

2023 Abridged Basic Formulary – HMO

Effective Jan. 1, 2023



For the most current list of covered medications or if you have questions:



Call Member Services at **1-855-505-8110**, TTY **711**.

Visit optumrx.com/calpers to:

- Find a participating retail, mail order, and specialty pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.
- Find an electronic copy of the formulary.
- Get plan coverage information.

**Anthem Blue Cross
(HMO Select & HMO Traditional)**

Health Net HMO

Sharp Health Plan HMO

UnitedHealthcare HMO

Western Health Advantage HMO

The formulary is subject to change and all previous versions of the formulary are no longer in effect.

Last updated: Jan. 1, 2023

CalPERS

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Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen by your plan for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. This includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA). The drug list in this formulary is organized by the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification system.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors, nurses, and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. A non-formulary drug must be covered when your doctor feels it is medically necessary. If your medication is not listed here, please visit optumrx.com/calpers or call Member Services at **1-855-505-8110**, TTY **711**.

Some medications on your formulary have extra requirements before they can be covered. A few of the most common coverage programs are prior authorization (PA), step therapy (ST), Non-formulary (NF) or quantity limits (QL). You may request exception to certain step therapy or nonformulary programs when your doctor feels it is necessary. If Optum Rx doesn't respond to your non-urgent PA, ST or NF exception request within 72 hours or your urgent PA, ST or NF exception request within 24 hours, then your request will be automatically granted.

You may appeal the denial of an exception request. Please review your coverage documents for more information on appeal rights and procedures. We use programs like these to help make sure the medication you take is safe and effective. When you request coverage of a non-formulary drug, we will notify you or your designee and your provider of the coverage determination within these time frames. If the decision is to provide coverage for a non-urgent request, coverage will be for the duration of the prescription, including refills. If the coverage decision is based on exigent circumstances, coverage will be for the duration of the exigency. Check your plan documents for more information. Some Affordable Care Act (ACA) or Health Care Reform (HCR) preventive medications may have coverage restrictions. If you want to learn more about these programs or to see if you take a medication in one of these programs, please visit optumrx.com/calpers or call Member Services at **1-855-505-8110**, TTY **711**.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

If you want to fill your medication through Optum Home Delivery and receive a 90-day supply delivered right to your door, please visit optumrx.com and sign up for Optum Home Delivery.

What if I am taking a preventative medication covered under Health Care Reform?

Under the Health Care Reform law (Patient Protection and Affordable Care Act), pharmacy benefit plans must cover certain Preventive Care medications at \$0 without charging a copay, coinsurance, or deductible if certain criteria is met. These products are available at no cost to you on both standard and high-deductible or consumer-driven health plans. For more information contact optumrx.com/calpers or call Member Services at **1-855-505-8110**, TTY **711**.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.



About this formulary

Where differences between this formulary and your benefit plan exist, the benefit plan documents rule.

This may not be a complete list of medications that are covered by your plan, and it doesn't mean that you are guaranteed to receive a medication on this list. Please review your benefit plan for full details.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication. Optum Rx may not limit or exclude coverage for a drug if the health plan previously approved coverage of the drug for the medical condition and the prescribing provider continues to prescribe the drug for the medical condition. This is provided the drug is appropriately prescribed and safe and effective for treating the condition.

What if I don't agree with a decision about an excluded medication?

You or your authorized representative or your doctor can ask for a coverage request by calling Member Services at **1-855-505-8110**, TTY **711**.

What is the copay amount for oral anti-cancer drugs?

There is no limit or cost sharing for orally administered anti-cancer drugs.

Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-821-7217** and have your prescriptions delivered right to your home or doctor's office.



Over-the-counter medications (OTC)

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Definitions

Brand name drug	A drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
Coinsurance	Percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Copayment	Fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Deductible	Amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
Drug tier	A group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
Enrollee	Person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.
Exception request	A request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
Exigent circumstances	Are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.
Formulary	The complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.
Generic drug	The same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in lowercase letters.
Non-formulary drug	A prescription drug that is not listed on the health plan's formulary.
Out-of-pocket cost	Copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
Prescribing provider	A health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
Prescription	An oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.
Prescription drug	A drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.
Prior authorization	A health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
Step therapy	Process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.
Subscriber	Means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost.

Drug tier	Includes	Helpful tips
Tier 1	\$ Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost non-preferred	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

PA	Prior authorization – Your doctor is required to give Optum Rx more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain quantity.
SP	Specialty medication – Medication is designated as specialty.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered.
HCR	Health Care Reform – Medication may be covered at \$0 if certain conditions are met without charging you a copay, coinsurance or deductible. Contact Member Services for additional information.

Please refer to your EOC (evidence of coverage) for more information about:

- Your medical coverage
- Existing conditions
- Non-formulary drugs
- Filing an appeal related to a denial of a coverage request. Your EOC will provide more information on appeal rights and procedures.
- Outpatient prescription drug benefit

