

2025 Abridged Basic Formulary – HMO

Effective July 1, 2025



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



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

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- 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The formulary is subject to change and all previous versions of the formulary are no longer in effect.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: July 1, 2025

CalPERS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDOTE THERAPEUTICS		
ALCOHOL DETERRENTS (91:02)		
<i>naltrexone hcl oral</i>	1	
VIVITROL (<i>naltrexone</i>)	3	SP
ANTIDOTE THERAPEUTICS		
BAQSIMI ONE PACK (<i>glucagon</i>)	2	
BAQSIMI TWO PACK (<i>glucagon</i>)	2	
DEPEN TITRATABS (<i>penicillamine</i>)	2	SP
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
KLOXXADO (<i>naloxone hcl</i>)	2	
<i>naloxone hcl nasal</i>	1	
REXTOVY (<i>naloxone hcl</i>)	2	
ZIMHI (<i>naloxone hcl</i>)	3	
ANTIDOTES (91:04)		
<i>naltrexone hcl oral</i>	1	
VIVITROL (<i>naltrexone</i>)	3	SP
ZEGALOGUE (<i>dasiglucagon hcl</i>)	2	
ZIMHI (<i>naloxone hcl</i>)	3	
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE 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>bromphen-pseudoeph-dm</i>	1	
<i>cyproheptadine hcl oral tablet</i>	1	
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>meclizine hcl oral tablet</i>	1	
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine-dm</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>pseudoephedrine-bromphen-dm</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</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
RYALTRIS (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine-dm</i>	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
<i>bromphen-pseudoeph-dm</i>	1	
<i>pseudoephedrine-bromphen-dm</i>	1	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>cetirizine hcl oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefadroxil oral capsule</i>	1	
<i>cephalexin</i>	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefuroxime axetil</i>	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefdinir</i>	1	
<i>cefepodoxime proxetil oral tablet</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>chlorhexidine gluconate mouth/throat</i>	1	

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<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal</i>	1	
<i>perio gard</i>	1	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
TOBI PODHALER (<i>tobramycin</i>)	3	SP; QL (224 EA per 40 days)
TOBRADEX ST (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL (<i>omadacycline tosylate</i>)	3	QL (30 EA per 14 days)
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</i>	1	
OMECLAMOX-PAK (<i>amoxicill-clarithro-omeprazole</i>)	2	
VOQUEZNA DUAL PAK (<i>amoxicillin-vonoprazan</i>)	3	PA
VOQUEZNA TRIPLE PAK (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
ANTHELMINTICS - Drugs for Parasites		
EMVERM (<i>mebendazole</i>)	2	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	3	
ANTIMALARIALS - Drugs for the Mouth and Throat		
AMZEEQ (<i>minocycline hcl micronized</i>)	3	
ARAKODA (<i>tafenoquine succinate</i>)	3	
<i>atovaquone-proguanil hcl</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>hydroxychloroquine sulfate oral</i>	1	

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<i>minocycline hcl oral capsule</i>	1	
ZILXI (<i>minocycline hcl micronized</i>)	3	ST
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	3	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim pediatric</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>)	2	QL (4 EA per 1 day)
PAXLOVID (300/100) (<i>nirmatrelvir-ritonavir</i>)	2	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 INTRAVENOUS (<i>isavuconazonium sulfate</i>)	3	
CRESEMBA ORAL (<i>isavuconazonium sulfate</i>)	3	PA
<i>fluconazole oral tablet</i>	1	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external shampoo</i>	1	
CORONAVIRUS (COVID-19) - Drugs for Viral Infections		
PAXLOVID (150/100) (<i>nirmatrelvir-ritonavir</i>)	2	QL (4 EA per 1 day)
PAXLOVID (300/100) (<i>nirmatrelvir-ritonavir</i>)	2	QL (6 EA per 1 day)
ENDONUCLEASE INHIBITORS - Drugs for Viral Infections		
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY (<i>bictegravir-emtricitab-tenofof</i>)	3	
DOVATO (<i>dolutegravir-lamivudine</i>)	2	
JULUCA (<i>dolutegravir-rilpivirine</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	

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JULUCA (<i>dolutegravir-rilpivirine</i>)	2	
<i>methocarbamol oral tablet 500 mg</i>	1	
SYMFI (<i>efavirenz-lamivudine-tenofovir</i>)	2	
SYMFI LO (<i>efavirenz-lamivudine-tenofovir</i>)	2	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
BIKTARVY (<i>bictegravir-emtricitab-tenofov</i>)	3	
CIMDUO (<i>lamivudine-tenofovir</i>)	2	
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	3	
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	3	PA; HCR
DOVATO (<i>dolutegravir-lamivudine</i>)	2	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	HCR
SYMFI (<i>efavirenz-lamivudine-tenofovir</i>)	2	
SYMFI LO (<i>efavirenz-lamivudine-tenofovir</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	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
BESREMI (<i>ropeginterferon alfa-2b-njft</i>)	3	PA; SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
<i>clindacin etz external swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate vaginal</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINDESSE (<i>clindamycin phosphate (1 dose)</i>)	3	
<i>neuac</i>	1	
ONEXTON (<i>clindamycin phos-benzoyl perox</i>)	1	
XACIATO (<i>clindamycin phosphate</i>)	3	
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)
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal</i>	1	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir external ointment</i>	1	QL (1 GM per 1 day)
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral tablet</i>	1	
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	3	
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	3	PA; HCR
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	HCR
<i>valacyclovir hcl oral</i>	1	QL (4 EA per 1 day)
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<i>azithromycin oral</i>	1	
<i>clarithromycin oral tablet</i>	1	
DIFICID (<i>fidaxomicin</i>)	3	
OMECLAMOX-PAK (<i>amoxicill-clarithro-omeprazole</i>)	2	
VOQUEZNA TRIPLE PAK (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA

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OTHER MACROLIDES (8:12.12.92) - Antibiotics		
<i>azithromycin oral</i>	1	
<i>clarithromycin oral tablet</i>	1	
DIFICID (<i>fidaxomicin</i>)	3	
OMECLAMOX-PAK (<i>amoxicill-clarithro-omeprazole</i>)	2	
VOQUEZNA TRIPLE PAK (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
POLYENE ANTIFUNGALS - Drugs for Fungus		
<i>klayesta</i>	1	
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystop</i>	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
<i>polymyxin b-trimethoprim</i>	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
<i>ciprofloxacin hcl oral</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin hcl (2x day)</i>	1	
<i>moxifloxacin hcl ophthalmic</i>	1	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin otic</i>	1	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfasalazine oral</i>	1	
<i>sulfatrim pediatric</i>	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AMZEEQ (<i>minocycline hcl micronized</i>)	3	
<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	
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	3	
ZILXI (<i>minocycline hcl micronized</i>)	3	ST

