PA
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VELTASSA	T3	PA; SP
<b>Potassium-Sparing Diuretics</b>		
<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
<b>Replacement Preparations</b>		
<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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Thiazide Diuretics</b>		
<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
<b>Thiazide-Like Diuretics</b>		
<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
<b>Uricosuric Agents</b>		
<i>colchicine-probenecid</i>	T1	90DS
<i>probenecid oral</i>	T1	90DS
<b>Vasopressin Antagonists</b>		
JYNARQUE	T4	PA; SP
<i>tolvaptan</i>	T4	PA; SP
<b>Enzymes</b>		

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Drug Name	Drug Tier	Requirements and Limits
<b>Enzyme Cofactors/Chaperones</b>		
GALAFOLD	T4	PA; SP
<i>sapropterin dihydrochloride oral packet</i>	T4	PA
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA
<b>Enzyme Inhibitors</b>		
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
<b>Enzymes</b>		
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
<b>Eye, Ear, Nose And Throat (Eent) Preps.</b>		
<b>Alpha-Adrenergic Agonists (Eent)</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T2	90DS; QL (10 ML per 30 days)



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<b>UPPERCASE</b> = Brand name drugs		

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)
<b>Antiallergic Agents</b>		
ALOCRIIL	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	
<b>Antibacterials (52:04)</b>		
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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	
<b>Antifungals (Eent)</b>		
NATACYN	T3	
<b>Anti-Infectives, Miscellaneous (52:04)</b>		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<b>Anti-Inflammatory Agents (Eent)</b>		
<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

		<b>Requirements and Limits</b>
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		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)
XIIDRA	T3	PA; QL (60 EA per 30 days)
<b>Antivirals (Eent)</b>		
<i>trifluridine ophthalmic</i>	T1	
<b>Astringents (52:04)</b>		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<b>Beta-Adrenergic Blocking Agents (Eent)</b>		
<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
<b>Carbonic Anhydrase Inhibitors (Eent)</b>		
<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)
<b>Corticosteroids (Eent)</b>		
CIPRO HC	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	ST
<i>ciprofloxacin-fluocinolone pf</i>	T1	ST

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		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	

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		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	
<b>Eent Anti-Inflammatory Agents, Misc.</b>		
<i>cyclosporine ophthalmic</i>	T1	ST; 90DS; QL (60 EA per 30 days)
XIIDRA	T3	PA; QL (60 EA per 30 days)
<b>Eent Drugs, Miscellaneous</b>		
<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	

		<b>Requirements and Limits</b>
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	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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	
<b>Eent Nonsteroidal Anti-Inflam. Agents</b>		
<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	
<b>Local Anesthetics (Eent)</b>		
<i>lidocaine hcl mouth/throat</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
<i>proparacaine hcl ophthalmic</i>	T1	
<b>Miotics</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	90DS
VUITY	T3	PA
<b>Mydriatics</b>		

		<b>Requirements and Limits</b>
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		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	90DS
<b>Prostaglandin Analogs</b>		
<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
<b>Rho Kinase Inhibitors</b>		
RHOPRESSA	T3	QL (2.5 ML per 25 days)
<b>Vascular Endothelial Growth Factor Antag</b>		
CIMERLI	T4	PA; SP
<b>Gastrointestinal Drugs</b>		
<b>5-Ht3 Receptor Antagonists</b>		
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)
<b>Antacids And Adsorbents</b>		
<i>omeprazole-sodium bicarbonate oral capsule</i>	T1	ST; 90DS
<i>omeprazole-sodium bicarbonate oral packet</i>	T1	ST; 90DS; AL (Max 12 Years)
<b>Antidiarrhea Agents</b>		
<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
<b>Antiemetics, Miscellaneous</b>		

