California

4 Tier Formulary

California Small and Large Group Members

The 3 Tier with Specialty Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at www.healthnet.com. Refer to *Plan documents* for specific cost share information.

California Small and Large Group members
Go to
Drug List -- Use the "3 Tier with Specialty" Formulary.

NOTE: To search the drug list online, open the (pdf) document. Hold down the "Control" (Ctrl)
and "F" keys. When the search box appears, type the name of your drug, and press the "Enter" key. If you have questions or need more information, call us toll free.

Small Group
If you have questions about your pharmacy coverage, call Customer Service at **1-800-361-3366**
Hours of Operation
8:00am – 6:00pm Monday through Friday

Large Group
If you have questions about your pharmacy coverage, call Customer Service at **1-800-522-0088**
Hours of Operation
8:00am – 6:00pm Monday through Friday

Updated January 1, 2026

Table of Contents

Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

If you have questions about your pharmacy coverage, contact Customer Service at the phone number listed on your Health Net ID card or on the cover of this book. Customer Service can help you with questions about your prescription drug benefits, including, but not limited to:

- information about drugs covered under the medical benefit.
- the processes for submitting an exception request, requesting prior authorization and step therapy exceptions.
- actual dollar amounts of cost sharing for drugs including drugs subject to coinsurance.

What is the Drug List?

The drug list is a complete list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and current information about existing drugs and chooses drugs based on:

- Safety
- Effectiveness
- Side effects
- Value (if two drugs are equally effective, the less costly drug will be preferred)

This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.

How do I find a drug in the Drug List?

You can search for a drug by using the search tool, alphabetical index or by categorical list. There are three ways to find out if your drug is covered.

Search Tool: Open the List of Drugs (PDF). Hold down the "Control" (Ctrl) and "F" keys. When the search box appears, type the name of your drug. Press the "Enter" key.

Alphabetical Index: The index at the end of the (PDF) lists the names of generic and brand name drugs from A to Z. Once you find a drug name, go to the page number listed to see if the drug is covered.

Categorical list: The drugs are grouped into categorical or therapeutic categories. If you know what therapeutic category and class your drug is in, look through the list to find the category. Then look under the category and class for your drug.

If a generic equivalent for a brand name drug is not available in the market or not covered, the generic drug will not be listed separately. The presence of a drug on the drug list does not guarantee that your doctor will prescribe the drug for a particular medical condition.

How are the drugs listed in the categorical list?

A drug is listed alphabetically by its brand and generic names in its therapeutic category and class.

Example:

Drug	Tier	Requirements/ Limits
MAVYRET (***glecaprevir-pibrentasvir***) TABS	3	PA
phentermine hcl caps	1	PA

The generic drug name for a brand drug is included after the brand name in parentheses. The generic name is in ***bold italicized lowercase*** letters.

Brand Drug Example: MAVYRET (***glecaprevir-pibrentasvir***) TABS

If a generic equivalent for a brand name drug is available and both the brand name and the generic drug are covered, the generic drug will be listed separately from the brand name drug in ***bold and italicized lowercase*** letters.

Generic Drug Example: ***terbutaline sulfate tabs***

If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses, regular typeface in all CAPITAL letters.

Generic Drug Marketed Under a Proprietary Brand Name Example: *levothyroxine sodium* (LEVOXYL) TABS

How much will I pay for my drugs?

To see how much you will pay for a drug check the abbreviations in the Drug Tier column on the formulary. The copayment or coinsurance for each tier is defined in your Summary of Benefits or other plan documents.

Drug Class	Benefit Phase	Maximum Cost Share	Days Supply
Oral Cancer Drugs	Before Deductible is met	$250	30 Days
All other (non-oral cancer) Drugs	After Deductible is met	$250	30 Days
Bronze Plan Members	After Deductible Met	$500	30 Days

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayment or coinsurance an enrollee is required to pay shall not exceed two hundred fifty dollars ($250) for an individual prescription of up to a 30-day supply.

Non-preferred Generic Drugs generic drugs have been placed at Tier 2.

Tier Descriptions

Below is a description for each Tier. Refer to Evidence of Coverage for specific cost share information.

Tier	*Description*
1	Tier one consists of most generic drugs and low-cost preferred brand drugs.
2	Tier two consists of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three consists of non-preferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Tier four consists of drugs that the Food and Drug Administration of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the insured to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars ($600) net of rebates for a one-month supply.
5	Tier 5 includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

Are there any limits on my drug coverage?

Some drugs have limits or restrictions on coverage. The table below provides a description of abbreviations that may appear in the Limits column on the drug list:

Abbreviation	*Definition*	*Description*
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-Cancer	These oral cancer drugs have a maximum $250 copayment for a one-month supply, before any deductible has been met, per state law (or $750 maximum for a three-month supply through mail order, if applicable).

LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Preventive Health Drugs are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers all self-administered hormonal contraceptives on the Formulary, up to a 12-month supply when dispensed at one time.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan, except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

The formulary is updated with changes monthly. The types of changes may include the following:

- Removal of a drug or dosage form of a drug from the formulary
- Any change in tier placement of a drug that results in an increase in cost sharing
- Adding or changing utilization management procedures applicable to a drug.

If these changes occur, you will be notified at least 60 days in advance of the change, unless the drug is removed for safety reasons.

How can I get prior authorization or an exception to the rules for drug coverage?

Requests for prior authorization may be submitted electronically through *CoverMyMeds*, by phone at 1-800-548-5524, or by fax at 1-800-314-6223. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health plan may not deny the request thereafter.

If your doctor believes that waiting 72 hours for a standard decision could seriously harm your health, your doctor can ask for a fast (expedited) decision. This applies only to requests for drugs that you have not already received. We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a non-formulary drug or a drug requiring pre-approval, an exception to coverage may be requested by the prescriber. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

If we approve your drug's exception, the approval continues until the end of the plan year. To keep the exception in place for the plan year, you must remain enrolled in our plan, your doctor must continue to prescribe your drug, and your drug must be safe for treating your condition.

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior authorization may be submitted electronically or by telephone or fax.

If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies. Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

Step Therapy Exception:

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. This is called step therapy. Step therapy is when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless a step therapy exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy.

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage.

You or your doctor can request a step therapy exception if:

- The required prescription drug is contraindicated or is likely, or expected, to cause an adverse reaction or physical or mental harm to the member in comparison to the requested prescription drug, based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The required prescription drug is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.
- The member has tried the required prescription drug while covered by their current or previous health coverage or Medicaid, and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse reaction. The health care service plan may require the submission of documentation demonstrating that the member tried the required prescription drug before it was discontinued.
- The required prescription drug is not clinically appropriate for the member because the required drug is expected to do any of the following, as determined by the member's prescribing provider:
    - Worsen a comorbid condition.
    - Decrease the capacity to maintain a reasonable functional ability in performing daily activities.
    - Pose a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

When information necessary for the health plan to make a determination is not included with the request for prior authorization or step therapy exception, the plan will notify the prescribing

provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not available, and is medically necessary for you, Health Net will provide coverage. OTC oral contraceptives or condoms can be provided by your pharmacy without a prescription and billed through the pharmacy claims system with a zero copay. Members obtaining OTC oral contraceptives should inform their physician.

What blood glucose supplies are covered?

Specific brands of blood glucose monitors, blood glucose testing strips, lancets, ketone testing strips, pen delivery systems for injecting insulin and insulin needles and syringes are covered on the drug list. A prescription from your doctor is required to obtain these from a pharmacy.

Insulin pumps and all related necessary supplies, podiatric devices to prevent or treat diabetes-related complications and visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin are covered under the medical benefit.

Continuous blood glucose monitors and supplies are considered durable medical equipment and may be covered under your DME benefit.

Are preventive drugs covered?

Yes, preventive drugs on the Drug List, with “A” and “B” grade recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered. Included are contraceptives, male condoms, and preexposure prophylaxis (PrEP). Office administered injectable medications are provided under the medical benefit. There is no member cost share for preventive drugs on the Drug List, excluding grandfathered plans.

What drugs are covered under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* for coverage information and exceptions.

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-

network pharmacy near you visit our website at Find a pharmacy near you or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation "LA" or a statement indicating the drug must be dispensed from a network specialty pharmacy. After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery.

Can I use a mail order pharmacy?

For maintenance prescription drugs, you can use the contracted Mail Order Pharmacy. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 Specialty drugs are not available through mail order or extended day supplies.

To use the mail order pharmacy your doctor must provide a new prescription that allows up to a 90-day supply of each drug. Mail order forms are available on our website at Forms and Brochures - Pharmacy or you may call us at the telephone number on your Health Net ID card or on the front cover of this book to request a form.

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at in-network pharmacies.
- Be sure your doctor prescribes drugs on the drug list.
- Fill your maintenance drugs through our mail order pharmacy program.
- Log into HealthNet.com to check drug coverage, your cost at a pharmacy or alternatives to your medication.

Are infertility drugs covered?

Check your plan documents for your specific coverage. A new regulation (SB 729) requires new and renewing Groups, after July 1, 2025, will pay only their Tier copayment. Many Groups currently have a 50% coinsurance, which will go away after their renewal.

Are Immunizations covered through pharmacies?

Immunizations are covered through your primary care Doctor. The following immunizations are covered at a Health Net participating pharmacy for members that have pharmacy coverage with Health Net or Ambetter;

- Covid-19

- Influenza (Flu)
- RSV

Are Weight Loss Drugs Covered?

Most plans do cover weight loss medications when prior authorization has been approved. Check your plan documents for your coverage and copayment or coinsurance. Requirements for approval include enrolling and actively participating in a weight loss behavior modification program that include diet, exercise and behavior modification for 6 months prior to going on a weight loss drug and continuing in the program while being treated with a weight loss medication. You must meet the body mass index (BMI) requirements under your plan. Covered medications include:

Weight Loss Medications	
Oral Medications	**Self-injected Medications**
Contrave	Wegovy
Phentermine-Topiramate (Qsymia)	Saxenda
Phentermine	Zepbound
Orlistat (Xenical)	

Definitions

Brand drug: Is a drug that is marketed under a proprietary, trademark-protected name. A brand drug is listed in this formulary in all CAPITAL letters.

Coinsurance: Is a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment: Is a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible if a deductible applies to the health care benefit.

Deductible: Is the amount you pay for covered health care benefits that are subject to the deductible before your health plan begins to pay. If the plan has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. The plan pays the rest.

Drug Tier: Is a group of prescription drugs that correspond to a specified cost sharing tier. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

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

Exception request: Is a request for coverage of a non-formulary drug. If you, your designee, or your doctor submits a request for coverage of a non-formulary drug, the plan must cover the non-formulary drug when it is medically necessary for you to take the drug

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

Formulary or **prescription drug list**: Is the list of drugs that is covered by the plan under the prescription drug benefit of the policy.

Generic drug: Is a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in the drug list in bold and italicized lowercase letters.

Medically Necessary: Is a health care benefit needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Plans usually do not cover health care benefits that are not medically necessary.

Non-formulary drug: Is a prescription drug that is not listed on the drug list.

Out-of-pocket costs: Are your expenses for health care benefits that are not reimbursed by the plan. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are paid by the Member and not covered by the plan.

Prescribing provider: This health care provider can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription: Is an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prior Authorization: Is a decision by the plan that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in the drug list, your doctor must request approval from the plan to cover the drug before you fill your prescription. The plan must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy: Is a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in the drug list, you may have to try one or more other drugs before the plan will cover that drug for your medical condition. If your doctor submits a request for an exception to the step therapy requirement, the plan must grant the request.

Step therapy exception is a decision to override an applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	QL(2 EA daily)
amphetamine-dextroamphetamine TABS	1	
dextroamphetamine sulfate CP24	1	
dextroamphetamine sulfate SOLN	1	
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	
lisdexamfetamine dimesylate CAPS	2	QL(1 EA daily)
lisdexamfetamine dimesylate CHEW	2	QL(1 EA daily)
methamphetamine hcl	1	PA
Analeptics		
caffeine citrate SOLN PO	1	
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	QL(2 EA daily)
atomoxetine hcl 60 MG, 80 MG, 100 MG	1	QL(1 EA daily)
guanfacine hcl (adhd)	1	QL(1 EA daily)
Stimulants - Misc.		
armodafinil	1	PA
dexmethylphenidate hcl CP24	1	QL(1 EA daily)
dexmethylphenidate hcl TABS	1	QL(2 EA daily)
methylphenidate hcl CHEW	1	
methylphenidate hcl CP24	1	QL(1 EA daily)
methylphenidate hcl CP24 60 MG	2	QL(1 EA daily; 90 EA per fill retail)
methylphenidate hcl CPCR	1	QL(1 EA daily)
methylphenidate hcl SOLN	1	
methylphenidate hcl TABS 5 MG, 10 MG	1	
methylphenidate hcl TABS 20 MG	1	QL(3 EA daily)
methylphenidate hcl TB24 36 MG	1	QL(2 EA daily; 180 EA per fill retail)
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	1	QL(1 EA daily; 90 EA per fill retail)
methylphenidate hcl TBCR 18 MG, 20 MG, 27 MG, 36 MG, 72 MG	1	QL(1 EA daily)
methylphenidate hcl TBCR 10 MG	1	QL(1 EA daily; 90 EA per fill retail)
methylphenidate hcl TBCR 54 MG	1	QL(2 EA daily)
methylphenidate PTCH	2	QL(1 EA daily)
modafinil	1	QL(1 EA daily)
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
QUILLIVANT XR SRER	3	QL(12 ML daily); PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		

1=Preferred Generics 2=Preferred Brands/Non-Preferred Generics 3=Non-Preferred Brand Drugs
4=High Cost Drugs/Specialty Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit
PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access
SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
Aminoglycosides		
ARIKAYCE	4	SP; PA
HUMATIN	2	SP
neomycin sulfate TABS	1	
TOBI PODHALER CAPS	4	SP; PA
tobramycin NEBU	4	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	4	QL(12 ML daily); SP; PA
RINVOQ TB24	4	QL(1 EA daily); SP; PA
XELJANZ XR TB24	4	QL(1 EA daily); SP; PA
XELJANZ SOLN	4	QL(10 ML daily); SP; PA
XELJANZ TABS	4	QL(2 EA daily); SP; PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	SP; PA
RASUVO SOAJ 20 MG/0.4ML	4	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies		
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	QL(0.143 ML daily); SP; PA
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	QL(0.072 ML daily); SP; PA
ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); SP; PA
HADLIMA PUSHTOUCH SOAJ	4	QL(0.143 ML daily); SP; PA
HADLIMA SOSY	4	QL(0.143 ML daily); SP; PA
HUMIRA (2 PEN) AJKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check plan documents for benefits and copay; QL(0.072 EA daily); SP; PA
HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for benefits and copay; QL(3 EA per 365 day(s) retail); SP; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for benefits and copay; QL(2 EA per 365 day(s) retail); SP; PA

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PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access
SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA-PED>/=40KG CROHNS START PSKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily; 3 EA per 365 day(s) retail); SP; PA
HUMIRA-PED>/=40KG UC STARTER AJKT	4	Check plan documents for benefits and copay; QL(4 EA per 365 day(s) retail); SP; PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily); SP; PA
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	Check plan documents for benefits and copay; QL(0.143 EA daily; 3 EA per 365 day(s) retail); SP; PA
Gold Compounds		
AURANOFIN 3 MG	4	
RIDAURA	4	
Interleukin-1 Blockers		
ARCALYST	4	SP; PA
Interleukin-6 Receptor Inhibitors		
KEVZARA SOAJ	4	QL(0.082 ML daily); SP; PA
KEVZARA SOSY	4	QL(0.082 ML daily); SP; PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Flurbiprofen) LURBIPR TABS 100 MG	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
(Indomethacin) INDOCIN SUPP	4	
(Tolmetin Sodium) TOLECTIN 600 TABS 600 MG	1	
celecoxib 50 MG, 100 MG, 200 MG	1	QL(2 EA daily)
celecoxib 400 MG	1	QL(2 EA daily); PA
diclofenac potassium TABS 50 MG	1	
diclofenac sodium TB24	1	
diclofenac sodium TBEC	1	
diclofenac w/ misoprostol TBEC	1	
etodolac CAPS	1	
etodolac TABS	1	
etodolac TB24	1	QL(2 EA daily)
fenoprofen calcium TABS	3	
flurbiprofen TABS	1	
ibuprofen TABS 400 MG, 600 MG, 800 MG	1	
indomethacin CAPS 25 MG, 50 MG	1	
indomethacin CPCR	1	
indomethacin SUPP	4	
indomethacin SUSP	2	
ketoprofen CAPS 50 MG	1	
ketoprofen CP24	2	
ketorolac tromethamine TABS	1	QL(20 EA per fill retail)
meclofenamate sodium CAPS	1	
mefenamic acid CAPS	2	
meloxicam CAPS	3	PA
meloxicam TABS 15 MG	1	QL(1 EA daily)
meloxicam TABS 7.5 MG	1	QL(2 EA daily)
nabumetone 500 MG	1	QL(4 EA daily)
nabumetone 750 MG	1	QL(3 EA daily)
NALFON TABS 600 MG	3	