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-HISTAMINE DRUGS - Drugs for Allergy		
ANTI-HISTAMINE DRUGS - Drugs for Allergy		
<i>promethazine hcl oral tablet 25 mg</i>	1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
<i>cyproheptadine hcl oral tablet</i>	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>cyproheptadine hcl oral tablet</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>meclizine hcl oral tablet</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	1	
OTHER ANTIHISTAMINES - Drugs for Allergy		
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>olopatadine hcl ophthalmic</i>	1	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine-codeine</i>	1	PA; QL (240 ML per 1 fill)
<i>promethazine-dm</i>	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
<i>pseudoephedrine-bromphen-dm</i>	1	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefadroxil oral capsule</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefuroxime axetil</i>	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefdinir</i>	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
<i>terbinafine hcl oral</i>	1	QL (84 day supply per 180 days)
AMEBICIDES - Drugs for the Mouth and Throat		
<i>metronidazole oral tablet</i>	1	
<i>metronidazole vaginal</i>	1	
VANDAZOLE (<i>metronidazole</i>)	3	ST
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
TOBI PODHALER (<i>tobramycin</i>)	3	SP; QL (224 EA per 40 days)
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL (<i>omadacycline tosylate</i>)	3	
SEYSARA (<i>sarecycline hcl</i>)	3	ST
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet</i>	1	
OMECLAMOX-PAK (<i>amoxicill-clarithro-omeprazole</i>)	2	
ANTHELMINTICS - Drugs for Parasites		
EMVERM (<i>mebendazole</i>)	2	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	2	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA (<i>tafenoquine succinate</i>)	3	
<i>avidoxy</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>hydroxychloroquine sulfate oral</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>mondoxyne nl</i>	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
<i>metronidazole oral tablet</i>	1	
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
ANTITUBERCULOSIS AGENTS - Antibiotics		
<i>ciprofloxacin hcl oral</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>levofloxacin oral tablet</i>	1	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
PAXLOVID (150/100) (<i>nirmatrelvir-ritonavir</i>)	3	QL (4 EA per 1 day)
PAXLOVID (300/100) (<i>nirmatrelvir-ritonavir</i>)	3	QL (6 EA per 1 day)
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>)	3	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>)	3	QL (2 EA per 365 days)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA ORAL (<i>isavuconazonium sulfate</i>)	3	PA
<i>fluconazole oral tablet</i>	1	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (1 EA per 1 day)
VOSEVI (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SP; QL (1 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (5 EA per 1 day)
MAVYRET ORAL TABLET (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (3 EA per 1 day)
VOSEVI (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SP; QL (1 EA per 1 day)
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (1 EA per 1 day)
MAVYRET ORAL PACKET (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (5 EA per 1 day)
MAVYRET ORAL TABLET (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (3 EA per 1 day)
VOSEVI (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SP; QL (1 EA per 1 day)
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
RUKOBIA (<i>fostemsavir tromethamine</i>)	2	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY (<i>bictegravir-emtricitab-tenofof</i>)	3	
DOVATO (<i>dolutegravir-lamivudine</i>)	2	
GENVOYA (<i>elviteg-cobic-emtricit-tenofaf</i>)	3	
JULUCA (<i>dolutegravir-rilpivirine</i>)	2	
TIVICAY (<i>dolutegravir sodium</i>)	2	
TRIUMEQ (<i>abacavir-dolutegravir-lamivud</i>)	2	
HIV NONNUCLEOSIDE REV.TRANSSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY (<i>bictegravir-emtricitab-tenofof</i>)	3	
JULUCA (<i>dolutegravir-rilpivirine</i>)	2	
<i>methocarbamol oral tablet 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODEFSEY (<i>emtricitab-rilpivir-tenofov af</i>)	3	
SYMFI (<i>efavirenz-lamivudine-tenofov</i>)	2	
SYMFI LO (<i>efavirenz-lamivudine-tenofov</i>)	2	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
BIKTARVY (<i>bictegravir-emtricitab-tenofov</i>)	3	
CIMDUO (<i>lamivudine-tenofov</i>)	2	
DOVATO (<i>dolutegravir-lamivudine</i>)	2	
<i>emtricitabine-tenofov df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofov df oral tablet 200-300 mg</i>	1	HCR
GENVOYA (<i>elviteg-cobic-emtricit-tenofaf</i>)	3	
ODEFSEY (<i>emtricitab-rilpivir-tenofov af</i>)	3	
SYMFI (<i>efavirenz-lamivudine-tenofov</i>)	2	
SYMFI LO (<i>efavirenz-lamivudine-tenofov</i>)	2	
SYMTUZA (<i>darun-cobic-emtricit-tenofaf</i>)	3	
TRIUMEQ (<i>abacavir-dolutegravir-lamivud</i>)	2	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
PREZCOBIX (<i>darunavir-cobicistat</i>)	2	
SYMTUZA (<i>darun-cobic-emtricit-tenofaf</i>)	3	
LINCOMYCIN ANTIBIOTICS - Antibiotics		
<i>clindamycin hcl oral</i>	1	
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
<i>penicillin v potassium oral tablet</i>	1	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (40 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (20 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (360 ML per 365 days)
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir oral tablet</i>	1	
<i>entecavir</i>	1	SP; QL (1 EA per 1 day)
<i>valacyclovir hcl oral</i>	1	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet</i>	1	
DIFICID (<i>fidaxomicin</i>)	3	
OMECLAMOX-PAK (<i>amoxicill-clarithro-omeprazole</i>)	2	
PLEUROMUTILINS - Antibiotics		
XENLETA (<i>lefamulin acetate</i>)	3	
POLYENE ANTIFUNGALS - Drugs for Fungus		
<i>nystatin mouth/throat</i>	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
<i>ciprofloxacin hcl oral</i>	1	
<i>levofloxacin oral tablet</i>	1	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfasalazine oral tablet</i>	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
<i>avidoxy</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>mondoxyne nl</i>	1	
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	2	
XIMINO (<i>minocycline hcl</i>)	3	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate macrocrystals</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
<i>abiraterone acetate</i>	1	PA; SP
ALECENSA (<i>alectinib hcl</i>)	2	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	2	PA; SP; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	2	PA; SP; QL (4 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK (<i>brigatinib</i>)	2	PA; SP; QL (30 EA per 365 days)
<i>anastrozole oral</i>	1	HCR
CABOMETYX (<i>cabozantinib s-malate</i>)	2	PA; SP
CALQUENCE ORAL CAPSULE (<i>acalabrutinib</i>)	3	PA; SP
<i>capecitabine</i>	1	PA; SP
ERIVEDGE (<i>vismodegib</i>)	3	PA; SP
ERLEADA (<i>apalutamide</i>)	3	PA; SP
EXKIVITY (<i>mobocertinib succinate</i>)	3	PA; SP
GAVRETO (<i>pralsetinib</i>)	3	PA; SP
IBRANCE ORAL TABLET (<i>palbociclib</i>)	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG (<i>ponatinib hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG (<i>ponatinib hcl</i>)	3	PA; SP
IDHIFA (<i>enasidenib mesylate</i>)	3	PA; SP; QL (1 EA per 1 day)
<i>imatinib mesylate</i>	1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	3	PA; SP; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	3	PA; SP; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	3	PA; SP; QL (1 EA per 1 day)
KANJINTI (<i>trastuzumab-anns</i>)	2	PA; SP
KISQALI FEMARA (<i>ribociclib-letrozole</i>)	3	PA; SP
KISQALI ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	3	PA; SP
KOSELUGO (<i>selumetinib sulfate</i>)	3	PA; SP
<i>letrozole oral</i>	1	
LUMAKRAS (<i>sotorasib</i>)	3	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG (<i>leuprolide acetate (4 month)</i>)	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG (<i>leuprolide acetate (6 month)</i>)	2	PA; SP
LYNPARZA (<i>olaparib</i>)	2	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methotrexate oral</i>	1	
<i>methotrexate sodium oral</i>	1	
MVASI (<i>bevacizumab-awwb</i>)	2	PA; SP
NUBEQA (<i>darolutamide</i>)	3	PA; SP
ODOMZO (<i>sonidegib phosphate</i>)	3	PA; SP
ORGOVYX (<i>relugolix</i>)	3	PA; SP
PHESGO (<i>pertuz-trastuz-hyaluron-zzxf</i>)	2	PA; SP
POMALYST (<i>pomalidomide</i>)	3	PA; SP
RETEVMO (<i>selpercatinib</i>)	3	PA; SP
REVLIMID (<i>lenalidomide</i>)	2	PA; SP
ROZLYTREK (<i>entrectinib</i>)	3	PA; SP
RUXIENCE (<i>rituximab-pvvr</i>)	2	PA; SP
SPRYCEL (<i>dasatinib</i>)	2	PA; SP
STIVARGA (<i>regorafenib</i>)	3	PA; SP
TABRECTA (<i>capmatinib hcl</i>)	3	PA; SP
TAGRISSE ORAL TABLET 40 MG (<i>osimertinib mesylate</i>)	3	PA; SP; QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 80 MG (<i>osimertinib mesylate</i>)	3	PA; SP
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	HCR
<i>temozolomide</i>	1	PA; SP
TRAZIMERA (<i>trastuzumab-qyyp</i>)	2	PA; SP
TREXALL (<i>methotrexate sodium</i>)	3	
VITRAKVI (<i>larotrectinib sulfate</i>)	3	PA; SP
XTANDI (<i>enzalutamide</i>)	3	PA; SP
ZEJULA (<i>niraparib tosylate</i>)	2	PA; SP
ZIRABEV (<i>bevacizumab-bvzr</i>)	2	PA; SP
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
XEMBIFY (<i>immune globulin (human)-klhw</i>)	3	PA; SP
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML (<i>epinephrine</i>)	3	QL (0.07 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK (<i>epinephrine</i>)	3	ST
<i>pseudoephedrine-bromphen-dm</i>	1	
SYMJEPI (<i>epinephrine</i>)	3	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>clonidine hcl oral</i>	1	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ATROVENT HFA (<i>ipratropium bromide hfa</i>)	3	QL (0.86 GM per 1 day)
BREZTRI AEROSPHERE (<i>budeson-glycopyrrol-formoterol</i>)	2	QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>)	2	QL (0.27 GM per 1 day)
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral tablet</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	QL (4 EA per 1 day)
<i>hyoscyamine sulfate sl</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>ipratropium bromide nasal</i>	1	
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
LONHALA MAGNAIR REFILL KIT (<i>glycopyrrolate</i>)	3	QL (2 ML per 1 day)
LONHALA MAGNAIR STARTER KIT (<i>glycopyrrolate</i>)	3	QL (2 ML per 1 day)
QBREXZA (<i>glycopyrronium tosylate</i>)	3	QL (1 EA per 1 day)
<i>scopolamine</i>	1	
SPIRIVA HANDIHALER (<i>tiotropium bromide monohydrate</i>)	2	QL (1 EA per 1 day)
SPIRIVA RESPIMAT (<i>tiotropium bromide monohydrate</i>)	2	QL (0.14 GM per 1 day)
STIOLTO RESPIMAT (<i>tiotropium bromide-olodaterol</i>)	2	QL (0.14 GM per 1 day)
YUPELRI (<i>revefenacin</i>)	3	QL (3 ML per 1 day)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
<i>benztropine mesylate oral</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
<i>varenicline tartrate oral tablet</i>	1	HCR; QL (180 day supply per 365 days)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>carisoprodol oral</i>	1	
<i>cyclobenzaprine hcl oral</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>tizanidine hcl oral</i>	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>baclofen oral tablet</i>	1	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
<i>carvedilol</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	
<i>labetalol hcl oral</i>	1	
<i>nadolol oral</i>	1	
<i>nebivolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
<i>doxazosin mesylate oral</i>	1	
<i>prazosin hcl oral</i>	1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
<i>donepezil hcl oral tablet</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>memantine hcl-donepezil hcl</i>)	2	QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl-donepezil hcl</i>)	2	QL (1 EA per 1 day)
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
