



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.

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

SCEX_233112958

 **FirstChoiceSMNext**
A Product of Select Health of South Carolina, Inc.

Table of Contents

Antidote Therapeutics	2
Antihistamine Drugs	3
Anti-Infective Agents	5
Antineoplastic Agents	20
Antitoxins,Immune Glob,Toxoids,Vaccines	31
Autonomic Drugs	37
Blood Formation, Coagulation, Thrombosis	47
Cardiovascular Drugs	55
Central Nervous System Agents	71
Dental Agents	107
Devices	108
Diagnostic Agents	114
Electrolytic, Caloric, And Water Balance	114
Enzymes	117
Eye, Ear, Nose And Throat (Eent) Preps	118
Gastrointestinal Drugs	126
Heavy Metal Antagonists	132
Hormones And Synthetic Substitutes	133
Immunomodulatory Agents (90:00)	182
Local Anesthetics	188
Miscellaneous Therapeutic Agents	188
Nonhormonal Contraceptives	202
Oxytocics	204
Respiratory Tract Agents	204
Skin And Mucous Membrane Agents	211
Smooth Muscle Relaxants	222
Vitamins	222

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

Pharmacy Benefit Information

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

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

Pharmacy Benefit Information

- 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/3MI
- 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

Pharmacy Benefit Information

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.

Pharmacy Benefit Information

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 as 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

Pharmacy Benefit Information

(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.

Pharmacy Benefit Information

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](https://www.walgreens.com/mail-service)
- Provide your information to Walgreens through phone or mail.
 - By phone:
Walgreens Customer Care Center

Pharmacy Benefit Information

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

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.

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Antidote Therapeutics		
Acetaminophen Antidote		
<i>acetylcysteine inhalation</i>	T1	
Alcohol Deterrents (91:02)		
<i>acamprosate calcium</i>	T1	90DS
<i>disulfiram oral</i>	T1	90DS
<i>naltrexone hcl oral</i>	T1	
VIVITROL	T2	QL (1 EA per 28 days)
Antidote Therapeutics		
<i>atropine sulfate ophthalmic solution 1 %</i>	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	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	
<i>naloxone hcl injection solution cartridge</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naloxone hcl nasal</i>	T1	
<i>penicillamine oral</i>	T1	PA; SP
REXTOVY	T2	
RIVIVE	T2	
Antidotes (91:04)		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naltrexone hcl oral</i>	T1	
<i>sevelamer carbonate oral packet</i>	T1	PA; 90DS
<i>sevelamer carbonate oral tablet</i>	T1	90DS
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VIVITROL	T2	QL (1 EA per 28 days)
Chemotherapy Antidotes/Protectants		
LEDERLE LEUCOVORIN	T1	
<i>leucovorin calcium oral</i>	T1	
Antihistamine Drugs		
Antihistamine Drugs		
<i>promethazine hcl oral tablet 25 mg</i>	T1	
Ethanolamine Derivatives		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
First Gen. Antihist. Derivatives, Misc.		
<i>cyproheptadine hcl oral</i>	T1	

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
First Generation Antihistamines		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	
<i>hydrocod poli-chlorphe poli er</i>	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)
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral</i>	T1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Other Antihistamines		
<i>bepotastine besilate</i>	T1	ST
<i>cimetidine oral tablet 200 mg</i>	T1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	90DS
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	90DS
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral</i>	T1	
LASTACAFT	T3	
<i>nizatidine oral capsule</i>	T1	90DS
<i>olopatadine hcl nasal</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	NDC 62332050203 is not on formulary. Use alternate NDC.
Phenothiazine Derivatives		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Propylamine Derivatives		
<i>hydrocod poli-chlorphe poli er</i>	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	
<i>desloratadine oral tablet</i>	T1	
<i>epinastine hcl</i>	T1	ST
LASTACFT	T3	
<i>levocetirizine dihydrochloride oral</i>	T1	
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
<i>cefadroxil</i>	T1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T1	
2Nd Generation Cephalosporin Antibiotics		
<i>cefaclor er</i>	T1	

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>cefaclor oral capsule</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
3Rd Generation Cephalosporin Antibiotics		
<i>cefdinir</i>	T1	
<i>cefixime oral capsule</i>	T1	
<i>cefpodoxime proxetil</i>	T1	
Adamantane Antivirals		
<i>amantadine hcl oral capsule</i>	T1	90DS
<i>amantadine hcl oral solution</i>	T1	90DS
GOCOVRI	T3	PA
Allylamine Antifungals		
<i>terbinafine hcl oral</i>	T1	
Amebicides		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<i>metronidazole vaginal</i>	T1	
Aminoglycoside Antibiotics		
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>neomycin sulfate oral</i>	T1	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T4	PA; SP
<i>tobramycin ophthalmic</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	QL (10 ML per 30 days)
Aminopenicillin Antibiotics		

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate er</i>	T1	
<i>amoxicillin-pot clavulanate oral</i>	T1	
<i>ampicillin oral capsule 500 mg</i>	T1	
Anthelmintics		
<i>albendazole oral</i>	T1	
EMVERM	T3	
<i>ivermectin oral tablet 3 mg</i>	T1	QL
<i>praziquantel oral</i>	T1	
Antifungals, Miscellaneous		
<i>griseofulvin microsize oral suspension</i>	T1	
Antileprosy Agents		
<i>dapsone oral</i>	T1	90DS
Antimalarials		
<i>atovaquone-proguanil hcl</i>	T1	
<i>chloroquine phosphate oral</i>	T1	90DS
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	90DS
KRINTAFEL	T3	
<i>mefloquine hcl</i>	T1	90DS
<i>minocycline hcl oral capsule</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	T1	
<i>pyrimethamine oral</i>	T4	PA; SP
<i>quinidine gluconate er</i>	T1	90DS
<i>quinidine sulfate oral</i>	T1	90DS
<i>quinine sulfate oral</i>	T1	
<i>tetracycline hcl oral capsule</i>	T1	
Antimycobacterials, Miscellaneous		
<i>dapsone oral</i>	T1	90DS
Antiprotozoals, Cryptosporidiosis		
ALINIA	T3	
Antiprotozoals, Miscellaneous		
ALINIA	T3	
<i>atovaquone oral</i>	T1	
<i>benznidazole</i>	T1	
<i>dapsone oral</i>	T1	90DS
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<i>pentamidine isethionate inhalation</i>	T1	
SOLOSEC	T3	ST
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
<i>tinidazole oral</i>	T1	
Antiprotozoals, Nitroimidazole-Derivative		
<i>tinidazole oral</i>	T1	
Antituberculosis Agents		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral tablet</i>	T1	90DS
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>pretomanid</i>	T1	PA
PRIFTIN	T3	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
SIRTURO	T4	PA; SP
TRECTOR	T3	
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
<i>fluconazole oral</i>	T1	
<i>itraconazole oral</i>	T1	PA
<i>ketoconazole external cream</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>ketoconazole external shampoo 2 %</i>	T1	
<i>ketoconazole oral</i>	T1	
<i>posaconazole oral</i>	T1	PA; 90DS
<i>voriconazole oral suspension reconstituted</i>	T1	PA; AL (Max 12 Years)
<i>voriconazole oral tablet</i>	T1	PA
Bacitracin Antibiotics		
<i>bacitracin ophthalmic</i>	T1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
Carbapenem Antibiotics		
<i>ertapenem sodium</i>	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	
<i>erythromycin base oral tablet</i>	T1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	T1	
<i>erythromycin ethylsuccinate oral tablet</i>	T1	

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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>trumeq pd</i>	T2	90DS; QL (180 EA per 30 days)
VOCABRIA	T3	QL (30 EA per 30 days)
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
BIKTARVY	T2	90DS; QL (30 EA per 30 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>efavirenz oral capsule 200 mg</i>	T1	90DS; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	T1	90DS; QL (180 EA per 30 days)
<i>efavirenz oral tablet</i>	T1	90DS; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	T1	90DS; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df</i>	T1	90DS; QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	T1	90DS; QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	T1	90DS; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	T2	90DS; QL (120 EA per 30 days)
JULUCA	T2	90DS; QL (30 EA per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	T1	QL (480 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	T1	90DS; QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
ODEFSEY	T2	90DS; QL (30 EA per 30 days)
PIFELTRO	T2	90DS; QL (30 EA per 30 days)
Hiv Nucleoside, Nucleotide Rt Inhibitors		
<i>abacavir sulfate oral solution</i>	T1	90DS; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	T1	90DS; QL (60 EA per 30 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>abacavir sulfate-lamivudine</i>	T1	90DS; QL (30 EA per 30 days)
BIKTARVY	T2	90DS; QL (30 EA per 30 days)
CIMDUO	T3	QL (30 EA per 30 days)
DELSTRIGO	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	T2	\$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
DOVATO	T2	90DS; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	T1	90DS; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitabine</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1	\$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df</i>	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)
<i>lamivudine oral solution 10 mg/ml</i>	T1	90DS; QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>lamivudine-zidovudine</i>	T1	90DS; QL (60 EA per 30 days)
ODEFSEY	T2	90DS; QL (30 EA per 30 days)
STRIBILD	T3	QL (30 EA per 30 days)
SYMTUZA	T2	90DS; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	T1	90DS; QL (30 EA per 30 days)
TRIUMEQ	T2	90DS; QL (30 EA per 30 days)
<i>trumeq pd</i>	T2	90DS; QL (180 EA per 30 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>zidovudine oral capsule</i>	T1	90DS; QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	T1	90DS; QL (1680 ML per 28 days)
<i>zidovudine oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE	T2	90DS; QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	T1	90DS; QL (30 EA per 30 days)
EVOTAZ	T2	90DS; QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	T1	90DS; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION	T2	90DS; QL (840 ML per 30 days)
<i>lopinavir-ritonavir oral solution</i>	T1	90DS; QL (300 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	T1	90DS; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	T1	90DS; QL (120 EA per 30 days)
NORVIR ORAL PACKET	T3	QL (360 EA per 30 days)
PREZCOBIX	T2	90DS; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	T2	90DS; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	T2	90DS; QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	T2	90DS; QL (300 EA per 30 days)
REYATAZ ORAL PACKET	T2	90DS; QL (150 EA per 30 days)
<i>ritonavir</i>	T1	90DS; QL (360 EA per 30 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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		
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phos (once-daily)</i>	T1	
<i>clindamycin phos (twice-daily)</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
Monobactam Antibiotics		
CAYSTON	T4	PA; SP
Natural Penicillin Antibiotics		
<i>penicillin v potassium oral solution reconstituted</i>	T1	AL (Max 12 Years)
<i>penicillin v potassium oral tablet</i>	T1	
Neuraminidase Inhibitor Antivirals		
<i>oseltamivir phosphate oral</i>	T1	QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	QL

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
Nitroimidazole Derivative, Trypanocidal		
<i>benznidazole</i>	T1	
Nitroimidazole Derivatives, Misc		
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<i>metronidazole vaginal</i>	T1	
Nucleoside And Nucleotide Antivirals		
<i>acyclovir external cream</i>	T1	PA
<i>acyclovir external ointment</i>	T1	
<i>acyclovir oral capsule</i>	T1	
<i>acyclovir oral suspension 200 mg/5ml</i>	T1	
<i>acyclovir oral tablet</i>	T1	
<i>adefovir dipivoxil</i>	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)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1	\$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df</i>	T1	90DS; QL (30 EA per 30 days)
<i>entecavir</i>	T1	90DS
<i>famciclovir oral</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>ribavirin oral capsule</i>	T1	
<i>ribavirin oral tablet 200 mg</i>	T1	
<i>valacyclovir hcl oral</i>	T1	
<i>valganciclovir hcl oral solution reconstituted</i>	T1	90DS; AL (Max 12 Years)
<i>valganciclovir hcl oral tablet</i>	T1	90DS
VEMLIDY	T2	90DS; QL (30 EA per 30 days)
Other Macrolide Antibiotics		
<i>azithromycin oral packet</i>	T1	
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
DIFICID ORAL TABLET	T3	PA
Other Macrolides (8:12.12.92)		
<i>azithromycin oral packet</i>	T1	
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
DIFICID ORAL TABLET	T3	PA
Oxazolidinone Antibiotics		
<i>linezolid oral suspension reconstituted</i>	T1	AL (Max 12 Years)
<i>linezolid oral tablet</i>	T1	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Polyene Antifungals		
<i>nystatin external</i>	T1	
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral tablet</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
Polymyxin Antibiotics		
<i>polymyxin b-trimethoprim</i>	T1	
Pyrimidine Antifungals		
<i>flucytosine oral</i>	T1	PA
Quinolone Antibiotics		
BAXDELA ORAL	T3	QL (2 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	QL (3 ML per 30 days)
<i>moxifloxacin hcl oral</i>	T1	
<i>ofloxacin ophthalmic</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
<i>ofloxacin otic</i>	T1	
Rifamycin Antibiotics		
PRIFTIN	T3	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
XIFAXAN	T3	PA
Sulfonamide Antibiotics (Systemic)		
<i>sulfadiazine oral</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
<i>sulfasalazine oral</i>	T1	90DS
Tetracycline Antibiotics		
<i>demeclocycline hcl oral</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>minocycline hcl oral capsule</i>	T1	
<i>tetracycline hcl oral capsule</i>	T1	
Urinary Anti-Infectives		
<i>fosfomycin tromethamine</i>	T1	QL (1 EA per 1 day)
<i>methenamine hippurate</i>	T1	
<i>nitrofurantoin macrocrystal oral</i>	T1	
<i>nitrofurantoin monohyd macro</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
<i>trimethoprim oral</i>	T1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate micronized</i>	T4	PA; SP; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 250 mg</i>	T4	QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	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)
<i>anastrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>bexarotene oral</i>	T4	PA; SP
<i>bicalutamide</i>	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)
<i>capecitabine</i>	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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>cyclophosphamide oral capsule</i>	T1	
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	T4	PA; SP; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg</i>	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)
<i>erlotinib hcl oral tablet 100 mg</i>	T4	PA; SP; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg</i>	T4	PA; SP; QL (90 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	T4	PA; SP; QL (60 EA per 30 days)
<i>etoposide oral</i>	T4	SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	SP
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP
<i>exemestane</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
EXKIVITY	T4	PA; SP
<i>fluorouracil external cream 0.5 %</i>	T1	
<i>fluorouracil external cream 5 %</i>	T1	QL (40 g per 30 days)
<i>fluorouracil external solution</i>	T1	
FOTIVDA	T4	PA; SP; QL (21 EA per 28 days)
GAVRETO	T4	PA; SP; QL (120 EA per 30 days)
<i>gefitinib</i>	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
<i>hydroxyurea oral</i>	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)
<i>imatinib mesylate oral</i>	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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>lapatinib ditosylate</i>	T4	PA; SP; QL (180 EA per 30 days)
<i>lenalidomide</i>	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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>letrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEUKERAN	T4	
<i>leuprolide acetate (3 month)</i>	T4	PA; SP
<i>leuprolide acetate injection</i>	T4	SP
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T1	90DS; G
<i>megestrol acetate oral tablet</i>	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)
<i>mercaptopurine oral suspension</i>	T1	SP
<i>mercaptopurine oral tablet</i>	T1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
NERLYNX	T4	PA; SP; QL (180 EA per 30 days)
<i>nilutamide</i>	T4	SP; QL (60 EA per 30 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>pazopanib hcl oral tablet 200 mg</i>	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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>sorafenib tosylate</i>	T4	PA; SP; QL (120 EA per 30 days)
STIVARGA	T4	PA; SP; QL (120 EA per 30 days)
<i>sunitinib malate</i>	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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
TAGRISSE	T4	PA; SP; QL (30 EA per 30 days)
TALZENNA	T4	PA; SP; QL (30 EA per 30 days)
<i>tamoxifen citrate oral</i>	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)
<i>toremifene citrate</i>	T1	90DS; SP
TRELSTAR MIXJECT	T4	PA; SP
<i>tretinoin external cream</i>	T1	AL (Max 30 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 30 Years)
<i>tretinoin oral</i>	T4	SP
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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>tetanus-diphtheria toxoids td</i>	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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	T2	ACA Preventative Medication-\$0 Copay
ENGRIX-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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>nuvaxovid covid-19 vaccine</i>	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)
<i>penmenvy</i>	T2	ACA Preventative Medication-\$0 Copay; AL (Min 10 Years and Max 25 Years)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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		
<i>epinephrine injection solution auto-injector</i>	T1	QL
Alpha-Adrenergic Agonists (12:12)		
<i>clonidine</i>	T1	90DS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T1	90DS; QL (120 EA per 30 days)
<i>clonidine hcl oral</i>	T1	90DS
<i>lofexidine hcl</i>	T4	
<i>methyldopa oral</i>	T1	90DS
<i>midodrine hcl</i>	T1	
Antimuscarinics/Antispasmodics		
<i>atropine sulfate ophthalmic solution 1 %</i>	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)
<i>dicyclomine hcl oral capsule</i>	T1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>dicyclomine hcl oral tablet 20 mg</i>	T1	
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
<i>ipratropium bromide inhalation</i>	T1	90DS
<i>ipratropium bromide nasal</i>	T1	90DS
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	T1	90DS
<i>methscopolamine bromide oral</i>	T1	
<i>scopolamine</i>	T1	QL (10 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
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)
<i>umeclidinium-vilanterol</i>	T3	ST; QL (60 EA per 30 days)
Antiparkinsonian Agents		
<i>benztropine mesylate oral</i>	T1	90DS
GOCOVRI	T3	PA
<i>trihexyphenidyl hcl</i>	T1	90DS
Autonomic Drugs, Miscellaneous		
<i>cvs nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>cvs nicotine transdermal</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine step 3</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense nicotine</i>	T1	ACA Preventative Medication-\$0 Copay
<i>hm nicotine polacrilex mouth/throat gum</i>	T1	ACA Preventative Medication-\$0 Copay
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	T1	ACA Preventative Medication-\$0 Copay
KLS QUIT2	T1	ACA Preventative Medication-\$0 Copay
KLS QUIT4	T1	ACA Preventative Medication-\$0 Copay
NICORELIEF MOUTH/THROAT GUM 2 MG	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine mini</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine polacrilex mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>nicotine step 1</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine step 2</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine step 3</i>	T1	ACA Preventative Medication-\$0 Copay
NICOTROL NS	T2	ACA Preventative Medication-\$0 Copay
<i>ra mini nicotine</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine polacrilex mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine transdermal patch 24 hour 21 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine transdermal patch 24 hour 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T1	ACA Preventative Medication-\$0 Copay; QL (56 EA per 28 days)
Botulinum Toxins		
DYSPORT	T4	PA; SP
XEOMIN	T4	PA; SP
Centrally Acting Skeletal Muscle Relaxant		
<i>carisoprodol oral tablet 350 mg</i>	T1	PA; QL (63 EA per 21 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>chlorzoxazone oral tablet 500 mg</i>	T1	QL (120 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	T1	QL (480 EA per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	T1	QL (300 EA per 30 days)
<i>tizanidine hcl oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>tizanidine hcl oral tablet 4 mg</i>	T1	QL (240 EA per 30 days)
Direct-Acting Skeletal Muscle Relaxants		
<i>dantrolene sodium oral capsule 100 mg</i>	T1	QL (120 EA per 30 days)
<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	T1	QL (90 EA per 30 days)
Gaba-Derivative Skeletal Muscle Relaxant		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	QL (120 EA per 30 days)
Indirect-Acting Skeletal Muscle Relaxant		
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
Non-Sel. Beta-Adrenergic Blocking Agents		
<i>carvedilol</i>	T1	90DS
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	90DS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS
<i>nebivolol hcl</i>	T1	90DS
<i>pindolol</i>	T1	90DS
<i>propranolol hcl er</i>	T1	90DS
<i>propranolol hcl oral</i>	T1	90DS
<i>sotalol hcl (af)</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>sotalol hcl oral</i>	T1	90DS
<i>timolol maleate ophthalmic solution</i>	T1	90DS
<i>timolol maleate oral</i>	T1	90DS
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
<i>doxazosin mesylate oral</i>	T1	90DS
<i>prazosin hcl oral</i>	T1	90DS
<i>terazosin hcl oral</i>	T1	90DS
Non-Sel.Alpha-Adrenergic Blocking Agents		
<i>dihydroergotamine mesylate nasal</i>	T1	QL
<i>ergoloid mesylates oral</i>	T1	90DS
ERGOMAR	T3	QL (5 EA per 30 days)
<i>ergotamine-caffeine</i>	T1	QL (40 EA per 30 days)
<i>phenoxybenzamine hcl oral</i>	T4	SP
Parasympathomimetic (Cholinergic Agents)		
<i>bethanechol chloride oral</i>	T1	
<i>cevimeline hcl</i>	T1	90DS
<i>donepezil hcl</i>	T1	90DS
FIRDAPSE	T4	PA; SP
<i>galantamine hydrobromide er</i>	T1	90DS
<i>galantamine hydrobromide oral tablet</i>	T1	90DS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	90DS
<i>pilocarpine hcl oral</i>	T1	90DS
<i>pyridostigmine bromide er oral tablet extended release</i>	T1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
QLOSI	T3	PA; QL (60 EA per 30 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>rivastigmine</i>	T1	ST; 90DS; QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	T1	90DS
VUITY	T3	PA; QL (5 ML per 25 days)
Selective Alpha-1-Adrenergic Block.Agent		
<i>alfuzosin hcl er</i>	T1	90DS; QL (30 EA per 30 days)
<i>carvedilol</i>	T1	90DS
<i>dutasteride-tamsulosin hcl</i>	T1	90DS
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	90DS
<i>silodosin</i>	T1	ST; 90DS
<i>tamsulosin hcl</i>	T1	90DS
Selective Beta-2-Adrenergic Agonists		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	90DS; NDC 66993001968 (albuterol authorized generic for Ventolin) is not on formulary. Use alternate NDC.; QL (2 Inhalers per 30 days)
<i>albuterol sulfate inhalation</i>	T1	90DS
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	T1	90DS
<i>albuterol sulfate oral tablet</i>	T1	90DS
BEVESPI AEROSPHERE	T2	90DS; QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE	T2	90DS; QL (1 Inhaler per 30 days)
<i>budesonide-formoterol fumarate</i>	T2	90DS; QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T2	90DS; QL (60 EA per 30 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	90DS; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	90DS; QL (1 EA per 30 days)
<i>formoterol fumarate inhalation</i>	T1	90DS; QL (120 ML per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	T1	90DS
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	ST; 90DS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	90DS; QL (1 Inhaler per 30 days)
STRIVERDI RESPIMAT	T2	90DS; QL (4 GM per 30 days)
<i>terbutaline sulfate oral</i>	T1	90DS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2	90DS; QL (1 EA per 30 days)
<i>umeclidinium-vilanterol</i>	T3	ST; QL (60 EA per 30 days)
Selective Beta-Adrenergic Blocking Agent		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>betaxolol hcl</i>	T1	90DS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	90DS
<i>metoprolol succinate er</i>	T1	90DS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	90DS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Skeletal Muscle Relaxants, Miscellaneous		
DYSPORT	T4	PA; SP
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
XEOMIN	T4	PA; SP
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det)</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs nicotine transdermal</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine step 3</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense nicotine</i>	T1	ACA Preventative Medication-\$0 Copay

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>hm nicotine polacrilex mouth/throat gum</i>	T1	ACA Preventative Medication-\$0 Copay
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	T1	ACA Preventative Medication-\$0 Copay
KLS QUIT2	T1	ACA Preventative Medication-\$0 Copay
KLS QUIT4	T1	ACA Preventative Medication-\$0 Copay
<i>naltrexone hcl oral</i>	T1	
NICORELIEF MOUTH/THROAT GUM 2 MG	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine mini</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine polacrilex mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine step 1</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine step 2</i>	T1	ACA Preventative Medication-\$0 Copay
<i>nicotine step 3</i>	T1	ACA Preventative Medication-\$0 Copay
NICOTROL NS	T2	ACA Preventative Medication-\$0 Copay
<i>ra mini nicotine</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine polacrilex mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>ra nicotine transdermal patch 24 hour 21 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine transdermal patch 24 hour 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T1	ACA Preventative Medication-\$0 Copay; QL (56 EA per 28 days)
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		
<i>fondaparinux sodium</i>	T1	
Blood Form.,Coag,Thrombosis Agents Misc.		
PYRUKYND	T4	PA; SP
PYRUKYND TAPER PACK	T4	PA; SP
Coumarin Derivatives		
JANTOVEN	T1	90DS
<i>warfarin sodium oral</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>rivaroxaban oral suspension reconstituted</i>	T1	90DS; QL (600 ML per 30 days); AL (Max 18 Years)
<i>rivaroxaban oral tablet</i>	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		
<i>dabigatran etexilate mesylate</i>	T1	90DS; QL (60 EA per 30 days)
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA; SP
DOPTELET ORAL TABLET 20 MG	T4	PA; SP
DOPTELET SPRINKLE	T4	PA; SP
<i>eltrombopag olamine</i>	T4	PA; SP
FULPHILA	T4	PA; SP
LEUKINE INJECTION SOLUTION RECONSTITUTED	T4	PA; SP
NIVESTYM	T4	PA; SP
<i>releuko subcutaneous</i>	T4	PA; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
Hemorrhologic Agents		
<i>pentoxifylline er</i>	T1	90DS
Hemostatics		
<i>aminocaproic acid oral tablet</i>	T1	
<i>desmopressin ace spray refrig</i>	T1	90DS; QL (15 ML per 30 days)
<i>desmopressin acetate oral</i>	T1	90DS
<i>desmopressin acetate spray</i>	T1	90DS; QL (15 ML per 30 days)
<i>tranexamic acid oral</i>	T1	
Heparins		
<i>enoxaparin sodium injection solution prefilled syringe</i>	T1	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	T3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	T3	QL (15 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	T3	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	T3	QL (21.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	T3	QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	T3	QL (9 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Indirect Factor Xa Inhibitors		
<i>fondaparinux sodium</i>	T1	
Iron Preparations		
<i>m-natal plus</i>	T1	
<i>pnv prenatal plus multivitamin</i>	T1	
PRENATABS RX	T1	
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>westab plus</i>	T1	
Platelet-Aggregation Inhibitors		
<i>adult aspirin regimen</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin 81 oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin-dipyridamole er</i>	T1	90DS
<i>childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cilostazol</i>	T1	90DS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	T1	90DS
<i>cvs aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>dipyridamole oral</i>	T1	90DS
<i>eq aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>h-e-b aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kls aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kp aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>prasugrel hcl</i>	T1	90DS
<i>qc aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>qc childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec adult low st</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb low dose asa ec</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ticagrelor</i>	T1	90DS
ZONTIVITY	T3	PA
Platelet-Reducing Agents		

