



# First Choice Next Formulary

Effective April 15th, 2026

[www.firstchoicenext.com](http://www.firstchoicenext.com)

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

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 **FirstChoice<sup>SM</sup>Next**  
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# 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

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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

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- 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).

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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

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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.

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## 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

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(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.covermyeds.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.

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## 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

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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.

<b>lowercase italics</b> = Generic drugs	<b>UPPERCASE</b> = Brand name drugs	<b>Drug Tier</b> T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	<b>Requirements and Limits</b> AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
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Drug Name	Drug Tier	Requirements and Limits
<b>Antidote Therapeutics</b>		
<b>Acetaminophen Antidote</b>		
<i>acetylcysteine inhalation</i>	T1	
<b>Alcohol Deterrents (91:02)</b>		
<i>acamprosate calcium</i>	T1	90DS
<i>disulfiram oral</i>	T1	90DS
<i>naltrexone hcl oral</i>	T1	
VIVITROL	T2	QL (1 EA per 28 days)
<b>Antidote Therapeutics</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	90DS
BAQSIMI ONE PACK	T2	QL
BAQSIMI TWO PACK	T2	QL
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
KLOXXADO	T2	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	
<i>naloxone hcl injection solution cartridge</i>	T1	

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

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

Drug Name	Drug Tier	Requirements and Limits
<b>First Generation Antihistamines</b>		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	
<i>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 10 mg/5ml</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	
<b>Other Antihistamines</b>		
<i>bepotastine besilate</i>	T1	ST
<i>cimetidine oral tablet 200 mg</i>	T1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	90DS
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	90DS
<i>hydroxyzine hcl oral syrup 10 mg/5ml</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	

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	G = Gender Edit
	T3 = Non-Preferred Brand	MME+ = Opioid Limits Apply
	T4 = Specialty	PA = Prior Authorization
		QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	NDC 62332050203 is not on formulary. Use alternate NDC.
<b>Phenothiazine Derivatives</b>		
<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	
<b>Propylamine Derivatives</b>		
<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)
<b>Second Generation Antihistamines</b>		
ALOMIDE	T3	
<i>desloratadine oral tablet</i>	T1	
<i>epinastine hcl</i>	T1	ST
LASTACAFT	T3	
<i>levocetirizine dihydrochloride oral</i>	T1	
<b>Anti-Infective Agents</b>		
<b>1St Generation Cephalosporin Antibiotics</b>		
<i>cefadroxil</i>	T1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T1	
<b>2Nd Generation Cephalosporin Antibiotics</b>		
<i>cefaclor er</i>	T1	

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

Drug Name	Drug Tier	Requirements and Limits
<i>cefaclor oral capsule</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
<b>3Rd Generation Cephalosporin Antibiotics</b>		
<i>cefdinir</i>	T1	
<i>cefixime oral capsule</i>	T1	
<i>cefpodoxime proxetil</i>	T1	
<b>Adamantane Antivirals</b>		
<i>amantadine hcl oral capsule</i>	T1	90DS
<i>amantadine hcl oral solution 50 mg/5ml</i>	T1	90DS
GOCOVRI	T3	PA
<b>Allylamine Antifungals</b>		
<i>terbinafine hcl oral</i>	T1	
<b>Amebicides</b>		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<i>metronidazole vaginal</i>	T1	
<b>Aminoglycoside Antibiotics</b>		
<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)
<b>Aminopenicillin Antibiotics</b>		

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

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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	T1	
<i>pyrimethamine oral</i>	T4	PA; SP
<i>quinidine gluconate er</i>	T1	90DS
<i>quinidine sulfate oral</i>	T1	90DS
<i>quinine sulfate oral</i>	T1	
<i>tetracycline hcl oral capsule</i>	T1	
<b>Antimycobacterials, Miscellaneous</b>		
<i>dapsone oral</i>	T1	90DS
<b>Antiprotozoals, Cryptosporidiosis</b>		
ALINIA	T3	
<b>Antiprotozoals, Miscellaneous</b>		
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	
<b>Antiprotozoals, Nitroimidazole-Derivative</b>		
<i>tinidazole oral</i>	T1	
<b>Antiretrovirals, Miscellaneous</b>		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	T2	QL (4 tablets per 1 lifetime)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	T2	QL (5 tablets per 1 lifetime)

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Drug Name	Drug Tier	Requirements and Limits
<b>Antituberculosis Agents</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral tablet</i>	T1	90DS
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>pretomanid</i>	T1	PA
PRIFTIN	T3	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
SIRTURO	T4	PA; SP
TRECTOR	T3	
<b>Antivirals, Miscellaneous</b>		
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)
<b>Azole Antifungals</b>		

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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	
<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
<b>Bacitracin Antibiotics</b>		
<i>bacitracin ophthalmic</i>	T1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<b>Carbapenem Antibiotics</b>		
<i>ertapenem sodium</i>	T1	
<b>Coronavirus (Covid-19)</b>		
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)
<b>Endonuclease Inhibitors</b>		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 EA per 1 day)
<b>Erythromycin Antibiotics</b>		

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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	
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<b>Glycopeptide Antibiotics</b>		
<i>vancomycin hcl oral capsule</i>	T1	
<b>Hcv Polymerase Inhibitor Antivirals</b>		
EPCLUSA	T4	PA; SP
HARVONI	T4	PA; SP
<i>ledipasvir-sofosbuvir</i>	T2	PA; SP
<i>sofosbuvir-velpatasvir</i>	T2	PA; SP
VOSEVI	T2	PA; SP
<b>Hcv Protease Inhibitor Antivirals</b>		
MAVYRET	T2	PA; SP
VOSEVI	T2	PA; SP
ZEPATIER	T4	PA; SP
<b>Hcv Replication Complex Inhibitors</b>		
EPCLUSA	T4	PA; SP
HARVONI	T4	PA; SP
<i>ledipasvir-sofosbuvir</i>	T2	PA; SP
MAVYRET	T2	PA; SP
<i>sofosbuvir-velpatasvir</i>	T2	PA; SP
VOSEVI	T2	PA; SP
ZEPATIER	T4	PA; SP
<b>Hiv Capsid Inhibitors</b>		

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

Drug Name	Drug Tier	Requirements and Limits
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	T2	QL (4 tablets per 1 lifetime)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	T2	QL (5 tablets per 1 lifetime)
<b>Hiv Entry And Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T2	QL (60 EA per 30 days)
<i>maraviroc</i>	T1	90DS; QL (60 EA per 30 days)
RUKOBIA	T2	90DS; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	T2	90DS; QL (920 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	T2	90DS; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	T2	90DS; QL (60 EA per 30 days)
<b>Hiv Integrase Inhibitor Antiretrovirals</b>		
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)

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

Drug Name	Drug Tier	Requirements and Limits
JULUCA	T2	90DS; QL (30 EA per 30 days)
STRIBILD	T2	90DS; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	T2	90DS; QL (120 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	T2	90DS; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	T2	90DS; QL (60 EA per 30 days)
TIVICAY PD	T2	90DS; QL (180 EA per 30 days)
TRIUMEQ	T2	90DS; QL (30 EA per 30 days)
<i>triumeq pd</i>	T2	90DS; QL (180 EA per 30 days)
VOCABRIA	T2	QL (30 EA per 30 days)
<b>Hiv Nonnucleoside Rev.Transcrip. Inhib.</b>		
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)
DELSTRIGO	T2	90DS; QL (30 EA per 30 days)
EDURANT	T2	90DS; QL (60 EA per 30 days)
EDURANT PED	T2	90DS; 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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
<b>Hiv Nucleoside, Nucleotide Rt Inhibitors</b>		
<i>abacavir sulfate oral solution</i>	T1	90DS; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine</i>	T1	90DS; QL (30 EA per 30 days)
BIKTARVY	T2	90DS; QL (30 EA per 30 days)
CIMDUO	T2	90DS; QL (30 EA per 30 days)
DELSTRIGO	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	T2	\$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
DOVATO	T2	90DS; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	T1	90DS; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitabine</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1	\$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df</i>	T1	90DS; QL (30 EA per 30 days)

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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	T2	90DS; 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)
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)
<b>Hiv Protease Inhibitor Antiretrovirals</b>		
APTIVUS ORAL CAPSULE	T2	90DS; QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	T1	90DS; QL (30 EA per 30 days)
EVOTAZ	T2	90DS; QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	T1	90DS; QL (120 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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	T2	90DS; QL (360 EA per 30 days)
PREZCOBIX	T2	90DS; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	T2	90DS; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	T2	90DS; QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	T2	90DS; QL (300 EA per 30 days)
REYATAZ ORAL PACKET	T2	90DS; QL (150 EA per 30 days)
<i>ritonavir</i>	T1	90DS; QL (360 EA per 30 days)
SYMTUZA	T2	90DS; QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	T2	90DS; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	T2	90DS; QL (120 EA per 30 days)
<b>Interferon Antivirals</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<b>Lincomycin Antibiotics</b>		
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phos (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	

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	AL = Age Limit
<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	G = Gender Edit
	T3 = Non-Preferred Brand	MME+ = Opioid Limits Apply
	T4 = Specialty	PA = Prior Authorization
		QL = Quantity Limit
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		ST = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<b>Monobactam Antibiotics</b>		
CAYSTON	T4	PA; SP
<b>Natural Penicillin Antibiotics</b>		
<i>penicillin v potassium oral solution reconstituted</i>	T1	AL (Max 12 Years)
<i>penicillin v potassium oral tablet</i>	T1	
<b>Neuraminidase Inhibitor Antivirals</b>		
<i>oseltamivir phosphate oral</i>	T1	QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	QL
<b>Nitroimidazole Derivative, Trypanocidal</b>		
<i>benznidazole</i>	T1	
<b>Nitroimidazole Derivatives, Misc</b>		
<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	
<b>Nucleoside And Nucleotide Antivirals</b>		
<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

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

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

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

Drug Name	Drug Tier	Requirements and Limits
<i>azithromycin oral packet</i>	T1	
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
DIFICID ORAL TABLET	T3	PA
<b>Oxazolidinone Antibiotics</b>		
<i>linezolid oral suspension reconstituted</i>	T1	AL (Max 12 Years)
<i>linezolid oral tablet</i>	T1	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	T1	
<b>Polyene Antifungals</b>		
<i>nystatin external</i>	T1	
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral tablet</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
<b>Polymyxin Antibiotics</b>		
<i>polymyxin b-trimethoprim</i>	T1	
<b>Pyrimidine Antifungals</b>		
<i>flucytosine oral</i>	T1	PA
<b>Quinolone Antibiotics</b>		
BAXDELA ORAL	T3	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	

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
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	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>ofloxacin otic</i>	T1	
<b>Rifamycin Antibiotics</b>		
PRIFTIN	T3	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
XIFAXAN	T3	PA
<b>Sulfonamide Antibiotics (Systemic)</b>		
<i>sulfadiazine oral</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
<i>sulfasalazine oral</i>	T1	90DS
<b>Tetracycline Antibiotics</b>		
<i>demeclocycline hcl oral</i>	T1	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>minocycline hcl oral capsule</i>	T1	
<i>tetracycline hcl oral capsule</i>	T1	
<b>Urinary Anti-Infectives</b>		
<i>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	
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
<i>abiraterone acetate micronized</i>	T4	PA; SP; QL (120 EA per 30 days)

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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)
<i>cladribine (10 tabs)</i>	T4	PA; SP
<i>cladribine (4 tabs)</i>	T4	PA; SP
<i>cladribine (5 tabs)</i>	T4	PA; SP
<i>cladribine (6 tabs)</i>	T4	PA; SP
<i>cladribine (7 tabs)</i>	T4	PA; SP
<i>cladribine (8 tabs)</i>	T4	PA; SP
<i>cladribine (9 tabs)</i>	T4	PA; SP
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP; QL (56 EA per 28 days)
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)

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

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

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Drug Name	Drug Tier	Requirements and Limits
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)
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

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Drug Name	Drug Tier	Requirements and Limits
<i>leuprolide acetate injection</i>	T4	SP
<i>lomustine</i>	T4	PA; 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
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SP
MATULANE	T4	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)

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Drug Name	Drug Tier	Requirements and Limits
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)
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)
<i>pazopanib hcl oral tablet 400 mg</i>	T4	PA; SP; QL (60 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)

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Drug Name	Drug Tier	Requirements and Limits
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)
<i>pomalidomide</i>	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)
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)

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Drug Name	Drug Tier	Requirements and Limits
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
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

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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)
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, 80 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)

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Drug Name	Drug Tier	Requirements and Limits
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
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

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Drug Name	Drug Tier	Requirements and Limits
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
<b>Toxoids</b>		
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
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
<b>Vaccines</b>		
ABRYSVO	T2	ACA Preventative Medication-\$0 Copay; QL (1 dose per 2 years)
ACTHIB	T2	ACA Preventative Medication-\$0 Copay; AL (Min 19 Years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
CAPVAXIVE	T2	QL (0.5 ML per 1 lifetime)
COMIRNATY 5-11 YEARS	T2	ACA Preventative Medication-\$0 Copay
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	T2	ACA Preventative Medication-\$0 Copay
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	T2	ACA Preventative Medication-\$0 Copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
FLUAD	T2	ACA Preventative Medication-\$0 copay.
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 copay.
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 copay.