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Drug Name	Drug Tier	Requirements/ Limits
naproxen sodium TABS 275 MG, 550 MG	1	
naproxen SUSP	1	
naproxen TABS	1	
oxaprozin TABS	1	
piroxicam CAPS 10 MG	1	
piroxicam CAPS 20 MG	1	QL(1 EA daily)
sulindac TABS 150 MG	1	QL(2 EA daily)
sulindac TABS 200 MG	1	
tolmetin sodium CAPS	1	
tolmetin sodium TABS 600 MG	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	QL(2 EA daily); SP; PA
OTEZLA TBPK	4	QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
leflunomide 10 MG	1	QL(2 EA daily)
leflunomide 20 MG	1	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	QL(0.15 ML daily); SP; PA
ENBREL SURECLICK SOAJ	4	QL(0.143 ML daily); SP; PA
ENBREL SOLN	4	QL(0.143 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	4	QL(0.28 ML daily); SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1	
butalbital-acetaminophen CAPS 50 MG-300 MG	2	
butalbital-acetaminophen TABS 50 MG-300 MG	2	
butalbital-acetaminophen TABS 50 MG-325 MG	1	
butalbital-aspirin-caffeine CAPS	1	
Salicylates		

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Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	PV
aspirin CHEW	5	PV
aspirin TBEC 81 MG	5	PV
diflunisal TABS	1	
salsalate	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1	
(Methadone Hcl) METHADOSE TBSO	1	
codeine sulfate TABS 30 MG	1	
CODEINE SULFATE TABS	2	
fentanyl citrate LPOP 1600 MCG	2	QL(4 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	2	PA
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	1	Limit 15 patches per month; QL(0.5 EA daily)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	Limit 15 per month; QL(0.5 EA daily)
hydrocodone bitartrate CP12	2	PA
hydrocodone bitartrate T24A	2	PA
hydromorphone hcl LIQD	1	
hydromorphone hcl TABS	1	
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	2	QL(4 EA daily)
hydromorphone hcl TB24 32 MG	2	QL(2 EA daily)
HYSINGLA ER T24A	3	PA
levorphanol tartrate TABS	4	PA
meperidine hcl SOLN PO 50 MG/5ML	2	
meperidine hcl TABS 50 MG	1	
methadone hcl CONC	1	
methadone hcl SOLN PO	1	
methadone hcl TABS	1	QL(12 EA daily)
methadone hcl TBSO	1	
morphine sulfate beads	2	QL(1 EA daily)
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	QL(2 EA daily)
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	1	
morphine sulfate SUPP	2	

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate TABS	1	
morphine sulfate TBCR	1	QL(3 EA daily)
OXAYDO TABS 5 MG	2	
oxycodone hcl CAPS	1	
oxycodone hcl CONC 100 MG/5ML	1	
oxycodone hcl SOLN	1	
oxycodone hcl TABS 30 MG	1	QL(4 EA daily)
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	1	
oxymorphone hcl TABS 5 MG	2	
oxymorphone hcl TABS 10 MG	2	QL(8 EA daily)
oxymorphone hcl TB12	2	QL(2 EA daily)
tramadol hcl TABS 50 MG	1	QL(8 EA daily)
tramadol hcl TABS 100 MG	1	
tramadol hcl TB24 300 MG	2	
tramadol hcl TB24 200 MG	2	QL(1 EA daily)
tramadol hcl TB24 100 MG	2	QL(3 EA daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine SOLN	1	
acetaminophen w/ codeine TABS 60 MG-300 MG	1	QL(6 EA daily)
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	1	
butalbital-acetaminophen-caffeine w/ codeine	1	
butalbital-aspirin-caffeine w/cod	3	
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	1	
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	1	QL(240 EA per fill retail)
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	1	QL(6 EA daily)
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	1	
hydrocodone-ibuprofen 10 MG-200 MG	3	Not available through Mail Order
hydrocodone-ibuprofen 7.5 MG-200 MG	1	
hydrocodone-ibuprofen 5 MG-200 MG	2	
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-5 MG	1	QL(6 EA daily)
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	1	
OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	3	
PROLATE TABS	3	
tramadol-acetaminophen	1	QL(8 EA daily)
Opioid Partial Agonists		
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	1	QL(2 EA daily)
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	1	QL(3 EA daily)
buprenorphine hcl-naloxone hcl dihydrate SUBL	1	QL(3 EA daily)
buprenorphine hcl SUBL 8 MG	1	QL(4 EA daily)
buprenorphine hcl SUBL 2 MG	1	QL(3 EA daily)
buprenorphine PTWK 5 MCG/HR, 7.5 MCG/HR, 10 MCG/HR	1	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)
buprenorphine PTWK 20 MCG/HR	1	Limit 4 patches per month; QL(4 EA per 28 day(s) retail)
buprenorphine PTWK 15 MCG/HR	1	Limit 4 patches per 28 days; QL(4 EA per 28 day(s) retail)
butorphanol tartrate NA 10 MG/ML	1	Limit 7.5mls per month; QL(0.25 ML daily)
pentazocine w/ naloxone hcl	1	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		

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Drug Name	Drug Tier	Requirements/ Limits
Androgens		
(Methyltestosterone) METHITEST TABS	4	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
danazol CAPS	1	
methyltestosterone CAPS	4	
testosterone cypionate SOLN IM	1	QL(10 ML per fill retail)
testosterone enanthate SOLN IM	1	
testosterone GEL TD 1 %	1	Limit 300gms per month; QL(10 GM daily)
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %	1	Limited to 300 gms per month; QL(10 GM daily)
testosterone GEL TD 1 %, 50 MG/5GM	1	Limited to 300 gms per month; QL(10 GM daily); PA
testosterone GEL TD 10 MG/ACT	1	QL(4 GM daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
budesonide (intrarectal)	2	PA
CORTIFOAM EX 10 %	2	
hydrocortisone (intrarectal)	1	QL(60 ML daily)
Rectal Combinations		
ANALPRAM HC LOTN EX	3	
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
hydrocortisone (rectal) EX 2.5 %	1	
Vasodilating Agents		
nitroglycerin (intra-anal)	2	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	1	QL(4 EA per fill retail)
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old); SP
ivermectin	1	QL(5 EA per fill retail); PA
praziquantel	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine TB12 500 MG	1	QL(4 EA daily)
ranolazine TB12 1000 MG	1	
Nitrates		
isosorbide dinitrate TABS 40 MG	2	
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	1	
isosorbide mononitrate TABS	1	
ISOSORBIDE MONONITRATE TABS	2	
isosorbide mononitrate TB24	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
nitroglycerin PT24	1	QL(1 EA daily)
nitroglycerin SOLN TL 0.4 MG/SPRAY	1	
nitroglycerin SUBL	1	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
buspirone hcl	1	
hydroxyzine hcl SYRP	1	
hydroxyzine hcl TABS	1	
hydroxyzine pamoate CAPS	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
alprazolam TABS	1	
alprazolam TB24	1	
alprazolam TBDP	1	
chlordiazepoxide hcl CAPS	1	
clorazepate dipotassium TABS	1	
diazepam CONC	1	
diazepam SOLN PO 5 MG/5ML	1	
diazepam TABS 10 MG	1	QL(4 EA daily)
diazepam TABS 2 MG, 5 MG	1	
lorazepam CONC	1	
lorazepam TABS	1	
oxazepam CAPS 10 MG, 15 MG	1	
oxazepam CAPS 30 MG	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
disopyramide phosphate CAPS	2	
NORPACE CR CP12	3	
quinidine gluconate TBCR	1	
quinidine sulfate TABS	1	
Antiarrhythmics Type I-B		
mexiletine hcl	1	
Antiarrhythmics Type I-C		
flecainide acetate	1	
propafenone hcl CP12	2	
propafenone hcl TABS 150 MG	1	QL(6 EA daily)
propafenone hcl TABS 225 MG, 300 MG	1	QL(3 EA daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
amiodarone hcl TABS	1	
dofetilide	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); SP; PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); SP; PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); SP; PA
NUCALA SOAJ	4	QL(0.1073 ML daily); SP; PA
NUCALA SOLR	4	QL(0.1073 EA daily); SP; PA
NUCALA SOSY 40 MG/0.4ML	4	QL(0.0144 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
NUCALA SOSY 100 MG/ML	4	QL(0.1073 ML daily); SP; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
ipratropium bromide SOLN 0.02 %	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
tiotropium bromide monohydrate CAPS	2	QL(1 EA daily)
Leukotriene Modulators		
montelukast sodium CHEW	1	QL(1 EA daily)
montelukast sodium PACK	1	QL(1 EA daily)
montelukast sodium TABS	1	QL(1 EA daily)
zileuton TB12	4	
ZYFLO TABS	3	
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
roflumilast	1	QL(1 EA daily)
Steroid Inhalants		
budesonide (inhalation) SUSP 1 MG/2ML	1	QL(2 ML daily)
budesonide (inhalation) SUSP 0.5 MG/2ML	1	QL(4 ML daily)
budesonide (inhalation) SUSP 0.25 MG/2ML	1	QL(8 ML daily)
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	1	QL(1 EA daily)
fluticasone propionate (inhalation) AEPB 100 MCG/ACT	1	QL(20 EA daily)
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	1	QL(8 EA daily)
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	1	QL(40 EA daily)
fluticasone propionate hfa 44 MCG/ACT	1	Limit 2 inhalers per month; QL(0.36 GM daily)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	1	Limit 2 inhalers per month; QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 EA daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)
QVAR REDIHALER 80 MCG/ACT	2	QL(0.72 GM daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
albuterol sulfate AERS	1	QL(0.47 GM daily)
albuterol sulfate AERS	1	QL(1.2 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate AERS	1	QL(0.57 GM daily)
albuterol sulfate NEBU	1	
albuterol sulfate NEBU	1	
ALBUTEROL SULFATE NEBU	2	
albuterol sulfate SYRP	1	
albuterol sulfate TABS	1	
arformoterol tartrate	2	QL(4 ML daily)
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
budesonide-formoterol fumarate dihydrate	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)
fluticasone furoate-vilanterol	1	QL(2 EA daily)
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
fluticasone-salmeterol AERO	1	Limit 1 inhaler per month; QL(0.4 GM daily)
formoterol fumarate NEBU	2	QL(4 ML daily)
ipratropium-albuterol SOLN	1	
levalbuterol hcl	1	
levalbuterol tartrate	1	QL(0.5 GM daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	QL(0.14 GM daily)
STRIVERDI RESPIMAT	2	QL(0.14 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
terbutaline sulfate TABS	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
umeclidinium-vilanterol	2	QL(2 EA daily)
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	
theophylline ELIX	1	
theophylline SOLN	1	
theophylline TB12 300 MG	1	QL(2 EA daily)
theophylline TB12 450 MG	1	QL(1 EA daily)
theophylline TB24	1	QL(1 EA daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
warfarin sodium TABS	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS	2	QL(2 EA daily)
rivaroxaban SUSR 1 MG/ML	1	QL(900 ML per 30 day(s) retail)
rivaroxaban TABS 2.5 MG	1	QL(1 EA daily)
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
XARELTO TABS 10 MG	2	QL(2 EA daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG *(rivaroxaban)*	2	QL(1 EA daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)
Heparins And Heparinoid-Like Agents		
enoxaparin sodium SOLN IJ 300 MG/3ML	1	QL(42 ML per 7 day(s) retail); SP