<i>alfuzosin hcl er</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl oral</i>	1	
<i>tamsulosin hcl</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR DISKUS (<i>fluticasone-salmeterol</i>)	1	QL (2 EA per 1 day)
ADVAIR HFA (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
<i>albuterol sulfate hfa</i>	1	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	QL (18 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	1	QL (5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (12.5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	QL (5 EA per 1 day)
BREZTRI AEROSPHERE (<i>budeson-glycopyrrol-formoterol</i>)	2	QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>)	2	QL (0.27 GM per 1 day)
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
PERFOROMIST (<i>formoterol fumarate</i>)	3	QL (4 ML per 1 day)
STIOLTO RESPIMAT (<i>tiotropium bromide-olodaterol</i>)	2	QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>)	2	QL (4.2 GM per 30 days)
SYMBICORT (<i>budesonide-formoterol fumarate</i>)	2	QL (0.34 GM per 1 day)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
<i>atenolol oral</i>	1	
<i>bisoprolol fumarate oral</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
BOTOX (<i>onabotulinumtoxin</i>)	2	PA; SP
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) (<i>darbepoetin alfa</i>)	2	PA; SP
PROCRIT (<i>epoetin alfa</i>)	2	PA; SP
RETACRIT (<i>epoetin alfa-epbx</i>)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
TAVALISSE (<i>fostamatinib disodium</i>)	3	PA; SP
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
<i>jantoven</i>	1	
<i>warfarin sodium oral</i>	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK (<i>apixaban</i>)	2	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (3 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED (<i>rivaroxaban</i>)	2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	2	QL (2 EA per 1 day)
XARELTO STARTER PACK (<i>rivaroxaban</i>)	2	QL (102 EA per 365 days)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
PRADAXA (<i>dabigatran etexilate mesylate</i>)	2	QL (2 EA per 1 day)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ARANESP (ALBUMIN FREE) (<i>darbepoetin alfa</i>)	2	PA; SP
DOPTELET (<i>avatrombopag maleate</i>)	3	PA; SP
MULPLETA (<i>lusutrombopag</i>)	2	PA; SP
NEULASTA (<i>pegfilgrastim</i>)	3	PA; SP
NEULASTA ONPRO (<i>pegfilgrastim</i>)	3	PA; SP
NIVESTYM (<i>filgrastim-aafi</i>)	2	PA; SP
PROCRIT (<i>epoetin alfa</i>)	2	PA; SP
RETACRIT (<i>epoetin alfa-epbx</i>)	2	PA; SP
ZARXIO (<i>filgrastim-sndz</i>)	2	PA; SP
ZIEXTENZO (<i>pegfilgrastim-bmez</i>)	3	PA; SP
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE (<i>antihemophil factor (rahf-pfm)</i>)	2	SP
ADYNOVATE	3	SP
AFSTYLA (<i>antihemophil fact single chain</i>)	3	SP
ELOCTATE (<i>antihem fact (bdd-rfviiiic)</i>)	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JIVI (<i>ahf (bdd-rfviii peg-aucl)</i>)	3	SP
KOATE (<i>antihemophilic factor</i>)	2	SP
NOCDURNA (<i>desmopressin acetate</i>)	3	
NOVOEIGHT (<i>antihemophil fact bd truncated</i>)	2	SP
NUWIQ (<i>antihem fact (bdd-rfviii,sim)</i>)	2	SP
RECOMBINATE (<i>antihem factor recomb (rfviii)</i>)	2	SP
WILATE (<i>antihemophilic factor-vwf</i>)	2	SP
XYNTHA (<i>antihem fact (bdd-rfviii,mor)</i>)	2	SP
XYNTHA SOLOFUSE (<i>antihem fact (bdd-rfviii,mor)</i>)	2	SP
HEPARINS - Drugs to Prevent Blood Clots		
<i>enoxaparin sodium injection solution prefilled syringe</i>	1	SP; QL (35 day supply per 180 days)
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
<i>BRILINTA (ticagrelor)</i>	2	
<i>clopidogrel bisulfate oral</i>	1	
<i>prasugrel hcl</i>	1	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
<i>carvedilol</i>	1	
<i>doxazosin mesylate oral</i>	1	
<i>labetalol hcl oral</i>	1	
<i>prazosin hcl oral</i>	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>carvedilol</i>	1	
<i>doxazosin mesylate oral</i>	1	
<i>labetalol hcl oral</i>	1	
<i>prazosin hcl oral</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
<i>candesartan cilexetil</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBI (<i>azilsartan medoxomil</i>)	3	ST
<i>irbesartan</i>	1	
<i>losartan potassium oral</i>	1	
<i>olmesartan medoxomil oral</i>	1	
<i>telmisartan</i>	1	
<i>valsartan oral tablet</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>candesartan cilexetil</i>	1	
EDARBI (<i>azilsartan medoxomil</i>)	3	ST
EDARBYCLOR (<i>azilsartan-chlorthalidone</i>)	3	ST
ENTRESTO (<i>sacubitril-valsartan</i>)	2	QL (2 EA per 1 day)
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium oral</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>olmesartan medoxomil oral</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>telmisartan</i>	1	
<i>telmisartan-hctz</i>	1	
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
<i>benazepril hcl oral</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>lisinopril oral</i>	1	
<i>ramipril</i>	1	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>benazepril hcl oral</i>	1	
<i>enalapril maleate oral tablet</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lisinopril oral</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
<i>digitek</i>	1	
<i>digoxin oral tablet</i>	1	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
<i>icosapent ethyl oral capsule 1 gm</i>	1	PA
NEXLETOL (<i>bempedoic acid</i>)	2	PA; QL (1 EA per 1 day)
NEXLIZET (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 EA per 1 day)
<i>omega-3-acid ethyl esters</i>	1	
VASCEPA (<i>icosapent ethyl</i>)	2	PA
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms		
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol fumarate oral</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	
<i>labetalol hcl oral</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol oral</i>	1	
<i>nebivolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>atenolol oral</i>	1	
<i>bisoprolol fumarate oral</i>	1	
<i>carvedilol</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	
<i>labetalol hcl oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol oral</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	PA; QL (15 ML per 1 day)
CORLANOR ORAL TABLET (<i>ivabradine hcl</i>)	3	PA; QL (2 EA per 1 day)
<i>ranolazine er</i>	1	
CARDIOTONIC AGENTS - Drugs for Angina		
<i>digitek</i>	1	
<i>digoxin oral tablet</i>	1	
CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure & Angina		
<i>clonidine hcl oral</i>	1	
<i>guanfacine hcl</i>	1	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
<i>ezetimibe</i>	1	
NEXLIZET (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 EA per 1 day)
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
<i>flecainide acetate</i>	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
<i>atenolol oral</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bisoprolol fumarate oral</i>	1	
<i>carvedilol</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	
<i>labetalol hcl oral</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
<i>amiodarone hcl oral</i>	1	
MULTAQ (<i>dronedarone hcl</i>)	3	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
<i>amlodipine besylate oral</i>	1	
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
<i>amlodipine besylate oral</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
BIDIL (<i>isosorb dinitrate-hydralazine</i>)	3	
<i>hydralazine hcl oral</i>	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gemfibrozil oral</i>	1	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1	HCR
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	1	
<i>lovastatin oral</i>	1	HCR
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	HCR
<i>simvastatin oral tablet 80 mg</i>	1	
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>torseamide</i>	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
KERENDIA (<i>finerenone</i>)	3	PA; QL (1 EA per 1 day)
<i>spironolactone oral</i>	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
<i>spironolactone oral</i>	1	
NITRATES AND NITRITES - Drugs for the Heart		
BIDIL (<i>isosorb dinitrate-hydralazine</i>)	3	
<i>isosorbide mononitrate er</i>	1	
<i>nitroglycerin sublingual</i>	1	
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA (<i>evolocumab</i>)	2	PA; QL (0.11 ML per 1 day)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>)	2	PA; QL (0.13 ML per 1 day)
REPATHA SURECLICK (<i>evolocumab</i>)	2	PA; QL (0.11 ML per 1 day)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (8 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (8 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>spironolactone oral</i>	1	
RENIN INHIBITORS - Drugs for the Heart		
TEKTURNA (<i>aliskiren fumarate</i>)	2	
TEKTURNA HCT (<i>aliskiren-hydrochlorothiazide</i>)	2	ST
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO (<i>sacubitril-valsartan</i>)	2	QL (2 EA per 1 day)
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>hydrochlorothiazide oral</i>	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
<i>chlorthalidone</i>	1	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
<i>amlodipine besylate oral</i>	1	
<i>cartia xt</i>	1	
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	PA; QL (15 ML per 1 day)
CORLANOR ORAL TABLET (<i>ivabradine hcl</i>)	3	PA; QL (2 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
VERQUVO (<i>vericiguat</i>)	3	PA; QL (1 EA per 1 day)
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL XR (<i>amphetamine-dextroamphetamine</i>)	1	QL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (3 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	QL (2 EA per 1 day)
VYVANSE (<i>lisdexamfetamine dimesylate</i>)	2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
<i>acetaminophen-codeine #2</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine #3</i>	1	QL (10 EA per 1 day)
<i>acetaminophen-codeine #4</i>	1	QL (5 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (10 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (5 EA per 1 day)
<i>apap-caff-dihydrocodeine</i>	1	QL (12 EA per 1 day)
<i>bac</i>	1	
<i>butalbital-apap-caffeine</i>	1	
<i>endocet oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL (<i>gabapentin (once-daily)</i>)	3	ST; QL (66 EA per 365 days)
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (3 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
TREZIX (<i>apap-caff-dihydrocodeine</i>)	3	QL (12 EA per 1 day)
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
<i>benztropine mesylate oral</i>	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
APTIOM (<i>eslicarbazepine acetate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRIVIACT INTRAVENOUS (<i>brivaracetam</i>)	3	
BRIVIACT ORAL (<i>brivaracetam</i>)	3	ST
<i>carbamazepine oral tablet</i>	1	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
EPIDIOLEX (<i>cannabidiol</i>)	3	PA; SP
<i>epitol</i>	1	
FYCOMPA (<i>perampanel</i>)	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL (<i>gabapentin (once-daily)</i>)	3	ST; QL (66 EA per 365 days)
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (3 EA per 1 day)
HORIZANT (<i>gabapentin enacarbil</i>)	3	PA; QL (2 EA per 1 day)
<i>lamotrigine er</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	1	QL (2 EA per 1 day)
<i>roweepra</i>	1	
<i>subvenite</i>	1	
<i>topiramate oral tablet</i>	1	
TROKENDI XR (<i>topiramate</i>)	3	ST
XCOPRI (<i>cenobamate</i>)	3	ST
<i>zonisamide oral</i>	1	
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
<i>bupropion hcl er (sr)</i>	1	QL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (1 EA per 1 day)
<i>bupropion hcl oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mirtazapine oral tablet</i>	1	
SPRAVATO (56 MG DOSE) (<i>esketamine hcl</i>)	3	PA; SP
SPRAVATO (84 MG DOSE) (<i>esketamine hcl</i>)	3	PA; SP
ANTIMANIC AGENTS - Drugs for Personality Disorder		
ABILIFY MAINTENA (<i>aripiprazole</i>)	3	
<i>aripiprazole oral tablet</i>	1	QL (1 EA per 1 day)
ARISTADA (<i>aripiprazole lauroxil</i>)	3	
ARISTADA INITIO (<i>aripiprazole lauroxil</i>)	3	
