First Choice Next
Formulary

Effective January 26th, 2026

www.firstchoicenext.com

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

FirstChoice℠ Next
A Product of Select Health of South Carolina, Inc.

SCEX_233112958

Table of Contents

Pharmacy Benefit Information

Prescription drug benefits

First Choice Next strives to provide you with high-quality and cost-effective drug coverage.
We use First Choice Next's Pharmacy Benefit Manager (PBM) to help manage your prescription drug benefits, including specialty medications. You will need to get your prescription medications filled from a network pharmacy to obtain coverage. Prescriptions can be filled at a retail network pharmacy, through our mail-order network pharmacy, or a network specialty pharmacy. You will need to show your member ID card when you fill or obtain your prescription medications.

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

Formulary

The list of prescription drugs covered under this plan is called a formulary. The formulary applies only to drugs you get at retail, mail-order, and specialty pharmacies. Along with the covered drugs, the formulary also allows you to review any limitations or restrictions such as prior authorization, step therapy, quantity limits, and age limits. The formulary does not apply to drugs you get if you are in the hospital. For our latest pharmacy benefit and formulary information, please visit
https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx **or** call us at 1-833-779-7229 (TTY 711), Monday through Friday, 8 a.m. to 6-p.m., excluding holidays.
The formulary is a closed formulary (i.e., products not listed are treated as nonformulary); however, drugs not on the formulary can still be requested, and our pharmacy benefits manager's coverage determination and prior authorization process may allow for nonformulary exceptions.
The formulary covers both brand (preferred and nonpreferred) and generic drugs and will determine what your out-of-pocket costs will be under our plan based on the drug tier. Please refer to your Summary of Benefits and Coverage for more information on copays and deductibles.

Covered prescription drugs and supplies

The prescription drug benefits cover many different therapeutic classes of drugs, which you can find at
https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx
You can use the searchable drug list, to search by the first letter of your medication, by typing part of the generic (chemical) or brand (trade) names, or by selecting the therapeutic class of the medication you are looking for.
Your prescription drug benefits cover prescription insulin drugs and will include at least one formulation of each of the following types of prescription insulin drugs on the lowest tier of the drug formulary developed and maintained by your health benefit plan.

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

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

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

Included in the formulary are:

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

Narrow therapeutic index (NTI) drugs

First Choice Next will cover certain narrow therapeutic index (NTI) brand medications. The medication may require prior authorization to be covered.
The brand formulations of the following NTI medications are eligible for coverage:

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

Preventive medications

Under the Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), some preventive medications may be covered at no cost (copay, coinsurance, or deductible) for First Choice Next members.
These include certain medications in the following categories:

- Bowel preparations — for members from ages 45 to 75

- Oral fluoride supplementation — for members from ages 6 months to 5 years
- Moderate-intensity statins — for members from ages 40 to 75 years
- Folic acid 400 to 800 micrograms(mcg) — for members of childbearing age
- Aspirin 81 milligrams(mg) — to prevent or delay the onset of preeclampsia
- Tobacco cessation
  - Nicotine gum
  - Nicotine lozenge
  - Nicotine patch
  - Bupropion hall (smoking deterrent) tab ER 12hr 150 mg
  - Varenicline tartrate
- HIV pre-exposure prophylaxis (PrEP)
  - Descovy (emtricitabine/tenofovir alafenamide 200 mg-25 mg), oral tablet
  - emtricitabine/tenofovir df 200 mg- 300 mg, oral tablet
  - Apretude (cabotegravir) Intramuscular Suspension Extended Release 600 Mg/3Ml
- Breast cancer primary prevention
  - Anastrozole, oral tablet 1 mg
  - Exemestane, oral tablet 25 mg
  - Letrozole, oral tablet 2.5 mg
  - Raloxifene HCL, oral tablet 60 mg
  - Tamoxifen citrate, oral tablet 10 mg and 20 mg
- Vaccines recommended by Advisory Committee on Immunization Practices (ACIP)
- Contraception —As a requirement of the Women's Prevention Services provision of the ACA, contraceptives are covered at 100% when prescribed by a participating network provider for generic products.
  - Contraceptive categories include*:
    - Oral contraceptives (Rx and over-the-counter (OTC))
    - Injectable contraceptives (Rx)
    - Barrier methods (Rx) **
    - Intrauterine devices**, subdermal rods** and vaginal rings (Rx)
    - Transdermal patches (Rx)
    - Emergency contraception (Rx and OTC)
    - Condoms (OTC)
    - Female condoms (OTC)
    - Vaginal pH modulators (Rx)
    - Vaginal sponges (OTC)
    - Spermicides (OTC)

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

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

Pharmacy Benefit Information

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

Prescription drug benefit exclusions

What is not covered:

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

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

For our latest pharmacy benefit and formulary information, please visit

Pharmacy Benefit Information

https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx or call us at 1-833-779-7229 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m., excluding holidays.

Formulary changes

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

Formulary tier explanation

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

Please see your specific "metal level" coverage for copay and coinsurance amounts.

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

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

Prior authorizations (PA)

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

Step therapy (ST)

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

Quantity limits (QL)

To make sure the drugs you take are safe and that you are getting the right amount, we may limit how much you

can get at one time. Your provider can ask us for approval if you need more than we cover.
Quantity limits will be waived under certain circumstances during a state of emergency or disaster.

Age limits (AL)

Age limits are designed to prevent potential harm to members and promote appropriate use. The approval criteria are based on information from the FDA, medical literature, actively practicing consultant physicians and pharmacists, and appropriate external organizations.
If the prescription does not meet the FDA age guidelines, it will not be covered until prior authorization is obtained. Your provider can request an age-limit exception.

Opioid Limits (MME+)

This indicates an additional quantity limit on drugs in the opioid class, which is based on the morphine milligram equivalent (MME). MME is used to determine and monitor safe dosing and duration of therapy. If the amount of opioids prescribed is above the limit, but is needed, the prescriber can request the plan cover additional quantity. All long-acting opioids will be subject to prior authorization. Opioids greater than 90 MME/day will be subject to prior authorization. Opioids greater than a 7 days supply will be subject to prior authorization. MME limits will not apply to anyone with a diagnosis for Sickle Cell Disease, pain secondary to cancer, or in hospice or palliative care.

Generic drugs

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

New-to-market drugs

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

Nonformulary drugs

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

Noncovered drugs with over-the-counter alternatives

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

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

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

Prior authorization and exception requests

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

For non-formulary drugs, non-formulary exception requests can be made. Non-formulary exception requests are reviewed on a case-by-case basis. Your provider will be asked to provide medical reasons and any other important information about why you need an exception. First Choice Next's PBM will review the requests and will determine if a request is consistent with our medical necessity guidelines.

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

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

and

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

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

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

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

You, your authorized representative*, or your provider can request for both formulary drug prior authorizations

(PA, ST, QL, and AL) and non-formulary exceptions in the following ways:

- Electronically: directly to First Choice Next's PBM, through Electronic Prior Authorization (ePA) in your Electronic Health Record (EHR) tool software, or you can submit through either of the following online portals:
  - CoverMyMeds **https://www.covermymeds.com/main/**
  - Surescripts **https://providerportal.surescripts.net/ProviderPortal/**

- By fax: 1-844-470-2508 for standard (nonurgent) requests 1-844-470-2511 for expedited (fast)* requests
- By mail:
  200 Stevens Drive
  Philadelphia, PA 19113 CC: 236
- By phone: 1-833-779-7229

If you or your authorized representative submit the request for a prior authorization or non-formulary exception your provider must provide follow-up clinical documentation.

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

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

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

Expedited (fast) requests can be made based on exigent circumstances. Exigent circumstances exist when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug. You can indicate your exigent circumstance on the form and request an expedited review.

If the prior authorization request is denied and you feel we have denied the request incorrectly, you may challenge the decision through First Choice Next's internal dispute process.

You can ask for an appeal yourself. You may also ask a friend, a family member, your provider, or a lawyer to help you. You can call First Choice Next at 1-833-983-7272 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m., excluding holidays if you need help with your **appeal** request.

It is easy to ask us for an appeal by using one of the options below:

- Mail: Fill out and sign the Appeal Request Form in the notice you receive about our decision. Mail it to the address listed on the form. We must receive your form no later than 180 days after the date this notice
- Fax: Fill out, sign, and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax number listed on the form.
- By phone: Call 1-833-983-7272 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m., excluding holidays and ask for an appeal.

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

Non-formulary exception request denial rights

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

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

- Mail: Member Appeals
  First Choice Next
  P.O. Box 7100 London, KY 40742-7101
- Fax: 1-833-722-9329

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

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

Filling prescriptions at the pharmacy

Retail pharmacy — You can fill up to a 90-day supply.
Mail-order pharmacy — You can fill up to a 90-day supply.
Specialty pharmacy — You can fill up to a 30-day supply

Retail pharmacy

You can fill your prescriptions at any of our contracted pharmacies nationally. Certain medications that are considered maintenance medications can be filled for up to a 90-day supply.

Mail-order pharmacy

We use AllianceRx Walgreens as our mail-order pharmacy. You must register and have your prescriptions sent to AllianceRx Walgreens Pharmacy. Most maintenance medications can be filled for up to a 90-day supply.

- Register at: WalgreensMailService.com
- Provide your information to Walgreens through phone or mail.
  - By phone:
    Walgreens Customer Care Center

Phone: 1-800-345-1985 (TTY: 1-800-925-0178)
Hours of operation: 24 hours a day, seven days a week

- By mail:
  Complete the Mail Service Registration Form (PDF) and mail it along with your original prescription to:
  Walgreens Mail Service
  P.O. Box 29061
  Phoenix, AZ 85038-9061

Note: Only prescribers may fax prescriptions to **1-800-332-9581**

Specialty drug program

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

COVID-19

COVID-19 vaccines: FDA-approved COVID-19 vaccines are covered at $0 copay according to FDA-approved indications and age.
For details on the latest formulary information on COVID-19 vaccines, please visit https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx or call us at 1-833-779-7229 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m., excluding holidays.

School supplies

First Choice Next allows school supplies for the following medications:

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

x

Pharmacy Benefit Information

For our latest pharmacy benefit and formulary information, please visit https://www.firstchoicenext.com/members/find-a-provider-or-pharmacy.aspx or call us at 1-833-779-7229 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m., excluding holidays.

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Antidote Therapeutics		
Acetaminophen Antidote		
acetylcysteine inhalation	T1	
Alcohol Deterrents (91:02)		
acamprosate calcium	T1	90DS
disulfiram oral	T1	90DS
naltrexone hcl oral	T1	
VIVITROL	T2	QL (1 EA per 28 days)
Antidote Therapeutics		
atropine sulfate ophthalmic solution 1 %	T1	90DS
BAQSIMI ONE PACK	T2	QL
BAQSIMI TWO PACK	T2	QL
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
KLOXXADO	T2	
naloxone hcl injection solution 0.4 mg/ml	T1	
naloxone hcl injection solution cartridge	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
naloxone hcl injection solution prefilled syringe	T1	
naloxone hcl nasal	T1	
penicillamine oral	T1	PA; SP
REXTOVY	T2	
RIVIVE	T2	
Antidotes (91:04)		
naloxone hcl injection solution 0.4 mg/ml	T1	
naloxone hcl injection solution cartridge	T1	
naloxone hcl injection solution prefilled syringe	T1	
naltrexone hcl oral	T1	
sevelamer carbonate oral packet	T1	PA; 90DS
sevelamer carbonate oral tablet	T1	90DS
sodium polystyrene sulfonate oral powder	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VIVITROL	T2	QL (1 EA per 28 days)
Chemotherapy Antidotes/Protectants		
LEDERLE LEUCOVORIN	T1	
leucovorin calcium oral	T1	
Antihistamine Drugs		
Antihistamine Drugs		
promethazine hcl oral tablet 25 mg	T1	
Ethanolamine Derivatives		
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine hcl oral	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
First Generation Antihistamines		
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
cyproheptadine hcl oral	T1	
hydrocod poli-chlorphe poli er	T1	Prior authorization required for claims greater than 5 day supply.; MME+; QL (50 ML per 5 days); AL (Min 18 Years and Max 150 Years)
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral	T1	
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Other Antihistamines		
bepotastine besilate	T1	ST
cimetidine oral tablet 200 mg	T1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	T1	90DS
famotidine oral tablet 20 mg, 40 mg	T1	90DS
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral	T1	
LASTACAFT	T3	
nizatidine oral capsule	T1	90DS
olopatadine hcl nasal	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
olopatadine hcl ophthalmic solution 0.2 %	T1	NDC 62332050203 is not on formulary. Use alternate NDC.
Phenothiazine Derivatives		
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Propylamine Derivatives		
hydrocod poli-chlorphe poli er	T1	Prior authorization required for claims greater than 5 day supply.; MME+; QL (50 ML per 5 days); AL (Min 18 Years and Max 150 Years)
Second Generation Antihistamines		
ALOMIDE	T3	
desloratadine oral tablet	T1	
epinastine hcl	T1	ST
LASTACAFT	T3	
levocetirizine dihydrochloride oral	T1	
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
cefadroxil	T1	
cephalexin oral capsule 250 mg, 500 mg	T1	
cephalexin oral suspension reconstituted	T1	
cephalexin oral tablet	T1	
2Nd Generation Cephalosporin Antibiotics		
cefaclor er	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
cefaclor oral capsule	T1	
cefprozil	T1	
cefuroxime axetil oral tablet	T1	
3Rd Generation Cephalosporin Antibiotics		
cefdinir	T1	
cefixime oral capsule	T1	
cefpodoxime proxetil	T1	
Adamantane Antivirals		
amantadine hcl oral capsule	T1	90DS
amantadine hcl oral solution	T1	90DS
GOCOVRI	T3	PA
Allylamine Antifungals		
terbinafine hcl oral	T1	
Amebicides		
chlorhexidine gluconate mouth/throat	T1	
metronidazole external cream	T1	
metronidazole external gel	T1	
metronidazole oral capsule	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal	T1	
Aminoglycoside Antibiotics		
gentamicin sulfate external	T1	
gentamicin sulfate ophthalmic solution	T1	
neomycin sulfate oral	T1	
tobramycin inhalation nebulization solution 300 mg/5ml	T4	PA; SP
tobramycin ophthalmic	T1	
tobramycin-dexamethasone	T1	QL (10 ML per 30 days)
Aminopenicillin Antibiotics		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
amoxicillin oral capsule	T1	
amoxicillin oral suspension reconstituted	T1	
amoxicillin oral tablet	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
amoxicillin-pot clavulanate er	T1	
amoxicillin-pot clavulanate oral	T1	
ampicillin oral capsule 500 mg	T1	
Anthelmintics		
albendazole oral	T1	
EMVERM	T3	
ivermectin oral tablet 3 mg	T1	QL
praziquantel oral	T1	
Antifungals, Miscellaneous		
griseofulvin microsize oral suspension	T1	
Antileprosy Agents		
dapsone oral	T1	90DS
Antimalarials		
atovaquone-proguanil hcl	T1	
chloroquine phosphate oral	T1	90DS
doxycycline hyclate oral capsule	T1	
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
hydroxychloroquine sulfate oral tablet 200 mg	T1	90DS
KRINTAFEL	T3	
mefloquine hcl	T1	90DS
minocycline hcl oral capsule	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
primaquine phosphate oral tablet 26.3 (15 base) mg	T1	
pyrimethamine oral	T4	PA; SP
quinidine gluconate er	T1	90DS
quinidine sulfate oral	T1	90DS
quinine sulfate oral	T1	
tetracycline hcl oral capsule	T1	
Antimycobacterials, Miscellaneous		
dapsone oral	T1	90DS
Antiprotozoals, Cryptosporidiosis		
ALINIA	T3	
Antiprotozoals, Miscellaneous		
ALINIA	T3	
atovaquone oral	T1	
benznidazole	T1	
dapsone oral	T1	90DS
metronidazole oral capsule	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
pentamidine isethionate inhalation	T1	
SOLOSEC	T3	ST
sulfamethoxazole-trimethoprim oral	T1	
tinidazole oral	T1	
Antiprotozoals,Nitroimidazole-Derivative		
tinidazole oral	T1	
Antituberculosis Agents		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T1	
clarithromycin er	T1	
clarithromycin oral	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ethambutol hcl oral	T1	
isoniazid oral tablet	T1	90DS
levofloxacin oral	T1	
moxifloxacin hcl oral	T1	
pretomanid	T1	PA
PRIFTIN	T3	
pyrazinamide oral	T1	
rifabutin	T1	
rifampin oral	T1	
SIRTURO	T4	PA; SP
TRECATOR	T3	
Antivirals, Miscellaneous		
PAXLOVID (150/100)	T2	QL (20 EA per 180 days); AL (Min 12 Years and Max 999 Years)
PAXLOVID (300/100 & 150/100)	T2	QL (11 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100)	T2	QL (30 EA per 180 days); AL (Min 12 Years and Max 999 Years)
PREVYMIS ORAL PACKET	T3	QL (4 packets per 1 day)
PREVYMIS ORAL TABLET	T3	QL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 EA per 1 day)
Azole Antifungals		
CRESEMBA ORAL CAPSULE 186 MG	T3	PA
CRESEMBA ORAL CAPSULE 74.5 MG	T3	PA; SP
fluconazole oral	T1	
itraconazole oral	T1	PA
ketoconazole external cream	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ketoconazole external shampoo 2 %	T1	
ketoconazole oral	T1	
posaconazole oral	T1	PA; 90DS
voriconazole oral suspension reconstituted	T1	PA; AL (Max 12 Years)
voriconazole oral tablet	T1	PA
Bacitracin Antibiotics		
bacitracin ophthalmic	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
Carbapenem Antibiotics		
ertapenem sodium	T1	
Coronavirus (Covid-19)		
PAXLOVID (150/100)	T2	QL (20 EA per 180 days); AL (Min 12 Years and Max 999 Years)
PAXLOVID (300/100 & 150/100)	T2	QL (11 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100)	T2	QL (30 EA per 180 days); AL (Min 12 Years and Max 999 Years)
Endonuclease Inhibitors		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 EA per 1 day)
Erythromycin Antibiotics		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T1	
erythromycin base oral tablet	T1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	T1	
erythromycin ethylsuccinate oral tablet	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
erythromycin external gel	T1	
erythromycin external solution	T1	
Glycopeptide Antibiotics		
vancomycin hcl oral capsule	T1	
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA	T4	PA; SP
HARVONI	T4	PA; SP
ledipasvir-sofosbuvir	T2	PA; SP
sofosbuvir-velpatasvir	T2	PA; SP
VOSEVI	T2	PA; SP
Hcv Protease Inhibitor Antivirals		
MAVYRET	T2	PA; SP
VOSEVI	T2	PA; SP
Hcv Replication Complex Inhibitors		
EPCLUSA	T4	PA; SP
HARVONI	T4	PA; SP
ledipasvir-sofosbuvir	T2	PA; SP
MAVYRET	T2	PA; SP
sofosbuvir-velpatasvir	T2	PA; SP
VOSEVI	T2	PA; SP
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T2	QL (60 EA per 30 days)
maraviroc	T1	90DS; QL (60 EA per 30 days)
RUKOBIA	T3	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	T2	90DS; QL (920 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	T2	90DS; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	T2	90DS; QL (60 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Hiv Integrase Inhibitor Antiretrovirals		
APRETUDE	T2	ACA Preventative Medication-$0 copay.; 2 loading doses 1 month apart; 1 maintenance dose per 2 months.; QL (3 ml` per 28 days)
BIKTARVY	T2	90DS; QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	T2	QL (4 ml per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	T2	2 loading doses 1 month apart; 1 maintenance dose per 2 months.; QL (6 ML per 28 days)
DOVATO	T2	90DS; QL (30 EA per 30 days)
GENVOYA	T2	90DS; QL (30 EA per 30 days)
ISENTRESS HD	T2	90DS; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	T2	90DS; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	T2	90DS; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE	T2	90DS; QL (180 EA per 30 days)
JULUCA	T2	90DS; QL (30 EA per 30 days)
STRIBILD	T3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	T2	90DS; QL (120 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	T2	90DS; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	T2	90DS; QL (60 EA per 30 days)
TIVICAY PD	T2	90DS; QL (180 EA per 30 days)
TRIUMEQ	T2	90DS; QL (30 EA per 30 days)
triumeq pd	T2	90DS; QL (180 EA per 30 days)
VOCABRIA	T3	QL (30 EA per 30 days)
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
BIKTARVY	T2	90DS; QL (30 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	T2	QL (4 ml per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	T2	2 loading doses 1 month apart; 1 maintenance dose per 2 months.; QL (6 ML per 28 days)
DELSTRIGO	T2	90DS; QL (30 EA per 30 days)
EDURANT	T3	QL (60 EA per 30 days)
EDURANT PED	T3	QL (6 tablets per 1 day)
efavirenz oral capsule 200 mg	T1	90DS; QL (120 EA per 30 days)
efavirenz oral capsule 50 mg	T1	90DS; QL (180 EA per 30 days)
efavirenz oral tablet	T1	90DS; QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df	T1	90DS; QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir	T1	90DS; QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df	T1	90DS; QL (30 EA per 30 days)
etravirine oral tablet 100 mg	T1	90DS; QL (120 EA per 30 days)
etravirine oral tablet 200 mg	T1	90DS; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	T2	90DS; QL (120 EA per 30 days)
JULUCA	T2	90DS; QL (30 EA per 30 days)
methocarbamol oral tablet 500 mg	T1	QL (480 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	T1	90DS; QL (30 EA per 30 days)
nevirapine oral suspension	T1	90DS; QL (1200 ML per 30 days)
nevirapine oral tablet	T1	90DS; QL (60 EA per 30 days)
ODEFSEY	T2	90DS; QL (30 EA per 30 days)
PIFELTRO	T2	90DS; QL (30 EA per 30 days)
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir sulfate oral solution	T1	90DS; QL (960 ML per 30 days)
abacavir sulfate oral tablet	T1	90DS; QL (60 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
abacavir sulfate-lamivudine	T1	90DS; QL (30 EA per 30 days)
BIKTARVY	T2	90DS; QL (30 EA per 30 days)
CIMDUO	T3	QL (30 EA per 30 days)
DELSTRIGO	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	T2	$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
DOVATO	T2	90DS; QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df	T1	90DS; QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir	T1	90DS; QL (30 EA per 30 days)
emtricitabine	T1	90DS; QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	T1	90DS; QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 200-300 mg	T1	$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df	T1	90DS; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	T2	90DS; QL (720 ML per 30 days)
GENVOYA	T2	90DS; QL (30 EA per 30 days)
lamivudine oral solution 10 mg/ml	T1	90DS; QL (960 ML per 30 days)
lamivudine oral tablet 100 mg, 300 mg	T1	90DS; QL (30 EA per 30 days)
lamivudine oral tablet 150 mg	T1	90DS; QL (60 EA per 30 days)
lamivudine-zidovudine	T1	90DS; QL (60 EA per 30 days)
ODEFSEY	T2	90DS; QL (30 EA per 30 days)
STRIBILD	T3	QL (30 EA per 30 days)
SYMTUZA	T2	90DS; QL (30 EA per 30 days)
tenofovir disoproxil fumarate	T1	90DS; QL (30 EA per 30 days)
TRIUMEQ	T2	90DS; QL (30 EA per 30 days)
triumeq pd	T2	90DS; QL (180 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
VIREAD ORAL POWDER	T2	90DS; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	90DS; QL (30 EA per 30 days)
zidovudine oral capsule	T1	90DS; QL (180 EA per 30 days)
zidovudine oral syrup	T1	90DS; QL (1680 ML per 28 days)
zidovudine oral tablet	T1	90DS; QL (60 EA per 30 days)
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE	T2	90DS; QL (120 EA per 30 days)
atazanavir sulfate oral capsule 150 mg, 300 mg	T1	90DS; QL (30 EA per 30 days)
atazanavir sulfate oral capsule 200 mg	T1	90DS; QL (60 EA per 30 days)
darunavir oral tablet 600 mg	T1	90DS; QL (60 EA per 30 days)
darunavir oral tablet 800 mg	T1	90DS; QL (30 EA per 30 days)
EVOTAZ	T2	90DS; QL (30 EA per 30 days)
fosamprenavir calcium	T1	90DS; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION	T2	90DS; QL (840 ML per 30 days)
lopinavir-ritonavir oral solution	T1	90DS; QL (300 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	T1	90DS; QL (300 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	T1	90DS; QL (120 EA per 30 days)
NORVIR ORAL PACKET	T3	QL (360 EA per 30 days)
PREZCOBIX	T2	90DS; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	T2	90DS; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	T2	90DS; QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	T2	90DS; QL (300 EA per 30 days)
REYATAZ ORAL PACKET	T2	90DS; QL (150 EA per 30 days)
ritonavir	T1	90DS; QL (360 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
SYMTUZA	T2	90DS; QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	T2	90DS; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	T2	90DS; QL (120 EA per 30 days)
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Lincomycin Antibiotics		
clindamycin hcl oral	T1	
clindamycin palmitate hcl	T1	
clindamycin phos (once-daily)	T1	
clindamycin phos (twice-daily)	T1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
clindamycin phosphate external lotion	T1	
clindamycin phosphate external solution	T1	
clindamycin phosphate external swab	T1	
clindamycin phosphate vaginal	T1	
Monobactam Antibiotics		
CAYSTON	T4	PA; SP
Natural Penicillin Antibiotics		
penicillin v potassium oral solution reconstituted	T1	AL (Max 12 Years)
penicillin v potassium oral tablet	T1	
Neuraminidase Inhibitor Antivirals		
oseltamivir phosphate oral	T1	QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	QL