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Drug Name	Drug Tier	Requirements/ Limits
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	1	QL(11.2 ML per 7 day(s) retail); SP
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	1	QL(14 ML per 7 day(s) retail); SP
enoxaparin sodium SOSY 30 MG/0.3ML	1	QL(4.2 ML per 7 day(s) retail); SP
enoxaparin sodium SOSY 40 MG/0.4ML	1	QL(5.6 ML per 7 day(s) retail); SP
enoxaparin sodium SOSY 60 MG/0.6ML	1	QL(8.4 ML per 7 day(s) retail); SP
fondaparinux sodium 2.5 MG/0.5ML, 7.5 MG/0.6ML	4	QL(4 ML per 90 day(s) retail); SP
fondaparinux sodium 5 MG/0.4ML	4	QL(3 ML per 90 day(s) retail); SP
fondaparinux sodium 10 MG/0.8ML	4	QL(6 ML per 90 day(s) retail); SP
FRAGMIN SOLN 95000 UNIT/3.8ML	4	SP; PA
FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	QL(1 ML per 90 day(s) retail); SP
FRAGMIN SOSY 18000 UNT/0.72ML	4	QL(5 ML per 90 day(s) retail); SP
FRAGMIN SOSY 10000 UNIT/ML	4	QL(7 ML per 90 day(s) retail); SP
FRAGMIN SOSY 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	4	QL(4 ML per 90 day(s) retail); SP
FRAGMIN SOSY 7500 UNIT/0.3ML	4	QL(2 ML per 90 day(s) retail); SP
Thrombin Inhibitors		
dabigatran etexilate mesylate CAPS	1	QL(2 EA daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	4	QL(24 ML daily)
FYCOMPA TABS 2 MG	4	QL(6 EA daily)
FYCOMPA TABS 6 MG	4	QL(2 EA daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 EA daily)
FYCOMPA TABS 4 MG	4	QL(3 EA daily)
perampanel TABS 4 MG	4	QL(3 EA daily)
perampanel TABS 2 MG	4	QL(6 EA daily)
perampanel TABS 6 MG	4	QL(2 EA daily)
perampanel TABS 8 MG, 10 MG, 12 MG	4	QL(1 EA daily)
Anticonvulsants - Benzodiazepines		
clobazam SUSP	2	
clobazam TABS 10 MG	1	QL(1 EA daily)
clobazam TABS 20 MG	1	QL(2 EA daily)
clonazepam TABS	1	
clonazepam TBDP	1	
diazepam (anticonvulsant) GEL	2	Limit 4 per month; QL(0.14 EA daily)
NAYZILAM	4	QL(10 EA per 30 day(s) retail); PA
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2	
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2	
(Lamotrigine) SUBVENITE TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)
BRIVIACT SOLN PO 10 MG/ML	4	SP; PA
BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG	3	SP; PA
BRIVIACT TABS 100 MG	3	QL(2 EA daily); SP; PA
carbamazepine CHEW 100 MG	1	
carbamazepine CP12	1	
carbamazepine SUSP	1	
carbamazepine TABS	1	
carbamazepine TB12 100 MG	1	
carbamazepine TB12 400 MG	1	QL(4 EA daily)
carbamazepine TB12 200 MG	1	QL(8 EA daily)
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); SP; PA
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); SP; PA
DIACOMIT PACK 500 MG	4	QL(6 EA daily); SP; PA
DIACOMIT PACK 250 MG	4	QL(12 EA daily); SP; PA
EPIDIOLEX	4	SP; PA
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	3	QL(1 EA daily); ST
gabapentin CAPS	1	
gabapentin SOLN	1	
gabapentin TABS 600 MG, 800 MG	1	
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	1	QL(40 ML daily)
lacosamide TABS	1	QL(2 EA daily)
LAMICTAL XR KIT	3	PA
lamotrigine CHEW	1	
lamotrigine KIT 25 MG	2	
lamotrigine KIT	3	PA
lamotrigine TABS	1	
lamotrigine TB24 300 MG	2	QL(2 EA daily); PA
lamotrigine TB24 250 MG	2	PA
lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	2	QL(1 EA daily); PA
lamotrigine TBDP	3	PA
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	1	
levetiracetam TABS 1000 MG	1	QL(3 EA daily)
levetiracetam TABS 250 MG, 500 MG, 750 MG	1	QL(6 EA daily)
levetiracetam TB24	1	QL(4 EA daily)
LEVETIRACETAM TB3D	3	PA
oxcarbazepine SUSP	1	QL(40 ML daily)
oxcarbazepine TABS 600 MG	1	QL(4 EA daily)
oxcarbazepine TABS 150 MG	1	
oxcarbazepine TABS 300 MG	1	QL(8 EA daily)
oxcarbazepine TB24 600 MG	2	QL(4 EA daily)
oxcarbazepine TB24 150 MG, 300 MG	2	
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	1	QL(3 EA daily)
pregabalin CAPS 225 MG, 300 MG	1	QL(2 EA daily)
pregabalin SOLN	1	QL(30 ML daily)
primidone 50 MG, 250 MG	1	
rufinamide SUSP	2	SP
rufinamide TABS 400 MG	2	QL(8 EA daily); SP
rufinamide TABS 200 MG	2	SP
SPRITAM TB3D	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
SPRITAM TB3D	3	PA
topiramate CP24 200 MG	2	QL(2 EA daily); PA
topiramate CP24 25 MG, 50 MG, 100 MG	2	PA
topiramate CPSP 15 MG, 25 MG	1	
topiramate CS24 25 MG, 50 MG	2	QL(2 EA daily); PA
topiramate CS24 100 MG, 150 MG, 200 MG	2	QL(1 EA daily); PA
topiramate TABS 25 MG	1	
topiramate TABS 100 MG	1	QL(4 EA daily)
topiramate TABS 200 MG	1	QL(2 EA daily)
topiramate TABS 50 MG	1	QL(8 EA daily)
zonisamide CAPS 100 MG	1	QL(6 EA daily)
zonisamide CAPS 25 MG, 50 MG	1	
Carbamates		
felbamate SUSP	1	
felbamate TABS	1	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 EA daily); SP; PA
(Vigabatrin) VIGADRONE TABS	4	SP; PA
tiagabine hcl	2	
vigabatrin PACK	4	QL(6 EA daily); SP; PA
vigabatrin TABS	4	SP; PA
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN 30 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	
phenytoin CHEW	1	
phenytoin SUSP	1	
Succinimides		
ethosuximide CAPS	1	
ethosuximide SOLN	1	
methsuximide	1	
Valproic Acid		
divalproex sodium CSDR	1	
divalproex sodium TB24	1	
divalproex sodium TBEC	1	
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1	
valproic acid CAPS	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	
mirtazapine TBDP	1	
Antidepressants - Misc.		
bupropion hcl TABS	1	
bupropion hcl TB12	1	
bupropion hcl TB24 450 MG	2	
bupropion hcl TB24 150 MG, 300 MG	1	QL(1 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	3	
phenelzine sulfate	1	
tranylcypromine sulfate	2	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits
SPRAVATO (56 MG DOSE)	4	SP; PA
SPRAVATO (84 MG DOSE)	4	SP; PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram hydrobromide SOLN	1	QL(20 ML daily)
citalopram hydrobromide TABS	1	QL(1 EA daily)
escitalopram oxalate SOLN	1	
escitalopram oxalate TABS 5 MG	1	QL(2 EA daily)
escitalopram oxalate TABS 10 MG, 20 MG	1	QL(1 EA daily)
fluoxetine hcl CAPS 40 MG	1	QL(1 EA daily)
fluoxetine hcl CAPS 10 MG, 20 MG	1	
fluoxetine hcl CPDR	1	
fluoxetine hcl SOLN	1	QL(15 ML daily)
fluoxetine hcl TABS 20 MG, 60 MG	1	QL(1 EA daily)
fluoxetine hcl TABS 10 MG	1	
fluvoxamine maleate CP24 150 MG	1	
fluvoxamine maleate CP24 100 MG	1	QL(3 EA daily)
fluvoxamine maleate TABS 25 MG, 50 MG	1	
fluvoxamine maleate TABS 100 MG	1	QL(3 EA daily)
paroxetine hcl SUSP	1	
paroxetine hcl TABS	1	
paroxetine hcl TB24	1	
sertraline hcl CAPS 150 MG, 200 MG	1	
sertraline hcl CONC	1	
sertraline hcl TABS	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Serotonin Modulators		
nefazodone hcl	1	
trazodone hcl TABS	1	
TRINTELLIX	3	ST
VIIBRYD STARTER PACK KIT	3	
vilazodone hcl TABS 20 MG	1	QL(2 EA daily)
vilazodone hcl TABS 10 MG, 40 MG	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
desvenlafaxine succinate	1	QL(1 EA daily)
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	1	QL(2 EA daily)
FETZIMA TITRATION C4PK	3	ST
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
venlafaxine hcl CP24 150 MG	1	QL(2 EA daily)
venlafaxine hcl CP24 37.5 MG, 75 MG	1	QL(1 EA daily)
venlafaxine hcl TABS	1	
venlafaxine hcl TB24 225 MG	1	
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	1	QL(1 EA daily)
Tricyclic Agents		
amitriptyline hcl TABS	1	
amoxapine	1	
clomipramine hcl	1	
desipramine hcl TABS	1	
doxepin hcl CAPS	1	
doxepin hcl CONC	1	
imipramine hcl TABS 50 MG	1	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
imipramine hcl TABS 10 MG, 25 MG	1	
imipramine pamoate	2	
nortriptyline hcl CAPS	1	
nortriptyline hcl SOLN	1	
protriptyline hcl	1	
trimipramine maleate CAPS	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose	1	
miglitol	3	
Antidiabetic Combinations		
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	1	QL(1 EA daily)
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	1	QL(2 EA daily)
glipizide-metformin hcl	1	
glyburide-metformin	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET TABS	2	QL(2 EA daily)
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl TABS	1	
saxagliptin-metformin hcl	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	2	QL(1 EA daily)
XIGDUO XR *(dapagliflozin propanediol-metformin hcl)*	2	QL(2 EA daily)
Biguanides		
metformin hcl SOLN	2	
metformin hcl TABS 500 MG, 850 MG, 1000 MG	1	
metformin hcl TB24 500 MG, 750 MG	1	
Diabetic Other		
diazoxide	2	
glucagon (rdna)	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate 6.25 MG, 12.5 MG	2	
alogliptin benzoate 25 MG	2	QL(1 EA daily)
JANUVIA	2	QL(1 EA daily)
saxagliptin hcl	1	QL(1 EA daily)
Incretin Mimetic Agents		
liraglutide	2	Not available through Mail Order; QL(9 ML per 28 day(s) retail); PA

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Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through Mail Order; QL(1.5 ML per 28 day(s) retail); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through Mail Order; QL(3 ML per 28 day(s) retail); PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through Mail Order; QL(3 ML per 28 day(s) retail); PA
OZEMPIC (2 MG/DOSE) SOPN	2	Not available through Mail Order; QL(3 ML per 28 day(s) retail); PA
RYBELSUS TABS	2	Not available through Mail Order; QL(1 EA daily); PA
TRULICITY	2	Not available through Mail Order; QL(2 ML per 28 day(s) retail); PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(1.5 ML daily)
HUMALOG MIX 75/25 SUSP	2	QL(1.34 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG SOLN IJ	2	QL(1.5 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	QL(1.5 ML daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN N KWIKPEN SUPN	2	QL(1.5 ML daily)
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	QL(1.5 ML daily)
LANTUS SOLOSTAR SOPN	2	QL(1.5 ML daily)
LANTUS SOLN	2	QL(1.5 ML daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
TRESIBA SOLN	2	QL(1.5 ML daily)
Insulin Sensitizing Agents		

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Drug Name	Drug Tier	Requirements/ Limits
pioglitazone hcl 30 MG, 45 MG	1	QL(1 EA daily)
pioglitazone hcl 15 MG	1	
Meglitinide Analogues		
nateglinide	1	
repaglinide	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	1	QL(1 EA daily)
FARXIGA *(dapagliflozin propanediol)*	2	QL(1 EA daily)
JARDIANCE	2	QL(1 EA daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
glimepiride 1 MG, 2 MG, 4 MG	1	
glipizide TABS	1	
glipizide TB24	1	
glyburide micronized 1.5 MG, 3 MG, 6 MG	1	
glyburide TABS	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS	1	RX/OTC
diphenoxylate w/ atropine LIQD	1	
diphenoxylate w/ atropine TABS	1	
loperamide hcl CAPS	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
deferasirox PACK	4	SP; PA
deferasirox TABS	4	SP; PA
deferiprone TABS	4	SP
FERRIPROX SOLN	4	Not available through Mail Order; SP
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	SP; PA
VISTOGARD	4	
Opioid Antagonists		
(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC
KLOXXADO LIQD	2	
naloxone hcl LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC
naloxone hcl SOSY 2 MG/2ML	1	
naltrexone hcl	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	QL(2 EA per fill retail); PA
granisetron hcl TABS	1	Limit 2 per month; QL(2 EA daily); PA
ondansetron hcl SOLN PO 4 MG/5ML	1	Limit 50mls per month; QL(1.67 ML daily)
ondansetron hcl TABS 4 MG, 8 MG	1	QL(20 EA per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
ondansetron TBDP 4 MG, 8 MG	1	QL(20 EA per fill retail)
SANCUSO PTCH	4	QL(1 EA per 21 day(s) retail); PA
Antiemetics - Anticholinergic		
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC
meclizine hcl CHEW	1	RX/OTC
meclizine hcl TABS 50 MG	1	
scopolamine	1	
trimethobenzamide hcl CAPS	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 EA per 28 day(s) retail)
doxylamine-pyridoxine TBEC	1	QL(4 EA daily)
dronabinol CAPS 2.5 MG, 5 MG	1	PA
dronabinol CAPS 10 MG	2	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant CAPS 40 MG	1	Limit 2 per month; QL(0.07 EA daily)
aprepitant CAPS 80 MG, 125 MG	1	QL(1 EA per fill retail; 1 EA per 30 day(s) retail)
aprepitant CAPS	2	Limit 3 per month; QL(0.1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPK	3	QL(4 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
flucytosine	4	
griseofulvin microsize SUSP	1	
griseofulvin microsize TABS	1	
griseofulvin ultramicrosize	1	
nystatin TABS	1	
terbinafine hcl TABS	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through Mail Order
fluconazole SUSR	1	
fluconazole TABS	1	
itraconazole CAPS	1	PA
itraconazole SOLN	2	PA
ketoconazole	1	
posaconazole SUSP	2	
posaconazole TBEC	2	
voriconazole SUSR	2	
voriconazole TABS	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
(Carbinoxamine Maleate) CARBZAH SOLN	1	
(Clemastine Fumarate) CLEMASZ TABS 2.68 MG	1	
carbinoxamine maleate SOLN	1	
carbinoxamine maleate SUER	2	

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Drug Name	Drug Tier	Requirements/ Limits
carbinoxamine maleate TABS 4 MG	1	
clemastine fumarate SYRP	1	
clemastine fumarate TABS 2.68 MG	1	
Antihistamines - Non-Sedating		
desloratadine TABS	3	QL(1 EA daily); PA
desloratadine TBDP	3	PA
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	1	
promethazine hcl SUPP 12.5 MG, 25 MG	1	
promethazine hcl TABS 50 MG	1	QL(3 EA daily)
promethazine hcl TABS 25 MG	1	QL(6 EA daily)
promethazine hcl TABS 12.5 MG	1	
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	1	
cyproheptadine hcl TABS	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	1	QL(1 EA daily)
Antihyperlipidemics - Misc.		
icosapent ethyl	2	PA
omega-3-acid ethyl esters	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
VASCEPA *(icosapent ethyl)*	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
cholestyramine light PACK	1	
cholestyramine light POWD	1	
cholestyramine PACK	1	
cholestyramine POWD	1	
colesevelam hcl PACK	2	QL(1 EA daily)
colesevelam hcl TABS	2	QL(7 EA daily)
colestipol hcl GRAN	1	
colestipol hcl PACK	1	
colestipol hcl TABS	1	
Fibric Acid Derivatives		
choline fenofibrate 135 MG	1	QL(1 EA daily)
choline fenofibrate 45 MG	1	
fenofibrate micronized 43 MG, 67 MG, 134 MG	1	
fenofibrate micronized 130 MG, 200 MG	1	QL(1 EA daily)
fenofibrate CAPS	1	
fenofibrate TABS 48 MG	1	
fenofibrate TABS 54 MG	1	QL(2 EA daily)
fenofibrate TABS 145 MG, 160 MG	1	QL(1 EA daily)
fenofibric acid	1	
gemfibrozil TABS	1	
HMG CoA Reductase Inhibitors		
atorvastatin calcium TABS	1	QL(1 EA daily)
fluvastatin sodium CAPS	1	QL(1 EA daily)
fluvastatin sodium TB24	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
lovastatin TABS 10 MG, 20 MG	1	QL(1 EA daily); PV
lovastatin TABS 40 MG	1	QL(2 EA daily); SL; PV
pitavastatin calcium	1	QL(1 EA daily)
pravastatin sodium 10 MG, 20 MG, 80 MG	1	QL(1 EA daily)
pravastatin sodium 40 MG	1	QL(2 EA daily)
rosuvastatin calcium TABS	1	QL(1 EA daily)
simvastatin TABS	1	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	4	SP; PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
niacin (antihyperlipidemic) TABS	1	
niacin (antihyperlipidemic) TBCR	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	SP; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
benazepril hcl	1	
captopril	1	
enalapril maleate TABS	1	QL(2 EA daily)
fosinopril sodium	1	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	1	
lisinopril TABS 40 MG	1	QL(2 EA daily)
moexipril hcl	1	
perindopril erbumine	1	
QBRELIS SOLN	3	QL(5 ML daily)
quinapril hcl	1	
ramipril CAPS	1	QL(2 EA daily)
trandolapril	1	
Agents for Pheochromocytoma		
metyrosine	4	SP
phenoxybenzamine hcl	1	Not available through Mail Order
Angiotensin II Receptor Antagonists		
candesartan cilexetil 4 MG, 8 MG, 16 MG	1	
candesartan cilexetil 32 MG	1	QL(1 EA daily)
EDARBI 80 MG	3	QL(1 EA daily)
EDARBI 40 MG	3	
irbesartan	1	
losartan potassium	1	
olmesartan medoxomil 5 MG, 20 MG	1	
olmesartan medoxomil 40 MG	1	QL(1 EA daily)
telmisartan 80 MG	1	QL(1 EA daily)
telmisartan 20 MG, 40 MG	1	
valsartan TABS 160 MG	1	QL(2 EA daily)
valsartan TABS 40 MG, 80 MG, 320 MG	1	
Antiadrenergic Antihypertensives		
clonidine hcl TABS	1	
clonidine TB24	3	
doxazosin mesylate	1	
guanfacine hcl	1	
methyldopa TABS	1	
prazosin hcl CAPS	1	

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Drug Name	Drug Tier	Requirements/ Limits
terazosin hcl 1 MG, 2 MG, 5 MG	1	
terazosin hcl 10 MG	1	QL(2 EA daily)
Antihypertensive Combinations		
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	1	QL(1 EA daily)
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	1	
amlodipine besylate-valsartan 10 MG-160 MG	1	QL(1 EA daily)
amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	1	
amlodipine-valsartan-hydrochlorothiazide	1	
atenolol & chlorthalidone	1	
benazepril & hydrochlorothiazide	1	
bisoprolol & hydrochlorothiazide	1	
candesartan cilexetil-hydrochlorothiazide	1	
captopril & hydrochlorothiazide	1	
EDARBYCLOR	3	QL(1 EA daily)
enalapril maleate & hydrochlorothiazide	1	
fosinopril sodium & hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1	
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
lisinopril & hydrochlorothiazide 25 MG-20 MG	1	QL(2 EA daily)
losartan potassium & hydrochlorothiazide	1	
metoprolol & hydrochlorothiazide TABS	1	
olmesartan medoxomil-amlodipine-hydrochlorothiazide	1	
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	1	QL(1 EA daily)
olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG	1	
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	1	
quinapril-hydrochlorothiazide 25 MG-20 MG	1	QL(1 EA daily)
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazide	1	
trandolapril-verapamil hcl	1	
valsartan-hydrochlorothiazide 25 MG-160 MG	1	QL(1 EA daily)
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	1	
Antihypertensives - Misc.		
VECAMYL	4	SP; PA
Direct Renin Inhibitors		
aliskiren fumarate	1	
Selective Aldosterone Receptor Antagonists (SARAs)		
eplerenone	1	
Vasodilators		

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Drug Name	Drug Tier	Requirements/ Limits
hydralazine hcl TABS	1	
minoxidil 2.5 MG, 10 MG	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
IMPAVIDO	4	
metronidazole CAPS	2	
metronidazole TABS 250 MG, 500 MG	1	
pentamidine isethionate IN	2	
tinidazole	1	
trimethoprim TABS	1	
XIFAXAN 550 MG	3	QL(2 EA daily); PA
XIFAXAN 200 MG	3	Limit 9 per month; QL(9 EA per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
sulfamethoxazole-trimethoprim SUSP	1	
sulfamethoxazole-trimethoprim TABS	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
atovaquone	2	
nitazoxanide TABS	2	
Glycopeptides		
vancomycin hcl CAPS	1	QL(2 EA daily)
Leprostatics		
dapsone 100 MG	1	QL(4 EA daily)
dapsone 25 MG	1	
Lincosamides		
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
Oxazolidinones		
linezolid SUSR	1	QL(210 ML per 90 day(s) retail)
linezolid TABS	1	QL(20 EA per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
Urinary Anti-infectives		
fosfomycin tromethamine	3	
methenamine hippurate	2	
methenamine mandelate	1	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd macro	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl	1	
COARTEM	2	Limit 24 per month; QL(0.8 EA daily)
Antimalarials		
chloroquine phosphate TABS	1	
hydroxychloroquine sulfate 200 MG	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
mefloquine hcl	1	QL(6 EA per fill retail)
primaquine phosphate TABS	1	
quinine sulfate CAPS 324 MG	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