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URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate macrocrystals</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim pediatric</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
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
ANKTIVA (<i>nogapendekin alfa inbakic-pmln</i>)	3	PA; SP
AUGTYRO (<i>repotrectinib</i>)	3	PA; SP
BESREMI (<i>ropeginterferon alfa-2b-njft</i>)	3	PA; SP
CABOMETYX ORAL TABLET 20 MG (<i>cabozantinib s-malate</i>)	2	PA; SP; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	2	PA; SP
CALQUENCE (<i>acalabrutinib maleate</i>)	3	PA; SP
<i>capecitabine</i>	1	SP
COTELLIC (<i>cobimetinib fumarate</i>)	3	PA; SP
ERIVEDGE (<i>vismodegib</i>)	3	PA; SP
ERLEADA (<i>apalutamide</i>)	3	PA; SP
<i>fluorouracil external cream</i>	1	
GAVRETO (<i>pralsetinib</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 SUSPENSION (<i>ibrutinib</i>)	3	PA; SP
IMBRUVICA ORAL TABLET 420 MG (<i>ibrutinib</i>)	3	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
JYLAMVO (<i>methotrexate</i>)	3	PA
KANJINTI (<i>trastuzumab-anns</i>)	2	PA; SP
KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>)	3	PA; SP
KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>)	3	PA; SP
KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>)	3	PA; SP
KOSELUGO (<i>selumetinib sulfate</i>)	3	PA; SP
<i>lenalidomide</i>	1	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
MAVENCLAD (<i>cladribine</i>)	3	PA; SP; QL (20 day supply per 999 days)
MEKINIST (<i>trametinib dimethyl sulfoxide</i>)	3	PA; SP
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium injection solution</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
OPZELURA (<i>ruxolitinib phosphate</i>)	2	ST; QL (3.34 GM per 1 day)
ORGOVYX (<i>relugolix</i>)	3	PA; SP
PHESGO (<i>pertuz-trastuz-hyaluron-zzxf</i>)	2	PA; SP
PIQRAY (<i>alpelisib</i>)	3	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG (<i>pomalidomide</i>)	3	PA; SP; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG (<i>pomalidomide</i>)	3	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG (<i>selpercatinib</i>)	3	PA; SP
RETEVMO ORAL TABLET 40 MG (<i>selpercatinib</i>)	3	PA; SP; QL (3 EA per 1 day)
RETEVMO ORAL TABLET 80 MG (<i>selpercatinib</i>)	3	PA; SP; QL (2 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
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	3	PA
REVLIMID (<i>lenalidomide</i>)	2	PA; SP
ROZLYTREK (<i>entrectinib</i>)	3	PA; SP
RUXIENCE (<i>rituximab-pvvr</i>)	2	PA; SP
RYDAPT (<i>midostaurin</i>)	3	PA; SP
SCEMBLIX ORAL TABLET 100 MG (<i>asciminib hcl</i>)	3	PA; SP
SCEMBLIX ORAL TABLET 20 MG (<i>asciminib hcl</i>)	3	PA; SP; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG (<i>asciminib hcl</i>)	3	PA; SP; QL (8 EA per 1 day)
STIVARGA (<i>regorafenib</i>)	2	PA; SP
TABRECTA (<i>capmatinib hcl</i>)	3	PA; SP
TAFINLAR (<i>dabrafenib mesylate</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
TASIGNA (<i>nilotinib hcl</i>)	3	PA; SP
<i>temozolomide</i>	1	PA; SP
TRAZIMERA (<i>trastuzumab-qyyp</i>)	2	PA; SP
<i>tretinoin external</i>	1	
TREXALL (<i>methotrexate sodium</i>)	3	
TRUQAP (<i>capiwasertib</i>)	3	PA; SP
VERZENIO (<i>abemaciclib</i>)	3	PA; SP
VITRAKVI (<i>larotrectinib sulfate</i>)	3	PA; SP
XTANDI (<i>enzalutamide</i>)	3	PA; SP
ZEJULA ORAL TABLET 100 MG (<i>niraparib tosylate</i>)	2	PA; SP; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 200 MG, 300 MG (<i>niraparib tosylate</i>)	2	PA; SP
ZELBORAF (<i>vemurafenib</i>)	3	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		
BIVIGAM (<i>immune globulin (human)</i>)	3	PA; SP
CUTAQUIG (<i>immune globulin (human)-hipp</i>)	3	PA; SP
HIZENTRA (<i>immune globulin (human)</i>)	3	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
PANZYGA (<i>immune globulin (human)-ifas</i>)	3	PA; SP
PRIVIGEN (<i>immune globulin (human)</i>)	3	PA; SP
XEMBIFY (<i>immune globulin (human)-klhw</i>)	3	PA; SP
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
<i>naltrexone hcl oral</i>	1	
TYRVAYA (<i>varenicline tartrate</i>)	3	PA; QL (0.3 ML per 1 day)
<i>varenicline tartrate</i>	1	HCR; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue)</i>	1	HCR; QL (180 day supply per 365 days)
VIVITROL (<i>naltrexone</i>)	3	SP
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
AUVI-Q (<i>epinephrine</i>)	3	
<i>bromphen-pseudoeph-dm</i>	1	
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK (<i>epinephrine</i>)	3	ST
NEFFY NASAL SOLUTION 2 MG/0.1ML (<i>epinephrine</i>)	3	
<i>pseudoephedrine-bromphen-dm</i>	1	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>clonidine hcl oral</i>	1	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>)	2	QL (2 EA per 1 day)
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>ipratropium bromide inhalation</i>	1	QL (10.42 ML per 1 day)
<i>ipratropium bromide nasal</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ipratropium-albuterol</i>	1	QL (18 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>)	1	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)
TRELEGY ELLIPTA (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA 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</i>	1	HCR; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue)</i>	1	HCR; QL (180 day supply per 365 days)
BOTULINUM TOXINS - Drugs for Relaxing Muscles		
DYSPOORT (<i>abobotulinumtoxina</i>)	2	PA
MYOBLOC (<i>rimabotulinumtoxinb</i>)	2	PA
XEOMIN (<i>incobotulinumtoxina</i>)	2	PA
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>carisoprodol oral</i>	1	
<i>cyclobenzaprine hcl oral</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		
BETIMOL (<i>timolol hemihydrate</i>)	3	
<i>carvedilol</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	PA
<i>labetalol hcl oral</i>	1	
<i>nadolol oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nebivolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<i>sotalol hcl oral</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</i>	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - 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 (<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	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR HFA (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
AIRSUPRA (<i>albuterol-budesonide</i>)	2	QL (1.1 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 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)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	QL (5 EA per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	2	QL (5 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>)	2	QL (2 EA per 1 day)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	QL (2 EA per 1 day)
<i>breyna</i>	1	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE (<i>budeson-glycopyrrol-formoterol</i>)	2	QL (0.36 GM per 1 day)
<i>budesonide-formoterol fumarate</i>	1	QL (0.35 GM per 1 day)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>)	2	QL (0.27 GM per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	1	ST; QL (2 EA 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)
SEREVENT DISKUS (<i>salmeterol xinafoate</i>)	2	QL (2 EA 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>)	3	QL (0.35 GM per 1 day)
TRELEGY ELLIPTA (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
<i>wixela inhub</i>	1	ST; QL (2 EA per 1 day)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
<i>atenolol oral</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol oral</i>	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
DYSPORT (<i>abobotulinumtoxina</i>)	2	PA
MYOBLOC (<i>rimabotulinumtoxinb</i>)	2	PA
XEOMIN (<i>incobotulinumtoxina</i>)	2	PA
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 (<i>apixaban</i>)	2	QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK (<i>apixaban</i>)	2	QL (148 EA per 365 days)
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)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ARANESP (ALBUMIN FREE) (<i>darbepoetin alfa</i>)	2	PA; SP
DOPTELET (<i>avatrombopag maleate</i>)	3	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
PROMACTA (<i>eltrombopag olamine</i>)	3	PA; SP
RETACRIT (<i>epoetin alfa-epbx</i>)	2	PA; SP
UDENYCA (<i>pegfilgrastim-cbqv</i>)	3	PA; SP
UDENYCA ONBODY (<i>pegfilgrastim-cbqv</i>)	3	PA; SP
ZARXIO (<i>filgrastim-sndz</i>)	2	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
ALPROLIX (<i>coagulation factor ix (rfixfc)</i>)	3	SP
ALTUVIIIO (<i>antihem fact fc-vwf-xten-ehtl</i>)	3	SP
<i>desmopressin acetate oral</i>	1	
ELOCTATE (<i>antihem fact (bdd-rfviiifc)</i>)	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESPEROCT (<i>antihemoph fact rcmb gpeg-exei</i>)	3	SP
IDELVION (<i>coagulation factor ix (rix-fp)</i>)	3	SP
JIVI (<i>ahf (bdd-rfviii peg-aucl)</i>)	3	SP
KOATE (<i>antihemophilic factor</i>)	2	SP
KOGENATE FS (<i>antihem factor recomb (rfviii)</i>)	2	SP
KOVALTRY (<i>antihemophil factor (rahf-pfm)</i>)	2	SP
NOCDURNA (<i>desmopressin acetate</i>)	3	PA
NOVOEIGHT (<i>antihemophil fact bd truncated</i>)	2	SP
NUWIQ (<i>antihem fact (bdd-rfviii,sim)</i>)	2	SP
REBINYN (<i>coagulation factor ix glycopeg</i>)	3	SP
RECOMBINATE (<i>antihem factor recomb (rfviii)</i>)	2	SP
<i>tranexamic acid oral</i>	1	
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	
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
BRILINTA (<i>ticagrelor</i>)	2	
<i>clopidogrel bisulfate oral</i>	1	
<i>prasugrel hcl</i>	1	
CARDIOVASCULAR DRUGS		
CARBONIC ANHYDRASE INHIBITORS (24:36)		
<i>acetazolamide oral</i>	1	
KALLIKREIN		
ORLADEYO (<i>berotralstat hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>Ianadelumab-flyo</i>)	3	PA; SP; QL (0.15 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>Ianadelumab-flyo</i>)	3	PA; SP; QL (0.08 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>Ianadelumab-flyo</i>)	3	PA; SP; QL (0.15 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOOP DIURETICS (24:36)		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>torseamide</i>	1	
POTASSIUM-SPARING DIURETIC		
<i>spironolactone oral tablet</i>	1	
THIAZIDE DIURETICS (24:36)		
<i>hydrochlorothiazide oral</i>	1	
THIAZIDE-LIKE DIURETICS (24:36)		
<i>chlorthalidone</i>	1	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
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)
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for Varicose Veins		
<i>doxazosin mesylate oral</i>	1	
<i>nadolol 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 tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>prazosin hcl oral</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE (<i>sacubitril-valsartan</i>)	2	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET (<i>sacubitril-valsartan</i>)	2	QL (2 EA per 1 day)
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
<i>candesartan cilexetil</i>	1	
EDARBI (<i>azilsartan medoxomil</i>)	3	ST
<i>irbesartan</i>	1	
<i>losartan potassium 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>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 ORAL CAPSULE SPRINKLE (<i>sacubitril-valsartan</i>)	2	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET (<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>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	
<i>lisinopril oral</i>	1	
<i>lisinopril-hydrochlorothiazide</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>ramipril</i>	1	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
<i>icosapent ethyl</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 High Blood Pressure		
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
BETIMOL (<i>timolol hemihydrate</i>)	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>doxazosin mesylate oral</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	PA
<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>prazosin hcl oral</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<i>sotalol hcl oral</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</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</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>verapamil hcl er oral tablet extended release</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS - Drugs for High Blood Pressure & Angina		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads</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</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>acetazolamide oral</i>	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	QL (15 ML per 1 day)
<i>ranolazine er</i>	1	
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	QL (15 ML per 1 day)
CENTRAL ALPHA-AGONISTS - Drugs for Abnormal Heart Rhythms		
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>clonidine hcl oral</i>	1	
<i>guanfacine hcl</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	PA
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</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	