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Drug Name	Drug Tier	Requirements and Limits
FLUCELVAX INTRAMUSCULAR SUSPENSION	T2	ACA Preventative Medication-\$0 copay.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 copay.
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 copay.
FLUMIST	T2	ACA Preventative Medication-\$0 copay.
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 copay.
FLUZONE INTRAMUSCULAR SUSPENSION	T2	ACA Preventative Medication-\$0 copay.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 copay.
GARDASIL 9	T2	ACA Preventative Medication-\$0 Copay
HAVRIX INTRAMUSCULAR SUSPENSION 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

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Drug Name	Drug Tier	Requirements and Limits
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)
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

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Drug Name	Drug Tier	Requirements and Limits
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-\$0 Copay
SHINGRIX INTRAMUSCULAR SUSPENSION 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
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
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**Alpha-Adrenergic Agonists (12:12)**

<i>clonidine</i>	T1	90DS
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<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> <b>T1</b> = Generic <b>T2</b> = Preferred Brand <b>T3</b> = Non-Preferred Brand <b>T4</b> = Specialty	
<b>UPPERCASE</b> = Brand name drugs		

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

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Drug Name	Drug Tier	Requirements and Limits
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)
<b>Antiparkinsonian Agents</b>		
<i>benztropine mesylate oral</i>	T1	90DS
GOCOVRI	T3	PA
<i>trihexyphenidyl hcl</i>	T1	90DS
<b>Autonomic Drugs, Miscellaneous</b>		
<i>cvs nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<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

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

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	T3 = Non-Preferred Brand	MME+ = Opioid Limits Apply
	T4 = Specialty	PA = Prior Authorization
		QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>ra nicotine polacrilex mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>ra nicotine transdermal patch 24 hour 21 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine mouth/throat</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>sm nicotine transdermal patch 24 hour 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T1	ACA Preventative Medication-\$0 Copay; QL (56 EA per 28 days)
<b>Botulinum Toxins</b>		
DYSPORT	T4	PA; SP
XEOMIN	T4	PA; SP
<b>Centrally Acting Skeletal Muscle Relaxant</b>		
<i>carisoprodol oral tablet 350 mg</i>	T1	PA; QL (63 EA per 21 days)
<i>chlorzoxazone oral tablet 500 mg</i>	T1	QL (120 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	T1	QL (480 EA per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	T1	QL (300 EA per 30 days)
<i>tizanidine hcl oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>tizanidine hcl oral tablet 4 mg</i>	T1	QL (240 EA per 30 days)
<b>Direct-Acting Skeletal Muscle Relaxants</b>		
<i>dantrolene sodium oral capsule 100 mg</i>	T1	QL (120 EA per 30 days)
<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	T1	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
<b>Gaba-Derivative Skeletal Muscle Relaxant</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	QL (120 EA per 30 days)
<b>Indirect-Acting Skeletal Muscle Relaxant</b>		
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
<b>Non-Sel. Beta-Adrenergic Blocking Agents</b>		
<i>carvedilol</i>	T1	90DS
<i>labetalol hcl oral 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
<i>sotalol hcl oral</i>	T1	90DS
SOTYLIZE	T2	90DS
<i>timolol maleate ophthalmic solution</i>	T1	90DS
<i>timolol maleate oral</i>	T1	90DS
<b>Non-Sel.Alpha-1-Adrenergic Blocking Agts</b>		
<i>doxazosin mesylate oral</i>	T1	90DS
<i>prazosin hcl oral</i>	T1	90DS
<i>terazosin hcl oral</i>	T1	90DS
<b>Non-Sel.Alpha-Adrenergic Blocking Agents</b>		
<i>dihydroergotamine mesylate nasal</i>	T1	QL

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Drug Name	Drug Tier	Requirements and Limits
<i>ergoloid mesylates oral</i>	T1	90DS
ERGOMAR	T3	QL (5 EA per 30 days)
<i>ergotamine-caffeine</i>	T1	QL (40 EA per 30 days)
<i>phenoxybenzamine hcl oral</i>	T4	SP
<b>Parasympathomimetic (Cholinergic Agents)</b>		
<i>bethanechol chloride oral</i>	T1	
<i>cevimeline hcl</i>	T1	90DS
<i>donepezil hcl</i>	T1	90DS
FIRDAPSE	T4	PA; SP
<i>galantamine hydrobromide er</i>	T1	90DS
<i>galantamine hydrobromide oral tablet</i>	T1	90DS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	90DS
<i>pilocarpine hcl oral</i>	T1	90DS
<i>pyridostigmine bromide er oral tablet extended release</i>	T1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
QLOSI	T3	PA; QL (60 EA per 30 days)
<i>rivastigmine</i>	T1	ST; 90DS; QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	T1	90DS
VIZZ	T3	PA; QL (25 EA per 25 days)
VUITY	T3	PA; QL (5 ML per 25 days)
<b>Selective Alpha-1-Adrenergic Block.Agent</b>		
<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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>silodosin</i>	T1	ST; 90DS
<i>tamsulosin hcl</i>	T1	90DS
<b>Selective Beta-2-Adrenergic Agonists</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	90DS; 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)
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
<b>Selective Beta-Adrenergic Blocking Agent</b>		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>betaxolol hcl</i>	T1	90DS
<i>bisoprolol fumarate oral 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
<b>Skeletal Muscle Relaxants, Miscellaneous</b>		
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
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl er (smoking det)</i>	T1	ACA Preventative Medication-\$0 Copay

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>cvs nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs nicotine transdermal</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine mouth/throat lozenge</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine step 3</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine polacrilex</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense nicotine</i>	T1	ACA Preventative Medication-\$0 Copay
<i>hm nicotine polacrilex mouth/throat gum</i>	T1	ACA Preventative Medication-\$0 Copay
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	T1	ACA Preventative Medication-\$0 Copay
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

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

<b>lowercase italics</b> = Generic drugs	<b>UPPERCASE</b> = Brand name drugs	<b>Drug Tier</b> T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	<b>Requirements and Limits</b> AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
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Drug Name	Drug Tier	Requirements and Limits
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**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	
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**Blood Form., Coag, Thrombosis Agents Misc.**

PYRUKYND	T4	PA; SP
PYRUKYND TAPER PACK	T4	PA; SP

**Coumarin Derivatives**

JANTOVEN	T1	90DS
<i>warfarin sodium oral</i>	T1	90DS

**Direct Factor Xa Inhibitors**

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)

		<b>Requirements and Limits</b>
		<b>AL</b> = Age Limit
		<b>G</b> = Gender Edit
		<b>MME+</b> = Opioid Limits Apply
		<b>PA</b> = Prior Authorization
		<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	
	<b>T2</b> = Preferred Brand	
	<b>T3</b> = Non-Preferred Brand	
	<b>T4</b> = Specialty	
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
<b>Direct Thrombin Inhibitors</b>		
<i>dabigatran etexilate mesylate</i>	T1	90DS; QL (60 EA per 30 days)
<b>Hematopoietic Agents</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA; SP
DOPTELET ORAL TABLET 20 MG	T4	PA; SP
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
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
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline er</i>	T1	90DS
<b>Hemostatics</b>		
<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

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

Drug Name	Drug Tier	Requirements and Limits
<i>desmopressin acetate spray</i>	T1	90DS; QL (15 ML per 30 days)
<i>tranexamic acid oral</i>	T1	
<b>Heparins</b>		
<i>enoxaparin sodium injection solution prefilled syringe</i>	T1	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	T3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	T3	QL (15 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	T3	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	T3	QL (21.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	T3	QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	T3	QL (9 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf</i>	T1	
<b>Indirect Factor Xa Inhibitors</b>		
<i>fondaparinux sodium</i>	T1	
<b>Iron Preparations</b>		
<i>m-natal plus</i>	T1	
<i>pnv prenatal plus multivitamin</i>	T1	
PRENATABS RX	T1	
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>westab plus</i>	T1	
<b>Platelet-Aggregation Inhibitors</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>adult aspirin regimen</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin 81 oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>cvs aspirin adult low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>dipyridamole oral</i>	T1	90DS
<i>eq aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eql aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>h-e-b aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>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
<b>Platelet-Reducing Agents</b>		
<i>anagrelide hcl</i>	T1	90DS
<b>Thrombolytic Agents</b>		
<i>adult aspirin regimen</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin 81 oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>childrens aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin adult low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>cvs aspirin low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eq aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>eq aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>eql aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>goodsense aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>h-e-b aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>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
<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

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
<i>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
<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 li Recep Antagonist/Neprolys**

<i>sacubitril-valsartan</i>	T1	90DS; QL (60 EA per 30 days)
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Drug Name	Drug Tier	Requirements and Limits
<b>Angiotensin II Receptor Antagon.(Hypotn)</b>		
<i>candesartan cilexetil</i>	T1	90DS
<i>irbesartan</i>	T1	90DS
<i>losartan potassium oral</i>	T1	90DS
<i>olmesartan medoxomil oral</i>	T1	90DS
<i>telmisartan</i>	T1	90DS
<i>valsartan oral tablet</i>	T1	90DS
<b>Angiotensin II Receptor Antagonists</b>		
<i>amlodipine besylate-valsartan</i>	T1	90DS
<i>amlodipine-olmesartan</i>	T1	90DS
<i>candesartan cilexetil</i>	T1	90DS
<i>candesartan cilexetil-hctz</i>	T1	90DS
<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
<i>valsartan-hydrochlorothiazide</i>	T1	90DS
<b>Angiotensin-Convert.Enzyme Inhib(Hypotn)</b>		
<i>benazepril hcl oral</i>	T1	90DS
<i>captopril oral</i>	T1	90DS
<i>enalapril maleate oral tablet</i>	T1	90DS
<i>fosinopril sodium</i>	T1	90DS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>lisinopril oral</i>	T1	90DS
<i>moexipril hcl</i>	T1	90DS
<i>perindopril erbumine</i>	T1	90DS
<i>quinapril hcl</i>	T1	90DS
<i>ramipril</i>	T1	90DS
<i>trandolapril</i>	T1	90DS

**Angiotensin-Converting Enzyme Inhibitors**

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

**Antiarrhythmics, Miscellaneous**

DIGOX	T1	90DS
<i>digoxin oral solution</i>	T1	90DS
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	90DS
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	T2	90DS

**Antilipemic Agents, Miscellaneous**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>icosapent ethyl</i>	T1	PA; 90DS
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP
NEXLETOL	T3	PA
NEXLIZET	T3	PA
<i>niacin er (antihyperlipidemic)</i>	T1	90DS
<i>omega-3-acid ethyl esters</i>	T1	90DS
<b>Beta-Adrenergic Blocking Agents (24:20)</b>		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>atenolol-chlorthalidone</i>	T1	90DS
<i>betaxolol hcl oral</i>	T1	90DS
<i>bisoprolol fumarate oral 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
<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

