



# AmeriHealth Caritas Next Florida Formulary

Effective May 1, 2024

[www.amerihealthcaritasnext.com/fl](http://www.amerihealthcaritasnext.com/fl)

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

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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 PerformRx<sup>SM</sup> 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 or through our mail-order network 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.amerhealthcaritasnext.com/fl/members/2024/find-a-provider-or-pharmacy.aspx> or call us at **1-833-999-3567**.

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.amerhealthcaritasnext.com/fl/members/2024/find-a-provider-or-pharmacy.aspx>. You can use the searchable drug list, <https://www.amerhealthcaritasnext.com/fl/view-plans/2024/searchable-drug-list.aspx> to search by the first letter of your medication, by typing part of the generic (chemical) or brand (trade) names, or by selecting the therapeutic class of the medication you are looking for.

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

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

## Pharmacy Benefit Information

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

- **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 — required by 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.

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

## Pharmacy Benefit Information

### 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 (Mifeprex)\*
- 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
- Unit Dose products
- Drugs used for the treatment of infertility

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

For our latest pharmacy benefit and formulary information, please visit <https://www.amerihhealthcaritasnext.com/fl/members/2024/find-a-provider-or-pharmacy.aspx> or call us at **1-833-999-3567**.

## Pharmacy Benefit Information

### 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

PerformRx 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 a majority of 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.



## Pharmacy Benefit Information

### Prior authorization and exception requests

A prior authorization or an exception request may be submitted for the following pharmacy programs: prior authorization, step therapy prior authorization, quantity limitations, age limitations, brand-name drugs with available generics, new-to-market drugs, or nonformulary drugs.

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. PerformRx 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.

PerformRx 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/fl/members/2024/find-a-provider-or-pharmacy.aspx>.

Requests for prior authorizations can be made

- Electronically: directly to our pharmacy benefits manager (PBM), PerformRx, at [https://ppa.performrx.com/PublicUser/OnlineForm/OnlineFDBSingleForm.aspx?cucu\\_id=Y65L6nti7Fh2jT8A7Rsjw%3d%3d](https://ppa.performrx.com/PublicUser/OnlineForm/OnlineFDBSingleForm.aspx?cucu_id=Y65L6nti7Fh2jT8A7Rsjw%3d%3d).
- By fax: **1-833-479-3329**

## Pharmacy Benefit Information

- By mail:  
200 Stevens Drive  
Philadelphia, PA 19113 CC: 236
- By phone: **1-833-981-7967**

Once all necessary and relevant information to make a decision is received, PerformRx 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 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 if you or your provider believe that your health could be seriously harmed by waiting up to 72 hours for a decision. You can indicate your urgent 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 AmeriHealth Caritas Next's internal dispute process.

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 **1-833-999-3567 (TTY 711)** or visit our website at [www.amerihealthcaritasnext.com/fl](http://www.amerihealthcaritasnext.com/fl) 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 from the date of our written notice denying your claim or your request for service.
- 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 **1-833-999-3567 (TTY 711)** and ask for an appeal.

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

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

An expedited external review may be warranted if your health could be seriously compromised by having to wait for resolution of a standard external review. If your request for a standard external review is accepted, it is decided within 45 days of receipt of your request. If your request for an expedited external review is accepted, it is decided within 72 hours of your request.

## Pharmacy Benefit Information

Alternatively, and depending on the extent to which you or your provider believe that your health could be seriously harmed by waiting for resolution of AmeriHealth Caritas Next's internal dispute process, you may request and be granted an immediate expedited external review by the IRO. Once again, requests for expedited external review are resolved within 72 hours.

We must follow the IRO's decision. If the IRO reverses our decision on a standard external review, we will provide coverage for the nonformulary item within three days of receiving notice of the reversal. If the IRO reverses our decision on an expedited external review, we will provide coverage for the nonformulary item within one day of receiving notice. An IRO review may be requested by the member, member's representative, or member's prescribing provider by contacting AmeriHealth Caritas Next via mail, phone, or fax at the following address :

- Mail: Member Appeals  
AmeriHealth Caritas Next  
P.O. Box 7101  
London, KY 40742-7101
- Phone: **1-833-999-3567 (TTY 711)**
- Fax: **1-833-435-2967**

### 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 30-day supply.

Mail-order pharmacy — You can fill a 31- to 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

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

## Pharmacy Benefit Information

### 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/fl/members/2024/find-a-provider-or-pharmacy.aspx>

or call us at **1-833-999-3567 (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/fl/members/2024/find-a-provider-or-pharmacy.aspx>

or call us at **1-833-999-3567 (TTY 711)**.

**CURRENT AS OF 5/1/2024**

<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 ST = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	
<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</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>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	

<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 ST = Step Therapy
<b>UPPERCASE</b> = Brand name drugs		

Drug Name	Drug Tier	Requirements and Limits
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</i>	T1	
<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)
<b>Second Generation Antihistamines</b>		
ALOMIDE	T3	
<i>desloratadine oral tablet</i>	T1	
<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>		

	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>T1</b> = Generic	<b>90DS</b> = 90 Day Supply Eligible
<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>cefdinir</i>	T1	
<i>cefixime oral capsule</i>	T1	
<i>cefprozime proxetil</i>	T1	
<b>Adamantane Antivirals</b>		
<i>amantadine hcl oral capsule</i>	T1	90DS
<i>amantadine hcl oral solution</i>	T1	90DS
<i>amantadine hcl oral tablet</i>	T1	90DS
GOCOVRI	T3	PA
<b>Allylamine Antifungals</b>		
<i>terbinafine hcl oral</i>	T1	
<b>Amebicides</b>		
<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
<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	
<i>ivermectin oral</i>	T1	QL (16 EA per 30 days)
<i>praziquantel oral</i>	T1	

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

Drug Name	Drug Tier	Requirements and Limits
<b>Antifungals, Miscellaneous</b>		
<i>griseofulvin microsize oral suspension</i>	T1	
<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</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral tablet 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</i>	T1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	T1	
<i>pyrimethamine oral</i>	T4	PA
<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, Miscellaneous</b>		
ALINIA	T3	
<i>atovaquone oral</i>	T1	
<i>dapsone oral</i>	T1	90DS
<i>metronidazole oral</i>	T1	
<i>pentamidine isethionate inhalation</i>	T1	
SOLOSEC	T3	ST



		<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs		<b>T1</b> = Generic	<b>90DS</b> = 90 Day Supply Eligible
<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1		
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1		
<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	
TRECTOR	T3		
<b>Antivirals, Miscellaneous</b>			
PAXLOVID (150/100)	T2	QL (20 EA per 180 days); AL (Min 12 Years)	
PAXLOVID (300/100)	T2	QL (30 EA per 180 days); AL (Min 12 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	

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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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
<i>ketoconazole oral</i>	T1		
NOXAFIL ORAL SUSPENSION	T3	PA	
<i>posaconazole oral tablet delayed release</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>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>Glycopeptide Antibiotics</b>			
<i>vancomycin hcl oral capsule</i>	T1		
<b>Hcv Polymerase Inhibitor Antivirals</b>			
<i>ledipasvir-sofosbuvir</i>	T4	PA	
<i>sofosbuvir-velpatasvir</i>	T4	PA	
VOSEVI	T4	PA	
<b>Hcv Protease Inhibitor Antivirals</b>			
MAVYRET	T4	PA	
VOSEVI	T4	PA	
<b>Hcv Replication Complex Inhibitors</b>			
<i>ledipasvir-sofosbuvir</i>	T4	PA	
MAVYRET	T4	PA	
<i>sofosbuvir-velpatasvir</i>	T4	PA	
VOSEVI	T4	PA	
<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)	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
RUKOBIA	T2	90DS; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	T2	90DS; QL (920 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	T3	QL (60 EA 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>		
BIKTARVY	T2	90DS; QL (30 EA per 30 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	T2	90DS; 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)
TRIUMEQ PD	T2	90DS; QL (180 EA per 30 days)
VOCABRIA	T3	QL (30 EA per 30 days)
<b>Hiv Nucleoside Rev. Transcrip. Inhib.</b>		
ATRIPLA	T3	QL (30 EA per 30 days)
BIKTARVY	T2	90DS; QL (30 EA per 30 days)
COMPLERA	T2	90DS; QL (30 EA per 30 days)
DELSTRIGO	T2	90DS; QL (30 EA per 30 days)
EDURANT	T2	90DS; QL (60 EA per 30 days)

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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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 100 MG	T3	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	T3	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>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)
SUSTIVA ORAL TABLET	T3	QL (30 EA per 30 days)
SYMFI	T3	QL (30 EA per 30 days)
SYMFI LO	T3	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)
ATRIPLA	T3	QL (30 EA per 30 days)
BIKTARVY	T2	90DS; QL (30 EA per 30 days)
CIMDUO	T2	90DS; QL (30 EA per 30 days)
COMBIVIR	T3	QL (60 EA per 30 days)

		<b>Drug Tier</b>	<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
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)	
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 CAPSULE	T3	QL (30 EA per 30 days)	
EMTRIVA ORAL SOLUTION	T2	90DS; QL (720 ML per 30 days)	
EPIVIR ORAL SOLUTION	T3	QL (900 ML per 30 days)	
EPIVIR ORAL TABLET 150 MG	T3	QL (60 EA per 30 days)	
EPIVIR ORAL TABLET 300 MG	T3	QL (30 EA per 30 days)	
EPZICOM	T3	QL (30 EA 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)	
RETROVIR ORAL CAPSULE	T3	QL (180 EA per 30 days)	
RETROVIR ORAL SYRUP	T3	QL (1800 ML per 30 days)	
STRIBILD	T2	90DS; QL (30 EA per 30 days)	
SYMFI	T3	QL (30 EA per 30 days)	