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>propranolol hcl oral tablet</i>	1	
<i>sotalol hcl oral</i>	1	
CGMP SYNTHESIS AGENT - Drugs for High Blood Pressure & Angina		
VERQUVO (<i>vericiguat</i>)	3	PA; QL (1 EA per 1 day)
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	
BETIMOL (<i>timolol hemihydrate</i>)	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	PA
<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	
<i>sotalol hcl oral</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</i>	1	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
<i>amiodarone hcl oral</i>	1	
MULTAQ (<i>dronedarone hcl</i>)	3	
<i>sotalol hcl oral</i>	1	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
<i>cartia xt</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl er coated beads</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	
NORLIQVA (<i>amlodipine besylate</i>)	3	PA
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	
NORLIQVA (<i>amlodipine besylate</i>)	3	PA
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
<i>clonidine hcl oral</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl oral</i>	1	
<i>minoxidil oral</i>	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<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	HCR
<i>rosuvastatin calcium oral</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 tablet</i>	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
<i>spironolactone oral tablet</i>	1	
NITRATES AND NITRITES - Drugs for High Blood Pressure & Angina		
<i>atenolol oral</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	PA
<i>isosorbide mononitrate er</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>nadolol oral</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<i>sotalol hcl oral</i>	1	
NITRATES AND NITRITES - Drugs for the Heart		
<i>isosorbide mononitrate er</i>	1	
<i>nitroglycerin sublingual</i>	1	
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
<i>icosapent ethyl</i>	1	PA
<i>omega-3-acid ethyl esters</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASCEPA (<i>icosapent ethyl</i>)	2	PA
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA (<i>evolocumab</i>)	2	ST; QL (0.11 ML per 1 day)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>)	2	ST; QL (0.13 ML per 1 day)
REPATHA SURECLICK (<i>evolocumab</i>)	2	ST; QL (0.11 ML per 1 day)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; SP; QL (7.5 ML per 1 day)
<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	QL (30 EA per 30 days)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; SP; QL (7.5 ML per 1 day)
<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	QL (30 EA per 30 days)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>spironolactone oral tablet</i>	1	
RENIN INHIBITORS - Drugs for the Heart		
TEKTURNA (<i>aliskiren fumarate</i>)	2	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE (<i>sacubitril-valsartan</i>)	2	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET (<i>sacubitril-valsartan</i>)	2	QL (2 EA per 1 day)
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
<i>spironolactone oral tablet</i>	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>hydrochlorothiazide oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (15 ML per 1 day)
<i>diltiazem hcl er coated beads</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
NORLIQVA (<i>amlodipine besylate</i>)	3	PA
OPSUMIT (<i>macitentan</i>)	2	PA; SP; QL (1 EA per 1 day)
ORENITRAM (<i>treprostinil diolamine</i>)	3	PA; SP
ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>)	3	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 2 (<i>treprostinil diolamine</i>)	3	PA; SP; QL (672 EA per 365 days)
ORENITRAM MONTH 3 (<i>treprostinil diolamine</i>)	3	PA; SP; QL (504 EA per 365 days)
<i>treprostinil</i>	1	PA; SP
TYVASO (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT (<i>treprostinil</i>)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT (<i>treprostinil</i>)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT (<i>treprostinil</i>)	3	PA; SP; QL (2 EA per 365 days)
TYVASO REFILL KIT (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
<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		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
RADICAVA ORS (<i>edaravone</i>)	2	PA; SP
RADICAVA ORS STARTER KIT (<i>edaravone</i>)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGLUTIK (<i>riluzole</i>)	2	PA; QL (20 ML per 1 day)
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
<i>phentermine hcl oral</i>	1	
AMPHETAMINES - Drugs for the Nervous System		
<i>amphetamine-dextroamphetamine er</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)
<i>amphet-dextroamphet 3-bead er</i>	1	QL (1 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	1	QL (2 EA per 1 day)
<i>lisdexamfetamine dimesylate</i>	1	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE (<i>lisdexamfetamine dimesylate</i>)	3	ST; QL (1 EA per 1 day)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
<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>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 TABLET 300 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (2 EA per 1 day)
HORIZANT (<i>gabapentin enacarbil</i>)	3	PA; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	QL (73.5 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (98 ML 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 2.5-325 mg</i>	1	QL (12 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)
ANOREXIGENIC AGENTS - Drugs for the Nervous System		
QSYMIA (<i>phentermine-topiramate</i>)	2	PA
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
QSYMIA (<i>phentermine-topiramate</i>)	2	PA
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
<i>benztropine mesylate oral</i>	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
<i>acetazolamide oral</i>	1	
APTIOM (<i>eslicarbazepine acetate</i>)	3	
BRIVIACT INTRAVENOUS (<i>brivaracetam</i>)	3	
BRIVIACT ORAL (<i>brivaracetam</i>)	3	ST
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral</i>	1	
EPIDIOLEX (<i>cannabidiol</i>)	3	PA; SP
FYCOMPA (<i>perampanel</i>)	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (6 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
GRALISE ORAL TABLET 450 MG, 600 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (2 EA per 1 day)
HORIZANT (<i>gabapentin enacarbil</i>)	3	PA; QL (2 EA per 1 day)
<i>lacosamide oral tablet</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
MOTPOLY XR (<i>lacosamide</i>)	3	ST
<i>oxcarbazepine</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>roweepira</i>	1	
<i>subvenite</i>	1	
<i>topiramate oral tablet</i>	1	
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	
<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
ZURZUVAE (<i>zuranolone</i>)	3	PA; QL (14 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIMANIC AGENTS - Drugs for Personality Disorder		
ABILIFY ASIMTUFII (<i>aripiprazole</i>)	3	
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>divalproex sodium er</i>	1	
<i>divalproex sodium oral</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral</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)
RYKINDO (<i>risperidone</i>)	3	
<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</i>	1	
HEMANGEOL (<i>propranolol hcl</i>)	3	PA
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<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	