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

Drug Name	Drug Tier	Requirements and Limits
SOTYLIZE	T2	90DS
<i>terazosin hcl oral</i>	T1	90DS
<i>timolol maleate ophthalmic solution</i>	T1	90DS
<i>timolol maleate oral</i>	T1	90DS
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light</i>	T1	90DS
<i>cholestyramine oral</i>	T1	90DS
<i>colesevelam hcl</i>	T1	90DS
<i>colestipol hcl</i>	T1	90DS
<b>Bradykinin Receptors Antagonists</b>		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
<b>Calcium-Channel Block.Agt,Misc(Hypoten)</b>		
CARTIA XT	T1	90DS
<i>diltiazem hcl er beads</i>	T1	90DS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	90DS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>diltiazem hcl oral</i>	T1	90DS
<i>dilt-xr</i>	T1	90DS
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	90DS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>verapamil hcl oral</i>	T1	90DS
<b>Calcium-Channel Blocking Agents</b>		
CARTIA XT	T1	90DS
<i>diltiazem hcl er beads</i>	T1	90DS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	90DS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>diltiazem hcl oral</i>	T1	90DS
<i>dilt-xr</i>	T1	90DS
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	90DS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>verapamil hcl oral</i>	T1	90DS
<b>Calcium-Channel Blocking Agents, Misc.</b>		
CARTIA XT	T1	90DS
<i>diltiazem hcl er beads</i>	T1	90DS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	90DS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>diltiazem hcl oral</i>	T1	90DS
<i>dilt-xr</i>	T1	90DS
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	90DS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>verapamil hcl oral</i>	T1	90DS
<b>Carbonic Anhydrase Inhibitors (24:36)</b>		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
<i>methazolamide oral</i>	T1	90DS

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
<b>Carbonic Anhydrase Inhibitors(Hypoten)</b>		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
<i>methazolamide oral</i>	T1	90DS
<b>Cardiac Drugs, Miscellaneous</b>		
CAMZYOS	T4	PA
CORLANOR ORAL SOLUTION	T3	PA
<i>ivabradine hcl</i>	T1	PA; 90DS; MME+
<i>ranolazine er</i>	T1	90DS
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)
VYNDAQEL	T4	PA; SP
<b>Cardiotonic Agents</b>		
CORLANOR ORAL SOLUTION	T3	PA
DIGOX	T1	90DS
<i>digoxin oral solution</i>	T1	90DS
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	90DS
<i>ivabradine hcl</i>	T1	PA; 90DS; MME+
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	T2	90DS
<b>Central Alpha-Agonists</b>		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>atenolol-chlorthalidone</i>	T1	90DS
<i>betaxolol hcl oral</i>	T1	90DS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	90DS
<i>bisoprolol-hydrochlorothiazide</i>	T1	90DS
<i>carvedilol</i>	T1	90DS
<i>clonidine</i>	T1	90DS

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>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
SOTYLIZE	T2	90DS
<i>timolol maleate oral</i>	T1	90DS
<b>Cgmp Synthesis Agent</b>		
VERQUVO	T3	PA
<b>Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe</i>	T1	90DS
<i>ezetimibe-simvastatin</i>	T1	90DS
NEXLIZET	T3	PA
<b>Class Ia Antiarrhythmics</b>		
<i>disopyramide phosphate oral</i>	T1	90DS
NORPACE CR	T3	
<i>quinidine gluconate er</i>	T1	90DS
<i>quinidine sulfate oral</i>	T1	90DS
<b>Class Ib Antiarrhythmics</b>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
DILANTIN ORAL CAPSULE 30 MG	T3	
<i>mexiletine hcl oral</i>	T1	90DS
PHENYTEK	T3	
<i>phenytoin oral</i>	T1	90DS
<i>phenytoin sodium extended</i>	T1	90DS
<b>Class Ic Antiarrhythmics</b>		
<i>flecainide acetate</i>	T1	90DS
<i>propafenone hcl</i>	T1	90DS
<i>propafenone hcl er</i>	T1	90DS; QL (60 EA per 30 days)
<b>Class Ii Antiarrhythmics</b>		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>betaxolol hcl</i>	T1	90DS
<i>bisoprolol fumarate oral 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
SOTYLIZE	T2	90DS
<i>timolol maleate ophthalmic solution</i>	T1	90DS
<i>timolol maleate oral</i>	T1	90DS

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

Drug Name	Drug Tier	Requirements and Limits
<b>Class Iii Antiarrhythmics</b>		
<i>amiodarone hcl oral</i>	T1	90DS
<i>dofetilide</i>	T1	90DS
MULTAQ	T3	
<i>sotalol hcl (af)</i>	T1	90DS
<i>sotalol hcl oral</i>	T1	90DS
SOTYLIZE	T2	90DS
<b>Class Iv Antiarrhythmics</b>		
CARTIA XT	T1	90DS
<i>diltiazem hcl er beads</i>	T1	90DS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	90DS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>diltiazem hcl oral</i>	T1	90DS
<i>dilt-xr</i>	T1	90DS
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	90DS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>verapamil hcl oral</i>	T1	90DS
<b>Dihydropyridines</b>		
<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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>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	
<b>Dihydropyridines (Antihypertensive)</b>		
<i>amlodipine besylate oral</i>	T1	90DS
<i>felodipine er</i>	T1	90DS
<i>isradipine</i>	T1	90DS
<i>nicardipine hcl oral</i>	T1	90DS
<i>nifedipine er</i>	T1	90DS
<i>nifedipine er osmotic release</i>	T1	90DS
<i>nifedipine oral</i>	T1	90DS
<i>nimodipine oral capsule</i>	T1	
<b>Direct Vasodilators</b>		
<i>clonidine</i>	T1	90DS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T1	90DS; QL (120 EA per 30 days)
<i>clonidine hcl oral</i>	T1	90DS
<i>guanfacine hcl oral</i>	T1	90DS
<i>hydralazine hcl oral</i>	T1	90DS
<i>methyldopa oral</i>	T1	90DS
<i>minoxidil oral</i>	T1	90DS
<b>Diuretics, Miscellaneous (Hypotensive)</b>		
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
<b>Factor Xiiia Inhibitors</b>		
ANDEMBRY	T4	PA; SP
<b>Fibric Acid Derivatives</b>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	90DS
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	T1	90DS
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	90DS
<i>fenofibric acid oral capsule delayed release</i>	T1	90DS
<i>fenofibric acid oral tablet 35 mg</i>	T1	90DS
<i>gemfibrozil oral</i>	T1	90DS
<b>Hmg-Coa Reductase Inhibitors</b>		
<i>amlodipine-atorvastatin</i>	T1	ST; 90DS
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	90DS
<i>ezetimibe-simvastatin</i>	T1	90DS
<i>lovastatin oral tablet 10 mg, 20 mg</i>	T1	90DS
<i>lovastatin oral tablet 40 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<i>pravastatin sodium oral tablet 10 mg, 20 mg</i>	T1	90DS
<i>pravastatin sodium oral tablet 40 mg, 80 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1	90DS
<i>simvastatin oral tablet 10 mg, 5 mg, 80 mg</i>	T1	90DS
<i>simvastatin oral tablet 20 mg, 40 mg</i>	T1	\$0 copay for members ages 40-75 years; 90DS
<b>Kallikrein Inhibitors (24:48:08)</b>		
DAWNZERA	T4	PA; SP
EKTERLY	T4	PA; SP
KALBITOR	T4	PA; SP
ORLADEYO ORAL CAPSULE	T4	PA; SP

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
TAKHZYRO	T4	PA; SP
<b>Loop Diuretics (24:36)</b>		
<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>toremide oral</i>	T1	90DS
<b>Loop Diuretics (Hypotensive Agents)</b>		
<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>toremide oral</i>	T1	90DS
<b>Mineralocorticoid (Aldosterone) Antagnts</b>		
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
<i>spironolactone-hctz</i>	T1	90DS
<b>Mineralocorticoid(Aldoster.)Antag(Hypot)</b>		
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
<b>Mtp Protein Inhibitors</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP
<b>Nitrates And Nitrites</b>		
<i>acebutolol hcl oral</i>	T1	90DS
<i>atenolol oral</i>	T1	90DS
<i>betaxolol hcl oral</i>	T1	90DS

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	90DS
<i>carvedilol</i>	T1	90DS
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	90DS
<i>isosorbide mononitrate</i>	T1	90DS
<i>isosorbide mononitrate er</i>	T1	90DS
<i>labetalol hcl oral 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
SOTYLIZE	T2	90DS
<i>timolol maleate oral</i>	T1	90DS
<b>Omega-3-Mediated Antilipemics</b>		
<i>icosapent ethyl</i>	T1	PA; 90DS
<i>omega-3-acid ethyl esters</i>	T1	90DS
<b>Pcsk9 Inhibitors</b>		

		<b>Requirements and Limits</b>
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	T3 = Non-Preferred Brand	MME+ = Opioid Limits Apply
	T4 = Specialty	PA = Prior Authorization
		QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (2 ML per 28 days)
REPATHA	T2	PA; QL (6 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (7 ML per 28 days)
REPATHA SURECLICK	T2	PA; QL (6 ML per 28 days)
<b>Phosphodiesterase Type 5 Inhibitors</b>		
<i>aspirin-dipyridamole er</i>	T1	90DS
<i>cilostazol</i>	T1	90DS
<i>dipyridamole oral</i>	T1	90DS
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS; SP
<i>tadalafil (pah)</i>	T1	PA; 90DS; SP
<b>Potassium-Sparing Diuretics (24:36)</b>		
<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
<b>Potassium-Sparing Diuretics (Hypoten)</b>		
<i>amiloride hcl oral</i>	T1	90DS
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
<b>Renin-Angioten.-Aldost. Sys. Inhib, Misc</b>		
<i>sacubitril-valsartan</i>	T1	90DS; QL (60 EA per 30 days)
<b>Steroidal Mineralocorticoid Receptor Ant</b>		
<i>eplerenone</i>	T1	90DS

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

Drug Name	Drug Tier	Requirements and Limits
<i>spironolactone oral tablet</i>	T1	90DS
<i>spironolactone-hctz</i>	T1	90DS
<b>Thiazide Diuretics (24:36)</b>		
<i>hydrochlorothiazide oral</i>	T1	90DS
<b>Thiazide Diuretics(Hypotensive Agents)</b>		
<i>hydrochlorothiazide oral</i>	T1	90DS
<b>Thiazide-Like Diuretics (24:36)</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	90DS
<i>indapamide oral</i>	T1	90DS
<i>metolazone</i>	T1	90DS
<b>Thiazide-Like Diuretics(Hypotensive Agt)</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	90DS
<i>indapamide oral</i>	T1	90DS
<i>metolazone</i>	T1	90DS
<b>Vasodilating Agents, Misc (24:08)</b>		
<i>phenoxybenzamine hcl oral</i>	T4	SP
<b>Vasodilating Agents, Miscellaneous</b>		
<i>ambrisentan</i>	T4	PA; SP
<i>amlodipine besylate oral</i>	T1	90DS
<i>bosentan</i>	T4	PA; SP
CARTIA XT	T1	90DS
CORLANOR ORAL SOLUTION	T3	PA
<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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>dilt-xr</i>	T1	90DS
<i>dipyridamole oral</i>	T1	90DS
<i>ivabradine hcl</i>	T1	PA; 90DS; MME+
<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 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG	T4	PA; SP; QL (224 EA per 28 days)
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 MAINTENANCE KIT INHALATION POWDER 80 MCG	T4	PA; SP; QL (112 EA 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

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

Drug Name	Drug Tier	Requirements and Limits
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	90DS
<i>verapamil hcl oral</i>	T1	90DS
VERQUVO	T3	PA

### Central Nervous System Agents

#### Adamantanes (Cns)

<i>amantadine hcl oral capsule</i>	T1	90DS
<i>amantadine hcl oral solution 50 mg/5ml</i>	T1	90DS
GOCOVRI	T3	PA

#### Amphetamines

ADZENYS XR-ODT	T3	ST; QL (30 EA per 30 days); AL (Max 21 Years)
<i>amphetamine sulfate oral tablet 10 mg</i>	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)
<i>amphetamine sulfate oral tablet 5 mg</i>	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
<i>amphetamine-dextroamphet er</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T1	QL (120 EA per 30 days); AL (Max 21 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 EA per 30 days); AL (Max 21 Years)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)
<i>lisdexamfetamine dimesylate oral capsule</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)

