

# 2024 Abridged Basic Formulary – HMO

Effective July 1, 2024



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



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

Visit **welcome.optumrx.com/calpers** to:

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

**Anthem Blue Cross  
(HMO Select & HMO Traditional)  
Health Net HMO  
Sharp Health Plan HMO  
UnitedHealthcare HMO  
Western Health Advantage HMO**

The formulary is subject to change and all previous versions of the formulary are no longer in effect.

Last Updated July 1, 2024

# Understanding your formulary

## What is a formulary?

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

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

## How do I use my formulary?

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

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

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

## What are tiers?

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

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

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

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

## When does the formulary change?

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

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



## About this formulary

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

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

## Why are some medications excluded from coverage?

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

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

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

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

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

# Medication tips

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

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

## What if my doctor writes a brand-name prescription?

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

## What if I am taking a specialty medication?

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



### Over-the-counter medications (OTC)

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

# Definitions

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

# Reading your formulary

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

## Tier information

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

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

## Drug list information

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

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

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

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



# CalPERS

## Table of Contents

Informational Section.....	1
ANTI-HISTAMINE DRUGS - Drugs for Allergy.....	6
ANTI-INFECTIVE AGENTS - Drugs for Infections.....	6
ANTI-NEOPLASTIC AGENTS - Drugs for Cancer.....	11
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM.....	14
AUTONOMIC DRUGS.....	14
AUTONOMIC DRUGS - Drugs for the Nervous System.....	14
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood.....	17
CARDIOVASCULAR DRUGS.....	19
CARDIOVASCULAR DRUGS - Drugs for the Heart.....	19
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System.....	27
DEVICES - Medical Supplies and Durable Medical Equipment.....	39
DIAGNOSTIC AGENTS.....	40
ELECTROLYTIC, CALORIC, AND WATER BALANCE.....	40
ENZYMES.....	41
EYE, EAR, NOSE AND THROAT (EENT) PREPS.....	42
GASTROINTESTINAL DRUGS - Drugs for the Stomach.....	44
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron.....	49
HORMONES AND SYNTHETIC SUBSTITUTES.....	49
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones.....	49
IMMUNOMODULATORY AGENT.....	67
LOOP DIURETICS.....	67
MISCELLANEOUS THERAPEUTIC AGENTS.....	67
POTASSIUM-SPARING DIURETICS.....	77
RESPIRATORY TRACT AGENTS - Drugs for the Lungs.....	77
SKIN AND MUCOUS MEMBRANE AGENTS.....	81
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin.....	82
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles.....	87
THIAZIDE DIURETICS.....	87
THIAZIDE-LIKE DIURETICS.....	87
VITAMINS.....	87

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIHISTAMINE DRUGS - Drugs for Allergy</b>		
<b>ANTIHISTAMINE DRUGS - Drugs for Allergy</b>		
<i>promethazine hcl oral tablet 25 mg</i>	1	
<b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy</b>		
<i>cyproheptadine hcl oral tablet</i>	1	
<b>FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy</b>		
<i>cyproheptadine hcl oral tablet</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>meclizine hcl oral tablet</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine-dm</i>	1	
<i>pseudoephedrine-bromphen-dm</i>	1	
<b>OTHER ANTIHISTAMINES - Drugs for Allergy</b>		
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
RYALTRIS ( <i>olopatadine-mometasone</i> )	3	QL (1 GM per 1 day)
<b>PHENOTHIAZINE DERIVATIVES - Drugs for Allergy</b>		
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine-dm</i>	1	
<b>PROPYLAMINE DERIVATIVES - Drugs for Allergy</b>		
<i>pseudoephedrine-bromphen-dm</i>	1	
<b>SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy</b>		
<i>cetirizine hcl oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	
<b>ANTI-INFECTIVE AGENTS - Drugs for Infections</b>		
<b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics</b>		
<i>cefadroxil oral capsule</i>	1	
<i>cephalexin</i>	1	

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

Effective 07/01/2024

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>hydroxychloroquine sulfate oral</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>mondoxyne nl</i>	1	
<b>ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat</b>		
<i>metronidazole oral tablet</i>	1	
PYLERA ( <i>bis subcit-metronid-tetracyc</i> )	3	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>ANTITUBERCULOSIS AGENTS - Antibiotics</b>		
<i>ciprofloxacin hcl oral</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>levofloxacin oral tablet</i>	1	
<b>ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections</b>		
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)
<b>AZOLE ANTIFUNGALS - Drugs for Fungus</b>		
CRESEMBA INTRAVENOUS ( <i>isavuconazonium sulfate</i> )	3	
CRESEMBA ORAL CAPSULE 186 MG ( <i>isavuconazonium sulfate</i> )	3	PA
<i>fluconazole oral tablet</i>	1	
<b>HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
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)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<b>HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
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)
<b>HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections</b>		
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)
<b>HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections</b>		
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	
<b>HIV NONNUCLEOSIDE REV.TRANSSCRIP. INHIB. - Drugs for Viral Infections</b>		
BIKTARVY ( <i>bictegravir-emtricitab-tenofof</i> )	3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections</b>		
BIKTARVY ( <i>bictegravir-emtricitab-tenofof</i> )	3	
CIMDUO ( <i>lamivudine-tenofovir</i> )	2	
DOVATO ( <i>dolutegravir-lamivudine</i> )	2	
<i>emtricitabine-tenofovir df</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	
<b>HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections</b>		
PREZCOBIX ( <i>darunavir-cobicistat</i> )	2	
SYMTUZA ( <i>darun-cobic-emtricit-tenofaf</i> )	3	
<b>LINCOMYCIN ANTIBIOTICS - Antibiotics</b>		
<i>clindamycin hcl oral</i>	1	
<b>NATURAL PENICILLIN ANTIBIOTICS - Antibiotics</b>		
<i>penicillin v potassium oral tablet</i>	1	
<b>NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
<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)
<b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections</b>		
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral tablet</i>	1	
LAGEVRIO ( <i>molnupiravir</i> )	3	QL (8 EA per 1 day)
<i>valacyclovir hcl oral</i>	1	QL (4 EA per 1 day)
<b>OTHER MACROLIDE ANTIBIOTICS - Antibiotics</b>		
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet</i>	1	
DIFICID ( <i>fidaxomicin</i> )	3	
OMECLAMOX-PAK ( <i>amoxicill-clarithro-omeprazole</i> )	2	

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 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOQUEZNA TRIPLE PAK ( <i>amoxicill-clarithro-vonoprazan</i> )	3	PA
<b>POLYENE ANTIFUNGALS - Drugs for Fungus</b>		
<i>nystatin mouth/throat</i>	1	
<b>QUINOLONE ANTIBIOTICS - Antibiotics</b>		
<i>ciprofloxacin hcl oral</i>	1	
<i>levofloxacin oral tablet</i>	1	
<b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics</b>		
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfasalazine oral tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>TETRACYCLINE ANTIBIOTICS - Antibiotics</b>		
<i>avidoxy</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>mondoxyne nl</i>	1	
PYLERA ( <i>bis subcit-metronid-tetracyc</i> )	3	
<b>URINARY ANTI-INFECTIVES - Drugs for the Urinary System</b>		
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate macrocrystals</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>ANTINEOPLASTIC AGENTS - Drugs for Cancer</b>		
<b>ANTINEOPLASTIC AGENTS - Drugs for Cancer</b>		
<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
CABOMETYX ( <i>cabozantinib s-malate</i> )	2	PA; SP
CALQUENCE ( <i>acalabrutinib maleate</i> )	3	PA; SP

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>capecitabine</b>	1	SP
COTELLIC ( <b>cobimetinib fumarate</b> )	3	PA; SP
ERIVEDGE ( <b>vismodegib</b> )	3	PA; SP
ERLEADA ( <b>apalutamide</b> )	3	PA; SP
EXKIVITY ( <b>mobocertinib succinate</b> )	3	SP
GAVRETO ( <b>pralsetinib</b> )	3	PA; SP
IBRANCE ORAL TABLET ( <b>palbociclib</b> )	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG ( <b>ponatinib hcl</b> )	3	PA; SP; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG ( <b>ponatinib hcl</b> )	3	PA; SP
IDHIFA ( <b>enasidenib mesylate</b> )	3	PA; SP; QL (1 EA per 1 day)
<b>imatinib mesylate</b>	1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG ( <b>ibrutinib</b> )	3	PA; SP; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG ( <b>ibrutinib</b> )	3	PA; SP; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION ( <b>ibrutinib</b> )	3	PA; SP
IMBRUVICA ORAL TABLET 420 MG ( <b>ibrutinib</b> )	3	PA; SP; QL (1 EA per 1 day)
KANJINTI ( <b>trastuzumab-anns</b> )	2	PA; SP
KISQALI FEMARA ( <b>ribociclib-letrozole</b> )	3	PA; SP
KISQALI ORAL TABLET THERAPY PACK 200 MG ( <b>ribociclib succinate</b> )	3	PA; SP
KOSELUGO ( <b>selumetinib sulfate</b> )	3	PA; SP
<b>letrozole oral</b>	1	
LUMAKRAS ( <b>sotorasib</b> )	3	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG ( <b>leuprolide acetate</b> )	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG ( <b>leuprolide acetate (3 month)</b> )	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG ( <b>leuprolide acetate (4 month)</b> )	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG ( <b>leuprolide acetate (6 month)</b> )	2	PA; SP
LYNPARZA ( <b>olaparib</b> )	2	PA; SP
MEKINIST ( <b>trametinib dimethyl sulfoxide</b> )	3	PA; SP
<b>methotrexate sodium (pf)</b>	1	
<b>methotrexate sodium injection solution</b>	1	
<b>methotrexate sodium oral</b>	1	
MVASI ( <b>bevacizumab-awwb</b> )	2	PA; SP

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUBEQA ( <i>darolutamide</i> )	3	PA; SP
ODOMZO ( <i>sonidegib phosphate</i> )	3	PA; SP
ORGOVYX ( <i>relugolix</i> )	3	PA; SP
PHESGO ( <i>pertuz-trastuz-hyaluron-zzxf</i> )	2	PA; SP
PIQRAY ( <i>alpelisib</i> )	3	PA; SP
POMALYST ( <i>pomalidomide</i> )	3	PA; SP
RETEVMO ( <i>selpercatinib</i> )	3	PA; SP
REVLIMID ( <i>lenalidomide</i> )	2	PA; SP
ROZLYTREK ( <i>entrectinib</i> )	3	PA; SP
RUXIENCE ( <i>rituximab-pvvr</i> )	2	PA; SP
RYDAPT ( <i>midostaurin</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
SPRYCEL ( <i>dasatinib</i> )	2	PA; SP
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
<b>tamoxifen citrate oral tablet 10 mg</b>	1	
<b>tamoxifen citrate oral tablet 20 mg</b>	1	HCR
TASIGNA ( <i>nilotinib hcl</i> )	3	PA; SP
<b>temozolomide</b>	1	PA; SP
TRAZIMERA ( <i>trastuzumab-qyyp</i> )	2	PA; SP
TREXALL ( <i>methotrexate sodium</i> )	3	
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

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Effective 07/01/2024



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM</b>		
<b>ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant</b>		
HIZENTRA ( <i>immune globulin (human)</i> )	3	PA; SP
XEMBIFY ( <i>immune globulin (human)-klhw</i> )	3	PA; SP
<b>AUTONOMIC DRUGS</b>		
<b>SMOKING CESSATION AGENTS</b>		
<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)
<b>AUTONOMIC DRUGS - Drugs for the Nervous System</b>		
<b>ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
AUVI-Q ( <i>epinephrine</i> )	3	
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK ( <i>epinephrine</i> )	3	ST
<i>pseudoephedrine-bromphen-dm</i>	1	
<b>ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
<i>clonidine hcl oral</i>	1	
<b>ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson</b>		
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>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>ipratropium bromide nasal</i>	1	
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)
QBREXZA ( <i>glycopyrronium tosylate</i> )	3	QL (1 EA per 1 day)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<b>ANTIPARKINSONIAN AGENTS - Drugs for Parkinson</b>		
<i>benztropine mesylate oral</i>	1	
<b>AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System</b>		
<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)
<b>BOTULINUM TOXINS - Drugs for Relaxing Muscles</b>		
DYSPOORT ( <i>abobotulinumtoxina</i> )	2	PA
MYOBLOC ( <i>rimabotulinumtoxinb</i> )	2	PA
XEOMIN ( <i>incobotulinumtoxina</i> )	2	PA
<b>CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles</b>		
<i>carisoprodol oral</i>	1	
<i>cyclobenzaprine hcl oral</i>	1	
<i>methocarbamol oral</i>	1	
<i>tizanidine hcl oral</i>	1	
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart</b>		
<i>carvedilol</i>	1	
HEMANGEOL ( <i>propranolol hcl</i> )	3	PA
<i>labetalol hcl oral</i>	1	
<i>nadolol oral</i>	1	
<i>nebivolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral tablet</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart</b>		
<i>doxazosin mesylate oral</i>	1	
<i>prazosin hcl oral</i>	1	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence</b>		
<i>donepezil hcl oral tablet</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK ( <i>memantine hcl-donepezil hcl</i> )	2	QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR ( <i>memantine hcl-donepezil hcl</i> )	2	QL (1 EA per 1 day)
<b>SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart</b>		
<i>alfuzosin hcl er</i>	1	
<i>carvedilol</i>	1	
<i>labetalol hcl oral</i>	1	
<i>tamsulosin hcl</i>	1	
<b>SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
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 (5 mg/ml) 0.5%</i>	1	QL (5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (12.5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	QL (5 EA per 1 day)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<b>SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart</b>		
<i>atenolol oral</i>	1	
<i>bisoprolol fumarate oral</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<b>SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles</b>		
DYSPORT ( <i>abobotulinumtoxina</i> )	2	PA
MYOBLOC ( <i>rimabotulinumtoxina</i> )	2	PA
XEOMIN ( <i>incobotulinumtoxina</i> )	2	PA
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood</b>		
<b>ANTIANEMIA DRUGS - Vitamins and Minerals</b>		
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
<b>BLOOD FORM., COAG, THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding</b>		
TAVALISSE ( <i>fostamatinib disodium</i> )	3	PA; SP
<b>COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots</b>		
<i>jantoven</i>	1	
<i>warfarin sodium oral</i>	1	
<b>DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots</b>		
ELIQUIS DVT/PE STARTER PACK ( <i>apixaban</i> )	2	QL (148 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIQUIS ORAL TABLET 2.5 MG ( <i>apixaban</i> )	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG ( <i>apixaban</i> )	2	QL (3 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED ( <i>rivaroxaban</i> )	2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG ( <i>rivaroxaban</i> )	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG ( <i>rivaroxaban</i> )	2	QL (2 EA per 1 day)
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	2	QL (102 EA per 365 days)
<b>DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots</b>		
PRADAXA ORAL CAPSULE ( <i>dabigatran etexilate mesylate</i> )	2	QL (2 EA per 1 day)
<b>HEMATOPOIETIC AGENTS - Drugs for Anemia</b>		
ARANESP (ALBUMIN FREE) ( <i>darbepoetin alfa</i> )	2	PA; SP
DOPTELET ( <i>avatrombopag maleate</i> )	3	PA; SP
MULPLETA ( <i>lusutrombopag</i> )	2	PA; SP
NEULASTA ( <i>pegfilgrastim</i> )	3	PA; SP
NEULASTA ONPRO ( <i>pegfilgrastim</i> )	3	PA; SP
NIVESTYM ( <i>filgrastim-aafi</i> )	2	PA; SP
PROCRIT ( <i>epoetin alfa</i> )	2	PA; SP
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
<b>HEMOSTATICS - Drugs to Prevent Bleeding</b>		
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
ALTUVIIIIO ( <i>antihem fact fc-vwf-xten-ehf</i> )	3	SP
<i>desmopressin acetate oral</i>	1	
ELOCTATE ( <i>antihem fact (bdd-rfviiiifc)</i> )	3	SP
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