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
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</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</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 tablet</i>	1	QL (1 EA per 1 day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
ABILIFY ASIMTUFII (<i>aripiprazole</i>)	3	
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	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	1	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>brexipiprazole</i>)	3	QL (1 EA per 1 day)
<i>risperidone oral tablet</i>	1	QL (2 EA per 1 day)
RYKINDO (<i>risperidone</i>)	3	
UZEDY (<i>risperidone</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
VRAYLAR (<i>cariprazine hcl</i>)	3	QL (1 EA per 1 day)
<i>ziprasidone hcl</i>	1	QL (2 EA per 1 day)
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
<i>primidone oral</i>	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
<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>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet dispersible 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 10 MG DOSE (<i>diazepam</i>)	3	QL (0.34 EA per 1 day)
VALTOCO 5 MG DOSE (<i>diazepam</i>)	3	QL (0.34 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>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet dispersible 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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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 (0.54 EA per 1 day)
QULIPTA (<i>atogepant</i>)	2	PA; QL (1 EA per 1 day)
UBRELVY (<i>ubrogepant</i>)	2	PA; QL (0.54 EA per 1 day)
ZAVZPRET (<i>zavegepant hcl</i>)	3	PA; QL (0.2 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		
<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 (<i>memantine hcl-donepezil hcl</i>)	2	QL (1 EA per 1 day)
RADICAVA ORS (<i>edaravone</i>)	2	PA; SP
RADICAVA ORS STARTER KIT (<i>edaravone</i>)	2	PA; SP
SODIUM OXYBATE	3	PA; SP; QL (18 ML per 1 day)
TEGLUTIK (<i>riluzole</i>)	2	PA; QL (20 ML per 1 day)
VYLEESI (<i>bremelanotide acetate</i>)	3	PA; QL (8 ML per 30 days)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOPAMINE PRECURSORS - Drugs for Parkinson		
<i>carbidopa-levodopa oral tablet</i>	1	
CREXONT (<i>carbidopa-levodopa</i>)	3	ST
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	
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)
GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures		
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (2 EA per 1 day)
HORIZANT (<i>gabapentin enacarbil</i>)	3	PA; QL (2 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)
ION CHANNEL INHIBITION AGENTS - Drugs for Seizures		
APTIOM (<i>eslicarbazepine acetate</i>)	3	
<i>lacosamide oral tablet</i>	1	
MOTPOLY XR (<i>lacosamide</i>)	3	ST
<i>oxcarbazepine</i>	1	
XCOPRI (<i>cenobamate</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zonisamide oral</i>	1	
NMDA ANTAGONISTS - Drugs for Depression & Psychosis		
SPRAVATO (56 MG DOSE) (<i>esketamine hcl</i>)	3	PA; SP
SPRAVATO (84 MG DOSE) (<i>esketamine hcl</i>)	3	PA; SP
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
<i>buspirone hcl oral</i>	1	
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
<i>eszopiclone</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate er</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet</i>	1	QL (1 EA per 1 day)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
NEUPRO (<i>rotigotine</i>)	3	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
NON-OPIOID ANALGESICS - Drugs for Pain		
<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>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>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	QL (73.5 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (98 ML 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 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule</i>	1	
<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	
OPIOID AGONISTS (28:08) - Drugs for Pain		
<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>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	QL (73.5 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (98 ML 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 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 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
<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 (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	1	QL (2 EA per 1 day)
<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 solution</i>	1	QL (32.6 ML 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 (2 EA per 1 day)
<i>tramadol hcl oral tablet 25 mg</i>	1	QL (8 EA per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (5 EA per 1 day)
<i>tramadol hcl oral tablet 75 mg</i>	1	QL (3 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)
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
<i>buprenorphine hcl-naloxone hcl</i>	1	
KLOXXADO (<i>naloxone hcl</i>)	2	
<i>naloxone hcl nasal</i>	1	
<i>naltrexone hcl oral</i>	1	
OPVEE (<i>nalmefene hcl</i>)	2	
REXTOVY (<i>naloxone hcl</i>)	2	
VIVITROL (<i>naltrexone</i>)	3	SP
ZIMHI (<i>naloxone hcl</i>)	3	
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl</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
OPIOID PARTIAL AGONISTS - Drugs for Pain		
BELBUCA (<i>buprenorphine hcl</i>)	2	PA; QL (2 EA per 1 day)
BRIXADI (<i>buprenorphine</i>)	3	SP
BRIXADI (WEEKLY) (<i>buprenorphine</i>)	3	SP
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	
SUBLOCADE (<i>buprenorphine</i>)	3	SP
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl</i>)	2	
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)
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)
<i>atomoxetine hcl</i>	1	QL (1 EA per 1 day)
AZSTARYS (<i>serdexmethylphen-dexmethylphen</i>)	2	ST; QL (1 EA per 1 day)
<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	QL (1 EA per 1 day)
<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</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 er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral tablet</i>	1	QL (3 EA per 1 day)
TREZIX (<i>apap-caff-dihydrocodeine</i>)	3	QL (12 EA per 1 day)
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>ketorolac tromethamine ophthalmic</i>	1	
<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	
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 oral capsule extended release 24 hour 150 mg</i>	1	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (3 EA per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days)
<i>naratriptan hcl</i>	1	QL (0.3 EA per 1 day)
<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)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (0.17 ML 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoxetine hcl oral solution</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>mirtazapine oral tablet</i>	1	
<i>trazodone hcl oral</i>	1	
TRINTELLIX (<i>vortioxetine hbr</i>)	3	ST; QL (1 EA per 1 day)
<i>vilazodone hcl</i>	1	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>doxepin hcl oral tablet</i>	1	QL (1 EA per 1 day)
<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)
AUSTEDO XR (<i>deutetrabenazine</i>)	3	PA; SP; QL (1 EA per 1 day)
AUSTEDO XR PATIENT TITRATION (<i>deutetrabenazine</i>)	3	PA; SP; QL (56 EA per 365 days)
INGREZZA ORAL CAPSULE (<i>valbenazine tosylate</i>)	3	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE (<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 oral</i>	1	PA; QL (1 EA per 1 day)
SODIUM OXYBATE	3	PA; SP; QL (18 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNOSI (<i>solriamfetol hcl</i>)	2	PA; QL (1 EA per 1 day)
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 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	
CEQUR SIMPLICITY 2U (<i>injection device for insulin</i>)	2	
CEQUR SIMPLICITY INSERTER (<i>injection device for insulin</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 MONITOR (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT ONE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR PLUS BLUE (<i>blood glucose monitoring suppl</i>)	2	
NOVOFINE PEN NEEDLE (<i>insulin pen needle</i>)	2	
NOVOFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 (<i>insulin disposable pump</i>)	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	2	
OMNIPOD 5 LIBRE2 PLUS G6 (<i>insulin disposable pump</i>)	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTHAR GEL (<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 PLUS TEST (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
CONTOUR TEST (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
ONETOUCH ULTRA (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
ONETOUCH ULTRA BLUE TEST (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
ONETOUCH ULTRA TEST (<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	
PHEBURANE (<i>sodium phenylbutyrate</i>)	3	PA; SP
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
<i>acetazolamide oral</i>	1	
LOOP DIURETICS (40:28) - Drugs for Water Balance		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>torseamide</i>	1	
PHOSPHATE-REMOVING AGENTS		
AURYXIA (<i>ferric citrate</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 tablet</i>	1	
<i>triamterene-hctz</i>	1	
REPLACEMENT PREPARATIONS		
<i>klor-con 10</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<i>losartan potassium-hctz</i>	1	
<i>olmesartan medoxomil-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		
ENZYME INHIBITORS		
CERDELGA (<i>eliglustat tartrate</i>)	3	PA; SP
ORFADIN (<i>nitisinone</i>)	3	PA; SP
ENZYMES		
CREON (<i>pancrelipase (lip-prot-amyl)</i>)	2	
FABRAZYME (<i>agalsidase beta</i>)	2	PA; SP
PULMOZYME (<i>dornase alfa</i>)	2	PA; SP
SANTYL (<i>collagenase</i>)	3	QL (3 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		
<i>brimonidine tartrate ophthalmic</i>	1	
<i>brimonidine tartrate-timolol</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRVASO (<i>brimonidine tartrate</i>)	2	
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)
RYALTRIS (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
ANTIBACTERIALS (52:04) - Drugs for Infections		
AMZEEQ (<i>minocycline hcl micronized</i>)	3	
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>minocycline hcl oral capsule</i>	1	
<i>moxifloxacin hcl (2x day)</i>	1	
<i>moxifloxacin hcl ophthalmic</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</i>	1	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin otic</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
TOBI PODHALER (<i>tobramycin</i>)	3	SP; QL (224 EA per 40 days)
TOBRADEX ST (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
ZILXI (<i>minocycline hcl micronized</i>)	3	ST
ZYLET (<i>loteprednol-tobramycin</i>)	3	
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>perio gard</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
CEQUA (<i>cyclosporine</i>)	3	PA
MIEBO (<i>perfluorohexyloctane</i>)	2	PA; QL (0.1 ML per 1 day)
RESTASIS (<i>cyclosporine</i>)	1	PA
RESTASIS MULTIDOSE (<i>cyclosporine</i>)	2	PA
XIIDRA (<i>lifitegrast</i>)	2	PA
ASTRINGENTS (52:04) - Drugs for Infections		
<i>chlorhexidine gluconate mouththroat</i>	1	
<i>periogard</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
BETIMOL (<i>timolol hemihydrate</i>)	3	
<i>brimonidine tartrate-timolol</i>	1	
<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</i>	1	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
<i>acetazolamide oral</i>	1	
<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		
ADVAIR HFA (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
AIRSUPRA (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
<i>ala-cort</i>	1	
ARNUITY ELLIPTA (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	QL (2 EA per 1 day)
<i>ciprofloxacin-dexamethasone</i>	1	
CORTIFOAM (<i>hydrocortisone acetate</i>)	3	

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<i>dexamethasone oral tablet</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	
<i>fluticasone propionate nasal</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	1	ST; QL (2 EA per 1 day)
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral</i>	1	
INVELTYS (<i>loteprednol etabonate</i>)	3	
LOTEMAX SM (<i>loteprednol etabonate</i>)	3	
<i>mometasone furoate external</i>	1	
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)
<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</i>	1	
OMNARIS (<i>ciclesonide</i>)	3	QL (0.42 GM per 1 day)
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution</i>	1	
PROCTOFOAM HC (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc</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)
RYALTRIS (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
TOBRADEX ST (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin-dexamethasone</i>	1	
TRELEGY ELLIPTA (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
<i>wixela inhub</i>	1	ST; QL (2 EA per 1 day)
ZYLET (<i>loteprednol-tobramycin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
CEQUA (<i>cyclosporine</i>)	3	PA
RESTASIS (<i>cyclosporine</i>)	1	PA
RESTASIS MULTIDOSE (<i>cyclosporine</i>)	2	PA
XIIDRA (<i>lifitegrast</i>)	2	PA
EENT DRUGS, MISCELLANEOUS		
MIEBO (<i>perfluorohexyloctane</i>)	2	PA; QL (0.1 ML per 1 day)
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	
<i>ketorolac tromethamine oral</i>	1	QL (20 EA per 1 fill)
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)
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		
CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	QL (2 EA per 1 day)
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS (<i>linaclotide</i>)	2	ST; QL (1 EA per 1 day)
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO PEN (<i>vedolizumab</i>)	3	PA; SP; QL (0.05 ML per 1 day)
OMVOH INTRAVENOUS (<i>mirikizumab-mrkz</i>)	2	PA; SP; QL (45 ML 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMVOH SUBCUTANEOUS (<i>mirikizumab-mrkz</i>)	2	PA; SP; QL (0.08 ML per 1 day)
VELSIPITY (<i>etrasimod arginine</i>)	2	PA; SP; QL (1 EA per 1 day)
OPIOID ANTAGONISTS (56:18)		
SYMPROIC (<i>naldemedine tosylate</i>)	2	ST; QL (1 EA per 1 day)
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>)	3	
VIBERZI (<i>eluxadoline</i>)	3	PA; QL (2 EA per 1 day)
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
<i>olanzapine oral tablet</i>	1	QL (1 EA per 1 day)
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<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	
<i>mesalamine oral tablet delayed release</i>	1	
<i>sulfasalazine oral</i>	1	
ANTI-ULCER AGENTS AND ACID SUPPRESS., MISC - Drugs for Ulcers and Stomach Acid		
PYLERA (<i>bis subcit-metronid-tetracyc</i>)	3	
TALICIA (<i>amoxicill-rifabutin-omeprazole</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
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</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>gavilyte-n with flavor pack</i>	1	HCR
<i>na sulfate-k sulfate-mg sulf</i>	1	HCR
<i>peg 3350-kcl-na bicarb-nacl</i>	1	HCR
<i>peg-3350/electrolytes</i>	1	HCR
SUFLAVE (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	3	
SUPREP BOWEL PREP KIT (<i>na sulfate-k sulfate-mg sulf</i>)	3	
SUTAB (<i>sodium sulfate-mag sulfate-kcl</i>)	3	
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
BYLVAY (<i>odevixibat</i>)	3	PA; SP
BYLVAY (PELLETS) (<i>odevixibat</i>)	3	PA; SP
IQIRVO (<i>elafibranor</i>)	3	PA; SP; QL (1 EA per 1 day)
LIVDELZI (<i>seladelpar lysine</i>)	3	PA; SP; QL (1 EA per 1 day)
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		
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.03 ML per 1 day)
AVSOLA (<i>infliximab-axxq</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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYLVAY (<i>odevixibat</i>)	3	PA; SP
BYLVAY (PELLETS) (<i>odevixibat</i>)	3	PA; SP
CIMZIA (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
ENTYVIO PEN (<i>vedolizumab</i>)	3	PA; SP; QL (0.05 ML per 1 day)
INFLECTRA (<i>infliximab-dyyb</i>)	2	PA; SP
IQIRVO (<i>elafibranor</i>)	3	PA; SP; QL (1 EA per 1 day)
LINZESS (<i>linaclotide</i>)	2	ST; QL (1 EA per 1 day)
<i>lubiprostone</i>	1	QL (2 EA per 1 day)
OMVOH INTRAVENOUS (<i>mirikizumab-mrkz</i>)	2	PA; SP; QL (45 ML per 365 days)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>mirikizumab-mrkz</i>)	2	PA; SP; QL (0.08 ML per 1 day)
REBYOTA (<i>fecal microbiota, live-jslm</i>)	3	PA; SP
SIMPONI ARIA (<i>golimumab</i>)	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI INTRAVENOUS (<i>risankizumab-rzaa</i>)	2	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.05 ML per 1 day)
SYMPROIC (<i>naldemedine tosylate</i>)	2	ST; QL (1 EA per 1 day)
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	