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Nitroimidazole Derivative, Trypanocidal		
benznidazole	T1	
Nitroimidazole Derivatives, Misc		
metronidazole external cream	T1	
metronidazole external gel	T1	
metronidazole oral capsule	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal	T1	
Nucleoside And Nucleotide Antivirals		
acyclovir external cream	T1	PA
acyclovir external ointment	T1	
acyclovir oral capsule	T1	
acyclovir oral suspension 200 mg/5ml	T1	
acyclovir oral tablet	T1	
adefovir dipivoxil	T4	SP
BARACLUDE ORAL SOLUTION	T3	
DESCOVY ORAL TABLET 120-15 MG	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	T2	$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	T1	90DS; QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 200-300 mg	T1	$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df	T1	90DS; QL (30 EA per 30 days)
entecavir	T1	90DS
famciclovir oral	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
LAGEVRIO	T2	QL (40 EA per 180 days); AL (Min 18 Years and Max 999 Years)
ODEFSEY	T2	90DS; QL (30 EA per 30 days)
ribavirin oral capsule	T1	
ribavirin oral tablet 200 mg	T1	
valacyclovir hcl oral	T1	
valganciclovir hcl oral solution reconstituted	T1	90DS; AL (Max 12 Years)
valganciclovir hcl oral tablet	T1	90DS
VEMLIDY	T2	90DS; QL (30 EA per 30 days)
Other Macrolide Antibiotics		
azithromycin oral packet	T1	
azithromycin oral suspension reconstituted	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
DIFICID ORAL TABLET	T3	PA
Other Macrolides (8:12.12.92)		
azithromycin oral packet	T1	
azithromycin oral suspension reconstituted	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
DIFICID ORAL TABLET	T3	PA
Oxazolidinone Antibiotics		
linezolid oral suspension reconstituted	T1	AL (Max 12 Years)
linezolid oral tablet	T1	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Polyene Antifungals		
nystatin external	T1	
nystatin mouth/throat	T1	
nystatin oral tablet	T1	
nystatin-triamcinolone	T1	
Polymyxin Antibiotics		
polymyxin b-trimethoprim	T1	
Pyrimidine Antifungals		
flucytosine oral	T1	PA
Quinolone Antibiotics		
BAXDELA ORAL	T3	QL (2 EA per 1 day)
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T1	
levofloxacin oral	T1	
moxifloxacin hcl ophthalmic solution	T1	QL (3 ML per 30 days)
moxifloxacin hcl oral	T1	
ofloxacin ophthalmic	T1	
ofloxacin oral tablet 300 mg, 400 mg	T1	
ofloxacin otic	T1	
Rifamycin Antibiotics		
PRIFTIN	T3	
rifabutin	T1	
rifampin oral	T1	
XIFAXAN	T3	PA
Sulfonamide Antibiotics (Systemic)		
sulfadiazine oral	T1	
sulfamethoxazole-trimethoprim oral	T1	
sulfasalazine oral	T1	90DS
Tetracycline Antibiotics		
demeclocycline hcl oral	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
doxycycline hyclate oral capsule	T1	
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
minocycline hcl oral capsule	T1	
tetracycline hcl oral capsule	T1	
Urinary Anti-Infectives		
fosfomycin tromethamine	T1	QL (1 EA per 1 day)
methenamine hippurate	T1	
nitrofurantoin macrocrystal oral	T1	
nitrofurantoin monohyd macro	T1	
sulfamethoxazole-trimethoprim oral	T1	
trimethoprim oral	T1	
Antineoplastic Agents		
Antineoplastic Agents		
abiraterone acetate micronized	T4	PA; SP; QL (120 EA per 30 days)
abiraterone acetate oral tablet 250 mg	T4	QL (120 EA per 30 days)
abiraterone acetate oral tablet 500 mg	T4	PA; QL (60 EA per 30 days)
ABIRTEGA	T4	QL (120 EA per 30 days)
ALECENSA	T4	PA; SP; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T4	PA; SP; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	T4	PA; SP; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T4	PA; SP; QL (30 EA per 30 days)
anastrozole oral	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
AYVAKIT	T4	PA; SP; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	T4	PA; SP; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	T4	PA; SP; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP; QL (30 EA per 30 days)
bexarotene oral	T4	PA; SP
bicalutamide	T1	
BOSULIF ORAL CAPSULE 100 MG	T4	PA; SP; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	T4	PA; SP; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	T4	PA; SP; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	T4	PA; SP; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	T4	PA; SP; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)
BRUKINSA ORAL TABLET	T4	PA; SP; QL (2 EA per 1 day)
CABOMETYX	T4	PA; SP; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET	T4	PA; SP; QL (60 EA per 30 days)
capecitabine	T1	
CAPRELSA ORAL TABLET 100 MG	T4	PA; SP; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	T4	PA; SP; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP; QL (56 EA per 28 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP; QL (84 EA per 28 days)
COPIKTRA	T4	PA; SP; QL (60 EA per 30 days)
COTELLIC	T4	PA; SP; QL (84 EA per 28 days)
cyclophosphamide oral capsule	T1	
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	T4	PA; SP; QL (30 EA per 30 days)
dasatinib oral tablet 20 mg	T4	PA; SP; QL (90 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	T4	PA; SP; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	T4	PA; SP; QL (60 EA per 30 days)
DROXIA	T3	
ELIGARD	T4	PA; SP
EMCYT	T4	SP
ERIVEDGE	T4	PA; SP; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	T4	PA; SP; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	T4	PA; SP; QL (90 EA per 30 days)
erlotinib hcl oral tablet 100 mg	T4	PA; SP; QL (30 EA per 30 days)
erlotinib hcl oral tablet 150 mg	T4	PA; SP; QL (90 EA per 30 days)
erlotinib hcl oral tablet 25 mg	T4	PA; SP; QL (60 EA per 30 days)
etoposide oral	T4	SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T4	SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4	PA; SP; QL (30 EA per 30 days)
everolimus oral tablet soluble	T4	PA; SP
exemestane	T1	ACA Preventative Medication-$0 Copay; 90DS
EXKIVITY	T4	PA; SP
fluorouracil external cream 0.5 %	T1	
fluorouracil external cream 5 %	T1	QL (40 g per 30 days)
fluorouracil external solution	T1	
FOTIVDA	T4	PA; SP; QL (21 EA per 28 days)
GAVRETO	T4	PA; SP; QL (120 EA per 30 days)
gefitinib	T4	PA; SP; QL (30 EA per 30 days)
GILOTRIF	T4	PA; SP; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T4	PA; SP
HYCAMTIN ORAL	T4	SP
hydroxyurea oral	T1	
IBRANCE	T4	PA; SP; QL (21 EA per 28 days)
ICLUSIG	T4	PA; SP; QL (30 EA per 30 days)
IDHIFA	T4	PA; SP; QL (30 EA per 30 days)
imatinib mesylate oral	T1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG	T4	PA; SP; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	T4	PA; SP; QL (30 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
IMBRUVICA ORAL SUSPENSION	T4	PA; SP; QL (6 ML per 1 day)
IMBRUVICA ORAL TABLET 140 MG	T4	PA; SP; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	T4	PA; SP; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	T4	PA; SP; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	T4	PA; SP; QL (120 EA per 30 days)
INQOVI	T4	PA; SP; QL (5 EA per 28 days)
INREBIC	T4	PA; SP; QL (120 EA per 30 days)
JAKAFI	T4	PA; SP; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	T4	PA; SP; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	T4	PA; SP; QL (30 EA per 30 days)
KISQALI (200 MG DOSE)	T4	PA; SP
KISQALI (400 MG DOSE)	T4	PA; SP
KISQALI (600 MG DOSE)	T4	PA; SP
KOSELUGO	T4	PA; SP
KRAZATI	T4	PA; SP; QL (180 EA per 30 days)
lapatinib ditosylate	T4	PA; SP; QL (180 EA per 30 days)
lenalidomide	T4	PA; SP
LENVIMA (10 MG DAILY DOSE)	T4	PA; SP; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	T4	PA; SP; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE)	T4	PA; SP; QL (60 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
LENVIMA (18 MG DAILY DOSE)	T4	PA; SP; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	T4	PA; SP; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	T4	PA; SP; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE)	T4	PA; SP; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	T4	PA; SP; QL (60 EA per 30 days)
letrozole oral	T1	ACA Preventative Medication-$0 Copay; 90DS
LEUKERAN	T4	
leuprolide acetate (3 month)	T4	PA; SP
leuprolide acetate injection	T4	SP
LONSURF	T4	PA; SP
LORBRENA ORAL TABLET 100 MG	T4	PA; SP; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	T4	PA; SP; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 240 MG	T4	PA; SP; QL (4 EA per 1 day)
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SP; QL (90 EA per 30 days)
LUPRON DEPOT (1-MONTH)	T4	PA; SP
LUPRON DEPOT (3-MONTH)	T4	PA; SP
LUPRON DEPOT (4-MONTH)	T4	PA; SP
LUPRON DEPOT (6-MONTH)	T4	PA; SP
LYNPARZA ORAL TABLET	T4	PA; SP; QL (120 EA per 30 days)
LYSODREN	T4	
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SP
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SP
MATULANE	T4	SP
MAVENCLAD (10 TABS)	T4	PA; SP
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	T1	
megestrol acetate oral suspension 625 mg/5ml	T1	90DS; G
megestrol acetate oral tablet	T1	
MEKINIST ORAL SOLUTION RECONSTITUTED	T4	PA; SP; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	T4	PA; SP; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	T4	PA; SP; QL (30 EA per 30 days)
MEKTOVI	T4	PA; SP; QL (180 EA per 30 days)
mercaptopurine oral suspension	T1	SP
mercaptopurine oral tablet	T1	
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
NERLYNX	T4	PA; SP; QL (180 EA per 30 days)
nilutamide	T4	SP; QL (60 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
NINLARO	T4	PA; SP; QL (3 EA per 28 days)
NUBEQA	T4	PA; SP; QL (120 EA per 30 days)
ODOMZO	T4	PA; SP; QL (30 EA per 30 days)
ONUREG	T4	PA; SP; QL (15 EA per 30 days)
OPZELURA	T4	PA
ORSERDU ORAL TABLET 345 MG	T4	PA; SP; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	T4	PA; SP; QL (90 EA per 30 days)
pazopanib hcl oral tablet 200 mg	T4	PA; SP; QL (120 EA per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
PEMAZYRE	T4	PA; SP; QL (1 EA per 1 day)
PIQRAY (200 MG DAILY DOSE)	T4	PA; SP; QL (30 EA per 30 days)
PIQRAY (250 MG DAILY DOSE)	T4	PA; SP; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	T4	PA; SP; QL (56 EA per 28 days)
POMALYST	T4	PA; SP; QL (21 EA per 28 days)
QINLOCK	T4	PA; SP; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	T4	PA; SP; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	T4	PA; SP; QL (120 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	T4	PA; SP; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	T4	PA; SP; QL (90 EA per 30 days)
REVLIMID	T4	PA; SP
REZLIDHIA	T4	PA; SP; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	T4	PA; SP; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	T4	PA; SP; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET	T4	PA; SP
RUBRACA	T4	PA; SP; QL (120 EA per 30 days)
RUXIENCE	T4	PA; SP
RYDAPT	T4	PA; SP; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 100 MG	T4	PA; SP; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	T4	PA; SP; QL (60 EA per 30 days)
SOLTAMOX	T4	QL (600 ML per 30 days)
sorafenib tosylate	T4	PA; SP; QL (120 EA per 30 days)
STIVARGA	T4	PA; SP; QL (120 EA per 30 days)
sunitinib malate	T4	PA; SP; QL (30 EA per 30 days)
TABLOID	T4	PA; SP
TABRECTA	T4	PA; SP; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
TAGRISSO	T4	PA; SP; QL (30 EA per 30 days)
TALZENNA	T4	PA; SP; QL (30 EA per 30 days)
tamoxifen citrate oral	T1	ACA Preventative Medication-$0 Copay; 90DS
TARGRETIN EXTERNAL	T4	PA; SP
TASIGNA	T4	PA; SP; QL (120 EA per 30 days)
TAZVERIK	T4	PA; SP; QL (240 EA per 30 days)
TECVAYLI	T4	PA; SP
TEPMETKO	T4	PA; SP; QL (60 EA per 30 days)
THALOMID	T4	PA; SP
TIBSOVO	T4	PA; SP; QL (60 EA per 30 days)
toremifene citrate	T1	90DS; SP
TRELSTAR MIXJECT	T4	PA; SP
tretinoin external cream	T1	AL (Max 30 Years)
tretinoin external gel 0.01 %, 0.025 %	T1	AL (Max 30 Years)
tretinoin oral	T4	SP
TRUXIMA	T4	PA; SP
TUKYSA	T4	PA; SP; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	T4	PA; SP; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG	T4	PA; SP; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	T4	PA; SP; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	T4	PA; SP; QL (30 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
VENCLEXTA STARTING PACK	T4	PA; SP; QL (42 EA per 28 days)
VERZENIO	T4	PA; SP; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	T4	PA; SP; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	T4	PA; SP; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP; QL (300 ML per 30 days)
VIZIMPRO	T4	PA; SP; QL (30 EA per 30 days)
WELIREG	T4	PA; SP; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	T4	PA; SP; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	T4	PA; SP; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	T4	PA; SP; QL (120 EA per 30 days)
XATMEP	T3	PA
XOSPATA	T4	PA; SP; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T4	PA; SP; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	T4	PA; SP; QL (16 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA; SP; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA; SP; QL (8 EA per 28 days)