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>anagrelide hcl</i>	T1	90DS
Thrombolytic Agents		
<i>adult aspirin regimen</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin 81 oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low strength</i>	T1	ACA Preventative Medication-\$0 Copay

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eql aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>h-e-b aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kls aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kp aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>qc aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>qc childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>ra aspirin adult low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec adult low st</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb low dose asa ec</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
Cardiovascular Drugs		
Acl Inhibitors		
NEXLETOL	T3	PA
NEXLIZET	T3	PA
Alpha-Adrenergic Blocking Agents (24:16)		
<i>doxazosin mesylate oral</i>	T1	90DS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS
<i>prazosin hcl oral</i>	T1	90DS
<i>terazosin hcl oral</i>	T1	90DS
Alpha-Adrenergic Blocking Agt.(Hypoten)		
<i>carvedilol</i>	T1	90DS
<i>doxazosin mesylate oral</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	90DS
<i>prazosin hcl oral</i>	T1	90DS
<i>terazosin hcl oral</i>	T1	90DS
Angiotensin II Receptor Antagonist/Neprols		
<i>sacubitril-valsartan</i>	T1	90DS; QL (60 EA per 30 days)
Angiotensin II Receptor Antagon.(Hypotn)		
<i>candesartan cilexetil</i>	T1	90DS
<i>irbesartan</i>	T1	90DS
<i>losartan potassium oral</i>	T1	90DS
<i>olmesartan medoxomil oral</i>	T1	90DS
<i>telmisartan</i>	T1	90DS
<i>valsartan oral tablet</i>	T1	90DS
Angiotensin II Receptor Antagonists		
<i>amlodipine besylate-valsartan</i>	T1	90DS
<i>amlodipine-olmesartan</i>	T1	90DS
<i>candesartan cilexetil</i>	T1	90DS
<i>candesartan cilexetil-hctz</i>	T1	90DS
<i>irbesartan</i>	T1	90DS
<i>irbesartan-hydrochlorothiazide</i>	T1	90DS
<i>losartan potassium oral</i>	T1	90DS
<i>losartan potassium-hctz</i>	T1	90DS
<i>olmesartan medoxomil oral</i>	T1	90DS
<i>olmesartan medoxomil-hctz</i>	T1	90DS
<i>sacubitril-valsartan</i>	T1	90DS; QL (60 EA per 30 days)
<i>telmisartan</i>	T1	90DS
<i>telmisartan-hctz</i>	T1	90DS
<i>valsartan oral tablet</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>valsartan-hydrochlorothiazide</i>	T1	90DS
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
<i>benazepril hcl oral</i>	T1	90DS
<i>captopril oral</i>	T1	90DS
<i>enalapril maleate oral tablet</i>	T1	90DS
<i>fosinopril sodium</i>	T1	90DS
<i>lisinopril oral</i>	T1	90DS
<i>moexipril hcl</i>	T1	90DS
<i>perindopril erbumine</i>	T1	90DS
<i>quinapril hcl</i>	T1	90DS
<i>ramipril</i>	T1	90DS
<i>trandolapril</i>	T1	90DS
Angiotensin-Converting Enzyme Inhibitors		
<i>amlodipine besy-benazepril hcl</i>	T1	90DS
<i>benazepril hcl oral</i>	T1	90DS
<i>benazepril-hydrochlorothiazide</i>	T1	90DS
<i>captopril oral</i>	T1	90DS
<i>enalapril maleate oral tablet</i>	T1	90DS
<i>enalapril-hydrochlorothiazide</i>	T1	90DS
<i>fosinopril sodium</i>	T1	90DS
<i>lisinopril oral</i>	T1	90DS
<i>lisinopril-hydrochlorothiazide</i>	T1	90DS
<i>moexipril hcl</i>	T1	90DS
<i>perindopril erbumine</i>	T1	90DS
<i>quinapril hcl</i>	T1	90DS
<i>quinapril-hydrochlorothiazide</i>	T1	90DS
<i>ramipril</i>	T1	90DS
<i>trandolapril</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Antiarrhythmics, Miscellaneous		
DIGOX	T1	90DS
<i>digoxin oral solution</i>	T1	90DS
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	90DS
Antilipemic Agents, Miscellaneous		
<i>icosapent ethyl</i>	T1	PA; 90DS
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP
NEXLETOL	T3	PA
NEXLIZET	T3	PA
<i>niacin er (antihyperlipidemic)</i>	T1	90DS
<i>omega-3-acid ethyl esters</i>	T1	90DS
Beta-Adrenergic Blocking Agents (24:20)		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>atenolol-chlorthalidone</i>	T1	90DS
<i>betaxolol hcl oral</i>	T1	90DS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	90DS
<i>bisoprolol-hydrochlorothiazide</i>	T1	90DS
<i>carvedilol</i>	T1	90DS
<i>doxazosin mesylate oral</i>	T1	90DS
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	90DS
<i>metoprolol succinate er</i>	T1	90DS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	90DS
<i>metoprolol-hydrochlorothiazide</i>	T1	90DS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS
<i>nebivolol hcl</i>	T1	90DS
<i>pindolol</i>	T1	90DS

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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>verapamil hcl oral</i>	T1	90DS
Calcium-Channel Blocking Agents		
CARTIA XT	T1	90DS
<i>diltiazem hcl er beads</i>	T1	90DS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	90DS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>diltiazem hcl oral</i>	T1	90DS
<i>dilt-xr</i>	T1	90DS
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	90DS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>verapamil hcl oral</i>	T1	90DS
Calcium-Channel Blocking Agents, Misc.		
CARTIA XT	T1	90DS
<i>diltiazem hcl er beads</i>	T1	90DS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	90DS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>diltiazem hcl oral</i>	T1	90DS
<i>dilt-xr</i>	T1	90DS
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	90DS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>verapamil hcl oral</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Carbonic Anhydrase Inhibitors (24:36)		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
<i>methazolamide oral</i>	T1	90DS
Carbonic Anhydrase Inhibitors(Hypoten)		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
<i>methazolamide oral</i>	T1	90DS
Cardiac Drugs, Miscellaneous		
CAMZYOS	T4	PA
CORLANOR ORAL SOLUTION	T3	PA
<i>ivabradine hcl</i>	T1	PA; 90DS; MME+
<i>ranolazine er</i>	T1	90DS
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)
VYNDAQEL	T4	PA; SP
Cardiotonic Agents		
CORLANOR ORAL SOLUTION	T3	PA
DIGOX	T1	90DS
<i>digoxin oral solution</i>	T1	90DS
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	90DS
<i>ivabradine hcl</i>	T1	PA; 90DS; MME+
Central Alpha-Agonists		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>atenolol-chlorthalidone</i>	T1	90DS
<i>betaxolol hcl oral</i>	T1	90DS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	90DS

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>bisoprolol-hydrochlorothiazide</i>	T1	90DS
<i>carvedilol</i>	T1	90DS
<i>clonidine</i>	T1	90DS
<i>clonidine hcl oral</i>	T1	90DS
<i>guanfacine hcl oral</i>	T1	90DS
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	90DS
<i>methyldopa oral</i>	T1	90DS
<i>metoprolol succinate er</i>	T1	90DS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	90DS
<i>metoprolol-hydrochlorothiazide</i>	T1	90DS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS
<i>nebivolol hcl</i>	T1	90DS
<i>pindolol</i>	T1	90DS
<i>propranolol hcl er</i>	T1	90DS
<i>propranolol hcl oral</i>	T1	90DS
<i>sotalol hcl (af)</i>	T1	90DS
<i>sotalol hcl oral</i>	T1	90DS
<i>timolol maleate oral</i>	T1	90DS
Cgmp Synthesis Agent		
VERQUVO	T3	PA
Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	T1	90DS
<i>ezetimibe-simvastatin</i>	T1	90DS
NEXLIZET	T3	PA
Class Ia Antiarrhythmics		
<i>disopyramide phosphate oral</i>	T1	90DS
NORPACE CR	T3	
<i>quinidine gluconate er</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>quinidine sulfate oral</i>	T1	90DS
Class Ib Antiarrhythmics		
DILANTIN ORAL CAPSULE 30 MG	T3	
<i>mexiletine hcl oral</i>	T1	90DS
PHENYTEK	T3	
<i>phenytoin oral</i>	T1	90DS
<i>phenytoin sodium extended</i>	T1	90DS
Class Ic Antiarrhythmics		
<i>flecainide acetate</i>	T1	90DS
<i>propafenone hcl</i>	T1	90DS
Class II Antiarrhythmics		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>betaxolol hcl</i>	T1	90DS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	90DS
<i>carvedilol</i>	T1	90DS
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	90DS
<i>metoprolol succinate er</i>	T1	90DS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	90DS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS
<i>nebivolol hcl</i>	T1	90DS
<i>pindolol</i>	T1	90DS
<i>propranolol hcl er</i>	T1	90DS
<i>propranolol hcl oral</i>	T1	90DS
<i>sotalol hcl (af)</i>	T1	90DS
<i>sotalol hcl oral</i>	T1	90DS
<i>timolol maleate ophthalmic solution</i>	T1	90DS
<i>timolol maleate oral</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Class Iii Antiarrhythmics		
<i>amiodarone hcl oral</i>	T1	90DS
<i>dofetilide</i>	T1	90DS
MULTAQ	T3	
<i>sotalol hcl (af)</i>	T1	90DS
<i>sotalol hcl oral</i>	T1	90DS
Class Iv Antiarrhythmics		
CARTIA XT	T1	90DS
<i>diltiazem hcl er beads</i>	T1	90DS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	90DS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>diltiazem hcl oral</i>	T1	90DS
<i>dilt-xr</i>	T1	90DS
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	90DS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>verapamil hcl oral</i>	T1	90DS
Dihydropyridines		
<i>amlodipine besy-benazepril hcl</i>	T1	90DS
<i>amlodipine besylate oral</i>	T1	90DS
<i>amlodipine besylate-valsartan</i>	T1	90DS
<i>amlodipine-atorvastatin</i>	T1	ST; 90DS
<i>amlodipine-olmesartan</i>	T1	90DS
<i>felodipine er</i>	T1	90DS
<i>isradipine</i>	T1	90DS
<i>nicardipine hcl oral</i>	T1	90DS
<i>nifedipine er</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>nifedipine er osmotic release</i>	T1	90DS
<i>nifedipine oral</i>	T1	90DS
<i>nimodipine oral capsule</i>	T1	
Dihydropyridines (Antihypertensive)		
<i>amlodipine besylate oral</i>	T1	90DS
<i>felodipine er</i>	T1	90DS
<i>isradipine</i>	T1	90DS
<i>nicardipine hcl oral</i>	T1	90DS
<i>nifedipine er</i>	T1	90DS
<i>nifedipine er osmotic release</i>	T1	90DS
<i>nifedipine oral</i>	T1	90DS
<i>nimodipine oral capsule</i>	T1	
Direct Vasodilators		
<i>clonidine</i>	T1	90DS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T1	90DS; QL (120 EA per 30 days)
<i>clonidine hcl oral</i>	T1	90DS
<i>guanfacine hcl oral</i>	T1	90DS
<i>hydralazine hcl oral</i>	T1	90DS
<i>methyldopa oral</i>	T1	90DS
<i>minoxidil oral</i>	T1	90DS
Diuretics, Miscellaneous (Hypotensive)		
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
Factor Xiiia Inhibitors		
ANDEMBRY	T4	PA; SP
Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	T1	90DS
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	90DS
<i>fenofibric acid oral capsule delayed release</i>	T1	90DS
<i>fenofibric acid oral tablet 35 mg</i>	T1	90DS
<i>gemfibrozil oral</i>	T1	90DS
Hmg-Coa Reductase Inhibitors		
<i>amlodipine-atorvastatin</i>	T1	ST; 90DS
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	90DS
<i>ezetimibe-simvastatin</i>	T1	90DS
<i>lovastatin oral tablet 10 mg, 20 mg</i>	T1	90DS
<i>lovastatin oral tablet 40 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<i>pravastatin sodium oral tablet 10 mg, 20 mg</i>	T1	90DS
<i>pravastatin sodium oral tablet 40 mg, 80 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1	90DS
<i>simvastatin oral tablet 10 mg, 5 mg, 80 mg</i>	T1	90DS
<i>simvastatin oral tablet 20 mg, 40 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
Kallikrein Inhibitors (24:48:08)		
DAWNZERA	T4	PA; SP
EKTERLY	T4	PA; SP
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
TAKHZYRO	T4	PA; SP

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		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)		
<i>bumetanide oral</i>	T1	90DS
<i>ethacrynic acid oral</i>	T1	90DS
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	90DS
<i>furosemide oral tablet</i>	T1	90DS
<i>torsemide oral</i>	T1	90DS
Loop Diuretics (Hypotensive Agents)		
<i>bumetanide oral</i>	T1	90DS
<i>ethacrynic acid oral</i>	T1	90DS
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	90DS
<i>furosemide oral tablet</i>	T1	90DS
<i>torsemide oral</i>	T1	90DS
Mineralocorticoid (Aldosterone) Antagnts		
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
<i>spironolactone-hctz</i>	T1	90DS
Mineralocorticoid(Aldoster.)Antag(Hypot)		
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
Mtp Protein Inhibitors		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP
Nitrates And Nitrites		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>betaxolol hcl oral</i>	T1	90DS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>carvedilol</i>	T1	90DS
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	90DS
<i>isosorbide mononitrate</i>	T1	90DS
<i>isosorbide mononitrate er</i>	T1	90DS
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	90DS
<i>metoprolol succinate er</i>	T1	90DS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	90DS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	90DS
NITRO-BID	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T3	
<i>nitroglycerin rectal</i>	T3	
<i>nitroglycerin sublingual</i>	T1	90DS
<i>nitroglycerin transdermal patch 24 hour</i>	T1	90DS
<i>nitroglycerin translingual solution</i>	T1	90DS
<i>pindolol</i>	T1	90DS
<i>propranolol hcl er</i>	T1	90DS
<i>propranolol hcl oral</i>	T1	90DS
<i>sotalol hcl (af)</i>	T1	90DS
<i>sotalol hcl oral</i>	T1	90DS
<i>timolol maleate oral</i>	T1	90DS
Omega-3-Mediated Antilipemics		
<i>icosapent ethyl</i>	T1	PA; 90DS
<i>omega-3-acid ethyl esters</i>	T1	90DS
Pcsk9 Inhibitors		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (2 ML per 28 days)
REPATHA	T2	PA; QL (6 ML per 28 days)

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
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		
<i>aspirin-dipyridamole er</i>	T1	90DS
<i>cilostazol</i>	T1	90DS
<i>dipyridamole oral</i>	T1	90DS
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS; SP
<i>tadalafil (pah)</i>	T1	PA; 90DS; SP
Potassium-Sparing Diuretics (24:36)		
<i>amiloride hcl oral</i>	T1	90DS
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
<i>spironolactone-hctz</i>	T1	90DS
Potassium-Sparing Diuretics (Hypoten)		
<i>amiloride hcl oral</i>	T1	90DS
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
<i>sacubitril-valsartan</i>	T1	90DS; QL (60 EA per 30 days)
Steroidal Mineralocorticoid Receptor Ant		
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
<i>spironolactone-hctz</i>	T1	90DS
Thiazide Diuretics (24:36)		

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>hydrochlorothiazide oral</i>	T1	90DS
Thiazide Diuretics(Hypotensive Agents)		
<i>hydrochlorothiazide oral</i>	T1	90DS
Thiazide-Like Diuretics (24:36)		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	90DS
<i>indapamide oral</i>	T1	90DS
<i>metolazone</i>	T1	90DS
Thiazide-Like Diuretics(Hypotensive Agt)		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	90DS
<i>indapamide oral</i>	T1	90DS
<i>metolazone</i>	T1	90DS
Vasodilating Agents, Misc (24:08)		
<i>phenoxybenzamine hcl oral</i>	T4	SP
Vasodilating Agents, Miscellaneous		
<i>ambrisentan</i>	T4	PA; SP
<i>amlodipine besylate oral</i>	T1	90DS
<i>bosentan</i>	T4	PA; SP
CARTIA XT	T1	90DS
CORLANOR ORAL SOLUTION	T3	PA
<i>diltiazem hcl er beads</i>	T1	90DS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	90DS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>diltiazem hcl oral</i>	T1	90DS
<i>dilt-xr</i>	T1	90DS
<i>dipyridamole oral</i>	T1	90DS
<i>ivabradine hcl</i>	T1	PA; 90DS; MME+

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>nicardipine hcl oral</i>	T1	90DS
<i>nifedipine er</i>	T1	90DS
<i>nifedipine er osmotic release</i>	T1	90DS
<i>nifedipine oral</i>	T1	90DS
<i>nimodipine oral capsule</i>	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
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	90DS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>verapamil hcl oral</i>	T1	90DS
VERQUVO	T3	PA
Central Nervous System Agents		
Adamantanes (Cns)		
<i>amantadine hcl oral capsule</i>	T1	90DS
<i>amantadine hcl oral solution</i>	T1	90DS
GOCOVRI	T3	PA

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Amphetamines		
ADZENYS XR-ODT	T3	ST; QL (30 EA per 30 days); AL (Max 21 Years)
<i>amphetamine sulfate oral tablet 10 mg</i>	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)
<i>amphetamine sulfate oral tablet 5 mg</i>	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
<i>amphetamine-dextroamphetamine</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)
<i>dextroamphetamine sulfate extended release 24 hour 10 mg, 15 mg</i>	T1	QL (120 EA per 30 days); AL (Max 21 Years)
<i>dextroamphetamine sulfate extended release 24 hour 5 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 EA per 30 days); AL (Max 21 Years)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)
<i>lisdexamfetamine dimesylate oral capsule</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
Amyotrophic Lateral Sclerosis(ALS) Agent		
RADICAVA ORS	T4	PA; SP
RADICAVA ORS STARTER KIT	T4	PA; SP
<i>riluzole</i>	T1	90DS
Analgesics And Antipyretics, Misc.		
<i>acetaminophen-codeine oral solution</i>	T1	MME+; QL (4500 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet</i>	T1	MME+; QL (180 EA per 30 days); AL (Min 18 Years)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (36 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	MME+; QL; AL (Min 18 Years)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	MME+
JOURNAVX	T2	PA; 90DS; QL (30 EA per 90 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	MME+
<i>tramadol-acetaminophen</i>	T1	MME+; QL (40 EA per 5 days)
Anticholinergic Agents (Cns)		
<i>benztropine mesylate oral</i>	T1	90DS
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)
<i>trihexyphenidyl hcl</i>	T1	90DS
Anticonvulsants, Miscellaneous		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
APTOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION	T3	ST; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	T3	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>carbamazepine er oral tablet extended release 12 hour</i>	T1	90DS
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	90DS; AL (Max 12 Years)
<i>carbamazepine oral tablet</i>	T1	90DS
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	90DS
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	T4	ST; SP; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	T4	ST; SP; QL (6 EA per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	90DS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	90DS
<i>divalproex sodium oral tablet delayed release</i>	T1	90DS
EPIDIOLEX	T4	ST; SP; QL (500 ML per 28 days)
EQUETRO	T3	
<i>felbamate</i>	T1	90DS
FINTEPLA	T4	ST; SP; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	T3	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET	T3	ST; QL (30 EA per 30 days)
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	T1	90DS; QL (1200 ML per 30 days)
<i>lacosamide oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
<i>lamotrigine er</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>lamotrigine oral tablet</i>	T1	90DS
<i>lamotrigine oral tablet chewable</i>	T1	90DS
<i>lamotrigine starter kit-blue</i>	T1	
<i>lamotrigine starter kit-green</i>	T1	
<i>lamotrigine starter kit-orange</i>	T1	
<i>levetiracetam er</i>	T1	90DS
<i>levetiracetam oral solution</i>	T1	90DS
<i>levetiracetam oral tablet</i>	T1	90DS
<i>oxcarbazepine oral suspension</i>	T1	90DS; AL (Max 12 Years)
<i>oxcarbazepine oral tablet</i>	T1	90DS
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	90DS; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	T1	90DS; QL (900 ML per 30 days)
<i>rufinamide oral suspension 40 mg/ml</i>	T1	90DS; QL (2400 ML per 30 days); AL (Max 12 Years)
<i>rufinamide oral tablet</i>	T1	ST; 90DS; QL (240 EA per 30 days)
<i>tiagabine hcl</i>	T1	90DS
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	T1	90DS
<i>topiramate oral tablet</i>	T1	90DS
<i>valproic acid oral capsule</i>	T1	90DS
<i>valproic acid oral solution 250 mg/5ml</i>	T1	90DS
<i>vigabatrin</i>	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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>zonisamide oral</i>	T1	90DS
Antidepressants, Miscellaneous		
<i>bupropion hcl er (smoking det)</i>	T1	ACA Preventative Medication-\$0 Copay
<i>bupropion hcl er (sr)</i>	T1	90DS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	T1	90DS
<i>bupropion hcl oral</i>	T1	90DS
<i>mirtazapine oral</i>	T1	90DS
Antimanic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	T2	QL (3.2 ML per 60 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T2	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T2	QL (1 EA per 28 days)
<i>aripiprazole oral solution</i>	T1	90DS; QL (750 ML per 30 days); AL (Max 12 Years)
<i>aripiprazole oral tablet</i>	T1	90DS; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T1	90DS; QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T2	QL
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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T2	QL (3.2 ML per 28 days)
<i>asenapine maleate</i>	T1	ST; 90DS; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	T1	90DS
<i>carbamazepine er oral tablet extended release 12 hour</i>	T1	90DS
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	90DS; AL (Max 12 Years)
<i>carbamazepine oral tablet</i>	T1	90DS
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	90DS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	90DS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	90DS
<i>divalproex sodium oral tablet delayed release</i>	T1	90DS
EQUETRO	T3	
<i>lamotrigine er</i>	T1	90DS
<i>lamotrigine oral tablet</i>	T1	90DS
<i>lamotrigine oral tablet chewable</i>	T1	90DS
<i>lamotrigine starter kit-blue</i>	T1	
<i>lamotrigine starter kit-green</i>	T1	
<i>lamotrigine starter kit-orange</i>	T1	
<i>lithium carbonate er</i>	T1	90DS
<i>lithium carbonate oral</i>	T1	90DS
<i>olanzapine oral</i>	T1	90DS; QL (30 EA per 30 days)
PERSERIS	T3	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	90DS; QL (60 EA per 30 days)

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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>butorphanol tartrate nasal</i>	T1	MME+; QL (5 ML per 30 days)
<i>childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>dihydroergotamine mesylate nasal</i>	T1	QL
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	90DS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>divalproex sodium oral tablet delayed release</i>	T1	90DS
<i>ec-naproxen</i>	T1	90DS
<i>eq aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eql aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
ERGOMAR	T3	QL (5 EA per 30 days)
<i>ergotamine-caffeine</i>	T1	QL (40 EA per 30 days)
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>h-e-b aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	90DS
<i>ketoprofen oral capsule 25 mg</i>	T1	90DS
<i>kls aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kp aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>naproxen oral tablet</i>	T1	90DS
<i>naproxen oral tablet delayed release</i>	T1	90DS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	90DS
<i>propranolol hcl er</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>propranolol hcl oral</i>	T1	90DS
<i>qc aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>qc childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec adult low st</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb low dose asa ec</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>timolol maleate oral</i>	T1	90DS
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	T1	90DS
<i>topiramate oral tablet</i>	T1	90DS
<i>valproic acid oral capsule</i>	T1	90DS
<i>valproic acid oral solution 250 mg/5ml</i>	T1	90DS
Antipsychotics, Miscellaneous		
<i>loxapine succinate oral</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>pimozide</i>	T1	90DS
Anxiolytics, Sedatives, And Hypnotics, Misc		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
<i>buspirone hcl oral</i>	T1	
DAYVIGO	T3	ST; QL (30 EA per 30 days)
<i>eszopiclone</i>	T1	QL (30 EA per 30 days)
HETLIOZ LQ	T4	PA; SP; QL (5 ML per 1 day)
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral</i>	T1	
<i>meprobamate</i>	T1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
<i>ramelteon</i>	T1	ST; QL (30 EA per 30 days)
<i>tasimelteon</i>	T4	PA; SP; QL (30 EA per 30 days)
<i>zaleplon</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 EA per 30 days)
Atypical Antipsychotics		
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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T2	QL (1 EA per 28 days)
<i>aripiprazole oral solution</i>	T1	90DS; QL (750 ML per 30 days); AL (Max 12 Years)
<i>aripiprazole oral tablet</i>	T1	90DS; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T1	90DS; QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T2	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T2	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T2	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T2	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T2	QL (3.2 ML per 28 days)
<i>asenapine maleate</i>	T1	ST; 90DS; QL (60 EA per 30 days)
CAPLYTA	T3	ST; QL (30 EA per 30 days)
<i>clozapine oral tablet 100 mg</i>	T1	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	T1	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	T1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	T1	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	T1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	T1	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	T1	QL (120 EA per 30 days)
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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	T1	ST; 90DS; QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	T1	ST; 90DS; QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE	T3	ST; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	T3	ST; QL (30 EA per 30 days)
<i>olanzapine oral</i>	T1	90DS; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T1	ST; 90DS; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T1	ST; 90DS; QL (60 EA per 30 days)
PERSERIS	T3	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	T1	90DS; QL (90 EA per 30 days)
REXULTI	T3	ST; QL (30 EA per 30 days)
<i>risperidone microspheres er</i>	T1	QL (2 EA per 28 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>risperidone oral solution</i>	T1	90DS; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	T1	90DS; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	T1	90DS; QL (120 EA per 30 days)
RYKINDO	T3	PA; QL (2 EA per 28 days)
SECUADO	T3	ST; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	T3	PA; QL (0.28 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	T3	PA; QL (0.35 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	T3	PA; QL (0.42 ML per 60 days)
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
<i>ziprasidone hcl</i>	T1	90DS; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)
Barbiturates (Anticonvulsants)		
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	90DS
Barbiturates (Anxiolytic, Sedative/Hyp)		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (36 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	MME+; QL; AL (Min 18 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (18 EA per 30 days)
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
Benzodiazepines (Anticonvulsants)		
<i>clobazam oral suspension 2.5 mg/ml</i>	T1	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	T1	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	T1	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T1	QL (90 EA per 30 days)
DIASTAT ACUDIAL	T3	
<i>diazepam oral concentrate</i>	T1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	T1	QL (1200 ML per 30 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>diazepam oral tablet</i>	T1	QL (120 EA per 30 days)
<i>diazepam rectal</i>	T1	
<i>lorazepam oral concentrate</i>	T1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T1	QL (150 EA per 30 days)
NAYZILAM	T3	QL
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)		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	T1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	T1	QL (270 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	T1	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	T1	QL (90 EA per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>clobazam oral suspension 2.5 mg/ml</i>	T1	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	T1	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	T1	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T1	QL (90 EA per 30 days)