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KOGENATE FS ( <i>antihem factor recomb (rfviii)</i> )	2	SP
KOVALTRY ( <i>antihemophil factor (rahf-pfm)</i> )	2	SP
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
<b>HEPARINS - Drugs to Prevent Blood Clots</b>		
<i>enoxaparin sodium injection solution prefilled syringe</i>	1	
<b>LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<b>PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots</b>		
BRILINTA ( <i>ticagrelor</i> )	2	
<i>clopidogrel bisulfate oral</i>	1	
<i>prasugrel hcl</i>	1	
<b>CARDIOVASCULAR DRUGS</b>		
<b>KALLIKREIN</b>		
ORLADEYO ( <i>berotralstat hcl</i> )	3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION ( <i>lanadelumab-flyo</i> )	3	PA; SP
<b>CARDIOVASCULAR DRUGS - Drugs for the Heart</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure</b>		
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol fumarate oral</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>doxazosin mesylate oral</i>	1	
HEMANGEOL ( <i>propranolol hcl</i> )	3	PA

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Effective 07/01/2024



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>labetalol hcl oral</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate 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	
<b>ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>carvedilol</i>	1	
<i>doxazosin mesylate oral</i>	1	
<i>labetalol hcl oral</i>	1	
<i>prazosin hcl oral</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>candesartan cilexetil</i>	1	
EDARBI ( <i>azilsartan medoxomil</i> )	3	ST
<i>irbesartan</i>	1	
<i>losartan potassium oral</i>	1	
<i>olmesartan medoxomil oral</i>	1	
<i>telmisartan</i>	1	
<i>valsartan oral tablet</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart</b>		
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>candesartan cilexetil</i>	1	
EDARBI ( <i>azilsartan medoxomil</i> )	3	ST
EDARBYCLOR ( <i>azilsartan-chlorthalidone</i> )	3	ST
ENTRESTO ( <i>sacubitril-valsartan</i> )	2	QL (2 EA per 1 day)
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium oral</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>olmesartan medoxomil oral</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olmesartan medoxomil-hctz</i>	1	
<i>telmisartan</i>	1	
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANGIOTENSIN-CONVERT. ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>benazepril hcl oral</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>lisinopril oral</i>	1	
<i>ramipril</i>	1	
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart</b>		
<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	
<i>ramipril</i>	1	
<b>ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina</b>		
<i>digoxin oral tablet</i>	1	
<b>ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol</b>		
<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
<b>BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms</b>		
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol fumarate oral</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>carvedilol</i>	1	
<i>clonidine hcl oral</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>guanfacine hcl</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	
<b>BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>atenolol oral</i>	1	
<i>bisoprolol fumarate oral</i>	1	
<i>carvedilol</i>	1	
HEMANGEOL ( <i>propranolol hcl</i> )	3	PA
<i>isosorbide mononitrate er</i>	1	
<i>labetalol hcl oral</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	
<b>CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
<b>CALCIUM-CHANNEL BLOCKING AGENTS(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (8 EA per 30 days)
<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)

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Effective 07/01/2024

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

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTAQ ( <i>dronedarone hcl</i> )	3	
<b>CLASS IV ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>cartia xt</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	
<b>DIHYDROPYRIDINES - Drugs for High Blood Pressure &amp; Angina</b>		
<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
<b>DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure &amp; Angina</b>		
<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
<b>DIRECT VASODILATORS - Drugs for High Blood Pressure &amp; Angina</b>		
<i>hydralazine hcl oral</i>	1	
<i>minoxidil oral</i>	1	
<b>FIBRIC ACID DERIVATIVES - Drugs for Cholesterol</b>		
<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	
<b>HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol</b>		
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rosuvastatin calcium</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	HCR
<i>simvastatin oral tablet 80 mg</i>	1	
<b>LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>torseamide</i>	1	
<b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart</b>		
KERENDIA ( <i>finerenone</i> )	3	PA; QL (1 EA per 1 day)
<i>spironolactone oral tablet</i>	1	
<b>MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>spironolactone oral tablet</i>	1	
<b>NITRATES AND NITRITES - Drugs for the Heart</b>		
<i>isosorbide mononitrate er</i>	1	
<i>nitroglycerin sublingual</i>	1	
<b>PCSK9 INHIBITORS - Drugs for Cholesterol</b>		
REPATHA ( <i>evolocumab</i> )	2	PA; QL (0.11 ML per 1 day)
REPATHA PUSHTRONEX SYSTEM ( <i>evolocumab</i> )	2	PA; QL (0.13 ML per 1 day)
REPATHA SURECLICK ( <i>evolocumab</i> )	2	PA; QL (0.11 ML per 1 day)
<b>PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart</b>		
<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)
<b>POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>spironolactone oral tablet</i>	1	
<b>RENIN INHIBITORS - Drugs for the Heart</b>		
TEKTURNA ( <i>aliskiren fumarate</i> )	2	
<b>RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart</b>		
ENTRESTO ( <i>sacubitril-valsartan</i> )	2	QL (2 EA per 1 day)

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Effective 07/01/2024



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>SCLEROSING AGENTS - Drugs for Varicose Veins</b>		
<i>doxazosin mesylate oral</i>	1	
<i>nadolol oral</i>	1	
<i>prazosin hcl oral</i>	1	
<b>STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart</b>		
<i>spironolactone oral tablet</i>	1	
<b>THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>hydrochlorothiazide oral</i>	1	
<b>THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>chlorthalidone</i>	1	
<b>VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart</b>		
<i>amlodipine besylate oral</i>	1	
<i>cartia xt</i>	1	
CORLANOR ORAL SOLUTION ( <i>ivabradine hcl</i> )	3	PA; QL (15 ML per 1 day)
CORLANOR ORAL TABLET ( <i>ivabradine hcl</i> )	3	PA; QL (2 EA per 1 day)
<i>diltiazem hcl er coated beads</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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO REFILL ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER ( <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)
<b>CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System</b>		
<b>AMPHETAMINE DERIVATIVES - Drugs for the Nervous System</b>		
<i>phentermine hcl oral</i>	1	
<b>AMPHETAMINES - Drugs for the Nervous System</b>		
<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 oral capsule</i>	1	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE ( <i>lisdexamfetamine dimesylate</i> )	3	ST; QL (1 EA per 1 day)
<b>ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain</b>		
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (10 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (5 EA per 1 day)
<i>apap-caff-dihydrocodeine</i>	1	QL (12 EA per 1 day)
<i>bac</i>	1	
<i>butalbital-apap-caffeine</i>	1	
<i>endocet oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE ORAL ( <i>gabapentin (once-daily)</i> )	3	ST; QL (66 EA per 365 days)
GRALISE ORAL TABLET 300 MG ( <i>gabapentin (once-daily)</i> )	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 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)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
TREZIX ( <i>apap-caff-dihydrocodeine</i> )	3	QL (12 EA per 1 day)
<b>ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System</b>		
QSYMIA ( <i>phentermine-topiramate</i> )	2	PA
<b>ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson</b>		
<i>benztropine mesylate oral</i>	1	
<b>ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures</b>		
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 tablet delayed release</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 ( <i>gabapentin (once-daily)</i> )	3	ST; QL (66 EA per 365 days)
GRALISE ORAL TABLET 300 MG ( <i>gabapentin (once-daily)</i> )	3	ST; QL (6 EA per 1 day)

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 07/01/2024

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 intravenous</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	1	QL (2 EA per 1 day)
<i>roweepra</i>	1	
<i>subvenite</i>	1	
<i>topiramate oral tablet</i>	1	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>cenobamate</i> )	3	ST
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG ( <i>cenobamate</i> )	3	ST
<i>zonisamide oral</i>	1	
<b>ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression &amp; Psychosis</b>		
<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
<b>ANTIMANIC AGENTS - Drugs for Personality Disorder</b>		
ABILIFY ASIMTUFII ( <i>aripiprazole</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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 tablet delayed release</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine oral tablet</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral capsule</i>	1	
<i>olanzapine oral tablet</i>	1	QL (1 EA per 1 day)
PERSERIS ( <i>risperidone</i> )	3	
<i>quetiapine fumarate er</i>	1	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	QL (2 EA per 1 day)
<i>risperidone oral tablet</i>	1	QL (2 EA per 1 day)
RYKINDO ( <i>risperidone</i> )	3	
<i>subvenite</i>	1	
<i>ziprasidone hcl</i>	1	QL (2 EA per 1 day)
<b>ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment</b>		
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral tablet delayed release</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	
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety &amp; Sleep Disorder</b>		
BELSOMRA ( <i>suvorexant</i> )	3	ST; QL (1 EA per 1 day)
<i>bupirone hcl 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

Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYVIGO ( <i>lemborexant</i> )	3	ST; QL (1 EA per 1 day)
<i>eszopiclone</i>	1	QL (1 EA per 1 day)
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>zolpidem tartrate er</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet</i>	1	QL (1 EA per 1 day)
<b>ATYPICAL ANTIPSYCHOTICS - Drugs for Depression &amp; Psychosis</b>		
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>brexpiprazole</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 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML ( <i>risperidone</i> )	3	
VRAYLAR ORAL CAPSULE ( <i>cariprazine hcl</i> )	3	QL (1 EA per 1 day)
<i>ziprasidone hcl</i>	1	QL (2 EA per 1 day)
<b>BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures</b>		
<i>primidone oral</i>	1	

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Effective 07/01/2024



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

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA; QL (0.1 ML per 1 day)
NURTEC ( <i>rimegepant sulfate</i> )	2	PA; QL (0.27 EA per 1 day)
QULIPTA ( <i>atogepant</i> )	2	PA; QL (1 EA per 1 day)
UBRELVY ( <i>ubrogepant</i> )	2	PA; QL (0.34 EA per 1 day)
ZAVZPRET ( <i>zavegepant hcl</i> )	3	PA; QL (0.2 EA per 1 day)
<b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson</b>		
ONGENTYS ( <i>opicapone</i> )	3	ST
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder</b>		
<i>atomoxetine hcl</i>	1	QL (1 EA per 1 day)
<i>guanfacine hcl</i>	1	
<i>guanfacine hcl er</i>	1	
<i>memantine hcl oral tablet</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK ( <i>memantine hcl-donepezil hcl</i> )	2	QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR ( <i>memantine hcl-donepezil hcl</i> )	2	QL (1 EA per 1 day)
NOURIANZ ( <i>istradefylline</i> )	3	PA
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)
<b>CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain</b>		
<i>celecoxib oral</i>	1	QL (2 EA per 1 day)
<b>DOPAMINE PRECURSORS - Drugs for Parkinson</b>		
<i>carbidopa-levodopa oral tablet</i>	1	
INBRIJA ( <i>levodopa</i> )	3	PA; SP
RYTARY ( <i>carbidopa-levodopa</i> )	3	ST

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson</b>		
<i>cabergoline</i>	1	
<b>FIBROMYALGIA AGENTS - Drugs for Nerve Pain</b>		
<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)
<b>NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson</b>		
NEUPRO ( <i>rotigotine</i> )	3	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hcl</i>	1	
<b>OPIATE AGONISTS - Drugs for Pain</b>		
<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 tablet 10-300 mg, 10-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 EA per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	1	QL (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 tablet 10 mg</i>	1	QL (3 EA per 1 day)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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)
<b>OPIATE PARTIAL AGONISTS - Drugs for Pain</b>		
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 tablet sublingual 2 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (3 EA per 1 day)
SUBLOCADE ( <i>buprenorphine</i> )	3	SP
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	2	QL (12 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	2	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	2	QL (2 EA per 1 day)
<b>OPIOID ANTAGONISTS - Drugs for Overdose or Poisoning</b>		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (3 EA per 1 day)
KLOXXADO ( <i>naloxone hcl</i> )	2	
<i>naloxone hcl nasal</i>	1	
<i>naltrexone hcl oral</i>	1	
NARCAN ( <i>naloxone hcl</i> )	2	
OPVEE ( <i>nalmefene hcl</i> )	2	
VIVITROL ( <i>naltrexone</i> )	3	SP
ZIMHI ( <i>naloxone hcl</i> )	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	2	QL (12 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	2	QL (6 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	2	QL (2 EA per 1 day)
<b>OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety &amp; Sleep Disorder</b>		
BELSOMRA ( <i>suvorexant</i> )	3	ST; QL (1 EA per 1 day)
DAYVIGO ( <i>lemborexant</i> )	3	ST; QL (1 EA per 1 day)
<b>OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>etodolac oral tablet</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>PHENOTHIAZINES - Drugs for Depression &amp; Psychosis</b>		
<i>prochlorperazine maleate oral</i>	1	
<b>RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System</b>		
<i>apap-caff-dihydrocodeine</i>	1	QL (12 EA per 1 day)
AZSTARYS ( <i>serdexmethylphen-dexmethylphen</i> )	2	ST; QL (1 EA per 1 day)
<i>bac</i>	1	
<i>butalbital-apap-caffeine</i>	1	
<i>dexmethylphenidate hcl</i>	1	QL (2 EA per 1 day)
<i>dexmethylphenidate hcl er</i>	1	QL (1 EA per 1 day)
JORNAY PM ( <i>methylphenidate hcl</i> )	3	ST; QL (1 EA per 1 day)
<i>methylphenidate hcl er (cd)</i>	1	ST; 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)
<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)
<b>SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression &amp; Psychosis</b>		
<i>desvenlafaxine succinate er</i>	1	QL (1 EA per 1 day)