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Drug Name	Drug Tier	Requirements/ Limits
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	SP; PA
pyridostigmine bromide SOLN PO	2	PA
pyridostigmine bromide TABS 60 MG	1	
pyridostigmine bromide TBCR	2	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	4	
ethambutol hcl TABS	1	
isoniazid SYRP	1	
isoniazid TABS	1	
PRIFTIN	3	
pyrazinamide	1	
rifabutin	2	
rifampin CAPS	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
melphalan	1	AC
MYLERAN TABS	2	AC
temozolomide CAPS	2	SP; AC
Antimetabolites		
capecitabine	2	SP; AC
mercaptopurine SUSP 2000 MG/100ML	1	AC
mercaptopurine TABS	1	AC
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	
methotrexate sodium TABS 2.5 MG	1	AC
ONUREG TABS	4	SP; AC; PA
TABLOID	2	SP; AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	SP; AC; PA
LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (14 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (20 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
LENVIMA (8 MG DAILY DOSE)	4	QL(1 EA daily); SP; AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	4	SP; AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	4	SP; AC; PA
VENCLEXTA TABS 10 MG	4	QL(2 EA daily); SP; AC; PA
VENCLEXTA TABS 100 MG	4	QL(4 EA daily); SP; AC; PA
VENCLEXTA TABS 50 MG	4	SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - EGFR Inhibitors		
erlotinib hcl	4	SP; AC; PA
gefitinib	4	SP; AC; PA
GILOTRIF	4	SP; AC; PA
TAGRISSO	4	SP; AC; PA
VIZIMPRO	4	SP; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	SP; PA
ERIVEDGE	4	SP; AC; PA
ODOMZO	4	SP; AC; PA
Antineoplastic - Hormonal and Related Agents		
(Abiraterone Acetate) ABIRTEGA 250 MG	4	SP; AC; PA
abiraterone acetate	4	SP; AC; PA
anastrozole	1	QL(1 EA daily); PV; AC
bicalutamide	1	QL(1 EA daily); AC
ELIGARD KIT SC 7.5 MG	3	SP; PA
EMCYT	2	SP; AC
ERLEADA	4	SP; AC; PA
EULEXIN	2	AC
exemestane	1	PV; AC
letrozole	1	AC
LUPRON DEPOT (1-MONTH) KIT IM	4	covered w-gender transformation diagnosis; PA required for other diagnosis; SP
LYSODREN	2	SP; AC
megestrol acetate SUSP	1	AC
megestrol acetate TABS	1	AC
nilutamide	4	AC
NUBEQA	4	SP; AC; PA
SOLTAMOX SOLN	2	PV; AC
tamoxifen citrate TABS	1	PV; AC
toremifene citrate	2	AC

Drug Name	Drug Tier	Requirements/ Limits
XTANDI CAPS	4	SP; AC; PA
XTANDI TABS	4	SP; AC; PA
YONSA	4	SP; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	4	SP; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 EA daily); SP; AC; PA
Antineoplastic Combinations		
INQOVI	4	SP; PA
KISQALI FEMARA (200 MG DOSE)	3	SP; AC; PA
KISQALI FEMARA (400 MG DOSE)	3	SP; AC; PA
KISQALI FEMARA (600 MG DOSE)	3	SP; AC; PA
LONSURF	4	SP; AC; PA
Antineoplastic Enzyme Inhibitors		
(Everolimus) TORPENZ TABS	4	QL(1 EA daily); SP; AC; PA
ALECENSA	4	SP; AC; PA
ALUNBRIG TABS	4	SP; AC; PA
ALUNBRIG TBPK	4	SP; AC; PA
BALVERSA	4	SP; AC; PA
BOSULIF CAPS 50 MG	4	QL(1 EA daily); SP; AC; PA
BOSULIF CAPS 100 MG	4	QL(2 EA daily); SP; AC; PA
BOSULIF TABS 400 MG, 500 MG	4	QL(1 EA daily); SP; AC; PA
BOSULIF TABS 100 MG	4	QL(2 EA daily); SP; AC; PA
BRAFTOVI 75 MG	4	SP; AC; PA
BRUKINSA	4	QL(4 EA daily); SP; AC; PA
CABOMETYX TABS 40 MG	4	QL(2 EA daily); SP; AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
CALQUENCE	4	QL(2 EA daily); SP; AC; PA
CAPRELSA	4	SP; AC; PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	SP; AC; PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	SP; AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	SP; AC; PA
COPIKTRA	4	SP; AC; PA
COTELLIC	4	SP; AC; PA
dasatinib	4	SP; AC; PA
everolimus TABS	4	QL(1 EA daily); SP; AC; PA
everolimus TBSO	4	QL(1 EA daily); SP; AC; PA
IBRANCE CAPS	3	SP; AC; PA
IBRANCE TABS	3	SP; AC; PA
ICLUSIG	4	QL(1 EA daily); SP; AC; PA
IDHIFA	4	SP; AC; PA
imatinib mesylate TABS 400 MG	2	QL(2 EA daily); SP; AC; PA
imatinib mesylate TABS 100 MG	2	QL(3 EA daily); SP; AC; PA
IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA
IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA
IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA
IMBRUVICA TABS	4	QL(1 EA daily); SP; AC; PA
INREBIC	4	SP; AC; PA
JAKAFI	4	QL(2 EA daily); SP; AC; PA
KISQALI (200 MG DOSE)	3	QL(1 EA daily); SP; AC; PA
KISQALI (400 MG DOSE)	3	QL(1 EA daily); SP; AC; PA
KISQALI (600 MG DOSE)	3	QL(1 EA daily); SP; AC; PA
KOSELUGO	4	SP; AC; PA
lapatinib ditosylate	4	SP; AC; PA
LORBRENA	4	SP; AC; PA
LUMAKRAS 120 MG, 240 MG	4	QL(2 EA daily); SP; PA
LUMAKRAS 320 MG	4	QL(3 EA daily); SP; PA
LYNPARZA TABS	4	QL(4 EA daily); SP; AC; PA
MEKINIST SOLR	4	SP; AC; PA
MEKINIST TABS	4	SP; AC; PA
MEKTOVI	4	SP; AC; PA
NERLYNX	4	SP; AC; PA
nilotinib hcl 50 MG, 150 MG, 200 MG	4	QL(4 EA daily); SP; AC; PA
NINLARO	4	QL(0.1 EA daily); SP; AC; PA
pazopanib hcl	4	SP; AC; PA
PIQRAY (200 MG DAILY DOSE)	4	SP; AC; PA
PIQRAY (250 MG DAILY DOSE)	4	SP; AC; PA
PIQRAY (300 MG DAILY DOSE)	4	SP; AC; PA
QINLOCK	3	SP; AC; PA
RETEVMO CAPS	4	SP; AC; PA
ROZLYTREK CAPS	4	SP; AC; PA
ROZLYTREK PACK	4	SP; AC; PA
RUBRACA	4	SP; AC; PA
RYDAPT	4	SP; AC; PA
sorafenib tosylate	4	SP; AC; PA
STIVARGA	4	SP; AC; PA
sunitinib malate 12.5 MG, 37.5 MG, 50 MG	2	QL(1 EA daily); SP; AC; PA
sunitinib malate 25 MG	2	SP; AC; PA
TABRECTA	4	SP; AC; PA
TAFINLAR CAPS	4	SP; AC; PA
TAFINLAR TBSO	4	SP; AC; PA
TALZENNA	4	SP; AC; PA
TAZVERIK	4	SP; AC; PA
TIBSOVO	4	SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
TURALIO 125 MG	4	SP; AC; PA
VERZENIO	4	QL(2 EA daily); SP; AC; PA
VITRAKVI CAPS	4	SP; AC; PA
VITRAKVI SOLN	4	SP; AC; PA
VOTRIENT	4	SP; AC; PA
XALKORI CAPS	4	SP; AC; PA
XALKORI CPSP	4	SP; AC; PA
XOSPATA	4	SP; AC; PA
ZEJULA TABS	4	SP; AC; PA
ZELBORAF	4	SP; AC; PA
ZOLINZA	4	SP; AC; PA
ZYKADIA TABS	4	SP; AC; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	SP; PA
ALFERON N	4	SP; PA
bexarotene	4	SP; AC; PA
hydroxyurea	1	AC
MATULANE	4	SP; AC
tretinoin (chemotherapy)	2	SP; AC
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium TABS	1	AC
mesna TABS	3	SP; AC
MESNEX TABS	3	SP; AC
Mitotic Inhibitors		
etoposide CAPS	2	SP; AC; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	SP; AC; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa	2	
Antiparkinson Anticholinergics		
benztropine mesylate TABS	1	
trihexyphenidyl hcl SOLN	1	
trihexyphenidyl hcl TABS	1	
Antiparkinson COMT Inhibitors		
entacapone	2	
tolcapone	4	
Antiparkinson Dopaminergics		
amantadine hcl CAPS	1	
amantadine hcl TABS	1	
bromocriptine mesylate CAPS	1	
bromocriptine mesylate TABS 2.5 MG	1	
carbidopa-levodopa-entacapone	2	
carbidopa-levodopa TABS	1	
carbidopa-levodopa TBCR 200 MG-50 MG	1	
carbidopa-levodopa TBCR 100 MG-25 MG	1	QL(8 EA daily)
carbidopa-levodopa TBDP	2	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	3	
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	1	
pramipexole dihydrochloride TABS 1.5 MG	1	QL(3 EA daily)
pramipexole dihydrochloride TABS 1 MG	1	QL(4 EA daily)
pramipexole dihydrochloride TB24 3 MG	2	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	2	
ropinirole hydrochloride TABS	1	
ropinirole hydrochloride TB24 12 MG	1	QL(2 EA daily)
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	1	
RYTARY CPCR	3	QL(10 EA daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
rasagiline mesylate	1	
selegiline hcl CAPS	1	QL(2 EA daily)
selegiline hcl TABS	1	QL(2 EA daily)
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium	1	
lithium carbonate CAPS 300 MG	1	QL(6 EA daily)
lithium carbonate CAPS 150 MG, 600 MG	1	
lithium carbonate TABS	1	
lithium carbonate TBCR	1	
Antipsychotics - Misc.		
EQUETRO	3	
lurasidone hcl	2	
NUPLAZID CAPS	4	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
ziprasidone hcl 20 MG, 40 MG	1	
ziprasidone hcl 60 MG, 80 MG	1	QL(2 EA daily)
Benzisoxazoles		
paliperidone	3	
risperidone SOLN	1	
risperidone TABS 3 MG	1	QL(2 EA daily)
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1	
risperidone TBDP	1	
Butyrophenones		
haloperidol lactate CONC	1	
haloperidol TABS	1	
Dibenzapines		
asenapine maleate	2	
clozapine TABS	1	
clozapine TBDP	2	
loxapine succinate	1	
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	1	
olanzapine TABS 15 MG, 20 MG	1	QL(1 EA daily)
olanzapine TBDP	1	
quetiapine fumarate TABS 300 MG, 400 MG	1	QL(2 EA daily)
quetiapine fumarate TABS 200 MG	1	QL(4 EA daily)
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	1	
quetiapine fumarate TB24	1	
VERSACLOZ SUSP	4	QL(18 ML daily)
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
chlorpromazine hcl TABS	1	
fluphenazine hcl CONC	3	

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Drug Name	Drug Tier	Requirements/ Limits
fluphenazine hcl ELIX	2	
fluphenazine hcl TABS	1	
perphenazine TABS	1	
prochlorperazine	1	QL(2 EA daily)
prochlorperazine maleate TABS	1	
thioridazine hcl 50 MG	1	QL(4 EA daily)
thioridazine hcl 10 MG, 25 MG, 100 MG	1	
trifluoperazine hcl TABS	1	
Quinolinone Derivatives		
aripiprazole SOLN PO	1	
aripiprazole TABS 15 MG	1	QL(2 EA daily)
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	1	
aripiprazole TABS 20 MG	1	QL(1 EA daily)
REXULTI	3	
Thioxanthenes		
thiothixene	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
abacavir sulfate-lamivudine	1	
abacavir sulfate SOLN	1	
abacavir sulfate TABS	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
atazanavir sulfate CAPS	1	
BIKTARVY	2	
CIMDUO	2	
darunavir TABS	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	5	PV
DESCOVY 120 MG-15 MG	2	
DOVATO	2	
EDURANT	2	
efavirenz CAPS	1	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	1	QL(1 EA daily)
efavirenz-lamivudine-tenofovir disoproxil fumarate	1	
efavirenz TABS	1	
emtricitabine CAPS	1	
emtricitabine-rilpivirine-tenofovir disoproxil fumarate	1	
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	5	QL(1 EA daily); PV
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	1	QL(1 EA daily)
EMTRIVA SOLN	2	
etravirine	1	
EVOTAZ	2	
fosamprenavir calcium TABS	1	
FUZEON SOLR	4	SP; PA
GENVOYA	2	
INTELENCE 25 MG	2	
ISENTRESS HD TABS	2	
ISENTRESS CHEW	2	
ISENTRESS TABS	2	
JULUCA	2	
KALETRA SOLN	2	
lamivudine SOLN	1	
lamivudine TABS	1	
lamivudine-zidovudine	1	
lopinavir-ritonavir SOLN	1	

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Drug Name	Drug Tier	Requirements/ Limits
lopinavir-ritonavir TABS	1	
maraviroc TABS	1	
nevirapine SUSP	1	
nevirapine TABS	1	
nevirapine TB24 400 MG	1	
NORVIR PACK	2	
ODEFSEY	2	
PIFELTRO	2	
PREZCOBIX	2	
PREZISTA SUSP	2	
PREZISTA TABS 75 MG, 150 MG	2	
REYATAZ PACK	2	
ritonavir TABS	1	
RUKOBIA	4	
SELZENTRY SOLN	2	
STRIBILD	2	
SYMTUZA	2	
tenofovir disoproxil fumarate TABS	1	
TIVICAY TABS	2	
TRIUMEQ PD TBSO	2	
TRIUMEQ TABS	2	
TYBOST	2	
VIRACEPT TABS	2	
VIREAD POWD	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
zidovudine CAPS	1	
zidovudine SYRP	1	
zidovudine TABS	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
CMV Agents		
valganciclovir hcl SOLR	1	QL(21 ML daily)
valganciclovir hcl TABS	1	
Hepatitis Agents		
adefovir dipivoxil	1	
entecavir TABS	2	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS	2	SP; PA
EPCLUSA TABS	2	SP; PA
lamivudine (hbv) TABS	2	
MAVYRET TABS	4	SP; PA
PEGASYS SOLN	4	SP; PA
VEMLIDY	4	SP; PA
VOSEVI	2	SP; PA
Herpes Agents		
acyclovir CAPS	1	
acyclovir SUSP	1	
acyclovir TABS PO 400 MG	1	
acyclovir TABS PO 800 MG	1	QL(5 EA daily)
famciclovir	1	
SITAVIG TABS BU	3	PA
valacyclovir hcl 500 MG	1	QL(8 EA daily)
valacyclovir hcl 1 GM	1	QL(4 EA daily)
Influenza Agents		
oseltamivir phosphate CAPS	1	QL(10 EA per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
oseltamivir phosphate SUSR	1	QL(125 ML per 5 day(s) retail)
RELENZA DISKHALER	3	QL(20 EA per fill retail)
rimantadine hydrochloride TABS	1	
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
carvedilol 6.25 MG, 12.5 MG, 25 MG	1	
carvedilol 3.125 MG	1	QL(2 EA daily)
carvedilol phosphate	1	
labetalol hcl TABS 100 MG, 200 MG, 300 MG	1	
Beta Blockers Cardio-Selective		
acebutolol hcl CAPS	1	
atenolol TABS	1	
betaxolol hcl	1	
bisoprolol fumarate	1	QL(1 EA daily)
metoprolol succinate TB24	1	
metoprolol tartrate TABS	1	
nebivolol hcl	1	
Beta Blockers Non-Selective		
HEMANGEOL SOLN PO	3	SP; PA
INDERAL XL	3	
INNOPRAN XL	3	
nadolol TABS 20 MG, 40 MG, 80 MG	1	
pindolol TABS	1	
propranolol hcl CP24	1	
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	1	
propranolol hcl TABS	1	
sotalol hcl (afib/afl)	1	
sotalol hcl TABS	1	
timolol maleate TABS 10 MG	1	QL(6 EA daily)
timolol maleate TABS 5 MG, 20 MG	1	QL(2 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
amlodipine besylate TABS 2.5 MG	1	QL(2 EA daily)
amlodipine besylate TABS 5 MG, 10 MG	1	QL(1 EA daily)
diltiazem hcl coated beads CP24	1	QL(1 EA daily)
diltiazem hcl extended release beads	1	
diltiazem hcl CP12	1	