		<b>Requirements and Limits</b>
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	T3 = Non-Preferred Brand	MME+ = Opioid Limits Apply
	T4 = Specialty	PA = Prior Authorization
		QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Amyotrophic Lateral Sclerosis(AIs) Agent</b>		
RADICAVA ORS	T4	PA; SP
RADICAVA ORS STARTER KIT	T4	PA; SP
<i>riluzole</i>	T1	90DS
<b>Analgesics And Antipyretics, Misc.</b>		
<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-caffeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	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)
<b>Anticholinergic Agents (Cns)</b>		
<i>benztropine mesylate oral</i>	T1	90DS
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements and Limits
<i>trihexyphenidyl hcl</i>	T1	90DS
<b>Anticonvulsants, Miscellaneous</b>		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
APTIOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION	T3	ST; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	T3	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	T1	90DS
<i>carbamazepine er oral tablet extended release 12 hour</i>	T1	90DS
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	90DS; AL (Max 12 Years)
<i>carbamazepine oral tablet</i>	T1	90DS
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	90DS
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	T4	ST; SP; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	T4	ST; SP; QL (6 EA per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	90DS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	90DS
<i>divalproex sodium oral tablet delayed release</i>	T1	90DS
EPIDIOLEX	T4	ST; SP; QL (500 ML per 28 days)
EQUETRO	T3	
<i>felbamate</i>	T1	90DS
FINTEPLA	T4	ST; SP; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	T3	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET	T3	ST; QL (30 EA per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	T1	90DS; QL (1200 ML per 30 days)
<i>lacosamide oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
<i>lamotrigine er</i>	T1	90DS
<i>lamotrigine oral tablet</i>	T1	90DS
<i>lamotrigine oral tablet chewable</i>	T1	90DS
<i>lamotrigine starter kit-blue</i>	T1	
<i>lamotrigine starter kit-green</i>	T1	
<i>lamotrigine starter kit-orange</i>	T1	
<i>levetiracetam er</i>	T1	90DS
<i>levetiracetam oral 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	ST; 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

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

Drug Name	Drug Tier	Requirements and Limits
<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)
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
<b>Antidepressants, Miscellaneous</b>		
<i>bupropion hcl er (smoking det)</i>	T1	ACA Preventative Medication-\$0 Copay
<i>bupropion hcl er (sr)</i>	T1	90DS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	T1	90DS
<i>bupropion hcl oral</i>	T1	90DS
<i>mirtazapine oral</i>	T1	90DS
<b>Antimanic Agents</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	T2	QL (3.2 ML per 60 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T2	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T2	QL (1 EA per 28 days)
<i>aripiprazole oral solution</i>	T1	90DS; QL (750 ML per 30 days); AL (Max 12 Years)

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

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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>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)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	T1	90DS; QL (90 EA per 30 days)
<i>risperidone microspheres er</i>	T1	QL (2 EA per 28 days)
<i>risperidone oral solution</i>	T1	90DS; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	T1	90DS; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	T1	90DS; QL (120 EA per 30 days)
RYKINDO	T3	PA; QL (2 EA per 28 days)
SECUADO	T3	ST; QL (30 EA per 30 days)
<i>valproic acid oral capsule</i>	T1	90DS
<i>valproic acid oral solution 250 mg/5ml</i>	T1	90DS
<i>ziprasidone hcl</i>	T1	90DS; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)
<b>Antimigraine Agents, Miscellaneous</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>adult aspirin regimen</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin 81 oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	90DS
<i>ketoprofen oral capsule 25 mg</i>	T1	90DS
<i>kls aspirin low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>kp aspirin</i>	T1	ACA Preventative Medication-\$0 Copay
<i>naproxen oral tablet</i>	T1	90DS
<i>naproxen oral tablet delayed release</i>	T1	90DS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	90DS
<i>propranolol hcl er</i>	T1	90DS
<i>propranolol hcl oral</i>	T1	90DS
<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

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

Drug Name	Drug Tier	Requirements and Limits
<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
<b>Antipsychotics, Miscellaneous</b>		
<i>loxapine succinate oral</i>	T1	90DS
<i>pimozide</i>	T1	90DS
<b>Anxiolytics, Sedatives, And Hypnotics, Misc</b>		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
<i>bupirone hcl oral</i>	T1	
DAYVIGO	T3	ST; QL (30 EA per 30 days)
<i>eszopiclone</i>	T1	QL (30 EA per 30 days)
HETLIOZ LQ	T4	PA; SP; QL (5 ML per 1 day)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</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)

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Drug Name	Drug Tier	Requirements and Limits
<i>zaleplon</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 EA per 30 days)
<b>Atypical Antipsychotics</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)
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)
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)

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Drug Name	Drug Tier	Requirements and Limits
<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)
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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	T3	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	T3	PA; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	T3	PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	T3	PA; QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	T3	PA; QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	T3	PA; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	T3	PA; QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	T1	ST; 90DS; QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	T1	ST; 90DS; QL (60 EA per 30 days)
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)

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

Drug Name	Drug Tier	Requirements and Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	T1	90DS; QL (90 EA per 30 days)
REXULTI	T3	ST; QL (30 EA per 30 days)
<i>risperidone microspheres er</i>	T1	QL (2 EA per 28 days)
<i>risperidone oral solution</i>	T1	90DS; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	T1	90DS; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	T1	90DS; QL (120 EA per 30 days)
RYKINDO	T3	PA; QL (2 EA per 28 days)
SECUADO	T3	ST; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	T3	PA; QL (0.28 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	T3	PA; QL (0.35 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	T3	PA; QL (0.42 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	T3	PA; QL (0.56 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	T3	PA; QL (0.7 ML per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	T3	PA; QL (0.14 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	T3	PA; QL (0.21 ML per 30 days)
VERSACLOZ	T3	QL (540 ML per 30 days)
VRAYLAR ORAL CAPSULE	T3	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
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)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)
<b>Barbiturates (Anticonvulsants)</b>		
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	90DS
<b>Barbiturates (Anxiolytic, Sedative/Hyp)</b>		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (36 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	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	
<b>Benzodiazepines (Anticonvulsants)</b>		
<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)

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

Drug Name	Drug Tier	Requirements and Limits
<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)
<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
<b>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	T1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	T1	QL (270 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	T1	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	T1	QL (90 EA per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>clobazam oral suspension 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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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)
<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)
<b>Butyrophenones</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	T1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T1	90DS
<i>haloperidol oral</i>	T1	90DS
<b>Calcitonin Gene-Related Peptide Antag.</b>		
AIMOVIG	T3	PA; QL (1 ML per 30 days)
EMGALITY	T2	PA; QL (1 ML per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
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

**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 &amp; 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)

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	T3 = Non-Preferred Brand	MME+ = Opioid Limits Apply
	T4 = Specialty	PA = Prior Authorization
		QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
XYWAV	T4	PA; SP; QL (540 ML per 30 days)
<b>Cyclooxygenase-2 (Cox-2) Inhibitors</b>		
<i>celecoxib oral</i>	T1	90DS
<b>Dibenzoxapines</b>		
<i>loxapine succinate oral</i>	T1	90DS
<b>Diphenylbutylperidines</b>		
<i>pimozide</i>	T1	90DS
<b>Dopamine Precursors</b>		
<i>carbidopa oral</i>	T1	90DS
<i>carbidopa-levodopa</i>	T1	90DS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	90DS
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	90DS
<b>Ergot-Deriv. Dopamine Receptor Agonists</b>		
<i>bromocriptine mesylate oral</i>	T1	90DS
<i>cabergoline</i>	T1	
<b>Fibromyalgia Agents</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	90DS
<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)

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	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
SAVELLA ORAL TABLET 12.5 MG	T3	QL (30 EA per 30 days)
SAVELLA TITRATION PACK	T3	QL
<b>Gaba-Mediated Anticonvulsants</b>		
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	T4	ST; SP; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	T4	ST; SP; QL (6 EA per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	90DS
<i>divalproex sodium oral tablet delayed release</i>	T1	90DS
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	90DS; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	T1	90DS; QL (900 ML per 30 days)
<i>tiagabine hcl</i>	T1	90DS
<i>valproic acid oral solution 250 mg/5ml</i>	T1	90DS
<i>vigabatrin</i>	T1	ST; 90DS; SP; QL (180 EA per 30 days)
<b>Hydantoins</b>		
DILANTIN ORAL CAPSULE 30 MG	T3	
PHENYTEK	T3	
<i>phenytoin oral</i>	T1	90DS
<i>phenytoin sodium extended</i>	T1	90DS
<b>Ion Channel Inhibition Agents</b>		

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Drug Name	Drug Tier	Requirements and Limits
APTIOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	T1	90DS; QL (1200 ML per 30 days)
<i>lacosamide oral tablet</i>	T1	90DS; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	T1	90DS; AL (Max 12 Years)
<i>oxcarbazepine oral tablet</i>	T1	90DS
<i>rufinamide oral suspension 40 mg/ml</i>	T1	ST; 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
<b>Melatonin Receptor Agonists</b>		
HETLIOZ LQ	T4	PA; SP; QL (5 ML per 1 day)
<i>ramelteon</i>	T1	ST; QL (30 EA per 30 days)
<i>tasimelteon</i>	T4	PA; SP; QL (30 EA per 30 days)
<b>Monoamine Oxidase B Inhibitors</b>		
EMSAM	T3	
<i>rasagiline mesylate oral</i>	T1	90DS
<i>selegiline hcl oral</i>	T1	90DS
XADAGO	T3	PA
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	T3	

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Drug Name	Drug Tier	Requirements and Limits
MARPLAN	T3	
<i>phenelzine sulfate oral</i>	T1	90DS
<i>rasagiline mesylate oral</i>	T1	90DS
<i>selegiline hcl oral</i>	T1	90DS
<i>tranylcypromine sulfate</i>	T1	90DS
XADAGO	T3	PA
<b>Non-Benzodiazepine Anxiolytics</b>		
<i>buspirone hcl oral</i>	T1	
<i>meprobamate</i>	T1	
<b>Non-Benzodiazepine Hypnotics</b>		
<i>eszopiclone</i>	T1	QL (30 EA per 30 days)
<i>zaleplon</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 EA per 30 days)
<b>Nonergot-Deriv.Dopamine Receptor Agonist</b>		
<i>apomorphine hcl subcutaneous</i>	T4	PA
NEUPRO	T3	
<i>pramipexole dihydrochloride</i>	T1	90DS
<i>pramipexole dihydrochloride er</i>	T1	90DS
<i>ropinirole hcl</i>	T1	90DS
<i>ropinirole hcl er</i>	T1	90DS
<b>Non-Opioid Analgesics</b>		
<i>acetaminophen-codeine oral solution</i>	T1	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)

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Drug Name	Drug Tier	Requirements and Limits
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	MME+
<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)
<b>Nonsteroidal Anti-Inflamm. Agents, Misc</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	T1	90DS
<i>diclofenac sodium er</i>	T1	90DS
<i>diclofenac sodium oral</i>	T1	90DS
<i>diclofenac-misoprostol oral tablet delayed release</i>	T1	90DS
<i>diflunisal oral</i>	T1	90DS
<i>ec-naproxen</i>	T1	90DS
<i>etodolac er</i>	T1	90DS
<i>etodolac oral</i>	T1	90DS
<i>fenoprofen calcium oral tablet</i>	T1	90DS
<i>flurbiprofen oral</i>	T1	90DS
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>naproxen oral tablet</i>	T1	90DS
<i>naproxen oral tablet delayed release</i>	T1	90DS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	90DS
<i>oxaprozin oral tablet</i>	T1	90DS
<i>piroxicam oral</i>	T1	90DS
<i>sulindac oral</i>	T1	90DS
<b>Opioid Agonists (28:08)</b>		
<i>acetaminophen-codeine oral solution</i>	T1	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	MME+; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>fentanyl</i>	T1	MME+; QL (10 EA per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T1	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	MME+
<i>hydromorphone hcl oral tablet</i>	T1	MME+
<i>levorphanol tartrate oral</i>	T1	MME+
<i>meperidine hcl oral tablet 50 mg</i>	T1	MME+; QL (180 EA per 30 days)
<i>methadone hcl oral solution</i>	T1	MME+
<i>methadone hcl oral tablet</i>	T1	MME+
<i>morphine sulfate er oral tablet extended release</i>	T1	MME+

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>morphine sulfate oral tablet</i>	T1	MME+
<i>oxycodone hcl oral solution</i>	T1	MME+
<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	MME+
<i>oxymorphone hcl</i>	T1	MME+
<i>oxymorphone hcl er</i>	T1	MME+
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	T1	MME+; QL (90 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg</i>	T1	MME+; QL (45 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	T1	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)
<b>Opioid Antagonists (28:10)</b>		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 EA per 30 days)
KLOXXADO	T2	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naloxone hcl nasal</i>	T1	