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>famotidine oral tablet 20 mg, 40 mg</i>	1	
LIPOTROPIC AGENTS - Drugs for the Stomach		
<i>scopolamine</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
VARUBI (180 MG DOSE) (<i>rolapitant hcl</i>)	3	QL (0.15 EA per 1 day)
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK (<i>amoxicillin-vonoprazan</i>)	3	PA
VOQUEZNA TRIPLE PAK (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
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		
<i>dexlansoprazole</i>	1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release</i>	1	QL (2 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		
MELANOCORTIN RECEPTOR ANTAGONISTS		
VYLEESI (<i>bremelanotide acetate</i>)	3	PA; QL (8 ML per 30 days)
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR HFA (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
AIRSUPRA (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ala-cort</i>	1	
ARNUITY ELLIPTA (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>betamethasone dipropionate external</i>	1	
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	QL (2 EA per 1 day)
<i>breyna</i>	1	QL (0.35 GM 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>budesonide oral</i>	1	
<i>budesonide-formoterol fumarate</i>	1	QL (0.35 GM per 1 day)
CORTIFOAM (<i>hydrocortisone acetate</i>)	3	
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone acetate oral</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate nasal</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	1	ST; QL (2 EA per 1 day)
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone oral</i>	1	
<i>mometasone furoate external</i>	1	
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)
OMNARIS (<i>ciclesonide</i>)	3	QL (0.42 GM per 1 day)
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
PROCTOFOAM HC (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc</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)
QVAR REDHALER (<i>beclomethasone diprop hfa</i>)	2	QL (0.71 GM per 1 day)
RYALTRIS (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMBICORT (<i>budesonide-formoterol fumarate</i>)	3	QL (0.35 GM per 1 day)
TRELEGY ELLIPTA (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm</i>	1	
<i>wixela inhub</i>	1	ST; QL (2 EA 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		
<i>testosterone cypionate intramuscular</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral</i>	1	HCR
<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)
<i>testosterone cypionate intramuscular</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA
ANTITHYROID AGENTS - Drugs for the Thyroid		
<i>methimazole oral</i>	1	
BIGUANIDES - Drugs for Diabetes		
JANUMET (<i>sitagliptin phos-metformin hcl</i>)	2	
JANUMET XR (<i>sitagliptin phos-metformin hcl</i>)	2	
JENTADUETO (<i>linagliptin-metformin hcl</i>)	2	
JENTADUETO XR (<i>linagliptin-metformin hcl</i>)	2	
<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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>)	2	
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>)	2	
XIGDUO XR (<i>dapagliflozin prop-metformin</i>)	2	
CONTRACEPTIVES - Drugs for Women		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>apri</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>levonorgestrel-ethinyl estradiol</i>)	3	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>camila</i>	1	HCR
<i>chateal eq</i>	1	HCR
<i>cyred eq</i>	1	HCR
<i>deblitane</i>	1	HCR
<i>delyla</i>	1	HCR
<i>drospirenone-ethinyl estradiol</i>	1	HCR
<i>emzahh</i>	1	HCR
<i>enskyce</i>	1	HCR
<i>errin</i>	1	HCR
<i>estarylla</i>	1	HCR
<i>falmina</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

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>heather</i>	1	HCR
<i>incassia</i>	1	HCR
<i>isibloom</i>	1	HCR
<i>jasmiel</i>	1	HCR
<i>jencycla</i>	1	HCR
<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
<i>lessina</i>	1	HCR
<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>loryna</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 fe 1.5/30</i>	1	HCR
<i>microgestin fe 1/20</i>	1	HCR
<i>mili</i>	1	HCR
<i>mono-lyyah</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATAZIA (<i>estradiol valerate-dienogest</i>)	2	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 acet-ethinyl est</i>	1	HCR
<i>norethindrone oral</i>	1	HCR
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR
<i>norlyroc</i>	1	HCR
<i>ocella</i>	1	HCR
<i>portia-28</i>	1	HCR
<i>reclipsen</i>	1	HCR
<i>sharobel</i>	1	HCR
<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 eq</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-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>vylibra</i>	1	HCR
<i>zumandimine</i>	1	HCR
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
GLYXAMBI (<i>empagliflozin-linagliptin</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
JANUMET (<i>sitagliptin phos-metformin hcl</i>)	2	
JANUMET XR (<i>sitagliptin phos-metformin hcl</i>)	2	
JANUVIA (<i>sitagliptin phosphate</i>)	2	
JENTADUETO (<i>linagliptin-metformin hcl</i>)	2	
JENTADUETO XR (<i>linagliptin-metformin hcl</i>)	2	
TRADJENTA (<i>linagliptin</i>)	2	
TRIJARDY XR (<i>empagliflozin-linaglip-metform</i>)	2	
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>apri</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
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>chateal eq</i>	1	HCR
CLIMARA PRO (<i>estradiol-levonorgestrel</i>)	2	
<i>cyred eq</i>	1	HCR
<i>delyla</i>	1	HCR
DIVIGEL (<i>estradiol</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

Effective 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dotti</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	HCR
DUAVEE (<i>conj estrogens-bazedoxifene</i>)	2	
ELESTRIN (<i>estradiol</i>)	3	
<i>enskyce</i>	1	HCR
<i>estarylla</i>	1	HCR
<i>estradiol oral</i>	1	
<i>estradiol transdermal</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>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
IMVEXXY MAINTENANCE PACK (<i>estradiol</i>)	2	
IMVEXXY STARTER PACK (<i>estradiol</i>)	2	
<i>isibloom</i>	1	HCR
<i>jasmiel</i>	1	HCR
<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 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lessina</i>	1	HCR
<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>loryna</i>	1	HCR
<i>lo-zumandimine</i>	1	HCR
<i>lutera</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 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>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 oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR
<i>ocella</i>	1	HCR
ORIAHNN (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 EA per 1 day)
<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>sprintec 28</i>	1	HCR
<i>sronyx</i>	1	HCR
<i>syeda</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 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tarina 24 fe</i>	1	HCR
<i>tarina fe 1/20 eq</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-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>vylibra</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</i>)	2	PA; SP; QL (1 EA per 250 days)
TRIPTODUR (<i>triptorelin pamoate</i>)	2	PA; SP; QL (0.006 EA per 1 day)

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Effective 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCRETIN MIMETICS - Drugs for Diabetes		
MOUNJARO (<i>tirzepatide</i>)	2	PA; QL (0.08 ML per 1 day)
OZEMPIC (<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	
TRULICITY (<i>dulaglutide</i>)	2	PA; QL (0.08 ML per 1 day)
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 FLEXPEN RELION (<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 FLEXPEN RELION (<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	
SOLIQUA (<i>insulin glargine-lixisenatide</i>)	2	
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>)	2	
TOUJEO SOLOSTAR (<i>insulin glargine</i>)	2	
PARATHYROID AGENTS - Drugs for Bones		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; SP
TYMLOS (<i>abaloparatide</i>)	2	PA; SP
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML (<i>palopegteriparatide</i>)	3	PA; SP; QL (0.04 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML (<i>palopegteriparatide</i>)	3	PA; SP; QL (0.07 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML (<i>palopegteriparatide</i>)	3	PA; SP; QL (0.1 ML per 1 day)
PITUITARY - Hormones		
ACTHAR (<i>corticotropin</i>)	2	PA; SP
ACTHAR GEL (<i>corticotropin</i>)	2	PA; SP
CORTROPHIN (<i>corticotropin</i>)	2	PA; SP
<i>desmopressin acetate oral</i>	1	
NGENLA (<i>somatrogon-ghla</i>)	3	PA; SP
NOCDURNA (<i>desmopressin acetate</i>)	3	PA
NORDITROPIN FLEXPRO (<i>somatropin</i>)	2	PA; SP
NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>)	3	PA; SP
NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>)	3	PA; SP
NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>)	3	PA; SP
OMNITROPE (<i>somatropin</i>)	2	PA; SP
SKYTROFA (<i>lonapegsomatropin-tcgd</i>)	3	PA; SP
PROGESTINS - Drugs for Women		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>apri</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
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>camila</i>	1	HCR
<i>chateal eq</i>	1	HCR
CLIMARA PRO (<i>estradiol-levonorgestrel</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyred eq</i>	1	HCR
<i>deblitane</i>	1	HCR
<i>delyla</i>	1	HCR
<i>drospirenone-ethinyl estradiol</i>	1	HCR
<i>emzahh</i>	1	HCR
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>gallifrey</i>	1	
<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>incassia</i>	1	HCR
<i>isibloom</i>	1	HCR
<i>jasmiel</i>	1	HCR
<i>jencycla</i>	1	HCR
<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