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Drug Name	Drug Tier	Requirements and Limits
<i>dronabinol</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>scopolamine</i>	T1	QL (10 EA per 30 days)
SYNDROS	T3	AL (Max 12 Years)
<b>Antihistamines (Gi Drugs)</b>		
<i>doxylamine-pyridoxine</i>	T1	PA
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	90DS
<i>trimethobenzamide hcl oral</i>	T1	
<b>Anti-Inflammatory Agents (Gi Drugs)</b>		
<i>alosetron hcl</i>	T1	90DS; QL (60 EA per 30 days)
<i>balsalazide disodium</i>	T1	
DIPENTUM	T3	
<i>mesalamine er oral capsule extended release 24 hour</i>	T1	90DS
<i>mesalamine oral capsule delayed release</i>	T1	90DS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T1	90DS
<i>mesalamine rectal</i>	T1	
<i>mesalamine-cleanser</i>	T1	
<i>sulfasalazine oral</i>	T1	90DS
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	



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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	
<b>Cathartics And Laxatives</b>		
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	
<b>Chloride Channel Activators</b>		
<i>lubiprostone</i>	T1	90DS; QL (60 EA per 30 days)
<b>Cholelitholytic Agents</b>		
BYLVAY	T4	PA; SP
BYLVAY (PELLETS)	T4	PA; SP
LIVMARLI	T4	PA; SP
OICALIVA	T4	PA; SP
<i>ursodiol oral capsule 300 mg</i>	T1	90DS
<i>ursodiol oral tablet</i>	T1	90DS

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>90DS</b> = 90 Day Supply Eligible</p> <p><b>AL</b> = Age Limit</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
<b>Digestants</b>		
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
<b>Gi Drugs, Miscellaneous</b>		
<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
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
<i>dronabinol</i>	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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>90DS</b> = 90 Day Supply Eligible
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	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)
OICALIVA	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)
<b>Guanylate Cyclase C (Gcc) Recept Agonist</b>		

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

Drug Name	Drug Tier	Requirements and Limits
LINZESS	T2	ST; 90DS; QL (30 EA per 30 days)

### Histamine H2-Antagonists

<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>nizatidine oral capsule</i>	T1	90DS

### Lipotropic Agents

<i>scopolamine</i>	T1	QL (10 EA per 30 days)
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### Neurokinin-1 Receptor Antagonists

AKYNZEO ORAL	T3	PA
<i>aprepitant oral</i>	T1	QL (3 EA per 3 days)
<i>aprepitant oral capsule 125 mg</i>	T1	QL (1 EA per 1 day)
<i>aprepitant oral capsule 40 mg</i>	T1	QL (4 EA per 2 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	T1	QL (3 EA per 3 days)
<i>aprepitant oral capsule 80 mg</i>	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

<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	

		<b>Requirements and Limits</b>
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	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Prostaglandins</b>		
<i>diclofenac-misoprostol oral tablet delayed release</i>	T1	90DS
<i>misoprostol oral</i>	T1	90DS
<b>Protectants</b>		
<i>sucralfate oral tablet</i>	T1	90DS
<b>Proton-Pump Inhibitors</b>		
<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
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
<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
FERRIPROX TWICE-A-DAY	T4	PA
<i>penicillamine oral</i>	T1	PA
<i>trientine hcl oral capsule 250 mg</i>	T4	PA; SP
<b>Hormones And Synthetic Substitutes</b>		
<b>Adrenals</b>		

		<b>Requirements and Limits</b>
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	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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	

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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 REDHALER	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)
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose oral</i>	T1	90DS
<b>Amylinomimetics</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	
<b>Androgens</b>		
<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)



		<b>Requirements and Limits</b>
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	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>colesevelam hcl</i>	T1	90DS
<i>mifepristone oral tablet 300 mg</i>	T4	SP
<b>Antiestrogens</b>		
<i>anastrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>exemestane</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
KISQALI FEMARA (200 MG DOSE)	T4	PA; SP
KISQALI FEMARA (400 MG DOSE)	T4	PA; SP
KISQALI FEMARA (600 MG DOSE)	T4	PA; SP
<i>letrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<b>Antigonadotropins</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T4	PA; SP
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
ORLISSA	T3	PA
<b>Antiparathyroid Agents</b>		
<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)
<b>Antithyroid Agents</b>		
<i>methimazole oral</i>	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
<i>propylthiouracil oral</i>	T1	90DS
<b>Biguanides</b>		
<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)
<b>Contraceptives</b>		