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	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
SYMFI LO	T3	QL (30 EA per 30 days)
SYMTUZA	T2	90DS; 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)
TRIUMEQ PD	T2	90DS; QL (180 EA per 30 days)
TRIZIVIR	T3	QL (60 EA per 30 days)
TRUVADA	T3	QL (30 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)
VIREAD ORAL TABLET 300 MG	T3	QL (30 EA per 30 days)
ZIAGEN ORAL SOLUTION	T3	QL (900 ML per 30 days)
ZIAGEN ORAL TABLET	T3	QL (60 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)
<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)
KALETRA ORAL SOLUTION	T3	QL (300 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG	T3	QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	T3	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION	T2	90DS; QL (840 ML per 30 days)

		<b>Drug Tier</b>	<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
LEXIVA ORAL TABLET	T3	QL (120 EA 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	T2	90DS; QL (360 EA per 30 days)	
NORVIR ORAL TABLET	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 600 MG	T3	QL (60 EA per 30 days)	
PREZISTA ORAL TABLET 75 MG	T2	90DS; QL (300 EA per 30 days)	
PREZISTA ORAL TABLET 800 MG	T3	QL (30 EA per 30 days)	
REYATAZ ORAL CAPSULE 200 MG	T3	QL (60 EA per 30 days)	
REYATAZ ORAL CAPSULE 300 MG	T3	QL (30 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	T2	90DS; 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	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA	
<b>Lincomycin Antibiotics</b>			
<i>clindamycin hcl oral</i>	T1		
<i>clindamycin palmitate hcl</i>	T1		
<b>Monobactam Antibiotics</b>			
CAYSTON	T4	PA	
<b>Natural Penicillin Antibiotics</b>			

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

Drug Name	Drug Tier	Requirements and Limits
<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>Nucleoside And Nucleotide Antivirals</b>		
<i>acyclovir oral</i>	T1	
<i>adefovir dipivoxil</i>	T4	
BARACLUDE ORAL SOLUTION	T3	
<i>entecavir</i>	T1	90DS
<i>famciclovir oral</i>	T1	
LAGEVRIO	T2	QL (40 EA per 180 days); AL (Min 18 Years)
<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>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	



	<b>Drug Tier</b>	<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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>Pyrimidine Antifungals</b>		
<i>flucytosine oral</i>	T1	PA
<b>Quinolone Antibiotics</b>		
BAXDELA ORAL	T3	
<i>ciprofloxacin hcl oral</i>	T1	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</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	

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		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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>doxycycline monohydrate oral tablet 50 mg</i>	T1	
<i>minocycline hcl oral</i>	T1	
<i>tetracycline hcl oral capsule</i>	T1	

### Urinary Anti-Infectives

<i>methenamine hippurate</i>	T1	
MONUROL	T3	QL (1 EA per 1 day)
<i>nitrofurantoin macrocrystal oral</i>	T1	
<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	PA
<i>abiraterone acetate oral tablet 500 mg</i>	T4	
ALECENSA	T4	PA
ALUNBRIG	T4	PA
<i>anastrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
AYVAKIT	T4	PA
BALVERSA	T4	PA
<i>bexarotene oral</i>	T4	PA
<i>bicalutamide</i>	T1	
BOSULIF	T4	PA
BRAFTOVI ORAL CAPSULE 75 MG	T4	PA
BRUKINSA	T4	PA

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<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
CABOMETYX	T4	PA
CALQUENCE ORAL TABLET	T4	PA
<i>capecitabine</i>	T1	
CAPRELSA	T4	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA
COMETRIQ (60 MG DAILY DOSE)	T4	PA
COPIKTRA	T4	PA
COTELLIC	T4	PA
<i>cyclophosphamide oral capsule</i>	T1	
DAURISMO	T4	PA
DROXIA	T3	
ELIGARD	T4	PA
EMCYT	T4	
ERIVEDGE	T4	PA
ERLEADA	T4	PA
<i>erlotinib hcl</i>	T4	PA
<i>etoposide oral</i>	T4	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA
<i>everolimus oral tablet soluble</i>	T4	PA
<i>exemestane</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
EXKIVITY	T4	PA
FOTIVDA	T4	PA
GAVRETO	T4	PA
<i>gefitinib</i>	T4	PA
GILOTRIF	T4	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T4	PA
HYCAMTIN ORAL	T4	

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**Requirements and Limits**  
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Drug Name	Drug Tier	Requirements and Limits
<i>hydroxyurea oral</i>	T1	
IBRANCE	T4	PA
ICLUSIG	T4	PA
IDHIFA	T4	PA
<i>imatinib mesylate</i>	T1	PA
IMBRUVICA ORAL CAPSULE	T4	PA
IMBRUVICA ORAL SUSPENSION	T4	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T4	PA
INLYTA	T4	PA
INQOVI	T4	PA
INREBIC	T4	PA
JAKAFI	T4	PA
JAYPIRCA	T4	PA
KISQALI FEMARA (200 MG DOSE)	T4	PA
KISQALI FEMARA (400 MG DOSE)	T4	PA
KISQALI FEMARA (600 MG DOSE)	T4	PA
KOSELUGO	T4	PA
KRAZATI	T4	PA
<i>lapatinib ditosylate</i>	T4	PA
<i>lenalidomide</i>	T4	PA
LENVIMA (10 MG DAILY DOSE)	T4	PA
LENVIMA (12 MG DAILY DOSE)	T4	PA
LENVIMA (14 MG DAILY DOSE)	T4	PA
LENVIMA (18 MG DAILY DOSE)	T4	PA
LENVIMA (20 MG DAILY DOSE)	T4	PA
LENVIMA (24 MG DAILY DOSE)	T4	PA
LENVIMA (4 MG DAILY DOSE)	T4	PA
LENVIMA (8 MG DAILY DOSE)	T4	PA
<i>letrozole oral</i>	T1	ACA Preventative Medication- \$0 Copay; 90DS
LEUKERAN	T4	

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**Requirements and Limits**  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>leuprolide acetate (3 month)</i>	T4	PA
<i>leuprolide acetate injection</i>	T4	
LONSURF	T4	PA
LORBRENA	T4	PA
LUMAKRAS	T4	PA
LUPRON DEPOT (1-MONTH)	T4	PA
LUPRON DEPOT (3-MONTH)	T4	PA
LUPRON DEPOT (4-MONTH)	T4	PA
LUPRON DEPOT (6-MONTH)	T4	PA
LYNPARZA ORAL TABLET	T4	PA
LYSODREN	T4	
LYTGOBI (12 MG DAILY DOSE)	T4	PA
LYTGOBI (16 MG DAILY DOSE)	T4	PA
LYTGOBI (20 MG DAILY DOSE)	T4	PA
MATULANE	T4	
<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
MEKTOVI	T4	PA
<i>mercaptopurine oral</i>	T1	
<i>methotrexate 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	
NERLYNX	T4	PA
<i>nilutamide</i>	T4	
NINLARO	T4	PA
NUBEQA	T4	PA

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**Requirements and Limits**  
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Drug Name	Drug Tier	Requirements and Limits
ODOMZO	T4	PA
ONUREG	T4	PA
ORSERDU	T4	PA
<i>pazopanib hcl</i>	T4	PA
PEMAZYRE	T4	PA
PIQRAY (200 MG DAILY DOSE)	T4	PA
PIQRAY (250 MG DAILY DOSE)	T4	PA
PIQRAY (300 MG DAILY DOSE)	T4	PA
POMALYST	T4	PA
PURIXAN	T4	
QINLOCK	T4	PA
RETEVMO	T4	PA
REVLIMID	T4	PA
REZLIDHIA	T4	PA
ROZLYTREK	T4	PA
RUBRACA	T4	PA
RYDAPT	T4	PA
SCSEMBLIX	T4	PA
SOLTAMOX	T4	
<i>sorafenib tosylate</i>	T4	PA
SPRYCEL	T4	PA
STIVARGA	T4	PA
<i>sunitinib malate</i>	T4	PA
SYNRIBO	T4	PA
TABLOID	T4	PA
TABRECTA	T4	PA
TAFINLAR	T4	PA
TAGRISSO	T4	PA
TALZENNA	T4	PA
<i>tamoxifen citrate oral</i>	T1	ACA Preventative Medication- \$0 Copay; 90DS
TASIGNA	T4	PA

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**Requirements and Limits**  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
TAZVERIK	T4	PA
TECVAYLI	T4	PA
TEPMETKO	T4	PA
TIBSOVO	T4	PA
<i>toremifene citrate</i>	T1	90DS
TRELSTAR MIXJECT	T4	PA
<i>tretinoin oral</i>	T4	
TUKYSA	T4	PA
TURALIO ORAL CAPSULE 125 MG	T4	PA
VENCLEXTA	T4	PA
VENCLEXTA STARTING PACK	T4	PA
VERZENIO	T4	PA
VITRAKVI	T4	PA
VIZIMPRO	T4	PA
WELIREG	T4	PA
XALKORI	T4	PA
XATMEP	T3	PA
XOSPATA	T4	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T4	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T4	PA
XPOVIO (60 MG TWICE WEEKLY)	T4	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA
XPOVIO (80 MG TWICE WEEKLY)	T4	PA
XTANDI	T4	PA
YONSA	T4	PA
ZEJULA ORAL TABLET	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
ZELBORAF	T4	PA
ZOLINZA	T4	PA
ZYDELIG	T4	PA
ZYKADIA ORAL TABLET	T4	PA

### Antitoxins, Immune Glob, Toxoids, Vaccines

#### Antitoxins And Immune Globulins

ASCENIV	T4	PA
BIVIGAM	T4	PA
CUTAQUIG	T4	PA
CUVITRU	T4	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	T4	PA
GAMASTAN	T4	PA
GAMMAGARD	T4	PA
GAMMAGARD S/D LESS IGA	T4	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	T4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	T4	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	T4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	T4	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
HYQVIA	T4	PA
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
PANZYGA	T4	PA