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Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl CP24	1	
diltiazem hcl TABS	1	
diltiazem hcl TB24	1	
felodipine 10 MG	1	QL(1 EA daily)
felodipine 2.5 MG, 5 MG	1	
isradipine CAPS	1	
nicardipine hcl CAPS	1	
nifedipine CAPS	1	
nifedipine TB24	1	QL(1 EA daily)
nimodipine CAPS	2	
nimodipine SOLN	3	
nisoldipine	2	
verapamil hcl CP24 360 MG	2	QL(1 EA daily)
verapamil hcl CP24 180 MG	1	QL(2 EA daily)
verapamil hcl CP24 100 MG, 200 MG, 300 MG	2	
verapamil hcl CP24 120 MG, 240 MG	1	
verapamil hcl TABS	1	
verapamil hcl TBCR 180 MG, 240 MG	1	QL(2 EA daily)
verapamil hcl TBCR 120 MG	1	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin SOLN PO 0.05 MG/ML	1	
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	1	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
amlodipine besylate-atorvastatin calcium	2	PA
ENTRESTO CPSP	3	QL(2 EA daily); PA
isosorbide dinitrate-hydralazine hcl	1	
sacubitril-valsartan TABS	1	QL(2 EA daily)
Impotence Agents		
sildenafil citrate	1	Check plan documents for benefits and copay; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
tadalafil 2.5 MG	1	Check plan documents for benefits and copay; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
tadalafil 5 MG, 10 MG, 20 MG	1	Check plan documents for benefits and copay; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	4	SP; PA
ORENITRAM MONTH 2 TEPK	4	SP; PA
ORENITRAM MONTH 3 TEPK	4	SP; PA
ORENITRAM TBCR	4	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(4 EA daily); SP; PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 EA daily); SP; PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 EA daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
TYVASO DPI TITRATION KIT POWD	4	QL(9 EA daily); SP; PA
TYVASO REFILL KIT SOLN IN	4	SP; PA
TYVASO STARTER KIT SOLN IN	4	SP; PA
TYVASO SOLN IN	4	SP; PA
VENTAVIS IN	4	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
ambrisentan	4	QL(1 EA daily); SP; PA
bosentan TABS	4	SP; PA
bosentan TBSO 32 MG	4	SP; PA
OPSUMIT	4	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	3	QL(2 EA daily); SP; PA
sildenafil citrate (pulmonary hypertension) SUSR	2	SP; PA
sildenafil citrate (pulmonary hypertension) TABS	2	QL(3 EA daily); SP; PA
tadalafil (pulmonary hypertension) TABS	3	QL(2 EA daily); SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	SP; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); SP; PA
UPTRAVI TABS 200 MCG	4	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	SP; PA
Sinus Node Inhibitors		
ivabradine hcl TABS	2	QL(2 EA daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 EA daily); SP; PA
VYNDAQEL	4	QL(4 EA daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil CAPS	1	
cefadroxil SUSR	1	
cefadroxil TABS	1	
cephalexin CAPS	1	
cephalexin SUSR	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
cefaclor CAPS	1	
cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	1	
cefprozil SUSR	1	
cefprozil TABS	1	
cefuroxime axetil TABS	1	
Cephalosporins - 3rd Generation		
cefdinir CAPS	1	
cefdinir SUSR	1	
cefixime CAPS	1	
cefixime SUSR	1	
cefpodoxime proxetil SUSR	1	
cefpodoxime proxetil TABS	1	
SUPRAX CHEW	3	

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Drug Name	Drug Tier	Requirements/ Limits
SUPRAX SUSR 500 MG/5ML	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	5	PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV

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(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-1 MG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	PV

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(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV
desogestrel-ethinyl estradiol (biphasic)	5	PV
drospirenone-ethinyl estradiol	5	PV
drospirenone-ethinyl estradiol-levomefolate calcium	5	PV
ethynodiol diacet & eth estrad	5	PV
levonorgestrel & eth estradiol TABS	5	PV
levonorgestrel-eth estradiol (triphasic)	5	PV
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	5	PV
levonorgestrel-ethinyl estradiol (continuous)	5	PV
levonorgestrel-ethinyl estradiol-iron	5	PV
LO LOESTRIN FE TABS	5	PV
NATAZIA	5	PV
NEXTSTELLIS	5	PV
norethin acet & estrad-fe CAPS	5	PV
norethin acet & estrad-fe CHEW	5	PV
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	5	PV
norethindrone & ethinyl estradiol-fe	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
norethindrone acet & eth estra TABS	5	PV
norethindrone acetate-ethinyl estradiol-fe	5	PV
norgestimate-ethinyl estradiol	5	PV
norgestimate-ethinyl estradiol (triphasic)	5	PV
TYBLUME CHEW	5	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
norelgestromin-ethinyl estradiol	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
etonogestrel-ethinyl estradiol	5	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
levonorgestrel (emergency oc) 1.5 MG	5	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL	5	PV
norethindrone (contraceptive)	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Deflazacort) JAYTHARI TABS	4	SP; PA
(Deflazacort) PYQUI SUSP	4	SP; PA
AGAMREE	4	SP; PA
budesonide TB24	2	PA
deflazacort SUSP	4	SP; PA
deflazacort TABS	4	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
dexamethasone ELIX	1	
dexamethasone SOLN	1	
dexamethasone TABS	1	
hydrocortisone TABS	1	
MEDROL TABS	2	
methylprednisolone TABS	1	
methylprednisolone TBPK	1	

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Drug Name	Drug Tier	Requirements/ Limits
prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML	1	
prednisolone sodium phosphate SOLN 25 MG/5ML	2	
prednisolone sodium phosphate TBDP	2	
PREDNISONE INTENSOL CONC	2	
prednisone SOLN	1	
prednisone TABS	1	
prednisone TBPK	1	
Mineralocorticoids		
fludrocortisone acetate TABS	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
benzonatate	1	
hydrocodone bitartrate-homatropine methylbromide SOLN	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	
(Phenylephrine-Chlorphen-DM) ED-A-HIST DM, NOHIST-DM LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	1	
(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1	QL(30 ML daily)
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH TB12	1	
(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, CVS MUCUS D MAX ST ER, EQ MUCUS RELIEF D, EQ MUCUS-D, FT MUCUS RELIEF D 12 HOUR, FT MUCUS RELIEF-D, FT MUCUS RELIEF-D MAX STRENGTH, MUCUS D, MUCUS RELIEF D, MUCUS RELIEF D 12HR ER, MUCUS-D, RA MUCUS RELIEF D, RA MUCUS RELIEF D MAX STRENGTH TB12 600 MG-60 MG	1	
(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D, QC MUCUS RELIEF SINUS D TABS 400 MG-40 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
CODITUSSIN AC LIQD	2	
ED BRON GP LIQD	2	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC
GILTUSS COUGH & COLD TABS	3	
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
GLENMAX PEB LIQD	3	
guaifenesin-codeine SOLN	1	
hydrocodone polistirex-chlorpheniramine polistirex SUER	1	
LOHIST-DM SYRP	2	
MAR-COF BP	3	
MAR-COF CG EXPECTORANT LIQD	3	
MAXI-TUSS PE MAX LIQD	2	
M-END PE LIQD	3	
NEOTUSS PLUS LIQD	3	
NINJACOF-XG LIQD	2	
promethazine & phenylephrine SYRP	1	QL(30 ML daily)
promethazine w/codeine SOLN	1	QL(30 ML daily)
promethazine w/codeine SYRP	1	QL(30 ML daily)
promethazine-dm SYRP	1	QL(30 ML daily)
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
PSE-DEXCHLORPHEN-CHLOPHEDIANOL	2	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
pseudoephedrine-guaifenesin TB12 600 MG-60 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
RYDEX	2	
TUSNEL C SYRP	3	
TUSNEL PEDIATRIC LIQD 50 MG/5ML-5 MG/5ML-15 MG/5ML	3	
TUSNEL TABS	3	
VANACOF	2	
Expectorants		
(Guaifenesin) CHEST CONGESTION RELIEF, CVS CHEST CONGESTION RELIEF, FT CHEST CONGESTION RELIEF, GNP MUCUS RELIEF, GNP TAB TUSSIN, GOODSENSE MUCUS RELIEF, HM CHEST CONGESTION RELIEF, KLS MUCUS RELIEF CHEST, MUCOSA, MUCUS RELIEF, MUCUS RELIEF CHEST CONGESTION, PHARBINEX, QC MEDIFIN 400, REFENESEN 400, SB MUCUS RELIEF, SM CHEST CONGESTION RELIEF, XPECT TABS 400 MG	1	
guaifenesin TABS 400 MG	1	
potassium iodide (expectorant) SOLN	1	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
HYPERSAL NEBU	2	
NEBUSAL NEBU	3	

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Drug Name	Drug Tier	Requirements/ Limits
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	1	
Mucolytics		
acetylcysteine SOLN	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG, 20 MG, 30 MG	1	QL(2 EA daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	1	QL(5 EA daily)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Tretinoin) AVITA CREA 0.025 %	1	
adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	1	QL(1.5 GM daily); PA
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	1	Limit 45gms per month; QL(1.5 GM daily)
adapalene CREA	1	QL(45 GM per fill retail)
adapalene GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC
adapalene GEL 0.3 %	1	QL(45 GM per fill retail; 135 per fill mail)
benzoyl peroxide-erythromycin GEL	1	QL(2 GM daily)
clindamycin phosphate (topical) FOAM	1	
clindamycin phosphate (topical) GEL	1	
clindamycin phosphate (topical) LOTN	1	
clindamycin phosphate (topical) SOLN	1	
clindamycin phosphate (topical) SWAB	1	
clindamycin phosphate-benzoyl peroxide (refrigerate)	1	
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	1	
clindamycin phosphate-tretinoin	2	QL(1 GM daily)
dapsone (topical) 5 %	1	PA
dapsone (topical) 7.5 %	1	QL(2 GM daily); PA
DIFFERIN LOTN	2	QL(1.97 ML daily)
erythromycin (acne aid) GEL	1	
erythromycin (acne aid) SOLN	1	

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Drug Name	Drug Tier	Requirements/ Limits
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
isotretinoin 40 MG	1	QL(5 EA daily)
isotretinoin 10 MG, 20 MG, 25 MG, 30 MG, 35 MG	1	QL(2 EA daily)
sulfacetamide sodium (acne)	1	
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	1	
sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	1	
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	1	QL(30 GM per fill retail)
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	1	
SULFACETAMIDE-SULFUR IN UREA EMUL	2	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
tretinoin microsphere 0.08 %	2	PA
tretinoin microsphere 0.04 %, 0.1 %	1	Limit 20gms per month; QL(0.67 GM daily)
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1	
tretinoin GEL 0.01 %, 0.025 %	1	
tretinoin GEL 0.05 %	1	QL(1.5 GM daily)
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 GM per fill retail)
Antibiotics - Topical		
gentamicin sulfate (topical) CREA	1	
gentamicin sulfate (topical) OINT	1	
mupirocin OINT	1	
Antifungals - Topical		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
ciclopirox olamine CREA	1	
ciclopirox olamine SUSP	1	
ciclopirox GEL	1	
ciclopirox SHAM	1	
ciclopirox SOLN	1	
clotrimazole w/ betamethasone CREA	1	Limit 45gms per month; QL(1.5 GM daily)
clotrimazole w/ betamethasone LOTN	1	QL(2 ML daily)
econazole nitrate CREA	1	
ECONAZOLE NITRATE FOAM 1 %	3	Limit 70gms per month; QL(2.34 GM daily)
ECOZA FOAM	3	Limit 70gms per month; QL(2.34 GM daily)
ERTACZO	4	PA
EXODERM	2	
iodoquinol-hydrocortisone in aloe vehicle	1	
ketoconazole (topical) CREA	1	QL(2 GM daily)
ketoconazole (topical) FOAM	2	
ketoconazole (topical) SHAM 2 %	1	

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Drug Name	Drug Tier	Requirements/ Limits
naftifine hcl CREA	2	
naftifine hcl GEL 2 %	2	
nystatin (topical) CREA	1	
nystatin (topical) OINT	1	
nystatin (topical) POWD EX	1	
nystatin-triamcinolone CREA	1	
nystatin-triamcinolone OINT	1	
oxiconazole nitrate CREA	2	
OXISTAT LOTN	3	
sulconazole nitrate CREA	2	
sulconazole nitrate SOLN	2	
Anti-inflammatory Agents - Topical		
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
diclofenac sodium (topical) GEL EX	1	RX/OTC
diclofenac sodium (topical) SOLN EX 1.5 %	1	QL(5 ML daily)
Antineoplastic or Premalignant Lesion Agents - Topical		
bexarotene (topical)	2	SP; PA
diclofenac sodium (actinic keratoses) EX	2	PA
fluorouracil (topical) CREA 0.5 %	4	QL(1 GM daily)
fluorouracil (topical) CREA 5 %	2	
fluorouracil (topical) SOLN	1	
PANRETIN	3	PA
VALCHLOR	4	SP; PA
Antipruritics - Topical		
doxepin hcl (antipruritic)	2	QL(3 GM daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
acitretin 17.5 MG	1	
acitretin 10 MG	1	QL(1 EA daily)
acitretin 25 MG	1	QL(2 EA daily)
calcipotriene CREA	1	QL(5 GM daily)
CALCIPOTRIENE FOAM	4	QL(4 GM daily)
calcipotriene OINT	1	QL(5 GM daily)
calcipotriene SOLN	1	
calcitriol (topical)	2	Limit 100gms per month; QL(3.34 GM daily)
COSENTYX (300 MG DOSE) SOSY	4	QL(0.72 ML daily); SP; PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.72 ML daily); SP; PA
COSENTYX SENSOREADY PEN SOAJ	4	QL(0.72 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
COSENTYX UNOREADY SOAJ	4	QL(0.72 ML daily); SP; PA
COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); SP; PA
COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); SP; PA
methoxsalen rapid	2	
SKYRIZI PEN SOAJ	4	Check plan documents for benefits and copay; QL(1 ML per 84 day(s) retail); SP; PA
SKYRIZI SOSY	4	Check plan documents for benefits and copay; QL(1 ML per 84 day(s) retail); SP; PA
SORILUX FOAM	4	QL(4 GM daily)
STELARA SOLN 45 MG/0.5ML	4	SP; PA
STELARA SOSY 45 MG/0.5ML	4	QL(0.012 ML daily); SP; PA
STELARA SOSY 90 MG/ML	4	QL(1 ML per 45 day(s) retail); SP; PA
tazarotene CREA	1	QL(1 GM daily)
tazarotene GEL	1	QL(1 GM daily)
TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	QL(0.018 ML daily); SP; PA
TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); SP; PA
TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); SP; PA
Antiseborrheic Products		
selenium sulfide LOTN 2.5 %	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3	
sulfacetamide sodium LIQD	1	
Antivirals - Topical		
acyclovir topical CREA	1	QL(0.17 GM daily); PA
acyclovir topical OINT	1	QL(1 GM daily)
Burn Products		
(Silver Sulfadiazine) SSD	1	
mafenide acetate PACK	2	
silver sulfadiazine	1	
SULFAMYLON CREA	3	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
(Clobetasol Propionate Emulsion) TOVET	2	
(Clobetasol Propionate) CLODAN SHAM	1	
(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	2	
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	2	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
alclometasone dipropionate CREA	1	
alclometasone dipropionate OINT	1	
amcinonide OINT	3	
APEXICON E CREA	2	
betamethasone dipropionate (topical) CREA	1	
betamethasone dipropionate (topical) LOTN	1	

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Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate (topical) OINT	1	
betamethasone dipropionate augmented CREA	1	
betamethasone dipropionate augmented GEL 0.05 %	1	
betamethasone dipropionate augmented LOTN	1	
betamethasone dipropionate augmented OINT	1	
betamethasone valerate CREA	1	
betamethasone valerate FOAM	2	
betamethasone valerate LOTN	1	
betamethasone valerate OINT	1	
calcipotriene-betamethasone dipropionate OINT	2	Use steroid and Vectical or Dovonex; QL(2 GM daily)
calcipotriene-betamethasone dipropionate SUSP	2	QL(2 GM daily); ST
clobetasol propionate emollient base 0.05 %	1	
clobetasol propionate emulsion	2	
clobetasol propionate CREA 0.05 %	1	
clobetasol propionate FOAM	2	
clobetasol propionate GEL 0.05 %	1	
clobetasol propionate LIQD	2	
clobetasol propionate LOTN	1	