		<b>Requirements and Limits</b>
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	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
CRYSSELLE-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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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 &amp; 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-ethinyl estrad</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



		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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-ethinyl est oral tablet</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindron-ethinyl 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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
NORTREL <i>7/7/7</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA <i>7/7/7</i>	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 <i>7/7/7</i>	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

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
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	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<i>viorele</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>90DS</b> = 90 Day Supply Eligible</p> <p><b>AL</b> = Age Limit</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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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
<b>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</b>		
<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)

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>90DS</b> = 90 Day Supply Eligible</p> <p><b>AL</b> = Age Limit</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
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)
<b>Estrogen Agonist-Antagonists</b>		
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
<b>Estrogens</b>		
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	

		<b>Requirements and Limits</b>
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	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<i>briellyn</i>	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	
CRYSSELLE-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>drosipren-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	

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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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 &amp; 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-ethinyl estrad</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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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-ethinyl 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-ethinyl 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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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

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



		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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

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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Incretin Mimetics</b>		
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; 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)
<b>Intermediate-Acting Insulins</b>		

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Progestins</b>		
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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
BLISOVI FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
BLISOVI FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>brillyn</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
DELYLA	T1	ACA Preventative Medication-\$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
<i>desogestrel-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
DOLISHALE	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospiren-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
FALMINA	T1	ACA Preventative Medication-\$0 Copay; 90DS
FAYOSIM	T1	



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**Drug Tier**  
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**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
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
JOLESSA	T1	ACA Preventative Medication-\$0 Copay; 90DS
JULEBER	T1	ACA Preventative Medication-\$0 Copay; 90DS

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>90DS</b> = 90 Day Supply Eligible</p> <p><b>AL</b> = Age Limit</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
LARIN FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
LARISSIA	T1	
LAYOLIS FE	T1	ACA Preventative Medication-\$0 Copay; 90DS

		<b>Requirements and Limits</b>
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	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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 &amp; 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-ethinyl estrad</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
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

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Drug Name	Drug Tier	Requirements and Limits
<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
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

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
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	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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-ethinyl est 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-ethinyl 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

		<b>Requirements and Limits</b>
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	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
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

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**UPPERCASE** = Brand name drugs

**Drug Tier**  
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**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
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
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

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



		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
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	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<b>Rapid-Acting Insulins</b>		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T2	
HUMALOG MIX 50/50	T2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMALOG MIX 75/25	T2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	

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Drug Name	Drug Tier	Requirements and Limits
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	
<i>insulin lispro (1 unit dial)</i>	T1	
<i>insulin lispro injection</i>	T1	
<i>insulin lispro junior kwikpen</i>	T1	
<b>Short-Acting Insulins</b>		
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMULIN R	T2	
HUMULIN R U-500 (CONCENTRATED)	T2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
<b>Sodium-Gluc Cotransport 2 (SglT2) Inhib</b>		
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)
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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)
<b>Somatostatin Agonists</b>		
<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
<b>Somatotropin Agonists</b>		
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
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP

		<b>Requirements and Limits</b>
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		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<b>Somatotropin Antagonists</b>		
SOMAVERT	T4	PA; SP
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	90DS
<i>glipizide er</i>	T1	90DS
<i>glipizide oral</i>	T1	90DS
<i>glipizide xl</i>	T1	90DS
<i>glipizide-metformin hcl</i>	T1	90DS
<i>glyburide micronized</i>	T1	90DS
<i>glyburide oral</i>	T1	90DS
<i>glyburide-metformin</i>	T1	90DS
<b>Thiazolidinediones</b>		
<i>pioglitazone hcl</i>	T1	90DS
<i>pioglitazone hcl-metformin hcl</i>	T1	90DS
<b>Thyroid Agents</b>		
<i>levothyroxine sodium oral tablet</i>	T1	90DS
LEVOXYL	T2	90DS
<i>liothyronine sodium oral</i>	T1	90DS
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Immunomodulatory Agents (90:00)</b>		
<b>Amino Acid Polymers</b>		
<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
<b>Antimetabolites</b>		
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
<b>Antimetabolites, Immunosupp Therapy Misc</b>		
<i>azathioprine oral tablet 50 mg</i>	T1	90DS
<i>mycophenolate mofetil oral capsule</i>	T1	90DS
<b>Bone-Modifying Agents</b>		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<b>Calcineurin Inhibitors, Misc (90:28)</b>		
ASTAGRAF XL	T4	SP
<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
ENVARUSUS XR	T4	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS