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>naltrexone hcl oral</i>	T1	
<i>pentazocine-naloxone hcl</i>	T1	MME+
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	
<b>Opioid Partial Agonists</b>		
<i>buprenorphine hcl sublingual</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine transdermal</i>	T1	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+
<b>Orexin Receptor Antagonists</b>		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
DAYVIGO	T3	ST; QL (30 EA per 30 days)
<b>Phenothiazines</b>		
<i>chlorpromazine hcl oral concentrate</i>	T1	90DS; AL (Max 12 Years)
<i>chlorpromazine hcl oral tablet</i>	T1	90DS
<i>fluphenazine decanoate injection</i>	T1	
<i>fluphenazine hcl oral</i>	T1	90DS
<i>perphenazine oral</i>	T1	90DS

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

Drug Name	Drug Tier	Requirements and Limits
<i>perphenazine-amitriptyline</i>	T1	90DS
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	90DS
<i>thioridazine hcl oral</i>	T1	90DS
<i>trifluoperazine hcl oral</i>	T1	90DS
<b>Respiratory And Cns Stimulants</b>		
<i>atomoxetine hcl</i>	T1	90DS
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	T1	QL (900 ML per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	T1	QL (450 ML per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral tablet</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
<b>Reversible Cox-1/Cox-2 Inhibitors</b>		
<i>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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	90DS
<i>ketorolac tromethamine ophthalmic</i>	T1	
<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
<b>Salicylates</b>		
<i>adult aspirin regimen</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin 81 oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin adult low strength oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin childrens</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec adult low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low dose</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin ec low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low dose oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>aspirin low dose oral tablet delayed release</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin low strength</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet chewable</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin oral tablet delayed release 81 mg</i>	T1	ACA Preventative Medication-\$0 Copay
<i>aspirin-dipyridamole er</i>	T1	90DS
<i>butalbital-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

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

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

Drug Name	Drug Tier	Requirements and Limits
<i>sm childrens aspirin</i>	T1	ACA Preventative Medication- \$0 Copay

**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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	T1	ST; QL
<i>zolmitriptan oral tablet</i>	T1	ST; QL
<b>Selective-Serotonin Reuptake Inhibitors</b>		
<i>citalopram hydrobromide oral solution</i>	T1	90DS
<i>citalopram hydrobromide oral tablet</i>	T1	90DS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	T1	90DS; AL (Max 12 Years)
<i>escitalopram oxalate oral tablet</i>	T1	90DS
<i>fluoxetine hcl (pmd) oral tablet</i>	T1	90DS
<i>fluoxetine hcl oral capsule</i>	T1	90DS
<i>fluoxetine hcl oral capsule delayed release</i>	T1	90DS
<i>fluoxetine hcl oral solution</i>	T1	90DS
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1	ST; 90DS
<i>fluvoxamine maleate</i>	T1	90DS
<i>paroxetine hcl</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
<b>Serotonin Modulators</b>		
<i>mirtazapine oral</i>	T1	90DS
<i>nefazodone hcl</i>	T1	90DS
<i>trazodone hcl oral</i>	T1	90DS
TRINTELLIX	T3	
<i>vilazodone hcl</i>	T1	90DS
<b>Succinimides</b>		
<i>ethosuximide oral</i>	T1	90DS
<i>methsuximide</i>	T1	90DS
<b>Thioxanthenes</b>		
<i>thiothixene oral</i>	T1	90DS

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

Drug Name	Drug Tier	Requirements and Limits
<b>Tricyclics, Other Norepi-Ru Inhibitors</b>		
<i>amitriptyline hcl oral</i>	T1	90DS
<i>amoxapine</i>	T1	90DS
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>clomipramine hcl oral</i>	T1	90DS
<i>desipramine hcl oral</i>	T1	90DS
<i>doxepin hcl 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
<b>Vesicular Monoamine Transport2 Inhibitor</b>		
AUSTEDO	T4	PA; SP
AUSTEDO PATIENT TITRATION KIT	T4	PA; SP
AUSTEDO XR	T4	PA; SP
AUSTEDO XR PATIENT TITRATION	T4	PA; SP
INGREZZA	T4	PA; SP
<i>tetrabenazine</i>	T1	90DS; SP
<b>Wakefulness-Promoting Agents</b>		
<i>armodafinil</i>	T1	PA
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	T1	90DS
<i>modafinil oral</i>	T1	PA

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
<i>sodium oxybate</i>	T4	PA; SP; QL (540 ML per 30 days)
SUNOSI	T3	PA

### Dental Agents

#### Dental Agents

<i>sf</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sf 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 ppm dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental gel 1.1 %</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS; 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

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
<i>sf</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sf 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 ppm dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental gel 1.1 %</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS; 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)

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Drug Name	Drug Tier	Requirements and Limits
ACCU-CHEK GUIDE CONTROL	T1	
ACCU-CHEK GUIDE ME	T1	QL (1 kit per 365 days)
ACCU-CHEK SMARTVIEW CONTROL	T1	
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	

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

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

Drug Name	Drug Tier	Requirements and Limits
BD PEN NEEDLE MINI ULTRAFINE	T1	
BD PEN NEEDLE NANO 2ND GEN	T1	
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	

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Drug Name	Drug Tier	Requirements and Limits
DERMACEA IV SPONGES	T1	
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

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Drug Name	Drug Tier	Requirements and Limits
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL
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)

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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	

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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; SP

#### 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
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### Electrolytic, Caloric, And Water Balance

#### Alkalinizing Agents

<i>potassium citrate er</i>	T1	
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		<b>Requirements and Limits</b>
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	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Ammonia Detoxicants</b>		
<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	
<b>Carbonic Anhydrase Inhibitors (40:28)</b>		
<i>acetazolamide er</i>	T1	90DS
<i>acetazolamide oral</i>	T1	90DS
<b>Diuretics, Miscellaneous</b>		
<i>theophylline er</i>	T1	90DS
<i>theophylline oral</i>	T1	90DS
<b>Irrigating Solutions</b>		
RENACIDIN	T3	
<b>Loop Diuretics (40:28)</b>		
<i>bumetanide oral</i>	T1	90DS
<i>ethacrynic acid oral</i>	T1	90DS
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	90DS
<i>furosemide oral tablet</i>	T1	90DS
<i>torseamide oral</i>	T1	90DS
<b>Phosphate-Removing Agents</b>		
<i>calcium acetate (phos binder) oral capsule</i>	T1	90DS
<i>ferric citrate oral</i>	T1	PA; 90DS; QL (12 EA per 1 day)
FOSRENOL ORAL PACKET	T3	PA
<i>lanthanum carbonate</i>	T1	PA; 90DS

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Drug Name	Drug Tier	Requirements and Limits
<i>sevelamer carbonate oral packet</i>	T1	PA; 90DS
<i>sevelamer carbonate oral tablet</i>	T1	90DS
VELPHORO	T3	PA
XPHOZAH	T4	PA; QL (60 EA per 30 days)
<b>Potassium-Removing Agents</b>		
LOKELMA	T3	PA
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VELTASSA	T3	PA; SP
XPHOZAH ORAL TABLET 30 MG	T4	PA; QL (60 EA per 30 days)
<b>Potassium-Sparing Diuretics (40:28)</b>		
<i>amiloride hcl oral</i>	T1	90DS
<i>amiloride-hydrochlorothiazide</i>	T1	90DS
<i>eplerenone</i>	T1	90DS
<i>spironolactone oral tablet</i>	T1	90DS
<i>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
<b>Replacement Preparations</b>		
<i>calcium acetate (phos binder) oral capsule</i>	T1	90DS
KLOR-CON 10	T2	90DS
KLOR-CON M10	T2	90DS
KLOR-CON M15	T2	90DS
KLOR-CON M20	T2	90DS
KLOR-CON ORAL TABLET EXTENDED RELEASE	T2	90DS
<i>potassium chloride crys er 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

		<b>Requirements and Limits</b>
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	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Thiazide Diuretics (40:28)</b>		
<i>amiloride-hydrochlorothiazide</i>	T1	90DS
<i>benazepril-hydrochlorothiazide</i>	T1	90DS
<i>bisoprolol-hydrochlorothiazide</i>	T1	90DS
<i>candesartan cilexetil-hctz</i>	T1	90DS
<i>enalapril-hydrochlorothiazide</i>	T1	90DS
<i>hydrochlorothiazide oral</i>	T1	90DS
<i>irbesartan-hydrochlorothiazide</i>	T1	90DS
<i>lisinopril-hydrochlorothiazide</i>	T1	90DS
<i>losartan potassium-hctz</i>	T1	90DS
<i>metoprolol-hydrochlorothiazide</i>	T1	90DS
<i>olmesartan medoxomil-hctz</i>	T1	90DS
<i>quinapril-hydrochlorothiazide</i>	T1	90DS
<i>spironolactone-hctz</i>	T1	90DS
<i>telmisartan-hctz</i>	T1	90DS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	90DS
<i>triamterene-hctz oral tablet</i>	T1	90DS
<i>valsartan-hydrochlorothiazide</i>	T1	90DS
<b>Thiazide-Like Diuretics (40:28)</b>		
<i>atenolol-chlorthalidone</i>	T1	90DS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	90DS
<i>indapamide oral</i>	T1	90DS
<i>metolazone</i>	T1	90DS
<b>Uricosuric Agents</b>		
<i>colchicine-probenecid</i>	T1	90DS
<i>probenecid oral</i>	T1	90DS
<b>Vasopressin Antagonists</b>		
<i>tolvaptan</i>	T4	PA; SP
<b>Enzymes</b>		

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Drug Name	Drug Tier	Requirements and Limits
<b>Enzyme Cofactors/Chaperones</b>		
GALAFOLD	T4	PA; SP
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP
<b>Enzyme Inhibitors</b>		
CERDELGA	T4	PA; SP
<i>miglustat</i>	T4	PA; SP
<i>nitisinone</i>	T4	PA; SP
NITYR	T4	PA; SP
ORFADIN ORAL SUSPENSION	T4	PA; SP
<b>Enzymes</b>		
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	T4	PA; SP
CREON	T2	90DS
ELELYSO	T4	PA; SP
HYQVIA	T4	PA; SP
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP
SANTYL	T3	PA; 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
<b>Eye, Ear, Nose And Throat (Eent) Preps.</b>		
<b>Alpha-Adrenergic Agonists (52:40)</b>		
<i>apraclonidine hcl</i>	T1	ST

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

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

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

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Drug Name	Drug Tier	Requirements and Limits
<b>Corticosteroids (Eent)</b>		
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
<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	

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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)
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)

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Drug Name	Drug Tier	Requirements and Limits
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	
<b>Eent Anti-Inflammatory Agents, Misc.</b>		
<i>cyclosporine ophthalmic</i>	T1	ST; 90DS; QL (60 EA per 30 days)
XIIDRA	T3	PA; QL (60 EA per 30 days)
<b>Eent Drugs, Miscellaneous</b>		
<i>acetic acid otic</i>	T1	
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	

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Drug Name	Drug Tier	Requirements and Limits
PURE & GENTLE LUBRICANT OPTHALMIC SOLUTION 3 MG/ML	T1	
REFRESH TEARS	T1	
SOOTHE HYDRATION	T1	
SOOTHE XP	T1	
SOOTHE XP XTRA PROTECTION	T1	
SYSTANE CONTACTS	T1	
ULTRA FRESH	T1	
VIZZ	T3	PA; QL (25 EA per 25 days)
<b>Eent Nonsteroidal Anti-Inflam. Agents</b>		
<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	
<b>Local Anesthetics (Eent)</b>		
<i>lidocaine hcl mouth/throat</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
<i>proparacaine hcl ophthalmic</i>	T1	
<b>Miotics</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	90DS
<i>pilocarpine hcl oral</i>	T1	90DS
QLOSI	T3	PA; QL (60 EA per 30 days)
VIZZ	T3	PA; QL (25 EA per 25 days)
VUITY	T3	PA; QL (5 ML per 25 days)
<b>Mydriatics</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	90DS