lowercase italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Generic **T2** = Preferred Brand **T3** = Non-Preferred Brand **T4** = Specialty	**Requirements and Limits** **AL** = Age Limit **G** = Gender Edit **MME+** = Opioid Limits Apply **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Pharmacy **ST** = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T4	PA; SP; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T4	PA; SP; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA; SP; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	T4	PA; SP; QL (32 EA per 28 days)
XTANDI ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	T4	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	T4	PA; SP; QL (60 EA per 30 days)
YONSA	T4	PA; SP; QL (120 EA per 30 days)
ZEJULA ORAL TABLET	T4	PA; SP; QL (30 EA per 30 days)
ZELBORAF	T4	PA; SP; QL (240 EA per 30 days)
ZOLINZA	T4	PA; SP; QL (120 EA per 30 days)
ZYDELIG	T4	PA; SP; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET	T4	PA; SP; QL (90 EA per 30 days)
Antitoxins,Immune Glob,Toxoids,Vaccines		
Antitoxins And Immune Globulins		
ALYGLO	T4	PA; SP
ASCENIV	T4	PA; SP
BIVIGAM	T4	PA; SP
CUTAQUIG	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
CUVITRU	T4	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	T4	PA; SP
GAMMAGARD	T4	PA; SP
GAMMAGARD S/D LESS IGA	T4	PA; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	T4	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	T4	PA; SP
GAMUNEX-C	T4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	T4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
HYQVIA	T4	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	T4	PA; SP
PANZYGA	T4	PA; SP
PRIVIGEN	T4	PA; SP
XEMBIFY	T4	PA; SP
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T2	ACA Preventative Medication-$0 Copay
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T2	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	T2	ACA Preventative Medication-$0 Copay
INFANRIX	T2	ACA Preventative Medication-$0 Copay
TDVAX	T2	ACA Preventative Medication-$0 Copay
tetanus-diphtheria toxoids td	T2	ACA Preventative Medication-$0 Copay
Vaccines		
ABRYSVO	T2	ACA Preventative Medication-$0 Copay; QL (1 dose per 2 years)
ACTHIB	T2	ACA Preventative Medication-$0 Copay; AL (Min 19 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T2	ACA Preventative Medication-$0 Copay
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
AFLURIA	T2	ACA Preventative Medication-$0 copay.
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 copay.
AREXVY	T2	ACA Preventative Medication-$0 Copay; QL (1 dose per 2 years)
BEXSERO	T2	ACA Preventative Medication-$0 Copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T2	ACA Preventative Medication-$0 Copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
CAPVAXIVE	T2	QL (0.5 ML per 1 lifetime)
COMIRNATY 5-11 YEARS	T2	ACA Preventative Medication-$0 Copay
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	T2	ACA Preventative Medication-$0 Copay
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	T2	ACA Preventative Medication-$0 Copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
FLUAD	T2	ACA Preventative Medication-$0 copay.
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 copay.
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 copay.
FLUCELVAX INTRAMUSCULAR SUSPENSION	T2	ACA Preventative Medication-$0 copay.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 copay.
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 copay.
FLUMIST	T2	ACA Preventative Medication-$0 copay.
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 copay.
FLUZONE INTRAMUSCULAR SUSPENSION	T2	ACA Preventative Medication-$0 copay.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 copay.
GARDASIL 9	T2	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	T2	ACA Preventative Medication-$0 Copay
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	T2	ACA Preventative Medication-$0 Copay
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
HIBERIX INJECTION	T2	ACA Preventative Medication-$0 Copay; AL (Min 19 Years)
INFANRIX	T2	ACA Preventative Medication-$0 Copay
IPOL INJECTION SUSPENSION	T2	ACA Preventative Medication-$0 Copay; AL (Min 19 Years)
JYNNEOS	T2	ACA Preventative Medication-$0 Copay.; AL (Min 18 Years)
MENQUADFI INTRAMUSCULAR SOLUTION	T2	ACA Preventative Medication-$0 Copay
MENVEO	T2	ACA Preventative Medication-$0 Copay
M-M-R II INJECTION	T2	ACA Preventative Medication-$0 Copay
MNEXSPIKE	T2	ACA Preventative Medication-$0 Copay.
MRESVIA	T2	QL (1 dose per 2 years)
nuvaxovid covid-19 vaccine	T2	ACA Preventative Medication-$0 copay
PEDVAX HIB INTRAMUSCULAR SUSPENSION	T2	ACA Preventative Medication-$0 Copay; AL (Min 19 Years)
PENBRAYA	T2	ACA Preventative Medication-$0 Copay; AL (Min 19 Years and Max 25 Years)
penmenvy	T2	ACA Preventative Medication-$0 Copay; AL (Min 10 Years and Max 25 Years)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
PNEUMOVAX 23 INJECTION SOLUTION	T2	ACA Preventative Medication-$0 Copay; QL (0.5 ML per 1 lifetime)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay; QL (0.5 ML per 1 lifetime)
PREHEVBRIO	T2	ACA Preventative Medication-$0 Copay
PREVNAR 20	T2	ACA Preventative Medication-$0 Copay; 4 doses per 15 months for ages 0 to 5 years; 1 dose per lifetime for ages 6 years and older; QL (0.5 ML per 1 lifetime)
PRIORIX	T2	ACA Preventative Medication-$0 Copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	T2	ACA Preventative Medication-$0 Copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T2	ACA Preventative Medication-$0 Copay
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T2	ACA Preventative Medication-$0 Copay
SPIKEVAX 6M-11Y	T2	ACA Preventative Medication-$0 Copay
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
TRUMENBA	T2	ACA Preventative Medication-$0 Copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T2	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
VARIVAX INJECTION	T2	ACA Preventative Medication-$0 Copay
VAXNEUVANCE	T2	ACA Preventative Medication-$0 Copay; 4 doses per 15 months for ages 0 to 5 years; 1 dose per lifetime for ages 6 years and older; QL (0.5 ML per 1 lifetime)
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
epinephrine injection solution auto-injector	T1	QL
Alpha-Adrenergic Agonists (12:12)		
clonidine	T1	90DS
clonidine hcl er oral tablet extended release 12 hour	T1	90DS; QL (120 EA per 30 days)
clonidine hcl oral	T1	90DS
lofexidine hcl	T4	
methyldopa oral	T1	90DS
midodrine hcl	T1	
Antimuscarinics/Antispasmodics		
atropine sulfate ophthalmic solution 1 %	T1	90DS
ATROVENT HFA	T3	QL (12.9 GM per 25 days)
BEVESPI AEROSPHERE	T2	90DS; QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE	T2	90DS; QL (1 Inhaler per 30 days)
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)
dicyclomine hcl oral capsule	T1	
dicyclomine hcl oral solution 10 mg/5ml	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
dicyclomine hcl oral tablet 20 mg	T1	
diphenoxylate-atropine oral liquid	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
ipratropium bromide inhalation	T1	90DS
ipratropium bromide nasal	T1	90DS
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	90DS
methscopolamine bromide oral	T1	
scopolamine	T1	QL (10 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
umeclidinium-vilanterol	T3	ST; QL (60 EA per 30 days)
Antiparkinsonian Agents		
benztropine mesylate oral	T1	90DS
GOCOVRI	T3	PA
trihexyphenidyl hcl	T1	90DS
Autonomic Drugs, Miscellaneous		
cvs nicotine mouth/throat lozenge	T1	ACA Preventative Medication-$0 Copay
cvs nicotine polacrilex	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
cvs nicotine transdermal	T1	ACA Preventative Medication-$0 Copay
eq nicotine mouth/throat lozenge	T1	ACA Preventative Medication-$0 Copay
eq nicotine polacrilex	T1	ACA Preventative Medication-$0 Copay
eq nicotine step 3	T1	ACA Preventative Medication-$0 Copay
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	ACA Preventative Medication-$0 Copay
gnp nicotine mini mouth/throat lozenge 2 mg	T1	ACA Preventative Medication-$0 Copay
gnp nicotine polacrilex	T1	ACA Preventative Medication-$0 Copay
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	T1	ACA Preventative Medication-$0 Copay
goodsense nicotine	T1	ACA Preventative Medication-$0 Copay
hm nicotine polacrilex mouth/throat gum	T1	ACA Preventative Medication-$0 Copay
hm nicotine polacrilex mouth/throat lozenge 2 mg	T1	ACA Preventative Medication-$0 Copay
KLS QUIT2	T1	ACA Preventative Medication-$0 Copay
KLS QUIT4	T1	ACA Preventative Medication-$0 Copay
NICORELIEF MOUTH/THROAT GUM 2 MG	T1	ACA Preventative Medication-$0 Copay
nicotine	T1	ACA Preventative Medication-$0 Copay
nicotine mini	T1	ACA Preventative Medication-$0 Copay
nicotine polacrilex mouth/throat	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
nicotine step 1	T1	ACA Preventative Medication-$0 Copay
nicotine step 2	T1	ACA Preventative Medication-$0 Copay
nicotine step 3	T1	ACA Preventative Medication-$0 Copay
NICOTROL NS	T2	ACA Preventative Medication-$0 Copay
ra mini nicotine	T1	ACA Preventative Medication-$0 Copay
ra nicotine gum mouth/throat gum 2 mg, 4 mg	T1	ACA Preventative Medication-$0 Copay
ra nicotine mouth/throat	T1	ACA Preventative Medication-$0 Copay
ra nicotine polacrilex mouth/throat lozenge	T1	ACA Preventative Medication-$0 Copay
ra nicotine transdermal patch 24 hour 21 mg/24hr	T1	ACA Preventative Medication-$0 Copay
sm nicotine mouth/throat	T1	ACA Preventative Medication-$0 Copay
sm nicotine polacrilex mouth/throat lozenge 4 mg	T1	ACA Preventative Medication-$0 Copay
sm nicotine transdermal patch 24 hour 7 mg/24hr	T1	ACA Preventative Medication-$0 Copay
varenicline tartrate oral tablet 0.5 mg, 1 mg	T1	ACA Preventative Medication-$0 Copay; QL (56 EA per 28 days)
Botulinum Toxins		
DYSPORT	T4	PA; SP
XEOMIN	T4	PA; SP
Centrally Acting Skeletal Muscle Relaxnt		
carisoprodol oral tablet 350 mg	T1	PA; QL (63 EA per 21 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
chlorzoxazone oral tablet 500 mg	T1	QL (120 EA per 30 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1	QL (90 EA per 30 days)
metaxalone oral tablet 800 mg	T1	QL (120 EA per 30 days)
methocarbamol oral tablet 500 mg	T1	QL (480 EA per 30 days)
methocarbamol oral tablet 750 mg	T1	QL (300 EA per 30 days)
tizanidine hcl oral tablet 2 mg	T1	QL (120 EA per 30 days)
tizanidine hcl oral tablet 4 mg	T1	QL (240 EA per 30 days)
Direct-Acting Skeletal Muscle Relaxants		
dantrolene sodium oral capsule 100 mg	T1	QL (120 EA per 30 days)
dantrolene sodium oral capsule 25 mg, 50 mg	T1	QL (90 EA per 30 days)
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral tablet 10 mg, 20 mg	T1	QL (120 EA per 30 days)
Indirect-Acting Skeletal Muscle Relaxant		
orphenadrine citrate er	T1	QL (60 EA per 30 days)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	QL (120 EA per 30 days)
Non-Sel. Beta-Adrenergic Blocking Agents		
carvedilol	T1	90DS
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	90DS
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	90DS
nebivolol hcl	T1	90DS
pindolol	T1	90DS
propranolol hcl er	T1	90DS
propranolol hcl oral	T1	90DS
sotalol hcl (af)	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
sotalol hcl oral	T1	90DS
timolol maleate ophthalmic solution	T1	90DS
timolol maleate oral	T1	90DS
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
doxazosin mesylate oral	T1	90DS
prazosin hcl oral	T1	90DS
terazosin hcl oral	T1	90DS
Non-Sel.Alpha-Adrenergic Blocking Agents		
dihydroergotamine mesylate nasal	T1	QL
ergoloid mesylates oral	T1	90DS
ERGOMAR	T3	QL (5 EA per 30 days)
ergotamine-caffeine	T1	QL (40 EA per 30 days)
phenoxybenzamine hcl oral	T4	SP
Parasympathomimetic (Cholinergic Agents)		
bethanechol chloride oral	T1	
cevimeline hcl	T1	90DS
donepezil hcl	T1	90DS
FIRDAPSE	T4	PA; SP
galantamine hydrobromide er	T1	90DS
galantamine hydrobromide oral tablet	T1	90DS
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	90DS
pilocarpine hcl oral	T1	90DS
pyridostigmine bromide er oral tablet extended release	T1	
pyridostigmine bromide oral tablet 60 mg	T1	
QLOSI	T3	PA; QL (60 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
rivastigmine	T1	ST; 90DS; QL (30 EA per 30 days)
rivastigmine tartrate	T1	90DS
VUITY	T3	PA; QL (5 ML per 25 days)
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin hcl er	T1	90DS; QL (30 EA per 30 days)
carvedilol	T1	90DS
dutasteride-tamsulosin hcl	T1	90DS
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	90DS
silodosin	T1	ST; 90DS
tamsulosin hcl	T1	90DS
Selective Beta-2-Adrenergic Agonists		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	90DS; NDC 66993001968 (albuterol authorized generic for Ventolin) is not on formulary. Use alternate NDC.; QL (2 Inhalers per 30 days)
albuterol sulfate inhalation	T1	90DS
albuterol sulfate oral syrup 2 mg/5ml	T1	90DS
albuterol sulfate oral tablet	T1	90DS
BEVESPI AEROSPHERE	T2	90DS; QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE	T2	90DS; QL (1 Inhaler per 30 days)
budesonide-formoterol fumarate	T2	90DS; QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T2	90DS; QL (60 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	90DS; QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	90DS; QL (1 EA per 30 days)
formoterol fumarate inhalation	T1	90DS; QL (120 ML per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	90DS
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	T1	ST; 90DS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
STRIVERDI RESPIMAT	T2	90DS; QL (4 GM per 30 days)
terbutaline sulfate oral	T1	90DS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
umeclidinium-vilanterol	T3	ST; QL (60 EA per 30 days)
Selective Beta-Adrenergic Blocking Agent		
acebutolol hcl oral	T1	90DS
atenolol oral	T1	90DS
betaxolol hcl	T1	90DS
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	90DS
metoprolol succinate er	T1	90DS
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	90DS
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Skeletal Muscle Relaxants, Miscellaneous		
DYSPORT	T4	PA; SP
orphenadrine citrate er	T1	QL (60 EA per 30 days)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	QL (120 EA per 30 days)
XEOMIN	T4	PA; SP
Smoking Cessation Agents		
bupropion hcl er (smoking det)	T1	ACA Preventative Medication-$0 Copay
cvs nicotine mouth/throat lozenge	T1	ACA Preventative Medication-$0 Copay
cvs nicotine polacrilex	T1	ACA Preventative Medication-$0 Copay
cvs nicotine transdermal	T1	ACA Preventative Medication-$0 Copay
eq nicotine mouth/throat lozenge	T1	ACA Preventative Medication-$0 Copay
eq nicotine polacrilex	T1	ACA Preventative Medication-$0 Copay
eq nicotine step 3	T1	ACA Preventative Medication-$0 Copay
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	ACA Preventative Medication-$0 Copay
gnp nicotine mini mouth/throat lozenge 2 mg	T1	ACA Preventative Medication-$0 Copay
gnp nicotine polacrilex	T1	ACA Preventative Medication-$0 Copay
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	T1	ACA Preventative Medication-$0 Copay
goodsense nicotine	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
hm nicotine polacrilex mouth/throat gum	T1	ACA Preventative Medication-$0 Copay
hm nicotine polacrilex mouth/throat lozenge 2 mg	T1	ACA Preventative Medication-$0 Copay
KLS QUIT2	T1	ACA Preventative Medication-$0 Copay
KLS QUIT4	T1	ACA Preventative Medication-$0 Copay
naltrexone hcl oral	T1	
NICORELIEF MOUTH/THROAT GUM 2 MG	T1	ACA Preventative Medication-$0 Copay
nicotine	T1	ACA Preventative Medication-$0 Copay
nicotine mini	T1	ACA Preventative Medication-$0 Copay
nicotine polacrilex mouth/throat	T1	ACA Preventative Medication-$0 Copay
nicotine step 1	T1	ACA Preventative Medication-$0 Copay
nicotine step 2	T1	ACA Preventative Medication-$0 Copay
nicotine step 3	T1	ACA Preventative Medication-$0 Copay
NICOTROL NS	T2	ACA Preventative Medication-$0 Copay
ra mini nicotine	T1	ACA Preventative Medication-$0 Copay
ra nicotine gum mouth/throat gum 2 mg, 4 mg	T1	ACA Preventative Medication-$0 Copay
ra nicotine mouth/throat	T1	ACA Preventative Medication-$0 Copay
ra nicotine polacrilex mouth/throat lozenge	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ra nicotine transdermal patch 24 hour 21 mg/24hr	T1	ACA Preventative Medication-$0 Copay
sm nicotine mouth/throat	T1	ACA Preventative Medication-$0 Copay
sm nicotine polacrilex mouth/throat lozenge 4 mg	T1	ACA Preventative Medication-$0 Copay
sm nicotine transdermal patch 24 hour 7 mg/24hr	T1	ACA Preventative Medication-$0 Copay
varenicline tartrate oral tablet 0.5 mg, 1 mg	T1	ACA Preventative Medication-$0 Copay; QL (56 EA per 28 days)
VIVITROL	T2	QL (1 EA per 28 days)
Blood Formation, Coagulation, Thrombosis		
Antianemia Drugs		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T2	PA; SP
Anticoagulants, Miscellaneous		
fondaparinux sodium	T1	
Blood Form.,Coag,Thrombosis Agents Misc.		
PYRUKYND	T4	PA; SP
PYRUKYND TAPER PACK	T4	PA; SP
Coumarin Derivatives		
JANTOVEN	T1	90DS
warfarin sodium oral	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK)	T2	90DS
ELIQUIS (2 MG PACK)	T2	90DS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 EA per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE	T2	90DS; QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	90DS; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	90DS; QL (74 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE	T2	90DS
rivaroxaban oral suspension reconstituted	T1	90DS; QL (600 ML per 30 days); AL (Max 18 Years)
rivaroxaban oral tablet	T1	90DS; QL (60 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	90DS; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG	T2	90DS; QL (42 EA per 30 days)
XARELTO STARTER PACK	T2	QL (51 EA per 30 days)
Direct Thrombin Inhibitors		
dabigatran etexilate mesylate	T1	90DS; QL (60 EA per 30 days)
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA; SP
DOPTELET ORAL TABLET 20 MG	T4	PA; SP
DOPTELET SPRINKLE	T4	PA; SP
eltrombopag olamine	T4	PA; SP
FULPHILA	T4	PA; SP
LEUKINE INJECTION SOLUTION RECONSTITUTED	T4	PA; SP
NIVESTYM	T4	PA; SP
releuko subcutaneous	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T2	PA; SP
VAFSEO	T4	PA; SP
Hemorrheologic Agents		
pentoxifylline er	T1	90DS
Hemostatics		
aminocaproic acid oral tablet	T1	
desmopressin ace spray refrig	T1	90DS; QL (15 ML per 30 days)
desmopressin acetate oral	T1	90DS
desmopressin acetate spray	T1	90DS; QL (15 ML per 30 days)
tranexamic acid oral	T1	
Heparins		
enoxaparin sodium injection solution prefilled syringe	T1	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	T3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	T3	QL (15 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	T3	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	T3	QL (21.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	T3	QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	T3	QL (9 ML per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	T1	
heparin sodium (porcine) pf	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Indirect Factor Xa Inhibitors		
fondaparinux sodium	T1	
Iron Preparations		
m-natal plus	T1	
pnv prenatal plus multivitamin	T1	
PRENATABS RX	T1	
prenatal oral tablet 27-1 mg	T1	
westab plus	T1	
Platelet-Aggregation Inhibitors		
adult aspirin regimen	T1	ACA Preventative Medication-$0 Copay
aspirin 81 oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin childrens	T1	ACA Preventative Medication-$0 Copay
aspirin ec adult low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin low strength	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
aspirin-dipyridamole er	T1	90DS
childrens aspirin	T1	ACA Preventative Medication-$0 Copay
cilostazol	T1	90DS
clopidogrel bisulfate oral tablet 75 mg	T1	90DS
cvs aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin adult low strength	T1	ACA Preventative Medication-$0 Copay
cvs aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
dipyridamole oral	T1	90DS
eq aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
eq aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
eql aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp adult aspirin low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
gnp aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin low dose	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
h-e-b aspirin	T1	ACA Preventative Medication-$0 Copay
kls aspirin low dose	T1	ACA Preventative Medication-$0 Copay
kp aspirin	T1	ACA Preventative Medication-$0 Copay
prasugrel hcl	T1	90DS
qc aspirin low dose	T1	ACA Preventative Medication-$0 Copay
qc childrens aspirin	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
ra aspirin childrens	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec adult low st	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
sb childrens aspirin	T1	ACA Preventative Medication-$0 Copay
sb low dose asa ec	T1	ACA Preventative Medication-$0 Copay
sm aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
sm aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
sm childrens aspirin	T1	ACA Preventative Medication-$0 Copay
ticagrelor	T1	90DS
ZONTIVITY	T3	PA
Platelet-Reducing Agents		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
anagrelide hcl	T1	90DS
Thrombolytic Agents		
adult aspirin regimen	T1	ACA Preventative Medication-$0 Copay
aspirin 81 oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin childrens	T1	ACA Preventative Medication-$0 Copay
aspirin ec adult low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin low strength	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
childrens aspirin	T1	ACA Preventative Medication-$0 Copay
cvs aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin adult low strength	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
cvs aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
eq aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
eq aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
eql aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp adult aspirin low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
gnp aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin low dose	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
h-e-b aspirin	T1	ACA Preventative Medication-$0 Copay
kls aspirin low dose	T1	ACA Preventative Medication-$0 Copay
kp aspirin	T1	ACA Preventative Medication-$0 Copay
qc aspirin low dose	T1	ACA Preventative Medication-$0 Copay
qc childrens aspirin	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ra aspirin adult low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
ra aspirin childrens	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec adult low st	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
sb childrens aspirin	T1	ACA Preventative Medication-$0 Copay
sb low dose asa ec	T1	ACA Preventative Medication-$0 Copay
sm aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
sm aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
sm childrens aspirin	T1	ACA Preventative Medication-$0 Copay
Cardiovascular Drugs		
Acl Inhibitors		
NEXLETOL	T3	PA
NEXLIZET	T3	PA
Alpha-Adrenergic Blocking Agents (24:16)		
doxazosin mesylate oral	T1	90DS
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	90DS
prazosin hcl oral	T1	90DS
terazosin hcl oral	T1	90DS
Alpha-Adrenergic Blocking Agt.(Hypoten)		
carvedilol	T1	90DS
doxazosin mesylate oral	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	90DS
prazosin hcl oral	T1	90DS
terazosin hcl oral	T1	90DS
Angiotensin Ii Recep Antagonist/Neprolys		
sacubitril-valsartan	T1	90DS; QL (60 EA per 30 days)
Angiotensin Ii Receptor Antagon.(Hypotn)		
candesartan cilexetil	T1	90DS
irbesartan	T1	90DS
losartan potassium oral	T1	90DS
olmesartan medoxomil oral	T1	90DS
telmisartan	T1	90DS
valsartan oral tablet	T1	90DS
Angiotensin Ii Receptor Antagonists		
amlodipine besylate-valsartan	T1	90DS
amlodipine-olmesartan	T1	90DS
candesartan cilexetil	T1	90DS
candesartan cilexetil-hctz	T1	90DS
irbesartan	T1	90DS
irbesartan-hydrochlorothiazide	T1	90DS
losartan potassium oral	T1	90DS
losartan potassium-hctz	T1	90DS
olmesartan medoxomil oral	T1	90DS
olmesartan medoxomil-hctz	T1	90DS
sacubitril-valsartan	T1	90DS; QL (60 EA per 30 days)
telmisartan	T1	90DS
telmisartan-hctz	T1	90DS
valsartan oral tablet	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
valsartan-hydrochlorothiazide	T1	90DS
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
benazepril hcl oral	T1	90DS
captopril oral	T1	90DS
enalapril maleate oral tablet	T1	90DS
fosinopril sodium	T1	90DS
lisinopril oral	T1	90DS
moexipril hcl	T1	90DS
perindopril erbumine	T1	90DS
quinapril hcl	T1	90DS
ramipril	T1	90DS
trandolapril	T1	90DS
Angiotensin-Converting Enzyme Inhibitors		
amlodipine besy-benazepril hcl	T1	90DS
benazepril hcl oral	T1	90DS
benazepril-hydrochlorothiazide	T1	90DS
captopril oral	T1	90DS
enalapril maleate oral tablet	T1	90DS
enalapril-hydrochlorothiazide	T1	90DS
fosinopril sodium	T1	90DS
lisinopril oral	T1	90DS
lisinopril-hydrochlorothiazide	T1	90DS
moexipril hcl	T1	90DS
perindopril erbumine	T1	90DS
quinapril hcl	T1	90DS
quinapril-hydrochlorothiazide	T1	90DS
ramipril	T1	90DS
trandolapril	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Antiarrhythmics, Miscellaneous		
DIGOX	T1	90DS
digoxin oral solution	T1	90DS
digoxin oral tablet 125 mcg, 250 mcg	T1	90DS
Antilipemic Agents, Miscellaneous		
icosapent ethyl	T1	PA; 90DS
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP
NEXLETOL	T3	PA
NEXLIZET	T3	PA
niacin er (antihyperlipidemic)	T1	90DS
omega-3-acid ethyl esters	T1	90DS
Beta-Adrenergic Blocking Agents (24:20)		
acebutolol hcl oral	T1	90DS
atenolol oral	T1	90DS
atenolol-chlorthalidone	T1	90DS
betaxolol hcl oral	T1	90DS
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	90DS
bisoprolol-hydrochlorothiazide	T1	90DS
carvedilol	T1	90DS
doxazosin mesylate oral	T1	90DS
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	90DS
metoprolol succinate er	T1	90DS
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	90DS
metoprolol-hydrochlorothiazide	T1	90DS
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	90DS
nebivolol hcl	T1	90DS
pindolol	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
prazosin hcl oral	T1	90DS
propranolol hcl er	T1	90DS
propranolol hcl oral	T1	90DS
sotalol hcl (af)	T1	90DS
sotalol hcl oral	T1	90DS
terazosin hcl oral	T1	90DS
timolol maleate ophthalmic solution	T1	90DS
timolol maleate oral	T1	90DS
Bile Acid Sequestrants		
cholestyramine light	T1	90DS
cholestyramine oral	T1	90DS
colesevelam hcl	T1	90DS
colestipol hcl	T1	90DS
Bradykinin Receptors Antagonists		
icatibant acetate subcutaneous solution prefilled syringe	T4	PA; SP
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARTIA XT	T1	90DS
diltiazem hcl er beads	T1	90DS
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	90DS
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	90DS
diltiazem hcl oral	T1	90DS
dilt-xr	T1	90DS
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	90DS
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
verapamil hcl oral	T1	90DS
Calcium-Channel Blocking Agents		
CARTIA XT	T1	90DS
diltiazem hcl er beads	T1	90DS
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	90DS
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	90DS
diltiazem hcl oral	T1	90DS
dilt-xr	T1	90DS
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	90DS
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	90DS
verapamil hcl oral	T1	90DS
Calcium-Channel Blocking Agents, Misc.		
CARTIA XT	T1	90DS
diltiazem hcl er beads	T1	90DS
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	90DS
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	90DS
diltiazem hcl oral	T1	90DS
dilt-xr	T1	90DS
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	90DS
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	90DS
verapamil hcl oral	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Carbonic Anhydrase Inhibitors (24:36)		
acetazolamide er	T1	90DS
acetazolamide oral	T1	90DS
methazolamide oral	T1	90DS
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide er	T1	90DS
acetazolamide oral	T1	90DS
methazolamide oral	T1	90DS
Cardiac Drugs, Miscellaneous		
CAMZYOS	T4	PA
CORLANOR ORAL SOLUTION	T3	PA
ivabradine hcl	T1	PA; 90DS; MME+
ranolazine er	T1	90DS
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)
VYNDAQEL	T4	PA; SP
Cardiotonic Agents		
CORLANOR ORAL SOLUTION	T3	PA
DIGOX	T1	90DS
digoxin oral solution	T1	90DS
digoxin oral tablet 125 mcg, 250 mcg	T1	90DS
ivabradine hcl	T1	PA; 90DS; MME+
Central Alpha-Agonists		
acebutolol hcl oral	T1	90DS
atenolol oral	T1	90DS
atenolol-chlorthalidone	T1	90DS
betaxolol hcl oral	T1	90DS
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
bisoprolol-hydrochlorothiazide	T1	90DS
carvedilol	T1	90DS
clonidine	T1	90DS
clonidine hcl oral	T1	90DS
guanfacine hcl oral	T1	90DS
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	90DS
methyldopa oral	T1	90DS
metoprolol succinate er	T1	90DS
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	90DS
metoprolol-hydrochlorothiazide	T1	90DS
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	90DS
nebivolol hcl	T1	90DS
pindolol	T1	90DS
propranolol hcl er	T1	90DS
propranolol hcl oral	T1	90DS
sotalol hcl (af)	T1	90DS
sotalol hcl oral	T1	90DS
timolol maleate oral	T1	90DS
Cgmp Synthesis Agent		
VERQUVO	T3	PA
Cholesterol Absorption Inhibitors		
ezetimibe	T1	90DS
ezetimibe-simvastatin	T1	90DS
NEXLIZET	T3	PA
Class Ia Antiarrhythmics		
disopyramide phosphate oral	T1	90DS
NORPACE CR	T3	
quinidine gluconate er	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
quinidine sulfate oral	T1	90DS
Class Ib Antiarrhythmics		
DILANTIN ORAL CAPSULE 30 MG	T3	
mexiletine hcl oral	T1	90DS
PHENYTEK	T3	
phenytoin oral	T1	90DS
phenytoin sodium extended	T1	90DS
Class Ic Antiarrhythmics		
flecainide acetate	T1	90DS
propafenone hcl	T1	90DS
Class Ii Antiarrhythmics		
acebutolol hcl oral	T1	90DS
atenolol oral	T1	90DS
betaxolol hcl	T1	90DS
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	90DS
carvedilol	T1	90DS
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	90DS
metoprolol succinate er	T1	90DS
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	90DS
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	90DS
nebivolol hcl	T1	90DS
pindolol	T1	90DS
propranolol hcl er	T1	90DS
propranolol hcl oral	T1	90DS
sotalol hcl (af)	T1	90DS
sotalol hcl oral	T1	90DS
timolol maleate ophthalmic solution	T1	90DS
timolol maleate oral	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Class Iii Antiarrhythmics		
amiodarone hcl oral	T1	90DS
dofetilide	T1	90DS
MULTAQ	T3	
sotalol hcl (af)	T1	90DS
sotalol hcl oral	T1	90DS
Class Iv Antiarrhythmics		
CARTIA XT	T1	90DS
diltiazem hcl er beads	T1	90DS
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	90DS
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	90DS
diltiazem hcl oral	T1	90DS
dilt-xr	T1	90DS
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	90DS
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	90DS
verapamil hcl oral	T1	90DS
Dihydropyridines		
amlodipine besy-benazepril hcl	T1	90DS
amlodipine besylate oral	T1	90DS
amlodipine besylate-valsartan	T1	90DS
amlodipine-atorvastatin	T1	ST; 90DS
amlodipine-olmesartan	T1	90DS
felodipine er	T1	90DS
isradipine	T1	90DS
nicardipine hcl oral	T1	90DS
nifedipine er	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
nifedipine er osmotic release	T1	90DS
nifedipine oral	T1	90DS
nimodipine oral capsule	T1	
Dihydropyridines (Antihypertensive)		
amlodipine besylate oral	T1	90DS
felodipine er	T1	90DS
isradipine	T1	90DS
nicardipine hcl oral	T1	90DS
nifedipine er	T1	90DS
nifedipine er osmotic release	T1	90DS
nifedipine oral	T1	90DS
nimodipine oral capsule	T1	
Direct Vasodilators		
clonidine	T1	90DS
clonidine hcl er oral tablet extended release 12 hour	T1	90DS; QL (120 EA per 30 days)
clonidine hcl oral	T1	90DS
guanfacine hcl oral	T1	90DS
hydralazine hcl oral	T1	90DS
methyldopa oral	T1	90DS
minoxidil oral	T1	90DS
Diuretics, Miscellaneous (Hypotensive)		
theophylline er	T1	90DS
theophylline oral	T1	90DS
Factor Xiia Inhibitors		
ANDEMBRY	T4	PA; SP
Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	T1	90DS
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1	90DS
fenofibric acid oral capsule delayed release	T1	90DS
fenofibric acid oral tablet 35 mg	T1	90DS
gemfibrozil oral	T1	90DS
Hmg-Coa Reductase Inhibitors		
amlodipine-atorvastatin	T1	ST; 90DS
atorvastatin calcium oral tablet 10 mg, 20 mg	T1	$0 copay for members ages 40-75 years; 90DS
atorvastatin calcium oral tablet 40 mg, 80 mg	T1	90DS
ezetimibe-simvastatin	T1	90DS
lovastatin oral tablet 10 mg, 20 mg	T1	90DS
lovastatin oral tablet 40 mg	T1	$0 copay for members ages 40-75 years; 90DS
pravastatin sodium oral tablet 10 mg, 20 mg	T1	90DS
pravastatin sodium oral tablet 40 mg, 80 mg	T1	$0 copay for members ages 40-75 years; 90DS
rosuvastatin calcium oral tablet 10 mg, 5 mg	T1	$0 copay for members ages 40-75 years; 90DS
rosuvastatin calcium oral tablet 20 mg, 40 mg	T1	90DS
simvastatin oral tablet 10 mg, 5 mg, 80 mg	T1	90DS
simvastatin oral tablet 20 mg, 40 mg	T1	$0 copay for members ages 40-75 years; 90DS
Kallikrein Inhibitors (24:48:08)		
DAWNZERA	T4	PA; SP
EKTERLY	T4	PA; SP
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
TAKHZYRO	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Loop Diuretics (24:36)		
bumetanide oral	T1	90DS
ethacrynic acid oral	T1	90DS
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	90DS
furosemide oral tablet	T1	90DS
torsemide oral	T1	90DS
Loop Diuretics (Hypotensive Agents)		
bumetanide oral	T1	90DS
ethacrynic acid oral	T1	90DS
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	90DS
furosemide oral tablet	T1	90DS
torsemide oral	T1	90DS
Mineralocorticoid (Aldosterone) Antagnts		
eplerenone	T1	90DS
spironolactone oral tablet	T1	90DS
spironolactone-hctz	T1	90DS
Mineralocorticoid(Aldoster.)Antag(Hypot)		
eplerenone	T1	90DS
spironolactone oral tablet	T1	90DS
Mtp Protein Inhibitors		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP
Nitrates And Nitrites		
acebutolol hcl oral	T1	90DS
atenolol oral	T1	90DS
betaxolol hcl oral	T1	90DS
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
carvedilol	T1	90DS
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T1	90DS
isosorbide mononitrate	T1	90DS
isosorbide mononitrate er	T1	90DS
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	90DS
metoprolol succinate er	T1	90DS
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	90DS
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	90DS
NITRO-BID	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T3	
nitroglycerin rectal	T3	
nitroglycerin sublingual	T1	90DS
nitroglycerin transdermal patch 24 hour	T1	90DS
nitroglycerin translingual solution	T1	90DS
pindolol	T1	90DS
propranolol hcl er	T1	90DS
propranolol hcl oral	T1	90DS
sotalol hcl (af)	T1	90DS
sotalol hcl oral	T1	90DS
timolol maleate oral	T1	90DS
Omega-3-Mediated Antilipemics		
icosapent ethyl	T1	PA; 90DS
omega-3-acid ethyl esters	T1	90DS
Pcsk9 Inhibitors		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (2 ML per 28 days)
REPATHA	T2	PA; QL (6 ML per 28 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (7 ML per 28 days)
REPATHA SURECLICK	T2	PA; QL (6 ML per 28 days)
Phosphodiesterase Type 5 Inhibitors		
aspirin-dipyridamole er	T1	90DS
cilostazol	T1	90DS
dipyridamole oral	T1	90DS
sildenafil citrate oral suspension reconstituted	T1	PA; 90DS; SP
sildenafil citrate oral tablet 20 mg	T1	PA; 90DS; SP
tadalafil (pah)	T1	PA; 90DS; SP
Potassium-Sparing Diuretics (24:36)		
amiloride hcl oral	T1	90DS
eplerenone	T1	90DS
spironolactone oral tablet	T1	90DS
spironolactone-hctz	T1	90DS
Potassium-Sparing Diuretics (Hypoten)		
amiloride hcl oral	T1	90DS
eplerenone	T1	90DS
spironolactone oral tablet	T1	90DS
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
sacubitril-valsartan	T1	90DS; QL (60 EA per 30 days)
Steroidal Mineralocorticoid Receptor Ant		
eplerenone	T1	90DS
spironolactone oral tablet	T1	90DS
spironolactone-hctz	T1	90DS
Thiazide Diuretics (24:36)		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
hydrochlorothiazide oral	T1	90DS
Thiazide Diuretics(Hypotensive Agents)		
hydrochlorothiazide oral	T1	90DS
Thiazide-Like Diuretics (24:36)		
chlorthalidone oral tablet 25 mg, 50 mg	T1	90DS
indapamide oral	T1	90DS
metolazone	T1	90DS
Thiazide-Like Diuretics(Hypotensive Agt)		
chlorthalidone oral tablet 25 mg, 50 mg	T1	90DS
indapamide oral	T1	90DS
metolazone	T1	90DS
Vasodilating Agents, Misc (24:08)		
phenoxybenzamine hcl oral	T4	SP
Vasodilating Agents, Miscellaneous		
ambrisentan	T4	PA; SP
amlodipine besylate oral	T1	90DS
bosentan	T4	PA; SP
CARTIA XT	T1	90DS
CORLANOR ORAL SOLUTION	T3	PA
diltiazem hcl er beads	T1	90DS
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	90DS
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	90DS
diltiazem hcl oral	T1	90DS
dilt-xr	T1	90DS
dipyridamole oral	T1	90DS
ivabradine hcl	T1	PA; 90DS; MME+