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate OINT 0.05 %	1	
clobetasol propionate SHAM	1	
clobetasol propionate SOLN 0.05 %	1	
clocortolone pivalate	1	
CORDRAN TAPE	3	
desonide CREA	1	
desonide GEL	2	
desonide LOTN	1	
desonide OINT	1	
desoximetasone CREA	1	
desoximetasone GEL	2	
desoximetasone LIQD	2	ST
desoximetasone OINT 0.05 %	2	
desoximetasone OINT 0.25 %	1	
diflorasone diacetate CREA	2	
diflorasone diacetate OINT	2	
EPIFOAM FOAM	3	
fluocinolone acetonide CREA	1	
fluocinolone acetonide OIL	1	
fluocinolone acetonide OINT	1	
fluocinolone acetonide SOLN	1	
fluocinonide emulsified base	1	
fluocinonide CREA	1	
fluocinonide GEL	1	
fluocinonide OINT	1	
fluocinonide SOLN	1	
fluticasone propionate CREA 0.05 %	1	

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Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate LOTN	1	
fluticasone propionate OINT	1	
halobetasol propionate CREA	1	
halobetasol propionate OINT	1	
hydrocortisone (topical) CREA 2.5 %	1	
hydrocortisone (topical) LOTN 2 %	2	
hydrocortisone (topical) LOTN 2.5 %	1	
hydrocortisone (topical) OINT 2.5 %	1	
hydrocortisone (topical) SOLN 2.5 %	2	
hydrocortisone butyrate hydrophilic lipo base	1	
hydrocortisone butyrate CREA	1	
hydrocortisone butyrate LOTN	2	PA
hydrocortisone butyrate OINT	1	
hydrocortisone butyrate SOLN	1	
hydrocortisone valerate CREA	1	
hydrocortisone valerate OINT	1	
LOCOID LIPOCREAM	2	
mometasone furoate CREA	1	
mometasone furoate OINT	1	
mometasone furoate SOLN	1	
PRAMOSONE LOTN	3	
PRAMOSONE OINT 2.5 %-1 %	2	
PRAMOSONE OINT 1 %-1 %	3	
triamcinolone acetonide (topical) AERS	1	
triamcinolone acetonide (topical) CREA	1	
triamcinolone acetonide (topical) LOTN	1	
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	1	
ULTRAVATE LOTN	3	PA
Eczema Agents		
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); SP; PA
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); SP; PA
DUPIXENT SOSY 100 MG/0.67ML	4	QL(0.048 ML daily); SP; PA
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); SP; PA
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); SP; PA
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
imiquimod 5 %	1	
Immunosuppressive Agents - Topical		
pimecrolimus	1	QL(60 GM per fill retail)
tacrolimus (topical) OINT 0.03 %	1	QL(2 GM daily); AL(At least 2 yrs old)
tacrolimus (topical) OINT 0.1 %	1	QL(2 GM daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	

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Drug Name	Drug Tier	Requirements/ Limits
BENSAL HP OINT	3	RX/OTC
MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
podofilox GEL	2	
podofilox SOLN	1	
SALICYLIC ACID OINT	3	RX/OTC
salicylic acid SHAM 6 %	1	
salicylic acid SOLN 26 %	2	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)
lidocaine-prilocaine CREA	1	
lidocaine PTCH 5 %	1	QL(3 EA daily)
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	QL(2 GM daily); PA
Rosacea Agents		
azelaic acid GEL	1	
brimonidine tartrate (topical)	2	PA
doxycycline (rosacea)	2	QL(1 EA daily); PA
FINACEA FOAM	3	
ivermectin (rosacea)	1	QL(1.5 GM daily); PA
metronidazole (topical) CREA	1	
metronidazole (topical) GEL 0.75 %	1	QL(45 GM per fill retail)
metronidazole (topical) GEL 1 %	1	
metronidazole (topical) LOTN	1	QL(60 ML per fill retail)
RHOFADE	3	PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	1	
ivermectin (pediculicide)	1	
malathion	2	
permethrin CREA	1	QL(60 GM per fill retail)
spinosad	2	AL(At least 4 yrs old)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ACCU-CHEK GUIDE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ACCU-CHEK SMARTVIEW STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
CHEMSTRIP K STRP	2	QL(50 EA per fill retail)
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 FLU A&B 3-IN-1 TEST	5	PV
COVID-19 FLU A+B ANTIGEN TEST	5	PV
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	2	QL(50 EA per fill retail)
KETOSTIX STRP	2	QL(50 EA per fill retail)
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
RAPIDGO FLU A/B COVID-19 HOME	5	PV
RELION KETONE TEST STRP	2	QL(50 EA per fill retail)
SPEEDY SWAB COVID-19/FLU HOME	5	PV
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
acetazolamide CP12	1	QL(2 EA daily)
acetazolamide TABS 125 MG	1	
acetazolamide TABS 250 MG	1	QL(4 EA daily)
methazolamide TABS	1	
Diuretic Combinations		
amiloride & hydrochlorothiazide	1	
spironolactone & hydrochlorothiazide	1	
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	1	
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	1	QL(1 EA daily)
Loop Diuretics		
bumetanide TABS 0.5 MG, 1 MG	1	
bumetanide TABS 2 MG	1	QL(5 EA daily)
ethacrynic acid	2	ST
furosemide SOLN PO 8 MG/ML, 10 MG/ML	1	
furosemide TABS	1	
torsemide TABS 5 MG, 10 MG, 20 MG	1	
torsemide TABS 100 MG	1	QL(2 EA daily)
Potassium Sparing Diuretics		
amiloride hcl TABS	1	
spironolactone TABS	1	
triamterene CAPS	2	
Thiazides and Thiazide-Like Diuretics		
chlorthalidone 25 MG, 50 MG	1	
DIURIL SUSP	3	
hydrochlorothiazide CAPS	1	
hydrochlorothiazide TABS	1	
indapamide TABS 1.25 MG, 2.5 MG	1	
metolazone	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
alendronate sodium SOLN	2	
alendronate sodium TABS 35 MG, 70 MG	1	Limit 4 per 28 days; QL(0.15 EA daily)
alendronate sodium TABS 5 MG, 10 MG	1	QL(1 EA daily)
calcitonin (salmon) NA	1	
calcitonin (salmon) IJ	4	PA
ibandronate sodium TABS	1	Limit 1 per month; QL(0.04 EA daily)
PROLIA SOSY	4	SP; PA
risedronate sodium TABS 35 MG	1	Limit 4 for 28 days; QL(0.15 EA daily)
risedronate sodium TABS 150 MG	1	Limit 1 per month; QL(0.04 EA daily)
risedronate sodium TABS 5 MG, 30 MG	1	QL(1 EA daily)
teriparatide SOPN	4	PA
TYMLOS	4	SP; PA
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	QL(15 EA per 30 day(s) retail); GL
CHORIONIC GONADOTROPIN IM	4	Check plan documents for benefits and copay; PA
clomiphene citrate TABS	1	QL(15 EA per 30 day(s) retail); GL
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	4	Check plan documents for benefits and copay; PA
GONAL-F SOLR IJ 450 UNIT	4	Check plan documents for benefits and copay; PA
MENOPUR SC	4	Check plan documents for benefits and copay; PA
NOVAREL IM	4	Check plan documents for benefits and copay; PA

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Drug Name	Drug Tier	Requirements/ Limits
OVIDREL SOSY	4	Check if fertility benefits apply; PA
PREGNYL IM	4	Check plan documents for benefits and copay; PA
GnRH/LHRH Antagonists		
(Ganirelix Acetate) FYREMADEL	4	Check plan documents for benefits and copay; PA
cetrorelix acetate	4	Check plan documents for benefits and copay; PA
ganirelix acetate	4	Check plan documents for benefits and copay; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	4	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	4	SP; PA
Growth Hormones		
HUMATROPE CART IJ	4	Check plan documents for benefits and copay; SP; PA
NORDITROPIN FLEXPRO SOPN	4	Check plan documents for benefits and copay; SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	SP; PA
ZORBTIVE SC	4	SP; PA
Hormone Receptor Modulators		
OSPHENA	3	QL(1 EA daily)
raloxifene hcl	1	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	SP; PA
LHRH/GnRH Agonist Analog Pituitary		
Suppressants		
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis; SP
SYNAREL	2	SP
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR, ZELVYSIA PACK	4	SP
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	SP
betaine	4	SP; PA
calcitriol CAPS 0.25 MCG	1	
calcitriol CAPS 0.5 MCG	1	QL(4 EA daily)
calcitriol SOLN PO	1	
cinacalcet hcl	2	SP; PA
doxercalciferol CAPS	2	
GALAFOLD	4	QL(0.5 EA daily); SP; PA
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	1	
levocarnitine (metabolic modifiers) TABS	2	
MYALEPT	4	SP; PA
nitisinone CAPS	4	SP; PA
ORFADIN SUSP	4	SP; PA
PALYNZIQ	4	SP; PA
paricalcitol CAPS 4 MCG	2	
paricalcitol CAPS 1 MCG, 2 MCG	1	
sapropterin dihydrochloride PACK	4	SP
sapropterin dihydrochloride TABS	4	SP

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Drug Name	Drug Tier	Requirements/ Limits
sodium phenylbutyrate POWD	2	SP; PA
sodium phenylbutyrate TABS	2	SP; PA
STRENSIQ	4	SP; PA
Posterior Pituitary Hormones		
desmopressin acetate spray	1	
desmopressin acetate spray refrigerated 0.01 %	1	
DESMOPRESSIN ACETATE SOLN NA	3	SP
desmopressin acetate TABS 0.1 MG	1	
desmopressin acetate TABS 0.2 MG	1	QL(6 EA daily)
Progesterone Receptor Antagonists		
mifepristone	5	PV
Prolactin Inhibitors		
cabergoline	1	
Somatostatic Agents		
octreotide acetate SOLN	4	SP; PA
octreotide acetate SOSY	4	SP; PA
SIGNIFOR	4	SP; PA
Vasopressin Receptor Antagonists		
tolvaptan TBPK 15 MG	4	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ANGELIQ	3	
CLIMARA PRO	2	Limit 4 per 28 days; QL(0.15 EA daily)
COMBIPATCH PTTW	3	
DUAVEE	3	
estradiol & norethindrone acetate TABS	1	
norethindrone acetate-ethinyl estradiol	1	
ORIAHNN	4	PA
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
ELESTRIN GEL	3	QL(1.74 GM daily)
estradiol valerate	1	QL(5 ML per fill retail)
estradiol GEL	1	
estradiol GEL	1	Limit 50gms per month; QL(1.67 GM daily)
estradiol PTTW	1	QL(0.29 EA daily)
estradiol PTWK	1	Limit 4 per 28 days; QL(0.15 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
estradiol TABS	1	
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST 2.5 MG	2	QL(3 EA daily)
MENOSTAR PTWK	3	Limit 4 per 28 days; QL(0.15 EA daily)
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
ciprofloxacin hcl TABS	1	
CIPRO SUSR	2	
levofloxacin SOLN PO	1	
levofloxacin TABS	1	QL(14 EA per fill retail)
moxifloxacin hcl TABS	1	
ofloxacin 400 MG	2	QL(28 EA per 90 day(s) retail)
ofloxacin 300 MG	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	4	QL(1 EA daily); SP; PA
Gallstone Solubilizing Agents		
(Chenodiol) CHENODAL	4	SP; PA
CTEXLI 250 MG	4	SP; PA
ursodiol CAPS	1	
ursodiol TABS	1	
Gastrointestinal Chloride Channel Activators		
lubiprostone	1	
Gastrointestinal Stimulants		
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	2	
metoclopramide hcl TABS	1	
metoclopramide hcl TBDP	2	

Drug Name	Drug Tier	Requirements/ Limits
Inflammatory Bowel Agents		
balsalazide disodium CAPS	1	QL(9 EA daily; 280 EA per fill retail)
mesalamine CP24	1	QL(4 EA daily)
mesalamine CPCR	2	QL(8 EA daily); PA
mesalamine CPDR	1	QL(6 EA daily)
mesalamine ENEM	1	QL(60 ML daily)
mesalamine SUPP	2	QL(1 EA daily)
mesalamine TBEC 1.2 GM	2	QL(4 EA daily)
mesalamine TBEC 800 MG	1	
SFROWASA ENEM	2	
SKYRIZI SOCT	4	1 package(s) per fill retail; SP; PA
sulfasalazine TABS	1	QL(8 EA daily)
sulfasalazine TBEC	1	QL(8 EA daily)
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); SP; PA
TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.072 ML daily); SP; PA
TREMFYA SOSY SC 200 MG/2ML	4	QL(0.072 ML daily); SP; PA
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
lactulose (encephalopathy)	1	
Irritable Bowel Syndrome (IBS) Agents		
alosetron hcl	2	
LINZESS	2	QL(1 EA daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
alvimopan	4	

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Drug Name	Drug Tier	Requirements/ Limits
MOVANTIK	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
calcium acetate (phosphate binder) CAPS	1	
calcium acetate (phosphate binder) TABS	1	RX/OTC
ferric citrate	3	PA
FOSRENOL PACK	3	
lanthanum carbonate CHEW 750 MG	2	QL(4 EA daily)
lanthanum carbonate CHEW 1000 MG	2	QL(3 EA daily)
lanthanum carbonate CHEW 500 MG	2	
sevelamer carbonate PACK 2.4 GM	1	QL(5 EA daily)
sevelamer carbonate PACK 0.8 GM	1	
sevelamer carbonate TABS	1	
sevelamer hcl 400 MG	1	PA
sevelamer hcl 800 MG	2	QL(16 EA daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
CYTRA-3 SYRP	3	
ORACIT	3	
ORAL CITRATE	3	
pot & sod citrates w/citric ac SOLN	1	
potassium citrate (alkalinizer) TBCR	1	
potassium citrate-citric acid SOLN	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	4	SP; PA
PROCYSBI CPDR	4	SP; PA
PROCYSBI PACK	4	SP; PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily); PA
Prostatic Hypertrophy Agents		
alfuzosin hcl	1	QL(1 EA daily)
CARDURA XL	3	
dutasteride	1	AL(At least 40 yrs old)
dutasteride-tamsulosin hcl	1	
finasteride	1	QL(1 EA daily); AL(At least 40 yrs old)
silodosin 8 MG	1	QL(1 EA daily)
silodosin 4 MG	1	
tamsulosin hcl	1	QL(2 EA daily)
Urinary Stone Agents		
(Tiopronin) VENXXIVA TBEC	2	SP
LITHOSTAT	3	
tiopronin TABS	2	SP
tiopronin TBEC	2	SP