		<b>Requirements and Limits</b>
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	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Prostaglandin Analogs</b>		
<i>latanoprost ophthalmic</i>	T1	90DS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	90DS; QL (2.5 ML per 25 days)
<i>tafluprost (pf)</i>	T1	ST; 90DS
<i>travoprost (bak free)</i>	T1	ST; 90DS
<b>Rho Kinase Inhibitors</b>		
RHOPRESSA	T3	QL (2.5 ML per 25 days)
<b>Vascular Endothelial Growth Factor Antag</b>		
CIMERLI	T4	PA; SP
<b>Gastrointestinal Drugs</b>		
<b>5-Ht3 Receptor Antagonists</b>		
AKYNZEO ORAL	T3	PA
<i>granisetron hcl oral</i>	T1	QL (2 EA per 1 day)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	T1	QL (30 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	T1	QL (1 EA per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	QL (3 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T1	QL (3 EA per 1 day)
<b>Antacids And Adsorbents</b>		
<i>omeprazole-sodium bicarbonate oral capsule</i>	T1	ST; 90DS
<i>omeprazole-sodium bicarbonate oral packet</i>	T1	ST; 90DS; AL (Max 12 Years)
<b>Antidiarrhea Agents</b>		
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<i>loperamide hcl oral capsule</i>	T1	
XERMELO	T4	PA; SP
<b>Antiemetics, Miscellaneous</b>		

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Drug Name	Drug Tier	Requirements and Limits
<i>dronabinol</i>	T1	
<i>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	
<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)
<b>Antihistamines (Gi Drugs)</b>		
<i>doxylamine-pyridoxine</i>	T1	PA
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	90DS
<i>trimethobenzamide hcl oral</i>	T1	
<b>Anti-Inflammatory Agents (Gi Drugs)</b>		
<i>alosetron hcl</i>	T1	90DS; QL (60 EA per 30 days)
<i>balsalazide disodium</i>	T1	
DIPENTUM	T3	
<i>mesalamine er oral capsule extended release</i>	T1	90DS; QL (8 EA per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	T1	90DS
<i>mesalamine oral capsule delayed release</i>	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T1	90DS
<i>mesalamine oral tablet delayed release 800 mg</i>	T1	QL (60 EA per 30 days)
<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	
<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	

		<b>Requirements and Limits</b>
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	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>polyethylene glycol 3350 powder</i>	T1	
SUTAB	T2	
<b>Chloride Channel Activators</b>		
<i>lubiprostone</i>	T1	90DS; QL (60 EA per 30 days)
<b>Cholelitholytic Agents</b>		
BYLVAY	T4	PA; SP
BYLVAY (PELLETS)	T4	PA; SP
LIVDELZI	T4	PA; SP
LIVMARLI	T4	PA; SP
<i>ursodiol oral capsule 300 mg</i>	T1	90DS
<i>ursodiol oral tablet</i>	T1	90DS
<b>Digestants</b>		
CREON	T2	90DS
GATTEX	T4	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	T2	90DS
<b>Dopamine Receptor Antagonists</b>		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
<b>Gi Drugs, Miscellaneous</b>		
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

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

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Drug Name	Drug Tier	Requirements and Limits
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)
TRULANCE	T2	ST; 90DS; QL (30 EA per 30 days)
XPHOZAH ORAL TABLET 30 MG	T4	PA; QL (60 EA per 30 days)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
<b>Guanylate Cyclase C (Gcc) Recept Agonist</b>		
LINZESS	T2	ST; 90DS; QL (30 EA per 30 days)
TRULANCE	T2	ST; 90DS; QL (30 EA per 30 days)
<b>Histamine H2-Antagonists</b>		
<i>cimetidine oral tablet 200 mg</i>	T1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	90DS
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	90DS
<i>nizatidine oral capsule</i>	T1	90DS
<b>Lipotropic Agents</b>		

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>scopolamine</i>	T1	QL (10 EA per 30 days)
<b>Neurokinin-1 Receptor Antagonists</b>		
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 &amp; 125 mg</i>	T1	QL (3 EA per 3 days)
<i>aprepitant oral capsule 80 mg</i>	T1	QL (2 EA per 2 days)
EMEND ORAL SUSPENSION RECONSTITUTED	T3	PA
VARUBI (180 MG DOSE)	T3	PA
<b>Opioid Antagonists (56:18)</b>		
MOVANTIK	T2	ST; QL (30 EA per 30 days)
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
<b>Prokinetic Agents</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<b>Prostaglandins</b>		
<i>diclofenac-misoprostol oral tablet delayed release</i>	T1	90DS
<i>misoprostol oral</i>	T1	90DS
<b>Protectants</b>		
<i>sucralfate oral tablet</i>	T1	90DS
<b>Proton-Pump Inhibitors</b>		
<i>dexlansoprazole</i>	T1	PA
<i>esomeprazole magnesium oral capsule delayed release</i>	T1	ST

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Drug Name	Drug Tier	Requirements and Limits
<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
<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)

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Drug Name	Drug Tier	Requirements and Limits
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external lotion</i>	T1	
<i>betamethasone valerate external ointment</i>	T1	
BREZTRI AEROSPHERE	T2	90DS; QL (1 Inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	T1	90DS; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	T1	90DS; QL (60 ML per 30 days)
<i>budesonide oral</i>	T1	
<i>budesonide-formoterol fumarate</i>	T2	90DS; QL (10.2 GM per 30 days)
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	90DS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<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)

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Drug Name	Drug Tier	Requirements and Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements and Limits
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)
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment</i>	T1	
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose oral</i>	T1	90DS
<i>miglitol</i>	T1	90DS; QL (90 EA per 30 days)
<b>Androgens</b>		
<i>danazol oral</i>	T1	PA; G
<i>methyltestosterone oral</i>	T1	PA; G
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	T1	PA; G; QL (10 ML per 30 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	T1	PA; G; QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>	T1	PA; 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**

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Drug Name	Drug Tier	Requirements and Limits
<i>colesevelam hcl</i>	T1	90DS
<i>mifepristone oral tablet 300 mg</i>	T4	SP
<b>Antiestrogens</b>		
<i>anastrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>exemestane</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>letrozole oral</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<b>Antigonadotropins</b>		
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)
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	PA; G; QL (10 ML per 30 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	T1	PA; G; QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>	T1	PA; G; QL (5 ML per 28 days)

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

Drug Name	Drug Tier	Requirements and Limits
<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
<b>Antiparathyroid Agents</b>		
<i>calcitonin (salmon) nasal</i>	T1	90DS; QL (3.7 ML per 30 days)
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	T1	90DS; QL (120 EA per 30 days)
<b>Antithyroid Agents</b>		
<i>methimazole oral</i>	T1	90DS
<i>propylthiouracil oral</i>	T1	90DS
<b>Biguanides</b>		
<i>alogliptin-metformin hcl</i>	T1	90DS; QL (60 EA per 30 days)
<i>glipizide-metformin hcl</i>	T1	90DS
<i>glyburide-metformin</i>	T1	90DS
JANUMET	T2	90DS; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	90DS; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	90DS; QL (60 EA per 30 days)
<i>metformin hcl er</i>	T1	90DS
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	90DS
<i>pioglitazone hcl-metformin hcl</i>	T1	90DS
<i>sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>sitaglipt base-metform hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>sitagliptin base-metformin hcl</i>	T1	90DS; QL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
SYNJARDY	T2	90DS; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	90DS; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	90DS; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
<b>Contraceptives</b>		
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

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

		<b>Requirements and Limits</b> AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
<b>lowercase italics</b> = Generic drugs <b>UPPERCASE</b> = Brand name drugs	<b>Drug Tier</b> T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty	
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
CRYSSELLE	T1	ACA Preventative Medication-\$0 Copay.
CRYSSELLE-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

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

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

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
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
LEENA	T1	ACA Preventative Medication-\$0 Copay; 90DS

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
LESSINA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVONEST	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth est &amp; eth est</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth estrad 91-day</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	ACA Preventative Medication-\$0 Copay; 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
LYLEQ	T1	ACA Preventative Medication-\$0 Copay; 90DS
LYZA	T1	ACA Preventative Medication-\$0 Copay; 90DS

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

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

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
NORTREL <i>7/7/7</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-\$0 Copay; 90DS
NYLIA <i>7/7/7</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
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 <i>7/7/7</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
PORTIA-28	T1	ACA Preventative Medication-\$0 Copay; 90DS
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

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

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

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
<i>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
<b>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</b>		
<i>alogliptin benzoate</i>	T1	90DS; QL (30 EA per 30 days)
<i>alogliptin-metformin hcl</i>	T1	90DS; QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T1	90DS; QL (30 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)

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Drug Name	Drug Tier	Requirements and Limits
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)
<i>saxagliptin hcl</i>	T1	90DS; QL (30 EA per 30 days)
<i>sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>sitaglipt base-metform hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg</i>	T1	90DS; QL (60 EA per 30 days)
<i>sitagliptin</i>	T1	90DS; QL (30 EA per 30 days)
<i>sitagliptin base-metformin hcl</i>	T1	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)

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

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

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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	T1	ACA Preventative Medication-\$0 Copay.
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

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>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
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

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

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

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
LAYOLIS FE	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEENA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LESSINA	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVONEST	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth est &amp; eth est</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth estrad 91-day</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgestrel-ethinyl estrad</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-\$0 Copay; 90DS
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
MENEST	T3	ST; G
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

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

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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

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

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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

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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 HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)

**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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<b>Incretin Mimetics</b>		
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
<b>Intermediate-Acting Insulins</b>		
HUMULIN 70/30	T2	90DS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMULIN N	T2	90DS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS

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

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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
<b>Progestins</b>		
AFIRMELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS
ALTAVERA	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>alyacen 1/35</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>alyacen 7/7/7</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
AMETHIA	T1	ACA Preventative Medication-\$0 Copay; 90DS
AMETHYST	T1	ACA Preventative Medication-\$0 Copay; 90DS
APRI	T1	ACA Preventative Medication-\$0 Copay; 90DS
ARANELLE	T1	ACA Preventative Medication-\$0 Copay; 90DS

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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

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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	
CRYSSELLE	T1	ACA Preventative Medication-\$0 Copay.
CRYSSELLE-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

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Drug Name	Drug Tier	Requirements and Limits
<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>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

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Drug Name	Drug Tier	Requirements and Limits
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
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

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

		<b>Requirements and Limits</b>
		<b>AL</b> = Age Limit
		<b>G</b> = Gender Edit
		<b>MME+</b> = Opioid Limits Apply
		<b>PA</b> = Prior Authorization
		<b>QL</b> = Quantity Limit
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<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	
	<b>T2</b> = Preferred Brand	
	<b>T3</b> = Non-Preferred Brand	
	<b>T4</b> = Specialty	
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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 &amp; eth est</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgest-eth estrad 91-day</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	ACA Preventative Medication-\$0 Copay; 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

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

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

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Drug Name	Drug Tier	Requirements and Limits
<i>norethin-eth estradiol-fe</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 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

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

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

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

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
<b>Rapid-Acting Insulins</b>		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT	T2	90DS; QL (90 EA per 30 days)
AFREZZA INHALATION POWDER 60X4 & 60X8 & 60X12 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T2	90DS; QL (180 EA per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T2	90DS
HUMALOG MIX 50/50	T2	90DS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMALOG MIX 75/25	T2	90DS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	90DS
<i>insulin lispro (1 unit dial)</i>	T1	90DS
<i>insulin lispro injection</i>	T1	90DS
<i>insulin lispro junior kwikpen</i>	T1	90DS
<b>Short-Acting Insulins</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	T2	90DS
<b>Sodium-Gluc Cotransport 2 (Sglt2) Inhib</b>		
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)

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
<b>Somatostatin Agonists</b>		
<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
<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
<b>Somatotropin Agonists</b>		
EGRIFTA SV	T4	PA; SP
EGRIFTA WR	T4	PA; SP
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP
HUMATROPE INJECTION CARTRIDGE	T4	PA; SP
INCRELEX	T4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP

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

Drug Name	Drug Tier	Requirements and Limits
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA; SP
<b>Somatotropin Antagonists</b>		
SOMAVERT	T4	PA; SP
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	90DS
<i>glipizide er</i>	T1	90DS
<i>glipizide oral</i>	T1	90DS
<i>glipizide xl</i>	T1	90DS
<i>glipizide-metformin hcl</i>	T1	90DS
<i>glyburide micronized</i>	T1	90DS
<i>glyburide oral</i>	T1	90DS
<i>glyburide-metformin</i>	T1	90DS
<i>pioglitazone hcl-glimepiride</i>	T1	90DS
<b>Thiazolidinediones</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T1	90DS; QL (30 EA per 30 days)
<i>pioglitazone hcl</i>	T1	90DS
<i>pioglitazone hcl-glimepiride</i>	T1	90DS
<i>pioglitazone hcl-metformin hcl</i>	T1	90DS
<b>Thyroid Agents</b>		
<i>levothyroxine sodium oral tablet</i>	T1	90DS
LEVOXYL	T2	90DS
<i>lithyronine sodium oral</i>	T1	90DS
SYNTHROID	T2	90DS
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T3	