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Effective 07/01/2024



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>SELECTIVE SEROTONIN AGONISTS - Migraine Treatment</b>		
<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)
<b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression &amp; Psychosis</b>		
<i>citalopram hydrobromide oral tablet</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>paroxetine hcl oral tablet</i>	1	
<i>sertraline hcl oral tablet</i>	1	
<b>SEROTONIN MODULATORS - Drugs for Depression &amp; Psychosis</b>		
<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)
<b>TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression &amp; Psychosis</b>		
<i>amitriptyline hcl oral</i>	1	
<i>doxepin hcl oral capsule</i>	1	
<i>nortriptyline hcl oral capsule</i>	1	

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Effective 07/01/2024



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System</b>		
AUSTEDO ( <i>deutetrabenazine</i> )	3	PA; SP; QL (4 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG ( <i>deutetrabenazine</i> )	3	PA; SP; QL (3 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG ( <i>deutetrabenazine</i> )	3	PA; SP; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG ( <i>deutetrabenazine</i> )	3	PA; SP; QL (7 EA per 1 day)
AUSTEDO XR PATIENT TITRATION ( <i>deutetrabenazine</i> )	3	PA; SP; QL (84 EA per 365 days)
INGREZZA ORAL CAPSULE ( <i>valbenazine tosylate</i> )	3	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK ( <i>valbenazine tosylate</i> )	3	PA; SP; QL (56 EA per 365 days)
<b>WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System</b>		
<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)
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)
<b>DEVICES - Medical Supplies and Durable Medical Equipment</b>		
<b>DEVICES - Medical Supplies and Durable Medical Equipment</b>		
ACCU-CHEK FASTCLIX LANCET KIT ( <i>lancets misc.</i> )	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT ( <i>lancets misc.</i> )	2	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	2	
BD ULTRA-FINE PEN NEEDLES ( <i>insulin pen needle</i> )	2	
CEQUR SIMPLICITY 2U ( <i>injection device for insulin</i> )	2	
CONTOUR NEXT EZ ( <i>blood glucose monitoring suppl</i> )	2	
CONTOUR NEXT GEN MONITOR ( <i>blood glucose monitoring suppl</i> )	2	

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Effective 07/01/2024

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CONTOUR NEXT MONITOR ( <i>blood glucose monitoring suppl</i> )	2	
CONTOUR NEXT ONE ( <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 G6 INTRO (GEN 5) ( <i>insulin disposable pump</i> )	2	
OMNIPOD 5 G6 PODS (GEN 5) ( <i>insulin disposable pump</i> )	2	
OMNIPOD DASH PODS (GEN 4) ( <i>insulin disposable pump</i> )	2	
<b>DIAGNOSTIC AGENTS</b>		
<b>ADRENOCORTICAL INSUFFICIENCY</b>		
ACTHAR ( <i>corticotropin</i> )	2	PA; SP
CORTROPHIN ( <i>corticotropin</i> )	2	PA; SP
<b>DIABETES MELLITUS</b>		
CONTOUR NEXT TEST ( <i>glucose blood</i> )	2	QL (300 EA per 30 days)
CONTOUR TEST ( <i>glucose blood</i> )	2	QL (300 EA per 30 days)
ONETOUCH ULTRA ( <i>glucose blood</i> )	2	QL (300 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	2	QL (300 EA per 30 days)
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ALKALINIZING AGENTS</b>		
<i>potassium citrate er</i>	1	
<b>AMMONIA DETOXICANTS</b>		
<i>constulose</i>	1	
<i>lactulose oral solution</i>	1	
PHEBURANE ( <i>sodium phenylbutyrate</i> )	3	PA; SP
<b>LOOP DIURETICS - Drugs for Water Balance</b>		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>torseamide</i>	1	
<b>PHOSPHATE-REMOVING AGENTS</b>		
VELPHORO ( <i>sucroferric oxyhydroxide</i> )	3	
<b>POTASSIUM-REMOVING AGENTS</b>		
LOKELMA ( <i>sodium zirconium cyclosilicate</i> )	3	
VELTASSA ( <i>patiromer sorbitex calcium</i> )	3	

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<b>POTASSIUM-SPARING DIURETICS - Drugs for Water Balance</b>		
<i>spironolactone oral tablet</i>	1	
<i>triamterene-hctz</i>	1	
<b>REPLACEMENT PREPARATIONS</b>		
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con oral tablet extended release</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	
<b>THIAZIDE DIURETICS - Drugs for Water Balance</b>		
<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	
<b>THIAZIDE-LIKE DIURETICS - Drugs for Water Balance</b>		
<i>atenolol-chlorthalidone</i>	1	
<i>chlorthalidone</i>	1	
<b>ENZYMES</b>		
<b>ENZYMES</b>		
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	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye</b>		
<i>brimonidine tartrate ophthalmic</i>	1	
<i>brimonidine tartrate-timolol</i>	1	
SIMBRINZA ( <i>brinzolamide-brimonidine</i> )	2	
<b>ANTIALLERGIC AGENTS - Drugs for Allergy</b>		
<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)
<b>ANTIBACTERIALS (EENT) - Drugs for Infections</b>		
AZASITE ( <i>azithromycin</i> )	3	
BESIVANCE ( <i>besifloxacin hcl</i> )	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>erythromycin ophthalmic</i>	1	
<i>moxifloxacin hcl (2x day)</i>	1	
<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	
ZYLET ( <i>loteprednol-tobramycin</i> )	3	
<b>BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye</b>		
BETIMOL ( <i>timolol hemihydrate</i> )	3	
<i>brimonidine tartrate-timolol</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<b>CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye</b>		
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
SIMBRINZA ( <i>brinzolamide-brimonidine</i> )	2	
<b>CORTICOSTEROIDS (EENT) - Drugs for Inflammation</b>		
AIRSUPRA ( <i>albuterol-budesonide</i> )	2	QL (1.1 GM per 1 day)
<i>azelastine-fluticasone</i>	1	QL (0.77 GM per 1 day)
<i>ciprofloxacin-dexamethasone</i>	1	
DYMISTA ( <i>azelastine-fluticasone</i> )	2	QL (0.77 GM per 1 day)
EYSUVIS ( <i>loteprednol etabonate</i> )	3	PA
FLAREX ( <i>fluorometholone acetate</i> )	3	
<i>fluticasone propionate nasal</i>	1	
INVELTYS ( <i>loteprednol etabonate</i> )	3	
LOTEMAX SM ( <i>loteprednol etabonate</i> )	3	
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)
<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)
PRED MILD ( <i>prednisolone acetate</i> )	3	
<i>prednisolone acetate ophthalmic</i>	1	
QNASL ( <i>beclomethasone diprop (nasal)</i> )	3	QL (0.36 GM per 1 day)
QNASL CHILDRENS ( <i>beclomethasone diprop (nasal)</i> )	3	QL (0.23 GM per 1 day)
RYALTRIS ( <i>olopatadine-mometasone</i> )	3	QL (1 GM per 1 day)
TOBRADEX ST ( <i>tobramycin-dexamethasone</i> )	3	
<i>tobramycin-dexamethasone</i>	1	
ZETONNA ( <i>ciclesonide</i> )	3	QL (0.21 GM per 1 day)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYLET ( <i>Ioteprednol-tobramycin</i> )	3	
<b>EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections</b>		
<i>chlorhexidine gluconate mouththroat</i>	1	
<i>periogard</i>	1	
<b>EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation</b>		
RESTASIS ( <i>cyclosporine</i> )	1	PA
RESTASIS MULTIDOSE ( <i>cyclosporine</i> )	2	PA
XIIDRA ( <i>lifitegrast</i> )	2	PA
<b>EENT DRUGS, MISCELLANEOUS</b>		
IZERVAY ( <i>avacincaptad pegol</i> )	3	PA; SP
MIEBO ( <i>perfluorohexyloctane</i> )	2	PA; QL (0.4 ML per 1 day)
TYRVAYA ( <i>varenicline tartrate</i> )	3	PA; QL (0.3 ML per 1 day)
<b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation</b>		
<i>ketorolac tromethamine ophthalmic</i>	1	
<b>LOCAL ANESTHETICS (EENT) - Drugs for Numbing</b>		
<i>lidocaine viscous hcl</i>	1	
<b>PROSTAGLANDIN ANALOGS - Drugs for the Eye</b>		
<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)
<b>RHO KINASE INHIBITORS - Drugs for the Eye</b>		
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)
<b>VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG</b>		
CIMERLI ( <i>ranibizumab-eqrn</i> )	2	PA; SP
MVASI ( <i>bevacizumab-awwb</i> )	2	PA; SP
ZIRABEV ( <i>bevacizumab-bvzr</i> )	2	PA; SP
<b>GASTROINTESTINAL DRUGS - Drugs for the Stomach</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea</b>		
<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	

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Effective 07/01/2024



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ondansetron odt</i>	1	
<b>ANTIDIARRHEA AGENTS - Drugs for Diarrhea</b>		
<i>diphenoxylate-atropine oral tablet</i>	1	
PYLERA ( <i>bis subcit-metronid-tetracyc</i> )	3	
<b>ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea</b>		
<i>promethazine hcl oral tablet</i>	1	
<i>scopolamine</i>	1	
<b>ANTI-HISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea</b>		
<i>meclizine hcl oral tablet</i>	1	
<i>prochlorperazine maleate oral</i>	1	
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation</b>		
APRISO ( <i>mesalamine</i> )	1	
<i>mesalamine oral tablet delayed release</i>	1	
<i>sulfasalazine oral tablet</i>	1	
<b>ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid</b>		
PYLERA ( <i>bis subcit-metronid-tetracyc</i> )	3	
TALICIA ( <i>amoxicill-rifabutin-omeprazole</i> )	3	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid</b>		
<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</i>	1	
<b>CATHARTICS AND LAXATIVES - Drugs for Constipation</b>		
CLENPIQ ( <i>sod picosulfate-mag ox-cit acd</i> )	3	
<i>gavilyte-c</i>	1	HCR
<i>gavilyte-g</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPREP BOWEL PREP KIT ( <i>na sulfate-k sulfate-mg sulf</i> )	3	
SUTAB ( <i>sodium sulfate-mag sulfate-kcl</i> )	3	
<b>DIGESTANTS - Drugs for the Stomach</b>		
CREON ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
ZENPEP ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
<b>GI DRUGS, MISCELLANEOUS - Drugs for the Stomach</b>		
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.12 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 EA 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 STARTER KIT ( <i>certolizumab pegol</i> )	2	PA; SP; QL (3 EA per 365 days)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML ( <i>adalimumab-adbm</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA-CD/UC/HS STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PED<40KG CROHNS STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (2 EA per 365 days)
HUMIRA-PED>/=40KG CROHNS START ( <i>adalimumab</i> )	2	PA; SP; QL (3 EA per 365 days)
HUMIRA-PED>/=40KG UC STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UEVIT STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (3 EA per 365 days)
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (1.2 ML per 365 days)
HYRIMOZ-PED>/=40KG CROHN START ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQUE PSORIASIS START ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (1.6 ML per 365 days)
INFLECTRA ( <i>infliximab-dyyb</i> )	2	PA; SP
LINZESS ( <i>linaclotide</i> )	2	ST; QL (1 EA per 1 day)
MOTEGRITY ( <i>prucalopride succinate</i> )	3	ST; QL (1 EA per 1 day)
SIMPONI 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)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
STELARA INTRAVENOUS ( <i>ustekinumab</i> )	2	PA; SP
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)
<b>HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid</b>		
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<b>NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea</b>		
VARUBI (180 MG DOSE) ( <i>rolapitant hcl</i> )	3	QL (0.15 EA per 1 day)
<b>POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid</b>		
VOQUEZNA DUAL PAK ( <i>amoxicillin-vonoprazan</i> )	3	PA
VOQUEZNA TRIPLE PAK ( <i>amoxicill-clarithro-vonoprazan</i> )	3	PA
<b>PROKINETIC AGENTS - Drugs for the Stomach</b>		
<i>metoclopramide hcl oral tablet</i>	1	
<b>PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid</b>		
<i>misoprostol oral</i>	1	
<b>PROTECTANTS - Drugs for Ulcers and Stomach Acid</b>		
<i>sucralfate oral tablet</i>	1	
<b>PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid</b>		
<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)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron</b>		
<b>HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron</b>		
DEPEN TITRATABS ( <i>penicillamine</i> )	2	SP
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>MELANOCORTIN RECEPTOR ANTAGONISTS</b>		
VYLEESI ( <i>bremelanotide acetate</i> )	3	PA; QL (8 ML per 30 days)
<b>HORMONES AND SYNTHETIC SUBSTITUTES - Hormones</b>		
<b>ADRENALS - Hormones</b>		
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)
ARNUITY ELLIPTA ( <i>fluticasone furoate</i> )	2	QL (1 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 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)
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone acetate oral</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 oral</i>	1	
<i>methylprednisolone oral</i>	1	
<i>mometasone furoate nasal</i>	1	QL (1.14 GM per 1 day)
<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	
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)
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)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>AMYLINOMIMETICS - Drugs for Diabetes</b>		
SYMLINPEN 120 ( <i>pramlintide acetate</i> )	3	PA
SYMLINPEN 60 ( <i>pramlintide acetate</i> )	3	PA
<b>ANDROGENS - Hormones</b>		
ANDRODERM ( <i>testosterone</i> )	2	PA
<i>testosterone cypionate intramuscular</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA
<b>ANTIESTROGENS - Drugs for Women</b>		
<i>anastrozole oral</i>	1	HCR
KISQALI FEMARA ( <i>ribociclib-letrozole</i> )	3	PA; SP
<i>letrozole oral</i>	1	
<b>ANTIGONADTROPINS - Hormones</b>		
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)
<b>ANTITHYROID AGENTS - Drugs for the Thyroid</b>		
<i>methimazole oral</i>	1	
<b>BIGUANIDES - Drugs for Diabetes</b>		
JANUMET ( <i>sitagliptin-metformin hcl</i> )	2	ST
JANUMET XR ( <i>sitagliptin-metformin hcl</i> )	2	ST
JENTADUETO ( <i>linagliptin-metformin hcl</i> )	2	ST
JENTADUETO XR ( <i>linagliptin-metformin hcl</i> )	2	ST
<i>metformin hcl er</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
SYNJARDY ( <i>empagliflozin-metformin hcl</i> )	2	
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> )	2	
TRIJARDY XR ( <i>empagliflozin-linaglip-metform</i> )	2	
XIGDUO XR ( <i>dapagliflozin prop-metformin</i> )	2	
<b>CONTRACEPTIVES - Drugs for Women</b>		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>alyacen 1/35</i>	1	HCR