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
DIASTAT ACUDIAL	T3	
<i>diazepam oral concentrate</i>	T1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	T1	QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	T1	QL (120 EA per 30 days)
<i>diazepam rectal</i>	T1	
<i>estazolam</i>	T1	QL (30 EA per 30 days)
<i>lorazepam oral concentrate</i>	T1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T1	QL (150 EA per 30 days)
NAYZILAM	T3	QL
<i>oxazepam</i>	T1	QL (120 EA per 30 days)
<i>quazepam</i>	T1	QL (30 EA per 30 days)
SYMPAZAN	T3	ST; QL (60 EA per 30 days)
<i>temazepam</i>	T1	QL (30 EA per 30 days)
<i>triazolam</i>	T1	QL (30 EA per 30 days)
Butyrophenones		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	T1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T1	90DS
<i>haloperidol oral</i>	T1	90DS
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	T3	PA; QL (1 ML per 30 days)
EMGALITY	T2	PA; QL (1 ML per 30 days)
EMGALITY (300 MG DOSE)	T2	PA; QL (1 ML per 30 days)
NURTEC	T3	PA; QL (16 EA per 30 days)
QULIPTA	T3	PA; QL (30 EA per 30 days)
UBRELVY	T2	PA; QL

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Catechol-O-Methyltransferase(Comt)Inhib.		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	90DS
<i>entacapone</i>	T1	90DS
ONGENTYS	T3	PA
<i>tolcapone</i>	T1	90DS
Central Nervous System Agents, Misc.		
<i>acamprosate calcium</i>	T1	90DS
<i>atomoxetine hcl</i>	T1	90DS
<i>guanfacine hcl er</i>	T1	90DS
<i>guanfacine hcl oral</i>	T1	90DS
<i>memantine hcl er</i>	T1	90DS; QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	90DS
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	QL
NUEDEXTA	T3	PA; QL (60 EA per 30 days)
RADICAVA ORS	T4	PA; SP
RADICAVA ORS STARTER KIT	T4	PA; SP
<i>riluzole</i>	T1	90DS
<i>sodium oxybate</i>	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		
<i>celecoxib oral</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Dibenzoxapines		
<i>loxapine succinate oral</i>	T1	90DS
Diphenylbutylperidines		
<i>pimozide</i>	T1	90DS
Dopamine Precursors		
<i>carbidopa oral</i>	T1	90DS
<i>carbidopa-levodopa</i>	T1	90DS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	90DS
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	90DS
Ergot-Deriv. Dopamine Receptor Agonists		
<i>bromocriptine mesylate oral</i>	T1	90DS
<i>cabergoline</i>	T1	
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	90DS
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	90DS; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	T1	90DS; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 25 MG, 50 MG	T3	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 12.5 MG	T3	QL (30 EA per 30 days)
SAVELLA TITRATION PACK	T3	QL
Gaba-Mediated Anticonvulsants		
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	90DS
<i>divalproex sodium oral tablet delayed release</i>	T1	90DS
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	90DS; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	T1	90DS; QL (900 ML per 30 days)
<i>tiagabine hcl</i>	T1	90DS
<i>valproic acid oral solution 250 mg/5ml</i>	T1	90DS
<i>vigabatrin</i>	T1	ST; 90DS; SP; QL (180 EA per 30 days)
Hydantoins		
DILANTIN ORAL CAPSULE 30 MG	T3	
PHENYTEK	T3	
<i>phenytoin oral</i>	T1	90DS
<i>phenytoin sodium extended</i>	T1	90DS
Ion Channel Inhibition Agents		
APTOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	T1	90DS; QL (1200 ML per 30 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>lacosamide oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	T1	90DS; AL (Max 12 Years)
<i>oxcarbazepine oral tablet</i>	T1	90DS
<i>rufinamide oral suspension 40 mg/ml</i>	T1	90DS; QL (2400 ML per 30 days); AL (Max 12 Years)
<i>rufinamide oral tablet</i>	T1	ST; 90DS; QL (240 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	T3	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	T3	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 200 MG	T3	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	ST; QL
<i>zonisamide oral</i>	T1	90DS
Melatonin Receptor Agonists		
HETLIOZ LQ	T4	PA; SP; QL (5 ML per 1 day)
<i>ramelteon</i>	T1	ST; QL (30 EA per 30 days)
<i>tasimelteon</i>	T4	PA; SP; QL (30 EA per 30 days)
Monoamine Oxidase B Inhibitors		
EMSAM	T3	
<i>rasagiline mesylate oral</i>	T1	90DS
<i>selegiline hcl oral</i>	T1	90DS
XADAGO	T3	PA
Monoamine Oxidase Inhibitors		
EMSAM	T3	
MARPLAN	T3	
<i>phenelzine sulfate oral</i>	T1	90DS
<i>rasagiline mesylate oral</i>	T1	90DS
<i>selegiline hcl oral</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>tranylcypromine sulfate</i>	T1	90DS
XADAGO	T3	PA
Non-Benzodiazepine Anxiolytics		
<i>buspirone hcl oral</i>	T1	
<i>meprobamate</i>	T1	
Non-Benzodiazepine Hypnotics		
<i>eszopiclone</i>	T1	QL (30 EA per 30 days)
<i>zaleplon</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 EA per 30 days)
Nonergot-Deriv.Dopamine Receptor Agonist		
<i>apomorphine hcl subcutaneous</i>	T4	PA
NEUPRO	T3	
<i>pramipexole dihydrochloride</i>	T1	90DS
<i>pramipexole dihydrochloride er</i>	T1	90DS
<i>ropinirole hcl</i>	T1	90DS
<i>ropinirole hcl er</i>	T1	90DS
Non-Opioid Analgesics		
<i>acetaminophen-codeine oral solution</i>	T1	MME+; QL (4500 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet</i>	T1	MME+; QL (180 EA per 30 days); AL (Min 18 Years)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (36 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	MME+; QL; AL (Min 18 Years)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	MME+

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	MME+
<i>tramadol-acetaminophen</i>	T1	MME+; QL (40 EA per 5 days)
Nonsteroidal Anti-Inflamm. Agents, Misc		
<i>diclofenac potassium oral tablet 50 mg</i>	T1	90DS
<i>diclofenac sodium er</i>	T1	90DS
<i>diclofenac sodium oral</i>	T1	90DS
<i>diclofenac-misoprostol oral tablet delayed release</i>	T1	90DS
<i>diflunisal oral</i>	T1	90DS
<i>ec-naproxen</i>	T1	90DS
<i>etodolac er</i>	T1	90DS
<i>etodolac oral</i>	T1	90DS
<i>fenoprofen calcium oral tablet</i>	T1	90DS
<i>flurbiprofen oral</i>	T1	90DS
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	MME+
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	90DS
<i>indomethacin er</i>	T1	90DS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	90DS
<i>ketoprofen oral capsule 25 mg</i>	T1	90DS
<i>ketorolac tromethamine oral</i>	T1	QL
<i>meclofenamate sodium oral</i>	T1	90DS
<i>mefenamic acid oral</i>	T1	90DS
<i>meloxicam oral tablet</i>	T1	90DS
<i>nabumetone oral</i>	T1	90DS
<i>naproxen oral tablet</i>	T1	90DS
<i>naproxen oral tablet delayed release</i>	T1	90DS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>oxaprozin oral tablet</i>	T1	90DS
<i>piroxicam oral</i>	T1	90DS
<i>sulindac oral</i>	T1	90DS
Opioid Agonists (28:08)		
<i>acetaminophen-codeine oral solution</i>	T1	MME+; QL (4500 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet</i>	T1	MME+; QL (180 EA per 30 days); AL (Min 18 Years)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	MME+; QL; AL (Min 18 Years)
<i>codeine sulfate oral tablet</i>	T1	PA; MME+; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>fentanyl</i>	T1	PA; MME+; QL (10 EA per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T1	PA; MME+
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	MME+
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	MME+
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	T1	PA; MME+
<i>hydromorphone hcl oral tablet</i>	T1	MME+
<i>levorphanol tartrate oral</i>	T1	PA; MME+
<i>meperidine hcl oral tablet 50 mg</i>	T1	MME+; QL (180 EA per 30 days)
<i>methadone hcl oral solution</i>	T1	PA; MME+
<i>methadone hcl oral tablet</i>	T1	PA; MME+
<i>morphine sulfate er oral tablet extended release</i>	T1	PA; MME+
<i>morphine sulfate oral tablet</i>	T1	MME+
<i>oxycodone hcl oral solution</i>	T1	MME+

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>oxycodone hcl oral tablet</i>	T1	MME+
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	T1	MME+
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	MME+
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T3	PA; MME+
<i>oxymorphone hcl</i>	T1	MME+
<i>oxymorphone hcl er</i>	T1	PA; MME+
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	T1	PA; MME+; QL (90 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg</i>	T1	PA; MME+; QL (45 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	T1	PA; MME+; QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	T1	MME+; QL (240 EA per 30 days)
<i>tramadol-acetaminophen</i>	T1	MME+; QL (40 EA per 5 days)
Opioid Antagonists (28:10)		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 EA per 30 days)
KLOXXADO	T2	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naloxone hcl nasal</i>	T1	
<i>naltrexone hcl oral</i>	T1	
<i>pentazocine-naloxone hcl</i>	T1	MME+

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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		
<i>buprenorphine hcl sublingual</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine transdermal</i>	T1	PA; MME+; QL (4 EA per 28 days)
<i>butorphanol tartrate nasal</i>	T1	MME+; QL (5 ML per 30 days)
<i>pentazocine-naloxone hcl</i>	T1	MME+
Orexin Receptor Antagonists		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
DAYVIGO	T3	ST; QL (30 EA per 30 days)
Phenothiazines		
<i>chlorpromazine hcl oral concentrate</i>	T1	90DS; AL (Max 12 Years)
<i>chlorpromazine hcl oral tablet</i>	T1	90DS
<i>fluphenazine decanoate injection</i>	T1	
<i>fluphenazine hcl oral</i>	T1	90DS
<i>perphenazine oral</i>	T1	90DS
<i>perphenazine-amitriptyline</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	90DS
<i>thioridazine hcl oral</i>	T1	90DS
<i>trifluoperazine hcl oral</i>	T1	90DS
Respiratory And Cns Stimulants		
<i>atomoxetine hcl</i>	T1	90DS
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	MME+; QL; AL (Min 18 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (18 EA per 30 days)
<i>dexmethylphenidate hcl er</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>ergotamine-caffeine</i>	T1	QL (40 EA per 30 days)
<i>methylphenidate hcl er (cd)</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er (la)</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er (xr)</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	T1	QL (900 ML per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	T1	QL (450 ML per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral tablet</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
Reversible Cox-1/Cox-2 Inhibitors		
<i>diclofenac sodium external gel 3 %</i>	T1	QL (100 g per 30 days)
<i>diflunisal oral</i>	T1	90DS
<i>ec-naproxen</i>	T1	90DS
<i>etodolac er</i>	T1	90DS
<i>etodolac oral</i>	T1	90DS
<i>fenoprofen calcium oral tablet</i>	T1	90DS
<i>flurbiprofen oral</i>	T1	90DS
<i>flurbiprofen sodium</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	MME+
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	90DS
<i>indomethacin er</i>	T1	90DS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	90DS
<i>ketorolac tromethamine ophthalmic</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>ketorolac tromethamine oral</i>	T1	QL
<i>meclofenamate sodium oral</i>	T1	90DS
<i>mefenamic acid oral</i>	T1	90DS
<i>meloxicam oral tablet</i>	T1	90DS
<i>nabumetone oral</i>	T1	90DS
<i>naproxen oral tablet</i>	T1	90DS
<i>naproxen oral tablet delayed release</i>	T1	90DS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	90DS
<i>oxaprozin oral tablet</i>	T1	90DS
<i>piroxicam oral</i>	T1	90DS
<i>sulindac oral</i>	T1	90DS
Salicylates		
<i>adult aspirin regimen</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin 81 oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin-dipyridamole er</i>	T1	90DS
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (18 EA per 30 days)
<i>childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eql aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>goodsense aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>h-e-b aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kls aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kp aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
<i>qc aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>qc childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin adult low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec adult low st</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sb low dose asa ec</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Sel.Serotonin,Norepi Reuptake Inhibitor		
<i>desvenlafaxine succinate er</i>	T1	90DS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	90DS
FETZIMA	T3	QL (30 EA per 30 days)
FETZIMA TITRATION	T3	QL
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
<i>venlafaxine hcl</i>	T1	90DS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	90DS
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	T1	ST; 90DS
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	T1	90DS
Selective Serotonin Agonists		
<i>almotriptan malate</i>	T1	ST; QL
<i>eletriptan hydrobromide</i>	T1	ST; QL
<i>frovatriptan succinate</i>	T1	ST; QL
<i>naratriptan hcl</i>	T1	ST; QL
<i>rizatriptan benzoate</i>	T1	QL
<i>sumatriptan nasal</i>	T1	ST; QL
<i>sumatriptan succinate oral</i>	T1	QL
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	T1	ST; QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	ST; QL
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	T1	ST; QL

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>zolmitriptan oral tablet</i>	T1	ST; QL
Selective-Serotonin Reuptake Inhibitors		
<i>citalopram hydrobromide oral solution</i>	T1	90DS
<i>citalopram hydrobromide oral tablet</i>	T1	90DS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	T1	90DS; AL (Max 12 Years)
<i>escitalopram oxalate oral tablet</i>	T1	90DS
<i>fluoxetine hcl (pmdd) oral tablet</i>	T1	90DS
<i>fluoxetine hcl oral capsule</i>	T1	90DS
<i>fluoxetine hcl oral capsule delayed release</i>	T1	90DS
<i>fluoxetine hcl oral solution</i>	T1	90DS
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1	ST; 90DS
<i>fluvoxamine maleate</i>	T1	90DS
<i>paroxetine hcl</i>	T1	90DS
<i>paroxetine hcl er</i>	T1	90DS
<i>sertraline hcl oral concentrate</i>	T1	90DS
<i>sertraline hcl oral tablet</i>	T1	90DS
Serotonin Modulators		
<i>mirtazapine oral</i>	T1	90DS
<i>nefazodone hcl</i>	T1	90DS
<i>trazodone hcl oral</i>	T1	90DS
TRINTELLIX	T3	
<i>vilazodone hcl</i>	T1	90DS
Succinimides		
<i>ethosuximide oral</i>	T1	90DS
<i>methsuximide</i>	T1	90DS
Thioxanthenes		
<i>thiothixene oral</i>	T1	90DS
Tricyclics, Other Norepi-Ru Inhibitors		

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>amitriptyline hcl oral</i>	T1	90DS
<i>amoxapine</i>	T1	90DS
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>clomipramine hcl oral</i>	T1	90DS
<i>desipramine hcl oral</i>	T1	90DS
<i>doxepin hcl external</i>	T1	ST; QL (45 GM per 30 days)
<i>doxepin hcl oral capsule</i>	T1	90DS
<i>doxepin hcl oral concentrate</i>	T1	90DS
<i>doxepin hcl oral tablet</i>	T1	QL (30 EA per 30 days)
<i>imipramine hcl oral</i>	T1	90DS
<i>imipramine pamoate</i>	T1	90DS
<i>nortriptyline hcl oral</i>	T1	90DS
<i>perphenazine-amitriptyline</i>	T1	90DS
<i>protriptyline hcl</i>	T1	90DS
<i>trimipramine maleate oral</i>	T1	90DS
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO	T4	PA; SP
AUSTEDO PATIENT TITRATION KIT	T4	PA; SP
AUSTEDO XR	T4	PA; SP
AUSTEDO XR PATIENT TITRATION	T4	PA; SP
INGREZZA	T4	PA; SP
<i>tetrabenazine</i>	T1	90DS; SP
Wakefulness-Promoting Agents		
<i>armodafinil</i>	T1	PA
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	T1	90DS
<i>modafinil oral</i>	T1	PA
<i>sodium oxybate</i>	T4	PA; SP; QL (540 ML per 30 days)
SUNOSI	T3	PA

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Dental Agents		
Dental Agents		
<i>sf</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sf 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 ppm dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental gel 1.1 %</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
<i>sodium fluoride oral tablet chewable</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
Nutritional Supplements		
<i>sf</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>sf 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 ppm dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental gel 1.1 %</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
<i>sodium fluoride oral tablet chewable</i>	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	

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
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)
<i>alcohol pads</i>	T1	
<i>alcohol prep</i>	T1	
<i>alcohol prep pads</i>	T1	
<i>alcohol swabs</i>	T1	
<i>alcohol swabstick pad</i>	T1	
ASSESS PEAK FLOW METER	T1	QL (1 EA per 365 days)
<i>aum alcohol prep pads</i>	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	

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
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	
<i>cvs alcohol prep pads</i>	T1	
<i>cvs antibacterial gauze</i>	T1	
<i>cvs gauze pad 2"x2"</i>	T1	
<i>cvs prep</i>	T1	
DERMACEA GAUZE SPONGE PAD 2"X2"	T1	
DERMACEA IV DRAIN SPONGES PAD 2"X2"	T1	
DERMACEA IV SPONGES	T1	

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
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	
<i>easy comfort alcohol pads</i>	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	
<i>eql alcohol swabs</i>	T1	
<i>eql gauze pad 2"x2"</i>	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

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
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)
<i>gauze pads pad 2"x2"</i>	T1	
<i>gauze type vii medi-pak</i>	T1	
<i>global alcohol prep ease</i>	T1	
<i>gnp alcohol swabs pad 70 %</i>	T1	
<i>gnp sterile gauze pad 2"x2"</i>	T1	
<i>goodsense alcohol swabs</i>	T1	
<i>h-e-b incontrol alcohol</i>	T1	
<i>hm sterile pads pad 2"x2"</i>	T1	
J & J GAUZE PAD 2"X2"	T1	
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	T1	
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	T1	
<i>lung perform peak flow meter</i>	T1	QL (1 EA per 365 days)
<i>meijer alcohol swabs</i>	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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>peak a-i-r flow meter</i>	T1	QL (1 EA per 365 days)
PEAK AIR PEAK FLOW METER	T1	QL (1 EA per 365 days)
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)
<i>pro comfort alcohol</i>	T1	
<i>pure comfort alcohol prep</i>	T1	
<i>qc alcohol swabs</i>	T1	
<i>qc border island gauze</i>	T1	
<i>qc sterile pads pad 2"x2"</i>	T1	
<i>ra alcohol swabs</i>	T1	
<i>ra sterile pad 2"x2"</i>	T1	
<i>reality swabs</i>	T1	
RELION ALCOHOL SWABS	T1	
RESTORE CONTACT LAYER PAD 2"X2"	T1	
<i>saps care alcohol prep</i>	T1	
<i>saps health alcohol prep</i>	T1	
<i>saps health care alcohol prep</i>	T1	
<i>sb alcohol prep</i>	T1	
SILIGENTLE FOAM DRESSING PAD 2"X2"	T1	
<i>sm sterile pad 2"x2"</i>	T1	
<i>sterile gauze pad 2"x2"</i>	T1	
<i>sterile pad 2"x2"</i>	T1	
<i>sure comfort alcohol prep</i>	T1	
<i>surgical gauze sponge</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
THERAGAUZE PAD 2"X2"	T1	
<i>true comfort alcohol prep pads</i>	T1	
<i>true comfort pro alcohol prep</i>	T1	
TRUZONE PEAK FLOW METER	T1	QL (1 EA per 365 days)
ULTICARE ALCOHOL SWABS	T1	
<i>ultilet alcohol swabs</i>	T1	
<i>ultra-care alcohol prep pads</i>	T1	
WEBCOL ALCOHOL PREP LARGE	T1	
WEBCOL ALCOHOL PREP MEDIUM	T1	
<i>zevrx sterile alcohol prep pad</i>	T1	
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR	T4	PA; SP
CORTROPHIN	T4	PA; SP
CORTROPHIN GEL	T4	PA
Cardiac Function		
<i>aspirin-dipyridamole er</i>	T1	90DS
<i>dipyridamole oral</i>	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		
<i>potassium citrate er</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Ammonia Detoxicants		
<i>carglumic acid oral tablet soluble</i>	T4	SP
<i>constulose</i>	T1	90DS
<i>enulose</i>	T1	90DS
<i>generlac</i>	T1	90DS
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	T1	90DS
<i>lactulose oral solution 10 gm/15ml</i>	T1	90DS
<i>lactulose oral solution 20 gm/30ml</i>	T1	
Carbonic Anhydrase Inhibitors (40:28)		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
Diuretics, Miscellaneous		
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
Irrigating Solutions		
RENACIDIN	T3	
Loop Diuretics (40:28)		
<i>bumetanide oral</i>	T1	90DS
<i>ethacrynic acid oral</i>	T1	90DS
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	90DS
<i>furosemide oral tablet</i>	T1	90DS
<i>torsemide oral</i>	T1	90DS
Phosphate-Removing Agents		
<i>calcium acetate (phos binder) oral capsule</i>	T1	90DS
FOSRENOL ORAL PACKET	T3	PA
<i>lanthanum carbonate</i>	T1	PA; 90DS
<i>sevelamer carbonate oral packet</i>	T1	PA; 90DS
<i>sevelamer carbonate oral tablet</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
VELPHORO	T3	PA
Potassium-Removing Agents		
LOKELMA	T3	PA
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VELTASSA	T3	PA; SP
Potassium-Sparing Diuretics (40:28)		
<i>amiloride hcl oral</i>	T1	90DS
<i>amiloride-hydrochlorothiazide</i>	T1	90DS
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
<i>spironolactone-hctz</i>	T1	90DS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	90DS
<i>triamterene-hctz oral tablet</i>	T1	90DS
Replacement Preparations		
<i>calcium acetate (phos binder) oral capsule</i>	T1	90DS
KLOR-CON 10	T2	90DS
KLOR-CON M10	T2	90DS
KLOR-CON M15	T2	90DS
KLOR-CON M20	T2	90DS
KLOR-CON ORAL TABLET EXTENDED RELEASE	T2	90DS
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	T1	90DS
<i>potassium chloride er</i>	T1	90DS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	T1	90DS
Thiazide Diuretics (40:28)		
<i>amiloride-hydrochlorothiazide</i>	T1	90DS
<i>benazepril-hydrochlorothiazide</i>	T1	90DS

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>bisoprolol-hydrochlorothiazide</i>	T1	90DS
<i>candesartan cilexetil-hctz</i>	T1	90DS
<i>enalapril-hydrochlorothiazide</i>	T1	90DS
<i>hydrochlorothiazide oral</i>	T1	90DS
<i>irbesartan-hydrochlorothiazide</i>	T1	90DS
<i>lisinopril-hydrochlorothiazide</i>	T1	90DS
<i>losartan potassium-hctz</i>	T1	90DS
<i>metoprolol-hydrochlorothiazide</i>	T1	90DS
<i>olmesartan medoxomil-hctz</i>	T1	90DS
<i>quinapril-hydrochlorothiazide</i>	T1	90DS
<i>spironolactone-hctz</i>	T1	90DS
<i>telmisartan-hctz</i>	T1	90DS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	90DS
<i>triamterene-hctz oral tablet</i>	T1	90DS
<i>valsartan-hydrochlorothiazide</i>	T1	90DS
Thiazide-Like Diuretics (40:28)		
<i>atenolol-chlorthalidone</i>	T1	90DS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	90DS
<i>indapamide oral</i>	T1	90DS
<i>metolazone</i>	T1	90DS
Uricosuric Agents		
<i>colchicine-probenecid</i>	T1	90DS
<i>probenecid oral</i>	T1	90DS
Vasopressin Antagonists		
<i>tolvaptan</i>	T4	PA; SP
Enzymes		
Enzyme Cofactors/Chaperones		
<i>GALAFOLD</i>	T4	PA; SP
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Enzyme Inhibitors		
CERDELGA	T4	PA; SP
<i>miglustat</i>	T4	PA; SP
<i>nitisinone</i>	T4	PA; SP
NITYR	T4	PA; SP
ORFADIN ORAL SUSPENSION	T4	PA; SP
Enzymes		
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	T4	PA; SP
CREON	T2	90DS
ELELYSO	T4	PA; SP
HYQVIA	T4	PA; SP
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP
SANTYL	T3	PA; 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)		
<i>apraclonidine hcl</i>	T1	ST
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>	T1	90DS
<i>brimonidine tartrate-timolol</i>	T1	ST; 90DS
SIMBRINZA	T2	90DS; QL (8 ML per 25 days)
Antiallergic Agents		

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
ALOCRI	T3	
ALOMIDE	T3	
<i>azelastine hcl nasal</i>	T1	
<i>azelastine hcl ophthalmic</i>	T1	
<i>bepotastine besilate</i>	T1	ST
<i>cromolyn sodium inhalation</i>	T1	90DS
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T1	90DS
<i>epinastine hcl</i>	T1	ST
LASTACFT	T3	
<i>olopatadine hcl nasal</i>	T1	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	NDC 62332050203 is not on formulary. Use alternate NDC.
Antibacterials (52:04)		
AZASITE	T3	
<i>bacitracin ophthalmic</i>	T1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
BESIVANCE	T3	
CIPRO HC	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>ciprofloxacin hcl otic</i>	T1	ST
<i>ciprofloxacin-dexamethasone</i>	T1	ST
<i>ciprofloxacin-fluocinolone pf</i>	T1	ST
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>minocycline hcl oral capsule</i>	T1	

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

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
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)		
<i>trifluridine ophthalmic</i>	T1	
Astringents (52:04)		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
Beta-Adrenergic Blocking Agents (52:40)		
<i>betaxolol hcl ophthalmic</i>	T1	90DS
<i>brimonidine tartrate-timolol</i>	T1	ST; 90DS
<i>carteolol hcl</i>	T1	90DS
<i>dorzolamide hcl-timolol mal</i>	T1	90DS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	90DS
<i>timolol maleate ophthalmic solution</i>	T1	90DS
Carbonic Anhydrase Inhibitors (52:40)		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
<i>brinzolamide</i>	T1	ST; 90DS
<i>dorzolamide hcl ophthalmic</i>	T1	90DS
<i>dorzolamide hcl-timolol mal</i>	T1	90DS
<i>methazolamide oral</i>	T1	90DS
SIMBRINZA	T2	90DS; QL (8 ML per 25 days)
Corticosteroids (Eent)		
ARNUITY ELLIPTA	T2	90DS; QL (30 EA per 30 days)
CIPRO HC	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	ST
<i>ciprofloxacin-fluocinolone pf</i>	T1	ST