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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
PRIVIGEN	T4	PA
XEMBIFY	T4	PA
<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
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 QUADRIVALENT INTRAMUSCULAR SUSPENSION	T2	ACA Preventative Medication-\$0 Copay
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	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

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Drug Name	Drug Tier	Requirements and Limits
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
COMIRNATY	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 QUADRIVALENT	T2	ACA Preventative Medication-\$0 Copay
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
FLUBLOK QUADRIVALENT	T2	ACA Preventative Medication-\$0 Copay
FLUCELVAX QUADRIVALENT	T2	ACA Preventative Medication-\$0 Copay
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
FLUMIST QUADRIVALENT	T2	ACA Preventative Medication-\$0 Copay
FLUZONE HIGH-DOSE QUADRIVALENT	T2	ACA Preventative Medication-\$0 Copay
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	T2	ACA Preventative Medication-\$0 Copay
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	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

		<b>Requirements and Limits</b>
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	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
MODERNA COVID-19 VAC 6M-11Y	T2	ACA Preventative Medication-\$0 Copay
<i>novavax covid-19 vaccine</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	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

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Drug Name	Drug Tier	Requirements and Limits
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	T2	ACA Preventative Medication- \$0 Copay
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	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
LUCEMYRA	T4	
<i>methyl dopa 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
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		<b>Drug Tier</b>	<b>Requirements and Limits</b>
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		<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
			<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
ATROVENT HFA	T3		
BEVESPI AEROSPHERE	T2	90DS	
BREZTRI AEROSPHERE	T2	90DS	
COMBIVENT RESPIMAT	T3		
<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	
<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	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	90DS	
<i>tiotropium bromide monohydrate</i>	T1	90DS	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3		
<b>Antiparkinsonian Agents</b>			
<i>benztropine mesylate oral</i>	T1	90DS	
<i>trihexyphenidyl hcl</i>	T1	90DS	
<b>Autonomic Drugs, Miscellaneous</b>			

		<b>Requirements and Limits</b>
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	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
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>
<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>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</i>	T1	ACA Preventative Medication-\$0 Copay; QL (56 EA per 28 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>
<b>Centrally Acting Skeletal Muscle Relaxant</b>		
<i>carisoprodol oral</i>	T1	ST; 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)
<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
<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



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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>timolol maleate oral</i>	T1	90DS
<b>Non-Sele. Alpha-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-Sele. Alpha-Adrenergic Blocking Agents</b>		
<i>dihydroergotamine mesylate nasal</i>	T1	QL (8 ML per 30 days)
<i>ergoloid mesylates oral</i>	T1	90DS
<i>ergotamine-caffeine</i>	T1	QL (40 EA per 30 days)
<i>phenoxybenzamine hcl oral</i>	T4	
<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
<i>galantamine hydrobromide er</i>	T1	90DS
<i>galantamine hydrobromide oral tablet</i>	T1	90DS
<i>pilocarpine hcl oral</i>	T1	90DS
<i>pyridostigmine bromide er</i>	T1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
<i>rivastigmine</i>	T1	ST; 90DS
<i>rivastigmine tartrate</i>	T1	90DS
<b>Selective Alpha-1-Adrenergic Block. Agent</b>		
<i>alfuzosin hcl er</i>	T1	90DS
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>tamsulosin hcl</i>	T1	90DS
<b>Selective Beta-2-Adrenergic Agonists</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
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T3	ST
BEVESPI AEROSPHERE	T2	90DS
BREZTRI AEROSPHERE	T2	90DS
<i>budesonide-formoterol fumarate</i>	T2	90DS; QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT	T3	
<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-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
<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
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2	90DS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	90DS
STRIVERDI RESPIMAT	T2	90DS

		<b>Requirements and Limits</b>
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	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>terbutaline sulfate oral</i>	T1	90DS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	
<b>Selective Beta-Adrenergic Blocking Agent</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>metoprolol succinate er</i>	T1	90DS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	90DS
<b>Skeletal Muscle Relaxants, Miscellaneous</b>		
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)
<b>Smoking Cessation Agents</b>		
<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

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		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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
<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

<b>lowercase italics</b> = Generic drugs <b>UPPERCASE</b> = Brand name drugs	<b>Drug Tier</b> <b>T1</b> = Generic <b>T2</b> = Preferred Brand <b>T3</b> = Non-Preferred Brand <b>T4</b> = Specialty	<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>ST</b> = Step Therapy
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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</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
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Anticoagulants, Miscellaneous</b>		
<i>fondaparinux sodium</i>	T1	
<b>Blood Form.,Coag,Thrombosis Agents Misc.</b>		
OXBRYTA ORAL TABLET 500 MG	T4	PA
OXBRYTA ORAL TABLET SOLUBLE	T4	PA
PYRUKYND	T4	PA
PYRUKYND TAPER PACK	T4	PA
<b>Coumarin Derivatives</b>		
JANTOVEN	T1	90DS
<i>warfarin sodium oral</i>	T1	90DS
<b>Direct Factor Xa Inhibitors</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
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA
DOPTELET ORAL TABLET 20 MG	T4	PA
JESDUVROQ	T4	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED	T4	PA

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

Drug Name	Drug Tier	Requirements and Limits
NIVESTYM	T4	PA
PROMACTA	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
ZARXIO	T4	PA
ZIEXTENZO	T4	PA

### Hemorrhologic Agents

<i>pentoxifylline er</i>	T1	90DS
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### Hemostatics

<i>aminocaproic acid oral tablet</i>	T1	
<i>desmopressin ace spray refrig</i>	T1	90DS; QL (15 ML per 30 days)
<i>desmopressin acetate oral</i>	T1	90DS
<i>desmopressin acetate spray</i>	T1	90DS; QL (15 ML per 30 days)
<i>tranexamic acid oral</i>	T1	

### Heparins

<i>enoxaparin sodium injection solution 150 mg/ml</i>	T1	
<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)

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Drug Name	Drug Tier	Requirements and Limits
<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>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>		
<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 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



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		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<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

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<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

<b>lowercase italics</b> = Generic drugs <b>UPPERCASE</b> = Brand name drugs	<b>Drug Tier</b> <b>T1</b> = Generic <b>T2</b> = Preferred Brand <b>T3</b> = Non-Preferred Brand <b>T4</b> = Specialty	<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>ST</b> = Step Therapy
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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>		
<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 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

		<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>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>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

<b>lowercase italics</b> = Generic drugs <b>UPPERCASE</b> = Brand name drugs	<b>Drug Tier</b> <b>T1</b> = Generic <b>T2</b> = Preferred Brand <b>T3</b> = Non-Preferred Brand <b>T4</b> = Specialty	<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>ST</b> = Step Therapy
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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

## **Cardiovascular Drugs**

### **Alpha-Adrenergic Blocking Agents**

<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

### **Alpha-Adrenergic Blocking Agt.(Hypoten)**

<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 ST = Step Therapy
<b>UPPERCASE</b> = Brand name drugs		

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

<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
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>captopril oral</i>	T1	90DS
<i>enalapril maleate oral tablet</i>	T1	90DS
<i>fosinopril sodium</i>	T1	90DS
<i>lisinopril oral</i>	T1	90DS
<i>moexipril hcl</i>	T1	90DS
<i>perindopril erbumine</i>	T1	90DS
<i>quinapril hcl</i>	T1	90DS
<i>ramipril</i>	T1	90DS
<i>trandolapril</i>	T1	90DS

### Angiotensin-Converting Enzyme Inhibitors

<i>amlodipine besy-benazepril hcl</i>	T1	90DS
<i>benazepril hcl oral</i>	T1	90DS
<i>benazepril-hydrochlorothiazide</i>	T1	90DS
<i>captopril oral</i>	T1	90DS
<i>enalapril maleate oral tablet</i>	T1	90DS
<i>enalapril-hydrochlorothiazide</i>	T1	90DS
<i>fosinopril sodium</i>	T1	90DS
<i>lisinopril oral</i>	T1	90DS
<i>lisinopril-hydrochlorothiazide</i>	T1	90DS
<i>moexipril hcl</i>	T1	90DS
<i>perindopril erbumine</i>	T1	90DS
<i>quinapril hcl</i>	T1	90DS
<i>quinapril-hydrochlorothiazide</i>	T1	90DS
<i>ramipril</i>	T1	90DS
<i>trandolapril</i>	T1	90DS

### Antiarrhythmics, Miscellaneous

DIGOX	T1	90DS
<i>digoxin oral solution</i>	T1	90DS
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	90DS

### Antilipemic Agents, Miscellaneous

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<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
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>icosapent ethyl</i>	T1	PA; 90DS
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA
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>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
<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>Beta-Adrenergic Blocking Agt.(Hypoten)</b>		
<i>acebutolol 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 ST = Step Therapy
<b>UPPERCASE</b> = Brand name drugs		

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

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<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	T3	PA
<i>ranolazine er</i>	T1	90DS
VYNDAMAX	T4	PA
VYNDAQEL	T4	PA
<b>Cardiotonic Agents</b>		
DIGOX	T1	90DS
<i>digoxin oral solution</i>	T1	90DS

		<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs		<b>T1</b> = Generic	<b>90DS</b> = 90 Day Supply Eligible
<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	90DS	
<b>Central Alpha-Agonists</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>methyldopa oral</i>	T1	90DS	
<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		
<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 oral</i>	T1	90DS	
<i>bisoprolol fumarate 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
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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>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
<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>		

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
<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>Hypotensive Agents, Miscellaneous</b>		
<i>phenoxybenzamine hcl oral</i>	T4	
<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