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Effective 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lessina</i>	1	HCR
<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>loryna</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>medroxyprogesterone acetate oral</i>	1	
<i>microgestin 1.5/30</i>	1	HCR
<i>microgestin 1/20</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>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 oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR
<i>norlyroc</i>	1	HCR
<i>ocella</i>	1	HCR
ORIAHNN (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 EA per 1 day)
<i>portia-28</i>	1	HCR
PREMPHASE (<i>conj estrog-medroxyprogest ace</i>)	2	
PREMPRO (<i>conj estrog-medroxyprogest ace</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

Effective 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>progesterone intramuscular</i>	1	PA
<i>progesterone oral</i>	1	
<i>reclipsen</i>	1	HCR
<i>sharobel</i>	1	HCR
<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 eq</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-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>vylibra</i>	1	HCR
<i>zumandimine</i>	1	HCR
RAPID-ACTING INSULINS - Drugs for Diabetes		
FIASP (<i>insulin aspart (w/niacinamide)</i>)	2	
FIASP FLEXTOUCH (<i>insulin aspart (w/niacinamide)</i>)	2	
FIASP PENFILL (<i>insulin aspart (w/niacinamide)</i>)	2	
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 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYUMJEV VIAL (<i>insulin lispro-aabc</i>)	3	PA
NOVOLOG FLEXPEN (<i>insulin aspart</i>)	2	
NOVOLOG FLEXPEN RELION (<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 FLEXPEN RELION (<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	
NOVOLIN R FLEXPEN RELION (<i>insulin regular human</i>)	2	
NOVOLIN R VIAL (<i>insulin regular human</i>)	2	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
FARXIGA (<i>dapagliflozin propanediol</i>)	2	
GLYXAMBI (<i>empagliflozin-linagliptin</i>)	2	
JARDIANCE (<i>empagliflozin</i>)	2	
SYNJARDY (<i>empagliflozin-metformin hcl</i>)	2	
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>)	2	
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>)	2	
XIGDUO XR (<i>dapagliflozin prop-metformin</i>)	2	
SOMATOSTATIN AGONISTS - Hormones		
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	3	PA; SP
SOMATOTROPIN AGONISTS - Hormones		
NORDITROPIN FLEXPEN (<i>somatropin</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 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>)	3	PA; SP
NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>)	3	PA; SP
NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>)	3	PA; SP
OMNITROPE (<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>glyburide oral</i>	1	
THIAZOLIDINEDIONES - Drugs for Diabetes		
<i>pioglitazone hcl</i>	1	
THYROID AGENTS - Drugs for the Thyroid		
ADTHYZA (<i>thyroid</i>)	3	
ARMOUR THYROID (<i>thyroid</i>)	3	
ERMEZA (<i>levothyroxine sodium</i>)	3	
<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	
NIVA THYROID	3	
SYNTHROID (<i>levothyroxine sodium</i>)	2	
TIROSINT (<i>levothyroxine sodium</i>)	3	
TIROSINT-SOL (<i>levothyroxine sodium</i>)	3	
<i>unithroid</i>	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	2	PA; SP; QL (0.43 ML 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)