<i>carbamazepine oral tablet</i>	1	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
<i>epitol</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral capsule</i>	1	
<i>olanzapine oral tablet</i>	1	QL (1 EA per 1 day)
PERSERIS (<i>risperidone</i>)	3	
<i>quetiapine fumarate er</i>	1	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	QL (2 EA per 1 day)
<i>risperidone oral tablet</i>	1	QL (2 EA per 1 day)
<i>subvenite</i>	1	
<i>ziprasidone hcl</i>	1	QL (2 EA per 1 day)
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>naproxen oral tablet</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<i>topiramate oral tablet</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROKENDI XR (<i>topiramate</i>)	3	ST
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA (<i>suvorexant</i>)	3	ST; QL (1 EA per 1 day)
<i>buspirone hcl oral</i>	1	
DAYVIGO (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day)
<i>eszopiclone</i>	1	QL (1 EA per 1 day)
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>zolpidem tartrate er</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral</i>	1	QL (1 EA per 1 day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
ABILIFY MAINTENA (<i>aripiprazole</i>)	3	
<i>aripiprazole oral tablet</i>	1	QL (1 EA per 1 day)
ARISTADA (<i>aripiprazole lauroxil</i>)	3	
ARISTADA INITIO (<i>aripiprazole lauroxil</i>)	3	
INVEGA HAFYERA (<i>paliperidone palmitate</i>)	3	ST
INVEGA SUSTENNA (<i>paliperidone palmitate</i>)	3	
INVEGA TRINZA (<i>paliperidone palmitate</i>)	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (<i>lurasidone hcl</i>)	3	QL (1 EA per 1 day)
LATUDA ORAL TABLET 80 MG (<i>lurasidone hcl</i>)	3	QL (2 EA per 1 day)
<i>olanzapine oral tablet</i>	1	QL (1 EA per 1 day)
PERSERIS (<i>risperidone</i>)	3	
<i>quetiapine fumarate er</i>	1	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	QL (2 EA per 1 day)
REXULTI (<i>brexpiprazole</i>)	3	QL (1 EA per 1 day)
<i>risperidone oral tablet</i>	1	QL (2 EA per 1 day)
VRAYLAR ORAL CAPSULE (<i>cariprazine hcl</i>)	3	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK (<i>cariprazine hcl</i>)	3	QL (14 EA per 365 days)
<i>ziprasidone hcl</i>	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
<i>bac</i>	1	
<i>butalbital-apap-caffeine</i>	1	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>	1	QL (10 EA per 1 day)
<i>diazepam oral tablet</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
NAYZILAM (<i>midazolam (anticonvulsant)</i>)	3	QL (0.34 EA per 1 day)
SYMPAZAN (<i>clobazam</i>)	3	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (<i>diazepam</i>)	3	QL (0.34 EA per 1 day)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (<i>diazepam</i>)	3	QL (0.67 EA per 1 day)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (4 EA per 1 day)
<i>alprazolam oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>	1	QL (10 EA per 1 day)
<i>diazepam oral tablet</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
SYMPAZAN (<i>clobazam</i>)	3	PA
<i>temazepam</i>	1	QL (1 EA per 1 day)
<i>triazolam</i>	1	QL (2 EA per 1 day)
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>erenumab-aooe</i>)	2	PA; QL (0.04 ML per 1 day)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	2	PA; QL (0.07 ML per 1 day)
AJOVY (<i>fremanezumab-vfrm</i>)	2	PA; QL (0.06 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (0.1 ML per 1 day)
NURTEC (<i>rimegepant sulfate</i>)	2	PA; QL (0.27 EA per 1 day)
QULIPTA (<i>atogepant</i>)	2	PA; QL (1 EA per 1 day)
UBRELVY (<i>ubrogepant</i>)	2	PA; QL (0.34 EA per 1 day)
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
ONGENTYS (<i>opicapone</i>)	3	ST
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
ADDYI (<i>flibanserin</i>)	3	PA; QL (1 EA per 1 day)
<i>atomoxetine hcl</i>	1	QL (1 EA per 1 day)
<i>guanfacine hcl</i>	1	
<i>guanfacine hcl er</i>	1	
<i>memantine hcl oral tablet</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>memantine hcl-donepezil hcl</i>)	2	QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl-donepezil hcl</i>)	2	QL (1 EA per 1 day)
NOURIANZ (<i>istradefylline</i>)	3	PA
TIGLUTIK (<i>riluzole</i>)	3	PA; QL (20 ML per 1 day)
VYLEESI (<i>bremelanotide acetate</i>)	3	PA; QL (8 ML per 30 days)
XYREM (<i>sodium oxybate</i>)	3	PA; SP; QL (18 ML per 1 day)
XYWAV (<i>ca, mg, k, and na oxybates</i>)	3	PA; SP; QL (18 ML per 1 day)
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
<i>celecoxib oral</i>	1	QL (2 EA per 1 day)
DOPAMINE PRECURSORS - Drugs for Parkinson		
<i>carbidopa-levodopa oral tablet</i>	1	
INBRIJA (<i>levodopa</i>)	3	PA; SP
RYTARY (<i>carbidopa-levodopa</i>)	3	ST
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
<i>cabergoline</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	1	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	1	QL (2 EA per 1 day)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
<i>KYNMOBI (apomorphine hcl)</i>	3	PA; SP; QL (5 EA per 1 day)
<i>KYNMOBI TITRATION KIT (apomorphine hcl)</i>	3	PA; SP; QL (20 EA per 365 days)
<i>NEUPRO (rotigotine)</i>	3	ST
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
OPIATE AGONISTS - Drugs for Pain		
<i>acetaminophen-codeine #2</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine #3</i>	1	QL (10 EA per 1 day)
<i>acetaminophen-codeine #4</i>	1	QL (5 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (10 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (5 EA per 1 day)
<i>apap-caff-dihydrocodeine</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
<i>fentanyl</i>	1	PA; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 EA per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	1	QL (6 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	1	QL (3 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl oral tablet 8 mg</i>	1	QL (1 EA per 1 day)
HYSINGLA ER (<i>hydrocodone bitartrate</i>)	2	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release</i>	1	PA; QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>	1	QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	1	QL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	1	QL (1 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
OXYCONTIN (<i>oxycodone hcl</i>)	2	PA; QL (4 EA per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	1	QL (4 EA per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (8 EA per 1 day)
TREZIX (<i>apap-caff-dihydrocodeine</i>)	3	QL (12 EA per 1 day)
XTAMPZA ER (<i>oxycodone</i>)	2	PA; QL (4 EA per 1 day)
OPIATE ANTAGONISTS - Drugs for Overdose or Poisoning		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (3 EA per 1 day)
KLOXXADO (<i>naloxone hcl</i>)	2	
<i>naloxone hcl nasal</i>	1	
<i>naltrexone hcl oral</i>	1	
NARCAN (<i>naloxone hcl</i>)	2	
ZIMHI (<i>naloxone hcl</i>)	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (12 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (6 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (2 EA per 1 day)
OPIATE PARTIAL AGONISTS - Drugs for Pain		
BELBUCA (<i>buprenorphine hcl</i>)	2	PA; QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (3 EA per 1 day)
SUBLOCADE (<i>buprenorphine</i>)	3	SP
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (12 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (6 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (2 EA per 1 day)
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA (<i>suvorexant</i>)	3	ST; QL (1 EA per 1 day)
DAYVIGO (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day)
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain		
<i>diclofenac sodium oral</i>	1	
<i>etodolac oral tablet</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketorolac tromethamine oral</i>	1	QL (20 EA per 1 fill)
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	1	
<i>naproxen oral tablet</i>	1	
PHENOTHIAZINES - Drugs for Depression & Psychosis		
<i>prochlorperazine maleate oral</i>	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
<i>apap-caff-dihydrocodeine</i>	1	QL (12 EA per 1 day)
AZSTARYS (<i>serdexmethylphen-dexmethylphen</i>)	3	ST; QL (1 EA per 1 day)
<i>bac</i>	1	
<i>butalbital-apap-caffeine</i>	1	
<i>dexmethylphenidate hcl</i>	1	QL (2 EA per 1 day)
<i>dexmethylphenidate hcl er</i>	1	QL (1 EA per 1 day)
JORNAY PM (<i>methylphenidate hcl</i>)	3	ST; QL (1 EA per 1 day)
<i>methylphenidate hcl er (cd)</i>	1	
<i>methylphenidate hcl er (la)</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl er (xr)</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	QL (3 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 EA per 1 day)
TREZIX (<i>apap-caff-dihydrocodeine</i>)	3	QL (12 EA per 1 day)
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
<i>desvenlafaxine succinate er</i>	1	QL (1 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	1	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (3 EA per 1 day)
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate</i>	1	QL (0.6 EA per 1 day)
<i>sumatriptan succinate oral</i>	1	QL (0.3 EA per 1 day)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
<i>citalopram hydrobromide oral tablet</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>paroxetine hcl oral tablet</i>	1	
<i>sertraline hcl oral tablet</i>	1	
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
<i>trazodone hcl oral</i>	1	
TRINTELLIX (<i>vortioxetine hbr</i>)	3	ST; QL (1 EA per 1 day)
VIIBRYD (<i>vilazodone hcl</i>)	3	ST; QL (1 EA per 1 day)
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
<i>amitriptyline hcl oral</i>	1	
<i>doxepin hcl oral capsule</i>	1	
<i>nortriptyline hcl oral capsule</i>	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO (<i>deutetrabenazine</i>)	3	PA; SP; QL (4 EA per 1 day)
INGREZZA ORAL CAPSULE (<i>valbenazine tosylate</i>)	3	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK (<i>valbenazine tosylate</i>)	3	PA; SP; QL (56 EA per 365 days)
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	
<i>modafinil</i>	1	PA; QL (1 EA per 1 day)
SUNOSI (<i>solriamfetol hcl</i>)	2	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAKIX (<i>pitolisant hcl</i>)	3	PA; SP; QL (2 EA per 1 day)
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (<i>lancets misc.</i>)	2	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
BD ULTRA-FINE PEN NEEDLES (<i>insulin pen needle</i>)	2	
CEQUR SIMPLICITY 2U (<i>injection device for insulin</i>)	2	
CONTOUR MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT EZ (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT GEN MONITOR (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT LINK (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT MONITOR (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT ONE (<i>blood glucose monitoring suppl</i>)	2	
NOVOFINE AUTOCOVER PEN NEEDLE (<i>insulin pen needle</i>)	2	
NOVOFINE PEN NEEDLE (<i>insulin pen needle</i>)	2	
NOVOFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	2	
OMNIPOD 5 G6 INTRO (GEN 5) (<i>insulin disposable pump</i>)	2	
OMNIPOD 5 G6 POD (GEN 5) (<i>insulin disposable pump</i>)	2	
OMNIPOD DASH PDM (GEN 4) (<i>insulin disposable pump</i>)	2	
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR (<i>corticotropin</i>)	2	PA; SP
CORTROPHIN (<i>corticotropin</i>)	2	PA; SP
DIABETES MELLITUS		
CONTOUR NEXT TEST (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
CONTOUR TEST (<i>glucose blood</i>)	2	QL (300 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRA (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
<i>potassium citrate er</i>	1	
AMMONIA DETOXICANTS		
<i>constulose</i>	1	
<i>lactulose oral solution</i>	1	
LOOP DIURETICS - Drugs for Water Balance		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>torseamide</i>	1	
PHOSPHATE-REMOVING AGENTS		
VELPHORO (<i>sucroferric oxyhydroxide</i>)	3	
POTASSIUM-REMOVING AGENTS		
LOKELMA (<i>sodium zirconium cyclosilicate</i>)	3	
VELTASSA (<i>patiromer sorbitex calcium</i>)	3	
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