		<b>Requirements and Limits</b>
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>toremide oral</i>	T1	90DS
<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>Nitrates And Nitrites</b>		
<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
NITRO-BID	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T3	
<i>nitroglycerin sublingual</i>	T1	90DS
<i>nitroglycerin transdermal patch 24 hour</i>	T1	90DS
<i>nitroglycerin translingual solution</i>	T1	90DS
<b>Pcsk9 Inhibitors</b>		
REPATHA	T2	PA
REPATHA PUSHTRONEX SYSTEM	T2	PA
REPATHA SURECLICK	T2	PA
<b>Phosphodiesterase Type 5 Inhibitors</b>		
<i>cilostazol</i>	T1	90DS
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS
<i>tadalafil (pah)</i>	T1	PA; 90DS

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Potassium-Sparing Diuretics (Hypoten)</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	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(Hypotensive Agents)</b>		
<i>hydrochlorothiazide oral</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
<i>amlodipine besylate oral</i>	T1	90DS
<i>bosentan</i>	T4	PA
CARTIA XT	T1	90DS
CORLANOR	T3	PA
<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



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	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>diltiazem hcl oral</i>	T1	90DS
<i>dilt-xr</i>	T1	90DS
<i>dipyridamole oral</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	
ORENITRAM	T4	PA
ORENITRAM MONTH 1	T4	PA
ORENITRAM MONTH 2	T4	PA
ORENITRAM MONTH 3	T4	PA
TYVASO	T4	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA
TYVASO DPI TITRATION KIT	T4	PA
TYVASO REFILL	T4	PA
TYVASO STARTER	T4	PA
VENTAVIS	T4	PA
<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
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
<i>amantadine hcl oral tablet</i>	T1	90DS
GOCOVRI	T3	PA

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Drug Name	Drug Tier	Requirements and Limits
<b>Amphetamines</b>		
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-dextroamphetamine 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	ST; QL (30 EA per 30 days); AL (Max 21 Years)
<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 capsule 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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>		
<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	T3	
<i>carbamazepine er</i>	T1	90DS
<i>carbamazepine oral suspension</i>	T1	90DS; AL (Max 12 Years)
<i>carbamazepine oral tablet</i>	T1	90DS
<i>carbamazepine oral tablet chewable</i>	T1	90DS
DIACOMIT	T4	ST
<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
EQUETRO	T3	

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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>felbamate</i>	T1	90DS
FINTEPLA	T4	ST
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)
<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</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)

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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	T3	QL (60 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	T3	QL (120 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</i>	T1	90DS
<i>vigabatrin</i>	T1	ST; 90DS; QL (180 EA per 30 days)
XCOPRI	T3	ST
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	ST
XCOPRI (350 MG DAILY DOSE)	T3	ST
<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	T4	PA
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T4	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T4	PA; 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)

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Drug Name	Drug Tier	Requirements and Limits
<i>aripiprazole oral tablet dispersible</i>	T1	90DS; QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T4	PA; QL (2.4 ML per 168 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T4	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T4	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T4	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T4	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate</i>	T1	ST; 90DS; QL (60 EA per 30 days)
<i>carbamazepine er</i>	T1	90DS
<i>carbamazepine oral suspension</i>	T1	90DS; AL (Max 12 Years)
<i>carbamazepine oral tablet</i>	T1	90DS
<i>carbamazepine oral tablet chewable</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	T4	PA; QL (1 EA per 28 days)

		<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>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 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)
<i>risperidone er</i>	T4	PA; QL (2 EA per 28 days)
<i>risperidone microspheres er</i>	T4	PA; 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)
<b>RYKINDO</b>	T4	PA; QL (2 EA per 28 days)
<b>SECUADO</b>	T3	ST; QL (30 EA per 30 days)
<i>valproic acid oral capsule</i>	T1	90DS
<i>valproic acid oral solution</i>	T1	90DS
<i>ziprasidone hcl</i>	T1	90DS; QL (60 EA per 30 days)
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG</b>	T4	PA; QL (2 EA per 28 days)
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG</b>	T4	PA; 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

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<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
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		ST = Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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 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
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	90DS



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Drug Name	Drug Tier	Requirements and Limits
<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
<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
<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

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<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
<i>timolol maleate oral</i>	T1	90DS
<i>topiramate oral</i>	T1	90DS
<i>valproic acid oral capsule</i>	T1	90DS
<i>valproic acid oral solution</i>	T1	90DS

**Antipsychotics, Miscellaneous**

		<b>Drug Tier</b>	<b>Requirements and Limits</b>
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		<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
		<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
			<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
<i>loxapine succinate oral</i>	T1	90DS	
<i>pimozide</i>	T1	90DS	
<b>Anxiolytics, Sedatives, And Hypnotics, Misc</b>			
BELSOMRA	T3	ST	
<i>buspirone hcl oral</i>	T1		
DAYVIGO	T3	ST	
<i>eszopiclone</i>	T1	QL (30 EA per 30 days)	
HETLIOZ	T4	PA	
HETLIOZ LQ	T4	PA	
<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</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>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	T4	PA	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T4	PA; QL (1 EA per 28 days)	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T4	PA; 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)	

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

Drug Name	Drug Tier	Requirements and Limits
<i>aripiprazole oral tablet dispersible</i>	T1	90DS; QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T4	PA; QL (2.4 ML per 168 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T4	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T4	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T4	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T4	PA; 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
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	T4	PA; QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	T4	PA; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	T4	PA; QL (0.75 ML per 28 days)

		<b>Requirements and Limits</b>
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	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	T4	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	T4	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	T4	PA; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	T4	PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	T4	PA; QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	T4	PA; QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	T4	PA; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	T4	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)
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	T4	PA; QL (1 EA per 28 days)

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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>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 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 er</i>	T4	PA; QL (2 EA per 28 days)
<i>risperidone microspheres er</i>	T4	PA; 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	T4	PA; QL (2 EA per 28 days)
SECUADO	T3	ST; QL (30 EA per 30 days)
UZEDY	T4	PA
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	T4	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T4	PA; QL (1 EA per 28 days)
<b>Barbiturates (Anticonvulsants)</b>		
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<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 capsule 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<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	
<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)

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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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)
<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	



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		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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)
<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>		
<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
EMGALITY	T2	PA
EMGALITY (300 MG DOSE)	T2	PA
NURTEC	T3	PA; QL (8 EA per 30 days)
QULIPTA	T3	PA
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

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

Drug Name	Drug Tier	Requirements and Limits
<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	
NUEDEXTA	T3	PA
RADICAVA ORS	T4	PA
RADICAVA ORS STARTER KIT	T4	PA
<i>riluzole</i>	T1	90DS
<i>sodium oxybate</i>	T4	PA
VYNDAMAX	T4	PA
XYWAV	T4	PA
<b>Cyclooxygenase-2 (Cox-2) Inhibitors</b>		
<i>celecoxib oral</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	

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

Drug Name	Drug Tier	Requirements and Limits
<b>Fibromyalgia Agents</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</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)
SAVELLA	T3	
SAVELLA TITRATION PACK	T3	
<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>Monoamine Oxidase B Inhibitors</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>Nonergot-Deriv.Dopamine Receptor Agonist</b>		
<i>apomorphine hcl subcutaneous</i>	T4	PA
NEUPRO	T3	

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	<b>T1</b> = Generic <b>T2</b> = Preferred Brand <b>T3</b> = Non-Preferred Brand <b>T4</b> = Specialty	<b>90DS</b> = 90 Day Supply Eligible <b>AL</b> = Age Limit <b>PA</b> = Prior Authorization <b>QL</b> = Quantity Limit <b>ST</b> = Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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>Opiate Agonists</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 150 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
<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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</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</i>	T1	PA
<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>Opiate Antagonists</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	T3	ST
<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>naloxone hcl nasal</i>	T1	
<i>naltrexone hcl oral</i>	T1	
<i>pentazocine-naloxone hcl</i>	T1	
RELISTOR ORAL	T3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T3	PA
<b>Opiate 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)

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	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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
DAYVIGO	T3	ST
<b>Other Nonsteroidal Anti-Inflam. Agents</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
<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

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Drug Name	Drug Tier	Requirements and Limits
<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>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
<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>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 capsule 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<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	ST; 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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
<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>theophylline er</i>	T1	90DS
<i>theophylline 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



		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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 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
<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

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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

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

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	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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
<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	
FETZIMA TITRATION	T3	
SAVELLA	T3	
SAVELLA TITRATION PACK	T3	
<i>venlafaxine hcl</i>	T1	90DS
<i>venlafaxine hcl er</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)

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

Drug Name	Drug Tier	Requirements and Limits
<i>sumatriptan succinate oral</i>	T1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	T1	ST; QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	ST; QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	T1	ST; QL (4 ML per 30 days)
<i>zolmitriptan oral tablet</i>	T1	ST; QL (8 EA per 30 days)

### Selective-Serotonin Reuptake Inhibitors

<i>citalopram hydrobromide oral solution</i>	T1	90DS
<i>citalopram hydrobromide oral tablet</i>	T1	90DS
<i>escitalopram oxalate oral solution</i>	T1	90DS; AL (Max 12 Years)
<i>escitalopram oxalate oral tablet</i>	T1	90DS
<i>fluoxetine hcl (padded) 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	90DS
<i>fluvoxamine maleate</i>	T1	90DS
<i>paroxetine hcl er</i>	T1	90DS
<i>paroxetine hcl oral tablet</i>	T1	90DS
PAXIL ORAL SUSPENSION	T3	
<i>sertraline hcl oral concentrate</i>	T1	90DS
<i>sertraline hcl oral tablet</i>	T1	90DS

### Serotonin Modulators

<i>nefazodone hcl</i>	T1	90DS
<i>trazodone hcl oral</i>	T1	90DS
TRINTELLIX	T3	
VIIBRYD STARTER PACK	T3	
<i>vilazodone hcl</i>	T1	90DS