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>difluprednate</i>	T1	ST
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<i>fluocinolone acetonide external cream 0.01 %</i>	T1	ST
<i>fluocinolone acetonide external cream 0.025 %</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	
<i>fluocinolone acetonide otic</i>	T1	
<i>fluorometholone ophthalmic</i>	T1	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T2	90DS; QL (60 EA per 30 days)
<i>fluticasone propionate diskus</i>	T2	90DS; QL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	T2	90DS; QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	T2	90DS; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T2	90DS; QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal</i>	T1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	90DS; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	90DS; QL (1 EA per 30 days)

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
FML FORTE	T2	
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone butyrate external</i>	T1	ST
<i>hydrocortisone external cream 1 %, 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1	
<i>hydrocortisone oral</i>	T1	
<i>hydrocortisone rectal enema</i>	T1	
<i>hydrocortisone valerate external cream</i>	T1	
<i>hydrocortisone valerate external ointment</i>	T1	ST
<i>hydrocortisone-acetic acid</i>	T1	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	T1	ST
MEDPURA HYDROCORTISONE	T1	
<i>mometasone furoate external</i>	T1	
<i>mometasone furoate nasal</i>	T1	
<i>neomycin-polymyxin-dexameth</i>	T1	
<i>neomycin-polymyxin-hc otic</i>	T1	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	T1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
<i>tobramycin-dexamethasone</i>	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	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Eent Anti-Inflammatory Agents, Misc.		
<i>cyclosporine ophthalmic</i>	T1	ST; 90DS; QL (60 EA per 30 days)
XIIDRA	T3	PA; QL (60 EA per 30 days)
Eent Drugs, Miscellaneous		
<i>acetic acid otic</i>	T1	
ADVANCED EYE RELIEF OPHTHALMIC SOLUTION 1-0.3 %	T1	
<i>apraclonidine hcl</i>	T1	ST
<i>artificial tears ophthalmic solution 0.1-0.3 %</i>	T1	
<i>artificial tears pf</i>	T1	
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	T1	
<i>cromolyn sodium inhalation</i>	T1	90DS
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T1	90DS
<i>eq artificial tears ophthalmic solution 1-0.3 %</i>	T1	
<i>eq restore tears</i>	T1	
GENTEAL TEARS	T1	
GENTEAL TEARS PF	T1	
<i>hydrocortisone-acetic acid</i>	T1	
<i>just tears eye drops</i>	T1	
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	T1	
OXERVATE	T4	PA; SP
<i>polyvinyl alcohol ophthalmic</i>	T1	
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML	T1	
REFRESH TEARS	T1	
SOOTHE HYDRATION	T1	
SOOTHE XP	T1	

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
SOOTHE XP XTRA PROTECTION	T1	
SYSTANE CONTACTS	T1	
ULTRA FRESH	T1	
Eent Nonsteroidal Anti-Inflam. Agents		
<i>diclofenac sodium ophthalmic</i>	T1	
<i>flurbiprofen oral</i>	T1	90DS
<i>flurbiprofen sodium</i>	T1	
<i>ketorolac tromethamine ophthalmic</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL
NEVANAC	T3	
Local Anesthetics (Eent)		
<i>lidocaine hcl mouth/throat</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
<i>proparacaine hcl ophthalmic</i>	T1	
Miotics		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	90DS
<i>pilocarpine hcl oral</i>	T1	90DS
QLOSI	T3	PA; QL (60 EA per 30 days)
VUITY	T3	PA; QL (5 ML per 25 days)
Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	90DS
Prostaglandin Analogs		
<i>latanoprost ophthalmic</i>	T1	90DS
LUMIGAN OPTHALMIC SOLUTION 0.01 %	T2	90DS; QL (2.5 ML per 25 days)
<i>tafluprost (pf)</i>	T1	ST; 90DS
<i>travoprost (bak free)</i>	T1	ST; 90DS
Rho Kinase Inhibitors		

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>granisetron hcl oral</i>	T1	QL (2 EA per 1 day)
<i>ondansetron hcl oral solution</i>	T1	QL (30 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	T1	QL (1 EA per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	QL (3 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T1	QL (3 EA per 1 day)
Antacids And Adsorbents		
<i>omeprazole-sodium bicarbonate oral capsule</i>	T1	ST; 90DS
<i>omeprazole-sodium bicarbonate oral packet</i>	T1	ST; 90DS; AL (Max 12 Years)
Antidiarrhea Agents		
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<i>loperamide hcl oral capsule</i>	T1	
XERMELO	T4	PA; SP
Antiemetics, Miscellaneous		
<i>dronabinol</i>	T1	
<i>olanzapine oral</i>	T1	90DS; QL (30 EA per 30 days)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>scopolamine</i>	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)		
<i>doxylamine-pyridoxine</i>	T1	PA
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	90DS
<i>trimethobenzamide hcl oral</i>	T1	
Anti-Inflammatory Agents (Gi Drugs)		
<i>alosetron hcl</i>	T1	90DS; QL (60 EA per 30 days)
<i>balsalazide disodium</i>	T1	
DIPENTUM	T3	
<i>mesalamine er oral capsule extended release 24 hour</i>	T1	90DS
<i>mesalamine oral capsule delayed release</i>	T1	90DS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T1	90DS
<i>mesalamine rectal</i>	T1	
<i>mesalamine-cleanser</i>	T1	
<i>sulfasalazine oral</i>	T1	90DS
Antiulcer Agents And Acid Suppressants		
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<i>tetracycline hcl oral capsule</i>	T1	
Cathartics And Laxatives		
GAVILYTE-C	T1	\$0 copay for members ages 45-75 years
GAVILYTE-G	T1	\$0 copay for members ages 45-75 years
GAVILYTE-N WITH FLAVOR PACK	T1	\$0 copay for members ages 45-75 years
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	\$0 copay for members ages 45-75 years
<i>peg-3350/electrolytes</i>	T1	\$0 copay for members ages 45-75 years
<i>polyethylene glycol 3350 oral packet 17 gm</i>	T1	
<i>polyethylene glycol 3350 oral powder</i>	T1	
<i>polyethylene glycol 3350 powder</i>	T1	
Chloride Channel Activators		
<i>lubiprostone</i>	T1	90DS; QL (60 EA per 30 days)
Cholelitholytic Agents		
BYLVAY	T4	PA; SP
BYLVAY (PELLETS)	T4	PA; SP
LIVDELZI	T4	PA; SP
LIVMARLI	T4	PA; SP
<i>ursodiol oral capsule 300 mg</i>	T1	90DS
<i>ursodiol oral tablet</i>	T1	90DS
Digestants		

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	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
<i>adalimumab-aaty (1 pen)</i>	T4	PA; SP
<i>adalimumab-aaty (2 pen)</i>	T4	PA; SP
<i>adalimumab-aaty (2 syringe)</i>	T4	PA; SP
<i>adalimumab-aaty cd/uc/hs start</i>	T4	PA; SP
<i>adalimumab-fkjp</i>	T4	PA; SP
<i>adalimumab-fkjp (2 pen)</i>	T4	PA; SP
<i>adalimumab-fkjp (2 syringe)</i>	T4	PA; SP
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
CIMZIA-STARTER	T4	PA; SP
<i>dronabinol</i>	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
<i>lubiprostone</i>	T1	90DS; QL (60 EA per 30 days)
MOVANTIK	T2	ST; QL (30 EA per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	PA; SP
<i>octreotide acetate intramuscular</i>	T4	PA; SP
<i>octreotide acetate subcutaneous</i>	T4	PA; SP
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION 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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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		
<i>cimetidine oral tablet 200 mg</i>	T1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	90DS
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	90DS
<i>nizatidine oral capsule</i>	T1	90DS
Lipotropic Agents		
<i>scopolamine</i>	T1	QL (10 EA per 30 days)
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL	T3	PA
<i>aprepitant oral capsule 125 mg</i>	T1	QL (1 EA per 1 day)
<i>aprepitant oral capsule 40 mg</i>	T1	QL (4 EA per 2 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	T1	QL (3 EA per 3 days)
<i>aprepitant oral capsule 80 mg</i>	T1	QL (2 EA per 2 days)
EMEND ORAL SUSPENSION RECONSTITUTED	T3	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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
Prostaglandins		
<i>diclofenac-misoprostol oral tablet delayed release</i>	T1	90DS
<i>misoprostol oral</i>	T1	90DS
Protectants		
<i>sucralfate oral tablet</i>	T1	90DS
Proton-Pump Inhibitors		
<i>dexlansoprazole</i>	T1	PA
<i>esomeprazole magnesium oral capsule delayed release</i>	T1	ST
<i>lansoprazole oral capsule delayed release</i>	T1	ST
<i>omeprazole oral capsule delayed release</i>	T1	
<i>omeprazole-sodium bicarbonate oral capsule</i>	T1	ST; 90DS
<i>omeprazole-sodium bicarbonate oral packet</i>	T1	ST; 90DS; AL (Max 12 Years)
<i>pantoprazole sodium oral tablet delayed release</i>	T1	
<i>rabeprazole sodium oral tablet delayed release</i>	T1	ST
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox granules</i>	T4	PA; SP
<i>deferasirox oral tablet</i>	T4	PA; SP
<i>deferasirox oral tablet soluble</i>	T4	PA; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>deferiprone</i>	T4	PA
FERRIPROX TWICE-A-DAY	T4	PA
<i>penicillamine oral</i>	T1	PA; SP
<i>trientine hcl oral capsule 250 mg</i>	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)
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external lotion</i>	T1	
<i>betamethasone valerate external ointment</i>	T1	
BREZTRI AEROSPHERE	T2	90DS; QL (1 Inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	T1	90DS; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	T1	90DS; QL (60 ML per 30 days)
<i>budesonide oral</i>	T1	
<i>budesonide-formoterol fumarate</i>	T2	90DS; QL (10.2 GM per 30 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	90DS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T2	90DS; QL (60 EA per 30 days)
<i>fluticasone propionate diskus</i>	T2	90DS; QL (60 EA per 30 days)
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T1	ST
<i>fluticasone propionate external ointment</i>	T1	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	T2	90DS; QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	T2	90DS; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T2	90DS; QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal</i>	T1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	90DS; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	90DS; QL (1 EA per 30 days)
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone butyrate external</i>	T1	ST
<i>hydrocortisone external cream 1 %, 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1	
<i>hydrocortisone oral</i>	T1	
<i>hydrocortisone rectal enema</i>	T1	

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>hydrocortisone valerate external cream</i>	T1	
<i>hydrocortisone valerate external ointment</i>	T1	ST
<i>hydrocortisone-acetic acid</i>	T1	
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA; SP
MEDPURA HYDROCORTISONE	T1	
<i>methylprednisolone oral</i>	T1	
<i>mometasone furoate external</i>	T1	
<i>mometasone furoate nasal</i>	T1	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	T1	
<i>prednisone oral solution</i>	T1	
<i>prednisone oral tablet</i>	T1	
<i>prednisone oral tablet therapy pack</i>	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 REDHALER	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)
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment</i>	T1	
Alpha-Glucosidase Inhibitors		

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>acarbose oral</i>	T1	90DS
Androgens		
<i>danazol oral</i>	T1	PA; G
<i>methyltestosterone oral</i>	T1	PA; G
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	T1	G; QL (10 ML per 30 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	T1	G; QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>	T1	G; QL (5 ML per 28 days)
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	T1	PA; G
<i>testosterone transdermal solution</i>	T1	PA; G
Antidiabetic Agents, Miscellaneous		
<i>colesevelam hcl</i>	T1	90DS
<i>mifepristone oral tablet 300 mg</i>	T4	SP
Antiestrogens		
<i>anastrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>exemestane</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>letrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
Antigonadotropins		
ECONTRA ONE-STEP	T1	ACA Preventative Medication-\$0 Copay; QL (2 EA per 1 day)
<i>levonorgestrel oral tablet 1.5 mg</i>	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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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)
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	T1	G; QL (10 ML per 30 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	T1	G; QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>	T1	G; QL (5 ML per 28 days)
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	T1	PA; G
<i>testosterone transdermal solution</i>	T1	PA; G
Antiparathyroid Agents		
<i>calcitonin (salmon) nasal</i>	T1	90DS; QL (3.7 ML per 30 days)
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	T1	90DS; QL (120 EA per 30 days)
Antithyroid Agents		
<i>methimazole oral</i>	T1	90DS
<i>propylthiouracil oral</i>	T1	90DS
Biguanides		
<i>alogliptin-metformin hcl</i>	T1	90DS; QL (60 EA per 30 days)
<i>glipizide-metformin hcl</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>glyburide-metformin</i>	T1	90DS
JANUMET	T2	90DS; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	90DS; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	90DS; QL (60 EA per 30 days)
<i>metformin hcl er</i>	T1	90DS
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	90DS
<i>pioglitazone hcl-metformin hcl</i>	T1	90DS
SYNJARDY	T2	90DS; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	90DS; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	90DS; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
Contraceptives		
AFIRMELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
ALTAVERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>alyacen 1/35</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>alyacen 7/7/7</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
AMETHIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AMETHYST	T1	ACA Preventative Medication-\$0 Copay; 90DS
APRI	T1	ACA Preventative Medication-\$0 Copay; 90DS
ARANELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ASHLYNA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUBRA 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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
AZURETTE	T1	ACA Preventative Medication-\$0 Copay; 90DS
BALZIVA	T1	ACA Preventative Medication-\$0 Copay; 90DS
BLISOVI 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
BLISOVI FE 1.5/30	T1	ACA Preventative Medication-\$0 Copay; 90DS
BLISOVI FE 1/20	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>briellyn</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMILA	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMRESE	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMRESE LO	T1	ACA Preventative Medication-\$0 Copay; 90DS
CHARLOTTE 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
CHATEAL 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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
DELYLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
DOLISHALE	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospiren-eth estrad-levomefol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospirenone-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
ECONTRA ONE-STEP	T1	ACA Preventative Medication-\$0 Copay; 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
<i>ethynodiol diac-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>etonogestrel-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>levonorgest-eth est & eth est</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth estrad 91-day</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	ACA Preventative Medication-\$0 Copay; QL (2 EA per 1 day)
<i>levonorgestrel-ethinyl estrad</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>marlissa</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>medroxyprogesterone acetate intramuscular</i>	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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>norelgestromin-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral capsule</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone acet-ethinyl est oral tablet</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindron-ethinyl estrad-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin-eth estradiol-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1	ACA Preventative Medication-\$0 Copay.; 90DS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestim-eth estrad triphasic</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>viorele</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
VOLNEA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WYMZYA FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
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

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
<i>alogliptin benzoate</i>	T1	90DS; QL (30 EA per 30 days)
<i>alogliptin-metformin hcl</i>	T1	90DS; QL (60 EA per 30 days)
GLYXAMBI	T2	90DS; QL (30 EA per 30 days)
JANUMET	T2	90DS; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	90DS; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	90DS; QL (60 EA per 30 days)
JANUVIA	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)
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	
<i>raloxifene hcl</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
SOLTAMOX	T4	QL (600 ML per 30 days)
<i>tamoxifen citrate oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>toremifene citrate</i>	T1	90DS; SP
Estrogens		
AFIRMELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ALTAVERA	T1	ACA Preventative Medication-\$0 Copay; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>alyacen 1/35</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>alyacen 7/7/7</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
AMETHIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AMETHYST	T1	ACA Preventative Medication-\$0 Copay; 90DS
APRI	T1	ACA Preventative Medication-\$0 Copay; 90DS
ARANELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ASHLYNA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AUBRA 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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>briellyn</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMRESE	T1	ACA Preventative Medication-\$0 Copay; 90DS
CAMRESE LO	T1	ACA Preventative Medication-\$0 Copay; 90DS
CHARLOTTE 24 FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
CHATEAL 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
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
DOLISHALE	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospiren-eth estrad-levomefol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospirenone-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
DUAVEE	T3	ST
ELINEST	T1	ACA Preventative Medication-\$0 Copay; 90DS
ELURYNG	T1	ACA Preventative Medication-\$0 Copay; 90DS
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
<i>estradiol oral</i>	T1	90DS; G
<i>estradiol transdermal patch twice weekly</i>	T1	90DS; G
<i>estradiol transdermal patch weekly</i>	T1	90DS; G
<i>estradiol vaginal tablet</i>	T1	90DS
<i>estradiol valerate intramuscular</i>	T1	G
<i>estradiol-norethindrone acet</i>	T1	90DS
<i>ethynodiol diac-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>etonogestrel-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
FALMINA	T1	ACA Preventative Medication-\$0 Copay; 90DS
FEIRZA 1.5/30	T1	ACA Preventative Medication-\$0 Copay.; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>levonorgest-eth est & eth est</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth estrad 91-day</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgestrel-ethinyl estrad</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
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
<i>marlissa</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
MENEST	T3	ST; G

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>norelgestromin-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral capsule</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone acet-ethinyl est oral tablet</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1	90DS
<i>norethindron-ethinyl estrad-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin-eth estradiol-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1	ACA Preventative Medication-\$0 Copay.; 90DS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestim-eth estrad triphasic</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 0.5/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 1/35 (21)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 1/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>viorele</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
VOLNEA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WYMZYA FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>leuprolide acetate (3 month)</i>	T4	PA; SP
<i>leuprolide acetate injection</i>	T4	SP
LUPRON DEPOT (1-MONTH)	T4	PA; SP
LUPRON DEPOT (3-MONTH)	T4	PA; SP
LUPRON DEPOT (4-MONTH)	T4	PA; SP
LUPRON DEPOT (6-MONTH)	T4	PA; SP
LUPRON DEPOT-PED (1-MONTH)	T4	PA; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
Long-Acting Insulins		
<i>insulin degludec</i>	T2	ST; 90DS
<i>insulin degludec flextouch</i>	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		
<i>nateglinide</i>	T1	90DS
<i>repaglinide</i>	T1	90DS
Parathyroid Agents		
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	T4	PA; SP
TYMLOS	T4	PA; SP
Pituitary		
ACTHAR	T4	PA; SP
CORTROPHIN	T4	PA; SP
CORTROPHIN GEL	T4	PA
<i>desmopressin ace spray refrig</i>	T1	90DS; QL (15 ML per 30 days)
<i>desmopressin acetate oral</i>	T1	90DS
<i>desmopressin acetate spray</i>	T1	90DS; QL (15 ML per 30 days)
GENOTROPIN MINISQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP
HUMATROPE INJECTION CARTRIDGE	T4	PA; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>alyacen 1/35</i>	T1	ACA Preventative Medication- \$0 Copay; 90DS
<i>alyacen 7/7/7</i>	T1	ACA Preventative Medication- \$0 Copay; 90DS
AMETHIA	T1	ACA Preventative Medication- \$0 Copay; 90DS
AMETHYST	T1	ACA Preventative Medication- \$0 Copay; 90DS
APRI	T1	ACA Preventative Medication- \$0 Copay; 90DS
ARANELLE	T1	ACA Preventative Medication- \$0 Copay; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>briellyn</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
DOLISHALE	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospiren-eth estrad-levomefol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospirenone-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>estradiol-norethindrone acet</i>	T1	90DS
<i>ethynodiol diac-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>etonogestrel-ethinyl estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
FALMINA	T1	ACA Preventative Medication-\$0 Copay; 90DS
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>levonorgest-eth est & eth est</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth estrad 91-day</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	ACA Preventative Medication-\$0 Copay; QL (2 EA per 1 day)
<i>levonorgestrel-ethinyl estrad</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
LYLEQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
LYZA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>marlissa</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>medroxyprogesterone acetate intramuscular</i>	T1	ACA Preventative Medication-\$0 Copay
<i>medroxyprogesterone acetate oral</i>	T1	90DS; G
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T1	90DS; G
<i>megestrol acetate oral tablet</i>	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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>norelgestromin-eth estradiol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral capsule</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone acetate oral</i>	T1	90DS; G
<i>norethindrone acet-ethinyl est oral tablet</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1	90DS
<i>norethindron-ethinyl estrad-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norethin-eth estradiol-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1	ACA Preventative Medication-\$0 Copay.; 90DS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestim-eth estrad triphasic</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORLYDA	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORLYROC	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 0.5/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 1/35 (21)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 1/35 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
NORTREL 7/7/7	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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	
<i>progesterone oral</i>	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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>viorele</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
VOLNEA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-\$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
WYMZYA FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
XARAH FE	T1	ACA Preventative Medication-\$0 Copay.; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>insulin lispro (1 unit dial)</i>	T1	90DS
<i>insulin lispro injection</i>	T1	90DS
<i>insulin lispro junior kwikpen</i>	T1	90DS
Short-Acting Insulins		
HUMULIN 70/30	T2	90DS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMULIN R	T2	90DS
HUMULIN R U-500 (CONCENTRATED)	T2	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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		
<i>lanreotide acetate</i>	T4	PA; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	PA; SP
<i>octreotide acetate intramuscular</i>	T4	PA; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>octreotide acetate subcutaneous</i>	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 FLEXPPO 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

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	90DS
<i>glipizide er</i>	T1	90DS
<i>glipizide oral</i>	T1	90DS
<i>glipizide xl</i>	T1	90DS
<i>glipizide-metformin hcl</i>	T1	90DS
<i>glyburide micronized</i>	T1	90DS
<i>glyburide oral</i>	T1	90DS
<i>glyburide-metformin</i>	T1	90DS
Thiazolidinediones		
<i>pioglitazone hcl</i>	T1	90DS
<i>pioglitazone hcl-metformin hcl</i>	T1	90DS
Thyroid Agents		
<i>levothyroxine sodium oral tablet</i>	T1	90DS
LEVOXYL	T2	90DS
<i>liothyronine sodium oral</i>	T1	90DS
SYNTHROID	T2	90DS
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T3	
Immunomodulatory Agents (90:00)		
Amino Acid Polymers		
<i>glatiramer acetate</i>	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

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
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
<i>teriflunomide</i>	T1	PA; 90DS; QL (1 EA per 1 day)
Antimetabolites, Immunosupp Therapy Misc		
<i>azathioprine oral tablet 50 mg</i>	T1	90DS
<i>mycophenolate mofetil oral capsule</i>	T1	90DS
Bone-Modifying Agents		
BILDYOS	T4	PA; SP
Calcineurin Inhibitors, Misc (90:28)		
ASTAGRAF XL	T4	SP
<i>cyclosporine modified</i>	T1	90DS
<i>cyclosporine ophthalmic</i>	T1	ST; 90DS; QL (60 EA per 30 days)
<i>cyclosporine oral capsule</i>	T1	90DS
ENVARUS XR	T4	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
PROGRAF ORAL PACKET	T3	
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
<i>tacrolimus external ointment</i>	T1	ST
<i>tacrolimus oral</i>	T1	90DS
Complement Inhibitor Agents (90:20)		
TAVNEOS	T4	PA; SP
Disease-Modifying Antirheumat Drugs Misc		
ORENCIA CLICKJECT	T4	PA; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	90DS
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
<i>sulfasalazine oral</i>	T1	90DS
TREMFYA INTRAVENOUS	T4	PA; SP
TREMFYA 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
<i>dimethyl fumarate oral</i>	T1	PA; 90DS
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	PA
VUMERITY	T4	PA; SP
Igg1 Monoclonal Antibodies		
BENLYSTA SUBCUTANEOUS	T4	PA; SP
Immunomodulatory Agents (90:00)		

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>cyclophosphamide oral capsule</i>	T1	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	SP
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP
<i>mercaptopurine oral suspension</i>	T1	SP
<i>mercaptopurine oral tablet</i>	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

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
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		
<i>leflunomide oral</i>	T1	90DS
Mtor Inhibitors, Miscellaneous		
HYFTOR	T4	PA; SP
<i>sirolimus oral</i>	T1	90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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		
<i>fingolimod hcl</i>	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
<i>adalimumab-aaty (1 pen)</i>	T4	PA; SP
<i>adalimumab-aaty (2 pen)</i>	T4	PA; SP
<i>adalimumab-aaty (2 syringe)</i>	T4	PA; SP
<i>adalimumab-aaty cd/uc/hs start</i>	T4	PA; SP
<i>adalimumab-fkjp</i>	T4	PA; SP
<i>adalimumab-fkjp (2 pen)</i>	T4	PA; SP
<i>adalimumab-fkjp (2 syringe)</i>	T4	PA; SP
CIMZIA (1 SYRINGE)	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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		
<i>dutasteride oral</i>	T1	90DS
<i>dutasteride-tamsulosin hcl</i>	T1	90DS
<i>finasteride oral tablet 5 mg</i>	T1	90DS
5-Alpha-Reductase Inhibitors (92:04)		

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>disulfiram oral</i>	T1	90DS
<i>dutasteride oral</i>	T1	90DS
<i>dutasteride-tamsulosin hcl</i>	T1	90DS
<i>finasteride oral tablet 5 mg</i>	T1	90DS
<i>naltrexone hcl oral</i>	T1	
VIVITROL	T2	QL (1 EA per 28 days)
Antidotes (92:12)		
<i>acetylcysteine inhalation</i>	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)
<i>lanthanum carbonate</i>	T1	PA; 90DS
LEDERLE LEUCOVORIN	T1	
<i>leucovorin calcium oral</i>	T1	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	

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

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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>sodium fluoride 5000 ppm dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental gel 1.1 %</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS; AL (Max 17 Years)
<i>sodium fluoride oral tablet chewable</i>	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
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
KALBITOR	T4	PA; SP

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
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
<i>adalimumab-aaty (1 pen)</i>	T4	PA; SP
<i>adalimumab-aaty (2 pen)</i>	T4	PA; SP
<i>adalimumab-aaty (2 syringe)</i>	T4	PA; SP
<i>adalimumab-aaty cd/uc/hs start</i>	T4	PA; SP
<i>adalimumab-fkjp</i>	T4	PA; SP
<i>adalimumab-fkjp (2 pen)</i>	T4	PA; SP
<i>adalimumab-fkjp (2 syringe)</i>	T4	PA; SP
<i>azathioprine oral tablet 50 mg</i>	T1	90DS
CIBINQO	T4	PA; SP
CIMZIA (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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>cyclosporine modified</i>	T1	90DS
<i>cyclosporine oral capsule</i>	T1	90DS
ENBREL MINI	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
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
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	90DS
KEVZARA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>leflunomide oral</i>	T1	90DS
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
OLUMIANT	T4	PA; SP
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>penicillamine oral</i>	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
<i>sulfasalazine oral</i>	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
<i>adalimumab-aaty (1 pen)</i>	T4	PA; SP