		<b>Requirements and Limits</b>
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<b>Complement Inhibitor Agents (90:20)</b>		
TAVNEOS	T4	PA; SP
<b>Disease-Modifying Antirheumat Drugs Misc</b>		
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<b>Disease-Modifying Antirheumatic Drugs</b>		
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
TREMFYA INTRAVENOUS	T4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
XATMEP	T3	PA

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Drug Name	Drug Tier	Requirements and Limits
<b>Fumarates</b>		
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
<b>Igg1 Monoclonal Antibodies</b>		
BENLYSTA SUBCUTANEOUS	T4	PA; SP
<b>Immunomodulatory Agents (90:00)</b>		
<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
<b>Interferons</b>		
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
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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>90DS</b> = 90 Day Supply Eligible
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	T4 = Specialty	<b>QL</b> = Quantity Limit
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Interleukin Inhibitor Agents, Misc</b>		
XOLAIR	T4	PA; SP
<b>Interleukin-Mediated Agents, Misc</b>		
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
<b>Janus Kinase Inhibitors, Miscellaneous</b>		
CIBINQO	T4	PA; SP
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



		<b>Requirements and Limits</b>
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	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Monocarboxylic Acid Amide Agents</b>		
<i>leflunomide oral</i>	T1	90DS
<b>Mtor Inhibitors, Miscellaneous</b>		
HYFTOR	T4	PA; SP
<i>sirolimus oral</i>	T1	90DS
<b>Phosphodiesterase-4 Inhibitors, Misc</b>		
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
<b>Sphingosine 1-Phosphate (S1p) Agents</b>		
<i>fingolimod hcl</i>	T1	PA; 90DS
MAYZENT	T4	PA; SP
MAYZENT STARTER PACK	T4	PA; SP
TASCENSO ODT	T4	PA; SP
<b>T-Cell Blockers (90:24)</b>		
LUPKYNIS	T4	PA; SP
<b>Tumor Necrosis Factor Inhibitors, Misc</b>		
<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
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
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
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**Miscellaneous Therapeutic Agents**

**5-Alpha-Reductase Inhibitors**

<i>dutasteride oral</i>	T1	90DS
<i>dutasteride-tamsulosin hcl</i>	T1	90DS
<i>finasteride oral tablet 5 mg</i>	T1	90DS

**5-Alpha-Reductase Inhibitors (92:04)**

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		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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	
<b>Antidotes (92:12)</b>		
<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 HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYOPEN 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
<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	

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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	
<b>Antigout Agents</b>		
<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
<b>Antisense Oligonucleotides</b>		
<i>sodium oxybate</i>	T4	PA; QL (540 ml per 30 days)
TEGSEDI	T4	PA; SP
<b>Bone Anabolic Agents</b>		
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>	T4	PA; SP
TYMLOS	T4	PA; SP
<b>Bone Resorption Inhibitors</b>		
<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

		<b>Requirements and Limits</b>
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		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Bradykinin Receptor Antagonists</b>		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
<b>Cariostatic Agents</b>		
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Complement Inhibitors</b>		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP
RUCONEST	T4	PA; SP
TAVNEOS	T4	PA; SP
<b>Complement Inhibitors (92:32)</b>		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
RUCONEST	T4	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SP
TAVNEOS	T4	PA; SP
<b>Disease-Modifying Antirheumatic Agents</b>		
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
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
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	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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	
<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



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Drug Name	Drug Tier	Requirements and Limits
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
<b>Immunomodulatory Agents</b>		
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
BAFIERTAM	T4	PA; SP
BETASERON SUBCUTANEOUS KIT	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
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
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

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<b>UPPERCASE</b> = Brand name drugs		

Drug Name	Drug Tier	Requirements and Limits
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	
<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