### Succinimides

		<b>Drug Tier</b>	<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</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	
AUSTEDO PATIENT TITRATION KIT	T4	PA	
AUSTEDO XR	T4	PA	
AUSTEDO XR PATIENT TITRATION	T4	PA	
INGREZZA	T4	PA	
<i>tetrabenazine</i>	T1	PA; 90DS	
<b>Wakefulness-Promoting Agents</b>			
<i>armodafinil</i>	T1	PA	
<i>modafinil oral</i>	T1	PA	

<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 ST = Step Therapy
<b>UPPERCASE</b> = Brand name drugs		

Drug Name	Drug Tier	Requirements and Limits
SUNOSI	T3	PA

## Devices

### Devices

ACCU-CHEK AVIVA IN VITRO SOLUTION	T1	
ACCU-CHEK FASTCLIX LANCET	T1	
ACCU-CHEK FASTCLIX LANCETS	T1	
ACCU-CHEK GUIDE	T1	
ACCU-CHEK GUIDE CONTROL	T1	
ACCU-CHEK GUIDE ME	T1	
ACCU-CHEK SMARTVIEW CONTROL	T1	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T1	
ACCU-CHEK SOFTCLIX LANCETS	T1	
<i>alcohol pad , 70 %</i>	T1	
ALCOHOL PAD , 70 %	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	
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	

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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	T1	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	T1	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	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)
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 READER	T2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	T2	
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE READER	T2	
<i>gauze pad 2"x2"</i>	T1	
GAUZE PAD 2"X2"	T1	
OMNIPOD 5 G6 INTRO (GEN 5)	T2	QL (1 EA per 730 days)
OMNIPOD 5 G6 PODS (GEN 5)	T2	
OMNIPOD DASH PDM (GEN 4)	T2	QL (1 EA per 730 days)
OMNIPOD DASH PODS (GEN 4)	T2	
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)

<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 ST = Step Therapy
<b>UPPERCASE</b> = Brand name drugs		

Drug Name	Drug Tier	Requirements and Limits
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)

## Diagnostic Agents

### Adrenocortical Insufficiency

ACTHAR	T4	PA
CORTROPHIN	T4	PA

### Cardiac Function

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

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

### Thyroid Function

THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	T4	
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## Electrolytic, Caloric, And Water Balance

### Alkalinizing Agents

<i>potassium citrate er</i>	T1	
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### Ammonia Detoxicants

<i>carglumic acid oral tablet soluble</i>	T4	
<i>constulose</i>	T1	90DS
<i>enulose</i>	T1	90DS
<i>generlac</i>	T1	90DS
<i>lactulose encephalopathy</i>	T1	90DS
<i>lactulose oral solution 10 gm/15ml</i>	T1	90DS

### Carbonic Anhydrase Inhibitors

<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS



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

Drug Name	Drug Tier	Requirements and Limits
<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</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>toremide oral</i>	T1	90DS
<b>Phosphate-Removing Agents</b>		
<i>calcium acetate (phos binder) oral capsule</i>	T1	90DS
FOSRENOL ORAL PACKET	T3	
<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	T3	
VELTASSA	T3	PA
<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>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</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 oral capsule extended release</i>	T1	90DS
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	T1	90DS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	T1	90DS
<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>Drug Tier</b>	<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
<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	
<i>tolvaptan</i>	T4	PA	
<b>Enzymes</b>			
<b>Enzymes</b>			
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	T4	PA	
CREON	T2	90DS	
ELELYSO	T4	PA	
HYQVIA	T4	PA	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA	
SANTYL	T3	PA	
SUCRAID	T4	PA	
VPRIV	T4	PA	
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>			

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

Drug Name	Drug Tier	Requirements and Limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T2	90DS
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	90DS
<i>brimonidine tartrate-timolol</i>	T1	90DS
SIMBRINZA	T2	90DS
<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>epinastine hcl</i>	T1	ST
LASTACAFT	T3	
<i>olopatadine hcl nasal</i>	T1	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1	
<b>Antibacterials (Eent)</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 ophthalmic</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	

		<b>Drug Tier</b>	<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
<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	
<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>Antivirals (Eent)</b>			
<i>trifluridine ophthalmic</i>	T1		
<b>Beta-Adrenergic Blocking Agents (Eent)</b>			
<i>betaxolol hcl ophthalmic</i>	T1	90DS	
<i>brimonidine tartrate-timolol</i>	T1	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	

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

Drug Name	Drug Tier	Requirements and Limits
<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
<b>Corticosteroids (Eent)</b>		
CIPRO HC	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	ST
<i>ciprofloxacin-fluocinolone pf</i>	T1	ST
<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 otic</i>	T1	
<i>fluorometholone ophthalmic</i>	T1	
<i>fluticasone propionate nasal</i>	T1	
FML FORTE	T2	
<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	
<i>neomycin-polymyxin-hc otic</i>	T1	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	QL (10 ML per 30 days)

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
ZYLET	T3	
<b>Eent Anti-Infectives, Miscellaneous</b>		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<b>Eent Anti-Inflammatory Agents, Misc.</b>		
<i>cyclosporine ophthalmic</i>	T1	ST; 90DS; QL (60 EA per 30 days)
XIIDRA	T3	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 ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T1	90DS
<i>eq artificial tears</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	
<i>liquitears</i>	T1	
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	T1	
MOISTURE EYES	T1	
OXERVATE	T4	PA
<i>polyvinyl alcohol ophthalmic</i>	T1	
PURE & GENTLE LUBRICANT OPTHALMIC SOLUTION 3 MG/ML	T1	
REFRESH TEARS	T1	

		<b>Drug Tier</b>	<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
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			<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
<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		
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>			
<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	
<i>tafluprost (pf)</i>	T1	ST; 90DS	
<i>travoprost (bak free)</i>	T1	ST; 90DS	
<b>Rho Kinase Inhibitors</b>			
RHOPRESSA	T3		



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

Drug Name	Drug Tier	Requirements and Limits
<b>Gastrointestinal Drugs</b>		
<b>5-Ht3 Receptor Antagonists</b>		
AKYNZEO ORAL	T3	PA
<i>granisetron hcl oral</i>	T1	
<i>ondansetron</i>	T1	
<i>ondansetron hcl oral</i>	T1	
<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
<b>Antiemetics, Miscellaneous</b>		
<i>dronabinol</i>	T1	
<i>promethazine hcl oral</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>		

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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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	
<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

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		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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>Cholelitholytic Agents</b>		
<i>ursodiol oral capsule 300 mg</i>	T1	90DS
<i>ursodiol oral tablet</i>	T1	90DS
<b>Digestants</b>		
CREON	T2	90DS
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
BYLVAY	T4	PA
BYLVAY (PELLETS)	T4	PA
CIMZIA (2 SYRINGE)	T4	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
GATTEX	T4	PA
HADLIMA	T4	PA
HADLIMA PUSHTOUCH	T4	PA
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	T4	PA
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

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Drug Name	Drug Tier	Requirements and Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T4	PA
HUMIRA-CD/UC/HS STARTER	T4	PA
HUMIRA-PED<40KG CROHNS STARTER	T4	PA
HUMIRA-PED>/=40KG CROHNS START	T4	PA
HUMIRA-PS/UV/ADOL HS STARTER	T4	PA
HUMIRA-PSORIASIS/UVEIT STARTER	T4	PA
LINZESS	T2	90DS; QL (30 EA per 30 days)
LIVMARLI	T4	PA
<i>lubiprostone</i>	T2	90DS; QL (60 EA per 30 days)
MOVANTIK	T2	ST
OICALIVA	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
<i>octreotide acetate subcutaneous</i>	T4	PA
RELISTOR ORAL	T3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T3	PA
SANDOSTATIN LAR DEPOT	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
SKYRIZI INTRAVENOUS	T4	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA
SYMPROIC	T2	ST
<b>Histamine H2-Antagonists</b>		
<i>cimetidine oral tablet 200 mg</i>	T1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	90DS
<i>nizatidine oral capsule</i>	T1	90DS
<b>Neurokinin-1 Receptor Antagonists</b>		
AKYNZEO ORAL	T3	PA
<i>aprepitant oral capsule</i>	T1	
EMEND ORAL SUSPENSION RECONSTITUTED	T3	
VARUBI (180 MG DOSE)	T3	PA
<b>Prokinetic Agents</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<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>		

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		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>deferasirox granules</i>	T4	PA
<i>deferasirox oral tablet</i>	T4	PA
<i>deferasirox oral tablet soluble</i>	T4	PA
<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

## Hormones And Synthetic Substitutes

### Adrenals

ARNUITY ELLIPTA	T2	90DS
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	90DS
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T2	90DS
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	90DS
ASMANEX HFA	T2	90DS
BREZTRI AEROSPHERE	T2	90DS
<i>budesonide inhalation</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>Drug Tier</b>	<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>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	
<i>fluticasone propionate hfa</i>	T2	90DS	
<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 oral</i>	T1		
<i>methylprednisolone oral</i>	T1		
<i>mometasone furoate nasal</i>	T1		
<i>prednisolone oral solution</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	
QVAR REDIHALER	T2	90DS	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3		
<b>Alpha-Glucosidase Inhibitors</b>			
<i>acarbose oral</i>	T1	90DS	
<b>Amylinomimetics</b>			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA	

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Drug Name	Drug Tier	Requirements and Limits
<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)
<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	
<b>Antiandrogens</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
KISQALI FEMARA (400 MG DOSE)	T4	PA
KISQALI FEMARA (600 MG DOSE)	T4	PA
<i>letrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<b>Antigonadotropins</b>		
ORILISSA	T3	PA
<b>Antiparathyroid Agents</b>		
<i>calcitonin (salmon) nasal</i>	T1	90DS
<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)