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Drug Name	Drug Tier	Requirements/ Limits
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid	1	
Gout Agents		
allopurinol 100 MG	1	QL(3 EA daily)
allopurinol 300 MG	1	QL(2 EA daily)
colchicine CAPS	1	
colchicine TABS	1	
febuxostat 40 MG	1	QL(2 EA daily)
febuxostat 80 MG	1	QL(1 EA daily)
Uricosurics		
probenecid	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	SP; PA
ADYNOVATE	4	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	SP; PA
ALPHANATE SOLR	4	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA
ALPROLIX	4	SP; PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	SP; PA
BALFAXAR	4	SP; PA
BENEFIX KIT	4	SP; PA
COAGADEX	4	SP; PA
CORIFACT	4	SP; PA
ELOCTATE	4	SP; PA
ESPEROCT	4	SP; PA
ESPEROCT	4	SP; PA
FEIBA	4	SP; PA
FIBRYGA	4	SP; PA
HEMLIBRA	4	SP; PA
HEMLIBRA	4	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT	3	SP; PA
HEMOFIL M SOLR 1700 UNIT	4	SP; PA
HUMATE-P SOLR	4	SP; PA
IDELVION	4	SP; PA
IXINITY SOLR	4	SP; PA
JIVI	4	SP; PA
JIVI	4	SP; PA
KCENTRA	4	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	SP; PA
KOATE SOLR	3	SP; PA
KOGENATE FS KIT	4	SP; PA
KOVALTRY	4	SP; PA
NOVOEIGHT	4	SP; PA
NOVOSEVEN RT	4	SP; PA
NUWIQ KIT	4	SP; PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	SP; PA
OBIZUR	4	SP; PA
PROFILNINE	4	SP; PA
REBINYN	4	SP; PA
RECOMBINATE SOLR	4	SP; PA
RIASTAP	4	SP; PA
RIXUBIS SOLR	4	SP; PA
SEVENFACT	4	SP; PA
TRETTEN	4	SP; PA
VONVENDI	4	SP; PA
WILATE KIT	4	SP; PA
XYNTHA	4	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
XYNTHA SOLOFUSE	4	SP; PA
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	4	SP; PA
icatibant acetate SOSY	4	SP; PA
Complement Inhibitors		
HAEGARDA SOLR SC	4	SP; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	4	SP; PA
Hematorheologic Agents		
pentoxifylline	1	QL(3 EA daily)
Human Protein C		
CEPROTIN	4	SP; PA
Platelet Aggregation Inhibitors		
anagrelide hcl	1	
aspirin-dipyridamole	2	
cilostazol	1	QL(2 EA daily)
clopidogrel bisulfate	1	QL(2 EA daily)
dipyridamole	1	
prasugrel hcl	1	
ticagrelor 60 MG, 90 MG	2	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	SP; PA
CERDELGA	4	SP; PA
miglustat	4	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
glutamine (sickle cell)	2	QL(6 EA daily); SP; PA
SIKLOS TABS	4	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
folic acid TABS 400 MCG, 800 MCG	5	PV
folic acid TABS 1 MG	1	RX/OTC
Hematopoietic Growth Factors		
eltrombopag olamine PACK 12.5 MG	4	QL(1 EA daily); SP; PA
eltrombopag olamine PACK 25 MG	4	QL(1 EA daily); SP; PA
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	4	QL(1 EA daily); SP; PA
MULPLETA	4	SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
NYVEPRIA	4	SP; PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	SP; PA
RETACRIT 20000 UNIT/ML	4	SP; PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA
UDENYCA SOSY	4	SP; PA
ZARXIO	4	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid SOLN PO 0.25 GM/ML	2	SP
aminocaproic acid TABS	2	SP
tranexamic acid TABS	1	QL(6 EA daily)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital ELIX	1	
phenobarbital TABS	1	
Non-Barbiturate Hypnotics		
estazolam	1	
eszopiclone	1	QL(1 EA daily)
flurazepam hcl 30 MG	3	QL(1 EA daily)
flurazepam hcl 15 MG	3	QL(2 EA daily)
midazolam hcl SYRP	2	
quazepam	3	
temazepam 15 MG	1	QL(2 EA daily)
temazepam 22.5 MG, 30 MG	1	QL(1 EA daily)
temazepam 7.5 MG	1	
triazolam 0.25 MG	1	QL(1 EA daily)
triazolam 0.125 MG	1	
zaleplon	1	QL(1 EA daily)
zolpidem tartrate TABS	1	QL(1 EA daily)
zolpidem tartrate TBCR	1	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 EA daily); ST
Selective Melatonin Receptor Agonists		
ramelteon	1	QL(1 EA daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-Nacl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	PV
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	5	PV
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	5	QL(4000 ML per fill retail); PV
peg 3350-potassium chloride-sod bicarbonate-sod chloride	5	PV
PEG-PREP	5	QL(1 EA per fill retail); PV
sodium sulfate-potassium sulfate-magnesium sulfate	5	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	QL(17.6 GM daily)
lactulose SOLN	1	
polyethylene glycol 3350 POWD	1	QL(17.6 GM daily)
Stimulant Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	5	AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/ Limits
bisacodyl SUPP	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
bisacodyl TBEC	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK	1	
azithromycin SUSR	1	
azithromycin TABS 500 MG	1	QL(3 EA daily)
azithromycin TABS 600 MG	1	QL(10 EA per fill retail)
azithromycin TABS 250 MG	1	QL(6 EA per fill retail)
ZITHROMAX PACK	2	
Clarithromycin		
clarithromycin SUSR	2	
clarithromycin TABS	1	
clarithromycin TB24	3	QL(14 EA per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
erythromycin base CPEP	2	
erythromycin base TABS	1	
erythromycin base TBEC	1	
erythromycin ethylsuccinate SUSR	1	
erythromycin ethylsuccinate TABS	2	
Fidaxomicin		
fidaxomicin TABS 200 MG	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FC2 FEMALE CONDOM	5	PV
FEMCAP DEVI	5	PV
KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

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Drug Name	Drug Tier	Requirements/ Limits
KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
OMNIFLEX DIAPHRAGM	5	PV
REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV

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Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUB/RIBBED/STUDDED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
WIDE-SEAL DIAPHRAGM 60	5	PV
WIDE-SEAL DIAPHRAGM 65	5	PV
WIDE-SEAL DIAPHRAGM 70	5	PV
WIDE-SEAL DIAPHRAGM 75	5	PV
WIDE-SEAL DIAPHRAGM 80	5	PV
WIDE-SEAL DIAPHRAGM 85	5	PV
WIDE-SEAL DIAPHRAGM 90	5	PV
WIDE-SEAL DIAPHRAGM 95	5	PV
Diabetic Supplies		
ACCU-CHEK GUIDE ME KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ACCU-CHEK GUIDE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
FREESTYLE FREEDOM LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
Parenteral Therapy Supplies		
ASSURE ID INSULIN SAFETY SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD AUTOSHIELD DUO	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD DISP NEEDLES	2	RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
BD PEN NEEDLE MICRO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)
BD PEN NEEDLE MINI ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE ORIG ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily)
BD PEN NEEDLE SHORT ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR U/F 1/2UNIT	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
EASY COMFORT INSULIN SYRINGE	2	
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
EMBECTA INS SYR U/F 1/2 UNIT	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO	2	QL(6.67 EA daily); RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(6.67 EA daily)
GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
POLY HUB NEEDLE	2	RX/OTC
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
Respiratory Therapy Supplies		
ADULT MASK DEVI	2	RX/OTC
AEROBIKA DEVI	2	RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	2	RX/OTC
AEROCHAMBER MV MISC	2	RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE MISC	2	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU MEDIUM MISC	2	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL DEVI	2	RX/OTC
AEROCHAMBER PLUS FLO-VU SMALL MISC	2	RX/OTC
AEROCHAMBER PLUS FLO-VU W/MASK MISC	2	RX/OTC
AEROCHAMBER PLUS FLO-VU MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	2	RX/OTC
AEROCHAMBER2GO ANTI-STATIC DEVI	2	RX/OTC
AEROVENT PLUS DEVI	2	RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	2	RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	2	RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	2	RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	2	RX/OTC
BREATHE EASE LARGE DEVI	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
BREATHE EASE MEDIUM DEVI	2	RX/OTC
BREATHE EASE SMALL DEVI	2	RX/OTC
BREATHERITE VALVED MDI CHAMBER DEVI	2	RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	2	RX/OTC
CO MONITOR DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	2	RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	2	RX/OTC
COMPACT SPACE CHAMBER DEVI	2	RX/OTC
EASIVENT MASK LARGE MISC	2	RX/OTC
EASIVENT MASK MEDIUM MISC	2	RX/OTC
EASIVENT MASK SMALL MISC	2	RX/OTC
EASIVENT MISC	2	RX/OTC
EASY FLOW BLACK/BLUE DEVI	2	RX/OTC
EASY FLOW BLACK/ORANGE DEVI	2	RX/OTC
EASY FLOW BLACK/RED DEVI	2	RX/OTC
EASY FLOW BLACK/WHITE DEVI	2	RX/OTC
EASY FLOW BLACK/YELLOW DEVI	2	RX/OTC
EASY FLOW WHITE/BLUE DEVI	2	RX/OTC
EASY FLOW WHITE/GREEN DEVI	2	RX/OTC
EASY FLOW WHITE/PINK DEVI	2	RX/OTC
EASY FLOW WHITE/WHITE DEVI	2	RX/OTC
EASY FLOW WHITE/YELLOW DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC L DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC M DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC S DEVI	2	RX/OTC
EQ SPACE CHAMBER ANTI-STATIC DEVI	2	RX/OTC
FLEXICHAMBER DEVI	2	RX/OTC
IN-CHECK DIAL FLOW TRAINER DEVI	2	RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	2	RX/OTC
INSPIREASE MISC	2	RX/OTC
MICROCHAMBER DEVI	2	RX/OTC
MICROCHAMBER MISC	2	RX/OTC
MICROSPACER MISC	2	RX/OTC
NEBULIZER CUP/TUBING DEVI	2	RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	2	RX/OTC
ONE FLOW SPIROMETER DEVI	2	RX/OTC
OPTICHAMBER DIAMOND DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	2	RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	2	RX/OTC
OPTICHAMBER DIAMOND MISC	2	RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PARI MANUAL INTERRUPTER DEVI	2	RX/OTC
PARI TREK S COMBO PACK DEVI	2	RX/OTC
POCKET CHAMBER DEVI	2	RX/OTC
POCKET SPACER DEVI	2	RX/OTC
PRO COMFORT SPACER ADULT MISC	2	RX/OTC
PRO COMFORT SPACER CHILD MISC	2	RX/OTC
PRO COMFORT SPACER INFANT DEVI	2	RX/OTC
PROCARE SPACER/ADULT MASK DEVI	2	RX/OTC
PROCARE SPACER/CHILD MASK DEVI	2	RX/OTC
PROCHAMBER VHC DEVI	2	RX/OTC
PURE COMFORT 3-BALL BREATHE EX DEVI	2	RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	2	RX/OTC
QUAKE DEVI	2	RX/OTC
RITEFLO DEVI	2	RX/OTC
SPIRO PD DEVI	2	RX/OTC
THRESHOLD PEP DEVI	2	RX/OTC
VERSAPAP W/UNIVERSAL TUBING DEVI	2	RX/OTC
VERSAPAP DEVI	2	RX/OTC
VORTEX HOLD CHMBR/MASK/CHILD DEVI	2	RX/OTC
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	2	RX/OTC
VORTEX VALVE CHAMBER-PEDI MASK DEVI	2	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	SP; PA
AJOVY SOSY	2	SP; PA
EMGALITY SOAJ	2	SP; PA
EMGALITY SOSY	2	SP; PA
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
ergotamine w/ caffeine TABS	1	
Migraine Products		
dihydroergotamine mesylate SOLN NA 4 MG/ML	2	QL(0.27 ML daily)
dihydroergotamine mesylate SOLN IJ 1 MG/ML	4	PA
ERGOMAR SUBL	4	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)
almotriptan malate	1	Limit 6 per month; QL(0.2 EA daily)
eletriptan hydrobromide	1	Limit 6 per month; QL(0.2 EA daily)
frovatriptan succinate	2	Limit 9 per month; QL(0.3 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
naratriptan hcl	1	Limit 9 per month; QL(0.3 EA daily)
rizatriptan benzoate TABS	1	Limit 18 tabs per month; QL(0.6 EA daily)
rizatriptan benzoate TBDP	1	Limit 12 per month; QL(0.4 EA daily)
sumatriptan 5 MG/ACT	1	Limit 6 per month; QL(0.2 EA daily)
sumatriptan 20 MG/ACT	1	Limit 6 sprayers per month; QL(2 EA daily)
sumatriptan succinate SOAJ	1	QL(0.14 ML daily)
sumatriptan succinate SOCT	1	QL(0.14 ML daily)
sumatriptan succinate SOLN 6 MG/0.5ML	4	QL(2 ML per 30 day(s) retail); PA
sumatriptan succinate TABS	1	Limit 9 per month; QL(2 EA daily)
zolmitriptan SOLN	1	Limit 6 per month; QL(0.2 EA daily)
zolmitriptan TABS	1	Limit 6 per month; QL(0.2 EA daily)
zolmitriptan TBDP	1	Limit 6 per month; QL(0.2 EA daily)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL	3	
Fluoride		
FLORIVA	3	
sodium fluoride CHEW 0.25 MG, 0.5 MG	5	AL(Up to 6 yrs old); PV
sodium fluoride CHEW 1 MG	1	AL(Up to 6 yrs old)
sodium fluoride SOLN 0.5 MG/ML	5	AL(Up to 6 yrs old); PV; RX/OTC
sodium fluoride TABS	5	AL(Up to 6 yrs old); PV
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC
Iodine Products		
iodine strong (lugol's)	3	
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1	
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
EFFER-K	3	
potassium chloride microencapsulated crystals er	1	
potassium chloride CPCR	1	
potassium chloride PACK PO 20 MEQ	1	
potassium chloride SOLN PO 10 %, 20 %, 10 %	1	
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	1	
Zinc		
GALZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
penicillamine CAPS	4	PA
penicillamine TABS	4	
trientine hcl 500 MG	4	SP; PA
trientine hcl 250 MG	4	SP; PA
Immunomodulators		
lenalidomide	4	QL(1 EA daily); SP; AC; PA
REVLIMID	4	QL(1 EA daily); SP; AC; PA
THALOMID	3	SP; AC; PA
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	PA
azathioprine TABS 75 MG, 100 MG	2	
azathioprine TABS 50 MG	1	
cyclosporine modified (for microemulsion) CAPS	1	
cyclosporine modified (for microemulsion) SOLN	1	
cyclosporine CAPS	1	
everolimus (immunosuppressant)	4	
mycophenolate mofetil CAPS	1	
mycophenolate mofetil SUSR	2	
mycophenolate mofetil TABS	1	
mycophenolate sodium	2	
PROGRAF PACK	4	PA
SANDIMMUNE SOLN PO 100 MG/ML	2	
sirolimus SOLN	2	
sirolimus TABS	2	
tacrolimus CAPS	2	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 EA daily); PA
sodium polystyrene sulfonate POWD	1	

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Drug Name	Drug Tier	Requirements/ Limits
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	SP; PA
BENLYSTA SOSY	4	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) 2 %	1	
Anti-infectives - Throat		
clotrimazole	1	
nystatin (mouth-throat)	1	
ORAVIG	3	
Dental Products		
sodium fluoride (dental) SOLN 0.2 %	3	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
triamcinolone acetonide (mouth)	1	
Throat Products - Misc.		
cevimeline hcl	1	QL(3 EA daily)
MUCOTROL WAFR	3	
pilocarpine hcl (oral) 7.5 MG	1	QL(4 EA daily)
pilocarpine hcl (oral) 5 MG	1	QL(6 EA daily)
MULTIVITAMINS		
Ped Multi Vitamins w/Fl & FE		
(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	RX/OTC
ped multivitamins w/fl & iron SOLN	1	RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)
POLY-VI-FLOR/IRON SUSP	3	RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/Fl) MULTI-VITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
FLOTREX CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	3	
MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
pediatric multivitamins w/fl CHEW 0.5 MG, 1 MG	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR SUSP	3	
QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	2	AL(Up to 6 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
SOLUVITA ACD WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
TRI-VI-FLOR SUSP 0.25 MG/ML	3	
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	3	
VITAMINS ACD-FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA	3	
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
ATABEX EC TBEC	2	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
CITRANATAL ASSURE	2	

Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
CITRANATAL MEDLEY	3	
C-NATE DHA CAPS	3	
COMPLETENATE CHEW	2	
CONCEPT DHA	2	
CONCEPT OB	2	
CVS WOMENS PRENATAL+DHA MISC	3	
DUET DHA 400 MISC	3	
ENBRACE HR	3	
FOLIVANE-OB	2	
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
NEONATAL + DHA MISC	3	
NESTABS	3	
NESTABS DHA	2	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OBSTETRIX DHA MISC	2	