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 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SP; QL (0.43 ML per 1 day)
ANTIMETABOLITES		
MAVENCLAD (<i>cladribine</i>)	3	PA; SP; QL (20 day supply per 999 days)
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
<i>azathioprine oral</i>	1	
<i>mycophenolate mofetil oral capsule</i>	1	
BONE-MODIFYING AGENTS		
PROLIA (<i>denosumab</i>)	2	PA; SP; QL (180 day supply per 1 fill)
CALCINEURIN INHIBITORS, MISC (90:28)		
CEQUA (<i>cyclosporine</i>)	3	PA
RESTASIS (<i>cyclosporine</i>)	1	PA
RESTASIS MULTIDOSE (<i>cyclosporine</i>)	2	PA
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral</i>	1	
COMPLEMENT INHIBITOR AGENTS (90:20)		
FABHALTA (<i>iptacopan hcl</i>)	3	PA; SP; QL (2 EA per 1 day)
SOLIRIS (<i>eculizumab</i>)	3	PA; SP
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO PEN (<i>vedolizumab</i>)	3	PA; SP; QL (0.05 ML per 1 day)
ORENCIA CLICKJECT (<i>abatacept</i>)	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS (<i>abatacept</i>)	3	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; SP; QL (0.1 ML per 1 day)
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AVSOLA (<i>infliximab-axxq</i>)	2	PA; SP
CIMZIA (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 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
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
hydroxychloroquine sulfate oral	1	
INFLECTRA (<i>infliximab-dyyb</i>)	2	PA; SP
JYLAMVO (<i>methotrexate</i>)	3	PA
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (0.84 ML per 28 days)
sulfasalazine oral	1	
TREMFYA INTRAVENOUS (<i>guselkumab</i>)	2	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	2	PA; SP; QL (0.08 ML per 1 day)
TREXALL (<i>methotrexate sodium</i>)	3	
FUMARATES		
BAFIERTAM (<i>monomethyl fumarate</i>)	2	PA; SP; QL (4 EA per 1 day)
dimethyl fumarate oral	1	PA; SP; QL (2 EA per 1 day)
VUMERITY (<i>diroximel fumarate</i>)	2	PA; SP; QL (4 EA per 1 day)
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA (<i>belimumab</i>)	3	PA; SP
INTERFERONS		
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)
BETASERON (<i>interferon beta-1b</i>)	2	PA; SP; QL (0.5 EA per 1 day)
INTERLEUKIN INHIBITOR AGENTS, MISC		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	2	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	2	PA; SP; QL (0.3 ML 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
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	2	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	2	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>omalizumab</i>)	2	PA; SP
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN (<i>tocilizumab</i>)	3	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS (<i>tocilizumab</i>)	3	PA; SP
ACTEMRA SUBCUTANEOUS (<i>tocilizumab</i>)	3	PA; SP; QL (0.13 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ixekizumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML (<i>ixekizumab</i>)	2	PA; SP; QL (0.01 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML (<i>ixekizumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
WEZLANA INTRAVENOUS (<i>ustekinumab-auub (iv)</i>)	2	PA; SP
WEZLANA SUBCUTANEOUS SOLUTION (<i>ustekinumab-auub</i>)	2	PA; SP; QL (0.009 ML per 1 day)
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab-auub</i>)	2	PA; SP; QL (0.009 ML per 1 day)
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab-auub</i>)	2	PA; SP; QL (0.02 ML per 1 day)
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO (<i>abrocitinib</i>)	2	PA; SP; QL (1 EA per 1 day)
OLUMIANT (<i>baricitinib</i>)	3	PA; SP; QL (1 EA per 1 day)
RINVOQ (<i>upadacitinib</i>)	2	PA; SP; QL (1 EA per 1 day)
RINVOQ LQ (<i>upadacitinib</i>)	2	PA; SP; QL (12 ML 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
XELJANZ ORAL SOLUTION (<i>tofacitinib citrate</i>)	2	PA; SP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET (<i>tofacitinib citrate</i>)	2	PA; SP; QL (2 EA per 1 day)
XELJANZ XR (<i>tofacitinib citrate</i>)	2	PA; SP; QL (1 EA per 1 day)
MONOCARBOXYLIC ACID AMIDE AGENTS		
<i>leflunomide oral</i>	1	
NEONATAL FC RECEPTOR BLOCKERS		
VYVGART (<i>efgartigimod alfa-fcab</i>)	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION (<i>efgartigimod alfa-hyalur-qvfc</i>)	3	PA; SP
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET (<i>apremilast</i>)	2	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (<i>apremilast</i>)	2	PA; SP; QL (55 EA per 365 days)
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
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 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SP; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SP; QL (14 EA per 365 days)
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.03 ML per 1 day)
AVSOLA (<i>infliximab-axxq</i>)	2	PA; SP
CIMZIA (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 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
ENBREL (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL MINI (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
INFLECTRA (<i>infliximab-dyyb</i>)	2	PA; SP
SIMPONI ARIA (<i>golimumab</i>)	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride oral</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence		
<i>dutasteride oral</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>naltrexone hcl oral</i>	1	
VIVITROL (<i>naltrexone</i>)	3	SP
ANTIDOTES (92:12) - 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	
VIVITROL (<i>naltrexone</i>)	3	SP
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>colchicine oral tablet</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>naproxen oral tablet</i>	1	
ANTISENSE OLIGONUCLEOTIDES		
SODIUM OXYBATE	3	PA; SP; QL (18 ML per 1 day)
WAINUA (<i>eplontersen sodium</i>)	3	PA; SP; QL (0.03 ML per 1 day)
BONE ANABOLIC AGENTS		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	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</i>	1	
<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 1 fill)
<i>yuvafem</i>	1	
COMPLEMENT INHIBITORS		
EMPAVELI (<i>pegcetacoplan</i>)	3	PA; SP
FABHALTA (<i>iptacopan hcl</i>)	3	PA; SP; QL (2 EA per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP; QL (0.9 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP; QL (0.6 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
ULTOMIRIS (<i>ravulizumab-cwvz</i>)	3	PA; SP
VOYDEYA (<i>danicopan</i>)	3	PA; SP; QL (6 EA per 1 day)
COMPLEMENT INHIBITORS (92:32)		
EMPAVELI (<i>pegcetacoplan</i>)	3	PA; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP; QL (0.9 EA per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP; QL (0.6 EA per 1 day)
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; QL (0.15 ML per 1 day)
ULTOMIRIS (<i>ravulizumab-cwvz</i>)	3	PA; SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN (<i>tocilizumab</i>)	3	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS (<i>tocilizumab</i>)	3	PA; SP
ACTEMRA SUBCUTANEOUS (<i>tocilizumab</i>)	3	PA; SP; QL (0.13 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.03 ML per 1 day)
AVSOLA (<i>infliximab-axxq</i>)	2	PA; SP
<i>azathioprine oral</i>	1	
CIBINQO (<i>abrocitinib</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
CIMZIA (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
DEPEN TITRATABS (<i>penicillamine</i>)	2	SP
ENBREL (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL MINI (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
<i>hydroxychloroquine sulfate oral</i>	1	
INFLECTRA (<i>infliximab-dyyb</i>)	2	PA; SP
JYLAMVO (<i>methotrexate</i>)	3	PA
<i>leflunomide oral</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral</i>	1	
OLUMIANT (<i>baricitinib</i>)	3	PA; SP; QL (1 EA per 1 day)
ORENCIA CLICKJECT (<i>abatacept</i>)	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS (<i>abatacept</i>)	3	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; SP; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; SP; QL (55 EA per 365 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (0.84 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (1.12 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (1.68 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (1.96 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (2.24 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (2.52 ML per 28 days)
RINVOQ (<i>upadacitinib</i>)	2	PA; SP; QL (1 EA per 1 day)
SIMPONI ARIA (<i>golimumab</i>)	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
<i>sulfasalazine oral</i>	1	
TREXALL (<i>methotrexate sodium</i>)	3	
XELJANZ ORAL SOLUTION (<i>tofacitinib citrate</i>)	2	PA; SP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET (<i>tofacitinib citrate</i>)	2	PA; SP; QL (2 EA per 1 day)
XELJANZ XR (<i>tofacitinib citrate</i>)	2	PA; SP; QL (1 EA per 1 day)
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN (<i>tocilizumab</i>)	3	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS (<i>tocilizumab</i>)	3	PA; SP
ACTEMRA SUBCUTANEOUS (<i>tocilizumab</i>)	3	PA; SP; QL (0.13 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML 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
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.03 ML 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	
BAFIERTAM (<i>monomethyl fumarate</i>)	2	PA; SP; QL (4 EA per 1 day)
BESREMI (<i>ropeginterferon alfa-2b-njft</i>)	3	PA; SP
BETASERON (<i>interferon beta-1b</i>)	2	PA; SP; QL (0.5 EA per 1 day)
CIMZIA (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA 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>dimethyl fumarate oral</i>	1	PA; SP; QL (2 EA per 1 day)
ENBREL (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL MINI (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML 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)
<i>hydroxychloroquine sulfate oral</i>	1	
INFLECTRA (<i>infliximab-dyyb</i>)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JYLAMVO (<i>methotrexate</i>)	3	PA
KESIMPTA (<i>ofatumumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
<i>leflunomide oral</i>	1	
<i>lenalidomide</i>	1	PA; SP
MAVENCLAD (<i>cladribine</i>)	3	PA; SP; QL (20 day supply per 999 days)
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 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SP; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SP; QL (14 EA per 365 days)
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral</i>	1	
ORENCIA CLICKJECT (<i>abatacept</i>)	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS (<i>abatacept</i>)	3	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; SP; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET (<i>apremilast</i>)	2	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (<i>apremilast</i>)	2	PA; SP; QL (55 EA per 365 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG (<i>pomalidomide</i>)	3	PA; SP; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG (<i>pomalidomide</i>)	3	PA; SP
REVLIMID (<i>lenalidomide</i>)	2	PA; SP
SIMPONI ARIA (<i>golimumab</i>)	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML 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
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
<i>sulfasalazine oral</i>	1	
TREXALL (<i>methotrexate sodium</i>)	3	
VELSIPITY (<i>etrasimod arginine</i>)	2	PA; SP; QL (1 EA per 1 day)
VUMERITY (<i>diroximel fumarate</i>)	2	PA; SP; QL (4 EA per 1 day)
VYVGART (<i>efgartigimod alfa-fcab</i>)	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION (<i>efgartigimod alfa-hyalur-qvfc</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 (56 EA per 365 days)
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
<i>azathioprine oral</i>	1	
BENLYSTA (<i>belimumab</i>)	3	PA; SP
JYLAMVO (<i>methotrexate</i>)	3	PA
<i>leflunomide oral</i>	1	
MAVENCLAD (<i>cladribine</i>)	3	PA; SP; QL (20 day supply per 999 days)
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral</i>	1	
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
MYHIBBIN (<i>mycophenolate mofetil</i>)	3	
<i>pimecrolimus</i>	1	ST; QL (2 GM per 1 day)
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral</i>	1	
TREXALL (<i>methotrexate sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALLIKREIN INHIBITORS		
ORLADEYO (<i>berotralstat hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>Ianadelumab-flyo</i>)	3	PA; SP; QL (0.15 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>Ianadelumab-flyo</i>)	3	PA; SP; QL (0.08 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>Ianadelumab-flyo</i>)	3	PA; SP; QL (0.15 ML per 1 day)
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
CERDELGA (<i>eliglustat tartrate</i>)	3	PA; SP
<i>dalfampridine er</i>	1	PA; SP; QL (2 EA per 1 day)
DUROLANE (<i>sodium hyaluronate (viscosup)</i>)	2	PA
DYSPORE (<i>abobotulinumtoxinA</i>)	2	PA
ENDARI (<i>glutamine (sickle cell)</i>)	3	PA
EUFLEXXA (<i>sodium hyaluronate (viscosup)</i>)	2	PA
GELSYN-3 (<i>sodium hyaluronate (viscosup)</i>)	2	PA
MYOBLOC (<i>rimabotulinumtoxinB</i>)	2	PA
ORFADIN (<i>nitisinone</i>)	3	PA; SP
PREZCOBIX (<i>darunavir-cobicistat</i>)	2	
REBYOTA (<i>fecal microbiota, live-jslm</i>)	3	PA; SP
SYM TUZA (<i>darun-cobic-emtricit-tenofaf</i>)	3	
THIOLA (<i>tiopronin</i>)	3	SP
THIOLA EC (<i>tiopronin</i>)	3	SP
XEOMIN (<i>incobotulinumtoxinA</i>)	2	PA
PROTECTIVE AGENTS		
<i>adapalene-benzoyl peroxide external gel</i>	1	
<i>dalfampridine er</i>	1	PA; SP; QL (2 EA per 1 day)
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>)	3	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
AUVI-Q (<i>epinephrine</i>)	3	
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK (<i>epinephrine</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 inhalation</i>	1	QL (10.42 ML per 1 day)
<i>ipratropium bromide nasal</i>	1	
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
SPIRIVA HANDIHALER (<i>tiotropium bromide monohydrate</i>)	1	QL (1 EA per 1 day)
SPIRIVA RESPIMAT (<i>tiotropium bromide monohydrate</i>)	2	QL (0.14 GM per 1 day)
YUPELRI (<i>revefenacin</i>)	3	QL (3 ML per 1 day)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
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 PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>mepolizumab</i>)	2	PA; SP; QL (0.11 EA per 1 day)
ANTITUSSIVES - Drugs for Cough and Cold		