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Drug Name	Drug Tier	Requirements and Limits
<b>Antithyroid Agents</b>		
<i>methimazole oral</i>	T1	90DS
<i>propylthiouracil oral</i>	T1	90DS
<b>Biguanides</b>		
<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)
JENTADUETO	T2	90DS; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	T2	90DS; QL (30 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)

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		ST = Step Therapy

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)
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>		
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

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

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		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
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
<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

<b>lowercase italics</b> = Generic drugs <b>UPPERCASE</b> = Brand name drugs	<b>Drug Tier</b> <b>T1</b> = Generic <b>T2</b> = Preferred Brand <b>T3</b> = Non-Preferred Brand <b>T4</b> = Specialty	<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>ST</b> = Step Therapy
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<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

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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
JASMIEL	T1	ACA Preventative Medication-\$0 Copay; 90DS
JENCYCLA	T1	ACA Preventative Medication-\$0 Copay; 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
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

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

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

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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
LYLEQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
LYZA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>marlissa</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>medroxyprogesterone acetate intramuscular</i>	T1	ACA Preventative Medication-\$0 Copay
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
NIKKI	T1	ACA Preventative Medication-\$0 Copay; 90DS



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		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
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
NORTREL 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS

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		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
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
OPTION 2	T1	ACA Preventative Medication-\$0 Copay
ORSYTHIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
PHILITH	T1	ACA Preventative Medication-\$0 Copay; 90DS
PIMTREA	T1	ACA Preventative Medication-\$0 Copay; 90DS
PIRMELLA 1/35	T1	
PIRMELLA 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
PORTIA-28	T1	ACA Preventative Medication-\$0 Copay; 90DS
PREVIFEM	T1	
RECLIPSEN	T1	ACA Preventative Medication-\$0 Copay; 90DS
RIVELSA	T1	ACA Preventative Medication-\$0 Copay; 90DS
SETLAKIN	T1	ACA Preventative Medication-\$0 Copay; 90DS
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	

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Drug Name	Drug Tier	Requirements and Limits
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
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	

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
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

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<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
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>		
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)
JENTADUETO	T2	90DS; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRADJENTA	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)
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>		
DUAVEE	T3	ST

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Drug Name	Drug Tier	Requirements and Limits
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	
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

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
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
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	

		<b>Requirements and Limits</b>
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	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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>drospiren-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	
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



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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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	
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

<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>ST</b> = Step Therapy</p>
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<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
LARIN FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
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 ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T3	ST
MERZEE	T1	ACA Preventative Medication-\$0 Copay; 90DS

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<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

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		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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
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	

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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
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
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

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
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

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



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

Drug Name	Drug Tier	Requirements and Limits
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
<i>leuprolide acetate (3 month)</i>	T4	PA
<i>leuprolide acetate injection</i>	T4	
LUPRON DEPOT (1-MONTH)	T4	PA
LUPRON DEPOT (3-MONTH)	T4	PA
LUPRON DEPOT (4-MONTH)	T4	PA
LUPRON DEPOT (6-MONTH)	T4	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T4	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	T4	PA
LUPRON DEPOT-PED (6-MONTH)	T4	PA
SYNAREL	T4	PA
TRELSTAR MIXJECT	T4	PA
<b>Incretin Mimetics</b>		
MOUNJARO	T2	ST; QL (2 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T2	ST; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	ST; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	T2	ST; QL (3 ML per 28 days)
RYBELSUS	T2	ST; QL (30 EA per 30 days)
SOLIQUA	T2	ST; 90DS; QL (30 ML per 30 days)
TRULICITY	T2	ST; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	ST; QL (9 ML per 30 days)

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

Drug Name	Drug Tier	Requirements and Limits
XULTOPHY	T3	ST
<b>Intermediate-Acting Insulins</b>		
HUMULIN 70/30	T2	90DS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMULIN N	T2	90DS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
<b>Long-Acting Insulins</b>		
<i>insulin degludec</i>	T2	ST; 90DS
<i>insulin degludec flextouch</i>	T2	ST; 90DS
<i>insulin glargine-yfgn</i>	T1	90DS
LANTUS	T2	90DS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	90DS
LEVEMIR	T3	ST
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
REZVOGLAR KWIKPEN	T1	90DS
SOLIQUA	T2	ST; 90DS; QL (30 ML per 30 days)
TOUJEO MAX SOLOSTAR	T3	ST
TOUJEO SOLOSTAR	T3	ST
XULTOPHY	T3	ST
<b>Meglitinides</b>		
<i>nateglinide</i>	T1	90DS
<i>repaglinide</i>	T1	90DS
<b>Parathyroid Agents</b>		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	T4	PA
TYMLOS	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
<b>Pituitary</b>		
ACTHAR	T4	PA
CORTROPHIN	T4	PA
<i>desmopressin ace spray refrig</i>	T1	90DS; QL (15 ML per 30 days)
<i>desmopressin acetate oral</i>	T1	90DS
<i>desmopressin acetate spray</i>	T1	90DS; QL (15 ML per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA
HUMATROPE INJECTION CARTRIDGE	T4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN- INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR	T4	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA
<b>Progestins</b>		
AFIRMELLE	T1	ACA Preventative Medication- \$0 Copay; 90DS
ALTAVERA	T1	ACA Preventative Medication- \$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
<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
AZURETTE	T1	ACA Preventative Medication-\$0 Copay; 90DS
BALZIVA	T1	ACA Preventative Medication-\$0 Copay; 90DS

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
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
DEBLITANE	T1	ACA Preventative Medication-\$0 Copay; 90DS

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	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

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

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

		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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

<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>ST</b> = Step Therapy</p>
<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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	T3 = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	T4 = Specialty	<b>QL</b> = Quantity Limit
		<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
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
RIVELSA	T1	ACA Preventative Medication-\$0 Copay; 90DS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
TRI-LINYAH	T1	ACA Preventative Medication-\$0 Copay; 90DS
TRI-LO-ESTARYLLA	T1	ACA Preventative Medication-\$0 Copay; 90DS

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<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
VOLNEA	T1	ACA Preventative Medication-\$0 Copay; 90DS

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<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
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	90DS
HUMALOG MIX 50/50	T2	90DS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMALOG MIX 75/25	T2	90DS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	90DS
<i>insulin lispro (1 unit dial)</i>	T1	90DS
<i>insulin lispro injection</i>	T1	90DS
<i>insulin lispro junior kwikpen</i>	T1	90DS
<b>Short-Acting Insulins</b>		
HUMULIN 70/30	T2	90DS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMULIN R	T2	90DS
HUMULIN R U-500 (CONCENTRATED)	T2	90DS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	90DS
<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)
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



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	T3 = Non-Preferred Brand	PA = Prior Authorization
	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	PA
<i>octreotide acetate subcutaneous</i>	T4	PA
SANDOSTATIN LAR DEPOT	T4	PA
SIGNIFOR	T4	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	T4	PA
<b>Somatotropin Agonists</b>		
EGRIFTA SV	T4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA
HUMATROPE INJECTION CARTRIDGE	T4	PA
INCRELEX	T4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA
<b>Somatotropin Antagonists</b>		

		<b>Requirements and Limits</b>	
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<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	PA = Prior Authorization	QL = Quantity Limit
	T3 = Non-Preferred Brand	ST = Step Therapy	
	T4 = Specialty		
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
SOMAVERT	T4	PA	
<b>Sulfonylureas</b>			
<i>glimepiride</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		
<b>Local Anesthetics (Parenteral)</b>			
<b>Local Anesthetics (Parenteral)</b>			
ZTLIDO	T3	PA	
<b>Miscellaneous Therapeutic Agents</b>			
<b>5-Alpha-Reductase Inhibitors</b>			
<i>dutasteride oral</i>	T1	90DS	
<i>dutasteride-tamsulosin hcl</i>	T1	90DS	
<i>finasteride oral tablet 5 mg</i>	T1	90DS	
<b>Alcohol Deterrents</b>			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>disulfiram oral</i>	T1	90DS
<i>naltrexone hcl oral</i>	T1	
<b>Antidotes</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	
<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	
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS	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>		
TEGSEDI	T4	PA
<b>Bone Anabolic Agents</b>		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	T4	PA
TYMLOS	T4	PA
<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
<i>estradiol oral</i>	T1	90DS
<i>estradiol transdermal patch twice weekly</i>	T1	90DS
<i>estradiol transdermal patch weekly</i>	T1	90DS
<i>estradiol vaginal</i>	T1	90DS
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T1	
<i>ibandronate sodium oral</i>	T1	90DS

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		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T3	ST
PREMARIN ORAL	T3	ST
PREMARIN VAGINAL	T3	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
<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
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
<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

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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