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Effective 07/01/2024



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>apri</i>	1	HCR
<i>ashlyna</i>	1	HCR; QL (1 EA per 1 day)
<i>aubra eq</i>	1	HCR
<i>aurovela 1.5/30</i>	1	HCR
<i>aurovela 1/20</i>	1	HCR
<i>aurovela 24 fe</i>	1	HCR
<i>aurovela fe 1.5/30</i>	1	HCR
<i>aurovela fe 1/20</i>	1	HCR
<i>aviane</i>	1	HCR
<i>ayuna</i>	1	HCR
BALCOLTRA ( <i>levonorgest-eth estrad-fe bisg</i> )	3	HCR
<i>balziva</i>	1	HCR
<i>blisovi 24 fe</i>	1	HCR
<i>blisovi fe 1.5/30</i>	1	HCR
<i>blisovi fe 1/20</i>	1	HCR
<i>briellyn</i>	1	HCR
<i>camila</i>	1	HCR
<i>camrese</i>	1	HCR; QL (1 EA per 1 day)
<i>camrese lo</i>	1	HCR; QL (1 EA per 1 day)
<i>chateal eq</i>	1	HCR
<i>cryselle-28</i>	1	HCR
<i>cyred eq</i>	1	HCR
<i>dasetta 1/35</i>	1	HCR
<i>daysee</i>	1	HCR; QL (1 EA per 1 day)
<i>deblitane</i>	1	HCR
<i>delyla</i>	1	HCR
<i>drospirenone-ethinyl estradiol</i>	1	HCR
<i>elinest</i>	1	HCR
<i>enskyce</i>	1	HCR
<i>errin</i>	1	HCR
<i>estarylla</i>	1	HCR
<i>falmina</i>	1	HCR
<i>hailey 1.5/30</i>	1	HCR
<i>hailey 24 fe</i>	1	HCR

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hailey fe 1.5/30</i>	1	HCR
<i>hailey fe 1/20</i>	1	HCR
<i>heather</i>	1	HCR
<i>iclevia</i>	1	HCR; QL (1 EA per 1 day)
<i>incassia</i>	1	HCR
<i>introvale</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom</i>	1	HCR
<i>jaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel</i>	1	HCR
<i>jencycla</i>	1	HCR
<i>jolessa</i>	1	HCR; QL (1 EA per 1 day)
<i>juleber</i>	1	HCR
<i>junel 1.5/30</i>	1	HCR
<i>junel 1/20</i>	1	HCR
<i>junel fe 1.5/30</i>	1	HCR
<i>junel fe 1/20</i>	1	HCR
<i>junel fe 24</i>	1	HCR
<i>kalliga</i>	1	HCR
<i>kurvelo</i>	1	HCR
<i>larin 1.5/30</i>	1	HCR
<i>larin 1/20</i>	1	HCR
<i>larin 24 fe</i>	1	HCR
<i>larin fe 1.5/30</i>	1	HCR
<i>larin fe 1/20</i>	1	HCR
<i>lessina</i>	1	HCR
<i>levonorgest-eth est &amp; eth est</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	HCR
<i>levora 0.15/30 (28)</i>	1	HCR
LO LOESTRIN FE ( <i>norethin-eth estrad-fe biphas</i> )	3	HCR
<i>lojaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>loryna</i>	1	HCR
<i>low-ogestrel</i>	1	HCR
<i>lo-zumandimine</i>	1	HCR

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Effective 07/01/2024

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<i>lutera</i>	1	HCR
<i>lyleq</i>	1	HCR
<i>lyza</i>	1	HCR
<i>marlissa</i>	1	HCR
<i>microgestin 1.5/30</i>	1	HCR
<i>microgestin 1/20</i>	1	HCR
<i>microgestin 24 fe</i>	1	HCR
<i>microgestin fe 1.5/30</i>	1	HCR
<i>microgestin fe 1/20</i>	1	HCR
<i>mili</i>	1	HCR
<i>mono-lynyah</i>	1	HCR
NATAZIA ( <i>estradiol valerate-dienogest</i> )	2	HCR
<i>necon 0.5/35 (28)</i>	1	HCR
<i>nikki</i>	1	HCR
<i>nora-be</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet</i>	1	HCR
<i>norethindrone acet-ethinyl est</i>	1	HCR
<i>norethindrone oral</i>	1	HCR
<i>norgestimate-eth estradiol</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR
<i>norlyroc</i>	1	HCR
<i>nortrel 0.5/35 (28)</i>	1	HCR
<i>nortrel 1/35 (21)</i>	1	HCR
<i>nortrel 1/35 (28)</i>	1	HCR
<i>nylia 1/35</i>	1	HCR
<i>nymyo</i>	1	HCR
<i>ocella</i>	1	HCR
<i>philith</i>	1	HCR
<i>portia-28</i>	1	HCR
<i>reclipsen</i>	1	HCR
<i>rivelsa</i>	1	HCR; QL (1 EA per 1 day)
<i>setlakin</i>	1	HCR; QL (1 EA per 1 day)
<i>sharobel</i>	1	HCR
<i>simpesse</i>	1	HCR; QL (1 EA per 1 day)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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-nymyo</i>	1	HCR
<i>tri-sprintec</i>	1	HCR
<i>tri-vylibra</i>	1	HCR
<i>tri-vylibra lo</i>	1	HCR
<i>turqoz</i>	1	HCR
<i>vestura</i>	1	HCR
<i>vienva</i>	1	HCR
<i>vyfemla</i>	1	HCR
<i>vylibra</i>	1	HCR
<i>wera</i>	1	HCR
<i>zumandimine</i>	1	HCR
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes</b>		
GLYXAMBI ( <i>empagliflozin-linagliptin</i> )	2	
JANUMET ( <i>sitagliptin-metformin hcl</i> )	2	ST
JANUMET XR ( <i>sitagliptin-metformin hcl</i> )	2	ST
JANUVIA ( <i>sitagliptin phosphate</i> )	2	ST
JENTADUETO ( <i>linagliptin-metformin hcl</i> )	2	ST
JENTADUETO XR ( <i>linagliptin-metformin hcl</i> )	2	ST
TRADJENTA ( <i>linagliptin</i> )	2	ST
TRIJARDY XR ( <i>empagliflozin-linaglip-metform</i> )	2	
<b>ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women</b>		
DUAVEE ( <i>conj estrogens-bazedoxifene</i> )	2	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSPHENA ( <i>ospemifene</i> )	3	
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	HCR
<b>ESTROGENS - Drugs for Women</b>		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>alyacen 1/35</i>	1	HCR
<i>amabelz</i>	1	
<i>apri</i>	1	HCR
<i>ashlyna</i>	1	HCR; QL (1 EA per 1 day)
<i>aubra eq</i>	1	HCR
<i>aurovela 1.5/30</i>	1	HCR
<i>aurovela 1/20</i>	1	HCR
<i>aurovela 24 fe</i>	1	HCR
<i>aurovela fe 1.5/30</i>	1	HCR
<i>aurovela fe 1/20</i>	1	HCR
<i>aviane</i>	1	HCR
<i>ayuna</i>	1	HCR
BALCOLTRA ( <i>levonorgest-eth estrad-fe bisg</i> )	3	HCR
<i>balziva</i>	1	HCR
BIJUVA ( <i>estradiol-progesterone</i> )	3	
<i>blisovi 24 fe</i>	1	HCR
<i>blisovi fe 1.5/30</i>	1	HCR
<i>blisovi fe 1/20</i>	1	HCR
<i>briellyn</i>	1	HCR
<i>camrese</i>	1	HCR; QL (1 EA per 1 day)
<i>camrese lo</i>	1	HCR; QL (1 EA per 1 day)
<i>chateal eq</i>	1	HCR
CLIMARA PRO ( <i>estradiol-levonorgestrel</i> )	2	
<i>cryselle-28</i>	1	HCR
<i>cyred eq</i>	1	HCR
<i>dasetta 1/35</i>	1	HCR
<i>daysee</i>	1	HCR; QL (1 EA per 1 day)
<i>delyla</i>	1	HCR

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 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIVIGEL ( <i>estradiol</i> )	3	
<i>dotti</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	HCR
DUAVEE ( <i>conj estrogens-bazedoxifene</i> )	2	
ELESTRIN ( <i>estradiol</i> )	3	
<i>elinest</i>	1	HCR
<i>enskyce</i>	1	HCR
<i>estarylla</i>	1	HCR
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch twice weekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTROGEL ( <i>estradiol</i> )	3	
EVAMIST ( <i>estradiol</i> )	3	
<i>falmina</i>	1	HCR
<i>hailey 1.5/30</i>	1	HCR
<i>hailey 24 fe</i>	1	HCR
<i>hailey fe 1.5/30</i>	1	HCR
<i>hailey fe 1/20</i>	1	HCR
<i>iclevia</i>	1	HCR; QL (1 EA per 1 day)
IMVEXXY MAINTENANCE PACK ( <i>estradiol</i> )	2	
IMVEXXY STARTER PACK ( <i>estradiol</i> )	2	
<i>introvale</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom</i>	1	HCR
<i>jaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel</i>	1	HCR
<i>jolessa</i>	1	HCR; QL (1 EA per 1 day)
<i>juleber</i>	1	HCR
<i>junel 1.5/30</i>	1	HCR
<i>junel 1/20</i>	1	HCR
<i>junel fe 1.5/30</i>	1	HCR
<i>junel fe 1/20</i>	1	HCR
<i>junel fe 24</i>	1	HCR

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 07/01/2024



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

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 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestimate-eth estradiol</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic</i>	1	HCR
<i>nortrel 0.5/35 (28)</i>	1	HCR
<i>nortrel 1/35 (21)</i>	1	HCR
<i>nortrel 1/35 (28)</i>	1	HCR
<i>nylia 1/35</i>	1	HCR
<i>nymyo</i>	1	HCR
<i>ocella</i>	1	HCR
ORIAHNN ( <i>elagolix-estradiol-norethind</i> )	2	PA; QL (2 EA per 1 day)
<i>philith</i>	1	HCR
<i>portia-28</i>	1	HCR
PREMARIN ORAL ( <i>estrogens conjugated</i> )	2	
PREMARIN VAGINAL ( <i>estrogens, conjugated</i> )	2	
PREMPHASE ( <i>conj estrog-medroxyprogest ace</i> )	2	
PREMPRO ( <i>conj estrog-medroxyprogest ace</i> )	2	
<i>reclipsen</i>	1	HCR
<i>rivelsa</i>	1	HCR; QL (1 EA per 1 day)
<i>setlakin</i>	1	HCR; QL (1 EA per 1 day)
<i>simpesse</i>	1	HCR; QL (1 EA per 1 day)
<i>sprintec 28</i>	1	HCR
<i>sronyx</i>	1	HCR
<i>syeda</i>	1	HCR
<i>tarina 24 fe</i>	1	HCR
<i>tarina fe 1/20 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-nymyo</i>	1	HCR
<i>tri-sprintec</i>	1	HCR
<i>tri-vylibra</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 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tri-vylibra lo</i>	1	HCR
<i>turqoz</i>	1	HCR
<i>vestura</i>	1	HCR
<i>vienna</i>	1	HCR
<i>vyfemla</i>	1	HCR
<i>vylibra</i>	1	HCR
<i>wera</i>	1	HCR
<i>yuvafem</i>	1	
<i>zumandimine</i>	1	HCR
<b>GLYCOGENOLYTIC AGENTS - Hormones</b>		
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	
<b>GONADOTROPINS - Hormones</b>		
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
LUPRON DEPOT-PED (6-MONTH) ( <i>leuprolide acetate (6 month)</i> )	3	PA; SP
SUPPRELIN LA ( <i>histrelin acetate</i> )	2	PA; SP; QL (1 EA per 250 days)
TRIPTODUR ( <i>triptorelin pamoate</i> )	3	PA; SP; QL (0.006 EA per 1 day)
<b>INCRETIN MIMETICS - Drugs for Diabetes</b>		
BYDUREON BCISE AUTOINJECTOR ( <i>exenatide</i> )	2	PA; QL (0.15 ML per 1 day)
BYETTA 10 MCG PEN ( <i>exenatide</i> )	2	PA; QL (0.08 ML per 1 day)
BYETTA 5 MCG PEN ( <i>exenatide</i> )	2	PA; QL (0.04 ML per 1 day)
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)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYBELSUS ORAL TABLET 14 MG, 7 MG ( <i>semaglutide</i> )	2	PA; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG ( <i>semaglutide</i> )	2	PA; QL (60 EA per 365 days)
SOLIQUA ( <i>insulin glargine-lixisenatide</i> )	2	ST; QL (0.6 ML per 1 day)
TRULICITY ( <i>dulaglutide</i> )	2	PA; QL (0.08 ML per 1 day)
VICTOZA ( <i>liraglutide</i> )	2	PA; QL (0.3 ML per 1 day)
<b>INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes</b>		
HUMULIN 70/30 KWIKPEN ( <i>insulin nph isophane &amp; regular</i> )	3	PA
HUMULIN 70/30 VIAL ( <i>insulin nph isophane &amp; 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 &amp; regular</i> )	2	
NOVOLIN 70/30 FLEXPEN RELION ( <i>insulin nph isophane &amp; regular</i> )	2	
NOVOLIN 70/30 VIAL ( <i>insulin nph isophane &amp; 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	
<b>LONG-ACTING INSULINS - Drugs for Diabetes</b>		
LANTUS SOLOSTAR ( <i>insulin glargine</i> )	2	
LANTUS U-100 VIAL ( <i>insulin glargine</i> )	2	
LEVEMIR FLEXPEN ( <i>insulin detemir</i> )	2	
LEVEMIR U-100 VIAL ( <i>insulin detemir</i> )	2	
SOLIQUA ( <i>insulin glargine-lixisenatide</i> )	2	ST; QL (0.6 ML per 1 day)
TOUJEO MAX SOLOSTAR ( <i>insulin glargine</i> )	2	
TOUJEO SOLOSTAR ( <i>insulin glargine</i> )	2	
<b>PARATHYROID AGENTS - Drugs for Bones</b>		
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; SP
TYMLOS ( <i>abaloparatide</i> )	2	PA; SP
<b>PITUITARY - Hormones</b>		
ACTHAR ( <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