<i>spironolactone oral</i>	1	
<i>triamterene-hctz</i>	1	
REPLACEMENT PREPARATIONS		
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con oral tablet extended release</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	
THIAZIDE DIURETICS - Drugs for Water Balance		
<i>bisoprolol-hydrochlorothiazide</i>	1	
EDARBYCLOR (<i>azilsartan-chlorthalidone</i>)	3	ST
<i>hydrochlorothiazide oral</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>losartan potassium-hctz</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
TEKTURNA HCT (<i>aliskiren-hydrochlorothiazide</i>)	2	ST
<i>telmisartan-hctz</i>	1	
<i>triamterene-hctz</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
<i>atenolol-chlorthalidone</i>	1	
<i>chlorthalidone</i>	1	
ENZYMES		
ENZYMES		
CREON (<i>pancrelipase (lip-prot-amyl)</i>)	2	
PULMOZYME (<i>dornase alfa</i>)	2	PA; SP
SANTYL (<i>collagenase</i>)	3	QL (2 GM per 1 day)
STRENSIQ (<i>asfotase alfa</i>)	2	PA; SP
ZENPEP (<i>pancrelipase (lip-prot-amyl)</i>)	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	2	
<i>brimonidine tartrate ophthalmic</i>	1	
SIMBRINZA (<i>brinzolamide-brimonidine</i>)	2	
ANTIALLERGIC AGENTS - Drugs for Allergy		
<i>azelastine hcl nasal</i>	1	QL (2 ML per 1 day)
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
DYMISTA (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
<i>olopatadine hcl ophthalmic</i>	1	
ANTIBACTERIALS (EENT) - Drugs for Infections		
AZASITE (<i>azithromycin</i>)	3	
BESIVANCE (<i>besifloxacin hcl</i>)	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>erythromycin ophthalmic</i>	1	
<i>moxifloxacin hcl (2x day)</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>moxifloxacin hcl ophthalmic solution</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin otic</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	3	
TOBRADEX ST (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET (<i>loteprednol-tobramycin</i>)	3	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
BETIMOL (<i>timolol hemihydrate</i>)	3	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate ophthalmic solution</i>	1	
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
SIMBRINZA (<i>brinzolamide-brimonidine</i>)	2	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
<i>ciprofloxacin-dexamethasone</i>	1	
DYMISTA (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
EYSUVIS (<i>loteprednol etabonate</i>)	3	PA
FLAREX (<i>fluorometholone acetate</i>)	3	
INVELTYS (<i>loteprednol etabonate</i>)	3	
LOTEMAX SM (<i>loteprednol etabonate</i>)	3	
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
OMNARIS (<i>ciclesonide</i>)	3	QL (0.42 GM per 1 day)
<i>prednisolone acetate ophthalmic</i>	1	
QNASL (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.36 GM per 1 day)
QNASL CHILDRENS (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.23 GM per 1 day)
TOBRADEX ST (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin-dexamethasone</i>	1	
ZETONNA (<i>ciclesonide</i>)	3	QL (0.21 GM per 1 day)
ZYLET (<i>loteprednol-tobramycin</i>)	3	
EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections		
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>perio gard</i>	1	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS (<i>cyclosporine</i>)	1	PA
RESTASIS MULTIDOSE (<i>cyclosporine</i>)	2	PA
XIIDRA (<i>lifitegrast</i>)	2	PA
EENT DRUGS, MISCELLANEOUS		
TYRVAYA (<i>varenicline tartrate</i>)	3	PA; QL (0.3 ML per 1 day)
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
<i>ketorolac tromethamine ophthalmic</i>	1	
PROLENSA (<i>bromfenac sodium</i>)	2	QL (12 ML per 365 days)
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
<i>lidocaine viscous hcl</i>	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
<i>latanoprost ophthalmic</i>	1	
LUMIGAN (<i>bimatoprost</i>)	2	QL (0.1 ML per 1 day)
ROCKLATAN (<i>netarsudil-latanoprost</i>)	3	QL (0.1 ML per 1 day)
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA (<i>netarsudil dimesylate</i>)	3	QL (0.1 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROCKLATAN (<i>netarsudil-latanoprost</i>)	3	QL (0.1 ML per 1 day)
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
MVASI (<i>bevacizumab-awwb</i>)	2	PA; SP
ZIRABEV (<i>bevacizumab-bvzr</i>)	2	PA; SP
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
<i>ondansetron hcl oral tablet 24 mg</i>	1	QL (0.07 EA per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron odt</i>	1	
ANTI-DIARRHEA AGENTS - Drugs for Diarrhea		
<i>diphenoxylate-atropine oral tablet</i>	1	
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	2	
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
<i>promethazine hcl oral tablet</i>	1	
<i>scopolamine</i>	1	
ANTI-HISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
<i>meclizine hcl oral tablet</i>	1	
<i>prochlorperazine maleate oral</i>	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
APRISO (<i>mesalamine</i>)	1	
LIALDA (<i>mesalamine</i>)	1	
<i>mesalamine oral tablet delayed release 800 mg</i>	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	3	
<i>sulfasalazine oral tablet</i>	1	
ANTI-ULCER AGENTS AND ACID SUPPRESSANTS, MISC - Drugs for Ulcers and Stomach Acid		
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	2	
TALICIA (<i>amoxicill-rifabutin-omeprazole</i>)	3	
ANTI-ULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
<i>amoxicillin oral capsule</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>metronidazole oral tablet</i>	1	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
CLENPIQ (<i>sod picosulfate-mag ox-cit acd</i>)	3	
<i>gavilyte-c</i>	1	HCR
<i>gavilyte-g</i>	1	HCR
<i>peg 3350-kcl-na bicarb-nacl</i>	1	HCR
<i>peg-3350/electrolytes</i>	1	HCR
SUPREP BOWEL PREP KIT (<i>na sulfate-k sulfate-mg sulf</i>)	3	
SUTAB (<i>sodium sulfate-mag sulfate-kcl</i>)	3	
DIGESTANTS - Drugs for the Stomach		
CREON (<i>pancrelipase (lip-prot-amyl)</i>)	2	
ZENPEP (<i>pancrelipase (lip-prot-amyl)</i>)	2	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
AVSOLA (<i>infliximab-axxq</i>)	2	PA; SP
CIMZIA (<i>certolizumab pegol</i>)	2	PA; SP
CIMZIA PREFILLED KIT (<i>certolizumab pegol</i>)	2	PA; SP
CIMZIA STARTER KIT (<i>certolizumab pegol</i>)	2	PA; SP
HUMIRA (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-PEDIATRIC UC START (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-PSOR/UEIT STARTER (<i>adalimumab</i>)	2	PA; SP
INFLECTRA (<i>infliximab-dyyb</i>)	2	PA; SP
LINZESS (<i>linaclotide</i>)	2	ST; QL (1 EA per 1 day)
MOTEGRITY (<i>prucalopride succinate</i>)	3	ST; QL (1 EA per 1 day)
SIMPONI (<i>golimumab</i>)	2	PA; SP
SIMPONI ARIA (<i>golimumab</i>)	2	PA; SP
STELARA INTRAVENOUS (<i>ustekinumab</i>)	2	PA; SP
SYMPROIC (<i>naldemedine tosylate</i>)	2	ST; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIBERZI (<i>eluxadoline</i>)	3	PA; QL (2 EA per 1 day)
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
VARUBI (180 MG DOSE) (<i>rolapitant hcl</i>)	3	QL (0.14 EA per 1 day)
PROKINETIC AGENTS - Drugs for the Stomach		
<i>metoclopramide hcl oral tablet</i>	1	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
<i>misoprostol oral</i>	1	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral</i>	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
DEXILANT (<i>dexlansoprazole</i>)	2	QL (1 EA per 1 day)
<i>lansoprazole oral capsule delayed release</i>	1	QL (2 EA per 1 day)
OMECLAMOX-PAK (<i>amoxicill-clarithro-omeprazole</i>)	2	
<i>omeprazole oral capsule delayed release</i>	1	QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	1	QL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release</i>	1	QL (2 EA per 1 day)
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
DEPEN TITRATABS (<i>penicillamine</i>)	2	SP
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR DISKUS (<i>fluticasone-salmeterol</i>)	1	QL (2 EA per 1 day)
ADVAIR HFA (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
ARNUITY ELLIPTA (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
BREZTRI AEROSPHERE (<i>budeson-glycopyrrol-formoterol</i>)	2	QL (0.36 GM per 1 day)
<i>budesonide inhalation</i>	1	QL (4 ML per 1 day)
<i>dexamethasone oral tablet</i>	1	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	QL (0.8 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	QL (0.71 GM per 1 day)
<i>fludrocortisone acetate oral</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone oral</i>	1	
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)
<i>prednisolone oral</i>	1	
<i>prednisolone sodium phosphate oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
PULMICORT FLEXHALER (<i>budesonide</i>)	2	QL (0.07 EA per 1 day)
SYMBICORT (<i>budesonide-formoterol fumarate</i>)	2	QL (0.34 GM per 1 day)
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 (<i>pramlintide acetate</i>)	3	PA
SYMLINPEN 60 (<i>pramlintide acetate</i>)	3	PA
ANDROGENS - Hormones		
ANDRODERM (<i>testosterone</i>)	2	PA
<i>testosterone cypionate intramuscular</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA
XYOSTED (<i>testosterone enanthate</i>)	3	PA
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral</i>	1	HCR
KISQALI FEMARA (<i>ribociclib-letrozole</i>)	3	PA; SP
<i>letrozole oral</i>	1	
ANTIGONADTROPINS - Hormones		
MYFEMBREE (<i>relugolix-estradiol-norethind</i>)	2	PA; QL (1 EA per 1 day)
ORGOVYX (<i>relugolix</i>)	3	PA; SP
ORIAHNN (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 EA per 1 day)
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	2	QL (1 EA per 1 day)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	QL (2 EA per 1 day)
ANTITHYROID AGENTS - Drugs for the Thyroid		
<i>methimazole oral</i>	1	
BIGUANIDES - Drugs for Diabetes		
JANUMET (<i>sitagliptin-metformin hcl</i>)	2	ST
JANUMET XR (<i>sitagliptin-metformin hcl</i>)	2	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO (<i>linagliptin-metformin hcl</i>)	2	ST
JENTADUETO XR (<i>linagliptin-metformin hcl</i>)	2	ST
<i>metformin hcl er</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
SYNJARDY (<i>empagliflozin-metformin hcl</i>)	2	ST
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>)	2	ST
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>)	2	ST
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>)	2	ST
CONTRACEPTIVES - Drugs for Women		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>alyacen 1/35</i>	1	HCR
<i>amethia</i>	1	HCR; QL (1 EA per 1 day)
<i>apri</i>	1	HCR
<i>ashlyna</i>	1	HCR; QL (1 EA per 1 day)
<i>aubra</i>	1	HCR
<i>aubra eq</i>	1	HCR
<i>aurovela 1.5/30</i>	1	HCR
<i>aurovela 1/20</i>	1	HCR
<i>aurovela 24 fe</i>	1	HCR
<i>aurovela fe 1.5/30</i>	1	HCR
<i>aurovela fe 1/20</i>	1	HCR
<i>aviane</i>	1	HCR
<i>ayuna</i>	1	HCR
BALCOLTRA (<i>levonorgest-eth estrad-fe bisg</i>)	3	HCR
<i>balziva</i>	1	HCR
<i>blisovi 24 fe</i>	1	HCR
<i>blisovi fe 1.5/30</i>	1	HCR
<i>blisovi fe 1/20</i>	1	HCR
<i>briellyn</i>	1	HCR
<i>camila</i>	1	HCR
<i>camrese</i>	1	HCR; QL (1 EA per 1 day)
<i>camrese lo</i>	1	HCR; QL (1 EA per 1 day)
<i>chateal</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chateal eq</i>	1	HCR
<i>cryselle-28</i>	1	HCR
<i>cyred</i>	1	HCR
<i>cyred eq</i>	1	HCR
<i>dasetta 1/35</i>	1	HCR
<i>daysee</i>	1	HCR; QL (1 EA per 1 day)
<i>deblitane</i>	1	HCR
<i>delyla</i>	1	HCR
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>drospirenone-ethinyl estradiol</i>	1	HCR
<i>elinest</i>	1	HCR
<i>enskyce</i>	1	HCR
<i>errin</i>	1	HCR
<i>estarylla</i>	1	HCR
<i>falmina</i>	1	HCR
<i>fayosim</i>	1	HCR; QL (1 EA per 1 day)
<i>femynor</i>	1	HCR
<i>hailey 1.5/30</i>	1	HCR
<i>hailey 24 fe</i>	1	HCR
<i>hailey fe 1.5/30</i>	1	HCR
<i>hailey fe 1/20</i>	1	HCR
<i>heather</i>	1	HCR
<i>iclevia</i>	1	HCR; QL (1 EA per 1 day)
<i>incassia</i>	1	HCR
<i>introvale</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom</i>	1	HCR
<i>jaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel</i>	1	HCR
<i>jencycla</i>	1	HCR
<i>jolessa</i>	1	HCR; QL (1 EA per 1 day)
<i>juleber</i>	1	HCR
<i>junel 1.5/30</i>	1	HCR
<i>junel 1/20</i>	1	HCR