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
nicardipine hcl oral	T1	90DS
nifedipine er	T1	90DS
nifedipine er osmotic release	T1	90DS
nifedipine oral	T1	90DS
nimodipine oral capsule	T1	
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
TYVASO	T4	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	T4	PA; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per 1 lifetime)
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
VENTAVIS	T4	PA; SP
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	90DS
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	90DS
verapamil hcl oral	T1	90DS
VERQUVO	T3	PA
Central Nervous System Agents		
Adamantanes (Cns)		
amantadine hcl oral capsule	T1	90DS
amantadine hcl oral solution	T1	90DS
GOCOVRI	T3	PA

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Amphetamines		
ADZENYS XR-ODT	T3	ST; QL (30 EA per 30 days); AL (Max 21 Years)
amphetamine sulfate oral tablet 10 mg	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)
amphetamine sulfate oral tablet 5 mg	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
amphetamine-dextroamphet er	T1	QL (30 EA per 30 days); AL (Max 21 Years)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (90 EA per 30 days); AL (Max 21 Years)
amphetamine-dextroamphetamine oral tablet 30 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	T1	QL (120 EA per 30 days); AL (Max 21 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	T1	QL (90 EA per 30 days); AL (Max 21 Years)
dextroamphetamine sulfate oral tablet 10 mg	T1	QL (180 EA per 30 days); AL (Max 21 Years)
dextroamphetamine sulfate oral tablet 5 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)
lisdexamfetamine dimesylate oral capsule	T1	QL (30 EA per 30 days); AL (Max 21 Years)
Amyotrophic Lateral Sclerosis(Als) Agent		
RADICAVA ORS	T4	PA; SP
RADICAVA ORS STARTER KIT	T4	PA; SP
riluzole	T1	90DS
Analgesics And Antipyretics, Misc.		
acetaminophen-codeine oral solution	T1	MME+; QL (4500 ML per 30 days); AL (Min 18 Years)
acetaminophen-codeine oral tablet	T1	MME+; QL (180 EA per 30 days); AL (Min 18 Years)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
butalbital-acetaminophen oral tablet 50-325 mg	T1	QL (36 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	MME+; QL; AL (Min 18 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (18 EA per 30 days)
gabapentin oral capsule	T1	QL (180 EA per 30 days)
gabapentin oral solution 250 mg/5ml	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
gabapentin oral solution 300 mg/6ml	T1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	T1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	T1	QL (120 EA per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	MME+
JOURNAVX	T2	PA; 90DS; QL (30 EA per 90 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	MME+
tramadol-acetaminophen	T1	MME+; QL (40 EA per 5 days)
Anticholinergic Agents (Cns)		
benztropine mesylate oral	T1	90DS
orphenadrine citrate er	T1	QL (60 EA per 30 days)
trihexyphenidyl hcl	T1	90DS
Anticonvulsants, Miscellaneous		
acetazolamide er	T1	90DS
acetazolamide oral	T1	90DS
APTIOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION	T3	ST; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	T3	ST; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 300 mg	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
carbamazepine er oral tablet extended release 12 hour	T1	90DS
carbamazepine oral suspension 100 mg/5ml	T1	90DS; AL (Max 12 Years)
carbamazepine oral tablet	T1	90DS
carbamazepine oral tablet chewable 100 mg	T1	90DS
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	T4	ST; SP; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	T4	ST; SP; QL (6 EA per 1 day)
divalproex sodium er oral tablet extended release 24 hour	T1	90DS
divalproex sodium oral capsule delayed release sprinkle	T1	90DS
divalproex sodium oral tablet delayed release	T1	90DS
EPIDIOLEX	T4	ST; SP; QL (500 ML per 28 days)
EQUETRO	T3	
felbamate	T1	90DS
FINTEPLA	T4	ST; SP; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	T3	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET	T3	ST; QL (30 EA per 30 days)
gabapentin oral capsule	T1	QL (180 EA per 30 days)
gabapentin oral solution 250 mg/5ml	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
gabapentin oral solution 300 mg/6ml	T1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	T1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	T1	QL (120 EA per 30 days)
lacosamide oral solution 10 mg/ml	T1	90DS; QL (1200 ML per 30 days)
lacosamide oral tablet	T1	90DS; QL (60 EA per 30 days)
lamotrigine er	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
lamotrigine oral tablet	T1	90DS
lamotrigine oral tablet chewable	T1	90DS
lamotrigine starter kit-blue	T1	
lamotrigine starter kit-green	T1	
lamotrigine starter kit-orange	T1	
levetiracetam er	T1	90DS
levetiracetam oral solution	T1	90DS
levetiracetam oral tablet	T1	90DS
oxcarbazepine oral suspension	T1	90DS; AL (Max 12 Years)
oxcarbazepine oral tablet	T1	90DS
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	T1	90DS; QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T1	90DS; QL (60 EA per 30 days)
pregabalin oral solution	T1	90DS; QL (900 ML per 30 days)
rufinamide oral suspension 40 mg/ml	T1	90DS; QL (2400 ML per 30 days); AL (Max 12 Years)
rufinamide oral tablet	T1	ST; 90DS; QL (240 EA per 30 days)
tiagabine hcl	T1	90DS
topiramate oral capsule sprinkle 15 mg, 25 mg	T1	90DS
topiramate oral tablet	T1	90DS
valproic acid oral capsule	T1	90DS
valproic acid oral solution 250 mg/5ml	T1	90DS
vigabatrin	T1	ST; 90DS; SP; QL (180 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	T3	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	T3	ST; QL (30 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
XCOPRI ORAL TABLET 200 MG	T3	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	ST; QL
zonisamide oral	T1	90DS
Antidepressants, Miscellaneous		
bupropion hcl er (smoking det)	T1	ACA Preventative Medication-$0 Copay
bupropion hcl er (sr)	T1	90DS
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	T1	90DS
bupropion hcl oral	T1	90DS
mirtazapine oral	T1	90DS
Antimanic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	T2	QL (3.2 ML per 60 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T2	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T2	QL (1 EA per 28 days)
aripiprazole oral solution	T1	90DS; QL (750 ML per 30 days); AL (Max 12 Years)
aripiprazole oral tablet	T1	90DS; QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	T1	90DS; QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T2	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T2	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T2	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T2	QL (2.4 ML per 28 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T2	QL (3.2 ML per 28 days)
asenapine maleate	T1	ST; 90DS; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 300 mg	T1	90DS
carbamazepine er oral tablet extended release 12 hour	T1	90DS
carbamazepine oral suspension 100 mg/5ml	T1	90DS; AL (Max 12 Years)
carbamazepine oral tablet	T1	90DS
carbamazepine oral tablet chewable 100 mg	T1	90DS
divalproex sodium er oral tablet extended release 24 hour	T1	90DS
divalproex sodium oral capsule delayed release sprinkle	T1	90DS
divalproex sodium oral tablet delayed release	T1	90DS
EQUETRO	T3	
lamotrigine er	T1	90DS
lamotrigine oral tablet	T1	90DS
lamotrigine oral tablet chewable	T1	90DS
lamotrigine starter kit-blue	T1	
lamotrigine starter kit-green	T1	
lamotrigine starter kit-orange	T1	
lithium carbonate er	T1	90DS
lithium carbonate oral	T1	90DS
olanzapine oral	T1	90DS; QL (30 EA per 30 days)
PERSERIS	T3	PA; QL (1 EA per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1	90DS; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1	90DS; QL (60 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	90DS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 25 mg, 50 mg	T1	90DS; QL (90 EA per 30 days)
risperidone microspheres er	T1	QL (2 EA per 28 days)
risperidone oral solution	T1	90DS; QL (480 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	90DS; QL (60 EA per 30 days)
risperidone oral tablet 3 mg, 4 mg	T1	90DS; QL (120 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	90DS; QL (60 EA per 30 days)
risperidone oral tablet dispersible 3 mg, 4 mg	T1	90DS; QL (120 EA per 30 days)
RYKINDO	T3	PA; QL (2 EA per 28 days)
SECUADO	T3	ST; QL (30 EA per 30 days)
valproic acid oral capsule	T1	90DS
valproic acid oral solution 250 mg/5ml	T1	90DS
ziprasidone hcl	T1	90DS; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)
Antimigraine Agents, Miscellaneous		
adult aspirin regimen	T1	ACA Preventative Medication-$0 Copay
aspirin 81 oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin childrens	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
aspirin ec adult low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin low strength	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
butorphanol tartrate nasal	T1	MME+; QL (5 ML per 30 days)
childrens aspirin	T1	ACA Preventative Medication-$0 Copay
cvs aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin adult low strength	T1	ACA Preventative Medication-$0 Copay
cvs aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
dihydroergotamine mesylate nasal	T1	QL
divalproex sodium er oral tablet extended release 24 hour	T1	90DS
divalproex sodium oral capsule delayed release sprinkle	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
divalproex sodium oral tablet delayed release	T1	90DS
ec-naproxen	T1	90DS
eq aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
eq aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
eql aspirin low dose	T1	ACA Preventative Medication-$0 Copay
ERGOMAR	T3	QL (5 EA per 30 days)
ergotamine-caffeine	T1	QL (40 EA per 30 days)
gnp adult aspirin low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
gnp aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin low dose	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
h-e-b aspirin	T1	ACA Preventative Medication-$0 Copay
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	90DS
ketoprofen oral capsule 25 mg	T1	90DS
kls aspirin low dose	T1	ACA Preventative Medication-$0 Copay
kp aspirin	T1	ACA Preventative Medication-$0 Copay
naproxen oral tablet	T1	90DS
naproxen oral tablet delayed release	T1	90DS
naproxen sodium oral tablet 275 mg, 550 mg	T1	90DS
propranolol hcl er	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
propranolol hcl oral	T1	90DS
qc aspirin low dose	T1	ACA Preventative Medication-$0 Copay
qc childrens aspirin	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
ra aspirin childrens	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec adult low st	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
sb childrens aspirin	T1	ACA Preventative Medication-$0 Copay
sb low dose asa ec	T1	ACA Preventative Medication-$0 Copay
sm aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
sm aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
sm childrens aspirin	T1	ACA Preventative Medication-$0 Copay
timolol maleate oral	T1	90DS
topiramate oral capsule sprinkle 15 mg, 25 mg	T1	90DS
topiramate oral tablet	T1	90DS
valproic acid oral capsule	T1	90DS
valproic acid oral solution 250 mg/5ml	T1	90DS
Antipsychotics, Miscellaneous		
loxapine succinate oral	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
pimozide	T1	90DS
Anxiolytics,Sedatives,And Hypnotics,Misc		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
buspirone hcl oral	T1	
DAYVIGO	T3	ST; QL (30 EA per 30 days)
eszopiclone	T1	QL (30 EA per 30 days)
HETLIOZ LQ	T4	PA; SP; QL (5 ML per 1 day)
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral	T1	
meprobamate	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
ramelteon	T1	ST; QL (30 EA per 30 days)
tasimelteon	T4	PA; SP; QL (30 EA per 30 days)
zaleplon	T1	QL (30 EA per 30 days)
zolpidem tartrate er	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	T1	QL (30 EA per 30 days)
Atypical Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	T2	QL (3.2 ML per 60 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T2	QL (1 EA per 28 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T2	QL (1 EA per 28 days)
aripiprazole oral solution	T1	90DS; QL (750 ML per 30 days); AL (Max 12 Years)
aripiprazole oral tablet	T1	90DS; QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	T1	90DS; QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T2	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T2	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T2	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T2	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T2	QL (3.2 ML per 28 days)
asenapine maleate	T1	ST; 90DS; QL (60 EA per 30 days)
CAPLYTA	T3	ST; QL (30 EA per 30 days)
clozapine oral tablet 100 mg	T1	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	T1	QL (120 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	T1	QL (90 EA per 30 days)
clozapine oral tablet dispersible 100 mg	T1	QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg, 25 mg	T1	QL (90 EA per 30 days)
clozapine oral tablet dispersible 150 mg	T1	QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	T1	QL (120 EA per 30 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	T3	PA; QL (0.75 ml per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	T3	PA; QL (1 ml per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	T3	PA; QL (1.5 ml per 28 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	T3	PA; QL (2.25 ml per 1 lifetime)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	T3	PA; QL (0.25 ml per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	T3	PA; QL (0.5 ml per 28 days)
FANAPT	T3	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK A	T3	ST; QL
FANAPT TITRATION PACK B ORAL TABLET	T3	ST; QL (1 kit per 1 lifetime)
FANAPT TITRATION PACK C ORAL TABLET	T3	ST; QL (1 kit per 1 lifetime)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	T3	PA; QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	T3	PA; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	T3	PA; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	T3	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	T3	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	T3	PA; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	T3	PA; QL (0.5 ML per 28 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	T3	PA; QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	T3	PA; QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	T3	PA; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	T3	PA; QL (2.63 ML per 84 days)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	T1	ST; 90DS; QL (30 EA per 30 days)
lurasidone hcl oral tablet 80 mg	T1	ST; 90DS; QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE	T3	ST; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	T3	ST; QL (30 EA per 30 days)
olanzapine oral	T1	90DS; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	T1	ST; 90DS; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	T1	ST; 90DS; QL (60 EA per 30 days)
PERSERIS	T3	PA; QL (1 EA per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1	90DS; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1	90DS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	90DS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 25 mg, 50 mg	T1	90DS; QL (90 EA per 30 days)
REXULTI	T3	ST; QL (30 EA per 30 days)
risperidone microspheres er	T1	QL (2 EA per 28 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
risperidone oral solution	T1	90DS; QL (480 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	90DS; QL (60 EA per 30 days)
risperidone oral tablet 3 mg, 4 mg	T1	90DS; QL (120 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	90DS; QL (60 EA per 30 days)
risperidone oral tablet dispersible 3 mg, 4 mg	T1	90DS; QL (120 EA per 30 days)
RYKINDO	T3	PA; QL (2 EA per 28 days)
SECUADO	T3	ST; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	T3	PA; QL (0.28 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	T3	PA; QL (0.35 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	T3	PA; QL (0.42 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	T3	PA; QL (0.56 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	T3	PA; QL (0.7 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	T3	PA; QL (0.14 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	T3	PA; QL (0.21 ML per 30 days)
VERSACLOZ	T3	QL (540 ML per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	T3	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	T3	ST; QL
ziprasidone hcl	T1	90DS; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)
Barbiturates (Anticonvulsants)		
phenobarbital oral elixir	T1	
phenobarbital oral tablet	T1	
primidone oral tablet 250 mg, 50 mg	T1	90DS
Barbiturates (Anxiolytic, Sedative/Hyp)		
butalbital-acetaminophen oral tablet 50-325 mg	T1	QL (36 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	MME+; QL; AL (Min 18 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (18 EA per 30 days)
butalbital-aspirin-caffeine oral capsule	T1	QL (18 EA per 30 days)
phenobarbital oral elixir	T1	
phenobarbital oral tablet	T1	
Benzodiazepines (Anticonvulsants)		
clobazam oral suspension 2.5 mg/ml	T1	QL (480 ML per 30 days)
clobazam oral tablet	T1	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	T1	QL (120 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	T1	QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	T1	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	T1	QL (90 EA per 30 days)
DIASTAT ACUDIAL	T3	
diazepam oral concentrate	T1	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	T1	QL (1200 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
diazepam oral tablet	T1	QL (120 EA per 30 days)
diazepam rectal	T1	
lorazepam oral concentrate	T1	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	T1	QL (150 EA per 30 days)
NAYZILAM	T3	QL
SYMPAZAN	T3	ST; QL (60 EA per 30 days)
VALTOCO 10 MG DOSE	T3	QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	T3	QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	T3	QL
VALTOCO 5 MG DOSE	T3	QL
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	T1	QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	T1	QL (150 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg	T1	QL (270 EA per 30 days)
chlordiazepoxide hcl oral capsule 25 mg	T1	QL (120 EA per 30 days)
chlordiazepoxide hcl oral capsule 5 mg	T1	QL (90 EA per 30 days)
chlordiazepoxide-amitriptyline	T1	
clobazam oral suspension 2.5 mg/ml	T1	QL (480 ML per 30 days)
clobazam oral tablet	T1	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	T1	QL (120 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	T1	QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	T1	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	T1	QL (90 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
DIASTAT ACUDIAL	T3	
diazepam oral concentrate	T1	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	T1	QL (1200 ML per 30 days)
diazepam oral tablet	T1	QL (120 EA per 30 days)
diazepam rectal	T1	
estazolam	T1	QL (30 EA per 30 days)
lorazepam oral concentrate	T1	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	T1	QL (150 EA per 30 days)
NAYZILAM	T3	QL
oxazepam	T1	QL (120 EA per 30 days)
quazepam	T1	QL (30 EA per 30 days)
SYMPAZAN	T3	ST; QL (60 EA per 30 days)
temazepam	T1	QL (30 EA per 30 days)
triazolam	T1	QL (30 EA per 30 days)
Butyrophenones		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	T1	
haloperidol lactate injection solution 5 mg/ml	T1	
haloperidol lactate oral concentrate 2 mg/ml	T1	90DS
haloperidol oral	T1	90DS
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	T3	PA; QL (1 ML per 30 days)
EMGALITY	T2	PA; QL (1 ML per 30 days)
EMGALITY (300 MG DOSE)	T2	PA; QL (1 ML per 30 days)
NURTEC	T3	PA; QL (16 EA per 30 days)
QULIPTA	T3	PA; QL (30 EA per 30 days)
UBRELVY	T2	PA; QL

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Catechol-O-Methyltransferase(Comt)Inhib.		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	T1	90DS
entacapone	T1	90DS
ONGENTYS	T3	PA
tolcapone	T1	90DS
Central Nervous System Agents, Misc.		
acamprosate calcium	T1	90DS
atomoxetine hcl	T1	90DS
guanfacine hcl er	T1	90DS
guanfacine hcl oral	T1	90DS
memantine hcl er	T1	90DS; QL (30 EA per 30 days)
memantine hcl oral tablet 10 mg, 5 mg	T1	90DS
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	T1	QL
NUEDEXTA	T3	PA; QL (60 EA per 30 days)
RADICAVA ORS	T4	PA; SP
RADICAVA ORS STARTER KIT	T4	PA; SP
riluzole	T1	90DS
sodium oxybate	T4	PA; SP; QL (540 ML per 30 days)
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)
XYWAV	T4	PA; SP; QL (540 ML per 30 days)
Cyclooxygenase-2 (Cox-2) Inhibitors		
celecoxib oral	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Dibenzoxapines		
loxapine succinate oral	T1	90DS
Diphenylbutylperidines		
pimozide	T1	90DS
Dopamine Precursors		
carbidopa oral	T1	90DS
carbidopa-levodopa	T1	90DS
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T1	90DS
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	T1	90DS
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral	T1	90DS
cabergoline	T1	
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	T1	90DS
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	T1	90DS; QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T1	90DS; QL (60 EA per 30 days)
pregabalin oral solution	T1	90DS; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 25 MG, 50 MG	T3	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 12.5 MG	T3	QL (30 EA per 30 days)
SAVELLA TITRATION PACK	T3	QL
Gaba-Mediated Anticonvulsants		
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
DIACOMIT ORAL CAPSULE 500 MG	T4	ST; SP; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	T4	ST; SP; QL (6 EA per 1 day)
divalproex sodium er oral tablet extended release 24 hour	T1	90DS
divalproex sodium oral tablet delayed release	T1	90DS
gabapentin oral capsule	T1	QL (180 EA per 30 days)
gabapentin oral solution 250 mg/5ml	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
gabapentin oral solution 300 mg/6ml	T1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	T1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	T1	QL (120 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	T1	90DS; QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T1	90DS; QL (60 EA per 30 days)
pregabalin oral solution	T1	90DS; QL (900 ML per 30 days)
tiagabine hcl	T1	90DS
valproic acid oral solution 250 mg/5ml	T1	90DS
vigabatrin	T1	ST; 90DS; SP; QL (180 EA per 30 days)
Hydantoins		
DILANTIN ORAL CAPSULE 30 MG	T3	
PHENYTEK	T3	
phenytoin oral	T1	90DS
phenytoin sodium extended	T1	90DS
Ion Channel Inhibition Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)
lacosamide oral solution 10 mg/ml	T1	90DS; QL (1200 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
lacosamide oral tablet	T1	90DS; QL (60 EA per 30 days)
oxcarbazepine oral suspension	T1	90DS; AL (Max 12 Years)
oxcarbazepine oral tablet	T1	90DS
rufinamide oral suspension 40 mg/ml	T1	90DS; QL (2400 ML per 30 days); AL (Max 12 Years)
rufinamide oral tablet	T1	ST; 90DS; QL (240 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	T3	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	T3	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 200 MG	T3	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	ST; QL
zonisamide oral	T1	90DS
Melatonin Receptor Agonists		
HETLIOZ LQ	T4	PA; SP; QL (5 ML per 1 day)
ramelteon	T1	ST; QL (30 EA per 30 days)
tasimelteon	T4	PA; SP; QL (30 EA per 30 days)
Monoamine Oxidase B Inhibitors		
EMSAM	T3	
rasagiline mesylate oral	T1	90DS
selegiline hcl oral	T1	90DS
XADAGO	T3	PA
Monoamine Oxidase Inhibitors		
EMSAM	T3	
MARPLAN	T3	
phenelzine sulfate oral	T1	90DS
rasagiline mesylate oral	T1	90DS
selegiline hcl oral	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
tranylcypromine sulfate	T1	90DS
XADAGO	T3	PA
Non-Benzodiazepine Anxiolytics		
buspirone hcl oral	T1	
meprobamate	T1	
Non-Benzodiazepine Hypnotics		
eszopiclone	T1	QL (30 EA per 30 days)
zaleplon	T1	QL (30 EA per 30 days)
zolpidem tartrate er	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	T1	QL (30 EA per 30 days)
Nonergot-Deriv.Dopamine Receptor Agonist		
apomorphine hcl subcutaneous	T4	PA
NEUPRO	T3	
pramipexole dihydrochloride	T1	90DS
pramipexole dihydrochloride er	T1	90DS
ropinirole hcl	T1	90DS
ropinirole hcl er	T1	90DS
Non-Opioid Analgesics		
acetaminophen-codeine oral solution	T1	MME+; QL (4500 ML per 30 days); AL (Min 18 Years)
acetaminophen-codeine oral tablet	T1	MME+; QL (180 EA per 30 days); AL (Min 18 Years)
butalbital-acetaminophen oral tablet 50-325 mg	T1	QL (36 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	MME+; QL; AL (Min 18 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (18 EA per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	MME+

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	MME+
tramadol-acetaminophen	T1	MME+; QL (40 EA per 5 days)
Nonsteroidal Anti-Inflamm. Agents, Misc		
diclofenac potassium oral tablet 50 mg	T1	90DS
diclofenac sodium er	T1	90DS
diclofenac sodium oral	T1	90DS
diclofenac-misoprostol oral tablet delayed release	T1	90DS
diflunisal oral	T1	90DS
ec-naproxen	T1	90DS
etodolac er	T1	90DS
etodolac oral	T1	90DS
fenoprofen calcium oral tablet	T1	90DS
flurbiprofen oral	T1	90DS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1	MME+
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	90DS
indomethacin er	T1	90DS
indomethacin oral capsule 25 mg, 50 mg	T1	90DS
ketoprofen oral capsule 25 mg	T1	90DS
ketorolac tromethamine oral	T1	QL
meclofenamate sodium oral	T1	90DS
mefenamic acid oral	T1	90DS
meloxicam oral tablet	T1	90DS
nabumetone oral	T1	90DS
naproxen oral tablet	T1	90DS
naproxen oral tablet delayed release	T1	90DS
naproxen sodium oral tablet 275 mg, 550 mg	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
oxaprozin oral tablet	T1	90DS
piroxicam oral	T1	90DS
sulindac oral	T1	90DS
Opioid Agonists (28:08)		
acetaminophen-codeine oral solution	T1	MME+; QL (4500 ML per 30 days); AL (Min 18 Years)
acetaminophen-codeine oral tablet	T1	MME+; QL (180 EA per 30 days); AL (Min 18 Years)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	MME+; QL; AL (Min 18 Years)
codeine sulfate oral tablet	T1	PA; MME+; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
fentanyl	T1	PA; MME+; QL (10 EA per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	T1	PA; MME+
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	MME+
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1	MME+
hydromorphone hcl er oral tablet extended release 24 hour	T1	PA; MME+
hydromorphone hcl oral tablet	T1	MME+
levorphanol tartrate oral	T1	PA; MME+
meperidine hcl oral tablet 50 mg	T1	MME+; QL (180 EA per 30 days)
methadone hcl oral solution	T1	PA; MME+
methadone hcl oral tablet	T1	PA; MME+
morphine sulfate er oral tablet extended release	T1	PA; MME+
morphine sulfate oral tablet	T1	MME+
oxycodone hcl oral solution	T1	MME+