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORDITROPIN FLEXPRO ( <i>somatropin</i> )	2	PA; SP
NUTROPIN AQ NUSPIN 10 ( <i>somatropin</i> )	2	PA; SP
NUTROPIN AQ NUSPIN 20 ( <i>somatropin</i> )	2	PA; SP
NUTROPIN AQ NUSPIN 5 ( <i>somatropin</i> )	2	PA; SP
OMNITROPE ( <i>somatropin</i> )	2	PA; SP
SKYTROFA ( <i>lonapegsomatropin-tcgd</i> )	3	PA; SP
<b>PROGESTINS - Drugs for Women</b>		
<i>afirmelle</i>	1	HCR
<i>altavera</i>	1	HCR
<i>alyacen 1/35</i>	1	HCR
<i>amabelz</i>	1	
<i>apri</i>	1	HCR
<i>ashlyna</i>	1	HCR; QL (1 EA per 1 day)
<i>aubra eq</i>	1	HCR
<i>aurovela 1.5/30</i>	1	HCR
<i>aurovela 1/20</i>	1	HCR
<i>aurovela 24 fe</i>	1	HCR
<i>aurovela fe 1.5/30</i>	1	HCR
<i>aurovela fe 1/20</i>	1	HCR
<i>aviane</i>	1	HCR
<i>ayuna</i>	1	HCR
BALCOLTRA ( <i>levonorgest-eth estrad-fe bisg</i> )	3	HCR
<i>balziva</i>	1	HCR
BIJUVA ( <i>estradiol-progesterone</i> )	3	
<i>blisovi 24 fe</i>	1	HCR
<i>blisovi fe 1.5/30</i>	1	HCR
<i>blisovi fe 1/20</i>	1	HCR
<i>briellyn</i>	1	HCR
<i>camila</i>	1	HCR
<i>camrese</i>	1	HCR; QL (1 EA per 1 day)
<i>camrese lo</i>	1	HCR; QL (1 EA per 1 day)
<i>chateal eq</i>	1	HCR
CLIMARA PRO ( <i>estradiol-levonorgestrel</i> )	2	
<i>cryselle-28</i>	1	HCR

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyred eq</i>	1	HCR
<i>dasetta 1/35</i>	1	HCR
<i>daysee</i>	1	HCR; QL (1 EA per 1 day)
<i>deblitane</i>	1	HCR
<i>delyla</i>	1	HCR
<i>drospirenone-ethinyl estradiol</i>	1	HCR
<i>elinest</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>hailey 1.5/30</i>	1	HCR
<i>hailey 24 fe</i>	1	HCR
<i>hailey fe 1.5/30</i>	1	HCR
<i>hailey fe 1/20</i>	1	HCR
<i>heather</i>	1	HCR
<i>iclevia</i>	1	HCR; QL (1 EA per 1 day)
<i>incassia</i>	1	HCR
<i>introvale</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom</i>	1	HCR
<i>jaimiess</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel</i>	1	HCR
<i>jencycla</i>	1	HCR
<i>jolessa</i>	1	HCR; QL (1 EA per 1 day)
<i>juleber</i>	1	HCR
<i>junel 1.5/30</i>	1	HCR
<i>junel 1/20</i>	1	HCR
<i>junel fe 1.5/30</i>	1	HCR
<i>junel fe 1/20</i>	1	HCR
<i>junel fe 24</i>	1	HCR
<i>kalliga</i>	1	HCR
<i>kurvelo</i>	1	HCR

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Effective 07/01/2024

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

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Effective 07/01/2024



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

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Effective 07/01/2024

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

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 &amp; regular</i> )	2	
NOVOLIN 70/30 FLEXPEN RELION ( <i>insulin nph isophane &amp; regular</i> )	2	
NOVOLIN 70/30 VIAL ( <i>insulin nph isophane &amp; 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	
<b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes</b>		
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	
<b>SOMATOSTATIN AGONISTS - Hormones</b>		
SOMATULINE DEPOT ( <i>lanreotide acetate</i> )	3	PA; SP
<b>SOMATOTROPIN AGONISTS - Hormones</b>		
NORDITROPIN FLEXPEN ( <i>somatropin</i> )	2	PA; SP
NUTROPIN AQ NUSPIN 10 ( <i>somatropin</i> )	2	PA; SP
NUTROPIN AQ NUSPIN 20 ( <i>somatropin</i> )	2	PA; SP
NUTROPIN AQ NUSPIN 5 ( <i>somatropin</i> )	2	PA; SP
OMNITROPE ( <i>somatropin</i> )	2	PA; SP
<b>SULFONYLUREAS - Drugs for Diabetes</b>		
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide oral</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide oral</i>	1	
<b>THIAZOLIDINEDIONES - Drugs for Diabetes</b>		
<i>pioglitazone hcl</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>THYROID AGENTS - Drugs for the Thyroid</b>		
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	
<i>np thyroid oral tablet 15 mg, 30 mg, 60 mg</i>	1	
SYNTHROID ( <i>levothyroxine sodium</i> )	2	
TIROSINT ( <i>levothyroxine sodium</i> )	3	
TIROSINT-SOL ( <i>levothyroxine sodium</i> )	3	
<i>unithroid</i>	1	
<b>IMMUNOMODULATORY AGNT</b>		
<b>JANUS KINASE INHIBITORS, MISCELLANEOUS</b>		
CIBINQO ( <i>abrocitinib</i> )	2	PA; SP; QL (1 EA per 1 day)
<b>LOOP DIURETICS</b>		
<b>LOOP DIURETICS</b>		
<i>bumetanide oral</i>	1	
<i>furosemide oral tablet</i>	1	
<i>toremide</i>	1	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-ALPHA-REDUCTASE INHIBITORS</b>		
<i>dutasteride oral</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<b>ALCOHOL DETERRENTS - Drugs for Alcohol Dependence</b>		
<i>naltrexone hcl oral</i>	1	
VIVITROL ( <i>naltrexone</i> )	3	SP
<b>ANTIDOTES - Drugs for Overdose or Poisoning</b>		
BAQSIMI ONE PACK ( <i>glucagon</i> )	2	
BAQSIMI TWO PACK ( <i>glucagon</i> )	2	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	

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<i>naltrexone hcl oral</i>	1	
VIVITROL ( <i>naltrexone</i> )	3	SP
ZEGALOGUE ( <i>dasiglucagon hcl</i> )	2	
ZIMHI ( <i>naloxone hcl</i> )	3	
<b>ANTIGOUT AGENTS - Drugs for Gout</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>naproxen oral tablet</i>	1	
<b>ANTISENSE OLIGONUCLEOTIDES</b>		
TEGSEDI ( <i>inotersen sodium</i> )	3	PA; SP; QL (0.22 ML per 1 day)
<b>BONE ANABOLIC AGENTS</b>		
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; SP
TYMLOS ( <i>abaloparatide</i> )	2	PA; SP
<b>BONE RESORPTION INHIBITORS - Drugs for Bone Loss</b>		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (0.15 EA per 1 day)
DIVIGEL ( <i>estradiol</i> )	3	
<i>dotti</i>	1	
ELESTRIN ( <i>estradiol</i> )	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch twice weekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	1	
ESTROGEL ( <i>estradiol</i> )	3	
EVAMIST ( <i>estradiol</i> )	3	
<i>ibandronate sodium oral</i>	1	QL (0.04 EA per 1 day)
<i>lyllana</i>	1	
PREMARIN ORAL ( <i>estrogens conjugated</i> )	2	
PREMARIN VAGINAL ( <i>estrogens, conjugated</i> )	2	
PROLIA ( <i>denosumab</i> )	2	PA; SP; QL (180 day supply per 30 fills)
<i>yuvaferm</i>	1	

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<b>COMPLEMENT INHIBITORS</b>		
EMPAVELI ( <i>pegcetacoplan</i> )	3	PA; SP
HAEGARDA ( <i>c1 esterase inhibitor (human)</i> )	3	PA; SP
RUCONEST ( <i>c1 esterase inhibitor (recomb)</i> )	3	PA; SP; QL (0.27 EA per 1 day)
SOLIRIS ( <i>eculizumab</i> )	3	PA; SP
ULTOMIRIS ( <i>ravulizumab-cwvz</i> )	3	PA; SP
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis</b>		
ACTEMRA ACTPEN ( <i>tocilizumab</i> )	3	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS ( <i>tocilizumab</i> )	3	PA; SP; QL (0.13 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.12 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 EA 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)
CIMZIA ( <i>certolizumab pegol</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA STARTER KIT ( <i>certolizumab pegol</i> )	2	PA; SP; QL (3 EA per 365 days)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SP; QL (0.15 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML ( <i>adalimumab-adbm</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SP; QL (0.15 EA per 1 day)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SP; QL (0.15 EA per 1 day)

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CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SP; QL (0.15 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)
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PED<40KG CROHNS STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (2 EA per 365 days)
HUMIRA-PED>=40KG CROHNS START ( <i>adalimumab</i> )	2	PA; SP; QL (3 EA per 365 days)
HUMIRA-PED>=40KG UC STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UEIT STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (3 EA per 365 days)
<i>hydroxychloroquine sulfate oral</i>	1	
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)

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HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (1.2 ML per 365 days)
HYRIMOZ-PED>=40KG CROHN START ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQUE PSORIASIS START ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (1.6 ML per 365 days)
INFLECTRA ( <i>infliximab-dyyb</i> )	2	PA; SP
<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 ( <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)
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)
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)

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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 tablet</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)
<b>IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM</b>		
ACTEMRA ACTPEN ( <i>tocilizumab</i> )	3	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS ( <i>tocilizumab</i> )	3	PA; SP; QL (0.13 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.12 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML ( <i>adalimumab-atto</i> )	2	PA; SP; QL (0.06 EA per 1 day)

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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)
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 STARTER KIT ( <i>certolizumab pegol</i> )	2	PA; SP; QL (3 EA per 365 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )	2	PA; SP; QL (0.43 ML per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML ( <i>adalimumab-adbm</i> )	2	PA; SP; QL (0.08 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SP; QL (0.15 EA 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> fingolimod hcl</i>	1	PA; SP; QL (1 EA per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SP; QL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SP; QL (0.43 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SP; QL (1 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SP; QL (0.43 ML per 1 day)
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PED<40KG CROHNS STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (2 EA per 365 days)
HUMIRA-PED>/=40KG CROHNS START ( <i>adalimumab</i> )	2	PA; SP; QL (3 EA per 365 days)
HUMIRA-PED>/=40KG UC STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UEVIT STARTER ( <i>adalimumab</i> )	2	PA; SP; QL (3 EA per 365 days)
<i>hydroxychloroquine sulfate oral</i>	1	
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (1.2 ML per 365 days)
HYRIMOZ-PED>/=40KG CROHN START ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQUE PSORIASIS START ( <i>adalimumab-adaz</i> )	2	PA; SP; QL (1.6 ML per 365 days)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLECTRA ( <i>infliximab-dyyb</i> )	2	PA; SP
KESIMPTA ( <i>ofatumumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
<i>leflunomide oral</i>	1	
MAVENCLAD ( <i>cladribine</i> )	3	PA; SP
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 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 ( <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)
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 tablet</i>	1	
TREXALL ( <i>methotrexate sodium</i> )	3	

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Effective 07/01/2024

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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 ( <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)
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant</b>		
<i>azathioprine oral</i>	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>belimumab</i> )	3	PA; SP
<i>leflunomide oral</i>	1	
MAVENCLAD ( <i>cladribine</i> )	3	PA; SP
<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	
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral</i>	1	
TREXALL ( <i>methotrexate sodium</i> )	3	
<b>KALLIKREIN INHIBITORS</b>		
ORLADEYO ( <i>berotralstat hcl</i> )	3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION ( <i>lanadelumab-flyo</i> )	3	PA; SP
<b>KALLIKREIN-KININ SYSTEM INHIBITORS</b>		
EMPAVELI ( <i>pegcetacoplan</i> )	3	PA; SP
HAEGARDA ( <i>c1 esterase inhibitor (human)</i> )	3	PA; SP
ORLADEYO ( <i>berotralstat hcl</i> )	3	PA; SP; QL (1 EA per 1 day)
RUCONEST ( <i>c1 esterase inhibitor (recomb)</i> )	3	PA; SP; QL (0.27 EA per 1 day)
SOLIRIS ( <i>eculizumab</i> )	3	PA; SP

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Effective 07/01/2024



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TAKHZYRO SUBCUTANEOUS SOLUTION ( <i>Ianadelumab-flyo</i> )	3	PA; SP
ULTOMIRIS ( <i>ravulizumab-cwvz</i> )	3	PA; SP
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>		
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
NITYR ( <i>nitisinone</i> )	3	PA; SP
ORFADIN ( <i>nitisinone</i> )	3	PA; SP
PREZCOBIX ( <i>darunavir-cobicistat</i> )	2	
REBYOTA ( <i>fecal microbiota, live-jslm</i> )	3	PA; SP
SYMTUZA ( <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
<b>POTASSIUM-SPARING DIURETICS</b>		
<b>POTASSIUM-SPARING DIURETICS</b>		
<i>spironolactone oral tablet</i>	1	
<b>RESPIRATORY TRACT AGENTS - Drugs for the Lungs</b>		
<b>ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD</b>		
AUVI-Q ( <i>epinephrine</i> )	3	
<i>epinephrine injection solution auto-injector</i>	1	
EPIPEN 2-PAK ( <i>epinephrine</i> )	3	ST
<b>ANTICHOLINERGIC AGENTS (RESPIR. TRACT) - Drugs for Asthma/COPD</b>		
ATROVENT HFA ( <i>ipratropium bromide hfa</i> )	3	QL (0.86 GM per 1 day)
COMBIVENT RESPIMAT ( <i>ipratropium-albuterol</i> )	2	QL (0.27 GM per 1 day)
<i>ipratropium bromide nasal</i>	1	
<i>ipratropium-albuterol</i>	1	QL (18 ML per 1 day)

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Effective 07/01/2024



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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)
<b>ANTIFIBROTIC AGENTS - Drugs for the Lungs</b>		
OFEV ( <i>nintedanib esylate</i> )	3	PA; SP
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation</b>		
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)
<b>ANTITUSSIVES - Drugs for Cough and Cold</b>		
<i>benzonatate</i>	1	
<i>promethazine-dm</i>	1	
<i>pseudoephedrine-bromphen-dm</i>	1	
<b>CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs</b>		
TRIKAFTA ORAL TABLET THERAPY PACK ( <i>elexacaftor-tezacaftor-ivacaft</i> )	3	PA; SP; QL (3 EA per 1 day)
<b>CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs</b>		
TRIKAFTA ORAL TABLET THERAPY PACK ( <i>elexacaftor-tezacaftor-ivacaft</i> )	3	PA; SP; QL (3 EA per 1 day)
<b>ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs</b>		
OPSUMIT ( <i>macitentan</i> )	2	PA; SP; QL (1 EA per 1 day)
<b>FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy</b>		
<i>cyproheptadine hcl oral tablet</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<b>INTERLEUKIN ANTAGONISTS - Drugs for Inflammation</b>		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.17 ML per 1 day)
FASENRA PEN ( <i>benralizumab</i> )	2	PA; SP