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

### Complement Inhibitors

BERINERT	T4	PA
CINRYZE	T4	PA
EMPAVELI	T4	PA
HAEGARDA	T4	PA
RUCONEST	T4	PA
TAVNEOS	T4	PA

### Disease-Modifying Antirheumatic Agents

ACTEMRA ACTPEN	T4	PA
ACTEMRA SUBCUTANEOUS	T4	PA
<i>adalimumab-fkjp</i>	T4	PA
<i>azathioprine oral tablet 50 mg</i>	T1	90DS
CIBINQO	T4	PA
CIMZIA (2 SYRINGE)	T4	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
COSENTYX	T4	PA
COSENTYX (300 MG DOSE)	T4	PA
COSENTYX SENSOREADY (300 MG)	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA
COSENTYX UNOREADY	T4	PA
<i>cyclosporine modified</i>	T1	90DS
<i>cyclosporine oral capsule</i>	T1	90DS
ENBREL MINI	T4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
HADLIMA	T4	PA
HADLIMA PUSHTOUCH	T4	PA
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	T4	PA
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
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T4	PA
HUMIRA-CD/UC/HS STARTER	T4	PA
HUMIRA-PED<40KG CROHNS STARTER	T4	PA
HUMIRA-PED>=40KG CROHNS START	T4	PA
HUMIRA-PS/UV/ADOL HS STARTER	T4	PA
HUMIRA-PSORIASIS/UVEIT STARTER	T4	PA
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	90DS
KEVZARA	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
<i>leflunomide oral</i>	T1	90DS
<i>methotrexate 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	
OLUMIANT ORAL TABLET 1 MG, 2 MG	T4	PA
ORENCIA CLICKJECT	T4	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
OTEZLA ORAL TABLET	T4	PA
OTEZLA ORAL TABLET THERAPY PACK	T4	PA
<i>penicillamine oral</i>	T1	PA
REDITREX	T3	ST
RINVOQ	T4	PA
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
<i>sulfasalazine oral</i>	T1	90DS
XATMEP	T3	PA
XELJANZ	T4	PA
XELJANZ XR	T4	PA
<b>Immunomodulatory Agents</b>		
ACTEMRA ACTPEN	T4	PA
ACTEMRA SUBCUTANEOUS	T4	PA
ACTIMMUNE	T4	PA
<i>adalimumab-fkjp</i>	T4	PA



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	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA
<i>azathioprine oral tablet 50 mg</i>	T1	90DS
BAFIERTAM	T4	PA
BETASERON SUBCUTANEOUS KIT	T4	PA
CIMZIA (2 SYRINGE)	T4	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
<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</i>	T1	PA
ENBREL MINI	T4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
EXTAVIA SUBCUTANEOUS KIT	T4	PA
<i>fingolimod hcl</i>	T4	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
<i>glatiramer acetate</i>	T4	PA
GLATOPA	T4	PA
HADLIMA	T4	PA
HADLIMA PUSHTOUCH	T4	PA

		<b>Requirements and Limits</b>
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	T4 = Specialty	<b>QL</b> = Quantity Limit
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	T4	PA
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
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T4	PA
HUMIRA-CD/UC/HS STARTER	T4	PA
HUMIRA-PED<40KG CROHNS STARTER	T4	PA
HUMIRA-PED>/=40KG CROHNS START	T4	PA
HUMIRA-PS/UV/ADOL HS STARTER	T4	PA
HUMIRA-PSORIASIS/UVEIT STARTER	T4	PA
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	90DS
KESIMPTA	T4	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
<i>leflunomide oral</i>	T1	90DS
<i>lenalidomide</i>	T4	PA
MAVENCLAD (10 TABS)	T4	PA
MAVENCLAD (4 TABS)	T4	PA
MAVENCLAD (5 TABS)	T4	PA
MAVENCLAD (6 TABS)	T4	PA
MAVENCLAD (7 TABS)	T4	PA
MAVENCLAD (8 TABS)	T4	PA
MAVENCLAD (9 TABS)	T4	PA
MAYZENT	T4	PA
MAYZENT STARTER PACK	T4	PA
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	

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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	
ORENCIA CLICKJECT	T4	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
OTEZLA ORAL TABLET	T4	PA
OTEZLA ORAL TABLET THERAPY PACK	T4	PA
POMALYST	T4	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
REVLIMID	T4	PA
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
<i>sulfasalazine oral</i>	T1	90DS
TASCENSO ODT	T4	PA
<i>teriflunomide</i>	T4	PA
THALOMID	T4	PA
VUMERITY	T4	PA
XATMEP	T3	PA
ZEPOSIA	T4	PA
ZEPOSIA 7-DAY STARTER PACK	T4	PA

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

Drug Name	Drug Tier	Requirements and Limits
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	T4	PA
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL	T4	
<i>azathioprine oral tablet 50 mg</i>	T1	90DS
BENLYSTA SUBCUTANEOUS	T4	PA
<i>cyclophosphamide oral capsule</i>	T1	
<i>cyclosporine modified</i>	T1	90DS
<i>cyclosporine oral capsule</i>	T1	90DS
ENVARUSUS XR	T4	
<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
<i>leflunomide oral</i>	T1	90DS
LUPKYNIS	T4	PA
MAVENCLAD (10 TABS)	T4	PA
MAVENCLAD (4 TABS)	T4	PA
MAVENCLAD (5 TABS)	T4	PA
MAVENCLAD (6 TABS)	T4	PA
MAVENCLAD (7 TABS)	T4	PA
MAVENCLAD (8 TABS)	T4	PA
MAVENCLAD (9 TABS)	T4	PA
<i>mercaptopurine oral</i>	T1	
<i>methotrexate 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	

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Drug Name	Drug Tier	Requirements and Limits
<i>mycophenolate mofetil oral</i>	T1	90DS
<i>mycophenolate sodium</i>	T1	90DS
<i>pimecrolimus</i>	T1	ST
PROGRAF ORAL PACKET	T3	
PURIXAN	T4	
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
ORLADEYO	T4	PA
TAKHZYRO	T4	PA
<b>Kallikrein-Kinin System Inhibitors</b>		
BERINERT	T4	PA
CINRYZE	T4	PA
EMPAVELI	T4	PA
HAEGARDA	T4	PA
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA
KALBITOR	T4	PA
ORLADEYO	T4	PA
RUCONEST	T4	PA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA
TAVNEOS	T4	PA
<b>Other Miscellaneous Therapeutic Agents</b>		
<i>betaine</i>	T4	
CERDELGA	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
CYSTAGON	T4	
<i>dalfampridine er</i>	T1	PA; 90DS
ELMIRON	T3	PA
ENDARI	T4	PA
EVOTAZ	T2	90DS; QL (30 EA per 30 days)
EVRYSDI	T4	PA
FIRDAPSE	T4	PA
GALAFOLD	T4	PA
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA
<i>levocarnitine oral solution</i>	T1	90DS
<i>levocarnitine oral tablet</i>	T1	90DS
<i>levocarnitine sf</i>	T1	90DS
<i>miglustat</i>	T4	PA
<i>nitisinone</i>	T4	PA
NITYR	T4	PA
ORFADIN ORAL SUSPENSION	T4	PA
PREZCOBIX	T2	90DS; QL (30 EA per 30 days)
REZUROCK	T4	PA
<i>sapropterin dihydrochloride oral packet</i>	T4	PA
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA
STRIBILD	T2	90DS; QL (30 EA per 30 days)
SYMTUZA	T2	90DS; 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
VYNDAQEL	T4	PA
<b>Protective Agents</b>		
MESNEX ORAL	T3	
<b>Nonhormonal Contraceptives</b>		
<b>Nonhormonal Contraceptives</b>		
<i>aimsco lubricated</i>	T2	ACA Preventative Medication-\$0 Copay

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

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<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	AL = Age Limit
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	T4 = Specialty	QL = Quantity Limit
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
KIMONO SPECIAL	T2	ACA Preventative Medication-\$0 Copay
K-Y ME & YOU EXTRA LUBRICATED	T2	ACA Preventative Medication-\$0 Copay
K-Y ME & YOU INTENSE	T2	ACA Preventative Medication-\$0 Copay
<i>maxx</i>	T2	ACA Preventative Medication-\$0 Copay
<i>maxx plus</i>	T2	ACA Preventative Medication-\$0 Copay
OMNIFLEX DIAPHRAGM	T2	ACA Preventative Medication-\$0 Copay
OPTIONS GYNOL II CONTRACEPTIVE	T2	ACA Preventative Medication-\$0 Copay
PHEXXI	T2	ACA Preventative Medication-\$0 Copay
REALITY LATEX CONDOMS	T2	ACA Preventative Medication-\$0 Copay
REALITY LATEX/ULTRA TEXTURED	T2	ACA Preventative Medication-\$0 Copay
REALITY LATEX/ULTRA THIN	T2	ACA Preventative Medication-\$0 Copay
TODAY SPONGE	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX COLOR CONDOMS + LUBE	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX LUB/RIBBED/STUDED	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



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

Drug Name	Drug Tier	Requirements and Limits
TRUSTEX LUBRICATED EXTRA ST	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX LUBRICATED/SPERMICIDE	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX NATURAL CONDOMS + LUBE	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX NON-LUBRICATED	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX RIA LUB/SPERMICIDE	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX RIA LUBRICATED	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX RIA NON-LUBRICATED	T2	ACA Preventative Medication-\$0 Copay
TRUSTEX-NONOXYNOL-9/RIB/STUD	T2	ACA Preventative Medication-\$0 Copay
VCF VAGINAL CONTRACEPTIVE	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 60	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 65	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 70	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 75	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 80	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 85	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 90	T2	ACA Preventative Medication-\$0 Copay
WIDE-SEAL DIAPHRAGM 95	T2	ACA Preventative Medication-\$0 Copay

## Respiratory Tract Agents

	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>T1</b> = Generic	<b>90DS</b> = 90 Day Supply Eligible
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	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Alpha And Beta Adrenergic Agonist(Respr)</b>		
<i>epinephrine injection solution auto-injector</i>	T1	QL (2 EA per 30 days)
<b>Anticholinergic Agents (Respir.Tract)</b>		
ATROVENT HFA	T3	
COMBIVENT RESPIMAT	T3	
<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
<i>tiotropium bromide monohydrate</i>	T1	90DS
<b>Antifibrotic Agents</b>		
OFEV	T4	PA
<i>pirfenidone oral capsule</i>	T4	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	T4	PA
<b>Anti-Inflammatory Agents (Respiratory)</b>		
NUCALA	T4	PA
<b>Antitussives</b>		
<i>codeine sulfate oral tablet</i>	T1	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 150 Years)
<i>hydrocod poli-chlorphe poli er</i>	T1	QL (50 ML per 5 days); AL (Min 18 Years)
<b>Cystic Fibrosis (Cftr) Correctors</b>		
ORKAMBI	T4	PA
SYMDEKO	T4	PA
TRIKAFTA	T4	PA
<b>Cystic Fibrosis (Cftr) Potentiators</b>		