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
oxycodone hcl oral tablet	T1	MME+
oxycodone hcl oral tablet abuse-deterrent 15 mg	T1	MME+
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	MME+
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T3	PA; MME+
oxymorphone hcl	T1	MME+
oxymorphone hcl er	T1	PA; MME+
tramadol hcl er oral tablet extended release 24 hour 100 mg	T1	PA; MME+; QL (90 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 200 mg	T1	PA; MME+; QL (45 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 300 mg	T1	PA; MME+; QL (30 EA per 30 days)
tramadol hcl oral tablet 50 mg	T1	MME+; QL (240 EA per 30 days)
tramadol-acetaminophen	T1	MME+; QL (40 EA per 5 days)
Opioid Antagonists (28:10)		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	T1	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	T1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T1	QL (90 EA per 30 days)
KLOXXADO	T2	
naloxone hcl injection solution 0.4 mg/ml	T1	
naloxone hcl injection solution cartridge	T1	
naloxone hcl injection solution prefilled syringe	T1	
naloxone hcl nasal	T1	
naltrexone hcl oral	T1	
pentazocine-naloxone hcl	T1	MME+

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
REXTOVY	T2	
RIVIVE	T2	
VIVITROL	T2	QL (1 EA per 28 days)
ZURNAI	T2	
Opioid Partial Agonists		
buprenorphine hcl sublingual	T1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	T1	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	T1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T1	QL (90 EA per 30 days)
buprenorphine transdermal	T1	PA; MME+; QL (4 EA per 28 days)
butorphanol tartrate nasal	T1	MME+; QL (5 ML per 30 days)
pentazocine-naloxone hcl	T1	MME+
Orexin Receptor Antagonists		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
DAYVIGO	T3	ST; QL (30 EA per 30 days)
Phenothiazines		
chlorpromazine hcl oral concentrate	T1	90DS; AL (Max 12 Years)
chlorpromazine hcl oral tablet	T1	90DS
fluphenazine decanoate injection	T1	
fluphenazine hcl oral	T1	90DS
perphenazine oral	T1	90DS
perphenazine-amitriptyline	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
prochlorperazine	T1	
prochlorperazine maleate oral	T1	90DS
thioridazine hcl oral	T1	90DS
trifluoperazine hcl oral	T1	90DS
Respiratory And Cns Stimulants		
atomoxetine hcl	T1	90DS
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	MME+; QL; AL (Min 18 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (18 EA per 30 days)
butalbital-aspirin-caffeine oral capsule	T1	QL (18 EA per 30 days)
dexmethylphenidate hcl er	T1	QL (30 EA per 30 days); AL (Max 21 Years)
dexmethylphenidate hcl oral tablet 10 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	T1	QL (90 EA per 30 days); AL (Max 21 Years)
ergotamine-caffeine	T1	QL (40 EA per 30 days)
methylphenidate hcl er (cd)	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (la)	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (xr)	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er oral tablet extended release 10 mg	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er oral tablet extended release 20 mg	T1	QL (90 EA per 30 days); AL (Max 21 Years)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
methylphenidate hcl er oral tablet extended release 24 hour	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl oral solution 10 mg/5ml	T1	QL (900 ML per 30 days); AL (Max 21 Years)
methylphenidate hcl oral solution 5 mg/5ml	T1	QL (450 ML per 30 days); AL (Max 21 Years)
methylphenidate hcl oral tablet	T1	QL (90 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl oral tablet chewable 10 mg	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	QL (120 EA per 30 days)
theophylline er	T1	90DS
theophylline oral	T1	90DS
Reversible Cox-1/Cox-2 Inhibitors		
diclofenac sodium external gel 3 %	T1	QL (100 g per 30 days)
diflunisal oral	T1	90DS
ec-naproxen	T1	90DS
etodolac er	T1	90DS
etodolac oral	T1	90DS
fenoprofen calcium oral tablet	T1	90DS
flurbiprofen oral	T1	90DS
flurbiprofen sodium	T1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1	MME+
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	90DS
indomethacin er	T1	90DS
indomethacin oral capsule 25 mg, 50 mg	T1	90DS
ketorolac tromethamine ophthalmic	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ketorolac tromethamine oral	T1	QL
meclofenamate sodium oral	T1	90DS
mefenamic acid oral	T1	90DS
meloxicam oral tablet	T1	90DS
nabumetone oral	T1	90DS
naproxen oral tablet	T1	90DS
naproxen oral tablet delayed release	T1	90DS
naproxen sodium oral tablet 275 mg, 550 mg	T1	90DS
oxaprozin oral tablet	T1	90DS
piroxicam oral	T1	90DS
sulindac oral	T1	90DS
Salicylates		
adult aspirin regimen	T1	ACA Preventative Medication-$0 Copay
aspirin 81 oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin childrens	T1	ACA Preventative Medication-$0 Copay
aspirin ec adult low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
goodsense aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
h-e-b aspirin	T1	ACA Preventative Medication-$0 Copay
kls aspirin low dose	T1	ACA Preventative Medication-$0 Copay
kp aspirin	T1	ACA Preventative Medication-$0 Copay
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T1	QL (120 EA per 30 days)
qc aspirin low dose	T1	ACA Preventative Medication-$0 Copay
qc childrens aspirin	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
ra aspirin childrens	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec adult low st	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
sb childrens aspirin	T1	ACA Preventative Medication-$0 Copay
sb low dose asa ec	T1	ACA Preventative Medication-$0 Copay
sm aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
sm aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
sm childrens aspirin	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Sel.Serotonin,Norepi Reuptake Inhibitor		
desvenlafaxine succinate er	T1	90DS
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	T1	90DS
FETZIMA	T3	QL (30 EA per 30 days)
FETZIMA TITRATION	T3	QL
SAVELLA ORAL TABLET 100 MG, 25 MG, 50 MG	T3	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 12.5 MG	T3	QL (30 EA per 30 days)
SAVELLA TITRATION PACK	T3	QL
venlafaxine hcl	T1	90DS
venlafaxine hcl er oral capsule extended release 24 hour	T1	90DS
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	T1	ST; 90DS
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	T1	90DS
Selective Serotonin Agonists		
almotriptan malate	T1	ST; QL
eletriptan hydrobromide	T1	ST; QL
frovatriptan succinate	T1	ST; QL
naratriptan hcl	T1	ST; QL
rizatriptan benzoate	T1	QL
sumatriptan nasal	T1	ST; QL
sumatriptan succinate oral	T1	QL
sumatriptan succinate refill subcutaneous solution cartridge	T1	ST; QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	T1	ST; QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	T1	ST; QL

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
zolmitriptan oral tablet	T1	ST; QL
Selective-Serotonin Reuptake Inhibitors		
citalopram hydrobromide oral solution	T1	90DS
citalopram hydrobromide oral tablet	T1	90DS
escitalopram oxalate oral solution 5 mg/5ml	T1	90DS; AL (Max 12 Years)
escitalopram oxalate oral tablet	T1	90DS
fluoxetine hcl (pmdd) oral tablet	T1	90DS
fluoxetine hcl oral capsule	T1	90DS
fluoxetine hcl oral capsule delayed release	T1	90DS
fluoxetine hcl oral solution	T1	90DS
fluoxetine hcl oral tablet 10 mg, 20 mg	T1	ST; 90DS
fluvoxamine maleate	T1	90DS
paroxetine hcl	T1	90DS
paroxetine hcl er	T1	90DS
sertraline hcl oral concentrate	T1	90DS
sertraline hcl oral tablet	T1	90DS
Serotonin Modulators		
mirtazapine oral	T1	90DS
nefazodone hcl	T1	90DS
trazodone hcl oral	T1	90DS
TRINTELLIX	T3	
vilazodone hcl	T1	90DS
Succinimides		
ethosuximide oral	T1	90DS
methsuximide	T1	90DS
Thioxanthenes		
thiothixene oral	T1	90DS
Tricyclics, Other Norepi-Ru Inhibitors		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
amitriptyline hcl oral	T1	90DS
amoxapine	T1	90DS
chlordiazepoxide-amitriptyline	T1	
clomipramine hcl oral	T1	90DS
desipramine hcl oral	T1	90DS
doxepin hcl external	T1	ST; QL (45 GM per 30 days)
doxepin hcl oral capsule	T1	90DS
doxepin hcl oral concentrate	T1	90DS
doxepin hcl oral tablet	T1	QL (30 EA per 30 days)
imipramine hcl oral	T1	90DS
imipramine pamoate	T1	90DS
nortriptyline hcl oral	T1	90DS
perphenazine-amitriptyline	T1	90DS
protriptyline hcl	T1	90DS
trimipramine maleate oral	T1	90DS
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO	T4	PA; SP
AUSTEDO PATIENT TITRATION KIT	T4	PA; SP
AUSTEDO XR	T4	PA; SP
AUSTEDO XR PATIENT TITRATION	T4	PA; SP
INGREZZA	T4	PA; SP
tetrabenazine	T1	90DS; SP
Wakefulness-Promoting Agents		
armodafinil	T1	PA
diclofenac sodium oral tablet delayed release 75 mg	T1	90DS
modafinil oral	T1	PA
sodium oxybate	T4	PA; SP; QL (540 ML per 30 days)
SUNOSI	T3	PA

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Dental Agents		
Dental Agents		
sf	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sf 5000 plus	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride 5000 plus	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride 5000 ppm dental cream	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride dental cream	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride dental gel 1.1 %	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	T1	$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
sodium fluoride oral tablet chewable	T1	$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
Nutritional Supplements		
sf	T1	$0 copay for members ages 6 months through 4 years of age; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
sf 5000 plus	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride 5000 plus	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride 5000 ppm dental cream	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride dental cream	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride dental gel 1.1 %	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	T1	$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
sodium fluoride oral tablet chewable	T1	$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
Devices		
Devices		
ACCU-CHEK AVIVA IN VITRO SOLUTION	T1	
ACCU-CHEK AVIVA PLUS	T1	QL (1 kit per 365 days)
ACCU-CHEK FASTCLIX LANCET	T1	
ACCU-CHEK FASTCLIX LANCETS	T1	
ACCU-CHEK GUIDE	T1	QL (1 kit per 365 days)
ACCU-CHEK GUIDE CONTROL	T1	
ACCU-CHEK GUIDE ME	T1	QL (1 kit per 365 days)
ACCU-CHEK SMARTVIEW CONTROL	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T1	
ACCU-CHEK SOFTCLIX LANCETS	T1	
ADVOCATE ALCOHOL PREP PADS	T1	
AIRZONE PEAK FLOW METER	T1	QL (1 EA per 365 days)
alcohol pads	T1	
alcohol prep	T1	
alcohol prep pads	T1	
alcohol swabs	T1	
alcohol swabstick pad	T1	
ASSESS PEAK FLOW METER	T1	QL (1 EA per 365 days)
aum alcohol prep pads	T1	
BAND-AID GAUZE SMALL	T1	
BD AUTOSHIELD DUO	T1	
BD INS SYR ULTRAFINE 1/2UNIT	T1	
BD INSULIN SYRINGE U-500	T1	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML	T1	
BD PEN NEEDLE MICRO ULTRAFINE	T1	
BD PEN NEEDLE MINI U/F	T1	
BD PEN NEEDLE MINI ULTRAFINE	T1	
BD PEN NEEDLE NANO 2ND GEN	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	T1	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	T1	
BD PEN NEEDLE SHORT ULTRAFINE	T1	
BD SWAB SINGLE USE REGULAR	T1	
BD VEO INSULIN SYR U/F 1/2UNIT	T1	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	T1	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	T1	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	T1	
CARETOUCH ALCOHOL PREP	T1	
COMFORT TOUCH ALCOHOL PREP	T1	
CURITY ALCOHOL PREPS	T1	
CURITY ALL PURPOSE SPONGES PAD 2"X2"	T1	
CURITY AMD ANTIMICROBIAL SPNGE PAD 2"X2"	T1	
CURITY GAUZE PAD 2"X2"	T1	
CURITY GAUZE SPONGE PAD 2"X2"	T1	
CURITY SPONGES PAD 2"X2"	T1	
cvs alcohol prep pads	T1	
cvs antibacterial gauze	T1	
cvs gauze pad 2"x2"	T1	
cvs prep	T1	
DERMACEA GAUZE SPONGE PAD 2"X2"	T1	
DERMACEA IV DRAIN SPONGES PAD 2"X2"	T1	
DERMACEA IV SPONGES	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	T1	
DERMACEA TYPE VII GAUZE PAD 2"X2"	T1	
DEXCOM G6 RECEIVER	T2	ST; QL
DEXCOM G6 SENSOR	T2	ST; QL
DEXCOM G6 TRANSMITTER	T2	ST; QL
DEXCOM G7 15 DAY SENSOR	T2	ST; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER	T2	ST; QL
DEXCOM G7 SENSOR	T2	ST; QL
DROPSAFE ALCOHOL PREP	T1	
easy comfort alcohol pads	T1	
EASY TOUCH ALCOHOL PREP MEDIUM	T1	
EMBECTA AUTOSHIELD DUO	T1	
EMBECTA INS SYR U/F 1/2 UNIT	T1	
EMBECTA INSULIN SYR ULTRAFINE	T1	
EMBECTA INSULIN SYRINGE	T1	
EMBECTA INSULIN SYRINGE U-100	T1	
EMBECTA INSULIN SYRINGE U-500	T1	
EMBECTA PEN NEEDLE NANO	T1	
EMBECTA PEN NEEDLE NANO 2 GEN	T1	
EMBECTA PEN NEEDLE ULTRAFINE	T1	
eql alcohol swabs	T1	
eql gauze pad 2"x2"	T1	
EXCILON IV SPONGES	T1	
FIFTY50 ALCOHOL PREP	T1	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL
FREESTYLE LIBRE 2 PLUS SENSOR	T2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
FREESTYLE LIBRE 3 PLUS SENSOR	T2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 3 READER	T2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL
FREESTYLE LIBRE READER	T2	ST; QL (1 EA per 365 days)
gauze pads pad 2"x2"	T1	
gauze type vii medi-pak	T1	
global alcohol prep ease	T1	
gnp alcohol swabs pad 70 %	T1	
gnp sterile gauze pad 2"x2"	T1	
goodsense alcohol swabs	T1	
h-e-b incontrol alcohol	T1	
hm sterile pads pad 2"x2"	T1	
J & J GAUZE PAD 2"X2"	T1	
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	T1	
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	T1	
lung perform peak flow meter	T1	QL (1 EA per 365 days)
meijer alcohol swabs	T1	
MINI WRIGHT PEAK FLOW METER	T1	QL (1 EA per 365 days)
MIRASORB SPONGES 2"X2"	T1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T2	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	T2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	T2	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T2	
OMNIPOD DASH INTRO (GEN 4)	T2	QL (1 kit per 730 days)
OMNIPOD DASH PDM (GEN 4)	T2	QL
OMNIPOD DASH PODS (GEN 4)	T2	
OPTICHAMBER DIAMOND	T2	QL (2 EA per 365 days); AL (Max 12 Years)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
OPTICHAMBER DIAMOND-LG MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-MD MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-SM MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
peak a-i-r flow meter	T1	QL (1 EA per 365 days)
PEAK AIR PEAK FLOW METER	T1	QL (1 EA per 365 days)
PHARMACIST CHOICE ALCOHOL	T1	
POCKET PEAK FLOW METER	T1	QL (1 EA per 365 days)
POCKETPEAK PEAK FLOW METER	T1	QL (1 EA per 365 days)
pro comfort alcohol	T1	
pure comfort alcohol prep	T1	
qc alcohol swabs	T1	
qc border island gauze	T1	
qc sterile pads pad 2"x2"	T1	
ra alcohol swabs	T1	
ra sterile pad 2"x2"	T1	
reality swabs	T1	
RELION ALCOHOL SWABS	T1	
RESTORE CONTACT LAYER PAD 2"X2"	T1	
saps care alcohol prep	T1	
saps health alcohol prep	T1	
saps health care alcohol prep	T1	
sb alcohol prep	T1	
SILIGENTLE FOAM DRESSING PAD 2"X2"	T1	
sm sterile pad 2"x2"	T1	
sterile gauze pad 2"x2"	T1	
sterile pad 2"x2"	T1	
sure comfort alcohol prep	T1	
surgical gauze sponge	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
THERAGAUZE PAD 2"X2"	T1	
true comfort alcohol prep pads	T1	
true comfort pro alcohol prep	T1	
TRUZONE PEAK FLOW METER	T1	QL (1 EA per 365 days)
ULTICARE ALCOHOL SWABS	T1	
ultilet alcohol swabs	T1	
ultra-care alcohol prep pads	T1	
WEBCOL ALCOHOL PREP LARGE	T1	
WEBCOL ALCOHOL PREP MEDIUM	T1	
zevrx sterile alcohol prep pad	T1	
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR	T4	PA; SP
CORTROPHIN	T4	PA; SP
CORTROPHIN GEL	T4	PA
Cardiac Function		
aspirin-dipyridamole er	T1	90DS
dipyridamole oral	T1	90DS
Diabetes Mellitus		
ACCU-CHEK AVIVA PLUS IN VITRO	T1	
ACCU-CHEK GUIDE TEST	T1	Only NDCs 65702071110 and 65702071210 are covered.
ACCU-CHEK SMARTVIEW	T1	
Thyroid Function		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	T4	SP
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
potassium citrate er	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Ammonia Detoxicants		
carglumic acid oral tablet soluble	T4	SP
constulose	T1	90DS
enulose	T1	90DS
generlac	T1	90DS
lactulose encephalopathy oral solution 10 gm/15ml	T1	90DS
lactulose oral solution 10 gm/15ml	T1	90DS
lactulose oral solution 20 gm/30ml	T1	
Carbonic Anhydrase Inhibitors (40:28)		
acetazolamide er	T1	90DS
acetazolamide oral	T1	90DS
Diuretics, Miscellaneous		
theophylline er	T1	90DS
theophylline oral	T1	90DS
Irrigating Solutions		
RENACIDIN	T3	
Loop Diuretics (40:28)		
bumetanide oral	T1	90DS
ethacrynic acid oral	T1	90DS
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	90DS
furosemide oral tablet	T1	90DS
torsemide oral	T1	90DS
Phosphate-Removing Agents		
calcium acetate (phos binder) oral capsule	T1	90DS
FOSRENOL ORAL PACKET	T3	PA
lanthanum carbonate	T1	PA; 90DS
sevelamer carbonate oral packet	T1	PA; 90DS
sevelamer carbonate oral tablet	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
VELPHORO	T3	PA
Potassium-Removing Agents		
LOKELMA	T3	PA
sodium polystyrene sulfonate oral powder	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VELTASSA	T3	PA; SP
Potassium-Sparing Diuretics (40:28)		
amiloride hcl oral	T1	90DS
amiloride-hydrochlorothiazide	T1	90DS
eplerenone	T1	90DS
spironolactone oral tablet	T1	90DS
spironolactone-hctz	T1	90DS
triamterene-hctz oral capsule 37.5-25 mg	T1	90DS
triamterene-hctz oral tablet	T1	90DS
Replacement Preparations		
calcium acetate (phos binder) oral capsule	T1	90DS
KLOR-CON 10	T2	90DS
KLOR-CON M10	T2	90DS
KLOR-CON M15	T2	90DS
KLOR-CON M20	T2	90DS
KLOR-CON ORAL TABLET EXTENDED RELEASE	T2	90DS
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	T1	90DS
potassium chloride er	T1	90DS
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	T1	90DS
Thiazide Diuretics (40:28)		
amiloride-hydrochlorothiazide	T1	90DS
benazepril-hydrochlorothiazide	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
bisoprolol-hydrochlorothiazide	T1	90DS
candesartan cilexetil-hctz	T1	90DS
enalapril-hydrochlorothiazide	T1	90DS
hydrochlorothiazide oral	T1	90DS
irbesartan-hydrochlorothiazide	T1	90DS
lisinopril-hydrochlorothiazide	T1	90DS
losartan potassium-hctz	T1	90DS
metoprolol-hydrochlorothiazide	T1	90DS
olmesartan medoxomil-hctz	T1	90DS
quinapril-hydrochlorothiazide	T1	90DS
spironolactone-hctz	T1	90DS
telmisartan-hctz	T1	90DS
triamterene-hctz oral capsule 37.5-25 mg	T1	90DS
triamterene-hctz oral tablet	T1	90DS
valsartan-hydrochlorothiazide	T1	90DS
Thiazide-Like Diuretics (40:28)		
atenolol-chlorthalidone	T1	90DS
chlorthalidone oral tablet 25 mg, 50 mg	T1	90DS
indapamide oral	T1	90DS
metolazone	T1	90DS
Uricosuric Agents		
colchicine-probenecid	T1	90DS
probenecid oral	T1	90DS
Vasopressin Antagonists		
tolvaptan	T4	PA; SP
Enzymes		
Enzyme Cofactors/Chaperones		
GALAFOLD	T4	PA; SP
sapropterin dihydrochloride oral packet	T4	PA; SP
sapropterin dihydrochloride oral tablet	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Enzyme Inhibitors		
CERDELGA	T4	PA; SP
miglustat	T4	PA; SP
nitisinone	T4	PA; SP
NITYR	T4	PA; SP
ORFADIN ORAL SUSPENSION	T4	PA; SP
Enzymes		
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	T4	PA; SP
CREON	T2	90DS
ELELYSO	T4	PA; SP
HYQVIA	T4	PA; SP
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP
SANTYL	T3	PA; QL (90 GM per 30 days)
SUCRAID	T4	PA; SP
VPRIV	T4	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	T2	90DS
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (52:40)		
apraclonidine hcl	T1	ST
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	T1	90DS
brimonidine tartrate-timolol	T1	ST; 90DS
SIMBRINZA	T2	90DS; QL (8 ML per 25 days)
Antiallergic Agents		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ALOCRIL	T3	
ALOMIDE	T3	
azelastine hcl nasal	T1	
azelastine hcl ophthalmic	T1	
bepotastine besilate	T1	ST
cromolyn sodium inhalation	T1	90DS
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T1	90DS
epinastine hcl	T1	ST
LASTACAFT	T3	
olopatadine hcl nasal	T1	
olopatadine hcl ophthalmic solution 0.2 %	T1	NDC 62332050203 is not on formulary. Use alternate NDC.
Antibacterials (52:04)		
AZASITE	T3	
bacitracin ophthalmic	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
BESIVANCE	T3	
CIPRO HC	T3	
ciprofloxacin hcl ophthalmic	T1	
ciprofloxacin hcl otic	T1	ST
ciprofloxacin-dexamethasone	T1	ST
ciprofloxacin-fluocinolone pf	T1	ST
erythromycin external gel	T1	
erythromycin external solution	T1	
erythromycin ophthalmic	T1	
gatifloxacin ophthalmic	T1	
gentamicin sulfate external	T1	
gentamicin sulfate ophthalmic solution	T1	
minocycline hcl oral capsule	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
moxifloxacin hcl ophthalmic solution	T1	QL (3 ML per 30 days)
neomycin sulfate oral	T1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	T1	
neomycin-polymyxin-dexameth	T1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	T1	
neomycin-polymyxin-hc otic	T1	
ofloxacin ophthalmic	T1	
ofloxacin otic	T1	
polymyxin b-trimethoprim	T1	
sulfacetamide sodium ophthalmic	T1	
sulfacetamide-prednisolone ophthalmic solution	T1	
tobramycin inhalation nebulization solution 300 mg/5ml	T4	PA; SP
tobramycin ophthalmic	T1	
tobramycin-dexamethasone	T1	QL (10 ML per 30 days)
ZYLET	T3	
Antifungals (Eent)		
NATACYN	T3	
Anti-Infectives, Miscellaneous (52:04)		
chlorhexidine gluconate mouth/throat	T1	
Anti-Inflammatory Agents (Eent)		
cyclosporine modified	T1	90DS
cyclosporine ophthalmic	T1	ST; 90DS; QL (60 EA per 30 days)
cyclosporine oral capsule	T1	90DS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
GENGRAF ORAL SOLUTION	T2	90DS
OXERVATE	T4	PA; SP
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
XIIDRA	T3	PA; QL (60 EA per 30 days)
Antivirals (Eent)		
trifluridine ophthalmic	T1	
Astringents (52:04)		
chlorhexidine gluconate mouth/throat	T1	
Beta-Adrenergic Blocking Agents (52:40)		
betaxolol hcl ophthalmic	T1	90DS
brimonidine tartrate-timolol	T1	ST; 90DS
carteolol hcl	T1	90DS
dorzolamide hcl-timolol mal	T1	90DS
levobunolol hcl ophthalmic solution 0.5 %	T1	90DS
timolol maleate ophthalmic solution	T1	90DS
Carbonic Anhydrase Inhibitors (52:40)		
acetazolamide er	T1	90DS
acetazolamide oral	T1	90DS
brinzolamide	T1	ST; 90DS
dorzolamide hcl ophthalmic	T1	90DS
dorzolamide hcl-timolol mal	T1	90DS
methazolamide oral	T1	90DS
SIMBRINZA	T2	90DS; QL (8 ML per 25 days)
Corticosteroids (Eent)		
ARNUITY ELLIPTA	T2	90DS; QL (30 EA per 30 days)
CIPRO HC	T3	
ciprofloxacin-dexamethasone	T1	ST
ciprofloxacin-fluocinolone pf	T1	ST