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Drug Name	Drug Tier	Requirements/ Limits
OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2	
PNV 27-CA/FE/FA TABS	2	
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
PREMESISRX	3	
PRENA 1 TRUE	2	
PRENA1 PEARL	3	
PRENAISSANCE	3	
PRENAISSANCE PLUS CAPS	3	
PRENATAL 19 CHEW	2	
PRENATAL 19 TABS	2	RX/OTC
PRENATAL+DHA MISC	3	
PRENATAL-U CAPS	2	
PRENATE	3	
PRENATE AM	3	
PRENATE ENHANCE	3	
PROVIDA OB	2	
RELNATE DHA CAPS	3	
SELECT-OB+DHA MISC	3	
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
SE-NATAL 19 CHEW	2	
SE-NATAL 19 TABS	2	RX/OTC
THRIVITE RX TABS	2	RX/OTC
TRINATAL RX 1 TABS	2	
VINATE DHA RF	3	
VINATE ONE TABS	2	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	3	
VITAPEARL	3	
VITATRUE	2	
VIVA DHA CAPS	3	
WESCAP-C DHA	2	
WESNATE DHA CAPS	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
baclofen TABS 10 MG	1	QL(6 EA daily)
baclofen TABS 20 MG	1	QL(4 EA daily)
baclofen TABS 15 MG	1	QL(3 EA daily); PA
baclofen TABS 5 MG	1	
carisoprodol TABS	1	
chlorzoxazone TABS 250 MG	1	QL(4 EA daily)
chlorzoxazone TABS 375 MG, 500 MG, 750 MG	1	
cyclobenzaprine hcl TABS 5 MG, 10 MG	1	
metaxalone 800 MG	2	QL(4 EA daily)
methocarbamol TABS 500 MG, 750 MG	1	
orphenadrine citrate TB12	1	
tizanidine hcl CAPS	1	
tizanidine hcl TABS 2 MG	1	
tizanidine hcl TABS 4 MG	1	QL(9 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
Direct Muscle Relaxants		
dantrolene sodium CAPS	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
azelastine hcl-fluticasone propionate SUSP	1	Limit 1 bottle per month; QL(0.77 GM daily)
Nasal Antiallergy		
(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC
azelastine hcl 0.1 %, 137 MCG/SPRAY	1	Limit 1 inhaler per month; QL(1.2 ML daily)
olopatadine hcl (nasal)	1	
Nasal Anticholinergics		
ipratropium bromide (nasal)	1	
Nasal Steroids		
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.07 ML daily); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP	1	QL(1.22 ML daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)
fluticasone propionate (nasal) SUSP	1	Limit 2 inhalers per month; QL(1.07 GM daily); RX/OTC
mometasone furoate (nasal) SUSP	1	QL(1.22 GM daily); RX/OTC
triamcinolone acetonide (nasal) AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
XHANCE EXHU	3	QL(1.07 ML daily); ST
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	4	SP; PA
RADICAVA ORS SUSP	4	SP; PA
RELYVRIO	4	SP; PA
riluzole TABS	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	4	SP; PA
NUTRIENTS		
Lipids		
DOJOLVI	4	SP; PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	
betaxolol hcl (ophth) SOLN	1	
BETOPTIC-S SUSP	2	
brimonidine tartrate-timolol maleate	1	
carteolol hcl (ophth)	1	
DORZOLAMIDE HCL-TIMOLOL MAL	2	
dorzolamide hcl-timolol maleate	1	
levobunolol hcl 0.5 %	1	
timolol	1	
timolol maleate (ophth) SOLG	1	
timolol maleate (ophth) SOLN	1	
timolol maleate (ophth) SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	2	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
atropine sulfate (ophthalmic) OINT	1	
atropine sulfate (ophthalmic) SOLN	1	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL	2	
CYCLOMYDRIL	3	
cyclopentolate hcl 1 %	1	
ISOPTO ATROPINE SOLN	2	
phenylephrine hcl (mydriatic) SOLN 2.5 %	1	
phenylephrine hcl (mydriatic) SOLN 10 %	2	
tropicamide SOLN	1	
Miotics		
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	QL(0.5 ML daily)
Ophthalmic Adrenergic Agents		
apraclonidine hcl	2	
brimonidine tartrate	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	

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Drug Name	Drug Tier	Requirements/ Limits
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
bacitracin (ophthalmic)	1	
bacitracin-polymyxin b (ophth)	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OINT	2	
ciprofloxacin hcl (ophth) SOLN	1	
ERYTHROMYCIN	2	
erythromycin (ophth)	1	
gatifloxacin (ophth)	1	
gentamicin sulfate (ophth) SOLN	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
levofloxacin (ophth) 1.5 %	1	
moxifloxacin hcl (ophth) SOLN OP	1	QL(3 ML per fill retail)
NATACYN	2	
neomycin-bacitracin zn-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
ofloxacin (ophth)	1	QL(5 ML per fill retail)
polymyxin b-trimethoprim	1	
POVIDONE-IODINE	3	
sulfacetamide sodium (ophth) OINT	1	
sulfacetamide sodium (ophth) SOLN	1	
tobramycin (ophth) SOLN	1	
TOBREX OINT	2	
trifluridine	1	
ZIRGAN GEL	3	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Immunomodulators		
cyclosporine (ophth) EMUL	1	QL(2 EA daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
AKTEN	3	
proparacaine hcl	1	
tetracaine hcl (ophth)	1	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail)
bacitracin-poly-neomycin-hc	1	QL(4 GM per fill retail)
dexamethasone sodium phosphate (ophth)	1	
difluprednate	2	
FLAREX	2	
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	2	
LOTEMAX OINT	3	
loteprednol etabonate GEL	2	
loteprednol etabonate SUSP 0.5 %	2	QL(0.2 ML daily)
loteprednol etabonate SUSP 0.2 %	2	
MAXIDEX SUSP OP	2	
neomycin-polymy-dexameth OINT	1	
neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	1	
neomycin-polymyxin-hc (ophth)	1	
PRED MILD	2	

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Drug Name	Drug Tier	Requirements/ Limits
PREDNISOLONE SODIUM PHOSPHATE	2	
PREDNISOLONE-MOXIFLOXACIN SOLN	3	
sulfacetamide sod-prednisolone SOLN	1	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
tobramycin-dexamethasone SUSP	1	QL(5 ML per fill retail)
ZYLET	3	QL(5 ML per fill retail)
Ophthalmic Surgical Aids		
GELFILM	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
azelastine hcl (ophth)	1	
bepotastine besilate	1	QL(0.34 ML daily)
brinzolamide	1	Limit 10mls per month; QL(0.34 ML daily)
bromfenac sodium (ophth) 0.07 %, 0.075 %	2	
bromfenac sodium (ophth) 0.09 %	1	
cromolyn sodium (ophth)	1	
CYSTARAN	4	Limit 4 bottles per month; QL(2.15 ML daily); SP; PA
diclofenac sodium (ophth)	1	
dorzolamide hcl	1	QL(0.34 ML daily)
DORZOLAMIDE HCL	2	QL(0.34 ML daily)
epinastine hcl (ophth)	1	
flurbiprofen sodium	1	
ILEVRO	3	
ketorolac tromethamine (ophth)	1	
LASTACAFT	3	ST
NEVANAC	3	
olopatadine hcl 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
olopatadine hcl 0.2 %	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
PATADAY 0.7 %	3	Limit 1 bottle per month; QL(0.084 ML daily)
Prostaglandins - Ophthalmic		
bimatoprost SOLN	1	Limit 2.5mls per month; QL(0.084 ML daily)
latanoprost SOLN	1	QL(0.0949 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
LATANOPROST SOLN	2	QL(0.0949 ML daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.084 ML daily)
tafluprost	1	QL(1 EA daily)
travoprost SOLN	1	Limit 2.5mls per month; QL(0.084 ML daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	1	
Otic Anti-infectives		
ciprofloxacin hcl (otic)	2	
ofloxacin (otic)	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylenol) CORTIC-ND	1	
CIPRO HC	3	
ciprofloxacin-dexamethasone	1	QL(8 ML per fill retail)
ciprofloxacin-fluocinolone acetonide	2	
CORTISPORIN-TC	3	
neomycin-polymyxin-hc (otic) SOLN	1	
neomycin-polymyxin-hc (otic) SUSP	1	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
fluocinolone acetonide (otic)	1	
hydrocortisone w/acetic acid	1	QL(10 ML per fill retail; 30 per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
methylergonovine maleate TABS	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
amoxicillin CAPS	1	
amoxicillin CHEW 125 MG, 250 MG	1	
amoxicillin SUSR	1	
amoxicillin TABS	1	
ampicillin CAPS 500 MG	1	
Natural Penicillins		
penicillin v potassium SOLR	1	
penicillin v potassium TABS	1	
Penicillin Combinations		
amoxicillin & pot clavulanate CHEW	1	
amoxicillin & pot clavulanate SUSR	1	
amoxicillin & pot clavulanate TABS	1	
amoxicillin & pot clavulanate TB12	1	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		

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Drug Name	Drug Tier	Requirements/ Limits
BASE GELATIN GUMMY TROCHE	3	RX/OTC
GUM BASE (GELATIN)	3	RX/OTC
KLEAR GUMMY BASE	3	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
medroxyprogesterone acetate 2.5 MG, 5 MG	1	
medroxyprogesterone acetate 10 MG	1	QL(1 EA daily)
megestrol acetate (appetite)	2	AC
norethindrone acetate TABS	1	
progesterone CAPS	1	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	
disulfiram	1	
lofexidine hcl	2	QL(224 EA per 14 day(s) retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	2	QL(18 ML daily); SP; PA
Antidementia Agents		
donepezil hydrochloride TABS	1	QL(1 EA daily)
donepezil hydrochloride TBDP	1	QL(1 EA daily)
galantamine hydrobromide CP24	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
galantamine hydrobromide SOLN	2	
galantamine hydrobromide TABS	1	
memantine hcl CP24	1	PA
memantine hcl-donepezil hcl CP24	3	PA
memantine hcl SOLN	1	
memantine hcl TABS 5 MG	1	QL(4 EA daily)
memantine hcl TABS 10 MG	1	QL(2 EA daily)
memantine hcl TABS	1	
NAMZARIC C4PK	3	PA
NAMZARIC CP24 7 MG-10 MG	3	PA
rivastigmine	1	
rivastigmine tartrate CAPS	1	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	
olanzapine-fluoxetine hcl	2	
perphenazine-amitriptyline	3	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); PA
SAVELLA TABS	4	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR TB24	4	QL(1 EA daily); SP; PA
AUSTEDO TABS 6 MG, 9 MG	4	QL(2 EA daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO TABS 12 MG	4	QL(4 EA daily); SP; PA
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 EA daily); SP; PA
INGREZZA CAPS 60 MG	4	QL(1 EA daily); SP; PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
INGREZZA CPSP	4	QL(1 EA daily); SP; PA
tetrabenazine	2	SP
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail); SP
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily); SP
AVONEX PEN AJKT	4	SP; PA
AVONEX PREFILLED PSKT	4	SP; PA
BETASERON KIT	4	SP; PA
dalfampridine	2	SP; PA
dimethyl fumarate CDPK	2	QL(60 EA per 365 day(s) retail); SP
dimethyl fumarate CPDR	2	QL(2 EA daily); SP
fingolimod hcl	2	QL(1 EA daily); SP
glatiramer acetate SOSY 20 MG/ML	2	QL(1 ML daily); SP
glatiramer acetate SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail); SP
PLEGRIDY STARTER PACK SOAJ	4	SP; PA
PLEGRIDY STARTER PACK SOSY SC	4	SP; PA
PLEGRIDY SOAJ	4	SP; PA
PLEGRIDY SOSY IM	4	SP; PA
REBIF REBIDOSE TITRATION PACK SOAJ	4	SP; PA
REBIF REBIDOSE SOAJ	4	SP; PA
REBIF TITRATION PACK SOSY	4	SP; PA
REBIF SOSY	4	SP; PA
teriflunomide	2	QL(1 EA daily); SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	2	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	4	PA
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	3	
pimozide	1	
Smoking Deterrents		
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR	5	PV
APO-VARENICLINE TABS	5	QL(2 EA daily); PV
bupropion hcl (smoking deterrent)	5	PV
nicotine polacrilex GUM	5	PV
nicotine polacrilex LOZG	5	PV
NICOTINE KIT	5	PV
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS SOLN	5	PV
NICOTROL INHA	5	PV
varenicline tartrate TABS	5	QL(2 EA daily); PV
varenicline tartrate TBPK	5	QL(53 EA per 365 day(s) retail); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	SP; PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	4	SP; PA
KALYDECO TABS	4	SP; PA
ORKAMBI PACK	4	SP; PA
ORKAMBI TABS	4	QL(4 EA daily); SP; PA
PULMOZYME	4	QL(5 ML daily); SP; PA
SYMDEKO	4	SP; PA
TRIKAFTA TBPK 50 MG-25 MG	4	QL(3 EA daily); SP; PA
TRIKAFTA TBPK 100 MG-50 MG	4	QL(3 EA daily); SP; PA
TRIKAFTA THPK	4	QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); SP; PA
pirfenidone CAPS	2	QL(3 EA daily); SP; PA
pirfenidone TABS	2	QL(3 EA daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
sulfadiazine TABS	3	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
demeclocycline hcl TABS	1	
doxycycline (monohydrate) CAPS	1	
doxycycline (monohydrate) SUSR	1	
doxycycline (monohydrate) TABS 150 MG	1	ST
doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG	1	
doxycycline hyclate CAPS	1	
doxycycline hyclate TABS 20 MG, 100 MG	1	
minocycline hcl CAPS	1	
minocycline hcl TABS	1	
tetracycline hcl CAPS	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole TABS	1	
propylthiouracil	1	QL(3 EA daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
(Liothyronine Sodium) LIOMNY TABS 25 MCG, 50 MCG	1	QL(2 EA daily)
(Liothyronine Sodium) LIOMNY TABS 5 MCG	1	
ADTHYZA TABS	2	
ARMOUR THYROID TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG *(liothyronine sodium)*	2	QL(2 EA daily)
CYTOMEL TABS 5 MCG *(liothyronine sodium)*	2	
levothyroxine sodium CAPS 125 MCG	2	QL(1 EA daily)
levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	2	
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
liothyronine sodium TABS 25 MCG, 50 MCG	1	QL(2 EA daily)
liothyronine sodium TABS 5 MCG	1	
NIVA THYROID TABS	2	
NP THYROID TABS	2	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG *(levothyroxine sodium)*	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG *(levothyroxine sodium)*	2	QL(1 EA daily)
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
BELLADONNA ALKALOIDS-OPIUM	3	
chlordiazepoxide hcl-clidinium bromide	1	PA
dicyclomine hcl CAPS	1	
dicyclomine hcl SOLN PO	1	
dicyclomine hcl TABS	1	
GLYCATE TABS	3	
glycopyrrolate SOLN PO 1 MG/5ML	1	

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Drug Name	Drug Tier	Requirements/ Limits
glycopyrrolate TABS 1 MG, 2 MG	1	
GLYCOPYRROLATE TABS	3	
hyoscyamine sulfate SUBL 0.125 MG	1	
hyoscyamine sulfate TABS 0.125 MG	1	
hyoscyamine sulfate TB12 0.375 MG	1	
hyoscyamine sulfate TBDP 0.125 MG	1	
methscopolamine bromide	1	
H-2 Antagonists		
cimetidine hcl PO 300 MG/5ML	1	
cimetidine TABS 300 MG, 800 MG	1	
cimetidine TABS 400 MG	1	QL(4 EA daily)
famotidine SUSR	1	
famotidine TABS 40 MG	1	QL(2 EA daily)
nizatidine CAPS	1	
Misc. Anti-Ulcer		
sucralfate SUSP	1	
sucralfate TABS	1	QL(4 EA daily)
Proton Pump Inhibitors		
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)
lansoprazole CPDR	1	QL(1 EA daily); RX/OTC
lansoprazole TBDD 15 MG	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
lansoprazole TBDD 30 MG	2	QL(1 EA daily); AL(Up to 12 yrs old)
omeprazole magnesium CPDR	1	QL(1 EA daily)
omeprazole CPDR 20 MG, 40 MG	1	QL(1 EA daily)
pantoprazole sodium PACK	2	QL(1 EA daily)
pantoprazole sodium TBEC	1	QL(1 EA daily)
PRILOSEC PACK	3	PA
RABEPRAZOLE SODIUM CPSP	3	PA
rabeprazole sodium TBEC	3	QL(1 EA daily); PA
Ulcer Drugs - Prostaglandins		
misoprostol	1	
Ulcer Therapy Combinations		
amoxicillin-clarithromycin w/ lansoprazole THPK	1	14 day(s) max supply per 365 day(s) retail
HELIDAC THERAPY	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
darifenacin hydrobromide	2	
fesoterodine fumarate	1	QL(1 EA daily)
oxybutynin chloride TABS 5 MG	1	QL(4 EA daily)
oxybutynin chloride TB24	1	
solifenacin succinate TABS 10 MG	1	QL(1 EA daily)
solifenacin succinate TABS 5 MG	1	
tolterodine tartrate CP24	1	QL(1 EA daily)
tolterodine tartrate TABS	1	QL(2 EA daily)
trospium chloride CP24	1	
trospium chloride TABS	1	QL(2 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl	1	
VACCINES		
Viral Vaccines		
COVID VACCINES	5	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA	3	QL(1 EA daily)
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	2	
CLEOCIN SUPP	3	
clindamycin phosphate vaginal CREA	1	
CLINDESSE	3	
GYNAZOLE-1	3	
metronidazole vaginal	1	
NUVESSA	3	PA
terconazole vaginal CREA	1	
terconazole vaginal SUPP	1	
VANDAZOLE	2	

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4=High Cost Drugs/Specialty Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit
PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access
SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
estradiol vaginal CREA	1	
estradiol vaginal TABS	1	
ESTRING RING 7.5 MCG/24HR	2	QL(1 EA per fill retail; 1 per fill mail)
FEMRING	3	Limit 1 per month; QL(0.04 EA daily)
PREMARIN	2	QL(2 GM daily)
Vaginal Progestins		
CRINONE GEL 8 %	3	Check plan documents for benefits and copay; PA
ENDOMETRIN INST	3	Check plan documents for benefits and copay; PA
FIRST-PROGESTERONE VGS SUPP	3	Check plan documents for benefits and copay; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) SOAJ	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
droxidopa	4	SP; PA
Vasopressors		
midodrine hcl	1	
VITAMINS		
Oil Soluble Vitamins		
ergocalciferol CAPS	1	PV
phytonadione TABS 5 MG	2	

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INDEX