<i>junel fe 1.5/30</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>junel fe 1/20</i>	1	HCR
<i>junel fe 24</i>	1	HCR
<i>kalliga</i>	1	HCR
<i>kurvelo</i>	1	HCR
<i>larin 1.5/30</i>	1	HCR
<i>larin 1/20</i>	1	HCR
<i>larin 24 fe</i>	1	HCR
<i>larin fe 1.5/30</i>	1	HCR
<i>larin fe 1/20</i>	1	HCR
<i>lessina</i>	1	HCR
<i>levonorgest-eth est & eth est</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	HCR
<i>levora 0.15/30 (28)</i>	1	HCR
LO LOESTRIN FE (<i>norethin-eth estrad-fe biphas</i>)	3	HCR
<i>lojaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>loryna</i>	1	HCR
<i>low-ogestrel</i>	1	HCR
<i>lo-zumandimine</i>	1	HCR
<i>lutra</i>	1	HCR
<i>lyleq</i>	1	HCR
<i>lyza</i>	1	HCR
<i>marlissa</i>	1	HCR
<i>microgestin 1.5/30</i>	1	HCR
<i>microgestin 1/20</i>	1	HCR
<i>microgestin 24 fe</i>	1	HCR
<i>microgestin fe 1.5/30</i>	1	HCR
<i>microgestin fe 1/20</i>	1	HCR
<i>mili</i>	1	HCR
<i>mono-lynyah</i>	1	HCR
NATAZIA (<i>estradiol valerate-dienogest</i>)	2	HCR
<i>necon 0.5/35 (28)</i>	1	HCR
<i>nikki</i>	1	HCR
<i>nora-be</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe oral tablet</i>	1	HCR
<i>norethindrone acet-ethinyl est</i>	1	HCR
<i>norethindrone oral</i>	1	HCR
<i>norgestimate-eth estradiol</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR
<i>norlyroc</i>	1	HCR
<i>nortrel 0.5/35 (28)</i>	1	HCR
<i>nortrel 1/35 (21)</i>	1	HCR
<i>nortrel 1/35 (28)</i>	1	HCR
<i>nylia 1/35</i>	1	HCR
<i>nymyo</i>	1	HCR
<i>ocella</i>	1	HCR
<i>philith</i>	1	HCR
<i>pirmella 1/35</i>	1	HCR
<i>portia-28</i>	1	HCR
<i>reclipsen</i>	1	HCR
<i>rivelsa</i>	1	HCR; QL (1 EA per 1 day)
<i>setlakin</i>	1	HCR; QL (1 EA per 1 day)
<i>sharobel</i>	1	HCR
<i>simpesse</i>	1	HCR; QL (1 EA per 1 day)
<i>sprintec 28</i>	1	HCR
<i>sronyx</i>	1	HCR
<i>syeda</i>	1	HCR
<i>tarina 24 fe</i>	1	HCR
<i>tarina fe 1/20</i>	1	HCR
<i>tarina fe 1/20 eq</i>	1	HCR
<i>tri femynor</i>	1	HCR
<i>tri-estarylla</i>	1	HCR
<i>tri-linyah</i>	1	HCR
<i>tri-lo-estarylla</i>	1	HCR
<i>tri-lo-marzia</i>	1	HCR
<i>tri-lo-mili</i>	1	HCR
<i>tri-lo-sprintec</i>	1	HCR
<i>tri-mili</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tri-nymyo</i>	1	HCR
<i>tri-sprintec</i>	1	HCR
<i>tri-vylibra</i>	1	HCR
<i>tri-vylibra lo</i>	1	HCR
<i>vestura</i>	1	HCR
<i>vienva</i>	1	HCR
<i>vyfemla</i>	1	HCR
<i>vylibra</i>	1	HCR
<i>wera</i>	1	HCR
<i>zumandimine</i>	1	HCR
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
GLYXAMBI (<i>empagliflozin-linagliptin</i>)	2	ST
JANUMET (<i>sitagliptin-metformin hcl</i>)	2	ST
JANUMET XR (<i>sitagliptin-metformin hcl</i>)	2	ST
JANUVIA (<i>sitagliptin phosphate</i>)	2	ST
JENTADUETO (<i>linagliptin-metformin hcl</i>)	2	ST
JENTADUETO XR (<i>linagliptin-metformin hcl</i>)	2	ST
TRADJENTA (<i>linagliptin</i>)	2	ST
TRIJARDY XR (<i>empagliflozin-linaglip-metform</i>)	2	ST
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
DUAVEE (<i>conj estrogens-bazedoxifene</i>)	2	
OSPHENA (<i>ospemifene</i>)	3	
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	HCR
ESTROGENS - Drugs for Women		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>alyacen 1/35</i>	1	HCR
<i>amabelz</i>	1	
<i>amethia</i>	1	HCR; QL (1 EA per 1 day)
<i>apri</i>	1	HCR
<i>ashlyna</i>	1	HCR; QL (1 EA per 1 day)
<i>aubra</i>	1	HCR
<i>aubra eq</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aurovela 1.5/30</i>	1	HCR
<i>aurovela 1/20</i>	1	HCR
<i>aurovela 24 fe</i>	1	HCR
<i>aurovela fe 1.5/30</i>	1	HCR
<i>aurovela fe 1/20</i>	1	HCR
<i>aviane</i>	1	HCR
<i>ayuna</i>	1	HCR
BALCOLTRA (<i>levonorgest-eth estrad-fe bisg</i>)	3	HCR
<i>balziva</i>	1	HCR
BIJUVA (<i>estradiol-progesterone</i>)	3	
<i>blisovi 24 fe</i>	1	HCR
<i>blisovi fe 1.5/30</i>	1	HCR
<i>blisovi fe 1/20</i>	1	HCR
<i>briellyn</i>	1	HCR
<i>camrese</i>	1	HCR; QL (1 EA per 1 day)
<i>camrese lo</i>	1	HCR; QL (1 EA per 1 day)
<i>chateal</i>	1	HCR
<i>chateal eq</i>	1	HCR
CLIMARA PRO (<i>estradiol-levonorgestrel</i>)	2	
<i>cryselle-28</i>	1	HCR
<i>cyred</i>	1	HCR
<i>cyred eq</i>	1	HCR
<i>dasetta 1/35</i>	1	HCR
<i>daysee</i>	1	HCR; QL (1 EA per 1 day)
<i>delyla</i>	1	HCR
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	HCR
DIVIGEL (<i>estradiol</i>)	3	
<i>dotti</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	HCR
DUAVEE (<i>conj estrogens-bazedoxifene</i>)	2	
ELESTRIN (<i>estradiol</i>)	3	
<i>elinest</i>	1	HCR
<i>enskyce</i>	1	HCR
<i>estarylla</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch twice weekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTROGEL (<i>estradiol</i>)	3	
EVAMIST (<i>estradiol</i>)	3	
<i>falmina</i>	1	HCR
<i>fayosim</i>	1	HCR; QL (1 EA per 1 day)
<i>femynor</i>	1	HCR
<i>hailey 1.5/30</i>	1	HCR
<i>hailey 24 fe</i>	1	HCR
<i>hailey fe 1.5/30</i>	1	HCR
<i>hailey fe 1/20</i>	1	HCR
<i>iclevia</i>	1	HCR; QL (1 EA per 1 day)
IMVEXXY MAINTENANCE PACK (<i>estradiol</i>)	2	
IMVEXXY STARTER PACK (<i>estradiol</i>)	2	
<i>introvale</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom</i>	1	HCR
<i>jaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel</i>	1	HCR
<i>jolessa</i>	1	HCR; QL (1 EA per 1 day)
<i>juleber</i>	1	HCR
<i>junel 1.5/30</i>	1	HCR
<i>junel 1/20</i>	1	HCR
<i>junel fe 1.5/30</i>	1	HCR
<i>junel fe 1/20</i>	1	HCR
<i>junel fe 24</i>	1	HCR
<i>kalliga</i>	1	HCR
<i>kurvelo</i>	1	HCR
<i>larin 1.5/30</i>	1	HCR
<i>larin 1/20</i>	1	HCR
<i>larin 24 fe</i>	1	HCR
<i>larin fe 1.5/30</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>larin fe 1/20</i>	1	HCR
<i>lessina</i>	1	HCR
<i>levonorgest-eth est & eth est</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	HCR
<i>levora 0.15/30 (28)</i>	1	HCR
LO LOESTRIN FE (<i>norethin-eth estrad-fe biphas</i>)	3	HCR
<i>lojaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>loryna</i>	1	HCR
<i>low-ogestrel</i>	1	HCR
<i>lo-zumandimine</i>	1	HCR
<i>lutra</i>	1	HCR
<i>lyllana</i>	1	
<i>marlissa</i>	1	HCR
<i>microgestin 1.5/30</i>	1	HCR
<i>microgestin 1/20</i>	1	HCR
<i>microgestin 24 fe</i>	1	HCR
<i>microgestin fe 1.5/30</i>	1	HCR
<i>microgestin fe 1/20</i>	1	HCR
<i>mili</i>	1	HCR
<i>mimvey</i>	1	
<i>mono-lynyah</i>	1	HCR
MYFEMBREE (<i>relugolix-estradiol-norethind</i>)	2	PA; QL (1 EA per 1 day)
NATAZIA (<i>estradiol valerate-dienogest</i>)	2	HCR
<i>necon 0.5/35 (28)</i>	1	HCR
<i>nikki</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet</i>	1	HCR
<i>norethindrone acet-ethinyl est</i>	1	HCR
<i>norgestimate-eth estradiol</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR
<i>nortrel 0.5/35 (28)</i>	1	HCR
<i>nortrel 1/35 (21)</i>	1	HCR
<i>nortrel 1/35 (28)</i>	1	HCR
<i>nylia 1/35</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nymyo</i>	1	HCR
<i>ocella</i>	1	HCR
ORIAHNN (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 EA per 1 day)
<i>philith</i>	1	HCR
<i>pirmella 1/35</i>	1	HCR
<i>portia-28</i>	1	HCR
PREMARIN ORAL (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL (<i>estrogens, conjugated</i>)	2	
PREMPHASE (<i>conj estrog-medroxyprogest ace</i>)	2	
PREMPRO (<i>conj estrog-medroxyprogest ace</i>)	2	
<i>reclipsen</i>	1	HCR
<i>rivelsa</i>	1	HCR; QL (1 EA per 1 day)
<i>setlakin</i>	1	HCR; QL (1 EA per 1 day)
<i>simpesse</i>	1	HCR; QL (1 EA per 1 day)
<i>sprintec 28</i>	1	HCR
<i>sronyx</i>	1	HCR
<i>syeda</i>	1	HCR
<i>tarina 24 fe</i>	1	HCR
<i>tarina fe 1/20</i>	1	HCR
<i>tarina fe 1/20 eq</i>	1	HCR
<i>tri femynor</i>	1	HCR
<i>tri-estarylla</i>	1	HCR
<i>tri-linyah</i>	1	HCR
<i>tri-lo-estarylla</i>	1	HCR
<i>tri-lo-marzia</i>	1	HCR
<i>tri-lo-mili</i>	1	HCR
<i>tri-lo-sprintec</i>	1	HCR
<i>tri-mili</i>	1	HCR
<i>tri-nymyo</i>	1	HCR
<i>tri-sprintec</i>	1	HCR
<i>tri-vylibra</i>	1	HCR
<i>tri-vylibra lo</i>	1	HCR
<i>vestura</i>	1	HCR
<i>vienva</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vyfemla</i>	1	HCR
<i>vylibra</i>	1	HCR
<i>wera</i>	1	HCR
<i>yuvafem</i>	1	
<i>zumandimine</i>	1	HCR
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK (<i>glucagon</i>)	2	
BAQSIMI TWO PACK (<i>glucagon</i>)	2	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
ZEGALOGUE (<i>dasiglucagon hcl</i>)	2	
GONADOTROPINS - Hormones		
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG (<i>leuprolide acetate (4 month)</i>)	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG (<i>leuprolide acetate (6 month)</i>)	2	PA; SP
SUPPRELIN LA (<i>histrelin acetate (cpp)</i>)	2	PA; SP; QL (1 EA per 250 days)
TRIPTODUR (<i>triptorelin pamoate</i>)	3	PA; SP; QL (0.006 EA per 1 day)
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR (<i>exenatide</i>)	2	PA; QL (0.15 ML per 1 day)
BYETTA 10 MCG PEN (<i>exenatide</i>)	2	PA; QL (0.08 ML per 1 day)
BYETTA 5 MCG PEN (<i>exenatide</i>)	2	PA; QL (0.04 ML per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	2	PA; QL (0.06 ML per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML (<i>semaglutide</i>)	2	PA; QL (0.11 ML per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	2	PA; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	2	PA; QL (60 EA per 365 days)
SOLIQUA (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (0.65 ML per 1 day)
TRULICITY (<i>dulaglutide</i>)	2	PA; QL (0.08 ML per 1 day)
VICTOZA (<i>liraglutide</i>)	2	PA; QL (0.3 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN (<i>insulin nph isophane & regular</i>)	3	PA
HUMULIN 70/30 VIAL (<i>insulin nph isophane & regular</i>)	3	PA
HUMULIN N KWIKPEN (<i>insulin nph human (isophane)</i>)	3	PA
HUMULIN N VIAL (<i>insulin nph human (isophane)</i>)	3	PA
NOVOLIN 70/30 FLEXPEN (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN 70/30 VIAL (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN N FLEXPEN (<i>insulin nph human (isophane)</i>)	2	
NOVOLIN N VIAL (<i>insulin nph human (isophane)</i>)	2	
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR (<i>insulin glargine</i>)	2	
LANTUS U-100 VIAL (<i>insulin glargine</i>)	2	
LEVEMIR U-100 FLEXTOUCH (<i>insulin detemir</i>)	2	
LEVEMIR U-100 VIAL (<i>insulin detemir</i>)	2	
SOLIQUA (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (0.65 ML per 1 day)
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>)	2	
TOUJEO SOLOSTAR (<i>insulin glargine</i>)	2	
PARATHYROID AGENTS - Drugs for Bones		
TERIPARATIDE (RECOMBINANT)	2	PA; SP
TYMLOS (<i>abaloparatide</i>)	2	PA; SP
PITUITARY - Hormones		
ACTHAR (<i>corticotropin</i>)	2	PA; SP
CORTROPHIN (<i>corticotropin</i>)	2	PA; SP
NOCDURNA (<i>desmopressin acetate</i>)	3	
NORDITROPIN FLEXPEN (<i>somatropin</i>)	2	PA; SP
NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>)	2	PA; SP
NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>)	2	PA; SP
NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>)	2	PA; SP
PROGESTINS - Drugs for Women		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>alyacen 1/35</i>	1	HCR
<i>amabelz</i>	1	
<i>amethia</i>	1	HCR; QL (1 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>apri</i>	1	HCR
<i>ashlyna</i>	1	HCR; QL (1 EA per 1 day)
<i>aubra</i>	1	HCR
<i>aubra eq</i>	1	HCR
<i>aurovela 1.5/30</i>	1	HCR
<i>aurovela 1/20</i>	1	HCR
<i>aurovela 24 fe</i>	1	HCR
<i>aurovela fe 1.5/30</i>	1	HCR
<i>aurovela fe 1/20</i>	1	HCR
<i>aviane</i>	1	HCR
<i>ayuna</i>	1	HCR
BALCOLTRA (<i>levonorgest-eth estrad-fe bisg</i>)	3	HCR
<i>balziva</i>	1	HCR
BIJUVA (<i>estradiol-progesterone</i>)	3	
<i>blisovi 24 fe</i>	1	HCR
<i>blisovi fe 1.5/30</i>	1	HCR
<i>blisovi fe 1/20</i>	1	HCR
<i>briellyn</i>	1	HCR
<i>camila</i>	1	HCR
<i>camrese</i>	1	HCR; QL (1 EA per 1 day)
<i>camrese lo</i>	1	HCR; QL (1 EA per 1 day)
<i>chateal</i>	1	HCR
<i>chateal eq</i>	1	HCR
CLIMARA PRO (<i>estradiol-levonorgestrel</i>)	2	
<i>cryselle-28</i>	1	HCR
<i>cyred</i>	1	HCR
<i>cyred eq</i>	1	HCR
<i>dasetta 1/35</i>	1	HCR
<i>daysee</i>	1	HCR; QL (1 EA per 1 day)
<i>deblitane</i>	1	HCR
<i>delyla</i>	1	HCR
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>drospirenone-ethinyl estradiol</i>	1	HCR
<i>elinest</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDOMETRIN (<i>progesterone</i>)	2	
<i>enskyce</i>	1	HCR
<i>errin</i>	1	HCR
<i>estarylla</i>	1	HCR
<i>estradiol-norethindrone acet</i>	1	
<i>falmina</i>	1	HCR
<i>fayosim</i>	1	HCR; QL (1 EA per 1 day)
<i>femynor</i>	1	HCR
<i>hailey 1.5/30</i>	1	HCR