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
dexamethasone oral elixir	T1	
dexamethasone oral solution	T1	
dexamethasone oral tablet	T1	
dexamethasone sodium phosphate ophthalmic	T1	
difluprednate	T1	ST
flunisolide nasal solution 25 mcg/act (0.025%)	T1	
fluocinolone acetonide external cream 0.01 %	T1	ST
fluocinolone acetonide external cream 0.025 %	T1	
fluocinolone acetonide external ointment	T1	
fluocinolone acetonide external solution	T1	
fluocinolone acetonide otic	T1	
fluorometholone ophthalmic	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T2	90DS; QL (60 EA per 30 days)
fluticasone propionate diskus	T2	90DS; QL (60 EA per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T2	90DS; QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T2	90DS; QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T2	90DS; QL (10.6 GM per 30 days)
fluticasone propionate nasal	T1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	90DS; QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	90DS; QL (1 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
FML FORTE	T2	
hydrocortisone (perianal)	T1	
hydrocortisone butyrate external	T1	ST
hydrocortisone external cream 1 %, 2.5 %	T1	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral	T1	
hydrocortisone rectal enema	T1	
hydrocortisone valerate external cream	T1	
hydrocortisone valerate external ointment	T1	ST
hydrocortisone-acetic acid	T1	
loteprednol etabonate ophthalmic suspension 0.5 %	T1	ST
MEDPURA HYDROCORTISONE	T1	
mometasone furoate external	T1	
mometasone furoate nasal	T1	
neomycin-polymyxin-dexameth	T1	
neomycin-polymyxin-hc otic	T1	
prednisolone acetate ophthalmic	T1	
prednisolone oral solution	T1	
prednisolone sodium phosphate ophthalmic	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	T1	
sulfacetamide-prednisolone ophthalmic solution	T1	
tobramycin-dexamethasone	T1	QL (10 ML per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
ZYLET	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Eent Anti-Inflammatory Agents, Misc.		
cyclosporine ophthalmic	T1	ST; 90DS; QL (60 EA per 30 days)
XIIDRA	T3	PA; QL (60 EA per 30 days)
Eent Drugs, Miscellaneous		
acetic acid otic	T1	
ADVANCED EYE RELIEF OPHTHALMIC SOLUTION 1-0.3 %	T1	
apraclonidine hcl	T1	ST
artificial tears ophthalmic solution 0.1-0.3 %	T1	
artificial tears pf	T1	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	T1	
cromolyn sodium inhalation	T1	90DS
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T1	90DS
eq artificial tears ophthalmic solution 1-0.3 %	T1	
eq restore tears	T1	
GENTEAL TEARS	T1	
GENTEAL TEARS PF	T1	
hydrocortisone-acetic acid	T1	
just tears eye drops	T1	
lubricant eye drops ophthalmic solution 0.5 %	T1	
OXERVATE	T4	PA; SP
polyvinyl alcohol ophthalmic	T1	
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML	T1	
REFRESH TEARS	T1	
SOOTHE HYDRATION	T1	
SOOTHE XP	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
SOOTHE XP XTRA PROTECTION	T1	
SYSTANE CONTACTS	T1	
ULTRA FRESH	T1	
Eent Nonsteroidal Anti-Inflam. Agents		
diclofenac sodium ophthalmic	T1	
flurbiprofen oral	T1	90DS
flurbiprofen sodium	T1	
ketorolac tromethamine ophthalmic	T1	
ketorolac tromethamine oral	T1	QL
NEVANAC	T3	
Local Anesthetics (Eent)		
lidocaine hcl mouth/throat	T1	
lidocaine viscous hcl	T1	
proparacaine hcl ophthalmic	T1	
Miotics		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	90DS
pilocarpine hcl oral	T1	90DS
QLOSI	T3	PA; QL (60 EA per 30 days)
VUITY	T3	PA; QL (5 ML per 25 days)
Mydriatics		
atropine sulfate ophthalmic solution 1 %	T1	90DS
Prostaglandin Analogs		
latanoprost ophthalmic	T1	90DS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	90DS; QL (2.5 ML per 25 days)
tafluprost (pf)	T1	ST; 90DS
travoprost (bak free)	T1	ST; 90DS
Rho Kinase Inhibitors		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
RHOPRESSA	T3	QL (2.5 ML per 25 days)
Vascular Endothelial Growth Factor Antag		
CIMERLI	T4	PA; SP
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO ORAL	T3	PA
granisetron hcl oral	T1	QL (2 EA per 1 day)
ondansetron hcl oral solution	T1	QL (30 ML per 1 day)
ondansetron hcl oral tablet 24 mg	T1	QL (1 EA per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	T1	QL (3 EA per 1 day)
ondansetron oral tablet dispersible 4 mg, 8 mg	T1	QL (3 EA per 1 day)
Antacids And Adsorbents		
omeprazole-sodium bicarbonate oral capsule	T1	ST; 90DS
omeprazole-sodium bicarbonate oral packet	T1	ST; 90DS; AL (Max 12 Years)
Antidiarrhea Agents		
diphenoxylate-atropine oral liquid	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
loperamide hcl oral capsule	T1	
XERMELO	T4	PA; SP
Antiemetics, Miscellaneous		
dronabinol	T1	
olanzapine oral	T1	90DS; QL (30 EA per 30 days)
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
scopolamine	T1	QL (10 EA per 30 days)
SYNDROS	T3	AL (Max 12 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)
Antihistamines (Gi Drugs)		
doxylamine-pyridoxine	T1	PA
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
prochlorperazine	T1	
prochlorperazine maleate oral	T1	90DS
trimethobenzamide hcl oral	T1	
Anti-Inflammatory Agents (Gi Drugs)		
alosetron hcl	T1	90DS; QL (60 EA per 30 days)
balsalazide disodium	T1	
DIPENTUM	T3	
mesalamine er oral capsule extended release 24 hour	T1	90DS
mesalamine oral capsule delayed release	T1	90DS
mesalamine oral tablet delayed release 1.2 gm	T1	90DS
mesalamine rectal	T1	
mesalamine-cleanser	T1	
sulfasalazine oral	T1	90DS
Antiulcer Agents And Acid Suppressants		
amoxicillin oral capsule	T1	
amoxicillin oral suspension reconstituted	T1	
amoxicillin oral tablet	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
metronidazole oral capsule	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
tetracycline hcl oral capsule	T1	
Cathartics And Laxatives		
GAVILYTE-C	T1	$0 copay for members ages 45-75 years
GAVILYTE-G	T1	$0 copay for members ages 45-75 years
GAVILYTE-N WITH FLAVOR PACK	T1	$0 copay for members ages 45-75 years
peg 3350-kcl-na bicarb-nacl	T1	$0 copay for members ages 45-75 years
peg-3350/electrolytes	T1	$0 copay for members ages 45-75 years
polyethylene glycol 3350 oral packet 17 gm	T1	
polyethylene glycol 3350 oral powder	T1	
polyethylene glycol 3350 powder	T1	
Chloride Channel Activators		
lubiprostone	T1	90DS; QL (60 EA per 30 days)
Cholelitholytic Agents		
BYLVAY	T4	PA; SP
BYLVAY (PELLETS)	T4	PA; SP
LIVDELZI	T4	PA; SP
LIVMARLI	T4	PA; SP
ursodiol oral capsule 300 mg	T1	90DS
ursodiol oral tablet	T1	90DS
Digestants		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
CREON	T2	90DS
GATTEX	T4	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	T2	90DS
Dopamine Receptor Antagonists		
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Gi Drugs, Miscellaneous		
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP
adalimumab-aaty (1 pen)	T4	PA; SP
adalimumab-aaty (2 pen)	T4	PA; SP
adalimumab-aaty (2 syringe)	T4	PA; SP
adalimumab-aaty cd/uc/hs start	T4	PA; SP
adalimumab-fkjp	T4	PA; SP
adalimumab-fkjp (2 pen)	T4	PA; SP
adalimumab-fkjp (2 syringe)	T4	PA; SP
BYLVAY	T4	PA; SP
BYLVAY (PELLETS)	T4	PA; SP
CIMZIA (1 SYRINGE)	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
CIMZIA-STARTER	T4	PA; SP
dronabinol	T1	
GATTEX	T4	PA; SP
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
LINZESS	T2	ST; 90DS; QL (30 EA per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	T4	PA; SP
lubiprostone	T1	90DS; QL (60 EA per 30 days)
MOVANTIK	T2	ST; QL (30 EA per 30 days)
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T4	PA; SP
octreotide acetate intramuscular	T4	PA; SP
octreotide acetate subcutaneous	T4	PA; SP
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP
SIMLANDI (2 PEN)	T4	PA; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
SKYRIZI INTRAVENOUS	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP
SYNDROS	T3	AL (Max 12 Years)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
TRULANCE	T2	ST; 90DS; QL (30 EA per 30 days)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS	T2	ST; 90DS; QL (30 EA per 30 days)
TRULANCE	T2	ST; 90DS; QL (30 EA per 30 days)
Histamine H2-Antagonists		
cimetidine oral tablet 200 mg	T1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	T1	90DS
famotidine oral tablet 20 mg, 40 mg	T1	90DS
nizatidine oral capsule	T1	90DS
Lipotropic Agents		
scopolamine	T1	QL (10 EA per 30 days)
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL	T3	PA
aprepitant oral capsule 125 mg	T1	QL (1 EA per 1 day)
aprepitant oral capsule 40 mg	T1	QL (4 EA per 2 days)
aprepitant oral capsule 80 & 125 mg	T1	QL (3 EA per 3 days)
aprepitant oral capsule 80 mg	T1	QL (2 EA per 2 days)
EMEND ORAL SUSPENSION RECONSTITUTED	T3	PA
VARUBI (180 MG DOSE)	T3	PA
Opioid Antagonists (56:18)		
MOVANTIK	T2	ST; QL (30 EA per 30 days)
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
Prokinetic Agents		
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1	
metoclopramide hcl oral tablet	T1	
Prostaglandins		
diclofenac-misoprostol oral tablet delayed release	T1	90DS
misoprostol oral	T1	90DS
Protectants		
sucralfate oral tablet	T1	90DS
Proton-Pump Inhibitors		
dexlansoprazole	T1	PA
esomeprazole magnesium oral capsule delayed release	T1	ST
lansoprazole oral capsule delayed release	T1	ST
omeprazole oral capsule delayed release	T1	
omeprazole-sodium bicarbonate oral capsule	T1	ST; 90DS
omeprazole-sodium bicarbonate oral packet	T1	ST; 90DS; AL (Max 12 Years)
pantoprazole sodium oral tablet delayed release	T1	
rabeprazole sodium oral tablet delayed release	T1	ST
Heavy Metal Antagonists		
Heavy Metal Antagonists		
deferasirox granules	T4	PA; SP
deferasirox oral tablet	T4	PA; SP
deferasirox oral tablet soluble	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
deferiprone	T4	PA
FERRIPROX TWICE-A-DAY	T4	PA
penicillamine oral	T1	PA; SP
trientine hcl oral capsule 250 mg	T4	PA; SP
Hormones And Synthetic Substitutes		
Adrenals		
ARNUITY ELLIPTA	T2	90DS; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
ASMANEX HFA	T2	90DS; QL (13 GM per 30 days)
betamethasone dipropionate aug	T1	
betamethasone dipropionate external	T1	
betamethasone valerate external cream	T1	
betamethasone valerate external lotion	T1	
betamethasone valerate external ointment	T1	
BREZTRI AEROSPHERE	T2	90DS; QL (1 Inhaler per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	T1	90DS; QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	T1	90DS; QL (60 ML per 30 days)
budesonide oral	T1	
budesonide-formoterol fumarate	T2	90DS; QL (10.2 GM per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
dexamethasone oral elixir	T1	
dexamethasone oral solution	T1	
dexamethasone oral tablet	T1	
fludrocortisone acetate oral	T1	90DS
flunisolide nasal solution 25 mcg/act (0.025%)	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T2	90DS; QL (60 EA per 30 days)
fluticasone propionate diskus	T2	90DS; QL (60 EA per 30 days)
fluticasone propionate external cream	T1	
fluticasone propionate external lotion	T1	ST
fluticasone propionate external ointment	T1	
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T2	90DS; QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T2	90DS; QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T2	90DS; QL (10.6 GM per 30 days)
fluticasone propionate nasal	T1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	90DS; QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	90DS; QL (1 EA per 30 days)
hydrocortisone (perianal)	T1	
hydrocortisone butyrate external	T1	ST
hydrocortisone external cream 1 %, 2.5 %	T1	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral	T1	
hydrocortisone rectal enema	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
hydrocortisone valerate external cream	T1	
hydrocortisone valerate external ointment	T1	ST
hydrocortisone-acetic acid	T1	
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA; SP
MEDPURA HYDROCORTISONE	T1	
methylprednisolone oral	T1	
mometasone furoate external	T1	
mometasone furoate nasal	T1	
prednisolone acetate ophthalmic	T1	
prednisolone oral solution	T1	
prednisolone sodium phosphate ophthalmic	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	T1	
prednisone oral solution	T1	
prednisone oral tablet	T1	
prednisone oral tablet therapy pack	T1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	T2	90DS; QL (2 Inhaler per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
QVAR REDIHALER	T2	90DS; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
triamcinolone acetonide external cream	T1	
triamcinolone acetonide external lotion	T1	
triamcinolone acetonide external ointment	T1	
Alpha-Glucosidase Inhibitors		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
acarbose oral	T1	90DS
Androgens		
danazol oral	T1	PA; G
methyltestosterone oral	T1	PA; G
testosterone cypionate intramuscular solution 100 mg/ml	T1	G; QL (10 ML per 30 days)
testosterone cypionate intramuscular solution 200 mg/ml	T1	G; QL (4 ML per 28 days)
testosterone enanthate intramuscular solution	T1	G; QL (5 ML per 28 days)
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	T1	PA; G
testosterone transdermal solution	T1	PA; G
Antidiabetic Agents, Miscellaneous		
colesevelam hcl	T1	90DS
mifepristone oral tablet 300 mg	T4	SP
Antiestrogens		
anastrozole oral	T1	ACA Preventative Medication-$0 Copay; 90DS
exemestane	T1	ACA Preventative Medication-$0 Copay; 90DS
letrozole oral	T1	ACA Preventative Medication-$0 Copay; 90DS
Antigonadtropins		
ECONTRA ONE-STEP	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
levonorgestrel oral tablet 1.5 mg	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
MY CHOICE	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
MY WAY	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
NEW DAY	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
OPCICON ONE-STEP	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
OPTION 2	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
ORILISSA	T3	PA
TAKE ACTION	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
testosterone cypionate intramuscular solution 100 mg/ml	T1	G; QL (10 ML per 30 days)
testosterone cypionate intramuscular solution 200 mg/ml	T1	G; QL (4 ML per 28 days)
testosterone enanthate intramuscular solution	T1	G; QL (5 ML per 28 days)
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	T1	PA; G
testosterone transdermal solution	T1	PA; G
Antiparathyroid Agents		
calcitonin (salmon) nasal	T1	90DS; QL (3.7 ML per 30 days)
cinacalcet hcl oral tablet 30 mg, 60 mg	T1	90DS; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	T1	90DS; QL (120 EA per 30 days)
Antithyroid Agents		
methimazole oral	T1	90DS
propylthiouracil oral	T1	90DS
Biguanides		
alogliptin-metformin hcl	T1	90DS; QL (60 EA per 30 days)
glipizide-metformin hcl	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
glyburide-metformin	T1	90DS
JANUMET	T2	90DS; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	90DS; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	90DS; QL (60 EA per 30 days)
metformin hcl er	T1	90DS
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	T1	90DS
pioglitazone hcl-metformin hcl	T1	90DS
SYNJARDY	T2	90DS; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	90DS; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	90DS; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
Contraceptives		
AFIRMELLE	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
DELYLA	T1	ACA Preventative Medication-$0 Copay; 90DS
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	ACA Preventative Medication-$0 Copay; 90DS
DOLISHALE	T1	ACA Preventative Medication-$0 Copay; 90DS
drospiren-eth estrad-levomefol	T1	ACA Preventative Medication-$0 Copay; 90DS
drospirenone-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
ECONTRA ONE-STEP	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
ELINEST	T1	ACA Preventative Medication-$0 Copay; 90DS
ELLA	T2	ACA Preventative Medication-$0 Copay
ELURYNG	T1	ACA Preventative Medication-$0 Copay; 90DS
EMZAHH	T1	ACA Preventative Medication-$0 Copay.; 90DS
ENILLORING	T1	ACA Preventative Medication-$0 Copay; 90DS
ENPRESSE-28	T1	ACA Preventative Medication-$0 Copay; 90DS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	ACA Preventative Medication-$0 Copay; 90DS
ERRIN	T1	ACA Preventative Medication-$0 Copay; 90DS
ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
ethynodiol diac-eth estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
etonogestrel-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
FALMINA	T1	ACA Preventative Medication-$0 Copay; 90DS
FEIRZA 1.5/30	T1	ACA Preventative Medication-$0 Copay.; 90DS
FEIRZA 1/20	T1	ACA Preventative Medication-$0 Copay.; 90DS
FINZALA	T1	ACA Preventative Medication-$0 Copay; 90DS
GALBRIELA	T1	ACA Preventative Medication-$0 Copay; 90DS
GEMMILY	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
HALOETTE	T1	ACA Preventative Medication-$0 Copay; 90DS
HEATHER	T1	ACA Preventative Medication-$0 Copay; 90DS
ICLEVIA	T1	ACA Preventative Medication-$0 Copay; 90DS
INCASSIA	T1	ACA Preventative Medication-$0 Copay; 90DS
INTROVALE	T1	ACA Preventative Medication-$0 Copay; 90DS
ISIBLOOM	T1	ACA Preventative Medication-$0 Copay; 90DS
JAIMIESS	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
LARIN 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
LAYOLIS FE	T1	ACA Preventative Medication-$0 Copay; 90DS
LEENA	T1	ACA Preventative Medication-$0 Copay; 90DS
LESSINA	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVONEST	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth est & eth est	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth estrad 91-day	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgestrel oral tablet 1.5 mg	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
levonorgestrel-ethinyl estrad	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
LOJAIMIESS	T1	ACA Preventative Medication-$0 Copay; 90DS
LORYNA	T1	ACA Preventative Medication-$0 Copay; 90DS
LOW-OGESTREL	T1	ACA Preventative Medication-$0 Copay; 90DS
LO-ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
LUIZZA 1.5/30	T1	ACA Preventative Medication-$0 Copay.; 90DS
LUIZZA 1/20	T1	ACA Preventative Medication-$0 Copay.; 90DS
LUTERA	T1	ACA Preventative Medication-$0 Copay; 90DS
LYLEQ	T1	ACA Preventative Medication-$0 Copay; 90DS
LYZA	T1	ACA Preventative Medication-$0 Copay; 90DS
marlissa	T1	ACA Preventative Medication-$0 Copay; 90DS
medroxyprogesterone acetate intramuscular	T1	ACA Preventative Medication-$0 Copay
MELEYA	T1	ACA Preventative Medication-$0 Copay; 90DS
MERZEE	T1	ACA Preventative Medication-$0 Copay; 90DS
MIBELAS 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
MONO-LINYAH	T1	ACA Preventative Medication-$0 Copay; 90DS
MY CHOICE	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
MY WAY	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
NECON 0.5/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NECON 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NEW DAY	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
NIKKI	T1	ACA Preventative Medication-$0 Copay; 90DS
NORA-BE	T1	ACA Preventative Medication-$0 Copay; 90DS
norelgestromin-eth estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral capsule	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral tablet chewable	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone acet-ethinyl est oral tablet	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone oral	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindron-ethinyl estrad-fe	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin-eth estradiol-fe	T1	ACA Preventative Medication-$0 Copay; 90DS
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	T1	ACA Preventative Medication-$0 Copay.; 90DS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
norgestim-eth estrad triphasic	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
RECLIPSEN	T1	ACA Preventative Medication-$0 Copay; 90DS
RIVELSA	T1	ACA Preventative Medication-$0 Copay; 90DS
ROSYRAH	T1	ACA Preventative Medication-$0 Copay; 90DS
SETLAKIN	T1	ACA Preventative Medication-$0 Copay; 90DS
SHAROBEL	T1	ACA Preventative Medication-$0 Copay; 90DS
SIMLIYA	T1	ACA Preventative Medication-$0 Copay; 90DS
SIMPESSE	T1	ACA Preventative Medication-$0 Copay; 90DS
SOLIA	T1	ACA Preventative Medication-$0 Copay; 90DS
SPRINTEC 28	T1	ACA Preventative Medication-$0 Copay; 90DS
SRONYX	T1	ACA Preventative Medication-$0 Copay; 90DS
SYEDA	T1	ACA Preventative Medication-$0 Copay; 90DS
TAKE ACTION	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
TARINA 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TARINA FE 1/20 EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
TAYSOFY	T1	ACA Preventative Medication-$0 Copay; 90DS
TILIA FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI FEMYNOR	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
TRI-ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LEGEST FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LINYAH	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-MARZIA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-SPRINTEC	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
TRINESSA (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-NYMYO	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-SPRINTEC	T1	ACA Preventative Medication-$0 Copay; 90DS
TRIVORA (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-VYLIBRA LO	T1	ACA Preventative Medication-$0 Copay; 90DS
TURQOZ	T1	ACA Preventative Medication-$0 Copay; 90DS
TYBLUME ORAL TABLET CHEWABLE	T2	ACA Preventative Medication-$0 Copay; 90DS
TYDEMY	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
VALTYA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
VALTYA 1/50	T1	ACA Preventative Medication-$0 Copay.; 90DS
VELIVET	T1	ACA Preventative Medication-$0 Copay; 90DS
VESTURA	T1	ACA Preventative Medication-$0 Copay; 90DS
VIENVA	T1	ACA Preventative Medication-$0 Copay; 90DS
viorele	T1	ACA Preventative Medication-$0 Copay; 90DS
VOLNEA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
WERA	T1	ACA Preventative Medication-$0 Copay; 90DS
WYMZYA FE	T1	ACA Preventative Medication-$0 Copay; 90DS
XARAH FE	T1	ACA Preventative Medication-$0 Copay.; 90DS
XELRIA FE	T1	ACA Preventative Medication-$0 Copay.; 90DS
XULANE	T1	ACA Preventative Medication-$0 Copay; 90DS
ZAFEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
ZOVIA 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
alogliptin benzoate	T1	90DS; QL (30 EA per 30 days)
alogliptin-metformin hcl	T1	90DS; QL (60 EA per 30 days)
GLYXAMBI	T2	90DS; QL (30 EA per 30 days)
JANUMET	T2	90DS; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	90DS; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	90DS; QL (60 EA per 30 days)
JANUVIA	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
Estrogen Agonist-Antagonists		
DUAVEE	T3	ST
OSPHENA	T3	
raloxifene hcl	T1	ACA Preventative Medication-$0 Copay; 90DS
SOLTAMOX	T4	QL (600 ML per 30 days)
tamoxifen citrate oral	T1	ACA Preventative Medication-$0 Copay; 90DS
toremifene citrate	T1	90DS; SP
Estrogens		
AFIRMELLE	T1	ACA Preventative Medication-$0 Copay; 90DS
ALTAVERA	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
BALZIVA	T1	ACA Preventative Medication-$0 Copay; 90DS
BIJUVA	T3	QL (30 EA per 30 days)
BLISOVI 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
BLISOVI FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
BLISOVI FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
briellyn	T1	ACA Preventative Medication-$0 Copay; 90DS
CAMRESE	T1	ACA Preventative Medication-$0 Copay; 90DS
CAMRESE LO	T1	ACA Preventative Medication-$0 Copay; 90DS
CHARLOTTE 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
CHATEAL EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
COMBIPATCH	T3	
CRYSELLE-28	T1	ACA Preventative Medication-$0 Copay; 90DS
CYRED EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
DASETTA 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
DASETTA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
DAYSEE	T1	ACA Preventative Medication-$0 Copay; 90DS
DELYLA	T1	ACA Preventative Medication-$0 Copay; 90DS
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
DOLISHALE	T1	ACA Preventative Medication-$0 Copay; 90DS
drospiren-eth estrad-levomefol	T1	ACA Preventative Medication-$0 Copay; 90DS
drospirenone-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
DUAVEE	T3	ST
ELINEST	T1	ACA Preventative Medication-$0 Copay; 90DS
ELURYNG	T1	ACA Preventative Medication-$0 Copay; 90DS
ENILLORING	T1	ACA Preventative Medication-$0 Copay; 90DS
ENPRESSE-28	T1	ACA Preventative Medication-$0 Copay; 90DS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	ACA Preventative Medication-$0 Copay; 90DS
ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
estradiol oral	T1	90DS; G
estradiol transdermal patch twice weekly	T1	90DS; G
estradiol transdermal patch weekly	T1	90DS; G
estradiol vaginal tablet	T1	90DS
estradiol valerate intramuscular	T1	G
estradiol-norethindrone acet	T1	90DS
ethynodiol diac-eth estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
etonogestrel-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
FALMINA	T1	ACA Preventative Medication-$0 Copay; 90DS
FEIRZA 1.5/30	T1	ACA Preventative Medication-$0 Copay.; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
FEIRZA 1/20	T1	ACA Preventative Medication-$0 Copay.; 90DS
FINZALA	T1	ACA Preventative Medication-$0 Copay; 90DS
FYAVOLV	T1	90DS
GALBRIELA	T1	ACA Preventative Medication-$0 Copay; 90DS
GEMMILY	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
HALOETTE	T1	ACA Preventative Medication-$0 Copay; 90DS
ICLEVIA	T1	ACA Preventative Medication-$0 Copay; 90DS
INTROVALE	T1	ACA Preventative Medication-$0 Copay; 90DS
ISIBLOOM	T1	ACA Preventative Medication-$0 Copay; 90DS
JAIMIESS	T1	ACA Preventative Medication-$0 Copay; 90DS
JASMIEL	T1	ACA Preventative Medication-$0 Copay; 90DS
JINTELI	T1	90DS
JOLESSA	T1	ACA Preventative Medication-$0 Copay; 90DS
JULEBER	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
LEENA	T1	ACA Preventative Medication-$0 Copay; 90DS
LESSINA	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVONEST	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth est & eth est	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth estrad 91-day	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgestrel-ethinyl estrad	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
LOJAIMIESS	T1	ACA Preventative Medication-$0 Copay; 90DS
LORYNA	T1	ACA Preventative Medication-$0 Copay; 90DS
LOW-OGESTREL	T1	ACA Preventative Medication-$0 Copay; 90DS
LO-ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS
LUIZZA 1.5/30	T1	ACA Preventative Medication-$0 Copay.; 90DS
LUIZZA 1/20	T1	ACA Preventative Medication-$0 Copay.; 90DS
LUTERA	T1	ACA Preventative Medication-$0 Copay; 90DS
marlissa	T1	ACA Preventative Medication-$0 Copay; 90DS
MENEST	T3	ST; G