<i>benzonatate</i>	1	
<i>bromphen-pseudoeph-dm</i>	1	
<i>promethazine-dm</i>	1	
<i>pseudoephedrine-bromphen-dm</i>	1	
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
ADVAIR HFA (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
AIRSUPRA (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
ARNUIITY ELLIPTA (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	QL (2 EA per 1 day)
<i>budesonide inhalation</i>	1	QL (4 ML per 1 day)
DYMISTA (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionate nasal</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	1	ST; QL (2 EA per 1 day)
<i>mometasone furoate external</i>	1	
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)
OMNARIS (<i>ciclesonide</i>)	3	QL (0.42 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)
QVAR REDHALER (<i>beclomethasone diprop hfa</i>)	2	QL (0.71 GM per 1 day)
RYALTRIS (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
TRELEGY ELLIPTA (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
<i>wixela inhub</i>	1	ST; QL (2 EA per 1 day)
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
TRIKAFTA ORAL TABLET THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; SP; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; SP; QL (2 EA per 1 day)
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
TRIKAFTA ORAL TABLET THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; SP; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; SP; QL (2 EA per 1 day)
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
OPSUMIT (<i>macitentan</i>)	2	PA; SP; QL (1 EA per 1 day)
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
<i>cyproheptadine hcl oral tablet</i>	1	
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet</i>	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; SP; QL (0.17 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FASENRA PEN (<i>benralizumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>benralizumab</i>)	2	PA; SP; QL (0.01 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
TEZSPIRE (<i>tezepelumab-ekko</i>)	2	PA; SP; QL (0.07 ML per 1 day)
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>fluticasone propionate nasal</i>	1	
<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)
RYALTRIS (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
ARNUIITY ELLIPTA (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>budesonide inhalation</i>	1	QL (4 ML per 1 day)
QVAR REDHALER (<i>beclomethasone diprop hfa</i>)	2	QL (0.71 GM per 1 day)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	2	ST
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	2	PA
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (8 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	QL (30 EA per 30 days)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
ORENITRAM (<i>treprostinil diolamine</i>)	3	PA; SP
ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>)	3	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 2 (<i>treprostinil diolamine</i>)	3	PA; SP; QL (672 EA per 365 days)
ORENITRAM MONTH 3 (<i>treprostinil diolamine</i>)	3	PA; SP; QL (504 EA per 365 days)
<i>treprostinil</i>	1	PA; SP
TYVASO (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT (<i>treprostinil</i>)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT (<i>treprostinil</i>)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT (<i>treprostinil</i>)	3	PA; SP; QL (2 EA per 365 days)
TYVASO REFILL KIT (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
TEZSPIRE (<i>tezepelumab-ekko</i>)	2	PA; SP; QL (0.07 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	2	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	2	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	2	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	2	PA; SP; QL (0.3 ML 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
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (<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</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		
AIRSUPRA (<i>albuterol-budesonide</i>)	2	QL (1.1 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 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)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	QL (5 EA per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	2	QL (5 ML per 1 day)
PERFOROMIST (<i>formoterol fumarate</i>)	3	QL (4 ML per 1 day)
SEREVENT DISKUS (<i>salmeterol xinafoate</i>)	2	QL (2 EA 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
ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>)	3	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 2 (<i>treprostinil diolamine</i>)	3	PA; SP; QL (672 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM MONTH 3 (<i>treprostinil diolamine</i>)	3	PA; SP; QL (504 EA per 365 days)
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; SP; QL (7.5 ML per 1 day)
<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>treprostinil</i>	1	PA; SP
TYVASO (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT (<i>treprostinil</i>)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT (<i>treprostinil</i>)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT (<i>treprostinil</i>)	3	PA; SP; QL (2 EA per 365 days)
TYVASO REFILL KIT (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS (<i>riociguat</i>)	2	PA; SP; QL (90 EA per 30 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
<i>fluorouracil external cream</i>	1	
<i>imiquimod external cream 3.75 %</i>	1	ST
<i>imiquimod external cream 5 %</i>	1	
<i>imiquimod pump</i>	1	ST
KLISYRI (250 MG) (<i>tirbanibulin</i>)	3	ST
KLISYRI (350 MG) (<i>tirbanibulin</i>)	3	ST
PANRETIN (<i>alitretinoin</i>)	3	
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
<i>brimonidine tartrate ophthalmic</i>	1	
<i>brimonidine tartrate-timolol</i>	1	
MIRVASO (<i>brimonidine tartrate</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
ANTIBACTERIALS (84:04) - Drugs for the Skin		
AMZEEQ (<i>minocycline hcl micronized</i>)	3	
<i>azelaic acid external</i>	1	
<i>clindacin etz external swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE (<i>clindamycin phosphate (1 dose)</i>)	3	
<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	
FINACEA EXTERNAL FOAM (<i>azelaic acid</i>)	3	
<i>levofloxacin oral tablet</i>	1	
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>mupirocin external</i>	1	
<i>neuac</i>	1	
ONEXTON (<i>clindamycin phos-benzoyl perox</i>)	1	
<i>polymyxin b-trimethoprim</i>	1	
XACIATO (<i>clindamycin phosphate</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
VTAMA (<i>tapinarof</i>)	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
<i>doxepin hcl oral capsule</i>	1	
<i>doxepin hcl oral tablet</i>	1	QL (1 EA per 1 day)
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PROCTOFOAM HC (<i>hydrocortisone ace-pramoxine</i>)	2	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>acyclovir external ointment</i>	1	QL (1 GM per 1 day)
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral tablet</i>	1	
YCANTH (<i>cantharidin</i>)	3	PA
ASTRINGENTS (84:12) - Drugs for the Skin		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	QL (4 EA per 1 day)
QBREXZA (<i>glycopyrronium tosylate</i>)	3	QL (1 EA per 1 day)
SOFDRA (<i>sofipirionium bromide</i>)	3	QL (1.4 ML per 1 day)
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
<i>chlorhexidine gluconate mouththroat</i>	1	
<i>periogard</i>	1	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>clotrimazole external cream</i>	1	
<i>clotrimazole mouththroat</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		
ENSTILAR (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
<i>hydrocortisone external cream 1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANTYL (<i>collagenase</i>)	3	QL (3 GM per 1 day)
TACLONEX (<i>calcipotriene-betameth diprop</i>)	3	QL (4 GM per 1 day)
VTAMA (<i>tapinarof</i>)	2	PA
WYNZORA (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
<i>finasteride oral tablet 5 mg</i>	1	
<i>minoxidil oral</i>	1	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	3	PA
<i>tretinoin external</i>	1	
TWYNEO (<i>tretinoin-benzoyl peroxide</i>)	3	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ala-cort</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
<i>clodan</i>	1	
<i>clotrimazole-betamethasone external cream</i>	1	
CORTIFOAM (<i>hydrocortisone acetate</i>)	3	
<i>desonide external cream</i>	1	
<i>desonide external ointment</i>	1	
ENSTILAR (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
<i>fluocinonide external cream</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>fluticasone propionate external cream</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>hydrocortisone oral</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone furoate external</i>	1	
PROCTOFOAM HC (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc</i>	1	
TACLONEX (<i>calcipotriene-betameth diprop</i>)	3	QL (4 GM per 1 day)
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</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	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY (<i>tralokinumab-ldrm</i>)	2	PA; SP; QL (0.15 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	3	PA; SP; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (<i>bimekizumab-bkzx</i>)	3	PA; SP; QL (0.08 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	3	PA; SP; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (<i>bimekizumab-bkzx</i>)	3	PA; SP; QL (0.08 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	2	PA; SP; QL (0.29 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)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	2	PA; SP; QL (0.29 ML per 1 day)
EBGLYSS (<i>lebrikizumab-lbkz</i>)	2	PA; SP; QL (0.15 ML per 1 day)
<i>pimecrolimus</i>	1	ST; QL (2 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI PEN (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.02 ML per 1 day)
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral</i>	1	
TREMFYA INTRAVENOUS (<i>guselkumab</i>)	2	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	2	PA; SP; QL (0.08 ML per 1 day)
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
CIBINQO (<i>abrocitinib</i>)	2	PA; SP; QL (1 EA per 1 day)
LITFULO (<i>ritlecitinib tosylate</i>)	3	PA; SP; QL (1 EA per 1 day)
OPZELURA (<i>ruxolitinib phosphate</i>)	2	ST; QL (3.34 GM per 1 day)
SOTYKTU (<i>deucravacitinib</i>)	2	PA; SP; QL (1 EA per 1 day)
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	2	ST
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	2	PA
KERATOLYTIC AGENTS - Drugs for the Skin		
ABSORICA LD (<i>isotretinoin micronized</i>)	3	PA
<i>acutane</i>	1	
<i>adapalene-benzoyl peroxide external gel</i>	1	
AKLIEF (<i>trifarotene</i>)	3	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>claravis</i>	1	
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>)	3	
<i>isotretinoin oral</i>	1	
YCANTH (<i>cantharidin</i>)	3	PA
<i>zenatane</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 %, 1.2-5 %</i>	1	
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neuac</i>	1	
ONEXTON (<i>clindamycin phos-benzoyl perox</i>)	1	
<i>perio gard</i>	1	
TWYNEO (<i>tretinoin-benzoyl peroxide</i>)	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
<i>diclofenac sodium external gel 1 %</i>	1	QL (33.33 GM per 1 day)
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
EUCRISA (<i>crisaborole</i>)	2	ST
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	2	ST
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	2	PA
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>klayesta</i>	1	
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystop</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	
<i>adapalene-benzoyl peroxide external gel</i>	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tralokinumab-ldrm</i>)	2	PA; SP; QL (0.15 ML per 1 day)
AKLIEF (<i>trifarotene</i>)	3	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AVSOLA (<i>infliximab-axxq</i>)	2	PA; SP
<i>azelaic acid external</i>	1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	3	PA; SP; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	3	PA; SP; QL (0.04 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIBINQO (<i>abrocitinib</i>)	2	PA; SP; QL (1 EA per 1 day)
<i>claravis</i>	1	
<i>diclofenac sodium external gel 1 %</i>	1	QL (33.33 GM per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-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)
ENDARI (<i>glutamine (sickle cell)</i>)	3	PA
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	
<i>fluorouracil external cream</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	
KLISYRI (250 MG) (<i>tirbanibulin</i>)	3	ST
KLISYRI (350 MG) (<i>tirbanibulin</i>)	3	ST
LITFULO (<i>ritlecitinib tosylate</i>)	3	PA; SP; QL (1 EA per 1 day)
MIRVASO (<i>brimonidine tartrate</i>)	2	
OPZELURA (<i>ruxolitinib phosphate</i>)	2	ST; QL (3.34 GM per 1 day)
OTEZLA ORAL TABLET (<i>apremilast</i>)	2	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (<i>apremilast</i>)	2	PA; SP; QL (55 EA per 365 days)
PANRETIN (<i>alitretinoin</i>)	3	
<i>pimecrolimus</i>	1	ST; QL (2 GM per 1 day)
QBREXZA (<i>glycopyrronium tosylate</i>)	3	QL (1 EA per 1 day)
SANTYL (<i>collagenase</i>)	3	QL (3 GM per 1 day)
SKYRIZI PEN (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SOTYKTU (<i>deucravacitinib</i>)	2	PA; SP; QL (1 EA per 1 day)

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TACLONEX (<i>calcipotriene-betameth diprop</i>)	3	QL (4 GM per 1 day)
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ixekizumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
VTAMA (<i>tapinarof</i>)	2	PA
WYNZORA (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
<i>zenatane</i>	1	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	2	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 suspension reconstituted</i>	1	PA; SP; QL (7.5 ML per 1 day)
<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		
<i>mirabegron er</i>	1	
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	

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 07/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</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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