<i>hailey 24 fe</i>	1	HCR
<i>hailey fe 1.5/30</i>	1	HCR
<i>hailey fe 1/20</i>	1	HCR
<i>heather</i>	1	HCR
<i>iclevia</i>	1	HCR; QL (1 EA per 1 day)
<i>incassia</i>	1	HCR
<i>introvale</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom</i>	1	HCR
<i>jaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel</i>	1	HCR
<i>jencycla</i>	1	HCR
<i>jolessa</i>	1	HCR; QL (1 EA per 1 day)
<i>juleber</i>	1	HCR
<i>junel 1.5/30</i>	1	HCR
<i>junel 1/20</i>	1	HCR
<i>junel fe 1.5/30</i>	1	HCR
<i>junel fe 1/20</i>	1	HCR
<i>junel fe 24</i>	1	HCR
<i>kalliga</i>	1	HCR
<i>kurvelo</i>	1	HCR
<i>larin 1.5/30</i>	1	HCR
<i>larin 1/20</i>	1	HCR
<i>larin 24 fe</i>	1	HCR
<i>larin fe 1.5/30</i>	1	HCR
<i>larin fe 1/20</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lessina</i>	1	HCR
<i>levonorgest-eth est & eth est</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	HCR
<i>levora 0.15/30 (28)</i>	1	HCR
LO LOESTRIN FE (<i>norethin-eth estrad-fe biphase</i>)	3	HCR
<i>lojaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>loryna</i>	1	HCR
<i>low-ogestrel</i>	1	HCR
<i>lo-zumandimine</i>	1	HCR
<i>lutra</i>	1	HCR
<i>lyleq</i>	1	HCR
<i>lyza</i>	1	HCR
MAKENA (<i>hydroxyprogesterone caproate</i>)	2	PA; SP
<i>marlissa</i>	1	HCR
<i>medroxyprogesterone acetate oral</i>	1	
<i>microgestin 1.5/30</i>	1	HCR
<i>microgestin 1/20</i>	1	HCR
<i>microgestin 24 fe</i>	1	HCR
<i>microgestin fe 1.5/30</i>	1	HCR
<i>microgestin fe 1/20</i>	1	HCR
<i>mili</i>	1	HCR
<i>mimvey</i>	1	
<i>mono-lynyah</i>	1	HCR
MYFEMBREE (<i>relugolix-estradiol-norethind</i>)	2	PA; QL (1 EA per 1 day)
NATAZIA (<i>estradiol valerate-dienogest</i>)	2	HCR
<i>necon 0.5/35 (28)</i>	1	HCR
<i>nikki</i>	1	HCR
<i>nora-be</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet</i>	1	HCR
<i>norethindrone acetate oral</i>	1	
<i>norethindrone acet-ethinyl est</i>	1	HCR
<i>norethindrone oral</i>	1	HCR
<i>norgestimate-eth estradiol</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 1/1/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR
<i>norlyroc</i>	1	HCR
<i>nortrel 0.5/35 (28)</i>	1	HCR
<i>nortrel 1/35 (21)</i>	1	HCR
<i>nortrel 1/35 (28)</i>	1	HCR
<i>nylia 1/35</i>	1	HCR
<i>nymyo</i>	1	HCR
<i>ocella</i>	1	HCR
ORIAHNN (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 EA per 1 day)
<i>philith</i>	1	HCR
<i>pirmella 1/35</i>	1	HCR
<i>portia-28</i>	1	HCR
PREMPHASE (<i>conj estrog-medroxyprogest ace</i>)	2	
PREMPRO (<i>conj estrog-medroxyprogest ace</i>)	2	
<i>progesterone oral</i>	1	
<i>reclipsen</i>	1	HCR
<i>rivelsa</i>	1	HCR; QL (1 EA per 1 day)
<i>setlakin</i>	1	HCR; QL (1 EA per 1 day)
<i>sharobel</i>	1	HCR
<i>simpesse</i>	1	HCR; QL (1 EA per 1 day)
<i>sprintec 28</i>	1	HCR
<i>sronyx</i>	1	HCR
<i>syeda</i>	1	HCR
<i>tarina 24 fe</i>	1	HCR
<i>tarina fe 1/20</i>	1	HCR
<i>tarina fe 1/20 eq</i>	1	HCR
<i>tri femynor</i>	1	HCR
<i>tri-estarylla</i>	1	HCR
<i>tri-linyah</i>	1	HCR
<i>tri-lo-estarylla</i>	1	HCR
<i>tri-lo-marzia</i>	1	HCR
<i>tri-lo-mili</i>	1	HCR
<i>tri-lo-sprintec</i>	1	HCR
<i>tri-mili</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tri-nymyo</i>	1	HCR
<i>tri-sprintec</i>	1	HCR
<i>tri-vylibra</i>	1	HCR
<i>tri-vylibra lo</i>	1	HCR
<i>vestura</i>	1	HCR
<i>vienna</i>	1	HCR
<i>vyfemla</i>	1	HCR
<i>vylibra</i>	1	HCR
<i>wera</i>	1	HCR
<i>zumandimine</i>	1	HCR
RAPID-ACTING INSULINS - Drugs for Diabetes		
HUMALOG (<i>insulin lispro</i>)	3	PA
HUMALOG KWIKPEN (<i>insulin lispro</i>)	3	PA
HUMALOG MIX 50/50 KWIKPEN (<i>insulin lispro prot & lispro</i>)	3	PA
HUMALOG MIX 50/50 VIAL (<i>insulin lispro prot & lispro</i>)	3	PA
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro prot & lispro</i>)	3	PA
HUMALOG MIX 75/25 VIAL (<i>insulin lispro prot & lispro</i>)	3	PA
HUMALOG U-100 JUNIOR KWIKPEN (<i>insulin lispro</i>)	3	PA
LYUMJEV KWIKPEN (<i>insulin lispro-aabc</i>)	3	PA
LYUMJEV VIAL (<i>insulin lispro-aabc</i>)	3	PA
NOVOLOG FLEXPEN (<i>insulin aspart</i>)	2	
NOVOLOG MIX 70/30 FLEXPEN (<i>insulin aspart prot & aspart</i>)	2	
NOVOLOG MIX 70/30 VIAL (<i>insulin aspart prot & aspart</i>)	2	
NOVOLOG PENFILL (<i>insulin aspart</i>)	2	
NOVOLOG U-100 VIAL (<i>insulin aspart</i>)	2	
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN (<i>insulin nph isophane & regular</i>)	3	PA
HUMULIN 70/30 VIAL (<i>insulin nph isophane & regular</i>)	3	PA
HUMULIN R U-500 KWIKPEN (<i>insulin regular human</i>)	2	
HUMULIN R U-500 VIAL (<i>insulin regular human</i>)	2	
HUMULIN R VIAL (<i>insulin regular human</i>)	3	PA
NOVOLIN 70/30 FLEXPEN (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN 70/30 VIAL (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN R FLEXPEN (<i>insulin regular human</i>)	2	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R VIAL (<i>insulin regular human</i>)	2	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
FARXIGA (<i>dapagliflozin propanediol</i>)	2	ST
GLYXAMBI (<i>empagliflozin-linagliptin</i>)	2	ST
JARDIANCE (<i>empagliflozin</i>)	2	ST
SYNJARDY (<i>empagliflozin-metformin hcl</i>)	2	ST
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>)	2	ST
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>)	2	ST
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>)	2	ST
SOMATOSTATIN AGONISTS - Hormones		
SOMATULINE DEPOT (<i>lanreotide acetate</i>)	3	PA; SP
SOMATOTROPIN AGONISTS - Hormones		
NORDITROPIN FLEXPRO (<i>somatropin</i>)	2	PA; SP
NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>)	2	PA; SP
NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>)	2	PA; SP
NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>)	2	PA; SP
SULFONYLUREAS - Drugs for Diabetes		
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide oral</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide oral</i>	1	
THIAZOLIDINEDIONES - Drugs for Diabetes		
<i>pioglitazone hcl</i>	1	
THYROID AGENTS - Drugs for the Thyroid		
ARMOUR THYROID (<i>thyroid</i>)	3	ST
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID (<i>levothyroxine sodium</i>)	2	
TIROSINT (<i>levothyroxine sodium</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT-SOL (<i>levothyroxine sodium</i>)	3	
<i>unithroid</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride oral</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
ALCOHOL DETERRENTS - Drugs for Alcohol Dependence		
<i>naltrexone hcl oral</i>	1	
ANTIDOTES - Drugs for Overdose or Poisoning		
BAQSIMI ONE PACK (<i>glucagon</i>)	2	
BAQSIMI TWO PACK (<i>glucagon</i>)	2	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
<i>naltrexone hcl oral</i>	1	
ZEGALOGUE (<i>dasiglucagon hcl</i>)	2	
ZIMHI (<i>naloxone hcl</i>)	3	
ANTIGOUT AGENTS - Drugs for Gout		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>naproxen oral tablet</i>	1	
ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI (<i>inotersen sodium</i>)	3	PA; SP
BONE ANABOLIC AGENTS		
TERIPARATIDE (RECOMBINANT)	2	PA; SP
TYMLOS (<i>abaloparatide</i>)	2	PA; SP
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (0.15 EA per 1 day)
DIVIGEL (<i>estradiol</i>)	3	
<i>dotti</i>	1	
ELESTRIN (<i>estradiol</i>)	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch twice weekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol vaginal</i>	1	
ESTROGEL (<i>estradiol</i>)	3	
EVAMIST (<i>estradiol</i>)	3	
<i>ibandronate sodium oral</i>	1	QL (0.04 EA per 1 day)
<i>lyllana</i>	1	
PREMARIN ORAL (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL (<i>estrogens, conjugated</i>)	2	
PROLIA (<i>denosumab</i>)	2	PA; SP; QL (180 day supply per 30 fills)
<i>yuvafem</i>	1	
COMPLEMENT INHIBITORS		
EMPAVELI (<i>pegcetacoplan</i>)	3	PA; SP
HAEGARDA (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP
RUCONEST (<i>c1 esterase inhibitor (recomb)</i>)	3	PA; SP; QL (0.27 EA per 1 day)
SOLIRIS (<i>eculizumab</i>)	3	PA; SP
ULTOMIRIS (<i>ravulizumab-cwvz</i>)	3	PA; SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN (<i>tocilizumab</i>)	3	PA; SP
ACTEMRA SUBCUTANEOUS (<i>tocilizumab</i>)	3	PA; SP
AVSOLA (<i>infliximab-axxq</i>)	2	PA; SP
<i>azathioprine oral</i>	1	SP
CIBINQO (<i>abrocitinib</i>)	2	PA; SP
CIMZIA (<i>certolizumab pegol</i>)	2	PA; SP
CIMZIA PREFILLED KIT (<i>certolizumab pegol</i>)	2	PA; SP
CIMZIA STARTER KIT (<i>certolizumab pegol</i>)	2	PA; SP
<i>cyclosporine modified oral capsule</i>	1	SP
DEPEN TITRATABS (<i>penicillamine</i>)	2	SP
ENBREL (<i>etanercept</i>)	2	PA; SP
ENBREL MINI (<i>etanercept</i>)	2	PA; SP
ENBREL SURECLICK (<i>etanercept</i>)	2	PA; SP
<i>gengraf oral capsule</i>	1	SP
HUMIRA (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>)	2	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-PEDIATRIC UC START (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-PSOR/UEIT STARTER (<i>adalimumab</i>)	2	PA; SP
hydroxychloroquine sulfate oral	1	
INFLECTRA (<i>infliximab-dyyb</i>)	2	PA; SP
leflunomide oral	1	
methotrexate oral	1	
methotrexate sodium oral	1	
ORENCIA (<i>abatacept</i>)	3	PA; SP
ORENCIA CLICKJECT (<i>abatacept</i>)	3	PA; SP
OTEZLA (<i>apremilast</i>)	2	PA; SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	2	PA; QL (0.84 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (methotrexate (anti-rheumatic))	2	PA; QL (1.12 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML (methotrexate (anti-rheumatic))	2	PA; QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (methotrexate (anti-rheumatic))	2	PA; QL (1.68 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (methotrexate (anti-rheumatic))	2	PA; QL (1.96 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (methotrexate (anti-rheumatic))	2	PA; QL (2.24 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (methotrexate (anti-rheumatic))	2	PA; QL (2.52 ML per 28 days)
RINVOQ (<i>upadacitinib</i>)	2	PA; SP
SIMPONI (<i>golimumab</i>)	2	PA; SP
SIMPONI ARIA (<i>golimumab</i>)	2	PA; SP
sulfasalazine oral tablet	1	
TREXALL (methotrexate sodium)	3	
XELJANZ (<i>tofacitinib citrate</i>)	2	PA; SP
XELJANZ XR (<i>tofacitinib citrate</i>)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN (<i>tocilizumab</i>)	3	PA; SP
ACTEMRA SUBCUTANEOUS (<i>tocilizumab</i>)	3	PA; SP
AUBAGIO (<i>teriflunomide</i>)	3	PA; SP; QL (1 EA per 1 day)
AVONEX PEN (<i>interferon beta-1a</i>)	2	PA; SP; QL (0.04 EA per 1 day)
AVONEX PREFILLED (<i>interferon beta-1a</i>)	2	PA; SP; QL (0.04 EA per 1 day)
AVSOLA (<i>infliximab-axxq</i>)	2	PA; SP
<i>azathioprine oral</i>	1	SP
BAFIERTAM (<i>monomethyl fumarate</i>)	2	PA; SP; QL (4 EA per 1 day)
BETASERON (<i>interferon beta-1b</i>)	2	PA; SP; QL (0.5 EA per 1 day)
CIMZIA (<i>certolizumab pegol</i>)	2	PA; SP
CIMZIA PREFILLED KIT (<i>certolizumab pegol</i>)	2	PA; SP
CIMZIA STARTER KIT (<i>certolizumab pegol</i>)	2	PA; SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	2	PA; SP; QL (1 ML per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	2	PA; SP; QL (0.43 ML per 1 day)
<i>cyclosporine modified oral capsule</i>	1	SP
<i>dimethyl fumarate oral</i>	1	PA; SP; QL (2 EA per 1 day)
ENBREL (<i>etanercept</i>)	2	PA; SP
ENBREL MINI (<i>etanercept</i>)	2	PA; SP
ENBREL SURECLICK (<i>etanercept</i>)	2	PA; SP
<i>gengraf oral capsule</i>	1	SP
GILENYA (<i>fingolimod hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SP; QL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SP; QL (0.43 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SP; QL (1 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SP; QL (0.43 ML per 1 day)
HUMIRA (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>)	2	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-CD/UC/HS STARTER (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-PEDIATRIC UC START (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START (<i>adalimumab</i>)	2	PA; SP
HUMIRA PEN-PSOR/UEIT STARTER (<i>adalimumab</i>)	2	PA; SP
hydroxychloroquine sulfate oral	1	
INFLECTRA (<i>infliximab-dyyb</i>)	2	PA; SP
KESIMPTA (<i>ofatumumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
leflunomide oral	1	
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SP; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	3	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SP; QL (14 EA per 365 days)