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Effective 07/01/2024

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FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML ( <i>benralizumab</i> )	2	PA; SP
<b>LEUKOTRIENE MODIFIERS - Drugs for Inflammation</b>		
<i>montelukast sodium oral tablet</i>	1	
<i>montelukast sodium oral tablet chewable</i>	1	
<b>MUCOLYTIC AGENTS - Drugs for the Lungs</b>		
PULMOZYME ( <i>dornase alfa</i> )	2	PA; SP
<b>NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation</b>		
<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)
<b>ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation</b>		
AIRSUPRA ( <i>albuterol-budesonide</i> )	2	QL (1.1 GM per 1 day)
ARNUITY 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)
<b>PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs</b>		
<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)
<b>PROSTACYCLIN &amp; PROSTACYCLIN DERIVATIVES - Drugs for the Lungs</b>		
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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Effective 07/01/2024

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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 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 ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs</b>		
TEZSPIRE ( <i>tezepelumab-ekko</i> )	2	PA; SP; QL (0.07 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ( <i>omalizumab</i> )	2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>omalizumab</i> )	2	PA; SP
<b>SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy</b>		
<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)
<b>SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD</b>		
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 (5 mg/ml) 0.5%</i>	1	QL (5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (12.5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	QL (5 EA per 1 day)

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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)
<b>VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs</b>		
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)
ORENITRAM MONTH 3 ( <i>treprostinil diolamine</i> )	3	PA; SP; QL (504 EA per 365 days)
<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 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 ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER ( <i>treprostinil</i> )	3	PA; SP; QL (2.9 ML per 1 day)
<b>VASODILATING AGENTS, MISC - Drugs for the Lungs</b>		
ADEMPAS ( <i>riociguat</i> )	2	PA; SP; QL (90 EA per 30 days)
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTIPROLIFERANTS</b>		
PANRETIN ( <i>alitretinoin</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 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin</b>		
<b>ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin</b>		
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 phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
CLINDESSE ( <i>clindamycin phosphate (1 dose)</i> )	3	
FINACEA EXTERNAL FOAM ( <i>azelaic acid</i> )	3	
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin external</i>	1	
ONEXTON ( <i>clindamycin phos-benzoyl perox</i> )	1	
XACIATO ( <i>clindamycin phosphate</i> )	3	
XEPI ( <i>ozenoxacin</i> )	3	
ZILXI ( <i>minocycline hcl micronized</i> )	3	ST
<b>ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin</b>		
EUCRISA ( <i>crisaborole</i> )	2	ST
VTAMA ( <i>tapinarof</i> )	3	PA
<b>ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin</b>		
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
<i>phenazo oral tablet 200 mg</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PROCTOFOAM HC ( <i>hydrocortisone ace-pramoxine</i> )	2	

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 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>acyclovir external ointment</i>	1	QL (1 GM per 1 day)
<b>AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>clotrimazole external cream</i>	1	
<i>clotrimazole-betamethasone external cream</i>	1	
GYNAZOLE-1 ( <i>butoconazole nitrate (1 dose)</i> )	3	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external shampoo</i>	1	
<i>terconazole vaginal cream</i>	1	
<b>BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin</b>		
ENSTILAR ( <i>calcipotriene-betameth diprop</i> )	3	QL (15 GM per 1 day)
<i>hydrocortisone external cream 1 %</i>	1	
SANTYL ( <i>collagenase</i> )	3	QL (3 GM per 1 day)
TACLONEX ( <i>calcipotriene-betameth diprop</i> )	3	QL (4 GM per 1 day)
WYNZORA ( <i>calcipotriene-betameth diprop</i> )	3	QL (15 GM per 1 day)
<b>CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin</b>		
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % ( <i>tretinoin microsphere</i> )	3	PA
<i>tretinoin external cream</i>	1	
TWYNEO ( <i>tretinoin-benzoyl peroxide</i> )	3	
<b>CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>ala-cort</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external solution</i>	1	
<i>clotrimazole-betamethasone external cream</i>	1	
CORTIFOAM ( <i>hydrocortisone acetate</i> )	3	
ENSTILAR ( <i>calcipotriene-betameth diprop</i> )	3	QL (15 GM per 1 day)
<i>fluocinonide external cream</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinonide external solution</i>	1	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>mometasone furoate external cream</i>	1	
<i>mometasone furoate external ointment</i>	1	
PROCTOFOAM HC ( <i>hydrocortisone ace-pramoxine</i> )	2	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-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 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)
<b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>ciclodan</i>	1	
<i>ciclopirox external solution</i>	1	
<b>IMMUNOMODULATORY AGENT(S) - Drugs for the Skin</b>		
ADBRY ( <i>tralokinumab-ldrm</i> )	2	PA; SP; QL (0.15 ML 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)
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)
TREMFYA ( <i>guselkumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
<b>JANUS KINASE INHIBITORS - Drugs for the Skin</b>		
CIBINQO ( <i>abrocitinib</i> )	2	PA; SP; QL (1 EA per 1 day)
<b>KERATOLYTIC AGENTS - Drugs for the Skin</b>		
<i>adapalene-benzoyl peroxide external gel</i>	1	
EPIDUO FORTE ( <i>adapalene-benzoyl peroxide</i> )	3	

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Effective 07/01/2024



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin</b>		
<i>adapalene-benzoyl peroxide external gel</i>	1	
<i>chlorhexidine gluconate mouththroat</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	1	
EPIDUO FORTE ( <i>adapalene-benzoyl peroxide</i> )	3	
ONEXTON ( <i>clindamycin phos-benzoyl perox</i> )	1	
<i>perio gard</i>	1	
TWYNEO ( <i>tretinoin-benzoyl peroxide</i> )	3	
<b>NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin</b>		
<i>diclofenac sodium external gel 1 %</i>	1	QL (33.33 GM per 1 day)
<b>POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>klayesta</i>	1	
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystop</i>	1	
<b>SCABICIDES AND PEDICULICIDES - Drugs for the Skin</b>		
SOOLANTRA ( <i>ivermectin</i> )	3	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin</b>		
ABSORICA LD ( <i>isotretinoin micronized</i> )	3	PA
<i>accutane</i>	1	
<i>adapalene-benzoyl peroxide external gel</i>	1	
ADBRY ( <i>tralokinumab-ldrm</i> )	2	PA; SP; QL (0.15 ML per 1 day)
AKLIEF ( <i>trifarotene</i> )	3	PA
<i>amnesteem</i>	1	
AVSOLA ( <i>infliximab-axxq</i> )	2	PA; SP
<i>azelaic acid external</i>	1	
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)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>dupilumab</i> )	2	PA; SP; QL (0.29 ML per 1 day)
ENSTILAR ( <i>calcipotriene-betameth diprop</i> )	3	QL (15 GM per 1 day)
EPIDUO FORTE ( <i>adapalene-benzoyl peroxide</i> )	3	
FINACEA EXTERNAL FOAM ( <i>azelaic acid</i> )	3	
<i>fluorouracil external cream 5 %</i>	1	
<i>imiquimod external cream 3.75 %</i>	1	ST
<i>imiquimod external cream 5 %</i>	1	
<i>imiquimod pump</i>	1	ST
INFLECTRA ( <i>infliximab-dyyb</i> )	2	PA; SP
<i>isotretinoin oral</i>	1	
KLISYRI ( <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	
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	
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> )	3	PA; SP; QL (1 EA per 1 day)
STELARA SUBCUTANEOUS SOLUTION ( <i>ustekinumab</i> )	2	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab</i> )	2	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
TACLONEX ( <i>calcipotriene-betameth diprop</i> )	3	QL (4 GM per 1 day)
<i>tacrolimus external</i>	1	QL (2 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALTZ ( <i>ixekizumab</i> )	3	PA; SP; QL (0.04 ML per 1 day)
TREMFYA ( <i>guselkumab</i> )	2	PA; SP; QL (0.02 ML per 1 day)
VTAMA ( <i>tapinarof</i> )	3	PA
WYNZORA ( <i>calcipotriene-betameth diprop</i> )	3	QL (15 GM per 1 day)
<i>zenatane</i>	1	
<b>SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles</b>		
<b>ANTIMUSCARINICS - Drugs for the Urinary System</b>		
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate er</i>	1	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs</b>		
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
<b>SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ( <i>mirabegron</i> )	2	
<b>THIAZIDE DIURETICS</b>		
<b>THIAZIDE DIURETICS</b>		
<i>hydrochlorothiazide oral</i>	1	
<b>THIAZIDE-LIKE DIURETICS</b>		
<b>THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	
<b>VITAMINS</b>		
<b>VITAMIN B COMPLEX</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<b>VITAMIN D</b>		
<i>calcitriol oral capsule</i>	1	
<i>ergocalciferol oral capsule</i>	1	
RAYALDEE ( <i>calcifediol</i> )	3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	

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Effective 07/01/2024

## Index of Drugs

ABILIFY ASIMTUFII .....	29, 31	<b>amlodipine-olmesartan</b> .....	20, 24	AVSOLA .....	46, 69, 73, 85
ABILIFY MAINTENA .....	30, 31	<b>amnesteem</b> .....	85	<b>ayuna</b> .....	51, 55, 61
<b>abiraterone acetate</b> .....	11	<b>amoxicillin</b> .....	7, 45	AZASITE .....	42
ABSORICA LD .....	85	<b>amoxicillin-potassium</b>		<b>azathioprine</b> .....	69, 73, 76
ACCU-CHEK FASTCLIX		<b>clavulanate</b> .....	7	<b>azelaic acid</b> .....	82, 85
LANCET KIT .....	39	<b>amphetamine-</b>		<b>azelastine hcl</b> .....	42, 80
ACCU-CHEK SOFTCLIX		<b>dextroamphetamine</b> .....	27	<b>azelastine-fluticasone</b>	
LANCET DEVICE KIT .....	39	<b>amphetamine-</b>		.....	42, 43, 79, 80
<b>accutane</b> .....	85	<b>dextroamphetamine er</b> .....	27	<b>azithromycin</b> .....	10
<b>acetaminophen-codeine</b> .....	27, 34	<b>amphet-dextroamphet 3-</b>		AZSTARYS .....	37
ACTEMRA .....	69, 72	<b>bead er</b> .....	27	<b>bac</b> .....	27, 32, 37
ACTEMRA ACTPEN .....	69, 72	AMZEEQ .....	82	<b>baclofen</b> .....	15
ACTHAR .....	40, 60	<b>anastrozole</b> .....	11, 50	BAFIERTAM .....	73
<b>acyclovir</b> .....	10, 83	ANDRODERM .....	50	BALCOLTRA .....	51, 55, 61
<b>adapalene-benzoyl peroxide</b>		ANORO ELLIPTA .....	14, 16	<b>balziva</b> .....	51, 55, 61
.....	84, 85	<b>apap-caff-dihydrocodeine</b>		BAQSIMI ONE PACK .....	59, 67
ADBRY .....	84, 85	.....	27, 34, 37	BAQSIMI TWO PACK .....	59, 67
ADEMPAS .....	81	APIDRA SOLOSTAR .....	65	BD ULTRA-FINE INSULIN	
ADTHYZA .....	67	<b>apri</b> .....	51, 55, 61	SYRINGES .....	39
ADVAIR HFA .....	16, 49	APRISO .....	45	BD ULTRA-FINE PEN	
ADVATE .....	18	APTIOM .....	28	NEEDLES .....	39
ADYNOVATE .....	18	ARAKODA .....	7	BELBUCA .....	35
<b>afirmelle</b> .....	50, 55, 61	ARANESP (ALBUMIN FREE)		BELSOMRA .....	30, 36
AFSTYLA .....	18	.....	17, 18	<b>benazepril hcl</b> .....	21
AIMOVIG .....	32	<b>aripiprazole</b> .....	30, 31	BENLYSTA .....	76
AIRSUPRA .....	16, 43, 49, 79, 80	ARISTADA .....	30, 31	<b>benzonatate</b> .....	78
AJOVY .....	32	ARISTADA INITIO .....	30, 31	<b>benztropine mesylate</b> .....	15, 28
AKLIEF .....	85	<b>armodafinil</b> .....	39	BESIVANCE .....	42
<b>ala-cort</b> .....	83	ARMOUR THYROID .....	67	<b>betamethasone dipropionate</b> .....	83
<b>albuterol sulfate</b> .....	16, 80	ARNUITY ELLIPTA .....	49, 79	BETASERON .....	73
<b>albuterol sulfate hfa</b> .....	16, 80	<b>ashlyna</b> .....	51, 55, 61	BETIMOL .....	42
ALECENSA .....	11	<b>atenolol</b> .....	17, 19, 21, 22, 23	BIJUVA .....	55, 61
<b>alendronate sodium</b> .....	68	<b>atenolol-chlorthalidone</b>		BIKTARVY .....	9, 10
<b>alfuzosin hcl er</b> .....	16	.....	19, 21, 41	<b>bisoprolol fumarate</b>	
<b>allopurinol</b> .....	68	<b>atomoxetine hcl</b> .....	33	.....	17, 19, 21, 22, 23
<b>alprazolam</b> .....	32	<b>atorvastatin calcium</b> .....	24	<b>bisoprolol-</b>	
ALPROLIX .....	18	ATROVENT HFA .....	14, 77	<b>hydrochlorothiazide</b> .....	19, 21, 41
<b>altavera</b> .....	50, 55, 61	<b>aubra eq</b> .....	51, 55, 61	<b>blisovi 24 fe</b> .....	51, 55, 61
ALTUVIIIO .....	18	<b>aurovela 1.5/30</b> .....	51, 55, 61	<b>blisovi fe 1.5/30</b> .....	51, 55, 61
ALUNBRIG .....	11	<b>aurovela 1/20</b> .....	51, 55, 61	<b>blisovi fe 1/20</b> .....	51, 55, 61
<b>alyacen 1/35</b> .....	50, 55, 61	<b>aurovela 24 fe</b> .....	51, 55, 61	BREO ELLIPTA .....	16, 49
<b>amabelz</b> .....	55, 61	<b>aurovela fe 1.5/30</b> .....	51, 55, 61	<b>breyana</b> .....	16, 49
<b>amiodarone hcl</b> .....	23	<b>aurovela fe 1/20</b> .....	51, 55, 61	BREZTRI AEROSPHERE	
<b>amitriptyline hcl</b> .....	38	AUSTEDO .....	39	.....	14, 16, 49
AMJEVITA .....	46, 69, 72	AUSTEDO XR .....	39	<b>briellyn</b> .....	51, 55, 61
AMJEVITA-PED.10KG.T46	46, 69, 72	AUSTEDO XR PATIENT		BRILINTA .....	19
AMJEVITA-PED.15KG.T46	46, 69, 72	TITRATION .....	39	<b>brimonidine tartrate</b> .....	42
<b>amlodipine besylate</b> .....	24, 26	AUVI-Q .....	14, 77	<b>brimonidine tartrate-timolol</b> .....	42
<b>amlodipine besylate-</b>		<b>aviane</b> .....	51, 55, 61	BRIVIACT .....	28
<b>benazepril hcl</b> .....	21, 24	<b>avidoxy</b> .....	7, 11	BRIXADI .....	35
<b>amlodipine besylate-</b>		AVONEX PEN .....	73	BRIXADI (WEEKLY) .....	35
<b>valsartan</b> .....	20, 24	AVONEX PREFILLED .....	73	<b>budesonide</b> .....	49, 79