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs		<b>G</b> = Gender Edit
<b>Drug Tier</b>		<b>MME+</b> = Opioid Limits Apply
<b>T1</b> = Generic		<b>PA</b> = Prior Authorization
<b>T2</b> = Preferred Brand		<b>QL</b> = Quantity Limit
<b>T3</b> = Non-Preferred Brand		<b>SP</b> = Specialty Pharmacy
<b>T4</b> = Specialty		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Immunomodulatory Agents (90:00)</b>		
<b>Amino Acid Polymers</b>		
<i>glatiramer acetate</i>	T4	PA; SP
GLATOPA	T4	PA; SP
<b>Antimetabolites</b>		
<i>cladribine (10 tabs)</i>	T4	PA; SP
<i>cladribine (4 tabs)</i>	T4	PA; SP
<i>cladribine (5 tabs)</i>	T4	PA; SP
<i>cladribine (6 tabs)</i>	T4	PA; SP
<i>cladribine (7 tabs)</i>	T4	PA; SP
<i>cladribine (8 tabs)</i>	T4	PA; SP
<i>cladribine (9 tabs)</i>	T4	PA; SP
<i>teriflunomide</i>	T1	PA; 90DS; QL (1 EA per 1 day)
<b>Antimetabolites, Immunosupp Therapy Misc</b>		
<i>azathioprine oral tablet 50 mg</i>	T1	90DS
<i>mycophenolate mofetil oral capsule</i>	T1	90DS
<b>Bone-Modifying Agents</b>		
BILDYOS	T4	PA; SP
<b>Calcineurin Inhibitors, Misc (90:28)</b>		
ASTAGRAF XL	T4	SP
<i>cyclosporine modified</i>	T1	90DS
<i>cyclosporine ophthalmic</i>	T1	ST; 90DS; QL (60 EA per 30 days)
<i>cyclosporine oral capsule</i>	T1	90DS
ENVARUSUS XR	T4	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
PROGRAF ORAL PACKET	T3	

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
<i>tacrolimus external ointment</i>	T1	ST
<i>tacrolimus oral</i>	T1	90DS
<b>Complement Inhibitor Agents (90:20)</b>		
TAVNEOS	T4	PA; SP
<b>Disease-Modifying Antirheumat Drugs Misc</b>		
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<b>Disease-Modifying Antirheumatic Drugs</b>		
CIMZIA (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

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

Drug Name	Drug Tier	Requirements and Limits
<b>Fumarates</b>		
BAFIERTAM	T4	PA; SP
<i>dimethyl fumarate oral</i>	T1	PA; 90DS
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	PA
VUMERITY	T4	PA; SP
<b>Igg1 Monoclonal Antibodies</b>		
BENLYSTA SUBCUTANEOUS	T4	PA; SP
<b>Immunomodulatory Agents (90:00)</b>		
<i>cyclophosphamide oral capsule</i>	T1	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	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	
<b>Interferons</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA; SP
BETASERON SUBCUTANEOUS KIT	T4	PA; SP
EXTAVIA SUBCUTANEOUS KIT	T4	PA; SP
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

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<b>Interleukin Inhibitor Agents, Misc</b>		
XOLAIR	T4	PA; SP
<b>Interleukin-Mediated Agents, Misc</b>		
ACTEMRA ACTPEN	T4	PA; SP
ACTEMRA SUBCUTANEOUS	T4	PA; SP
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
KEVZARA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
STARJEMZA SUBCUTANEOUS	T4	PA; SP
TALTZ	T4	PA; SP
<i>ustekinumab-aauz</i>	T4	PA; SP
<b>Janus Kinase Inhibitors, Miscellaneous</b>		
CIBINQO	T4	PA; SP
OLUMIANT	T4	PA; SP
RINVOQ	T4	PA; SP
RINVOQ LQ	T4	PA; SP
XELJANZ	T4	PA; SP

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b> T1 = Generic	AL = Age Limit
<b>UPPERCASE</b> = Brand name drugs	T2 = Preferred Brand	G = Gender Edit
	T3 = Non-Preferred Brand	MME+ = Opioid Limits Apply
	T4 = Specialty	PA = Prior Authorization
		QL = Quantity Limit
		SP = Specialty Pharmacy
		ST = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
XELJANZ XR	T4	PA; SP
<b>Monocarboxylic Acid Amide Agents</b>		
<i>leflunomide oral</i>	T1	90DS
<b>Monoclonal Antibodies (90:04)</b>		
KESIMPTA	T4	PA; SP
<b>Mtor Inhibitors, Miscellaneous</b>		
HYFTOR	T4	PA; SP
<i>sirolimus oral</i>	T1	90DS
<b>Phosphodiesterase-4 Inhibitors, Misc</b>		
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
OTEZLA XR	T4	PA; SP
OTEZLA/OTEZLA XR INITIATION PK	T4	PA; SP
<b>Sphingosine 1-Phosphate (S1p) Agents</b>		
<i>fingolimod hcl</i>	T1	PA; 90DS; QL (60 EA per 30 days)
MAYZENT	T4	PA; SP
MAYZENT STARTER PACK	T4	PA; SP
TASCENSO ODT	T4	PA; SP
<b>T-Cell Blockers (90:24)</b>		
LUPKYNIS	T4	PA; SP
<b>Tumor Necrosis Factor Inhibitors, Misc</b>		
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

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

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
<b>Local Anesthetics</b>		
ZTLIDO	T3	PA
<b>Miscellaneous Therapeutic Agents</b>		
<b>5-Alpha-Reductase Inhibitors</b>		
<i>dutasteride oral</i>	T1	90DS
<i>dutasteride-tamsulosin hcl</i>	T1	90DS
<i>finasteride oral tablet 5 mg</i>	T1	90DS
<b>5-Alpha-Reductase Inhibitors (92:04)</b>		
<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)
<b>Antidotes (92:12)</b>		
<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)

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

Drug Name	Drug Tier	Requirements and Limits
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
<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	
<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)
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	90DS
<i>colchicine oral tablet</i>	T1	
<i>colchicine-probenecid</i>	T1	90DS
<i>ec-naproxen</i>	T1	90DS
<i>febuxostat</i>	T1	ST; 90DS
<i>indomethacin er</i>	T1	90DS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	90DS
<i>naproxen oral tablet</i>	T1	90DS
<i>naproxen oral tablet delayed release</i>	T1	90DS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	90DS
<i>probenecid oral</i>	T1	90DS
<b>Antisense Oligonucleotides</b>		

		<b>Requirements and Limits</b>
<b>lowercase italics</b> = Generic drugs	<b>Drug Tier</b>	<b>AL</b> = Age Limit
<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
DAWNZERA	T4	PA; SP
<i>sodium oxybate</i>	T4	PA; SP; QL (540 ML per 30 days)
<b>Bone Anabolic Agents</b>		
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	T4	PA; SP
TYMLOS	T4	PA; SP
<b>Bone Resorption Inhibitors</b>		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1	90DS
<i>calcitonin (salmon) nasal</i>	T1	90DS; QL (3.7 ML per 30 days)
<i>estradiol oral</i>	T1	90DS; 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
<b>Bradykinin Receptor Antagonists</b>		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
<b>Cariostatic Agents</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>sf</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sf 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 plus</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride 5000 ppm dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental cream</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<i>sodium fluoride dental gel 1.1 %</i>	T1	\$0 copay for members ages 6 months through 4 years of age; 90DS
<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)
<b>Complement Inhibitors</b>		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP
RUCONEST	T4	PA; SP
TAVNEOS	T4	PA; SP

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

Drug Name	Drug Tier	Requirements and Limits
<b>Complement Inhibitors (92:32)</b>		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
KALBITOR	T4	PA; SP
ORLADEYO ORAL CAPSULE	T4	PA; SP
RUCONEST	T4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SP
TAVNEOS	T4	PA; SP
<b>Disease-Modifying Antirheumatic Agents</b>		
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

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

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

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Drug Name	Drug Tier	Requirements and Limits
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
<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>cladribine (10 tabs)</i>	T4	PA; SP
<i>cladribine (4 tabs)</i>	T4	PA; SP
<i>cladribine (5 tabs)</i>	T4	PA; SP
<i>cladribine (6 tabs)</i>	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
<i>cladribine (7 tabs)</i>	T4	PA; SP
<i>cladribine (8 tabs)</i>	T4	PA; SP
<i>cladribine (9 tabs)</i>	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; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
<i>glatiramer acetate</i>	T4	PA; SP
GLATOPA	T4	PA; SP
HADLIMA	T4	PA; SP
HADLIMA PUSH TOUCH	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

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Drug Name	Drug Tier	Requirements and Limits
MAYZENT	T4	PA; SP
MAYZENT STARTER PACK	T4	PA; SP
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
PLEGRIDY INTRAMUSCULAR	T4	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (1 ML per 1 lifetime)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; QL (1 ML per 1 lifetime)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; QL (1 ML per 28 days)
<i>pomalidomide</i>	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

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

Drug Name	Drug Tier	Requirements and Limits
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
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
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL	T4	SP
<i>azathioprine oral tablet 50 mg</i>	T1	90DS
BENLYSTA SUBCUTANEOUS	T4	PA; SP

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

Drug Name	Drug Tier	Requirements and Limits
<i>cladribine (10 tabs)</i>	T4	PA; SP
<i>cladribine (4 tabs)</i>	T4	PA; SP
<i>cladribine (5 tabs)</i>	T4	PA; SP
<i>cladribine (6 tabs)</i>	T4	PA; SP
<i>cladribine (7 tabs)</i>	T4	PA; SP
<i>cladribine (8 tabs)</i>	T4	PA; SP
<i>cladribine (9 tabs)</i>	T4	PA; SP
<i>cyclophosphamide oral capsule</i>	T1	
<i>cyclosporine modified</i>	T1	90DS
<i>cyclosporine oral capsule</i>	T1	90DS
ENVARUSUS XR	T4	SP
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	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
<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	
<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)

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

Drug Name	Drug Tier	Requirements and Limits
<i>sirolimus oral</i>	T1	90DS
<i>tacrolimus external ointment</i>	T1	ST
<i>tacrolimus oral</i>	T1	90DS
XATMEP	T3	PA
<b>Kallikrein Inhibitors</b>		
KALBITOR	T4	PA; SP
ORLADEYO ORAL CAPSULE	T4	PA; SP
TAKHZYRO	T4	PA; SP
<b>Other Miscellaneous Therapeutic Agents</b>		
<i>betaine</i>	T4	SP
CERDELGA	T4	PA; SP
CYSTAGON	T4	SP
<i>dalfampridine er</i>	T1	PA; 90DS; SP; QL (60 EA per 30 days)
DYSPORT	T4	PA; SP
ELMIRON	T3	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T4	PA; SP
EVOTAZ	T2	90DS; QL (30 EA per 30 days)
EVRYSDI	T4	PA; SP
FIRDAPSE	T4	PA; SP
GALAFOLD	T4	PA; SP
GELSYN-3	T4	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA; SP
<i>levocarnitine oral solution</i>	T1	90DS
<i>levocarnitine oral tablet</i>	T1	90DS
<i>levocarnitine sf</i>	T1	90DS
<i>l-glutamine oral packet</i>	T4	PA; SP
<i>miglustat</i>	T4	PA; SP
<i>nitisinone</i>	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
NITYR	T4	PA; SP
ORFADIN ORAL SUSPENSION	T4	PA; SP
PREZCOBIX	T2	90DS; QL (30 EA per 30 days)
REZUROCK	T4	PA; SP
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP
STRIBILD	T2	90DS; QL (30 EA per 30 days)
SYMTUZA	T2	90DS; QL (30 EA per 30 days)
<i>tiopronin oral tablet delayed release</i>	T4	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
<b>Protective Agents</b>		
<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; QL (60 EA per 30 days)
<i>mesna oral</i>	T1	
<b>Nonhormonal Contraceptives</b>		
<b>Nonhormonal Contraceptives</b>		
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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
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
PHEXX	T2	QL (60 GM per 30 days)
TODAY SPONGE	T2	ACA Preventative Medication-\$0 Copay; QL (3 EA per 30 days)
TRUSTEX LUB/RIBBED/STUDED	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)
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)