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
MERZEE	T1	ACA Preventative Medication-$0 Copay; 90DS
MIBELAS 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
MIMVEY	T1	90DS
MONO-LINYAH	T1	ACA Preventative Medication-$0 Copay; 90DS
NECON 0.5/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NECON 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NIKKI	T1	ACA Preventative Medication-$0 Copay; 90DS
norelgestromin-eth estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral capsule	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral tablet chewable	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone acet-ethinyl est oral tablet	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	T1	90DS
norethindron-ethinyl estrad-fe	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin-eth estradiol-fe	T1	ACA Preventative Medication-$0 Copay; 90DS
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	T1	ACA Preventative Medication-$0 Copay.; 90DS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
norgestim-eth estrad triphasic	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 0.5/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 1/35 (21)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
NYLIA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
OCELLA	T1	ACA Preventative Medication-$0 Copay; 90DS
ORSYTHIA	T1	ACA Preventative Medication-$0 Copay; 90DS
PHILITH	T1	ACA Preventative Medication-$0 Copay; 90DS
PIMTREA	T1	ACA Preventative Medication-$0 Copay; 90DS
PIRMELLA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
PORTIA-28	T1	ACA Preventative Medication-$0 Copay; 90DS
PREMARIN ORAL	T3	ST; G
PREMARIN VAGINAL	T3	
PREMPHASE	T3	
PREMPRO	T3	
RECLIPSEN	T1	ACA Preventative Medication-$0 Copay; 90DS
RIVELSA	T1	ACA Preventative Medication-$0 Copay; 90DS
ROSYRAH	T1	ACA Preventative Medication-$0 Copay; 90DS
SETLAKIN	T1	ACA Preventative Medication-$0 Copay; 90DS
SIMLIYA	T1	ACA Preventative Medication-$0 Copay; 90DS
SIMPESSE	T1	ACA Preventative Medication-$0 Copay; 90DS
SOLIA	T1	ACA Preventative Medication-$0 Copay; 90DS
SPRINTEC 28	T1	ACA Preventative Medication-$0 Copay; 90DS
SRONYX	T1	ACA Preventative Medication-$0 Copay; 90DS
SYEDA	T1	ACA Preventative Medication-$0 Copay; 90DS
TARINA 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TARINA FE 1/20 EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
TAYSOFY	T1	ACA Preventative Medication-$0 Copay; 90DS
TILIA FE	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
TRI FEMYNOR	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LEGEST FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LINYAH	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-MARZIA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-SPRINTEC	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
TRINESSA (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-NYMYO	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-SPRINTEC	T1	ACA Preventative Medication-$0 Copay; 90DS
TRIVORA (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-VYLIBRA LO	T1	ACA Preventative Medication-$0 Copay; 90DS
TURQOZ	T1	ACA Preventative Medication-$0 Copay; 90DS
TYBLUME ORAL TABLET CHEWABLE	T2	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
TYDEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
VALTYA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
VALTYA 1/50	T1	ACA Preventative Medication-$0 Copay.; 90DS
VELIVET	T1	ACA Preventative Medication-$0 Copay; 90DS
VESTURA	T1	ACA Preventative Medication-$0 Copay; 90DS
VIENVA	T1	ACA Preventative Medication-$0 Copay; 90DS
viorele	T1	ACA Preventative Medication-$0 Copay; 90DS
VOLNEA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
WERA	T1	ACA Preventative Medication-$0 Copay; 90DS
WYMZYA FE	T1	ACA Preventative Medication-$0 Copay; 90DS
XARAH FE	T1	ACA Preventative Medication-$0 Copay.; 90DS
XELRIA FE	T1	ACA Preventative Medication-$0 Copay.; 90DS
XULANE	T1	ACA Preventative Medication-$0 Copay; 90DS
YUVAFEM	T1	90DS
ZAFEMY	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ZOVIA 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS
Glycogenolytic Agents		
BAQSIMI ONE PACK	T2	QL
BAQSIMI TWO PACK	T2	QL
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
Gonadotropins		
ELIGARD	T4	PA; SP
leuprolide acetate (3 month)	T4	PA; SP
leuprolide acetate injection	T4	SP
LUPRON DEPOT (1-MONTH)	T4	PA; SP
LUPRON DEPOT (3-MONTH)	T4	PA; SP
LUPRON DEPOT (4-MONTH)	T4	PA; SP
LUPRON DEPOT (6-MONTH)	T4	PA; SP
LUPRON DEPOT-PED (1-MONTH)	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
LUPRON DEPOT-PED (3-MONTH)	T4	PA; SP
LUPRON DEPOT-PED (6-MONTH)	T4	PA; SP
SYNAREL	T4	PA; SP
TRELSTAR MIXJECT	T4	PA; SP
Incretin Mimetics		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (2 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T2	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	T2	PA; QL (3 ML per 28 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	T2	PA; QL (30 30 per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG	T2	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG	T2	PA; QL (30 30 per 30 days)
RYBELSUS ORAL TABLET 7 MG	T2	PA; QL (30 EA per 30 days)
SOLIQUA	T2	ST; 90DS; QL (30 ML per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (2 ML per 28 days)
XULTOPHY	T3	ST; QL
Intermediate-Acting Insulins		
HUMULIN 70/30	T2	90DS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMULIN N	T2	90DS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Long-Acting Insulins		
insulin degludec	T2	ST; 90DS
insulin degludec flextouch	T2	ST; 90DS
LANTUS	T2	90DS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	90DS
SOLIQUA	T2	ST; 90DS; QL (30 ML per 30 days)
TOUJEO MAX SOLOSTAR	T2	90DS
TOUJEO SOLOSTAR	T2	90DS
XULTOPHY	T3	ST; QL
Meglitinides		
nateglinide	T1	90DS
repaglinide	T1	90DS
Parathyroid Agents		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	T4	PA; SP
TYMLOS	T4	PA; SP
Pituitary		
ACTHAR	T4	PA; SP
CORTROPHIN	T4	PA; SP
CORTROPHIN GEL	T4	PA
desmopressin ace spray refrig	T1	90DS; QL (15 ML per 30 days)
desmopressin acetate oral	T1	90DS
desmopressin acetate spray	T1	90DS; QL (15 ML per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP
HUMATROPE INJECTION CARTRIDGE	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA; SP
Progestins		
AFIRMELLE	T1	ACA Preventative Medication-$0 Copay; 90DS
ALTAVERA	T1	ACA Preventative Medication-$0 Copay; 90DS
alyacen 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
alyacen 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
AMETHIA	T1	ACA Preventative Medication-$0 Copay; 90DS
AMETHYST	T1	ACA Preventative Medication-$0 Copay; 90DS
APRI	T1	ACA Preventative Medication-$0 Copay; 90DS
ARANELLE	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
CAMILA	T1	ACA Preventative Medication-$0 Copay; 90DS
CAMRESE	T1	ACA Preventative Medication-$0 Copay; 90DS
CAMRESE LO	T1	ACA Preventative Medication-$0 Copay; 90DS
CHARLOTTE 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
CHATEAL EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
COMBIPATCH	T3	
CRYSELLE-28	T1	ACA Preventative Medication-$0 Copay; 90DS
CYRED EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
DASETTA 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
DASETTA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
DAYSEE	T1	ACA Preventative Medication-$0 Copay; 90DS
DEBLITANE	T1	ACA Preventative Medication-$0 Copay; 90DS
DELYLA	T1	ACA Preventative Medication-$0 Copay; 90DS
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	ACA Preventative Medication-$0 Copay; 90DS
DOLISHALE	T1	ACA Preventative Medication-$0 Copay; 90DS
drospiren-eth estrad-levomefol	T1	ACA Preventative Medication-$0 Copay; 90DS
drospirenone-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ECONTRA ONE-STEP	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
ELINEST	T1	ACA Preventative Medication-$0 Copay; 90DS
ELLA	T2	ACA Preventative Medication-$0 Copay
ELURYNG	T1	ACA Preventative Medication-$0 Copay; 90DS
EMZAHH	T1	ACA Preventative Medication-$0 Copay.; 90DS
ENILLORING	T1	ACA Preventative Medication-$0 Copay; 90DS
ENPRESSE-28	T1	ACA Preventative Medication-$0 Copay; 90DS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	ACA Preventative Medication-$0 Copay; 90DS
ERRIN	T1	ACA Preventative Medication-$0 Copay; 90DS
ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
estradiol-norethindrone acet	T1	90DS
ethynodiol diac-eth estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
etonogestrel-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
FALMINA	T1	ACA Preventative Medication-$0 Copay; 90DS
FEIRZA 1.5/30	T1	ACA Preventative Medication-$0 Copay.; 90DS
FEIRZA 1/20	T1	ACA Preventative Medication-$0 Copay.; 90DS
FINZALA	T1	ACA Preventative Medication-$0 Copay; 90DS
FYAVOLV	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
LAYOLIS FE	T1	ACA Preventative Medication-$0 Copay; 90DS
LEENA	T1	ACA Preventative Medication-$0 Copay; 90DS
LESSINA	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVONEST	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth est & eth est	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth estrad 91-day	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgestrel oral tablet 1.5 mg	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
levonorgestrel-ethinyl estrad	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
LOJAIMIESS	T1	ACA Preventative Medication-$0 Copay; 90DS
LORYNA	T1	ACA Preventative Medication-$0 Copay; 90DS
LOW-OGESTREL	T1	ACA Preventative Medication-$0 Copay; 90DS
LO-ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS
LUIZZA 1.5/30	T1	ACA Preventative Medication-$0 Copay.; 90DS
LUIZZA 1/20	T1	ACA Preventative Medication-$0 Copay.; 90DS
LUTERA	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
MY CHOICE	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
MY WAY	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
NECON 0.5/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NECON 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NEW DAY	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
NIKKI	T1	ACA Preventative Medication-$0 Copay; 90DS
NORA-BE	T1	ACA Preventative Medication-$0 Copay; 90DS
norelgestromin-eth estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral capsule	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral tablet chewable	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone acetate oral	T1	90DS; G
norethindrone acet-ethinyl est oral tablet	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone oral	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	T1	90DS
norethindron-ethinyl estrad-fe	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin-eth estradiol-fe	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	T1	ACA Preventative Medication-$0 Copay.; 90DS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
norgestim-eth estrad triphasic	T1	ACA Preventative Medication-$0 Copay; 90DS
NORLYDA	T1	ACA Preventative Medication-$0 Copay; 90DS
NORLYROC	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 0.5/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 1/35 (21)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
NYLIA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
OCELLA	T1	ACA Preventative Medication-$0 Copay; 90DS
OPCICON ONE-STEP	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
OPILL	T1	ACA Preventative Medication-$0 Copay.; 90DS; QL (28 EA per 28 days)
OPTION 2	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)
ORSYTHIA	T1	ACA Preventative Medication-$0 Copay; 90DS
PHILITH	T1	ACA Preventative Medication-$0 Copay; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
PIMTREA	T1	ACA Preventative Medication-$0 Copay; 90DS
PIRMELLA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
PORTIA-28	T1	ACA Preventative Medication-$0 Copay; 90DS
PREMPHASE	T3	
PREMPRO	T3	
progesterone oral	T1	90DS; G
RECLIPSEN	T1	ACA Preventative Medication-$0 Copay; 90DS
RIVELSA	T1	ACA Preventative Medication-$0 Copay; 90DS
ROSYRAH	T1	ACA Preventative Medication-$0 Copay; 90DS
SETLAKIN	T1	ACA Preventative Medication-$0 Copay; 90DS
SHAROBEL	T1	ACA Preventative Medication-$0 Copay; 90DS
SIMLIYA	T1	ACA Preventative Medication-$0 Copay; 90DS
SIMPESSE	T1	ACA Preventative Medication-$0 Copay; 90DS
SOLIA	T1	ACA Preventative Medication-$0 Copay; 90DS
SPRINTEC 28	T1	ACA Preventative Medication-$0 Copay; 90DS
SRONYX	T1	ACA Preventative Medication-$0 Copay; 90DS
SYEDA	T1	ACA Preventative Medication-$0 Copay; 90DS
TAKE ACTION	T1	ACA Preventative Medication-$0 Copay; QL (2 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

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

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
TRI-VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-VYLIBRA LO	T1	ACA Preventative Medication-$0 Copay; 90DS
TURQOZ	T1	ACA Preventative Medication-$0 Copay; 90DS
TYBLUME ORAL TABLET CHEWABLE	T2	ACA Preventative Medication-$0 Copay; 90DS
TYDEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
VALTYA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
VALTYA 1/50	T1	ACA Preventative Medication-$0 Copay.; 90DS
VELIVET	T1	ACA Preventative Medication-$0 Copay; 90DS
VESTURA	T1	ACA Preventative Medication-$0 Copay; 90DS
VIENVA	T1	ACA Preventative Medication-$0 Copay; 90DS
viorele	T1	ACA Preventative Medication-$0 Copay; 90DS
VOLNEA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
WERA	T1	ACA Preventative Medication-$0 Copay; 90DS
WYMZYA FE	T1	ACA Preventative Medication-$0 Copay; 90DS
XARAH FE	T1	ACA Preventative Medication-$0 Copay.; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
XELRIA FE	T1	ACA Preventative Medication-$0 Copay.; 90DS
XULANE	T1	ACA Preventative Medication-$0 Copay; 90DS
ZAFEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
ZOVIA 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS
Rapid-Acting Insulins		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T2	90DS
HUMALOG MIX 50/50	T2	90DS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMALOG MIX 75/25	T2	90DS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	90DS
insulin lispro (1 unit dial)	T1	90DS
insulin lispro injection	T1	90DS
insulin lispro junior kwikpen	T1	90DS
Short-Acting Insulins		
HUMULIN 70/30	T2	90DS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMULIN R	T2	90DS
HUMULIN R U-500 (CONCENTRATED)	T2	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	90DS
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
BRENZAVVY	T3	PA; QL (30 EA per 30 days)
FARXIGA	T2	90DS; QL (30 EA per 30 days)
GLYXAMBI	T2	90DS; QL (30 EA per 30 days)
JARDIANCE	T2	90DS; QL (30 EA per 30 days)
SYNJARDY	T2	90DS; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	90DS; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	90DS; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
Somatostatin Agonists		
lanreotide acetate	T4	PA; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T4	PA; SP
octreotide acetate intramuscular	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
octreotide acetate subcutaneous	T4	PA; SP
SIGNIFOR	T4	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	T4	PA; SP
Somatotropin Agonists		
EGRIFTA SV	T4	PA; SP
EGRIFTA WR	T4	PA; SP
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP
HUMATROPE INJECTION CARTRIDGE	T4	PA; SP
INCRELEX	T4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA; SP
Somatotropin Antagonists		
SOMAVERT	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T1	90DS
glipizide er	T1	90DS
glipizide oral	T1	90DS
glipizide xl	T1	90DS
glipizide-metformin hcl	T1	90DS
glyburide micronized	T1	90DS
glyburide oral	T1	90DS
glyburide-metformin	T1	90DS
Thiazolidinediones		
pioglitazone hcl	T1	90DS
pioglitazone hcl-metformin hcl	T1	90DS
Thyroid Agents		
levothyroxine sodium oral tablet	T1	90DS
LEVOXYL	T2	90DS
liothyronine sodium oral	T1	90DS
SYNTHROID	T2	90DS
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T3	
Immunomodulatory Agents (90:00)		
Amino Acid Polymers		
glatiramer acetate	T4	PA; SP
GLATOPA	T4	PA; SP
Antimetabolites		
MAVENCLAD (10 TABS)	T4	PA; SP
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
teriflunomide	T1	PA; 90DS; QL (1 EA per 1 day)
Antimetabolites, Immunosupp Therapy Misc		
azathioprine oral tablet 50 mg	T1	90DS
mycophenolate mofetil oral capsule	T1	90DS
Bone-Modifying Agents		
BILDYOS	T4	PA; SP
Calcineurin Inhibitors, Misc (90:28)		
ASTAGRAF XL	T4	SP
cyclosporine modified	T1	90DS
cyclosporine ophthalmic	T1	ST; 90DS; QL (60 EA per 30 days)
cyclosporine oral capsule	T1	90DS
ENVARSUS XR	T4	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
PROGRAF ORAL PACKET	T3	
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
tacrolimus external ointment	T1	ST
tacrolimus oral	T1	90DS
Complement Inhibitor Agents (90:20)		
TAVNEOS	T4	PA; SP
Disease-Modifying Antirheumat Drugs Misc		
ORENCIA CLICKJECT	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Disease-Modifying Antirheumatic Drugs		
CIMZIA (1 SYRINGE)	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
hydroxychloroquine sulfate oral tablet 200 mg	T1	90DS
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
sulfasalazine oral	T1	90DS
TREMFYA INTRAVENOUS	T4	PA; SP
TREMFYA PEN	T4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
TREMFYA-CD/UC INDUCTION	T4	PA; SP
XATMEP	T3	PA
Fumarates		
BAFIERTAM	T4	PA; SP
dimethyl fumarate oral	T1	PA; 90DS
dimethyl fumarate starter pack oral capsule delayed release therapy pack	T1	PA
VUMERITY	T4	PA; SP
Igg1 Monoclonal Antibodies		
BENLYSTA SUBCUTANEOUS	T4	PA; SP
Immunomodulatory Agents (90:00)		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
cyclophosphamide oral capsule	T1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T4	SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4	PA; SP; QL (30 EA per 30 days)
everolimus oral tablet soluble	T4	PA; SP
mercaptopurine oral suspension	T1	SP
mercaptopurine oral tablet	T1	
Interferons		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA; SP
BETASERON SUBCUTANEOUS KIT	T4	PA; SP
EXTAVIA SUBCUTANEOUS KIT	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Interleukin Inhibitor Agents, Misc		
XOLAIR	T4	PA; SP
Interleukin-Mediated Agents, Misc		
ACTEMRA ACTPEN	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ACTEMRA SUBCUTANEOUS	T4	PA; SP
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
IMULDOSA SUBCUTANEOUS	T4	PA; SP
KEVZARA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
OTULFI SUBCUTANEOUS	T4	PA; SP
SELARSDI SUBCUTANEOUS	T4	PA; SP
STEQEYMA SUBCUTANEOUS	T4	PA; SP
TALTZ	T4	PA; SP
YESINTEK SUBCUTANEOUS	T4	PA; SP
Janus Kinase Inhibitors, Miscellaneous		
CIBINQO	T4	PA; SP
OLUMIANT	T4	PA; SP
RINVOQ	T4	PA; SP
RINVOQ LQ	T4	PA; SP
XELJANZ	T4	PA; SP
XELJANZ XR	T4	PA; SP
Monocarboxylic Acid Amide Agents		
leflunomide oral	T1	90DS
Mtor Inhibitors, Miscellaneous		
HYFTOR	T4	PA; SP
sirolimus oral	T1	90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
OTEZLA XR	T4	PA; SP
OTEZLA/OTEZLA XR INITIATION PK	T4	PA; SP
Sphingosine 1-Phosphate (S1p) Agents		
fingolimod hcl	T1	PA; 90DS
MAYZENT	T4	PA; SP
MAYZENT STARTER PACK	T4	PA; SP
TASCENSO ODT	T4	PA; SP
T-Cell Blockers (90:24)		
LUPKYNIS	T4	PA; SP
Tumor Necrosis Factor Inhibitors, Misc		
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP
adalimumab-aaty (1 pen)	T4	PA; SP
adalimumab-aaty (2 pen)	T4	PA; SP
adalimumab-aaty (2 syringe)	T4	PA; SP
adalimumab-aaty cd/uc/hs start	T4	PA; SP
adalimumab-fkjp	T4	PA; SP
adalimumab-fkjp (2 pen)	T4	PA; SP
adalimumab-fkjp (2 syringe)	T4	PA; SP
CIMZIA (1 SYRINGE)	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
ENBREL MINI	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
SIMLANDI (1 PEN)	T4	PA; SP
SIMLANDI (1 SYRINGE)	T4	PA; SP
SIMLANDI (2 PEN)	T4	PA; SP
SIMLANDI (2 SYRINGE)	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
Local Anesthetics		
Local Anesthetics		
ZTLIDO	T3	PA
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
dutasteride oral	T1	90DS
dutasteride-tamsulosin hcl	T1	90DS
finasteride oral tablet 5 mg	T1	90DS
5-Alpha-Reductase Inhibitors (92:04)		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
disulfiram oral	T1	90DS
dutasteride oral	T1	90DS
dutasteride-tamsulosin hcl	T1	90DS
finasteride oral tablet 5 mg	T1	90DS
naltrexone hcl oral	T1	
VIVITROL	T2	QL (1 EA per 28 days)
Antidotes (92:12)		
acetylcysteine inhalation	T1	
BAQSIMI ONE PACK	T2	QL
BAQSIMI TWO PACK	T2	QL
FOSRENOL ORAL PACKET	T3	PA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
lanthanum carbonate	T1	PA; 90DS
LEDERLE LEUCOVORIN	T1	
leucovorin calcium oral	T1	
naloxone hcl injection solution 0.4 mg/ml	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
naloxone hcl injection solution cartridge	T1	
naloxone hcl injection solution prefilled syringe	T1	
naltrexone hcl oral	T1	
sevelamer carbonate oral packet	T1	PA; 90DS
sevelamer carbonate oral tablet	T1	90DS
sodium polystyrene sulfonate oral powder	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VIVITROL	T2	QL (1 EA per 28 days)
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	T1	90DS
colchicine oral tablet	T1	
colchicine-probenecid	T1	90DS
ec-naproxen	T1	90DS
febuxostat	T1	ST; 90DS
indomethacin er	T1	90DS
indomethacin oral capsule 25 mg, 50 mg	T1	90DS
naproxen oral tablet	T1	90DS
naproxen oral tablet delayed release	T1	90DS
naproxen sodium oral tablet 275 mg, 550 mg	T1	90DS
probenecid oral	T1	90DS
Antisense Oligonucleotides		
DAWNZERA	T4	PA; SP
sodium oxybate	T4	PA; SP; QL (540 ML per 30 days)
Bone Anabolic Agents		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	T4	PA; SP
TYMLOS	T4	PA; SP
Bone Resorption Inhibitors		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	T1	90DS
calcitonin (salmon) nasal	T1	90DS; QL (3.7 ML per 30 days)
estradiol oral	T1	90DS; G
estradiol transdermal patch twice weekly	T1	90DS; G
estradiol transdermal patch weekly	T1	90DS; G
estradiol vaginal tablet	T1	90DS
estradiol valerate intramuscular	T1	G
ibandronate sodium oral	T1	90DS
MENEST	T3	ST; G
PREMARIN ORAL	T3	ST; G
PREMARIN VAGINAL	T3	
raloxifene hcl	T1	ACA Preventative Medication-$0 Copay; 90DS
risedronate sodium oral tablet 150 mg, 35 mg, 5 mg	T1	90DS
risedronate sodium oral tablet 30 mg	T1	
YUVAFEM	T1	90DS
Bradykinin Receptor Antagonists		
icatibant acetate subcutaneous solution prefilled syringe	T4	PA; SP
Cariostatic Agents		
sf	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sf 5000 plus	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride 5000 plus	T1	$0 copay for members ages 6 months through 4 years of age; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
sodium fluoride 5000 ppm dental cream	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride dental cream	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride dental gel 1.1 %	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	T1	$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
sodium fluoride oral tablet chewable	T1	$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
Complement Inhibitors		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP
RUCONEST	T4	PA; SP
TAVNEOS	T4	PA; SP
Complement Inhibitors (92:32)		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP
icatibant acetate subcutaneous solution prefilled syringe	T4	PA; SP
KALBITOR	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ORLADEYO	T4	PA; SP
RUCONEST	T4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SP
TAVNEOS	T4	PA; SP
Disease-Modifying Antirheumatic Agents		
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ACTEMRA ACTPEN	T4	PA; SP
ACTEMRA SUBCUTANEOUS	T4	PA; SP
adalimumab-aaty (1 pen)	T4	PA; SP
adalimumab-aaty (2 pen)	T4	PA; SP
adalimumab-aaty (2 syringe)	T4	PA; SP
adalimumab-aaty cd/uc/hs start	T4	PA; SP
adalimumab-fkjp	T4	PA; SP
adalimumab-fkjp (2 pen)	T4	PA; SP
adalimumab-fkjp (2 syringe)	T4	PA; SP
azathioprine oral tablet 50 mg	T1	90DS
CIBINQO	T4	PA; SP
CIMZIA (1 SYRINGE)	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
cyclosporine modified	T1	90DS
cyclosporine oral capsule	T1	90DS
ENBREL MINI	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
hydroxychloroquine sulfate oral tablet 200 mg	T1	90DS
KEVZARA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
leflunomide oral	T1	90DS
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
OLUMIANT	T4	PA; SP
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
OTEZLA ORAL TABLET 30 MG	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T4	PA; SP
penicillamine oral	T1	PA; SP
RINVOQ	T4	PA; SP
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP
SIMLANDI (2 PEN)	T4	PA; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
sulfasalazine oral	T1	90DS
XATMEP	T3	PA
XELJANZ	T4	PA; SP
XELJANZ XR	T4	PA; SP
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
Immunomodulatory Agents		
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ACTEMRA ACTPEN	T4	PA; SP
ACTEMRA SUBCUTANEOUS	T4	PA; SP
ACTIMMUNE	T4	PA; SP
adalimumab-aaty (1 pen)	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
adalimumab-aaty (2 pen)	T4	PA; SP
adalimumab-aaty (2 syringe)	T4	PA; SP
adalimumab-aaty cd/uc/hs start	T4	PA; SP
adalimumab-fkjp	T4	PA; SP
adalimumab-fkjp (2 pen)	T4	PA; SP
adalimumab-fkjp (2 syringe)	T4	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA; SP
azathioprine oral tablet 50 mg	T1	90DS
BAFIERTAM	T4	PA; SP
BETASERON SUBCUTANEOUS KIT	T4	PA; SP
CIMZIA (1 SYRINGE)	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
cyclosporine modified	T1	90DS
cyclosporine oral capsule	T1	90DS
dimethyl fumarate oral	T1	PA; 90DS
dimethyl fumarate starter pack oral capsule delayed release therapy pack	T1	PA
ENBREL MINI	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
EXTAVIA SUBCUTANEOUS KIT	T4	PA; SP
fingolimod hcl	T1	PA; 90DS