		<b>Requirements and Limits</b>
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	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
TASCENSO ODT	T4	PA; SP
<i>teriflunomide</i>	T4	PA
THALOMID	T4	PA; SP
VUMERITY	T4	PA; SP
XATMEP	T3	PA
ZEPOSIA	T4	PA; SP
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
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL	T4	SP

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
ENVARUSUS 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	
<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

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>90DS</b> = 90 Day Supply Eligible</p> <p><b>AL</b> = Age Limit</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
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
<b>Kallikrein Inhibitors</b>		
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
TAKHZYRO	T4	PA; SP
<b>Other Miscellaneous Therapeutic Agents</b>		
<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
<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

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

Drug Name	Drug Tier	Requirements and Limits
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>tiopronin 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
<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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<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



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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
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

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Drug Name	Drug Tier	Requirements and Limits
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
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)

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>epinephrine injection solution auto-injector</i>	T1	QL (2 EA per 30 days)
<b>Anticholinergic Agents (Respir. Tract)</b>		
<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)
<b>Antifibrotic Agents</b>		
OFEV	T4	PA; SP
<i>pirfenidone oral capsule</i>	T4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	T4	PA; SP
<b>Anti-Inflammatory Agents (Respiratory)</b>		
NUCALA	T4	PA; SP
<b>Antitussives</b>		
<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)
<b>Corticosteroids (Respiratory Tract)</b>		
ARNUITY ELLIPTA	T2	90DS; QL (30 Inhaler per 30 days)

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<b>UPPERCASE</b> = Brand name drugs		

Drug Name	Drug Tier	Requirements and Limits
<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)
<b>Cystic Fibrosis (Cftr) Correctors</b>		
ORKAMBI	T4	PA; SP
SYMDEKO	T4	PA; SP
TRIKAFTA	T4	PA; SP
<b>Cystic Fibrosis (Cftr) Potentiators</b>		
KALYDECO	T4	PA; SP
ORKAMBI	T4	PA; SP
SYMDEKO	T4	PA; SP
TRIKAFTA	T4	PA; SP
<b>Endothelin Receptor Antagonists</b>		
<i>ambrisentan</i>	T4	PA; SP
<i>bosentan</i>	T4	PA; SP
<b>First Generation Antihist.(Respir Tract)</b>		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	

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<b>UPPERCASE</b> = Brand name drugs		

Drug Name	Drug Tier	Requirements and Limits
<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	
<b>Interleukin Antagonists</b>		
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
<b>Leukotriene Modifiers</b>		
<i>montelukast sodium oral</i>	T1	90DS
<i>zafirlukast</i>	T1	ST; 90DS
<i>zileuton er</i>	T1	ST; 90DS
<b>Mast-Cell Stabilizers</b>		
ALOCRIAL	T3	
ALOMIDE	T3	
<i>cromolyn sodium inhalation</i>	T1	90DS
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T1	90DS
<b>Mucolytic Agents</b>		
<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	
<b>Nasal Preparations (Steroids)</b>		

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	<b>AL</b> = Age Limit
	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<i>fluticasone propionate nasal</i>	T1	
<i>mometasone furoate nasal</i>	T1	
<b>Orally Inhaled Preparations (Steroids)</b>		
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)
<b>Phosphodiesterase Type 4 Inhibitors</b>		
<i>roflumilast</i>	T1	PA; 90DS
<b>Phosphodiesterase-5 Inhibitors (Respir)</b>		
<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
<b>Prostacyclin &amp; Prostacyclin Derivatives</b>		
ORENITRAM	T4	PA; SP

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<b>Respiratory Tract Agents, Miscellaneous</b>		
<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
<b>Second Generation Antihist(Respir Tract)</b>		
<i>azelastine hcl nasal</i>	T1	
<i>azelastine hcl ophthalmic</i>	T1	
<i>desloratadine oral tablet</i>	T1	
<b>Select.Beta-2-Adrenergic Agonist(Respir)</b>		
<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)

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	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>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
<b>Vasodilating Agents (Respiratory Tract)</b>		
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
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
<b>Vasodilating Agents, Misc</b>		



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<b>UPPERCASE</b> = Brand name drugs		