<b>budesonide-formoterol fumarate</b> .....	16, 49	<b>clarithromycin</b> .....	8, 10, 45	<b>desmopressin acetate</b> .....	18, 60
<b>bumetanide</b> .....	25, 40, 67	CLENPIQ.....	45	<b>desvenlafaxine succinate er</b> ..	37
<b>buprenorphine hcl</b> .....	35	CLIMARA PRO.....	55, 61	<b>dexamethasone</b> .....	49
<b>buprenorphine hcl-naloxone hcl</b> .....	35, 36	<b>clindacin etz</b> .....	82	<b>dexlansoprazole</b> .....	48
<b>bupropion hcl</b> .....	29	<b>clindacin-p</b> .....	82	<b>dexmethylphenidate hcl</b> .....	37
<b>bupropion hcl er (sr)</b> .....	29	<b>clindamycin hcl</b> .....	10	<b>dexmethylphenidate hcl er</b> ....	37
<b>bupropion hcl er (xl)</b> .....	29	<b>clindamycin phos-benzoyl perox</b> .....	82, 85	<b>dextroamphetamine sulfate</b> ...	27
<b>buspirone hcl</b> .....	30	<b>clindamycin phosphate</b> .....	82	<b>diazepam</b> .....	32
<b>butalbital-apap-caffeine</b> .....	27, 32, 37	CLINDESSE.....	82	<b>diclofenac potassium</b> .....	36
BYDUREON BCISE		<b>clobetasol propionate</b> .....	83	<b>diclofenac sodium</b> .....	36, 39, 85
AUTOINJECTOR.....	59	<b>clonazepam</b> .....	32	<b>dicyclomine hcl</b> .....	14
BYETTA 10 MCG PEN.....	59	<b>clonidine hcl</b> .....	14, 21, 23	DIFICID.....	10
BYETTA 5 MCG PEN.....	59	<b>clopidogrel bisulfate</b> .....	19	<b>digoxin</b> .....	21, 23
<b>cabergoline</b> .....	34	<b>clotrimazole</b> .....	83	<b>diltiazem hcl er coated beads</b> .....	22, 23, 24, 26
CABOMETYX.....	11	<b>clotrimazole-betamethasone</b> ..	83	<b>dimethyl fumarate</b> .....	73
<b>calcitriol</b> .....	87	<b>colchicine</b> .....	68	<b>diphenoxylate-atropine</b> ....	14, 45
CALQUENCE.....	11	COMBIVENT RESPIMAT		<b>divalproex sodium</b> .....	28, 30
<b>camila</b> .....	51, 61	.....	14, 16, 77	<b>divalproex sodium er</b> .....	28, 30
<b>camrese</b> .....	51, 55, 61	<b>constulose</b> .....	40	DIVIGEL.....	56, 68
<b>camrese lo</b> .....	51, 55, 61	CONTOUR NEXT EZ.....	39	<b>donepezil hcl</b> .....	16
<b>candesartan cilexetil</b> .....	20	CONTOUR NEXT GEN		DOPTELET.....	18
<b>capecitabine</b> .....	12	MONITOR.....	39	<b>dorzolamide hcl-timolol mal</b> ..	43
<b>carbidopa-levodopa</b> .....	33	CONTOUR NEXT MONITOR...	40	<b>dorzolamide hcl-timolol mal pf</b> .....	43
<b>carisoprodol</b> .....	15	CONTOUR NEXT ONE.....	40	<b>dotti</b> .....	56, 68
<b>cartia xt</b> .....	22, 23, 24, 26	CONTOUR NEXT TEST.....	40	DOVATO.....	9, 10
<b>carvedilol</b> .....	15, 16, 19, 20, 21, 22, 23	CONTOUR TEST.....	40	<b>doxazosin mesylate</b> .....	16, 19, 20, 26
<b>cefadroxil</b> .....	6	COPAXONE.....	73	<b>doxepin hcl</b> .....	38
<b>cefdinir</b> .....	7	CORLANOR.....	23, 26	<b>doxycycline hyclate</b> .....	7, 8, 11
<b>cefuroxime axetil</b> .....	7	CORTIFOAM.....	83	<b>doxycycline monohydrate</b> ..	8, 11
<b>celecoxib</b> .....	33	CORTROPHIN.....	40, 60	<b>drosiprenone-ethinyl estradiol</b> .....	51, 56, 62
<b>cephalexin</b> .....	6	COTELLIC.....	12	DUAVEE.....	54, 56
CEQR SIMPLICITY 2U.....	39	CREON.....	41, 46	<b>duloxetine hcl</b> .....	34, 38
CERDELGA.....	77	CRESEMBA.....	8	DUPIXENT.....	78, 86
<b>cetirizine hcl</b> .....	6, 80	<b>cryselle-28</b> .....	51, 55, 61	DUROLANE.....	77
<b>chateal eq</b> .....	51, 55, 61	<b>cyanocobalamin</b> .....	19, 87	<b>dutasteride</b> .....	67
<b>chlorhexidine gluconate</b> ...	44, 85	<b>cyclobenzaprine hcl</b> .....	15	DYMISTA.....	42, 43, 79, 80
<b>chlorthalidone</b> .....	26, 41, 87	CYLTEZO (2 PEN).....	69	DYSPORT.....	15, 17, 77
CIBINQO.....	67, 69, 84, 85	CYLTEZO (2 SYRINGE)		EDARBI.....	20
<b>ciclodan</b> .....	84	.....	46, 69, 73	EDARBYCLOR.....	20, 41
<b>ciclopirox</b> .....	84	CYLTEZO-CD/UC/HS		ELESTRIN.....	56, 68
CIMDUO.....	10	STARTER.....	69	<b>eletriptan hydrobromide</b> .....	38
CIMERLI.....	44	CYLTEZO-PSORIASIS/UV		<b>elinest</b> .....	51, 56, 62
CIMZIA.....	46, 69, 73	STARTER.....	70	ELIQUIS.....	18
CIMZIA STARTER KIT.....	46, 69, 73	<b>cyproheptadine hcl</b> .....	6, 78	ELIQUIS DVT/PE STARTER	
<b>ciprofloxacin hcl</b> .....	8, 11, 42	<b>cyred eq</b> .....	51, 55, 62	PACK.....	17
<b>ciprofloxacin-dexamethasone</b> .....	42, 43	<b>dalfampridine er</b> .....	77	ELOCTATE.....	18
<b>citalopram hydrobromide</b> .....	38	<b>dasetta 1/35</b> .....	51, 55, 62	EMGALITY.....	33
<b>claravis</b> .....	85	<b>daysee</b> .....	51, 55, 62	EMPAVELI.....	69, 76
		DAYVIGO.....	31, 36	<b>emtricitabine-tenofovir df</b> .....	10
		<b>deblitane</b> .....	51, 62		
		<b>delyla</b> .....	51, 55, 62		
		DEPEN TITRATABS.....	49, 70		



EMVERM.....	7	<b> fingolimod hcl</b> .....	73	HUMALOG U-100 JUNIOR
<b>enalapril maleate</b> .....	21	FLAREX.....	43	KWIKPEN.....
ENBREL.....	70, 73	<b>flecainide acetate</b> .....	23	HUMIRA (2 PEN)....
ENBREL MINI.....	70, 73	<b>fluconazole</b> .....	8	46, 70, 73, 74
ENBREL SURECLICK.....	70, 73	<b>fludrocortisone acetate</b> .....	49	HUMIRA (2 SYRINGE). 46, 70, 74
ENDARI.....	77	<b>fluocinonide</b> .....	83, 84	HUMIRA-CD/UC/HS
<b>endocet</b> .....	27, 34	<b>fluorouracil</b> .....	86	STARTER.....
ENDOMETRIN.....	62	<b>fluoxetine hcl</b> .....	38	47, 70, 74
<b>enoxaparin sodium</b> .....	19	<b>fluticasone propionate</b> .....	43, 49, 79	HUMIRA-PED.....
<b>enskyce</b> .....	51, 56, 62	<b>fluticasone-salmeterol</b> .....	17, 49	47, 70, 74
ENSTILAR.....	83, 86	<b>fluvoxamine maleate</b> .....	38	HUMIRA-PED>/=40KG
ENTRESTO.....	20, 25	<b>folic acid</b> .....	87	CROHNS START.....
EPCLUSA.....	8, 9	<b>furosemide</b> .....	25, 40, 67	47, 70, 74
EPIDIOLEX.....	28	FYCOMPA.....	28	HUMIRA-PED>/=40KG UC
EPIDUO FORTE.....	84, 85, 86	<b>gabapentin</b> .....	27, 28	STARTER.....
<b>epinephrine</b> .....	14, 77	<b>gavilyte-c</b> .....	45	47, 70, 74
EPIPEN 2-PAK.....	14, 77	<b>gavilyte-g</b> .....	45	HUMIRA-PSORIASIS/UEVIT
<b>ergocalciferol</b> .....	87	GAVRETO.....	12	STARTER.....
ERIVEDGE.....	12	GELSYN-3.....	77	47, 70, 74
ERLEADA.....	12	<b>gemfibrozil</b> .....	24	HUMULIN 70/30 KWIKPEN 60, 65
ERMEZA.....	67	<b>glatiramer acetate</b> .....	73	HUMULIN 70/30 VIAL.....
<b>errin</b> .....	51, 62	<b>glatopa</b> .....	73	60, 65
<b>erythromycin</b> .....	42	<b>glimepiride</b> .....	66	HUMULIN N KWIKPEN.....
<b>escitalopram oxalate</b> .....	38	<b>glipizide</b> .....	66	60
<b>esomeprazole magnesium</b> .....	48	<b>glipizide er</b> .....	66	HUMULIN N VIAL.....
ESPEROCT.....	18	<b>glipizide xl</b> .....	66	60
<b>estarylla</b> .....	51, 56, 62	GLUCAGON EMERGENCY		
<b>estradiol</b> .....	56, 68	KIT.....	59, 67	HUMULIN R U-500 KWIKPEN..66
<b>estradiol-norethindrone acet</b>	56, 62	<b>glyburide</b> .....	66	HUMULIN R U-500 VIAL.....
ESTROGEL.....	56, 68	<b>glycopyrrolate</b> .....	14	66
<b>eszopiclone</b> .....	31	GLYXAMBI.....	54, 66	HUMULIN R VIAL.....
<b>etodolac</b> .....	36	GRALISE.....	28, 29	66
EUCRISA.....	82	<b>guanfacine hcl</b> .....	22, 23, 33	<b>hydralazine hcl</b> .....
EUFLEXXA.....	77	<b>guanfacine hcl er</b> .....	33	23, 24
<b>euthyrox</b> .....	67	GYNAZOLE-1.....	83	<b>hydrocodone-</b>
EVAMIST.....	56, 68	HAEGARDA.....	69, 76	<b>acetaminophen</b> .....
EXKIVITY.....	12	<b>hailey 1.5/30</b> .....	51, 56, 62	28, 34
EYSUVIS.....	43	<b>hailey 24 fe</b> .....	51, 56, 62	<b>hydrocortisone</b> .....
<b>ezetimibe</b> .....	23	<b>hailey fe 1.5/30</b> .....	52, 56, 62	49, 83, 84
FABRAZYME.....	41	<b>hailey fe 1/20</b> .....	52, 56, 62	<b>hydrocortisone (perianal)</b> .....
<b>falmina</b> .....	51, 56, 62	HARVONI.....	8, 9	84
<b>famotidine</b> .....	6, 48	<b>heather</b> .....	52, 62	<b>hydromorphone hcl</b> .....
FARXIGA.....	66	HEMANGEOL... 15, 19, 22, 23, 30		
FASENRA.....	79	HIZENTRA.....	14	34
FASENRA PEN.....	78	HORIZANT.....	29	<b>hydroxychloroquine sulfate</b>
<b>fenofibrate</b> .....	24	HUMALOG.....	65	.....
<b>fenofibrate micronized</b> .....	24	HUMALOG KWIKPEN.....	65	8, 70, 74
FIASP.....	65	HUMALOG MIX 50/50		
FIASP FLEXTOUCH.....	65	KWIKPEN.....	65	<b>hydroxyzine hcl</b> .....
FIASP PENFILL.....	65	HUMALOG MIX 50/50 VIAL.....	65	6, 31
FINACEA.....	82, 86	HUMALOG MIX 75/25		
<b>finasteride</b> .....	67	KWIKPEN.....	65	<b>hydroxyzine pamoate</b> .....
		HUMALOG MIX 75/25 VIAL.....	65	6, 31
				<b>hyoscyamine sulfate</b> .....
				14
				HYRIMOZ.....
				47, 70, 71, 74
				HYRIMOZ-CROHNS/UC
				STARTER.....
				47, 71, 74
				HYRIMOZ-PED.....
				47, 71, 74
				HYRIMOZ-PED>/=40KG
				CROHN START.....
				47, 71, 74
				HYRIMOZ-PLAQUE
				PSORIASIS START.....
				47, 71, 74
				HYSINGLA ER.....
				34
				<b>ibandronate sodium</b> .....
				68
				IBRANCE.....
				12
				<b>ibuprofen</b> .....
				30, 37
				<b>iclevia</b> .....
				52, 56, 62
				ICLUSIG.....
				12
				<b>icosapent ethyl</b> .....
				21
				IDELVION.....
				18
				IDHIFA.....
				12
				<b>imatinib mesylate</b> .....
				12
				IMBRUVICA.....
				12
				<b>imiquimod</b> .....
				86
				<b>imiquimod pump</b> .....
				86