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>adalimumab-aaty (2 pen)</i>	T4	PA; SP
<i>adalimumab-aaty (2 syringe)</i>	T4	PA; SP
<i>adalimumab-aaty cd/uc/hs start</i>	T4	PA; SP
<i>adalimumab-fkjp</i>	T4	PA; SP
<i>adalimumab-fkjp (2 pen)</i>	T4	PA; SP
<i>adalimumab-fkjp (2 syringe)</i>	T4	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA; SP
<i>azathioprine oral tablet 50 mg</i>	T1	90DS
BAFIERTAM	T4	PA; SP
BETASERON SUBCUTANEOUS KIT	T4	PA; SP
CIMZIA (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
<i>cyclosporine modified</i>	T1	90DS
<i>cyclosporine oral capsule</i>	T1	90DS
<i>dimethyl fumarate oral</i>	T1	PA; 90DS
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	PA
ENBREL MINI	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
EXTAVIA SUBCUTANEOUS KIT	T4	PA; SP
<i>fingolimod hcl</i>	T1	PA; 90DS

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
<i>glatiramer acetate</i>	T4	PA; SP
GLATOPIA	T4	PA; SP
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	90DS
KESIMPTA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>leflunomide oral</i>	T1	90DS
<i>lenalidomide</i>	T4	PA; 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
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
OTEZLA ORAL TABLET	T4	PA; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>sulfasalazine oral</i>	T1	90DS
TASCENSO ODT	T4	PA; SP
<i>teriflunomide</i>	T1	PA; 90DS; QL (1 EA per 1 day)
THALOMID	T4	PA; SP
VUMERITY	T4	PA; SP
XATMEP	T3	PA

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>azathioprine oral tablet 50 mg</i>	T1	90DS
BENLYSTA SUBCUTANEOUS	T4	PA; SP
<i>cyclophosphamide oral capsule</i>	T1	
<i>cyclosporine modified</i>	T1	90DS
<i>cyclosporine oral capsule</i>	T1	90DS
ENVARUS XR	T4	SP
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
HYFTOR	T4	PA; SP
<i>leflunomide oral</i>	T1	90DS
LUPKYNIS	T4	PA; SP
MAVENCLAD (10 TABS)	T4	PA; SP
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
<i>mercaptopurine oral suspension</i>	T1	SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>mercaptopurine oral tablet</i>	T1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
<i>mycophenolate mofetil oral</i>	T1	90DS
<i>mycophenolate sodium</i>	T1	90DS
<i>pimecrolimus</i>	T1	ST
PROGRAF ORAL PACKET	T3	
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
<i>sirolimus oral</i>	T1	90DS
<i>tacrolimus external ointment</i>	T1	ST
<i>tacrolimus oral</i>	T1	90DS
XATMEP	T3	PA
Kallikrein Inhibitors		
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
TAKHZYRO	T4	PA; SP
Other Miscellaneous Therapeutic Agents		
<i>betaine</i>	T4	SP
CERDELGA	T4	PA; SP
CYSTAGON	T4	SP
<i>dalfampridine er</i>	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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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
<i>levocarnitine oral solution</i>	T1	90DS
<i>levocarnitine oral tablet</i>	T1	90DS
<i>levocarnitine sf</i>	T1	90DS
<i>l-glutamine oral packet</i>	T4	PA; SP
<i>miglustat</i>	T4	PA; SP
<i>nitisinone</i>	T4	PA; SP
NITYR	T4	PA; SP
ORFADIN ORAL SUSPENSION	T4	PA; SP
PREZCOBIX	T2	90DS; QL (30 EA per 30 days)
REZUROCK	T4	PA; SP
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP
STRIBILD	T3	QL (30 EA per 30 days)
SYMTUZA	T2	90DS; QL (30 EA per 30 days)
<i>tiopronin oral tablet delayed release</i>	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		
<i>adapalene external gel 0.1 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>dalfampridine er</i>	T1	PA; 90DS; SP
<i>mesna oral</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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/STUDDERED	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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
WIDE-SEAL DIAPHRAGM 95	T2	ACA Preventative Medication-\$0 Copay
Oxytocics		
Oxytocics		
<i>mifepristone oral tablet 200 mg</i>	T1	
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
<i>epinephrine injection solution auto-injector</i>	T1	QL
Anticholinergic Agents (Respir.Tract)		
<i>atropine sulfate ophthalmic solution 1 %</i>	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)
<i>ipratropium bromide inhalation</i>	T1	90DS
<i>ipratropium bromide nasal</i>	T1	90DS
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	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
<i>pirfenidone oral capsule</i>	T4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	T4	PA; SP
Anti-Inflammatory Agents (Respiratory)		
NUCALA	T4	PA; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
Antitussives		
<i>codeine sulfate oral tablet</i>	T1	PA; MME+; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>hydrocod poli-chlorphe poli er</i>	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)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	T1	90DS; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	T1	90DS; QL (60 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T2	90DS; QL (60 EA per 30 days)
<i>fluticasone propionate diskus</i>	T2	90DS; QL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	T2	90DS; QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	T2	90DS; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T2	90DS; QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal</i>	T1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	90DS; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	90DS; QL (1 EA per 30 days)
<i>mometasone furoate external</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>mometasone furoate nasal</i>	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)		
<i>ambrisentan</i>	T4	PA; SP
<i>bosentan</i>	T4	PA; SP
First Generation Antihist.(Respir Tract)		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>cypheptadine hcl oral</i>	T1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4	PA; SP
FASENRA	T4	PA; SP
FASENRA PEN	T4	PA; SP
TEZSPIRE	T4	PA; SP
Leukotriene Modifiers		
<i>montelukast sodium oral</i>	T1	90DS
<i>zafirlukast</i>	T1	ST; 90DS
<i>zileuton er</i>	T1	ST; 90DS
Mast-Cell Stabilizers		
ALOCRIAL	T3	
ALOMIDE	T3	
<i>cromolyn sodium inhalation</i>	T1	90DS
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T1	90DS
Mucolytic Agents		
<i>acetylcysteine inhalation</i>	T1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP
<i>sodium chloride inhalation nebulization solution 3 %, 7 %</i>	T1	
Nasal Preparations (Steroids)		

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<i>fluticasone propionate nasal</i>	T1	
<i>mometasone furoate nasal</i>	T1	
Orally Inhaled Preparations (Steroids)		
ARNUITY ELLIPTA	T2	90DS; QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	T1	90DS; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	T1	90DS; QL (60 ML per 30 days)
<i>fluticasone propionate diskus</i>	T2	90DS; QL (60 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	T2	90DS; QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	T2	90DS; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	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 REDHALER	T2	90DS; QL (1 Inhaler per 30 days)
Phosphodiesterase Type 4 Inhibitors		
<i>roflumilast</i>	T1	PA; 90DS
Phosphodiesterase-5 Inhibitors (Respir)		
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS; SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>tadalafil (pah)</i>	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		
<i>pirfenidone oral capsule</i>	T4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	T4	PA; SP
TEZSPIRE	T4	PA; SP
XOLAIR	T4	PA; SP
Second Generation Antihist(Respir Tract)		
<i>azelastine hcl nasal</i>	T1	
<i>azelastine hcl ophthalmic</i>	T1	
<i>desloratadine oral tablet</i>	T1	
Select.Beta-2-Adrenergic Agonist(Respir)		

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	90DS; NDC 66993001968 (albuterol authorized generic for Ventolin) is not on formulary. Use alternate NDC.; QL (2 Inhalers per 30 days)
<i>albuterol sulfate inhalation</i>	T1	90DS
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	T1	90DS
<i>albuterol sulfate oral tablet</i>	T1	90DS
<i>formoterol fumarate inhalation</i>	T1	90DS; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	ST; 90DS
STRIVERDI RESPIMAT	T2	90DS; QL (4 GM per 30 days)
<i>terbutaline sulfate oral</i>	T1	90DS
Vasodilating Agents (Respiratory Tract)		
ADEMPAS	T4	PA; SP; QL (3 tablet per 1 day)
<i>ambrisentan</i>	T4	PA; SP
<i>bosentan</i>	T4	PA; SP
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS; SP
<i>tadalafil (pah)</i>	T1	PA; 90DS; 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)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
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		
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>	T1	90DS
<i>brimonidine tartrate-timolol</i>	T1	ST; 90DS
Allylamines (Skin And Mucous Membrane)		
<i>naftifine hcl external cream</i>	T1	PA
Antibacterials (84:04)		
<i>azelaic acid external</i>	T1	
<i>bacitracin ophthalmic</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<i>benzoyl peroxide-erythromycin</i>	T1	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phos (once-daily)</i>	T1	
<i>clindamycin phos (twice-daily)</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<i>dapsone oral</i>	T1	90DS
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>levofloxacin oral</i>	T1	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<i>metronidazole vaginal</i>	T1	
<i>minocycline hcl oral capsule</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>mupirocin external</i>	T1	QL (88 GM per 30 days)
<i>neomycin sulfate oral</i>	T1	
<i>polymyxin b-trimethoprim</i>	T1	
<i>sulfacetamide sodium (acne)</i>	T1	
SULFAMYLON EXTERNAL CREAM	T3	
<i>tetracycline hcl oral capsule</i>	T1	
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	T3	PA
Antiproliferants		
<i>bexarotene oral</i>	T4	PA; SP
<i>fluorouracil external cream 0.5 %</i>	T1	
<i>fluorouracil external cream 5 %</i>	T1	QL (40 g per 30 days)
<i>fluorouracil external solution</i>	T1	
<i>imiquimod external cream 5 %</i>	T1	QL (24 EA per 30 days)
PANRETIN	T4	PA; SP
TARGRETIN EXTERNAL	T4	PA; SP
VALCHLOR	T4	PA; SP
Antipruritics And Local Anesthetics		
<i>doxepin hcl external</i>	T1	ST; QL (45 GM per 30 days)
<i>doxepin hcl oral capsule</i>	T1	90DS
<i>doxepin hcl oral concentrate</i>	T1	90DS
<i>doxepin hcl oral tablet</i>	T1	QL (30 EA per 30 days)
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 5 %</i>	T1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine-prilocaine</i>	T1	
ZTLIDO	T3	PA
Antivirals (Skin And Mucous Membrane)		

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>acyclovir external cream</i>	T1	PA
<i>acyclovir external ointment</i>	T1	
<i>acyclovir oral capsule</i>	T1	
<i>acyclovir oral suspension 200 mg/5ml</i>	T1	
<i>acyclovir oral tablet</i>	T1	
<i>penciclovir</i>	T1	PA
Astringents (84:12)		
BEVESPI AEROSPHERE	T2	90DS; QL (10.7 GM per 30 days)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
Astringents, Anti-Infective		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>selenium sulfide external lotion</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SSD	T3	
Azoles (Skin And Mucous Membrane)		
<i>clotrimazole anti-fungal</i>	T1	
<i>clotrimazole external cream</i>	T1	
<i>clotrimazole external solution</i>	T1	
<i>clotrimazole mouth/throat troche</i>	T1	
<i>clotrimazole-betamethasone</i>	T1	
<i>econazole nitrate external cream</i>	T1	
GYNAZOLE-1	T3	
JUBLIA	T3	PA; QL (8 ML per 30 days)
<i>ketconazole external cream</i>	T1	
<i>ketconazole external shampoo 2 %</i>	T1	
<i>luliconazole</i>	T1	PA
<i>oxiconazole nitrate</i>	T1	PA
<i>sulconazole nitrate external cream</i>	T1	QL (60 GM per 30 days)

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>terconazole</i>	T1	
Basic Lotions And Liniments		
<i>ammonium lactate external</i>	T1	
Basic Ointments And Protectants		
<i>calcipotriene external cream</i>	T1	
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST
<i>hydrocortisone external cream 1 %</i>	T1	
<i>nitroglycerin rectal</i>	T3	
SANTYL	T3	PA; QL (90 GM per 30 days)
Cell Stimulants And Proliferants		
<i>finasteride oral tablet 5 mg</i>	T1	90DS
<i>minoxidil oral</i>	T1	90DS
<i>tretinoin external cream</i>	T1	AL (Max 30 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 30 Years)
<i>tretinoin oral</i>	T4	SP
Corticosteroids (Skin, Mucous Membrane)		
<i>alclometasone dipropionate</i>	T1	
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external lotion</i>	T1	
<i>betamethasone valerate external ointment</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate e</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>clobetasol propionate external cream 0.05 %</i>	T1	
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external ointment</i>	T1	
<i>clobetasol propionate external solution</i>	T1	
<i>clocortolone pivalate</i>	T1	ST
<i>clotrimazole-betamethasone</i>	T1	
<i>desonide external cream</i>	T1	
<i>desonide external lotion</i>	T1	ST
<i>desonide external ointment</i>	T1	
<i>desoximetasone external cream 0.05 %</i>	T1	ST
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external gel</i>	T1	ST
<i>desoximetasone external liquid</i>	T1	ST
<i>desoximetasone external ointment 0.05 %</i>	T1	ST
<i>desoximetasone external ointment 0.25 %</i>	T1	
<i>fluocinolone acetonide external cream 0.01 %</i>	T1	ST
<i>fluocinolone acetonide external cream 0.025 %</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	
<i>fluocinolone acetonide otic</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T1	ST
<i>fluticasone propionate external ointment</i>	T1	
<i>halcinonide external cream</i>	T1	ST
<i>halobetasol propionate external cream</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>halobetasol propionate external foam</i>	T1	ST
<i>halobetasol propionate external ointment</i>	T1	
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone butyrate external</i>	T1	ST
<i>hydrocortisone external cream 1 %, 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1	
<i>hydrocortisone oral</i>	T1	
<i>hydrocortisone rectal enema</i>	T1	
<i>hydrocortisone valerate external cream</i>	T1	
<i>hydrocortisone valerate external ointment</i>	T1	ST
<i>hydrocortisone-acetic acid</i>	T1	
MEDPURA HYDROCORTISONE	T1	
<i>mometasone furoate external</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment</i>	T1	
<i>triamcinolone acetonide mouth/throat</i>	T1	
Hydroxypyridones (Skin, Mucous Membrane)		
<i>ciclopirox external solution</i>	T1	
<i>ciclopirox olamine external</i>	T1	
Immunomodulatory Agents (84:06)		
ASTAGRAF XL	T4	SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	T4	PA; SP
ENVARUSUS XR	T4	SP

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
HYFTOR	T4	PA; SP
ILUMYA	T4	PA; SP
<i>pimecrolimus</i>	T1	ST
PROGRAF ORAL PACKET	T3	
SILIQ	T4	PA; SP
<i>sirolimus oral</i>	T1	90DS
SKYRIZI PEN	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>tacrolimus external ointment</i>	T1	ST
<i>tacrolimus oral</i>	T1	90DS
TREMFYA INTRAVENOUS	T4	PA; SP
TREMFYA 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
<i>roflumilast</i>	T1	PA; 90DS
SOTYKTU	T4	PA; SP
Keratolytic Agents		
<i>acitretin</i>	T1	PA
<i>adapalene external gel 0.1 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>isotretinoin oral</i>	T1	PA; QL (60 EA per 30 days)
<i>podofilox external solution</i>	T1	
<i>tazarotene external cream</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>tazarotene external gel</i>	T1	
Local Anti-Infectives, Miscellaneous		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>benzoyl peroxide-erythromycin</i>	T1	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	T1	
<i>selenium sulfide external lotion</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SSD	T3	
SULFAMYLON EXTERNAL CREAM	T3	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
<i>diclofenac sodium external gel 1 %</i>	T1	
<i>diclofenac sodium external gel 3 %</i>	T1	QL (100 g per 30 days)
Phosphodiesterase-4 Inhibitors (84:06)		
EUCRISA	T3	PA
<i>roflumilast</i>	T1	PA; 90DS
Pigmenting Agents		
<i>methoxsalen rapid</i>	T4	QL (84 EA per 30 days)
Polynes (Skin And Mucous Membrane)		
<i>nystatin external</i>	T1	
<i>nystatin mouth/throat</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
Scabicides And Pediculicides		
CROTAN	T3	
<i>ivermectin external cream</i>	T1	ST

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>malathion external</i>	T1	
<i>permethrin external cream</i>	T1	
<i>spinosad</i>	T1	
Skin And Mucous Membrane Agents, Misc.		
<i>acitretin</i>	T1	PA
<i>adapalene external gel 0.1 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>azelaic acid external</i>	T1	
<i>calcipotriene external cream</i>	T1	
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST
<i>calcitriol external</i>	T1	QL (800 GM per 28 days)
CIBINQO	T4	PA; SP
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
<i>dapsone oral</i>	T1	90DS
<i>diclofenac sodium external gel 1 %</i>	T1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP
<i>fluorouracil external cream 0.5 %</i>	T1	
<i>fluorouracil external cream 5 %</i>	T1	QL (40 g per 30 days)

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>fluorouracil external solution</i>	T1	
HYFTOR	T4	PA; SP
ILUMYA	T4	PA; SP
<i>imiquimod external cream 5 %</i>	T1	QL (24 EA per 30 days)
<i>isotretinoin oral</i>	T1	PA; QL (60 EA per 30 days)
<i>l-glutamine oral packet</i>	T4	PA; SP
<i>nitroglycerin rectal</i>	T3	
OPZELURA	T4	PA
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
PANRETIN	T4	PA; SP
<i>pimecrolimus</i>	T1	ST
<i>podofilox external solution</i>	T1	
REGRANEX	T3	PA; QL
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
<i>tacrolimus external ointment</i>	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
<i>tazarotene external cream</i>	T1	
<i>tazarotene external gel</i>	T1	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4	PA; SP
VALCHLOR	T4	PA; SP

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
Smooth Muscle Relaxants		
Antimuscarinics		
<i>darifenacin hydrobromide er</i>	T1	ST; 90DS
<i>fesoterodine fumarate er</i>	T1	90DS
<i>flavoxate hcl</i>	T1	90DS
<i>oxybutynin chloride er</i>	T1	90DS
<i>oxybutynin chloride oral solution</i>	T1	90DS
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	90DS
<i>solifenacin succinate</i>	T1	90DS
<i>tolterodine tartrate</i>	T1	90DS
<i>tolterodine tartrate er</i>	T1	ST; 90DS
<i>trospium chloride</i>	T1	90DS
<i>trospium chloride er</i>	T1	ST; 90DS
Respiratory Smooth Muscle Relaxants		
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS; SP
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
Selective Beta-3-Adrenergic Agonists		
<i>mirabegron er</i>	T3	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	QL (300 ML per 30 days); AL (Min 3 Years and Max 18 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	QL (30 EA per 30 days)
Vitamins		
Multivitamin Preparations		
<i>m-natal plus</i>	T1	

		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
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
Drug Name	Drug Tier	Requirements and Limits
<i>pnv prenatal plus multivitamin</i>	T1	
PRENATABS RX	T1	
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>westab plus</i>	T1	
Vitamin B Complex		
<i>cvs folic acid oral tablet 800 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drospiren-eth estrad-levomefol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>folic acid oral capsule 0.8 mg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>folic acid oral tablet 1 mg</i>	T1	90DS
<i>folic acid oral tablet 400 mcg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>folic acid oral tablet 800 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>gnp folic acid</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kp folic acid oral tablet 800 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEDERLE LEUCOVORIN	T1	
<i>leucovorin calcium oral</i>	T1	
<i>m-natal plus</i>	T1	
<i>niacin er (antihyperlipidemic)</i>	T1	90DS
<i>pnv prenatal plus multivitamin</i>	T1	
PRENATABS RX	T1	
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>qc folic acid</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>ra folic acid oral tablet 400 mcg</i>	T1	ACA Preventative Medication-\$0 Copay

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>ra folic acid oral tablet 800 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
TYDEMY	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>westab plus</i>	T1	
<i>yl folic acid</i>	T1	ACA Preventative Medication-\$0 Copay
Vitamin D		
<i>calcitriol oral</i>	T1	90DS
<i>doxercalciferol oral</i>	T1	90DS
<i>paricalcitol oral</i>	T1	90DS
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	90DS

Index

A

- abacavir sulfate* 13
- abacavir sulfate-lamivudine* 14
- ABILIFY ASIMTUFII 76, 82
- ABILIFY MAINTENA .. 76, 82, 83
- abiraterone acetate* 20
- abiraterone acetate micronized* 20
- ABIRTEGA..... 20
- ABRILADA (1 PEN) 129, 187, 193, 195
- ABRILADA (2 PEN) 129, 187, 193, 195
- ABRILADA (2 SYRINGE)129, 187, 193, 195
- ABRYSVO..... 33
- acamprosate calcium* 2, 90
- acarbose* 136
- ACCU-CHEK AVIVA 108
- ACCU-CHEK AVIVA PLUS 108, 114
- ACCU-CHEK FASTCLIX LANCET 108
- ACCU-CHEK FASTCLIX LANCETS 108
- ACCU-CHEK GUIDE 108
- ACCU-CHEK GUIDE CONTROL 108
- ACCU-CHEK GUIDE ME 108
- ACCU-CHEK GUIDE TEST 114
- ACCU-CHEK SMARTVIEW 114
- ACCU-CHEK SMARTVIEW CONTROL 108
- ACCU-CHEK SOFTCLIX LANCET DEV 109
- ACCU-CHEK SOFTCLIX LANCETS 109
- acebutolol hcl* . 44, 58, 61, 63, 67
- acetaminophen-codeine* ... 72, 94, 96
- acetazolamide* 61, 73, 115, 121
- acetazolamide er* 61, 73, 115, 121
- acetic acid* 124
- acetylcysteine*..... 2, 189, 207
- acitretin*..... 218, 220
- ACTEMRA..... 186, 193, 195
- ACTEMRA ACTPEN 185, 193, 195
- ACTHAR 114, 165
- ACTHIB 33
- ACTIMMUNE 195
- acyclovir* 17, 214
- ADACEL..... 32, 33
- adalimumab-aaty (1 pen)* 129, 187, 193, 195
- adalimumab-aaty (2 pen)* 129, 187, 193, 196
- adalimumab-aaty (2 syringe)* 129, 187, 193, 196
- adalimumab-aaty cd/uc/hs start*..... 129, 187, 193, 196
- adalimumab-fkjp*..... 129, 187, 193, 196
- adalimumab-fkjp (2 pen)*. 129, 187, 193, 196
- adalimumab-fkjp (2 syringe)* 129, 187, 193, 196
- adapalene* 201, 218, 220
- adapalene-benzoyl peroxide* 201, 218, 219, 220
- adefovir dipivoxil*..... 17
- ADEMPAS..... 210, 211
- adult aspirin regimen* .. 50, 53, 78, 101
- ADVANCED EYE RELIEF 124
- ADVOCATE ALCOHOL PREP PADS 109
- ADZENYS XR-ODT..... 72
- AFIRMELLE 138, 151, 166
- AFLURIA..... 33
- AFLURIA PRESERVATIVE FREE 33
- AIMOVIG..... 89
- AIRZONE PEAK FLOW METER..... 109
- AKYNZEO 126, 131
- albendazole*..... 7
- albuterol sulfate* 43, 210
- albuterol sulfate hfa* ... 43, 210
- alclometasone dipropionate* 215
- alcohol pads* 109
- alcohol prep*..... 109
- alcohol prep pads*..... 109
- alcohol swabs*..... 109
- alcohol swabstick* 109
- ALECENSA..... 20
- alendronate sodium*..... 191
- alfuzosin hcl er* 43
- ALINIA..... 8
- allopurinol*..... 190
- almotriptan malate*..... 104
- ALOCRIIL 119, 207
- alogliptin benzoate* 151
- alogliptin-metformin hcl* .. 137, 151
- ALOMIDE 5, 119, 207
- alosetron hcl*..... 127
- alprazolam*..... 88
- ALTAVERA 139, 151, 166
- ALUNBRIG..... 20
- alyacen 1/35*.... 139, 152, 166
- alyacen 7/7/7*... 139, 152, 166
- ALYFTREK..... 206
- ALYGLO..... 31
- amantadine hcl*..... 6, 71
- ambrisentan* 70, 206, 210
- AMETHIA 139, 152, 166
- AMETHYST.... 139, 152, 166
- amiloride hcl* 69, 116
- amiloride-hydrochlorothiazide* 116
- aminocaproic acid* 49
- amiodarone hcl*..... 64
- amitriptyline hcl*..... 106
- amlodipine besy-benazepril hcl*..... 57, 64
- amlodipine besylate*.... 64, 65, 70
- amlodipine besylate-valsartan* 56, 64
- amlodipine-atorvastatin*64, 66
- amlodipine-olmesartan* 56, 64
- ammonium lactate* 215
- amoxapine*..... 106