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Drug Name	Drug Tier	Requirements and Limits
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
WIDE-SEAL DIAPHRAGM 95	T2	ACA Preventative Medication-\$0 Copay

### Oxytocics

#### Oxytocics

<i>mifepristone oral tablet 200 mg</i>	T1	
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### Respiratory Tract Agents

#### Alpha And Beta Adrenergic Agonist(Respr)

<i>epinephrine injection solution auto-injector</i>	T1	QL
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Drug Name	Drug Tier	Requirements and Limits
<b>Anticholinergic Agents (Respir. Tract)</b>		
<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)
<b>Antifibrotic Agents</b>		
JASCAYD	T4	PA; SP; QL (60 EA per 30 days)
OFEV	T4	PA; SP
<i>pirfenidone oral capsule</i>	T4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	T4	PA; SP
<b>Anti-Inflammatory Agents (Respiratory)</b>		
NUCALA	T4	PA; SP
<b>Antitussives</b>		
<i>codeine sulfate oral tablet</i>	T1	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)

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

Drug Name	Drug Tier	Requirements and Limits
<b>Corticosteroids (Respiratory Tract)</b>		
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	
<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 REDHALER	T2	90DS; QL (1 Inhaler per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
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 ORAL TABLET 10-50-125 MG	T4	PA; SP; QL (60 EA per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	T4	PA; SP; QL (84 EA per 28 days)
ORKAMBI ORAL PACKET	T4	PA; SP; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET	T4	PA; SP; QL (120 EA per 30 days)
SYMDEKO	T4	PA; SP; QL (120 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SP; QL (90 EA per 30 days)
TRIKAFTA ORAL THERAPY PACK	T4	PA; SP; QL (60 EA per 30 days)

**Cystic Fibrosis (Cftr) Potentiators**

ALYFTREK ORAL TABLET 10-50-125 MG	T4	PA; SP; QL (60 EA per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	T4	PA; SP; QL (84 EA per 28 days)
KALYDECO	T4	PA; SP; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET	T4	PA; SP; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET	T4	PA; SP; QL (120 EA per 30 days)
SYMDEKO	T4	PA; SP; QL (120 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SP; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
TRIKAFTA ORAL THERAPY PACK	T4	PA; SP; QL (60 EA per 30 days)

**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	
<i>cyproheptadine 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**

ALOCRIIL	T3	
ALOMIDE	T3	
<i>cromolyn sodium inhalation</i>	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T1	90DS
<b>Mucolytic Agents</b>		
<i>acetylcysteine inhalation</i>	T1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP
<i>sodium chloride inhalation nebulization solution 3 %, 7 %</i>	T1	
<b>Nasal Preparations (Steroids)</b>		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<i>fluticasone propionate nasal</i>	T1	
<i>mometasone furoate nasal</i>	T1	
<b>Orally Inhaled Preparations (Steroids)</b>		
ARNUITY ELLIPTA	T2	90DS; QL (30 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)

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
QVAR REDHALER	T2	90DS; QL (1 Inhaler per 30 days)
<b>Phosphodiesterase Type 4 Inhibitors</b>		
JASCAYD	T4	PA; SP; QL (60 EA per 30 days)
<i>roflumilast</i>	T1	PA; 90DS
<b>Phosphodiesterase-5 Inhibitors (Respir)</b>		
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS; SP
<i>tadalafil (pah)</i>	T1	PA; 90DS; SP
<b>Prostacyclin &amp; Prostacyclin Derivatives</b>		
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 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG	T4	PA; SP; QL (224 EA per 28 days)
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 MAINTENANCE KIT INHALATION POWDER 80 MCG	T4	PA; SP; QL (112 EA 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)

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Drug Name	Drug Tier	Requirements and Limits
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
VENTAVIS	T4	PA; SP

**Respiratory Tract Agents, Miscellaneous**

BRONCHITOL	T4	PA; QL (20 EA per 1 day)
BRONCHITOL TOLERANCE TEST	T4	PA; QL (20 EA per 1 day)
<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)**

<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)

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Drug Name	Drug Tier	Requirements and Limits
<i>terbutaline sulfate oral</i>	T1	90DS
<b>Vasodilating Agents (Respiratory Tract)</b>		
ADEMPAS	T4	PA; SP; QL (3 tablet per 1 day)
<i>ambrisentan</i>	T4	PA; SP
<i>bosentan</i>	T4	PA; SP
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; 90DS; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; 90DS; SP
<i>tadalafil (pah)</i>	T1	PA; 90DS; 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
UPTRAVI ORAL	T4	PA; SP; QL (2 tablet per 1 day)
UPTRAVI TITRATION	T4	PA; SP; QL (1 pack per 1 lifetime)
VENTAVIS	T4	PA; SP
<b>Vasodilating Agents, Misc (48:48)</b>		
ADEMPAS	T4	PA; SP; QL (3 tablet per 1 day)
UPTRAVI ORAL	T4	PA; SP; QL (2 tablet per 1 day)

<p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>T1</b> = Generic</p> <p><b>T2</b> = Preferred Brand</p> <p><b>T3</b> = Non-Preferred Brand</p> <p><b>T4</b> = Specialty</p>	<p><b>Requirements and Limits</b></p> <p><b>AL</b> = Age Limit</p> <p><b>G</b> = Gender Edit</p> <p><b>MME+</b> = Opioid Limits Apply</p> <p><b>PA</b> = Prior Authorization</p> <p><b>QL</b> = Quantity Limit</p> <p><b>SP</b> = Specialty Pharmacy</p> <p><b>ST</b> = Step Therapy</p>
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Drug Name	Drug Tier	Requirements and Limits
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
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**Antibacterials (84:04)**

<i>azelaic acid external</i>	T1	
<i>bacitracin ophthalmic</i>	T1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<i>benzoyl peroxide-erythromycin</i>	T1	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phos (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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<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	
<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	
<b>Anti-Inflammatory Agents, Misc (Skin)</b>		
EUCRISA	T3	PA
<b>Antiproliferants</b>		
<i>bexarotene oral</i>	T4	PA; SP
<i>fluorouracil external cream 0.5 %</i>	T1	
<i>fluorouracil external cream 5 %</i>	T1	QL (40 g per 30 days)
<i>fluorouracil external solution</i>	T1	

		<b>Requirements and Limits</b>
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<b>UPPERCASE</b> = Brand name drugs	<b>T1</b> = Generic	<b>G</b> = Gender Edit
	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>imiquimod external cream 5 %</i>	T1	QL (24 EA per 30 days)
PANRETIN	T4	PA; SP
TARGRETIN EXTERNAL	T4	PA; SP
VALCHLOR	T4	PA; SP
<b>Antipruritics And Local Anesthetics</b>		
<i>doxepin hcl external</i>	T1	ST; QL (45 GM per 30 days)
<i>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
<b>Antivirals (Skin And Mucous Membrane)</b>		
<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
<b>Astringents (84:12)</b>		
BEVESPI AEROSPHERE	T2	90DS; QL (10.7 GM per 30 days)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<b>Astringents, Anti-Infective</b>		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>selenium sulfide external lotion</i>	T1	
<i>silver sulfadiazine external</i>	T1	

		<b>Requirements and Limits</b>
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	<b>T2</b> = Preferred Brand	<b>MME+</b> = Opioid Limits Apply
	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
SSD	T3	
<b>Azoles (Skin And Mucous Membrane)</b>		
<i>clotrimazole anti-fungal</i>	T1	
<i>clotrimazole external cream</i>	T1	
<i>clotrimazole external solution</i>	T1	
<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)
<i>terconazole</i>	T1	
<b>Basic Lotions And Liniments</b>		
<i>ammonium lactate external</i>	T1	
<b>Basic Ointments And Protectants</b>		
<i>calcipotriene external cream</i>	T1	
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST
<i>hydrocortisone external cream 1 %</i>	T1	
<i>nitroglycerin rectal</i>	T3	
SANTYL	T3	PA; QL (90 GM per 30 days)
<b>Cell Stimulants And Proliferants</b>		
<i>finasteride oral tablet 5 mg</i>	T1	90DS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>minoxidil oral</i>	T1	90DS
<i>tretinoin external cream</i>	T1	AL (Max 30 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 30 Years)
<i>tretinoin oral</i>	T4	SP
<b>Corticosteroids (Skin, Mucous Membrane)</b>		
<i>alclometasone dipropionate</i>	T1	
<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>budesonide rectal</i>	T1	QL (66.8 GM per 28 days)
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate e</i>	T1	
<i>clobetasol propionate external cream 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

		<b>Requirements and Limits</b> AL = Age Limit G = Gender Edit MME+ = Opioid Limits Apply PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
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<b>UPPERCASE</b> = Brand name drugs		

Drug Name	Drug Tier	Requirements and Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements and Limits
<i>mometasone furoate external</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment</i>	T1	
<i>triamcinolone acetonide mouth/throat</i>	T1	
<b>Hydroxypyridones (Skin, Mucous Membrane)</b>		
<i>ciclopirox external solution</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<b>Immunomodulatory Agents (84:06)</b>		
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
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

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Drug Name	Drug Tier	Requirements and Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
TREMFYA-CD/UC INDUCTION	T4	PA; SP
<b>Janus Kinase Inhibitors (84:06)</b>		
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
<b>Keratolytic Agents</b>		
<i>acitretin</i>	T1	PA
<i>adapalene external gel 0.1 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>isotretinoin oral</i>	T1	PA; QL (60 EA per 30 days)
<i>podofilox external solution</i>	T1	
<i>tazarotene external cream</i>	T1	
<i>tazarotene external gel</i>	T1	
<b>Local Anti-Infectives, Miscellaneous</b>		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>benzoyl peroxide-erythromycin</i>	T1	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	T1	
<i>selenium sulfide external lotion</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SSD	T3	
SULFAMYLON EXTERNAL CREAM	T3	

		<b>Requirements and Limits</b>
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	<b>T3</b> = Non-Preferred Brand	<b>PA</b> = Prior Authorization
	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<b>Nonsteroidal Anti-Inflammat.Agents(Skin)</b>		
<i>diclofenac sodium external gel 1 %</i>	T1	
<i>diclofenac sodium external gel 3 %</i>	T1	QL (100 g per 30 days)
<b>Phosphodiesterase-4 Inhibitors (84:06)</b>		
EUCRISA	T3	PA
JASCAYD	T4	PA; SP; QL (60 EA per 30 days)
<i>roflumilast</i>	T1	PA; 90DS
<b>Pigmenting Agents</b>		
<i>methoxsalen rapid</i>	T4	QL (84 EA per 30 days)
<b>Polyenes (Skin And Mucous Membrane)</b>		
<i>nystatin external</i>	T1	
<i>nystatin mouth/throat</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
<b>Scabicides And Pediculicides</b>		
CROTAN	T3	
<i>ivermectin external cream</i>	T1	ST
<i>malathion external</i>	T1	
<i>permethrin external cream</i>	T1	
<i>spinosad</i>	T1	
<b>Skin And Mucous Membrane Agents, Misc.</b>		
<i>acitretin</i>	T1	PA
<i>adapalene external gel 0.1 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>azelaic acid external</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<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)
<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

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Drug Name	Drug Tier	Requirements and Limits
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

### 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

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Drug Name	Drug Tier	Requirements and Limits
<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	
<i>pnv prenatal plus multivitamin</i>	T1	
PRENATABS RX	T1	
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>westab plus</i>	T1	

#### Vitamin B Complex

<i>cvs folic acid oral tablet 800 mcg</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS
<i>drosipren-eth estrad-levomefol</i>	T1	ACA Preventative Medication-\$0 Copay; 90DS

		<b>Requirements and Limits</b>
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	<b>T4</b> = Specialty	<b>QL</b> = Quantity Limit
		<b>SP</b> = Specialty Pharmacy
		<b>ST</b> = Step Therapy
<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>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
<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
<b>Vitamin D</b>		
<i>calcitriol oral</i>	T1	90DS
<i>doxercalciferol oral</i>	T1	90DS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements and Limits</b>
<i>paricalcitol oral</i>	T1	90DS
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	90DS

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