methotrexate oral	1	
methotrexate sodium oral	1	
ORENCIA (<i>abatacept</i>)	3	PA; SP
ORENCIA CLICKJECT (<i>abatacept</i>)	3	PA; SP
OTEZLA (<i>apremilast</i>)	2	PA; SP
POMALYST (<i>pomalidomide</i>)	3	PA; SP
REVLIMID (<i>lenalidomide</i>)	2	PA; SP
SIMPONI (<i>golimumab</i>)	2	PA; SP
SIMPONI ARIA (<i>golimumab</i>)	2	PA; SP
sulfasalazine oral tablet	1	
TREXALL (methotrexate sodium)	3	
VUMERITY (<i>diroximel fumarate</i>)	2	PA; SP; QL (4 EA per 1 day)
VYVGART (<i>efgartigimod alfa-fcab</i>)	3	PA; SP
ZEPOSIA (<i>ozanimod hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
ZEPOSIA 7-DAY STARTER PACK (<i>ozanimod hcl</i>)	3	PA; SP; QL (14 EA per 365 days)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>)	3	PA; SP; QL (74 EA per 365 days)
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
azathioprine oral	1	SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>belimumab</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine modified oral capsule</i>	1	SP
ENVARUSUS XR (<i>tacrolimus</i>)	3	SP
<i>gengraf oral capsule</i>	1	SP
<i>leflunomide oral</i>	1	
MAVENCLAD (<i>cladribine</i>)	3	PA; SP
<i>methotrexate oral</i>	1	
<i>methotrexate sodium oral</i>	1	
<i>mycophenolate mofetil oral capsule</i>	1	SP
<i>mycophenolate mofetil oral tablet</i>	1	SP
<i>mycophenolate sodium</i>	1	SP
<i>sirolimus oral tablet</i>	1	SP
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral</i>	1	SP
TREXALL (<i>methotrexate sodium</i>)	3	
KALLIKREIN INHIBITORS		
ORLADEYO (<i>berotralstat hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>lanadelumab-flyo</i>)	3	PA; SP
KALLIKREIN-KININ SYSTEM INHIBITORS		
EMPAVELI (<i>pegcetacoplan</i>)	3	PA; SP
HAEGARDA (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP
ORLADEYO (<i>berotralstat hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
RUCONEST (<i>c1 esterase inhibitor (recomb)</i>)	3	PA; SP; QL (0.27 EA per 1 day)
SOLIRIS (<i>eculizumab</i>)	3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>lanadelumab-flyo</i>)	3	PA; SP
ULTOMIRIS (<i>ravulizumab-cwvz</i>)	3	PA; SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AMPYRA (<i>dalfampridine</i>)	3	PA; SP; QL (2 EA per 1 day)
BOTOX (<i>onabotulinumtoxinA</i>)	2	PA; SP
CERDELGA (<i>eliglustat tartrate</i>)	3	PA; SP
DUROLANE (<i>sodium hyaluronate (viscosup)</i>)	2	PA; SP
ENDARI (<i>glutamine (sickle cell)</i>)	3	PA
EUFLEXXA (<i>sodium hyaluronate (viscosup)</i>)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELSYN-3 (<i>sodium hyaluronate (viscosup)</i>)	2	PA; SP
NITYR (<i>nitisinone</i>)	3	PA; SP
ORFADIN (<i>nitisinone</i>)	3	PA; SP
PREZCOBIX (<i>darunavir-cobicistat</i>)	2	
SYMTUZA (<i>darun-cobic-emtricit-tenofaf</i>)	3	
THIOLA (<i>tiopronin</i>)	3	SP
THIOLA EC (<i>tiopronin</i>)	3	SP
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML (<i>epinephrine</i>)	3	QL (0.07 EA per 1 day)
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK (<i>epinephrine</i>)	3	ST
SYMJEPI (<i>epinephrine</i>)	3	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
ATROVENT HFA (<i>ipratropium bromide hfa</i>)	3	QL (0.86 GM per 1 day)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>)	2	QL (0.27 GM per 1 day)
<i>ipratropium bromide nasal</i>	1	
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
LONHALA MAGNAIR REFILL KIT (<i>glycopyrrolate</i>)	3	QL (2 ML per 1 day)
LONHALA MAGNAIR STARTER KIT (<i>glycopyrrolate</i>)	3	QL (2 ML per 1 day)
SPIRIVA HANDIHALER (<i>tiotropium bromide monohydrate</i>)	2	QL (1 EA per 1 day)
SPIRIVA RESPIMAT (<i>tiotropium bromide monohydrate</i>)	2	QL (0.14 GM per 1 day)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
ESBRIET ORAL CAPSULE (<i>pirfenidone</i>)	3	PA; SP
OFEV (<i>nintedanib esylate</i>)	3	PA; SP
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>mepolizumab</i>)	2	PA; SP; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	2	PA; SP; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>mepolizumab</i>)	2	PA; SP; QL (0.11 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTITUSSIVES - Drugs for Cough and Cold		
<i>benzonatate</i>	1	
<i>promethazine-codeine</i>	1	PA; QL (240 ML per 1 fill)
<i>promethazine-dm</i>	1	
<i>pseudoephedrine-bromphen-dm</i>	1	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
TRIKAFTA (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; SP; QL (3 EA per 1 day)
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
TRIKAFTA (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; SP; QL (3 EA per 1 day)
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
<i>cyproheptadine hcl oral tablet</i>	1	
<i>promethazine hcl oral tablet</i>	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>dupilumab</i>)	2	PA; SP; QL (0.05 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; SP; QL (0.17 ML per 1 day)
FASENRA (<i>benralizumab</i>)	2	PA; SP
FASENRA PEN (<i>benralizumab</i>)	2	PA; SP
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
<i>montelukast sodium oral tablet</i>	1	
<i>montelukast sodium oral tablet chewable</i>	1	
MUCOLYTIC AGENTS - Drugs for the Lungs		
PULMOZYME (<i>dornase alfa</i>)	2	PA; SP
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
DYMISTA (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)
QNASL (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.36 GM per 1 day)
QNASL CHILDRENS (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.23 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
ARNUITY ELLIPTA (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>budesonide inhalation</i>	1	QL (4 ML per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	QL (0.8 GM per 1 day)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	QL (0.71 GM per 1 day)
PULMICORT FLEXHALER (<i>budesonide</i>)	2	QL (0.07 EA per 1 day)
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
XOLAIR (<i>omalizumab</i>)	2	PA; SP
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
<i>azelastine hcl nasal</i>	1	QL (2 ML per 1 day)
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	
DYMISTA (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
<i>albuterol sulfate hfa</i>	1	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	QL (18 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	1	QL (5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (12.5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	QL (5 EA per 1 day)
PERFOROMIST (<i>formoterol fumarate</i>)	3	QL (4 ML per 1 day)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>)	2	QL (4.2 GM per 30 days)
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADEMPAS (<i>riociguat</i>)	2	PA; SP; QL (90 EA per 30 days)
OPSUMIT (<i>macitentan</i>)	2	PA; SP; QL (1 EA per 1 day)
ORENITRAM (<i>treprostinil diolamine</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (8 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
AMZEEQ (<i>minocycline hcl micronized</i>)	3	
<i>clindacin etz external swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
CLINDESSE (<i>clindamycin phosphate (1 dose)</i>)	3	
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin external</i>	1	
ONEXTON (<i>clindamycin phos-benzoyl perox</i>)	3	
<i>rosadan external cream</i>	1	
<i>rosadan external gel</i>	1	
VANAZOLE (<i>metronidazole</i>)	3	ST
XEPI (<i>ozenoxacin</i>)	3	
ZILXI (<i>minocycline hcl micronized</i>)	3	ST
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA (<i>crisaborole</i>)	2	ST
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
<i>phenazo oral tablet 200 mg</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PROCTOFOAM HC (<i>hydrocortisone ace-pramoxine</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>clotrimazole external cream</i>	1	
<i>clotrimazole-betamethasone external cream</i>	1	
GYNAZOLE-1 (<i>butoconazole nitrate (1 dose)</i>)	3	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external shampoo</i>	1	
<i>terconazole vaginal cream</i>	1	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
<i>hydrocortisone external cream 1 %</i>	1	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	2	PA
<i>tretinoin external cream</i>	1	PA
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ala-cort</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external solution</i>	1	
<i>clotrimazole-betamethasone external cream</i>	1	
CORTIFOAM (<i>hydrocortisone acetate</i>)	3	
ENSTILAR (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
<i>fluocinonide external solution</i>	1	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>mometasone furoate external cream</i>	1	
PROCTOFOAM HC (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TACLONEX EXTERNAL SUSPENSION (<i>calcipotriene-betameth diprop</i>)	3	QL (4 GM per 1 day)
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm</i>	1	
UCERIS RECTAL (<i>budesonide</i>)	3	
WYNZORA (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ciclodan</i>	1	
<i>ciclopirox external solution</i>	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
<i>adapalene-benzoyl peroxide external gel</i>	1	
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	1	
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>)	3	
ONEXTON (<i>clindamycin phos-benzoyl perox</i>)	3	
<i>periogard</i>	1	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
<i>diclofenac sodium external gel 1 %</i>	1	QL (33.33 GM per 1 day)
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>nystatin external cream</i>	1	
<i>nystatin external ointment</i>	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
SOOLANTRA (<i>ivermectin</i>)	3	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
ABSORICA LD (<i>isotretinoin micronized</i>)	3	PA
<i>accutane</i>	1	PA
<i>adapalene-benzoyl peroxide external gel</i>	1	
ADBRY (<i>tralokinumab-ldrm</i>)	2	PA; SP; QL (0.15 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amnesteam</i>	1	PA
AVSOLA (<i>infliximab-axxq</i>)	2	PA; SP
<i>azelaic acid external</i>	1	
<i>claravis</i>	1	PA
<i>diclofenac sodium external gel 1 %</i>	1	QL (33.33 GM per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	2	PA; SP; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	2	PA; SP; QL (0.29 ML per 1 day)
ENSTILAR (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>)	3	
FINACEA EXTERNAL FOAM (<i>azelaic acid</i>)	3	
FINACEA EXTERNAL GEL (<i>azelaic acid</i>)	3	ST
<i>fluorouracil external cream 5 %</i>	1	
<i>imiquimod external cream 3.75 %</i>	1	ST
<i>imiquimod external cream 5 %</i>	1	
<i>imiquimod pump</i>	1	ST
INFLECTRA (<i>infliximab-dyyb</i>)	2	PA; SP
<i>isotretinoin oral</i>	1	PA
KLISYRI (<i>tirbanibulin</i>)	3	ST
MIRVASO (<i>brimonidine tartrate</i>)	3	
<i>myorisan</i>	1	PA
OTEZLA (<i>apremilast</i>)	2	PA; SP
PANRETIN (<i>alitretinoin</i>)	3	
QBREXZA (<i>glycopyrronium tosylate</i>)	3	QL (1 EA per 1 day)
RHOFADE (<i>oxymetazoline hcl</i>)	3	
SANTYL (<i>collagenase</i>)	3	QL (2 GM per 1 day)
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>)	2	PA; SP
SKYRIZI PEN (<i>risankizumab-rzaa</i>)	2	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>risankizumab-rzaa</i>)	2	PA; SP
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	2	PA; SP; QL (0.009 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
TACLONEX EXTERNAL SUSPENSION (<i>calcipotriene-betameth diprop</i>)	3	QL (4 GM per 1 day)
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
TALTZ (<i>ixekizumab</i>)	3	PA; SP
TREMFYA (<i>guselkumab</i>)	2	PA; SP
WYNZORA (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
XIMINO (<i>minocycline hcl</i>)	3	
<i>zenatane</i>	1	PA
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate er</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>mirabegron</i>)	2	
VITAMINS		
VITAMIN B COMPLEX		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
VITAMIN D		
<i>calcitriol oral capsule</i>	1	
<i>ergocalciferol oral capsule</i>	1	
RAYALDEE (<i>calcifediol</i>)	3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	

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