<i>amoxicillin</i> 7, 127, 128	<i>aspirin ec adult low dose</i> .. 50, 53, 79, 101	AYVAKIT 21
<i>amoxicillin-pot clavulanate</i> .. 7	<i>aspirin ec low dose</i> 50, 53, 79, 101	AZASITE 119
<i>amoxicillin-pot clavulanate er</i> 7	<i>aspirin ec low strength</i> 50, 53, 79, 101	<i>azathioprine</i> 183, 193, 196, 199
<i>amphetamine sulfate</i> 72	<i>aspirin low dose</i> ... 50, 53, 79, 101	<i>azelaic acid</i> 211, 220
<i>amphetamine-dextroamphet er</i> 72	<i>aspirin low strength</i> 50, 53, 79, 102	<i>azelastine hcl</i> 119, 209
<i>amphetamine-dextroamphetamine</i> 72	<i>aspirin-dipyridamole er</i> 51, 69, 102, 114	<i>azithromycin</i> 18
<i>ampicillin</i> 7	ASSESS PEAK FLOW METER..... 109	AZURETTE 140, 152, 167
<i>anagrelide hcl</i> 53	ASTAGRAF XL 183, 199, 217	B
<i>anastrozole</i> 20, 136	<i>atazanavir sulfate</i> 15	<i>bacitracin</i> 10, 119, 211
ANDEMBRY 65	<i>atenolol</i> 44, 58, 61, 63, 67	<i>bacitracin-polymyxin b</i> 10, 119, 212
<i>apomorphine hcl</i> 94	<i>atenolol-chlorthalidone</i> 58, 61, 117	<i>baclofen</i> 41
<i>apraclonidine hcl</i> 118, 124	<i>atomoxetine hcl</i> 90, 99	BAFIERTAM..... 184, 196
<i>aprepitant</i> 131	<i>atorvastatin calcium</i> 66	<i>balsalazide disodium</i> 127
APRETUDE..... 12	<i>atovaquone</i> 8	BALVERSA 21
APRI..... 139, 152, 166	<i>atovaquone-proguanil hcl</i> 7	BALZIVA 140, 153, 167
APTIOM 73, 92	<i>atropine sulfate</i> 2, 37, 125, 204	BAND-AID GAUZE SMALL 109
APTIVUS..... 15	ATROVENT HFA 37, 204	BAQSIMI ONE PACK. 2, 163, 189
ARANELLE 139, 152, 166	AUBRA EQ..... 139, 152, 167	BAQSIMI TWO PACK 2, 163, 189
ARANESP (ALBUMIN FREE) 47, 48	<i>aum alcohol prep pads</i> 109	BARACLUDE 17
AREXVY 33	AUROVELA 1.5/30. 139, 152, 167	BAXDELA..... 19
<i>aripiprazole</i> 76, 83	AUROVELA 1/20.... 139, 152, 167	BD AUTOSHIELD DUO .. 109
ARISTADA 76, 77, 83	AUROVELA 24 FE . 139, 152, 167	BD INS SYR ULTRAFINE 1/2UNIT 109
ARISTADA INITIO..... 76, 83	AUROVELA FE 1.5/30 ... 139, 152, 167	BD INSULIN SYRINGE U-500..... 109
<i>armodafinil</i> 106	AUROVELA FE 1/20 139, 152, 167	BD INSULIN SYRINGE ULTRAFINE..... 109
ARNUITY ELLIPTA 121, 133, 205, 208	AUSTEDO..... 106	BD PEN NEEDLE MICRO ULTRAFINE..... 109
<i>artificial tears</i> 124	AUSTEDO PATIENT TITRATION KIT 106	BD PEN NEEDLE MINI U/F 109
<i>artificial tears pf</i> 124	AUSTEDO XR..... 106	BD PEN NEEDLE MINI ULTRAFINE..... 109
ASCENIV 31	AUSTEDO XR PATIENT TITRATION..... 106	BD PEN NEEDLE NANO 2ND GEN..... 109
<i>asenapine maleate</i> 77, 83	AVERI 139, 152, 167	BD PEN NEEDLE NANO ULTRAFINE..... 110
ASHLYNA 139, 152, 167	AVIANE 139, 152, 167	BD PEN NEEDLE ORIG ULTRAFINE..... 110
ASMANEX (120 METERED DOSES)..... 133	AVONEX PEN..... 185, 196	BD PEN NEEDLE SHORT ULTRAFINE..... 110
ASMANEX (30 METERED DOSES)..... 133	AVONEX PREFILLED.... 185, 196	BD SWAB SINGLE USE REGULAR 110
ASMANEX (60 METERED DOSES)..... 133	AYUNA..... 139, 152, 167	BD VEO INSULIN SYR U/F 1/2UNIT 110
ASMANEX HFA 133		
<i>aspirin</i> 50, 51, 53, 79, 102		
<i>aspirin 81</i> 50, 53, 78, 101		
<i>aspirin adult low dose</i> . 50, 53, 78, 101		
<i>aspirin adult low strength</i> . 50, 53, 78, 101		
<i>aspirin childrens</i> ... 50, 53, 78, 101		

BD VEO INSULIN SYR	BREZTRI AEROSPHERE 37,	CAMZYOS
ULTRAFINE..... 110	43, 133	candesartan cilexetil..... 56
BELSOMRA 82, 98	<i>briellyn</i> 140, 153, 167	<i>candesartan cilexetil-hctz</i> . 56,
<i>benazepril hcl</i> 57	<i>brimonidine tartrate</i> . 118, 211	117
<i>benazepril-</i>	<i>brimonidine tartrate-timolol</i>	<i>capecitabine</i> 21
<i>hydrochlorothiazide</i> 57, 116	 118, 121, 211	CAPLYTA..... 83
BENLYSTA 184, 199	<i>brinzolamide</i> 121	CAPRELSA..... 21
<i>benznidazole</i> 8, 17	BRIVIACT..... 73	<i>captopril</i> 57
<i>benzoyl peroxide-</i>	<i>bromocriptine mesylate</i> 91	CAPVAXIVE..... 34
<i>erythromycin</i> 212, 219	BRUKINSA..... 21	<i>carbamazepine</i> 74, 77
<i>benztropine mesylate</i> .. 38, 73	<i>budesonide</i> 133, 205, 208	<i>carbamazepine er.</i> 73, 74, 77
<i>bepotastine besilate</i> 4, 119	<i>budesonide-formoterol</i>	<i>carbidopa</i> 91
BERINERT 192	<i>fumarate</i> 43, 133	<i>carbidopa-levodopa</i> 91
BESIVANCE..... 119	<i>bumetanide</i> 67, 115	<i>carbidopa-levodopa er.</i> 91
<i>betaine</i> 200	<i>buprenorphine</i> 98	<i>carbidopa-levodopa-</i>
<i>betamethasone dipropionate</i>	<i>buprenorphine hcl</i> 98	<i>entacapone</i> 90, 91
..... 133, 215	<i>buprenorphine hcl-naloxone</i>	<i>carbinoxamine maleate</i> .. 3, 4,
<i>betamethasone dipropionate</i>	<i>hcl</i> 97, 98	206
<i>aug</i> 133, 215	<i>bupropion hcl</i> 76	<i>carboxymethylcellulose</i>
<i>betamethasone valerate</i> . 133,	<i>bupropion hcl er (smoking</i>	<i>sodium</i> 124
215	<i>det)</i> 45, 76	CARETOUCH ALCOHOL
BETASERON 185, 196	<i>bupropion hcl er (sr)</i> 76	PREP..... 110
<i>betaxolol hcl</i> ... 44, 58, 61, 63,	<i>bupropion hcl er (xl)</i> 76	<i>carglumic acid</i> 115
67, 121	<i>buspirone hcl</i> 82, 94	<i>carisoprodol</i> 40
<i>bethanechol chloride</i> 42	<i>butalbital-acetaminophen</i> . 73,	<i>carteolol hcl</i> 121
BEVESPI AEROSPHERE 37,	87, 94	CARTIA XT 59, 60, 64, 70
43, 214	<i>butalbital-apap-caff-cod</i> 73,	<i>carvedilol</i> .. 41, 43, 55, 58, 62,
<i>bexarotene</i> 21, 213	87, 94, 96, 99	63, 68
BEXSERO..... 33	<i>butalbital-apap-caffeine</i> 73,	CAYA 202
<i>bicalutamide</i> 21	87, 94, 99	CAYSTON..... 16
BIJUVA 153, 167	<i>butalbital-aspirin-caffeine</i> . 87,	<i>cefaclor</i> 6
BIKTARVY 12, 14	99, 102	<i>cefaclor er</i> 5
BILDYOS 183	<i>butorphanol tartrate</i> 79, 98	<i>cefadroxil</i> 5
<i>bisoprolol fumarate</i> 44, 58,	BYLVAY 128, 129	<i>cefdinir</i> 6
61, 63, 67	BYLVAY (PELLETS) 128, 129	<i>cefixime</i> 6
<i>bisoprolol-</i>	C	<i>cefpodoxime proxetil</i> 6
<i>hydrochlorothiazide</i> 58, 62,	CABENUVA 12, 13	<i>cefprozil</i> 6
117	<i>cabergoline</i> 91	<i>cefuroxime axetil</i> 6
BIVIGAM 31	CABOMETYX..... 21	<i>celecoxib</i> 90
BLISOVI 24 FE 140, 153, 167	<i>calcipotriene</i> 215, 220	<i>cephalexin</i> 5
BLISOVI FE 1.5/30. 140, 153,	<i>calcipotriene-betameth diprop</i>	CERDELGA 118, 200
167	 215, 220	CEREZYME 118
BLISOVI FE 1/20.... 140, 153,	<i>calcitonin (salmon)</i> .. 137, 191	<i>cevimeline hcl</i> 42
167	<i>calcitriol</i> 220, 224	CHARLOTTE 24 FE140, 153,
BOOSTRIX..... 32, 33	<i>calcium acetate (phos binder)</i>	168
<i>bosentan</i> 70, 206, 210	 115, 116	CHATEAL EQ . 140, 153, 168
BOSULIF..... 21	CALQUENCE..... 21	<i>childrens aspirin</i> ... 51, 53, 79,
BRAFTOVI 21	CAMILA..... 140, 168	102
BRENZAVVY 180	CAMRESE 140, 153, 168	<i>chlordiazepoxide hcl</i> 88
	CAMRESE LO. 140, 153, 168	

<i>chlordiazepoxide-amitriptyline</i>	88, 106	<i>clobetasol prop emollient base</i>	215	COSENTYX UNOREADY	186, 194, 220
<i>chlorhexidine gluconate</i>	6, 120, 121, 214, 219	<i>clobetasol propionate</i>	216	COTELLIC	22
<i>chloroquine phosphate</i>	7	<i>clobetasol propionate e</i> ...	215	CREON	118, 129
<i>chlorpromazine hcl</i>	98	<i>clocortolone pivalate</i>	216	CRESEMBA	9
<i>chlorthalidone</i>	70, 117	<i>clomipramine hcl</i>	106	<i>cromolyn sodium</i>	119, 124, 207
<i>chlorzoxazone</i>	41	<i>clonazepam</i>	87, 88	CROTAN	219
<i>cholestyramine</i>	59	<i>clonidine</i>	37, 62, 65	CRYSSELLE-28	140, 153, 168
<i>cholestyramine light</i>	59	<i>clonidine hcl</i>	37, 62, 65	CURITY ALCOHOL PREPS	110
CIBINQO .	186, 193, 218, 220	<i>clonidine hcl er</i>	37, 65	CURITY ALL PURPOSE SPONGES	110
<i>ciclopirox</i>	217	<i>clopidogrel bisulfate</i>	51	CURITY AMD ANTIMICROBIAL SPNGE	110
<i>ciclopirox olamine</i>	217	<i>clorazepate dipotassium</i> ...	87, 88	CURITY GAUZE	110
<i>cilostazol</i>	51, 69	<i>clotrimazole</i>	214	CURITY GAUZE SPONGE	110
CIMDUO	14	<i>clotrimazole anti-fungal</i> ...	214	CURITY SPONGES	110
CIMERLI	126	<i>clotrimazole-betamethasone</i>	214, 216	CUTAQUIG	31
<i>cimetidine</i>	4, 131	<i>clozapine</i>	83	CUVITRU	32
CIMZIA... 129, 184, 188, 193, 196		<i>codeine sulfate</i>	96, 205	<i>cvs alcohol prep pads</i>	110
CIMZIA (1 SYRINGE)	129, 184, 187, 193, 196	<i>colchicine</i>	190	<i>cvs antibacterial gauze</i> ...	110
CIMZIA (2 SYRINGE)	129, 184, 187, 193, 196	<i>colchicine-probenecid</i>	117, 190	<i>cvs aspirin adult low dose</i>	51, 53, 79, 102
CIMZIA-STARTER .	130, 184, 188, 193, 196	<i>colesevelam hcl</i>	59, 136	<i>cvs aspirin adult low strength</i>	51, 53, 79, 102
<i>cinacalcet hcl</i>	137	<i>colestipol hcl</i>	59	<i>cvs aspirin ec</i>	51, 54, 79, 102
CINRYZE	192	COMBIPATCH	153, 168	<i>cvs aspirin low dose</i> ...	51, 54, 79, 102
CIPRO HC	119, 121	COMBIVENT RESPIMAT .	37, 43, 204	<i>cvs aspirin low strength</i>	51, 54, 79, 102
<i>ciprofloxacin hcl</i>	8, 19, 119	COMETRIQ (100 MG DAILY DOSE)	21	<i>cvs folic acid</i>	223
<i>ciprofloxacin-dexamethasone</i>	119, 121	COMETRIQ (140 MG DAILY DOSE)	22	<i>cvs gauze</i>	110
<i>ciprofloxacin-fluocinolone pf</i>	119, 121	COMETRIQ (60 MG DAILY DOSE)	22	<i>cvs nicotine</i>	38, 39, 45
<i>citalopram hydrobromide</i> .	105	COMFORT TOUCH ALCOHOL PREP	110	<i>cvs nicotine polacrilex</i> .	38, 45
<i>clarithromycin</i>	8, 18, 128	COMIRNATY	34	<i>cvs prep</i>	110
<i>clarithromycin er</i> ...	8, 18, 128	COMIRNATY 5-11 YEARS	34	<i>cyclobenzaprine hcl</i>	41
<i>clemastine fumarate</i>	3, 4, 206	<i>constulose</i>	115	<i>cyclophosphamide</i>	22, 185, 199
<i>clindamycin hcl</i>	16, 212	COPIKTRA	22	<i>cyclosporine</i> ...	120, 124, 183, 194, 196, 199
<i>clindamycin palmitate hcl</i> .	16, 212	CORLANOR	61, 70	<i>cyclosporine modified</i>	120, 183, 194, 196, 199
<i>clindamycin phos (once-daily)</i>	16, 212	CORTROPHIN	114, 165	<i>cyproheptadine hcl</i> ..	3, 4, 207
<i>clindamycin phos (twice-daily)</i>	16, 212	CORTROPHIN GEL	114, 165	CYRED EQ	140, 153, 168
<i>clindamycin phos-benzoyl perox</i>	16, 212, 219	COSENTYX	186, 193, 220	CYSTAGON	200
<i>clindamycin phosphate</i>	16, 212	COSENTYX (300 MG DOSE)	186, 193, 220		
<i>clobazam</i>	87, 88	COSENTYX SENSOREADY (300 MG)	186, 193, 220		
		COSENTYX SENSOREADY PEN	186, 194, 220		

D		
<i>dabigatran etexilate mesylate</i>		
.....	48	
<i>dalfampridine er</i>	200, 201	
<i>danazol</i>	136	
<i>dantrolene sodium</i>	41	
<i>dapsone</i>	7, 8, 212, 220	
<i>DAPTACEL</i>	33, 34	
<i>darifenacin hydrobromide er</i>		
.....	222	
<i>darunavir</i>	15	
<i>dasatinib</i>	22	
<i>DASETTA 1/35 (28)</i> 140, 153,		
168		
<i>DASETTA 7/7/7</i>	140, 153,	
168		
<i>DAURISMO</i>	22	
<i>DAWNZERA</i>	66, 190	
<i>DAYSEE</i>	140, 153, 168	
<i>DAYVIGO</i>	82, 98	
<i>DEBLITANE</i>	140, 168	
<i>deferasirox</i>	132	
<i>deferasirox granules</i>	132	
<i>deferiprone</i>	133	
<i>DELSTRIGO</i>	13, 14	
<i>DELYLA</i>	141, 153, 168	
<i>demeclocycline hcl</i>	19	
<i>DERMACEA GAUZE</i>		
SPONGE	110	
<i>DERMACEA IV DRAIN</i>		
SPONGES.....	110	
<i>DERMACEA IV SPONGES</i>		
.....	110	
<i>DERMACEA NON-WOVEN</i>		
SPONGES.....	111	
<i>DERMACEA TYPE VII</i>		
GAUZE	111	
<i>DESCOVY</i>	14, 17	
<i>desipramine hcl</i>	106	
<i>desloratadine</i>	5, 209	
<i>desmopressin ace spray</i>		
refrig	49, 165	
<i>desmopressin acetate</i> 49, 165		
<i>desmopressin acetate spray</i>		
.....	49, 165	
<i>desogestrel-ethinyl estradiol</i>		
.....	141, 153, 168	
<i>desonide</i>	216	
<i>desoximetasone</i>	216	
<i>desvenlafaxine succinate er</i>		
.....	104	
<i>dexamethasone</i>	122, 134	
<i>dexamethasone sodium</i>		
phosphate.....	122	
<i>DEXCOM G6 RECEIVER</i> 111		
<i>DEXCOM G6 SENSOR</i> ... 111		
<i>DEXCOM G6</i>		
TRANSMITTER	111	
<i>DEXCOM G7 15 DAY</i>		
SENSOR	111	
<i>DEXCOM G7 RECEIVER</i> 111		
<i>DEXCOM G7 SENSOR</i> ... 111		
<i>dexlansoprazole</i>	132	
<i>dexmethylphenidate hcl</i>	99	
<i>dexmethylphenidate hcl er</i> 99		
<i>dextroamphetamine sulfate</i> 72		
<i>dextroamphetamine sulfate</i>		
er	72	
<i>DIACOMIT</i>	74, 91, 92	
<i>DIASTAT ACUDIAL</i>	87, 89	
<i>diazepam</i>	87, 88, 89	
<i>diclofenac potassium</i>	95	
<i>diclofenac sodium</i>	95, 100,	
106, 125, 219, 220		
<i>diclofenac sodium er</i>	95	
<i>diclofenac-misoprostol</i>	95,	
132		
<i>dicloxacillin sodium</i>	18	
<i>dicyclomine hcl</i>	37, 38	
<i>DIFICID</i>	18	
<i>diflunisal</i>	95, 100	
<i>difluprednate</i>	122	
<i>DIGOX</i>	58, 61	
<i>digoxin</i>	58, 61	
<i>dihydroergotamine mesylate</i>		
.....	42, 79	
<i>DILANTIN</i>	63, 92	
<i>diltiazem hcl</i>	59, 60, 64, 70	
<i>diltiazem hcl er</i> 59, 60, 64, 70		
<i>diltiazem hcl er beads</i> . 59, 60,		
64, 70		
<i>diltiazem hcl er coated beads</i>		
.....	59, 60, 64, 70	
<i>dilt-xr</i>	59, 60, 64, 70	
<i>dimethyl fumarate</i>	184, 196	
<i>dimethyl fumarate starter</i>		
pack.....	184, 196	
<i>DIPENTUM</i>	127	
<i>diphenoxylate-atropine</i>	38,	
126		
<i>dipyridamole</i> ..	51, 69, 70, 114	
<i>disopyramide phosphate</i> ...	62	
<i>disulfiram</i>	2, 189	
<i>divalproex sodium</i> 74, 77, 79,		
80, 92		
<i>divalproex sodium er</i> ..	74, 77,	
79, 92		
<i>dofetilide</i>	64	
<i>DOLISHALE</i>	141, 154, 168	
<i>donepezil hcl</i>	42	
<i>DOPTelet</i>	48	
<i>DOPTelet SPRINKLE</i>	48	
<i>dorzolamide hcl</i>	121	
<i>dorzolamide hcl-timolol mal</i>		
.....	121	
<i>DOVATO</i>	12, 14	
<i>doxazosin mesylate</i>	42, 55,	
58		
<i>doxepin hcl</i>	106, 213	
<i>doxercalciferol</i>	224	
<i>doxycycline hyclate</i> 7, 20, 212		
<i>doxycycline monohydrate</i> ...	7,	
20, 212		
<i>doxylamine-pyridoxine</i>	127	
<i>dronabinol</i>	126, 130	
<i>DROPSAFE ALCOHOL</i>		
PREP	111	
<i>drospiren-eth estrad-</i>		
<i>levomefol</i>	141, 154, 168,	
223		
<i>drospirenone-ethinyl estradiol</i>		
.....	141, 154, 168	
<i>DROXIA</i>	22	
<i>DUAVEE</i>	151, 154	
<i>duloxetine hcl</i>	91, 104	
<i>DUPIXENT</i>	207, 217, 220	
<i>DUREX REALFEEL</i>	202	
<i>dutasteride</i>	188, 189	
<i>dutasteride-tamsulosin hcl</i> 43,		
188, 189		
<i>DYSPORT</i>	40, 45, 200	
E		
<i>easy comfort alcohol pads</i>		
.....	111	
<i>EASY TOUCH ALCOHOL</i>		
PREP MEDIUM	111	
<i>ec-naproxen</i> 80, 95, 100, 190		
<i>econazole nitrate</i>	214	

ECONTRA ONE-STEP .. 136, 141, 169	<i>emtricitabine</i> 14	ERLEADA 22
EDURANT 13	<i>emtricitabine-tenofovir df</i> .. 14, 17	<i>erlotinib hcl</i> 22
EDURANT PED 13	<i>emtricitab- rilpivir-tenofov df</i> 13, 14, 17	ERRIN 141, 169
<i>efavirenz</i> 13	EMTRIVA 14	<i>ertapenem sodium</i> 10
<i>efavirenz-emtricitab-tenofo df</i> 13, 14	EMVERM 7	ERYTHROCIN STEARATE 10
<i>efavirenz-lamivudine-</i> <i>tenofovir</i> 13, 14	EMZAHH 141, 169	<i>erythromycin</i> 11, 119, 212
EGRIFTA SV 181	<i>enalapril maleate</i> 57	<i>erythromycin base</i> 10
EGRIFTA WR 181	<i>enalapril-hydrochlorothiazide</i> 57, 117	<i>erythromycin ethylsuccinate</i> 10
EKTERLY 66	ENBREL 188, 194, 196	ERZOFRI 83, 84
ELELYSO 118	ENBREL MINI . 188, 194, 196	<i>escitalopram oxalate</i> 105
<i>eletriptan hydrobromide</i> .. 104	ENBREL SURECLICK .. 188, 194, 196	<i>esomeprazole magnesium</i> 132
ELIGARD 22, 163	ENCARE 202	ESTARYLLA ... 141, 154, 169
ELINEST 141, 154, 169	ENGERIX-B 34	<i>estazolam</i> 89
ELIQUIS 48	ENILLORING .. 141, 154, 169	<i>estradiol</i> 154, 191
ELIQUIS (1.5 MG PACK) .. 48	<i>enoxaparin sodium</i> 49	<i>estradiol valerate</i> 154, 191
ELIQUIS (2 MG PACK) 48	ENPRESSE-28 141, 154, 169	<i>estradiol-norethindrone acet</i> 154, 169
ELIQUIS DVT/PE STARTER PACK 48	ENSKYCE 141, 154, 169	<i>eszopiclone</i> 82, 94
ELLA 141, 169	<i>entacapone</i> 90	<i>ethacrynic acid</i> 67, 115
ELMIRON 200	<i>entecavir</i> 17	<i>ethambutol hcl</i> 9
<i>eltrombopag olamine</i> 48	<i>enulose</i> 115	<i>ethosuximide</i> 105
ELURYNG 141, 154, 169	ENVARBUS XR 183, 199, 217	<i>ethynodiol diac-eth estradiol</i> 141, 154, 169
EMBECTA AUTOSHIELD DUO 111	EPCLUSA 11	<i>etodolac</i> 95, 100
EMBECTA INS SYR U/F 1/2 UNIT 111	EPIDIOLEX 74	<i>etodolac er</i> 95, 100
EMBECTA INSULIN SYR ULTRAFINE 111	<i>epinastine hcl</i> 5, 119	<i>etonogestrel-ethinyl estradiol</i> 141, 154, 169
EMBECTA INSULIN SYRINGE 111	<i>epinephrine</i> 37, 204	<i>etoposide</i> 22
EMBECTA INSULIN SYRINGE U-100 111	<i>eplerenone</i> 67, 69, 116	<i>etravirine</i> 13
EMBECTA INSULIN SYRINGE U-500 111	<i>eq artificial tears</i> 124	EUCRISA 213, 219
EMBECTA PEN NEEDLE NANO 111	<i>eq aspirin adult low dose</i> .. 51, 54, 80, 102	EUFLEXXA 200
EMBECTA PEN NEEDLE NANO 2 GEN 111	<i>eq aspirin low dose</i> 51, 54, 80, 102	<i>everolimus</i> 23, 185, 199
EMBECTA PEN NEEDLE ULTRAFINE 111	<i>eq nicotine</i> 39, 45	EVOTAZ 15, 200
EMCYT 22	<i>eq nicotine polacrilex</i> ... 39, 45	EVRYSDI 200
EMEND 131	<i>eq nicotine step 3</i> 39, 45	EXCILON IV SPONGES . 111
EMGALITY 89	<i>eq restore tears</i> 124	<i>exemestane</i> 23, 136
EMGALITY (300 MG DOSE) 89	<i>eql alcohol swabs</i> 111	EXKIVITY 23
EMPAVELI 192	<i>eql aspirin low dose</i> 51, 54, 80, 102	EXTAVIA 185, 196
EMSAM 93	<i>eql gauze</i> 111	<i>ezetimibe</i> 62
	EQUETRO 74, 77	<i>ezetimibe-simvastatin</i> .. 62, 66
	<i>ergoloid mesylates</i> 42	F
	ERGOMAR 42, 80	FALMINA 142, 154, 169
	<i>ergotamine-caffeine</i> ... 42, 80, 99	<i>famciclovir</i> 17
	ERIVEDGE 22	<i>famotidine</i> 4, 131
		FANAPT 84
		FANAPT TITRATION PACK A 84

FANAPT TITRATION PACK
 B 84
 FANAPT TITRATION PACK
 C 84
 FANTASY LUBRICATED 202
 FANTASY
 LUBRICATED/SPERMICID
 E 202
 FARXIGA 180
 FASENRA 207
 FASENRA PEN 207
 FC2 FEMALE CONDOM 202
febuxostat 190
 FEIRZA 1.5/30 142, 154, 169
 FEIRZA 1/20 ... 142, 155, 169
felbamate 74
felodipine er 64, 65
 FEMCAP 202
fenofibrate 66
fenofibrate micronized 65
fenofibric acid 66
fenoprofen calcium ... 95, 100
fentanyl 96
 FERRIPROX TWICE-A-DAY
 133
fesoterodine fumarate er 222
 FETZIMA 104
 FETZIMA TITRATION 104
 FIFTY50 ALCOHOL PREP
 111
finasteride 188, 189, 215
 fingolimod hcl 187, 196
 FINTEPLA 74
 FINZALA 142, 155, 169
 FIRDAPSE 42, 201
flavoxate hcl 222
 FLEBOGAMMA DIF 32
flecainide acetate 63
 FLUAD 34
 FLUARIX 34
 FLUBLOK 34
 FLUCELVAX 34
fluconazole 9
flucytosine 19
fludrocortisone acetate ... 134
 FLULAVAL 34
 FLUMIST 34
flunisolide 122, 134, 205, 208
fluocinolone acetonide ... 122,
 216

fluocinonide 216
fluocinonide emulsified base
 216
fluorometholone 122
fluorouracil 23, 213, 220, 221
fluoxetine hcl 105
fluoxetine hcl (pmdd) 105
fluphenazine decanoate ... 98
fluphenazine hcl 98
flurbiprofen 95, 100, 125
flurbiprofen sodium .. 100, 125
fluticasone furoate-vilanterol
 43, 122, 134, 205
fluticasone propionate ... 122,
 134, 205, 208, 216
fluticasone propionate diskus
 122, 134, 205, 208
fluticasone propionate hfa
 122, 134, 205, 208
fluticasone-salmeterol 44,
 122, 134, 205
fluvoxamine maleate 105
 FLUZONE 34
 FLUZONE HIGH-DOSE 34
 FML FORTE 123
folic acid 223
fondaparinux sodium ... 47, 50
formoterol fumarate ... 44, 210
fosamprenavir calcium 15
fosfomycin tromethamine .. 20
fosinopril sodium 57
 FOSRENOL 115, 189
 FOTIVDA 23
 FRAGMIN 49
 FREESTYLE LIBRE 14 DAY
 READER 111
 FREESTYLE LIBRE 14 DAY
 SENSOR 111
 FREESTYLE LIBRE 2 PLUS
 SENSOR 111
 FREESTYLE LIBRE 2
 READER 111
 FREESTYLE LIBRE 2
 SENSOR 111
 FREESTYLE LIBRE 3 PLUS
 SENSOR 112
 FREESTYLE LIBRE 3
 READER 112
 FREESTYLE LIBRE 3
 SENSOR 112