		<b>Requirements and Limits</b>	
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>PA</b> = Prior Authorization	<b>QL</b> = Quantity Limit
	<b>T2</b> = Preferred Brand	<b>ST</b> = Step Therapy	
	<b>T3</b> = Non-Preferred Brand		
	<b>T4</b> = Specialty		
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
KALYDECO	T4	PA	
ORKAMBI	T4	PA	
SYMDEKO	T4	PA	
TRIKAFTA	T4	PA	
<b>Endothelin Receptor Antagonists</b>			
<i>ambrisentan</i>	T4	PA	
<i>bosentan</i>	T4	PA	
<b>First Generation Antihist.(Respir Tract)</b>			
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1		
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1		
<i>cyproheptadine hcl oral</i>	T1		
<i>promethazine hcl oral</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	
FASENRA	T4	PA	
FASENRA PEN	T4	PA	
<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>			
ALOCRIIL	T3		
<i>cromolyn sodium inhalation</i>	T1	90DS	
<i>cromolyn sodium ophthalmic</i>	T1		
<i>cromolyn sodium oral</i>	T1	90DS	

		<b>Requirements and Limits</b>	
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	T4 = Specialty	QL = Quantity Limit	
		ST = Step Therapy	
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
<b>Mucolytic Agents</b>			
<i>acetylcysteine inhalation</i>	T1		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA	
<i>sodium chloride inhalation nebulization solution 3 %, 7 %</i>	T1		
<b>Nasal Preparations (Steroids)</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	
<i>budesonide inhalation</i>	T1	90DS; QL (60 ML per 30 days)	
<i>fluticasone propionate diskus</i>	T2	90DS	
<i>fluticasone propionate hfa</i>	T2	90DS	
PULMICORT FLEXHALER	T2	90DS	
QVAR REDHALER	T2	90DS	
<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	
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS	
<i>tadalafil (pah)</i>	T1	PA; 90DS	
<b>Prostacyclin &amp; Prostacyclin Derivatives</b>			
ORENITRAM	T4	PA	
ORENITRAM MONTH 1	T4	PA	

	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
ORENITRAM MONTH 2	T4	PA
ORENITRAM MONTH 3	T4	PA
TYVASO	T4	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA
TYVASO DPI TITRATION KIT	T4	PA
TYVASO REFILL	T4	PA
TYVASO STARTER	T4	PA
VENTAVIS	T4	PA
<b>Respiratory Tract Agents, Miscellaneous</b>		
<i>pirfenidone oral capsule</i>	T4	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	T4	PA
TEZSPIRE	T4	PA
XOLAIR	T4	PA
<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
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	ST; 90DS

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

Drug Name	Drug Tier	Requirements and Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2	90DS
STRIVERDI RESPIMAT	T2	90DS
<i>terbutaline sulfate oral</i>	T1	90DS

### Vasodilating Agents (Respiratory Tract)

ADEMPAS	T4	PA
<i>ambrisentan</i>	T4	PA
<i>bosentan</i>	T4	PA
ORENITRAM	T4	PA
ORENITRAM MONTH 1	T4	PA
ORENITRAM MONTH 2	T4	PA
ORENITRAM MONTH 3	T4	PA
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS
<i>tadalafil (pah)</i>	T1	PA; 90DS
TYVASO	T4	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA
TYVASO DPI TITRATION KIT	T4	PA
TYVASO REFILL	T4	PA
TYVASO STARTER	T4	PA
UPTRAVI ORAL	T4	PA
UPTRAVI TITRATION	T4	PA
VENTAVIS	T4	PA

### Vasodilating Agents, Misc

ADEMPAS	T4	PA
UPTRAVI ORAL	T4	PA
UPTRAVI TITRATION	T4	PA

### Xanthine Derivatives

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

Drug Name	Drug Tier	Requirements and Limits
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
<b>Skin And Mucous Membrane Agents</b>		
<b>Allylamines (Skin And Mucous Membrane)</b>		
<i>naftifine hcl external cream</i>	T1	PA
<b>Antibacterials (Skin, Mucous Membrane)</b>		
ALTABAX	T3	ST
<i>benzoyl peroxide-erythromycin</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</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>gentamicin sulfate external</i>	T1	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole external lotion</i>	T1	ST
<i>metronidazole vaginal</i>	T1	
<i>mupirocin external</i>	T1	QL (88 GM per 30 days)
<i>neomycin sulfate oral</i>	T1	
<i>sulfacetamide sodium (acne)</i>	T1	
XEPI	T3	ST
<b>Anti-Inflammatory Agents, Misc (Skin)</b>		
EUCRISA	T3	PA

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

Drug Name	Drug Tier	Requirements and Limits
<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	
<b>Antivirals (Skin And Mucous Membrane)</b>		
<i>acyclovir external cream</i>	T1	PA
<i>acyclovir external ointment</i>	T1	
<i>penciclovir</i>	T1	PA
<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	
<i>clotrimazole mouth/throat troche</i>	T1	
<i>clotrimazole-betamethasone</i>	T1	
<i>econazole nitrate external</i>	T1	
GYNAZOLE-1	T3	
JUBLIA	T3	PA
<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>hydrocortisone external cream 1 %</i>	T1	



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

Drug Name	Drug Tier	Requirements and Limits
<b>Cell Stimulants And Proliferants</b>		
<i>tretinoin external cream</i>	T1	AL (Max 30 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 30 Years)
<b>Corticosteroids (Skin, Mucous Membrane)</b>		
<i>alclometasone dipropionate</i>	T1	
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external lotion</i>	T1	
<i>betamethasone valerate external ointment</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate e</i>	T1	
<i>clobetasol propionate external cream</i>	T1	
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external ointment</i>	T1	
<i>clobetasol propionate external solution</i>	T1	
<i>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</i>	T1	
<i>desoximetasone external gel</i>	T1	
<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</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external gel</i>	T1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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 butyr lipo base</i>	T1	
<i>hydrocortisone butyrate external cream</i>	T1	
<i>hydrocortisone butyrate external ointment</i>	T1	
<i>hydrocortisone butyrate external solution</i>	T1	
<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 rectal enema</i>	T1	
<i>hydrocortisone valerate</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	
<b>Hydroxypyridones (Skin, Mucous Membrane)</b>		
<i>ciclopirox external solution</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<b>Immunomodulatory Agent(S)</b>		
HYFTOR	T4	PA
ILUMYA	T4	PA

		<b>Drug Tier</b>	<b>Requirements and Limits</b>
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		<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
			<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>	
<i>pimecrolimus</i>	T1	ST	
SILIQ	T4	PA	
SKYRIZI PEN	T4	PA	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA	
<i>tacrolimus external ointment</i>	T1	ST	
TREMFYA	T4	PA	
<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</i>	T1		
<b>Pigmenting Agents</b>			
<i>methoxsalen rapid</i>	T4	QL (84 EA per 30 days)	
<b>Polynes (Skin And Mucous Membrane)</b>			
<i>nystatin external</i>	T1		
<i>nystatin-triamcinolone</i>	T1		
<b>Scabicides And Pediculicides</b>			
CROTAN	T3		
<i>ivermectin external cream</i>	T1	ST	
<i>lindane external shampoo</i>	T1		
<i>malathion external</i>	T1		

	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>T1</b> = Generic	<b>90DS</b> = 90 Day Supply Eligible
<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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
COSENTYX	T4	PA
COSENTYX (300 MG DOSE)	T4	PA
COSENTYX SENSOREADY (300 MG)	T4	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA
COSENTYX UNOREADY	T4	PA
<i>diclofenac sodium external gel 1 %</i>	T1	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA
<i>fluorouracil external</i>	T1	
HYFTOR	T4	PA
ILUMYA	T4	PA
<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)

<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
		ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<i>nitroglycerin rectal</i>	T3	
OPZELURA	T4	PA
OTEZLA ORAL TABLET	T4	PA
OTEZLA ORAL TABLET THERAPY PACK	T4	PA
PANRETIN	T4	PA
<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
SKYRIZI PEN	T4	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
SOTYKTU	T4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T4	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
<i>tacrolimus external ointment</i>	T1	ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
TARGRETIN EXTERNAL	T4	PA
<i>tazarotene external cream</i>	T1	
TAZORAC EXTERNAL CREAM 0.05 %	T3	
TAZORAC EXTERNAL GEL	T3	
TREMFYA	T4	PA
VALCHLOR	T4	PA
<b>Smooth Muscle Relaxants</b>		
<b>Antimuscarinics</b>		
<i>darifenacin hydrobromide er</i>	T1	ST; 90DS
<i>fesoterodine fumarate er</i>	T1	ST; 90DS
<i>flavoxate hcl</i>	T1	90DS

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

Drug Name	Drug Tier	Requirements and Limits
<i>oxybutynin chloride er</i>	T1	90DS
<i>oxybutynin chloride oral solution</i>	T1	90DS
<i>oxybutynin chloride oral syrup</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>tropium chloride</i>	T1	90DS
<i>tropium chloride er</i>	T1	ST; 90DS

### Respiratory Smooth Muscle Relaxants

<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS

### Selective Beta-3-Adrenergic Agonists

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	ST; 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
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		<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>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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>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>lowercase italics</b> = Generic drugs <b>UPPERCASE</b> = Brand name drugs	<b>Drug Tier</b> <b>T1</b> = Generic <b>T2</b> = Preferred Brand <b>T3</b> = Non-Preferred Brand <b>T4</b> = Specialty	<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>ST</b> = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
<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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