Drug Name	Drug Tier	Requirements and Limits
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
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#### Antibacterials (84:04)

ALTABAX	T3	ST
<i>azelaic acid external</i>	T1	
<i>bacitracin ophthalmic</i>	T1	
<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	

<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	<b>Requirements and Limits</b> 90DS = 90 Day Supply Eligible
<b>UPPERCASE</b> = 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>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	
XEPI	T3	ST
<b>Anti-Inflammatory Agents, Misc (Skin)</b>		
EUCRISA	T3	PA
<b>Antiproliferants</b>		
<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	

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Antipruritics And Local Anesthetics</b>		
<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
<b>Antivirals (Skin And Mucous Membrane)</b>		
<i>acyclovir external cream</i>	T1	PA
<i>acyclovir external ointment</i>	T1	
<i>acyclovir oral</i>	T1	
<i>penciclovir</i>	T1	PA
<b>Astringents (84:12)</b>		
BEVESPI AEROSPHERE	T2	90DS; QL (10.7 Inhaler per 30 days)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<b>Astringents, Anti-Infective</b>		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>selenium sulfide external lotion</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SSD	T3	
<b>Azoles (Skin And Mucous Membrane)</b>		
<i>clotrimazole anti-fungal</i>	T1	
<i>clotrimazole external cream</i>	T1	
<i>clotrimazole external solution</i>	T1	

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>clotrimazole mouth/throat troche</i>	T1	
<i>clotrimazole-betamethasone</i>	T1	
<i>econazole nitrate external</i>	T1	
GYNAZOLE-1	T3	
JUBLIA	T3	PA; QL (8 ml per 30 days)
<i>ketconazole external cream</i>	T1	
<i>ketconazole 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	
<b>Basic Lotions And Liniments</b>		
<i>ammonium lactate external</i>	T1	
<b>Basic Ointments And Protectants</b>		
<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
<b>Cell Stimulants And Proliferants</b>		
<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
<b>Corticosteroids (Skin, Mucous Membrane)</b>		
<i>alclometasone dipropionate</i>	T1	

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	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>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>clocortolone 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
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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	
<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)**

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>ciclopirox external solution</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<b>Immunomodulatory Agents (84:06)</b>		
ASTAGRAF XL	T4	SP
ENVARUSUS 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
<b>Janus Kinase Inhibitors (84:06)</b>		
CIBINQO	T4	PA; SP
JAKAFI	T4	PA; SP
OPZELURA	T4	PA
<i>roflumilast</i>	T1	PA; 90DS
SOTYKTU	T4	PA; SP
<b>Keratolytic Agents</b>		
<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	

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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	
<b>Local Anti-Infectives, Miscellaneous</b>		
<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	
SULFAMYLON EXTERNAL CREAM	T3	
<b>Nonsteroidal Anti-Inflammat.Agents(Skin)</b>		
<i>diclofenac sodium external gel 1 %</i>	T1	
<i>diclofenac sodium external gel 3 %</i>	T1	QL (100 g per 30 days)
<b>Phosphodiesterase-4 Inhibitors (84:06)</b>		
EUCRISA	T3	PA
<i>roflumilast</i>	T1	PA; 90DS
<b>Pigmenting Agents</b>		
<i>methoxsalen rapid</i>	T4	QL (84 EA per 30 days)
<b>Polyenes (Skin And Mucous Membrane)</b>		
<i>nystatin external</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
<b>Scabicides And Pediculicides</b>		



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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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	
<b>Skin And Mucous Membrane Agents, Misc.</b>		
<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
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

		<b>Requirements and Limits</b>
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	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
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

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Drug Name	Drug Tier	Requirements and Limits
<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

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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>90DS</b> = 90 Day Supply Eligible
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>AL</b> = Age Limit
	<b>T2</b> = Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T3</b> = Non-Preferred Brand	<b>QL</b> = Quantity Limit
	<b>T4</b> = Specialty	<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<b>Vitamin C</b>		
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	ST; \$0 copay for members ages 45-75 years
<b>Vitamin D</b>		
<i>calcitriol oral</i>	T1	90DS
<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

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