FREESTYLE LIBRE
 READER 112
frovatriptan succinate 104
 FULPHILA 48
furosemide 67, 115
 FUZEON 11
 FYAVOLV 155, 169
 FYCOMPA 74
G
gabapentin 73, 74, 92
 GALAFOLD 117, 201
galantamine hydrobromide 42
galantamine hydrobromide er
 42
 GALBRIELA ... 142, 155, 170
 GAMMAGARD 32
 GAMMAGARD S/D LESS
 IGA 32
 GAMMAKED 32
 GAMMAPLEX 32
 GAMUNEX-C 32
 GARDASIL 9 34
gatifloxacin 119
 GATTEX 129, 130
gauze pads 112
gauze type vii medi-pak ... 112
 GAVILYTE-C 128
 GAVILYTE-G 128
 GAVILYTE-N WITH FLAVOR
 PACK 128
 GAVRETO 23
gefitinib 23
 GELSYN-3 201
gemfibrozil 66
 GEMMILY 142, 155, 170
generlac 115
 GENGRAF 120, 121, 183,
 194, 197, 199
 GENOTROPIN 165, 181
 GENOTROPIN MINISQUICK
 165, 181
gentamicin sulfate 6, 119, 212
 GENTEAL TEARS 124
 GENTEAL TEARS PF 124
 GENVOYA 12, 14
 GILOTTRIF 23
glatiramer acetate ... 182, 197
 GLATOPA 182, 197
 GLEOSTINE 23
glimepiride 182

glipizide 182
glipizide er..... 182
glipizide xl..... 182
glipizide-metformin hcl ... 137, 182
global alcohol prep ease . 112
glyburide 182
glyburide micronized 182
glyburide-metformin 138, 182
glycopyrrolate..... 38, 214
GLYXAMBI..... 151, 180
gnp adult aspirin low strength 51, 54, 80, 102
gnp alcohol swabs..... 112
gnp aspirin..... 51, 54, 80, 102
gnp aspirin low dose .. 51, 54, 80, 102
gnp folic acid 223
gnp nicotine..... 39, 45
gnp nicotine mini 39, 45
gnp nicotine polacrilex. 39, 45
gnp sterile gauze..... 112
GOCOVRI 6, 38, 71
*goodsense alcohol swabs*112
goodsense aspirin 51, 54, 80, 103
goodsense aspirin low dose 51, 54, 80, 102
goodsense nicotine 39, 45
granisetron hcl..... 126
griseofulvin microsize..... 7
guanfacine hcl..... 62, 65, 90
guanfacine hcl er..... 90
GVOKE HYPOPEN 1-PACK 2, 163, 189
GVOKE HYPOPEN 2-PACK 2, 163, 189
GVOKE KIT..... 2, 163, 189
GVOKE PFS 2, 163, 189
GYNAZOLE-1 214
H
HADLIMA 130, 188, 194, 197
HADLIMA PUSHTOUCH 130, 188, 194, 197
HAEGARDA..... 192
HAILEY 1.5/30 142, 155, 170
HAILEY 24 FE. 142, 155, 170
HAILEY FE 1.5/30.. 142, 155, 170

HAILEY FE 1/20..... 142, 155, 170
halcinonide 216
halobetasol propionate... 216, 217
HALOETTE 142, 155, 170
haloperidol..... 89
haloperidol decanoate 89
haloperidol lactate 89
HARVONI..... 11
HAVRIX..... 35
HEATHER 142, 170
h-e-b aspirin .. 52, 54, 80, 103
h-e-b incontrol alcohol..... 112
heparin sodium (porcine)... 49
heparin sodium (porcine) pf 49
HEPLISAV-B 35
HETLIOZ LQ 82, 93
HIBERIX..... 35
HIZENTRA 32
hm nicotine polacrilex.. 39, 46
hm sterile pads..... 112
HUMALOG 179
HUMALOG KWIKPEN..... 179
HUMALOG MIX 50/50..... 179
HUMALOG MIX 50/50 KWIKPEN 179
HUMALOG MIX 75/25..... 179
HUMALOG MIX 75/25 KWIKPEN 179
HUMATROPE 165, 181
HUMULIN 70/30..... 164, 179
HUMULIN 70/30 KWIKPEN 164, 179
HUMULIN N 164
HUMULIN N KWIKPEN... 164
HUMULIN R 179
HUMULIN R U-500 (CONCENTRATED) 179
HUMULIN R U-500 KWIKPEN 180
HYCAMTIN 23
hydralazine hcl 65
hydrochlorothiazide ... 70, 117
hydrocod poli-chlorphe poli er 4, 5, 205
hydrocodone bitartrate er.. 96
hydrocodone-acetaminophen 73, 94, 96

hydrocodone-ibuprofen 95, 96, 100
hydrocortisone 123, 134, 215, 217
hydrocortisone (perianal) 123, 134, 217
hydrocortisone butyrate.. 123, 134, 217
hydrocortisone valerate .. 123, 135, 217
hydrocortisone-acetic acid 123, 124, 135, 217
hydromorphone hcl..... 96
hydromorphone hcl er 96
hydroxychloroquine sulfate. 7, 184, 194, 197
hydroxyurea 23
hydroxyzine hcl..... 4, 82
hydroxyzine pamoate 4, 82
HYFTOR . 186, 199, 218, 221
HYQVIA..... 32, 118
I
ibandronate sodium..... 191
IBRANCE 23
ibuprofen 80, 95, 100
icatibant acetate 59, 191, 192
ICLEVIA 142, 155, 170
ICLUSIG..... 23
icosapent ethyl 58, 68
IDHIFA 23
ILUMYA..... 218, 221
imatinib mesylate..... 23
IMBRUVICA 23, 24
imipramine hcl 106
imipramine pamoate..... 106
imiquimod..... 213, 221
IMULDOSA 186
INCASSIA 142, 170
INCRELEX 181
INCRUSE ELLIPTA... 38, 204
indapamide..... 70, 117
indomethacin 95, 100, 190
indomethacin er. 95, 100, 190
INFANRIX 33, 35
INGREZZA 106
INLYTA..... 24
INQOVI..... 24
INREBIC..... 24
insulin degludec..... 165
*insulin degludec flextouch*165

insulin lispro 179
insulin lispro (1 unit dial).. 179
insulin lispro junior kwikpen
..... 179
INTELENCE 13
INTROVALE.... 142, 155, 170
INVEGA HAFYERA..... 84
INVEGA SUSTENNA..... 84
INVEGA TRINZA..... 85
IPOL..... 35
ipratropium bromide .. 38, 204
ipratropium-albuterol .. 38, 44,
204
irbesartan 56
irbesartan-
hydrochlorothiazide 56, 117
ISENTRESS..... 12
ISENTRESS HD..... 12
ISIBLOOM..... 142, 155, 170
isoniazid 9
isosorbide dinitrate 68
isosorbide mononitrate 68
isosorbide mononitrate er.. 68
isotretinoin..... 218, 221
isradipine..... 64, 65
ISTURISA..... 135, 201
itraconazole..... 9
ivabradine hcl..... 61, 70
ivermectin..... 7, 219
J
J & J GAUZE..... 112
JAIMIESS..... 142, 155, 170
JAKAFI..... 24, 218
JANTOVEN 47
JANUMET 138, 151
JANUMET XR 138, 151
JANUVIA..... 151
JARDIANCE..... 180
JASMIEL 143, 155, 170
JAYPIRCA..... 24
JENCYCLA 143, 170
JINTELI 155, 170
JOLESSA..... 143, 155, 170
JOURNAVX..... 73
JUBLIA..... 214
JULEBER..... 143, 155, 171
JULUCA 12, 13
JUNEL 1.5/30.. 143, 156, 171
JUNEL 1/20..... 143, 156, 171

JUNEL FE 1.5/30 ... 143, 156,
171
JUNEL FE 1/20 143, 156, 171
JUNEL FE 24 .. 143, 156, 171
just tears eye drops..... 124
JUXTAPID..... 58, 67
JYNNEOS 35
K
KAITLIB FE 143, 156, 171
KALBITOR 66, 192, 200
KALLIGA 143, 156, 171
KALYDECO..... 206
KARIVA..... 143, 156, 171
KELNOR 1/35 . 143, 156, 171
KELNOR 1/50 . 143, 156, 171
KENDALL HYDROPHILIC
FOAM DRESS..... 112
KENDALL HYDROPHILIC
FOAM PLUS..... 112
KESIMPTA..... 197
ketoconazole 9, 10, 214
ketoprofen 80, 95
ketorolac tromethamine.... 95,
100, 101, 125
KEVZARA 186, 194
KINERET..... 186, 194, 197
KISQALI (200 MG DOSE). 24
KISQALI (400 MG DOSE). 24
KISQALI (600 MG DOSE). 24
KLOR-CON 116
KLOR-CON 10 116
KLOR-CON M10 116
KLOR-CON M15 116
KLOR-CON M20 116
KLOXXADO 2, 97
kls aspirin low dose 52, 54,
80, 103
KLS QUIT2..... 39, 46
KLS QUIT4..... 39, 46
KOSELUGO 24
kp aspirin..... 52, 54, 80, 103
kp folic acid 223
KRAZATI 24
KRINTAFEL 7
KURVELO 143, 156, 171
L
labetalol hcl 41, 43, 56, 58,
62, 63, 68
lacosamide 74, 92, 93
lactulose 115

lactulose encephalopathy 115
LAGEVRIO..... 18
lamivudine 14
lamivudine-zidovudine..... 14
lamotrigine..... 75, 77
lamotrigine er 74, 77
lamotrigine starter kit-blue 75,
77
lamotrigine starter kit-green
..... 75, 77
lamotrigine starter kit-orange
..... 75, 77
lanreotide acetate..... 180
lansoprazole..... 132
lanthanum carbonate..... 115,
189
LANTUS 165
LANTUS SOLOSTAR..... 165
lapatinib ditosylate..... 24
LARIN 1.5/30... 143, 156, 171
LARIN 1/20..... 143, 156, 171
LARIN 24 FE ... 144, 156, 171
LARIN FE 1.5/30 144, 156,
171
LARIN FE 1/20 144, 156, 171
LASTACRAFT 4, 5, 119
latanoprost 125
LAYOLIS FE.... 144, 156, 172
LEDERLE LEUCOVORIN .. 3,
189, 223
ledipasvir-sofosbuvir..... 11
LEENA 144, 157, 172
leflunomide..... 186, 194, 197,
199
lenalidomide 24, 197
LENVIMA (10 MG DAILY
DOSE) 24
LENVIMA (12 MG DAILY
DOSE) 24
LENVIMA (14 MG DAILY
DOSE) 24
LENVIMA (18 MG DAILY
DOSE) 25
LENVIMA (20 MG DAILY
DOSE) 25
LENVIMA (24 MG DAILY
DOSE) 25
LENVIMA (4 MG DAILY
DOSE) 25

LENVIMA (8 MG DAILY DOSE)	25	<i>lithium carbonate er</i>	77	LYSODREN	25
LESSINA.....	144, 157, 172	LIVDELZI.....	128	LYTGOBI (12 MG DAILY DOSE)	25
<i>letrozole</i>	25, 136	LIVMARLI.....	128, 130	LYTGOBI (16 MG DAILY DOSE)	25
<i>leucovorin calcium</i>	3, 189, 223	<i>lofexidine hcl</i>	37	LYTGOBI (20 MG DAILY DOSE)	26
LEUKERAN.....	25	LOJAIMIESS ...	144, 157, 172	LYZA	145, 173
LEUKINE.....	48	LOKELMA	116	M	
<i>leuprolide acetate</i>	25, 163	LONSURF	25	<i>malathion</i>	220
<i>leuprolide acetate (3 month)</i>	25, 163	<i>loperamide hcl</i>	126	<i>maraviroc</i>	11
<i>levalbuterol hcl</i>	44, 210	<i>lopinavir-ritonavir</i>	15	<i>marlissa</i>	145, 157, 173
<i>levetiracetam</i>	75	<i>lorazepam</i>	88, 89	MARPLAN.....	93
<i>levetiracetam er</i>	75	LORBRENA	25	MATULANE.....	26
<i>levobunolol hcl</i>	121	LORYNA	144, 157, 172	MAVENCLAD (10 TABS) .	26, 182, 197, 199
<i>levocarnitine</i>	201	<i>losartan potassium</i>	56	MAVENCLAD (4 TABS) ...	26, 182, 197, 199
<i>levocarnitine sf</i>	201	<i>losartan potassium-hctz</i> ...	56, 117	MAVENCLAD (5 TABS) ...	26, 182, 197, 199
<i>levocetirizine dihydrochloride</i>	5	<i>loteprednol etabonate</i>	123	MAVENCLAD (6 TABS) ...	26, 182, 197, 199
<i>levofloxacin</i>	9, 19, 212	<i>lovastatin</i>	66	MAVENCLAD (7 TABS) ...	26, 183, 197, 199
LEVONEST	144, 157, 172	LOW-OGESTREL ..	144, 157, 172	MAVENCLAD (8 TABS) ...	26, 183, 197, 199
<i>levonorgest-eth est & eth est</i>	144, 157, 172	<i>loxapine succinate</i>	81, 91	MAVENCLAD (9 TABS) ...	26, 183, 197, 199
<i>levonorgest-eth estrad 91-day</i>	144, 157, 172	LO-ZUMANDIMINE	144, 157, 172	MAVYRET	11
<i>levonorgestrel</i> ..	136, 144, 172	<i>lubiprostone</i>	128, 130	MAYZENT	187, 197
<i>levonorgestrel-ethinyl estrad</i>	144, 157, 172	<i>lubricant eye drops</i>	124	MAYZENT STARTER PACK	187, 197
<i>levonorg-eth estrad triphasic</i>	144, 157, 172	LUIZZA 1.5/30.	145, 157, 172	<i>meclizine hcl</i>	4, 127
LEVORA 0.15/30 (28)	144, 157, 172	LUIZZA 1/20....	145, 157, 172	<i>meclofenamate sodium</i>	95, 101
<i>levorphanol tartrate</i>	96	<i>luliconazole</i>	214	MEDPURA	
<i>levothyroxine sodium</i>	182	LUMAKRAS	25	HYDROCORTISONE .	123, 135, 217
LEVOXYL.....	182	LUMIGAN.....	125	<i>medroxyprogesterone acetate</i>	145, 173
LEXIVA	15	<i>lung perform peak flow meter</i>	112	<i>mefenamic acid</i>	95, 101
<i>L-glutamine</i>	201, 221	LUPKYNIS	187, 199	<i>mefloquine hcl</i>	7
<i>lidocaine</i>	213	LUPRON DEPOT (1-MONTH)	25, 163	<i>megestrol acetate</i>	26, 173
<i>lidocaine hcl</i>	125, 213	LUPRON DEPOT (3-MONTH)	25, 163	<i>meijer alcohol swabs</i>	112
<i>lidocaine viscous hcl</i>	125	LUPRON DEPOT (4-MONTH)	25, 163	MEKINIST	26
<i>lidocaine-prilocaine</i>	213	LUPRON DEPOT (6-MONTH)	25, 163	MEKTOVI	26
<i>linezolid</i>	18	LUPRON DEPOT (6-MONTH)	25, 163	MELEYA.....	145, 173
LINZESS	130, 131	LUPRON DEPOT-PED (1-MONTH)	163	<i>meloxicam</i>	95, 101
<i>liothyronine sodium</i>	182	LUPRON DEPOT-PED (3-MONTH)	164	<i>memantine hcl</i>	90
<i>lisdexamfetamine dimesylate</i>	72	LUPRON DEPOT-PED (6-MONTH)	164	<i>memantine hcl er</i>	90
<i>lisinopril</i>	57	<i>lurasidone hcl</i>	85		
<i>lisinopril-hydrochlorothiazide</i>	57, 117	LUTERA	145, 157, 172		
<i>lithium carbonate</i>	77	LYLEQ.....	145, 173		
		LYNPARZA	25		

MENEST	157, 191	MIBELAS 24 FE	145, 158, 173	nadolol	41, 44, 55, 58, 62, 63, 68
MENQUADFI.....	35	MICROGESTIN 1.5/30 ...	145, 158, 173	naftifine hcl	211
MENVEO.....	35	MICROGESTIN 1/20	145, 158, 173	naloxone hcl	2, 3, 97, 189, 190
meperidine hcl.....	96	MICROGESTIN FE 1.5/30	145, 158, 173	naltrexone hcl	2, 3, 46, 97, 189, 190
meprobamate	82, 94	MICROGESTIN FE 1/20	145, 158, 173	naproxen	80, 95, 101, 190
mercaptapurine	26, 185, 199, 200	midodrine hcl	37	naproxen sodium	80, 95, 101, 190
MERZEE	145, 158, 173	mifepristone.....	136, 204	naratriptan hcl	104
mesalamine.....	127	miglustat.....	118, 201	NATACYN	120
mesalamine er.....	127	MILI	145, 158, 173	nateglinide.....	165
mesalamine-cleanser	127	MIMVEY	158, 173	NAYZILAM	88, 89
mesna	201	MINI WRIGHT PEAK FLOW METER.....	112	nebivolol hcl ...	41, 58, 62, 63
metaxalone.....	41	minocycline hcl.....	7, 20, 119, 212	NECON 0.5/35 (28)	146, 158, 174
metformin hcl.....	138	minoxidil	65, 215	NECON 1/35 (28)...	146, 158, 174
metformin hcl er	138	mirabegron er.....	222	nefazodone hcl	105
methadone hcl.....	96	MIRASORB SPONGES ..	112	neomycin sulfate .	6, 120, 213
methazolamide.....	61, 121	mirtazapine.....	76, 105	neomycin-bacitracin zn-polymyx	120
methenamine hippurate	20	misoprostol.....	132	neomycin-polymyxin-dexameth.....	120, 123
methimazole.....	137	M-M-R II	35	neomycin-polymyxin-gramicidin	120
methocarbamol	13, 41	m-natal plus.....	50, 222, 223	neomycin-polymyxin-hc..	120, 123
methotrexate sodium	26, 184, 194, 197, 200	MNEXSPIKE	35	NERLYNX	26
methotrexate sodium (pf) .	26, 184, 194, 197, 200	modafinil.....	106	NEUPRO	94
methoxsalen rapid.....	219	moexipril hcl	57	NEVANAC.....	125
methscopolamine bromide	38	mometasone furoate	123, 135, 205, 206, 208, 217	nevirapine.....	13
methsuximide	105	MONO-LINYAH.....	145, 158, 173	nevirapine er	13
methyl dopa.....	37, 62, 65	montelukast sodium	207	NEW DAY	137, 146, 174
methylphenidate hcl	100	morphine sulfate.....	96	NEXLETOL	55, 58
methylphenidate hcl er	99, 100	morphine sulfate er	96	NEXLIZET	55, 58, 62
methylphenidate hcl er (cd)	99	MOUNJARO.....	164	niacin er (antihyperlipidemic)	58, 223
methylphenidate hcl er (la)	99	MOVANTIK	130, 131	nicardipine hcl	64, 65, 71
methylphenidate hcl er (osm)	99	moxifloxacin hcl....	9, 19, 120, 212	NICORELIEF.....	39, 46
methylphenidate hcl er (xr)	99	MRESVIA.....	35	nicotine.....	39, 46
methylprednisolone	135	MULTAQ	64	nicotine mini	39, 46
methyltestosterone	136	mupirocin.....	213	nicotine polacrilex.....	39, 46
metoclopramide hcl.....	132	MY CHOICE....	136, 145, 174	nicotine step 1	40, 46
metolazone.....	70, 117	MY WAY.....	137, 146, 174	nicotine step 2	40, 46
metoprolol succinate er	44, 58, 62, 63, 68	mycophenolate mofetil ...	183, 200	nicotine step 3	40, 46
metoprolol tartrate	44, 58, 62, 63, 68	mycophenolate sodium ...	200	NICOTROL NS.....	40, 46
metoprolol-hydrochlorothiazide	58, 62, 117	MYRBETRIQ.....	222	nifedipine.....	65, 71
metronidazole... 6, 8, 17, 128, 212		N		nifedipine er.....	64, 65, 71
mexiletine hcl	63	nabumetone	95, 101		

<i>nifedipine er osmotic release</i> 65, 71	NUBEQA..... 27	OMNIPOD DASH PDM (GEN 4) 112
NIKKI..... 146, 158, 174	NUCALA..... 204	OMNIPOD DASH PODS (GEN 4) 112
<i>nilutamide</i> 26	NUDEXTA..... 90	OMNITROPE 166, 181
<i>nimodipine</i> 65, 71	NUPLAZID 85	<i>ondansetron</i> 126
NINLARO 27	NURTEC 89	<i>ondansetron hcl</i> 126
<i>nitisinone</i> 118, 201	NUTROPIN AQ NUSPIN 10 166, 181	ONGENTYS 90
NITRO-BID..... 68	NUTROPIN AQ NUSPIN 20 166, 181	ONUREG 27
NITRO-DUR..... 68	NUTROPIN AQ NUSPIN 5 166, 181	OPCICON ONE-STEP ... 137, 147, 175
<i>nitrofurantoin macrocrystal</i> 20	<i>nuvaxovid covid-19 vaccine</i> 35	OPILL 147, 175
<i>nitrofurantoin monohyd</i> <i>macro</i> 20	NYLIA 1/35..... 147, 159, 175	OPTICHAMBER DIAMOND 112
<i>nitroglycerin</i> 68, 215, 221	NYLIA 7/7/7..... 147, 159, 175	OPTICHAMBER DIAMOND- LG MASK..... 113
NITYR 118, 201	<i>nystatin</i> 19, 219	OPTICHAMBER DIAMOND- MD MASK..... 113
NIVESTYM..... 48	<i>nystatin-triamcinolone</i> 19, 217, 219	OPTICHAMBER DIAMOND- SM MASK 113
<i>nizatidine</i> 4, 131	O	OPTION 2 137, 147, 175
NORA-BE..... 146, 174	OCELLA..... 147, 159, 175	OPZELURA..... 27, 218, 221
NORDITROPIN FLEXPRO 166, 181	OCTAGAM 32	ORENCIA..... 184, 194, 197
<i>norelgestromin-eth estradiol</i> 146, 158, 174	<i>octreotide acetate</i> ... 130, 180, 181	ORENCIA CLICKJECT .. 183, 194, 197
<i>norethin ace-eth estrad-fe</i> 146, 158, 174	ODEFSEY 13, 14, 18	ORENITRAM..... 71, 209, 210
<i>norethindrone</i> 146, 174	ODOMZO 27	ORENITRAM MONTH 1... 71, 209, 210
<i>norethindrone acetate</i> 174	OFEV 204	ORENITRAM MONTH 2... 71, 209, 210
<i>norethindrone acet-ethinyl est</i> 146, 158, 174	<i>ofloxacin</i> 19, 120	ORENITRAM MONTH 3... 71, 209, 210
<i>norethindrone-eth estradiol</i> 159, 174	<i>olanzapine</i> 77, 85, 126	ORFADIN 118, 201
<i>norethindron-ethinyl estrad-fe</i> 146, 159, 174	<i>olmesartan medoxomil</i> 56	ORILISSA..... 137
<i>norethin-eth estradiol-fe</i> . 146, 159, 174	<i>olmesartan medoxomil-hctz</i> 56, 117	ORKAMBI..... 206
<i>norgestimate-eth estradiol</i> 146, 159, 175	<i>olopatadine hcl</i> 4, 5, 119	ORLADEYO 66, 193, 200
<i>norgestim-eth estrad triphasic</i> 146, 159, 175	OLUMIANT..... 186, 194	<i>orphenadrine citrate er</i> 41, 45, 73
NORLYDA..... 147, 175	<i>omega-3-acid ethyl esters</i> 58, 68	<i>orphenadrine-aspirin-caffeine</i> 41, 45, 100, 103
NORLYROC..... 147, 175	<i>omeprazole</i> 132	ORSERDU 27
NORPACE CR 62	<i>omeprazole-sodium</i> <i>bicarbonate</i> 126, 132	ORSYTHIA..... 147, 159, 175
NORTREL 0.5/35 (28).... 147, 159, 175	OMNIFLEX DIAPHRAGM202	<i>oseltamivir phosphate</i> 16
NORTREL 1/35 (21)..... 147, 159, 175	OMNIPOD 5 DEXG7G6 INTRO GEN 5..... 112	OSPHERA..... 151
NORTREL 1/35 (28)..... 147, 159, 175	OMNIPOD 5 DEXG7G6 PODS GEN 5..... 112	OTEZLA . 187, 195, 197, 198, 221
NORTREL 7/7/7 147, 159, 175	OMNIPOD 5 LIBRE2 G6 INTRO GEN5..... 112	OTEZLA XR 187
<i>nortriptyline hcl</i> 106	OMNIPOD 5 LIBRE2 PLUS G6 PODS..... 112	OTEZLA/OTEZLA XR INITIATION PK 187
NORVIR 15	OMNIPOD DASH INTRO (GEN 4) 112	OTULFI 186