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
glatiramer acetate	T4	PA; SP
GLATOPA	T4	PA; SP
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
hydroxychloroquine sulfate oral tablet 200 mg	T1	90DS
KESIMPTA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
leflunomide oral	T1	90DS
lenalidomide	T4	PA; SP
MAVENCLAD (10 TABS)	T4	PA; SP
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
MAYZENT	T4	PA; SP
MAYZENT STARTER PACK	T4	PA; SP
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
OTEZLA ORAL TABLET	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
POMALYST	T4	PA; SP; QL (21 EA per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REVLIMID	T4	PA; SP
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP
SIMLANDI (2 PEN)	T4	PA; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
sulfasalazine oral	T1	90DS
TASCENSO ODT	T4	PA; SP
teriflunomide	T1	PA; 90DS; QL (1 EA per 1 day)
THALOMID	T4	PA; SP
VUMERITY	T4	PA; SP
XATMEP	T3	PA

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
ZEPOSIA	T4	PA; SP
ZEPOSIA 7-DAY STARTER PACK	T4	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	T4	PA; SP
Immunosuppressive Agents		
ASTAGRAF XL	T4	SP
azathioprine oral tablet 50 mg	T1	90DS
BENLYSTA SUBCUTANEOUS	T4	PA; SP
cyclophosphamide oral capsule	T1	
cyclosporine modified	T1	90DS
cyclosporine oral capsule	T1	90DS
ENVARSUS XR	T4	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T4	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
HYFTOR	T4	PA; SP
leflunomide oral	T1	90DS
LUPKYNIS	T4	PA; SP
MAVENCLAD (10 TABS)	T4	PA; SP
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
mercaptopurine oral suspension	T1	SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
mercaptopurine oral tablet	T1	
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
mycophenolate mofetil oral	T1	90DS
mycophenolate sodium	T1	90DS
pimecrolimus	T1	ST
PROGRAF ORAL PACKET	T3	
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
sirolimus oral	T1	90DS
tacrolimus external ointment	T1	ST
tacrolimus oral	T1	90DS
XATMEP	T3	PA
Kallikrein Inhibitors		
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
TAKHZYRO	T4	PA; SP
Other Miscellaneous Therapeutic Agents		
betaine	T4	SP
CERDELGA	T4	PA; SP
CYSTAGON	T4	SP
dalfampridine er	T1	PA; 90DS; SP
DYSPORT	T4	PA; SP
ELMIRON	T3	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T4	PA; SP
EVOTAZ	T2	90DS; QL (30 EA per 30 days)
EVRYSDI	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
FIRDAPSE	T4	PA; SP
GALAFOLD	T4	PA; SP
GELSYN-3	T4	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA; SP
levocarnitine oral solution	T1	90DS
levocarnitine oral tablet	T1	90DS
levocarnitine sf	T1	90DS
l-glutamine oral packet	T4	PA; SP
miglustat	T4	PA; SP
nitisinone	T4	PA; SP
NITYR	T4	PA; SP
ORFADIN ORAL SUSPENSION	T4	PA; SP
PREZCOBIX	T2	90DS; QL (30 EA per 30 days)
REZUROCK	T4	PA; SP
sapropterin dihydrochloride oral packet	T4	PA; SP
sapropterin dihydrochloride oral tablet	T4	PA; SP
STRIBILD	T3	QL (30 EA per 30 days)
SYMTUZA	T2	90DS; QL (30 EA per 30 days)
tiopronin oral tablet delayed release	T4	SP
TYBOST	T2	90DS; QL (30 EA per 30 days)
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)
VYNDAQEL	T4	PA; SP
XEOMIN	T4	PA; SP
Protective Agents		
adapalene external gel 0.1 %	T1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	
dalfampridine er	T1	PA; 90DS; SP
mesna oral	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
CAYA	T2	ACA Preventative Medication-$0 Copay
DUREX REALFEEL	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 30 days)
ENCARE VAGINAL SUPPOSITORY	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 30 days)
FANTASY LUBRICATED	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 30 days)
FANTASY LUBRICATED/SPERMICIDE	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 30 days)
FC2 FEMALE CONDOM	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 90 days)
FEMCAP	T2	ACA Preventative Medication-$0 Copay
OMNIFLEX DIAPHRAGM	T2	ACA Preventative Medication-$0 Copay
PHEXXI	T2	ACA Preventative Medication-$0 Copay; QL (60 GM per 30 days)
TODAY SPONGE	T2	ACA Preventative Medication-$0 Copay; QL (3 EA per 30 days)
TRUSTEX LUB/RIBBED/STUDDED	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 30 days)
TRUSTEX LUB/SPERMICIDE EX ST	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
TRUSTEX LUB/SPERMICIDE XL	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 30 days)
TRUSTEX LUBRICATED EX LARGE	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 30 days)
TRUSTEX NON-LUBRICATED	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 30 days)
TRUSTEX RIA NON-LUBRICATED	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 30 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD	T2	ACA Preventative Medication-$0 Copay; QL (12 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T2	ACA Preventative Medication-$0 Copay; QL (9 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T2	ACA Preventative Medication-$0 Copay; QL (25.5 GM per 30 days)
WIDE-SEAL DIAPHRAGM 60	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 65	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 70	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 75	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 80	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 85	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 90	T2	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
WIDE-SEAL DIAPHRAGM 95	T2	ACA Preventative Medication-$0 Copay
Oxytocics		
Oxytocics		
mifepristone oral tablet 200 mg	T1	
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
epinephrine injection solution auto-injector	T1	QL
Anticholinergic Agents (Respir.Tract)		
atropine sulfate ophthalmic solution 1 %	T1	90DS
ATROVENT HFA	T3	QL (12.9 GM per 25 days)
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
ipratropium bromide inhalation	T1	90DS
ipratropium bromide nasal	T1	90DS
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	90DS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
Antifibrotic Agents		
OFEV	T4	PA; SP
pirfenidone oral capsule	T4	PA; SP
pirfenidone oral tablet 267 mg, 801 mg	T4	PA; SP
Anti-Inflammatory Agents (Respiratory)		
NUCALA	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Antitussives		
codeine sulfate oral tablet	T1	PA; MME+; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
hydrocod poli-chlorphe poli er	T1	Prior authorization required for claims greater than 5 day supply.; MME+; QL (50 ML per 5 days); AL (Min 18 Years and Max 150 Years)
Corticosteroids (Respiratory Tract)		
ARNUITY ELLIPTA	T2	90DS; QL (30 EA per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	T1	90DS; QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	T1	90DS; QL (60 ML per 30 days)
flunisolide nasal solution 25 mcg/act (0.025%)	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T2	90DS; QL (60 EA per 30 days)
fluticasone propionate diskus	T2	90DS; QL (60 EA per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T2	90DS; QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T2	90DS; QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T2	90DS; QL (10.6 GM per 30 days)
fluticasone propionate nasal	T1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	90DS; QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	90DS; QL (1 EA per 30 days)
mometasone furoate external	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
mometasone furoate nasal	T1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	T2	90DS; QL (2 Inhaler per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
QVAR REDIHALER	T2	90DS; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
Cystic Fibrosis (Cftr) Correctors		
ALYFTREK	T4	PA; SP
ORKAMBI	T4	PA; SP
SYMDEKO	T4	PA; SP
TRIKAFTA	T4	PA; SP
Cystic Fibrosis (Cftr) Potentiators		
ALYFTREK	T4	PA; SP
KALYDECO	T4	PA; SP
ORKAMBI	T4	PA; SP
SYMDEKO	T4	PA; SP
TRIKAFTA	T4	PA; SP
Endothelin Receptor Antagonists (48:48)		
ambrisentan	T4	PA; SP
bosentan	T4	PA; SP
First Generation Antihist.(Respir Tract)		
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral tablet 2.68 mg	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
cyproheptadine hcl oral	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4	PA; SP
FASENRA	T4	PA; SP
FASENRA PEN	T4	PA; SP
TEZSPIRE	T4	PA; SP
Leukotriene Modifiers		
montelukast sodium oral	T1	90DS
zafirlukast	T1	ST; 90DS
zileuton er	T1	ST; 90DS
Mast-Cell Stabilizers		
ALOCRIL	T3	
ALOMIDE	T3	
cromolyn sodium inhalation	T1	90DS
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T1	90DS
Mucolytic Agents		
acetylcysteine inhalation	T1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP
sodium chloride inhalation nebulization solution 3 %, 7 %	T1	
Nasal Preparations (Steroids)		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
flunisolide nasal solution 25 mcg/act (0.025%)	T1	
fluticasone propionate nasal	T1	
mometasone furoate nasal	T1	
Orally Inhaled Preparations (Steroids)		
ARNUITY ELLIPTA	T2	90DS; QL (30 EA per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	T1	90DS; QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	T1	90DS; QL (60 ML per 30 days)
fluticasone propionate diskus	T2	90DS; QL (60 EA per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T2	90DS; QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T2	90DS; QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T2	90DS; QL (10.6 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	T2	90DS; QL (2 Inhaler per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
QVAR REDIHALER	T2	90DS; QL (1 Inhaler per 30 days)
Phosphodiesterase Type 4 Inhibitors		
roflumilast	T1	PA; 90DS
Phosphodiesterase-5 Inhibitors (Respir)		
sildenafil citrate oral suspension reconstituted	T1	PA; 90DS; SP
sildenafil citrate oral tablet 20 mg	T1	PA; 90DS; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
tadalafil (pah)	T1	PA; 90DS; SP
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
TYVASO	T4	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	T4	PA; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per 1 lifetime)
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
VENTAVIS	T4	PA; SP
Respiratory Tract Agents, Miscellaneous		
pirfenidone oral capsule	T4	PA; SP
pirfenidone oral tablet 267 mg, 801 mg	T4	PA; SP
TEZSPIRE	T4	PA; SP
XOLAIR	T4	PA; SP
Second Generation Antihist(Respir Tract)		
azelastine hcl nasal	T1	
azelastine hcl ophthalmic	T1	
desloratadine oral tablet	T1	
Select.Beta-2-Adrenergic Agonist(Respir)		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	90DS; NDC 66993001968 (albuterol authorized generic for Ventolin) is not on formulary. Use alternate NDC.; QL (2 Inhalers per 30 days)
albuterol sulfate inhalation	T1	90DS
albuterol sulfate oral syrup 2 mg/5ml	T1	90DS
albuterol sulfate oral tablet	T1	90DS
formoterol fumarate inhalation	T1	90DS; QL (120 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	T1	ST; 90DS
STRIVERDI RESPIMAT	T2	90DS; QL (4 GM per 30 days)
terbutaline sulfate oral	T1	90DS
Vasodilating Agents (Respiratory Tract)		
ADEMPAS	T4	PA; SP; QL (3 tablet per 1 day)
ambrisentan	T4	PA; SP
bosentan	T4	PA; SP
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
sildenafil citrate oral suspension reconstituted	T1	PA; 90DS; SP
sildenafil citrate oral tablet 20 mg	T1	PA; 90DS; SP
tadalafil (pah)	T1	PA; 90DS; SP
TYVASO	T4	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	T4	PA; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per 1 lifetime)
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
UPTRAVI ORAL	T4	PA; SP; QL (2 tablet per 1 day)
UPTRAVI TITRATION	T4	PA; SP; QL (1 pack per 1 lifetime)
VENTAVIS	T4	PA; SP
Vasodilating Agents, Misc (48:48)		
ADEMPAS	T4	PA; SP; QL (3 tablet per 1 day)
UPTRAVI ORAL	T4	PA; SP; QL (2 tablet per 1 day)
UPTRAVI TITRATION	T4	PA; SP; QL (1 pack per 1 lifetime)
Xanthine Derivatives		
theophylline er	T1	90DS
theophylline oral	T1	90DS
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	T1	90DS
brimonidine tartrate-timolol	T1	ST; 90DS
Allylamines (Skin And Mucous Membrane)		
naftifine hcl external cream	T1	PA
Antibacterials (84:04)		
azelaic acid external	T1	
bacitracin ophthalmic	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
benzoyl peroxide-erythromycin	T1	
clindamycin hcl oral	T1	
clindamycin palmitate hcl	T1	
clindamycin phos (once-daily)	T1	
clindamycin phos (twice-daily)	T1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
clindamycin phosphate external lotion	T1	
clindamycin phosphate external solution	T1	
clindamycin phosphate external swab	T1	
clindamycin phosphate vaginal	T1	
dapsone oral	T1	90DS
doxycycline hyclate oral capsule	T1	
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
erythromycin external gel	T1	
erythromycin external solution	T1	
gentamicin sulfate external	T1	
gentamicin sulfate ophthalmic solution	T1	
levofloxacin oral	T1	
metronidazole external cream	T1	
metronidazole external gel	T1	
metronidazole oral capsule	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal	T1	
minocycline hcl oral capsule	T1	
moxifloxacin hcl oral	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
mupirocin external	T1	QL (88 GM per 30 days)
neomycin sulfate oral	T1	
polymyxin b-trimethoprim	T1	
sulfacetamide sodium (acne)	T1	
SULFAMYLON EXTERNAL CREAM	T3	
tetracycline hcl oral capsule	T1	
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	T3	PA
Antiproliferants		
bexarotene oral	T4	PA; SP
fluorouracil external cream 0.5 %	T1	
fluorouracil external cream 5 %	T1	QL (40 g per 30 days)
fluorouracil external solution	T1	
imiquimod external cream 5 %	T1	QL (24 EA per 30 days)
PANRETIN	T4	PA; SP
TARGRETIN EXTERNAL	T4	PA; SP
VALCHLOR	T4	PA; SP
Antipruritics And Local Anesthetics		
doxepin hcl external	T1	ST; QL (45 GM per 30 days)
doxepin hcl oral capsule	T1	90DS
doxepin hcl oral concentrate	T1	90DS
doxepin hcl oral tablet	T1	QL (30 EA per 30 days)
lidocaine external ointment 5 %	T1	
lidocaine external patch 5 %	T1	PA; QL (90 EA per 30 days)
lidocaine hcl external solution	T1	
lidocaine-prilocaine	T1	
ZTLIDO	T3	PA
Antivirals (Skin And Mucous Membrane)		

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
acyclovir external cream	T1	PA
acyclovir external ointment	T1	
acyclovir oral capsule	T1	
acyclovir oral suspension 200 mg/5ml	T1	
acyclovir oral tablet	T1	
penciclovir	T1	PA
Astringents (84:12)		
BEVESPI AEROSPHERE	T2	90DS; QL (10.7 GM per 30 days)
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
Astringents, Anti-Infective		
chlorhexidine gluconate mouth/throat	T1	
selenium sulfide external lotion	T1	
silver sulfadiazine external	T1	
SSD	T3	
Azoles (Skin And Mucous Membrane)		
clotrimazole anti-fungal	T1	
clotrimazole external cream	T1	
clotrimazole external solution	T1	
clotrimazole mouth/throat troche	T1	
clotrimazole-betamethasone	T1	
econazole nitrate external cream	T1	
GYNAZOLE-1	T3	
JUBLIA	T3	PA; QL (8 ML per 30 days)
ketoconazole external cream	T1	
ketoconazole external shampoo 2 %	T1	
luliconazole	T1	PA
oxiconazole nitrate	T1	PA
sulconazole nitrate external cream	T1	QL (60 GM per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
terconazole	T1	
Basic Lotions And Liniments		
ammonium lactate external	T1	
Basic Ointments And Protectants		
calcipotriene external cream	T1	
calcipotriene external ointment	T1	
calcipotriene external solution	T1	
calcipotriene-betameth diprop external ointment	T1	ST
hydrocortisone external cream 1 %	T1	
nitroglycerin rectal	T3	
SANTYL	T3	PA; QL (90 GM per 30 days)
Cell Stimulants And Proliferants		
finasteride oral tablet 5 mg	T1	90DS
minoxidil oral	T1	90DS
tretinoin external cream	T1	AL (Max 30 Years)
tretinoin external gel 0.01 %, 0.025 %	T1	AL (Max 30 Years)
tretinoin oral	T4	SP
Corticosteroids (Skin, Mucous Membrane)		
alclometasone dipropionate	T1	
betamethasone dipropionate aug	T1	
betamethasone dipropionate external	T1	
betamethasone valerate external cream	T1	
betamethasone valerate external lotion	T1	
betamethasone valerate external ointment	T1	
calcipotriene-betameth diprop external ointment	T1	ST
clobetasol prop emollient base	T1	
clobetasol propionate e	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
clobetasol propionate external cream 0.05 %	T1	
clobetasol propionate external gel	T1	
clobetasol propionate external ointment	T1	
clobetasol propionate external solution	T1	
clocortolone pivalate	T1	ST
clotrimazole-betamethasone	T1	
desonide external cream	T1	
desonide external lotion	T1	ST
desonide external ointment	T1	
desoximetasone external cream 0.05 %	T1	ST
desoximetasone external cream 0.25 %	T1	
desoximetasone external gel	T1	ST
desoximetasone external liquid	T1	ST
desoximetasone external ointment 0.05 %	T1	ST
desoximetasone external ointment 0.25 %	T1	
fluocinolone acetonide external cream 0.01 %	T1	ST
fluocinolone acetonide external cream 0.025 %	T1	
fluocinolone acetonide external ointment	T1	
fluocinolone acetonide external solution	T1	
fluocinolone acetonide otic	T1	
fluocinonide emulsified base	T1	
fluocinonide external gel	T1	
fluocinonide external ointment	T1	
fluocinonide external solution	T1	
fluticasone propionate external cream	T1	
fluticasone propionate external lotion	T1	ST
fluticasone propionate external ointment	T1	
halcinonide external cream	T1	ST
halobetasol propionate external cream	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
halobetasol propionate external foam	T1	ST
halobetasol propionate external ointment	T1	
hydrocortisone (perianal)	T1	
hydrocortisone butyrate external	T1	ST
hydrocortisone external cream 1 %, 2.5 %	T1	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral	T1	
hydrocortisone rectal enema	T1	
hydrocortisone valerate external cream	T1	
hydrocortisone valerate external ointment	T1	ST
hydrocortisone-acetic acid	T1	
MEDPURA HYDROCORTISONE	T1	
mometasone furoate external	T1	
nystatin-triamcinolone	T1	
triamcinolone acetonide external cream	T1	
triamcinolone acetonide external lotion	T1	
triamcinolone acetonide external ointment	T1	
triamcinolone acetonide mouth/throat	T1	
Hydroxypyridones (Skin, Mucous Membrane)		
ciclopirox external solution	T1	
ciclopirox olamine external	T1	
Immunomodulatory Agents (84:06)		
ASTAGRAF XL	T4	SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	T4	PA; SP
ENVARSUS XR	T4	SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
HYFTOR	T4	PA; SP
ILUMYA	T4	PA; SP
pimecrolimus	T1	ST
PROGRAF ORAL PACKET	T3	
SILIQ	T4	PA; SP
sirolimus oral	T1	90DS
SKYRIZI PEN	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
tacrolimus external ointment	T1	ST
tacrolimus oral	T1	90DS
TREMFYA INTRAVENOUS	T4	PA; SP
TREMFYA PEN	T4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
TREMFYA-CD/UC INDUCTION	T4	PA; SP
Janus Kinase Inhibitors (84:06)		
CIBINQO	T4	PA; SP
JAKAFI	T4	PA; SP; QL (60 EA per 30 days)
OPZELURA	T4	PA
roflumilast	T1	PA; 90DS
SOTYKTU	T4	PA; SP
Keratolytic Agents		
acitretin	T1	PA
adapalene external gel 0.1 %	T1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	
isotretinoin oral	T1	PA; QL (60 EA per 30 days)
podofilox external solution	T1	
tazarotene external cream	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
tazarotene external gel	T1	
Local Anti-Infectives, Miscellaneous		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	
benzoyl peroxide-erythromycin	T1	
chlorhexidine gluconate mouth/throat	T1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
selenium sulfide external lotion	T1	
silver sulfadiazine external	T1	
SSD	T3	
SULFAMYLON EXTERNAL CREAM	T3	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
diclofenac sodium external gel 1 %	T1	
diclofenac sodium external gel 3 %	T1	QL (100 g per 30 days)
Phosphodiesterase-4 Inhibitors (84:06)		
EUCRISA	T3	PA
roflumilast	T1	PA; 90DS
Pigmenting Agents		
methoxsalen rapid	T4	QL (84 EA per 30 days)
Polyenes (Skin And Mucous Membrane)		
nystatin external	T1	
nystatin mouth/throat	T1	
nystatin-triamcinolone	T1	
Scabicides And Pediculicides		
CROTAN	T3	
ivermectin external cream	T1	ST

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
malathion external	T1	
permethrin external cream	T1	
spinosad	T1	
Skin And Mucous Membrane Agents, Misc.		
acitretin	T1	PA
adapalene external gel 0.1 %	T1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	
azelaic acid external	T1	
calcipotriene external cream	T1	
calcipotriene external ointment	T1	
calcipotriene external solution	T1	
calcipotriene-betameth diprop external ointment	T1	ST
calcitriol external	T1	QL (800 GM per 28 days)
CIBINQO	T4	PA; SP
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
dapsone oral	T1	90DS
diclofenac sodium external gel 1 %	T1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP
fluorouracil external cream 0.5 %	T1	
fluorouracil external cream 5 %	T1	QL (40 g per 30 days)

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
fluorouracil external solution	T1	
HYFTOR	T4	PA; SP
ILUMYA	T4	PA; SP
imiquimod external cream 5 %	T1	QL (24 EA per 30 days)
isotretinoin oral	T1	PA; QL (60 EA per 30 days)
l-glutamine oral packet	T4	PA; SP
nitroglycerin rectal	T3	
OPZELURA	T4	PA
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
PANRETIN	T4	PA; SP
pimecrolimus	T1	ST
podofilox external solution	T1	
REGRANEX	T3	PA; QL
SANTYL	T3	PA; QL (90 GM per 30 days)
SILIQ	T4	PA; SP
SKYRIZI PEN	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
SOTYKTU	T4	PA; SP
tacrolimus external ointment	T1	ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	T4	PA; SP
TARGRETIN EXTERNAL	T4	PA; SP
tazarotene external cream	T1	
tazarotene external gel	T1	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4	PA; SP
VALCHLOR	T4	PA; SP

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Smooth Muscle Relaxants		
Antimuscarinics		
darifenacin hydrobromide er	T1	ST; 90DS
fesoterodine fumarate er	T1	90DS
flavoxate hcl	T1	90DS
oxybutynin chloride er	T1	90DS
oxybutynin chloride oral solution	T1	90DS
oxybutynin chloride oral tablet 5 mg	T1	90DS
solifenacin succinate	T1	90DS
tolterodine tartrate	T1	90DS
tolterodine tartrate er	T1	ST; 90DS
trospium chloride	T1	90DS
trospium chloride er	T1	ST; 90DS
Respiratory Smooth Muscle Relaxants		
sildenafil citrate oral suspension reconstituted	T1	PA; 90DS; SP
sildenafil citrate oral tablet 20 mg	T1	PA; 90DS; SP
theophylline er	T1	90DS
theophylline oral	T1	90DS
Selective Beta-3-Adrenergic Agonists		
mirabegron er	T3	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	QL (300 ML per 30 days); AL (Min 3 Years and Max 18 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	QL (30 EA per 30 days)
Vitamins		
Multivitamin Preparations		
m-natal plus	T1	

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
pnv prenatal plus multivitamin	T1	
PRENATABS RX	T1	
prenatal oral tablet 27-1 mg	T1	
westab plus	T1	
Vitamin B Complex		
cvs folic acid oral tablet 800 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
drospiren-eth estrad-levomefol	T1	ACA Preventative Medication-$0 Copay; 90DS
folic acid oral capsule 0.8 mg	T1	ACA Preventative Medication-$0 Copay; 90DS
folic acid oral tablet 1 mg	T1	90DS
folic acid oral tablet 400 mcg	T1	ACA Preventative Medication-$0 Copay
folic acid oral tablet 800 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
gnp folic acid	T1	ACA Preventative Medication-$0 Copay
kp folic acid oral tablet 800 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
LEDERLE LEUCOVORIN	T1	
leucovorin calcium oral	T1	
m-natal plus	T1	
niacin er (antihyperlipidemic)	T1	90DS
pnv prenatal plus multivitamin	T1	
PRENATABS RX	T1	
prenatal oral tablet 27-1 mg	T1	
qc folic acid	T1	ACA Preventative Medication-$0 Copay; 90DS
ra folic acid oral tablet 400 mcg	T1	ACA Preventative Medication-$0 Copay

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

Requirements and Limits
AL = Age Limit
G = Gender Edit
MME+ = Opioid Limits Apply
PA = Prior Authorization
QL = Quantity Limit
SP = Specialty Pharmacy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
ra folic acid oral tablet 800 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
TYDEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
westab plus	T1	
yl folic acid	T1	ACA Preventative Medication-$0 Copay
Vitamin D		
calcitriol oral	T1	90DS
doxercalciferol oral	T1	90DS
paricalcitol oral	T1	90DS
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	T1	90DS

Index

F

M