oxaprozin 96, 101
oxazepam..... 89
oxcarbazepine..... 75, 93
OXERVATE..... 121, 124
oxiconazole nitrate 214
oxybutynin chloride 222
oxybutynin chloride er 222
oxycodone hcl 96, 97
oxycodone-acetaminophen
..... 73, 95, 97
OXYCONTIN..... 97
oxymorphone hcl..... 97
oxymorphone hcl er..... 97
OZEMPIC (0.25 OR 0.5
MG/DOSE) 164
OZEMPIC (1 MG/DOSE) 164
OZEMPIC (2 MG/DOSE) 164
P
paliperidone er 85
PANRETIN..... 213, 221
pantoprazole sodium..... 132
PANZYGA..... 32
paricalcitol 224
paroxetine hcl..... 105
paroxetine hcl er..... 105
PAXLOVID (150/100).... 9, 10
PAXLOVID (300/100 &
150/100) 9, 10
PAXLOVID (300/100).... 9, 10
pazopanib hcl..... 27
peak a-i-r flow meter 113
PEAK AIR PEAK FLOW
METER..... 113
PEDVAX HIB..... 35
peg 3350-kcl-na bicarb-nacl
..... 128
peg-3350/electrolytes..... 128
PEGASYS... 16, 27, 185, 198
PEMAZYRE 27
PENBRAYA..... 35
penciclovir 214
penicillamine 3, 133, 195
penicillin v potassium 16
penmenvy..... 35
pentamidine isethionate 8
pentazocine-naloxone hcl 97,
98
pentoxifylline er..... 49
perindopril erbumine 57
permethrin..... 220

perphenazine 98
*perphenazine-amitriptyline*98,
106
PERSERIS 77, 85
PHARMACIST CHOICE
ALCOHOL 113
phenelzine sulfate 93
phenobarbital 87
*phenoxybenzamine hcl*42, 70
PHENYTEK..... 63, 92
phenytoin..... 63, 92
phenytoin sodium extended
..... 63, 92
PHEXXI 202
PHILITH 147, 159, 175
PIFELTRO..... 13
pilocarpine hcl 42, 125
pimecrolimus ... 200, 218, 221
pimozide..... 82, 91
PIMTREA 147, 159, 176
pindolol..... 41, 58, 62, 63, 68
pioglitazone hcl 182
pioglitazone hcl-metformin
hcl..... 138, 182
PIQRAY (200 MG DAILY
DOSE) 27
PIQRAY (250 MG DAILY
DOSE) 27
PIQRAY (300 MG DAILY
DOSE) 27
pirfenidone 204, 209
PIRMELLA 7/7/7 147, 159,
176
piroxicam..... 96, 101
PNEUMOVAX 23 36
pnv prenatal plus multivitamin
..... 50, 223
POCKET PEAK FLOW
METER..... 113
POCKETPEAK PEAK FLOW
METER..... 113
podofilox..... 218, 221
polyethylene glycol 3350. 128
polymyxin b-trimethoprim . 19,
120, 213
polyvinyl alcohol..... 124
POMALYST..... 27, 198
PORTIA-28..... 147, 160, 176
posaconazole 10
potassium chloride 116

potassium chloride crys er
..... 116
potassium chloride er 116
potassium citrate er 114
PRALUENT 68
pramipexole dihydrochloride
..... 94
pramipexole dihydrochloride
er 94
prasugrel hcl..... 52
pravastatin sodium 66
praziquantel..... 7
prazosin hcl 42, 55, 56, 59
prednisolone..... 123, 135
*prednisolone acetate*123, 135
prednisolone sodium
phosphate..... 123, 135
prednisone 135
pregabalin 75, 91, 92
PREHEVBRIO..... 36
PREMARIN 160, 191
PREMPHASE..... 160, 176
PREMPRO 160, 176
PRENATABS RX..... 50, 223
prenatal 50, 223
pretomanid 9
PREVNAR 20 36
PREVYMIS..... 9
PREZCOBIX 15, 201
PREZISTA..... 15
PRIFTIN 9, 19
primaquine phosphate..... 8
primidone 87
PRIORIX 36
PRIVIGEN..... 32
pro comfort alcohol..... 113
probenecid 117, 190
prochlorperazine..... 99, 127
prochlorperazine maleate. 99,
127
progesterone 176
PROGRAF 183, 200, 218
promethazine hcl.. 3, 4, 5, 82,
126, 129, 207
PROMETHEGAN 4, 5, 82,
126, 129, 207
propafenone hcl..... 63
proparacaine hcl..... 125
propranolol hcl 41, 59, 62, 63,
68, 81

<i>propranolol hcl er</i> . 41, 59, 62, 63, 68, 80	<i>ra aspirin ec adult low st...</i> 52, 55, 81, 103	<i>ribavirin</i> 18
<i>propylthiouracil</i> 137	<i>ra folic acid</i> 223, 224	<i>rifabutin</i> 9, 19
PROQUAD 36	<i>ra mini nicotine</i> 40, 46	<i>rifampin</i> 9, 19
<i>protriptyline hcl</i> 106	<i>ra nicotine</i> 40, 46, 47	<i>riluzole</i> 72, 90
PULMICORT FLEXHALER 135, 206, 208	<i>ra nicotine gum</i> 40, 46	RINVOQ 186, 195
PULMOZYME 118, 207	<i>ra nicotine polacrilex ...</i> 40, 46	RINVOQ LQ 186
PURE & GENTLE LUBRICANT 124	<i>ra sterile</i> 113	<i>risedronate sodium</i> 191
<i>pure comfort alcohol prep</i> 113	<i>rabeprazole sodium</i> 132	<i>risperidone</i> 78, 86
<i>pyrazinamide</i> 9	RADICAVA ORS 72, 90	<i>risperidone microspheres er</i> 78, 85
<i>pyridostigmine bromide</i> 42	RADICAVA ORS STARTER KIT 72, 90	<i>ritonavir</i> 15
<i>pyridostigmine bromide er</i> 42	<i>raloxifene hcl</i> 151, 191	<i>rivaroxaban</i> 48
<i>pyrimethamine</i> 8	<i>ramelteon</i> 82, 93	<i>rivastigmine</i> 43
PYRUKYND 47	<i>ramipril</i> 57	<i>rivastigmine tartrate</i> 43
PYRUKYND TAPER PACK 47	<i>ranolazine er</i> 61	RIVELSA 148, 160, 176
Q	<i>rasagiline mesylate</i> 93	RIVIVE 3, 98
<i>qc alcohol swabs</i> 113	<i>reality swabs</i> 113	<i>rizatriptan benzoate</i> 104
<i>qc aspirin low dose</i> 52, 54, 81, 103	REBIF..... 185, 198	<i>roflumilast</i> 208, 218, 219
<i>qc border island gauze</i> 113	REBIF REBIDOSE .. 185, 198	<i>ropinirole hcl</i> 94
<i>qc childrens aspirin</i> 52, 54, 81, 103	REBIF REBIDOSE TITRATION PACK 185, 198	<i>ropinirole hcl er</i> 94
<i>qc folic acid</i> 223	REBIF TITRATION PACK 185, 198	<i>rosuvastatin calcium</i> 66
<i>qc sterile pads</i> 113	RECLIPSEN... 148, 160, 176	ROSYRAH 148, 160, 176
QINLOCK..... 27	RECOMBIVAX HB 36	ROZLYTREK..... 28
QLOSI 42, 125	REFRESH TEARS 124	RUBRACA..... 28
<i>quazepam</i> 89	REGRANEX 221	RUCONEST 192, 193
<i>quetiapine fumarate</i> 78, 85	RELENZA DISKHALER 16	<i>rufinamide</i> 75, 93
<i>quetiapine fumarate er</i> 77, 85	<i>releuko</i> 48	RUKOBIA 11
<i>quinapril hcl</i> 57	RELION ALCOHOL SWABS 113	RUXIENCE..... 28
<i>quinapril-hydrochlorothiazide</i> 57, 117	RELISTOR 98, 130, 131, 132	RYBELSUS 164
<i>quinidine gluconate er</i> ... 8, 62	RENACIDIN 115	RYBELSUS (FORMULATION R2)... 164
<i>quinidine sulfate</i> 8, 63	<i>repaglinide</i> 165	RYDAPT..... 28
<i>quinine sulfate</i> 8	REPATHA 68	RYKINDO 78, 86
QULIPTA..... 89	REPATHA PUSHTRONEX SYSTEM..... 69	S
QVAR REDIHALER 135, 206, 208	REPATHA SURECLICK... 69	<i>sacubitril-valsartan</i> 56, 69
R	RESTORE CONTACT LAYER..... 113	SANDIMMUNE..... 121, 183, 195, 198, 200
<i>ra alcohol swabs</i> 113	RETACRIT 47, 49	SANTYL 118, 215, 221
<i>ra aspirin adult low dose</i> .. 52, 54, 81, 103	RETEVMO 27, 28	<i>sapropterin dihydrochloride</i> 117, 201
<i>ra aspirin adult low strength</i> 52, 55, 81, 103	REVLIMID 28, 198	<i>saps care alcohol prep</i> 113
<i>ra aspirin childrens</i> 52, 55, 81, 103	REXTOVY 3, 98	<i>saps health alcohol prep</i> . 113
<i>ra aspirin ec</i> ... 52, 55, 81, 103	REXULTI 85	<i>saps health care alcohol prep</i> 113
	REYATAZ..... 15	SAVELLA 91, 104
	REZLIDHIA 28	SAVELLA TITRATION PACK 91, 104
	REZUROCK 201	<i>sb alcohol prep</i> 113
	RHOPRESSA..... 126	<i>sb childrens aspirin</i> 52, 55, 81, 103

<i>sb low dose asa ec</i> 52, 55, 81, 103	<i>sm sterile</i> 113	<i>sucralfate</i> 132
SCSEMBLIX..... 28	<i>sodium chloride</i> 207	<i>sulconazole nitrate</i> 214
<i>scopolamine</i> 38, 127, 131	<i>sodium fluoride</i> 107, 108, 192	<i>sulfacetamide sodium</i> 120
SECUADO..... 78, 86	<i>sodium fluoride 5000 plus</i> 107, 108, 191	<i>sulfacetamide sodium (acne)</i> 213
SELARSDI..... 186	<i>sodium fluoride 5000 ppm</i> 107, 108, 192	<i>sulfacetamide-prednisolone</i> 120, 123
<i>selegiline hcl</i> 93	<i>sodium oxybate</i> . 90, 106, 190	<i>sulfadiazine</i> 19
<i>selenium sulfide</i> 214, 219	<i>sodium polystyrene sulfonate</i> 3, 116, 190	<i>sulfamethoxazole-trimethoprim</i> 8, 19, 20
SELZENTRY..... 11	<i>sofosbuvir-velpatasvir</i> 11	SULFAMYLON..... 213, 219
SEROSTIM..... 166, 181	SOLIA..... 148, 160, 176	<i>sulfasalazine</i> 19, 127, 184, 195, 198
<i>sertraline hcl</i> 105	<i>solifenacin succinate</i> 222	<i>sulindac</i> 96, 101
SETLAKIN..... 148, 160, 176	SOLQUA..... 164, 165	<i>sumatriptan</i> 104
<i>sevelamer carbonate</i> .. 3, 115, 190	SOLOSEC..... 8	<i>sumatriptan succinate</i> 104
<i>sf</i> 107, 191	SOLTAMOX..... 28, 151	<i>sumatriptan succinate refill</i> 104
<i>sf 5000 plus</i> 107, 108, 191	SOMATULINE DEPOT.... 181	<i>sunitinib malate</i> 28
SHAROBEL..... 148, 176	SOMAVERT..... 181	SUNOSI..... 106
SHINGRIX..... 36	SOOTHE HYDRATION... 124	<i>sure comfort alcohol prep</i> 113
SIGNIFOR..... 181	SOOTHE XP..... 124	<i>surgical gauze sponge</i> 113
<i>sildenafil citrate</i> 69, 208, 210, 222	SOOTHE XP XTRA PROTECTION..... 125	SYEDA..... 148, 160, 176
SILIGENTLE FOAM DRESSING..... 113	<i>sorafenib tosylate</i> 28	SYMDEKO..... 206
SILIQ..... 218, 221	<i>sotalol hcl</i> . 42, 59, 62, 63, 64, 68	SYMPAZAN..... 88, 89
<i>silodosin</i> 43	<i>sotalol hcl (af)</i> . 41, 59, 62, 63, 64, 68	SYMTUZA..... 14, 16, 201
<i>silver sulfadiazine</i> 214, 219	SOTYKTU..... 218, 221	SYNAREL..... 164
SIMBRINZA..... 118, 121	SPIKEVAX..... 36	SYNDROS..... 127, 130
SIMLANDI (1 PEN) 130, 188, 195, 198	SPIKEVAX 6M-11Y..... 36	SYNJARDY..... 138, 180
SIMLANDI (1 SYRINGE). 188	<i>spinosad</i> 220	SYNJARDY XR..... 138, 180
SIMLANDI (2 PEN) 130, 188, 195, 198	SPIRIVA RESPIMAT. 38, 204	SYNTHROID..... 182
SIMLANDI (2 SYRINGE) 130, 188, 195, 198	<i>spironolactone</i> 67, 69, 116	SYSTANE CONTACTS... 125
SIMLIYA..... 148, 160, 176	<i>spironolactone-hctz</i> 67, 69, 116, 117	T
SIMPESSE..... 148, 160, 176	SPRINTEC 28. 148, 160, 176	TABLOID..... 28
SIMPONI. 130, 188, 195, 198	SPS (SODIUM POLYSTYRENE SULF).. 3, 116, 190	TABRECTA..... 28
<i>simvastatin</i> 66	SRONYX..... 148, 160, 176	<i>tacrolimus</i> 183, 200, 218, 221
<i>sirolimus</i> 186, 200, 218	SSD..... 214, 219	<i>tadalafil (pah)</i> 69, 209, 210
SIRTURO..... 9	STEQEYMA..... 186	TAFINLAR..... 28
SKYRIZI..... 130, 218, 221	<i>sterile</i> 113	<i>tafluprost (pf)</i> 125
SKYRIZI PEN..... 218, 221	<i>sterile gauze</i> 113	TAGRISSO..... 29
<i>sm aspirin adult low strength</i> 52, 55, 81, 103	STIOLTO RESPIMAT.. 38, 44	TAKE ACTION 137, 148, 176
<i>sm aspirin low dose</i> 52, 55, 81, 103	STIVARGA..... 28	TAKHZYRO..... 66, 193, 200
<i>sm childrens aspirin</i> ... 52, 55, 81, 103	STRIBILD..... 12, 14, 201	TALTZ..... 186, 221
<i>sm nicotine</i> 40, 47	STRIVERDI RESPIMAT... 44, 210	TALZENNA..... 29
<i>sm nicotine polacrilex</i> .. 40, 47	SUCRAID..... 118	<i>tamoxifen citrate</i> 29, 151
		<i>tamsulosin hcl</i> 43
		TARGRETIN..... 29, 213, 221
		TARINA 24 FE. 148, 160, 177
		TARINA FE 1/20 EQ..... 148, 160, 177

TASCENSO ODT 187, 198	TIVICAY PD 12	TRI-LO-ESTARYLLA..... 149,
TASIGNA 29	<i>tizanidine hcl</i> 41	161, 177
<i>tasimelteon</i> 82, 93	<i>tobramycin</i> 6, 120	TRI-LO-MARZIA..... 149, 161,
TAVNEOS 183, 192, 193	<i>tobramycin-dexamethasone</i> 6,	177
TAYSOFY 148, 160, 177	120, 123	TRI-LO-MILI 149, 161, 177
<i>tazarotene</i> 218, 219, 221	TODAY SPONGE 202	TRI-LO-SPRINTEC 149, 161,
TAZVERIK..... 29	<i>tolcapone</i> 90	177
TDVAX 33	<i>tolterodine tartrate</i> 222	<i>trimethobenzamide hcl</i> 127
TECVAYLI..... 29	<i>tolterodine tartrate er</i> 222	<i>trimethoprim</i> 20
<i>telmisartan</i> 56	<i>tolvaptan</i> 117	TRI-MILI 149, 161, 177
<i>telmisartan-hctz</i> 56, 117	<i>topiramate</i> 75, 81	<i>trimipramine maleate</i> 106
<i>temazepam</i> 89	<i>toremifene citrate</i> 29, 151	TRINESSA (28)149, 161, 177
<i>tenofovir disoproxil fumarate</i>	<i>torsemide</i> 67, 115	TRINTELLIX..... 105
..... 14	TOUJEO MAX SOLOSTAR	TRI-NYMYO 149, 161, 177
TEPMETKO 29	 165	TRI-SPRINTEC 149, 161, 177
<i>terazosin hcl</i> 42, 55, 56, 59	TOUJEO SOLOSTAR 165	TRIUMEQ..... 12, 14
<i>terbinafine hcl</i> 6	<i>tramadol hcl</i> 97	<i>triumeq pd</i> 12, 14
<i>terbutaline sulfate</i> 44, 210	<i>tramadol hcl er</i> 97	TRIVORA (28). 149, 161, 177
<i>terconazole</i> 215	<i>tramadol-acetaminophen</i> .. 73,	TRI-VYLIBRA .. 149, 161, 178
<i>teriflunomide</i> 183, 198	95, 97	TRI-VYLIBRA LO ... 149, 161,
<i>teriparatide</i> 165, 190	<i>trandolapril</i> 57	178
<i>testosterone</i> 136, 137	<i>tranexamic acid</i> 49	<i>trospium chloride</i> 222
<i>testosterone cypionate</i> ... 136,	<i>tranylcypromine sulfate</i> 94	<i>trospium chloride er</i> 222
137	<i>travoprost (bak free)</i> 125	<i>true comfort alcohol prep</i>
<i>testosterone enanthate</i> .. 136,	<i>trazodone hcl</i> 105	<i>pads</i> 114
137	TRECTOR 9	<i>true comfort pro alcohol prep</i>
<i>tetanus-diphtheria toxoids td</i>	TRELEGY ELLIPTA... 38, 44,	 114
..... 33	123, 135, 206	TRULANCE 131
<i>tetrabenazine</i> 106	TRELSTAR MIXJECT 29, 164	TRULICITY..... 164
<i>tetracycline hcl</i> 8, 20, 128,	TREMFYA 184, 218, 221	TRUMENBA 36
213	TREMFYA PEN..... 184, 218	TRUSTEX
TEZSPIRE..... 207, 209	TREMFYA-CD/UC	LUB/RIBBED/STUDDERD
THALOMID..... 29, 198	INDUCTION..... 184, 218	 202
<i>theophylline</i> 65, 100, 115,	<i>tretinoin</i> 29, 215	TRUSTEX
211, 222	TRI FEMYNOR 148, 161, 177	LUB/SPERMICIDE EX ST
<i>theophylline er</i> .. 65, 100, 115,	<i>triamcinolone acetonide</i> . 135,	 202
211, 222	217	TRUSTEX
THERAGAUZE..... 114	<i>triamterene-hctz</i> 116, 117	LUB/SPERMICIDE XL . 203
<i>thioridazine hcl</i> 99	<i>triazolam</i> 89	TRUSTEX LUBRICATED EX
<i>thiothixene</i> 105	<i>trientine hcl</i> 133	LARGE 203
THYROGEN..... 114	TRI-ESTARYLLA ... 149, 161,	TRUSTEX NON-
<i>tiagabine hcl</i> 75, 92	177	LUBRICATED 203
TIBSOVO 29	<i>trifluoperazine hcl</i> 99	TRUSTEX RIA NON-
<i>ticagrelor</i> 52	<i>trifluridine</i> 121	LUBRICATED 203
TILIA FE..... 148, 160, 177	<i>trihexyphenidyl hcl</i> 38, 73	TRUSTEX-NONOXYNOL-
<i>timolol maleate</i> 42, 59, 62, 63,	TRIJARDY XR. 138, 151, 180	9/RIB/STUD 203
68, 81, 121	TRIKAFTA..... 206	TRUXIMA 29
<i>tinidazole</i> 8	TRI-LEGEST FE 149, 161,	TRUZONE PEAK FLOW
<i>tiopronin</i> 201	177	METER 114
TIVICAY 12	TRI-LINYAH 149, 161, 177	TUKYSA..... 29

TURALIO.....	29	VARUBI (180 MG DOSE) 131	WERA 150, 162, 178
TURQOZ..... 149, 161, 178		VAXNEUVANCE 37	<i>westab plus</i> 50, 223, 224
TWINRIX..... 36		VCF VAGINAL	WIDE-SEAL DIAPHRAGM
TYBLUME 149, 161, 178		CONTRACEPTIVE 203	60..... 203
TYBOST..... 201		VELIVET 150, 162, 178	WIDE-SEAL DIAPHRAGM
TYDEMY . 149, 162, 178, 224		VELPHORO 116	65..... 203
TYMLOS 165, 190		VELTASSA..... 116	WIDE-SEAL DIAPHRAGM
TYVASO 71, 209, 210		VEMLIDY 18	70..... 203
TYVASO DPI		VENCLEXTA..... 29	WIDE-SEAL DIAPHRAGM
MAINTENANCE KIT 71,		VENCLEXTA STARTING	75..... 203
209, 210		PACK..... 30	WIDE-SEAL DIAPHRAGM
TYVASO DPI TITRATION		<i>venlafaxine hcl</i> 104	80..... 203
KIT 71, 209, 211		<i>venlafaxine hcl er</i> 104	WIDE-SEAL DIAPHRAGM
TYVASO REFILL KIT 71, 209,		VENTAVIS 71, 209, 211	85..... 203
211		<i>verapamil hcl</i> 60, 64, 71	WIDE-SEAL DIAPHRAGM
TYVASO STARTER KIT .. 71,		<i>verapamil hcl er</i> 59, 60, 64, 71	90..... 203
209, 211		VERQUVO 62, 71	WIDE-SEAL DIAPHRAGM
U		VERSACLOZ 86	95..... 204
UBRELVY 89		VERZENIO 30	WYMZYA FE... 150, 162, 178
ULTICARE ALCOHOL		VESTURA 150, 162, 178	X
SWABS..... 114		VIENVA..... 150, 162, 178	XADAGO 93, 94
<i>ultilet alcohol swabs</i> 114		<i>vigabatrin</i> 75, 92	XALKORI..... 30
ULTRA FRESH 125		<i>vilazodone hcl</i> 105	XARAH FE 150, 162, 178
<i>ultra-care alcohol prep pads</i>		<i>viorele</i> 150, 162, 178	XARELTO 48
..... 114		VIRACEPT 16	XARELTO STARTER PACK
<i>umeclidinium-vilanterol</i> 38, 44		VIREAD..... 15	 48
UNITHROID 182		<i>vitamin d (ergocalciferol)</i> . 224	XATMEP .. 30, 184, 195, 198,
UPTRAVI..... 211		VITRAKVI..... 30	200
UPTRAVI TITRATION..... 211		VIVITROL... 2, 3, 47, 98, 189,	XCOPRI 75, 76, 93
<i>ursodiol</i> 128		190	XCOPRI (250 MG DAILY
UZEDY 86		VIZIMPRO..... 30	DOSE) 75, 93
V		VOCABRIA..... 12	XCOPRI (350 MG DAILY
VAFSEO 49		VOLNEA..... 150, 162, 178	DOSE) 75, 93
<i>valacyclovir hcl</i> 18		<i>voriconazole</i> 10	XELJANZ 186, 195
VALCHLOR..... 213, 221		VOSEVI..... 11	XELJANZ XR 186, 195
<i>valganciclovir hcl</i> 18		VPRIV 118	XELRIA FE..... 150, 162, 179
<i>valproic acid</i> 75, 78, 81, 92		VRAYLAR 86	XEMBIFY 32
<i>valsartan</i> 56		VUITY..... 43, 125	XEOMIN 40, 45, 201
<i>valsartan-hydrochlorothiazide</i>		VUMERITY..... 184, 198	XERMELO..... 126
..... 57, 117		VYFEMLA 150, 162, 178	XIFAXAN..... 19
VALTOCO 10 MG DOSE .. 88		VYLIBRA..... 150, 162, 178	XIGDUO XR 138, 180
VALTOCO 15 MG DOSE .. 88		VYNDAMAX 61, 90, 201	XIIDRA 121, 124
VALTOCO 20 MG DOSE .. 88		VYNDAQEL..... 61, 201	XOFLUZA (40 MG DOSE) . 9,
VALTOCO 5 MG DOSE 88		W	10
VALTYA 1/35 .. 150, 162, 178		<i>warfarin sodium</i> 47	XOFLUZA (80 MG DOSE) . 9,
VALTYA 1/50 .. 150, 162, 178		WEBCOL ALCOHOL PREP	10
<i>vancomycin hcl</i> 11		LARGE 114	XOLAIR..... 185, 209
VAQTA..... 36, 37		WEBCOL ALCOHOL PREP	XOSPATA 30
<i>varenicline tartrate</i> 40, 47		MEDIUM 114	XPOVIO (100 MG ONCE
VARIVAX 37		WELIREG..... 30	WEEKLY) 30

XPOVIO (40 MG ONCE WEEKLY)	30	<i>yl folic acid</i>	224	<i>zileuton er</i>	207
XPOVIO (40 MG TWICE WEEKLY)	30	YONSA.....	31	<i>ziprasidone hcl</i>	78, 86
XPOVIO (60 MG ONCE WEEKLY)	31	YUSIMRY 131, 188, 195, 199		ZOLINZA	31
XPOVIO (60 MG TWICE WEEKLY)	31	YUVAFEM.....	162, 191	<i>zolmitriptan</i>	105
XPOVIO (80 MG ONCE WEEKLY)	31	Z		<i>zolpidem tartrate</i>	82, 94
XPOVIO (80 MG TWICE WEEKLY)	31	ZAFEMY.....	150, 162, 179	<i>zolpidem tartrate er</i>	82, 94
XTANDI.....	31	<i>zafirlukast</i>	207	<i>zonisamide</i>	76, 93
XULANE.....	150, 162, 179	<i>zaleplon</i>	82, 94	ZONTIVITY	52
XULTOPHY.....	164, 165	ZEJULA.....	31	ZOVIA 1/35 (28)	150, 163, 179
XYWAV	90	ZELBORAF	31	ZTLIDO	188, 213
Y		ZENPEP.....	118, 129	ZUMANDIMINE.....	150, 163, 179
YESINTEK	186	ZEPOSIA.....	199	ZURNAL	98
		ZEPOSIA 7-DAY STARTER PACK.....	199	ZYDELIG.....	31
		ZEPOSIA STARTER KIT	199	ZYKADIA.....	31
		<i>zevrx sterile alcohol prep pad</i>	114	ZYLET	120, 123
		<i>zidovudine</i>	15	ZYPREXA RELPREVV	78, 86, 87, 127