IMVEXXY MAINTENANCE PACK.....	56	<i>klor-con 10</i> .....	41	LITFULO.....	86
IMVEXXY STARTER PACK....	56	<i>klor-con m10</i> .....	41	<i>lithium carbonate</i> .....	30
INBRIJA.....	33	<i>klor-con m15</i> .....	41	<i>lithium carbonate er</i> .....	30
<i>incassia</i> .....	52, 62	<i>klor-con m20</i> .....	41	LO LOESTRIN FE.....	52, 57, 63
<i>indomethacin</i> .....	37, 68	KLOXXADO.....	36	<i>lojaimiess</i> .....	52, 57, 63
INFLECTRA.....	47, 71, 75, 86	KOATE.....	18	LOKELMA.....	40
INGREZZA.....	39	KOGENATE FS.....	19	<i>lorazepam</i> .....	32
<i>introvale</i> .....	52, 56, 62	KOSELUGO.....	12	<i>loryna</i> .....	52, 57, 63
INVEGA HAFYERA.....	31	KOVALTRY.....	19	<i>losartan potassium</i> .....	20
INVEGA SUSTENNA.....	31	<i>kurvelo</i> .....	52, 57, 62	<i>losartan potassium-hctz</i> ...20, 41	
INVEGA TRINZA.....	31	<i>labetalol hcl</i> .....	15, 16, 20, 22, 23	LOTEMAX SM.....	43
INVELTYS.....	43	<i>lacosamide</i> .....	29	<i>lovastatin</i> .....	24
<i>ipratropium bromide</i> .....	14, 77	<i>lactulose</i> .....	40	<i>low-ogestrel</i> .....	52, 57, 63
<i>ipratropium-albuterol</i> ..	14, 17, 77	LAGEVRIO.....	10	<i>lo-zumandimine</i> .....	52, 57, 63
<i>irbesartan</i> .....	20	<i>lamotrigine</i> .....	29, 30	LUMAKRAS.....	12
<i>irbesartan-</i> <i>hydrochlorothiazide</i> .....	20, 41	<i>lamotrigine er</i> .....	29, 30	LUMIGAN.....	44
<i>isibloom</i> .....	52, 56, 62	<i>lansoprazole</i> .....	48	LUPRON DEPOT (1-MONTH) .....	12, 59
<i>isosorbide mononitrate er</i>	22, 25	LANTUS SOLOSTAR.....	60	LUPRON DEPOT (3-MONTH) .....	12, 59
<i>isotretinoin</i> .....	86	LANTUS U-100 VIAL.....	60	LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG .....	12, 59
IZERVAY.....	44	<i>larin 1.5/30</i> .....	52, 57, 63	LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG .....	12, 59
<i>jaimiess</i> .....	52, 56, 62	<i>larin 1/20</i> .....	52, 57, 63	LUPRON DEPOT-PED (6- MONTH).....	59
<i>jantoven</i> .....	17	<i>larin 24 fe</i> .....	52, 57, 63	<i>lurasidone hcl</i> .....	31
JANUMET.....	50, 54	<i>larin fe 1.5/30</i> .....	52, 57, 63	<i>lutera</i> .....	53, 57, 63
JANUMET XR.....	50, 54	<i>larin fe 1/20</i> .....	52, 57, 63	<i>lyleq</i> .....	53, 63
JANUVIA.....	54	<i>latanoprost</i> .....	44	<i>lyllana</i> .....	57, 68
JARDIANCE.....	66	<i>leflunomide</i> .....	71, 75, 76	LYNPARZA.....	12
<i>jasmiel</i> .....	52, 56, 62	<i>lessina</i> .....	52, 57, 63	LYUMJEV KWIKPEN.....	65
<i>jencycla</i> .....	52, 62	<i>letrozole</i> .....	12, 50	LYUMJEV VIAL.....	65
JENTADUETO.....	50, 54	LEVEMIR FLEXPEN.....	60	<i>lyza</i> .....	53, 63
JENTADUETO XR.....	50, 54	LEVEMIR U-100 VIAL.....	60	<i>marlissa</i> .....	53, 57, 63
JIVI.....	18	<i>levetiracetam</i> .....	29	MAVENCLAD.....	75, 76
<i>jolessa</i> .....	52, 56, 62	<i>levocetirizine</i> <i>dihydrochloride</i> .....	6	MAVYRET.....	9
JORNAY PM.....	37	<i>levofloxacin</i> .....	8, 11	MAYZENT.....	75
<i>juleber</i> .....	52, 56, 62	<i>levonorgest-eth est &amp; eth est</i> .....	52, 57, 63	MAYZENT STARTER PACK....	75
JULUCA.....	9	<i>levonorgest-eth estrad 91-</i> <i>day</i> .....	52, 57, 63	<i>meclizine hcl</i> .....	6, 45
<i>junel 1.5/30</i> .....	52, 56, 62	<i>levonorgestrel-ethinyl estrad</i> .....	52, 57, 63	<i>medroxyprogesterone</i> <i>acetate</i> .....	63
<i>junel 1/20</i> .....	52, 56, 62	<i>levora 0.15/30 (28)</i> .....	52, 57, 63	MEKINIST.....	12
<i>junel fe 1.5/30</i> .....	52, 56, 62	<i>levo-t</i> .....	67	<i>meloxicam</i> .....	37
<i>junel fe 1/20</i> .....	52, 56, 62	<i>levothyroxine sodium</i> .....	67	<i>memantine hcl</i> .....	33
<i>junel fe 24</i> .....	52, 56, 62	<i>levoxyl</i> .....	67	<i>mesalamine</i> .....	45
<i>kalliga</i> .....	52, 57, 62	<i>lidocaine</i> .....	82	<i>metformin hcl</i> .....	50
KANJINTI.....	12	<i>lidocaine viscous hcl</i> .....	44	<i>metformin hcl er</i> .....	50
KERENDIA.....	25	<i>lidocaine-prilocaine</i> .....	82	<i>methimazole</i> .....	50
KESIMPTA.....	75	LINZESS.....	47	<i>methocarbamol</i> .....	9, 15
<i>ketoconazole</i> .....	83	<i>liothyronine sodium</i> .....	67		
<i>ketorolac tromethamine</i> ...	37, 44	<i>lisdexamphetamine dimesylate</i>	27		
KISQALI.....	12	<i>lisinopril</i> .....	21		
KISQALI FEMARA.....	12, 50	<i>lisinopril-</i> <i>hydrochlorothiazide</i> .....	21, 41		
<i>klayesta</i> .....	85				
KLISYRI.....	86				
<i>klor-con</i> .....	41				



<i>methotrexate sodium</i>	12, 71, 75, 76	<i>nadolol</i> .....	15, 22, 26	NOVOFINE PLUS PEN	
<i>methotrexate sodium (pf)</i>	12, 71, 75, 76	<i>naloxone hcl</i> .....	36	NEEDLE.....	40
<i>methylphenidate hcl</i> .....	37	<i>naltrexone hcl</i> .....	36, 67, 68	NOVOLIN 70/30 FLEXPEN 60,	66
<i>methylphenidate hcl er</i> .....	37	NAMZARIC.....	16, 33	NOVOLIN 70/30 FLEXPEN	
<i>methylphenidate hcl er (cd)</i> ...	37	<i>naproxen</i> .....	30, 37, 68	RELION.....	60, 66
<i>methylphenidate hcl er (la)</i> ....	37	<i>naratriptan hcl</i> .....	38	NOVOLIN 70/30 VIAL.....	60, 66
<i>methylphenidate hcl er (osm)</i> .....	37	NARCAN.....	36	NOVOLIN N FLEXPEN.....	60
<i>methylphenidate hcl er (xr)</i> ....	37	NATAZIA.....	53, 57, 63	NOVOLIN N FLEXPEN	
<i>methylprednisolone</i> .....	49	NAYZILAM.....	32	RELION.....	60
<i>metoclopramide hcl</i> .....	48	<i>nebivolol hcl</i> .....	15, 20, 22	NOVOLIN N VIAL.....	60
<i>metoprolol succinate er</i>	17, 20, 22, 23	<i>necon 0.5/35 (28)</i> .....	53, 57, 63	NOVOLIN R FLEXPEN.....	66
<i>metoprolol tartrate</i> 17, 20, 22, 23		<i>neomycin-polymyxin-dexameth</i> .....	42, 43	NOVOLIN R FLEXPEN	
<i>metronidazole</i> .....	7, 8, 45, 82	<i>neomycin-polymyxin-hc</i> ... 42, 43		RELION.....	66
<i>microgestin 1.5/30</i> .....	53, 57, 63	NEULASTA.....	18	NOVOLIN R VIAL.....	66
<i>microgestin 1/20</i> .....	53, 57, 63	NEULASTA ONPRO.....	18	NOVOLOG FLEXPEN.....	65
<i>microgestin 24 fe</i> .....	53, 57, 63	NEUPRO.....	34	NOVOLOG MIX 70/30	
<i>microgestin fe 1.5/30</i> .. 53, 57, 63		NEXLETOL.....	21	FLEXPEN.....	65
<i>microgestin fe 1/20</i> ....	53, 57, 63	NEXLIZET.....	21, 23	NOVOLOG MIX 70/30 VIAL.....	65
MIEBO.....	44	NGENLA.....	60	NOVOLOG PENFILL.....	65
<i>mili</i> .....	53, 57, 63	<i>nifedipine er</i> .....	24, 26	NOVOLOG U-100 VIAL.....	65
<i>mimvey</i> .....	57, 63	<i>nifedipine er osmotic release</i>	24, 26	<i>np thyroid</i> .....	67
<i>minocycline hcl</i> .....	8, 11	.....	24, 26	NUBEQA.....	13
<i>minoxidil</i> .....	23, 24	<i>nikki</i> .....	53, 57, 63	NUCALA.....	78
<i>mirtazapine</i> .....	29	<i>nitrofurantoin macrocrystal</i> ... 11		NURTEC.....	33
MIRVASO.....	86	<i>nitrofurantoin monohydrate</i>		NUTROPIN AQ NUSPIN 1061,	66
<i>misoprostol</i> .....	48	<i>macrocrystals</i> .....	11	NUTROPIN AQ NUSPIN 2061,	66
<i>modafinil</i> .....	39	<i>nitroglycerin</i> .....	22, 25	NUTROPIN AQ NUSPIN 5. 61,	66
<i>mometasone furoate</i>	43, 49, 79, 84	NITYR.....	77	NUWIQ.....	19
<i>mondoxyne nl</i> .....	8, 11	NIVA THYROID.....	67	NUZYRA.....	7
<i>mono-linyah</i> .....	53, 57, 63	NIVESTYM.....	18	<i>nyamyc</i> .....	85
<i>montelukast sodium</i> .....	79	<i>nora-be</i> .....	53, 63	<i>nylia 1/35</i> .....	53, 58, 64
<i>morphine sulfate er</i> .....	34	NORDITROPIN FLEXPEN 61,	66	<i>nymyo</i> .....	53, 58, 64
MOTEGRITY.....	47	<i>norethin ace-eth estrad-fe</i>	53, 57, 63	<i>nystatin</i> .....	11, 85
MOUNJARO.....	59	.....	53, 57, 63	<i>nystop</i> .....	85
<i>moxifloxacin hcl</i> .....	42	<i>norethindrone</i> .....	53, 64	<i>ocella</i> .....	53, 58, 64
<i>moxifloxacin hcl (2x day)</i> .....	42	<i>norethindrone acetate</i> .....	64	ODOMZO.....	13
MULPLETA.....	18	<i>norethindrone acet-ethinyl</i>		OFEV.....	78
MULTAQ.....	24	<i>est</i> .....	53, 57, 64	<i>ofloxacin</i> .....	42
<i>mupirocin</i> .....	82	<i>norgestimate-eth estradiol</i>	53, 58, 64	<i>olanzapine</i> .....	30, 31
MVASI.....	12, 44	.....	53, 58, 64	<i>olmesartan medoxomil</i> .....	20
<i>mycophenolate mofetil</i> .....	76	<i>norgestimate-ethinyl</i>		<i>olmesartan medoxomil-hctz</i>	21, 41
<i>mycophenolate sodium</i> .....	76	<i>estradiol triphasic</i> .....	53, 58, 64	OLUMIANT.....	71
<i>mycophenolic acid</i> .....	76	NORLIQVA.....	24, 26	OMECLAMOX-PAK.....	7, 10, 48
MYFEMBREE.....	50, 57, 63	<i>norlyroc</i> .....	53, 64	<i>omega-3-acid ethyl esters</i> .....	21
MYOBLOC.....	15, 17, 77	<i>nortrel 0.5/35 (28)</i> .....	53, 58, 64	<i>omeprazole</i> .....	48
MYRBETRIQ.....	87	<i>nortrel 1/35 (21)</i> .....	53, 58, 64	OMNARIS.....	43
<i>na sulfate-k sulfate-mg sulf</i> ... 45		<i>nortrel 1/35 (28)</i> .....	53, 58, 64	OMNIPOD 5 G6 INTRO (GEN	
<i>nabumetone</i> .....	37	<i>nortriptyline hcl</i> .....	38	5).....	40
		NOURIANZ.....	33	OMNIPOD 5 G6 PODS (GEN	
		NOVOEIGHT.....	19	5).....	40
		NOVOFINE PEN NEEDLE.....	40	OMNIPOD DASH PODS (GEN	
				4).....	40

OMNITROPE.....	61, 66	<i>potassium chloride crys er</i> ....	41	RAYALDEE.....	87
<i>ondansetron hcl</i> .....	44	<i>potassium chloride er</i> .....	41	REBINYN.....	19
<i>ondansetron odt</i> .....	45	<i>potassium citrate er</i> .....	40	REBYOTA.....	77
ONETOUCH ULTRA.....	40	PRADAXA.....	18	<i>reclipsen</i> .....	53, 58, 64
ONETOUCH VERIO.....	40	<i>pramipexole dihydrochloride</i> .....	34	RECOMBINATE.....	19
ONEXTON.....	82, 85	<i>prasugrel hcl</i> .....	19	REPATHA.....	25
ONGENTYS.....	33	<i>pravastatin sodium</i> .....	24	REPATHA PUSHTRONEX	
OPSUMIT.....	26, 78, 81	<i>prazosin hcl</i> .....	16, 20, 26	SYSTEM.....	25
OPVEE.....	36	PRED MILD.....	43	REPATHA SURECLICK.....	25
ORENCIA.....	71, 75	<i>prednisolone</i> .....	49	RESTASIS.....	44
ORENCIA CLICKJECT.....	71, 75	<i>prednisolone acetate</i> .....	43	RESTASIS MULTIDOSE.....	44
ORENITRAM.....	26, 79, 81	<i>prednisolone sodium</i>		RETACRIT.....	17, 18
ORENITRAM MONTH 126, 79, 81		<i>phosphate</i> .....	49	RETEVMO.....	13
ORENITRAM MONTH 226, 79, 81		<i>prednisone</i> .....	49	RETIN-A MICRO PUMP.....	83
ORENITRAM MONTH 326, 80, 81		<i>pregabalin</i> .....	29, 34	REVLIMID.....	13, 75
ORFADIN.....	77	PREMARIN.....	58, 68	REXULTI.....	31
ORGOVYX.....	13, 50	PREMPHASE.....	58, 64	RHOPRESSA.....	44
ORIAHNN.....	50, 58, 64	PREMPRO.....	58, 64	RINVOQ.....	72
ORILISSA.....	50	PREZCOBIX.....	10, 77	<i>risperidone</i> .....	30, 31
ORLADEYO.....	19, 76	<i>primidone</i> .....	31	<i>rivelsa</i> .....	53, 58, 64
<i>oseltamivir phosphate</i> .....	10	<i>prochlorperazine maleate</i> .....	37, 45	<i>rizatriptan benzoate</i> .....	38
OSPHENA.....	55	PROCRIT.....	17, 18	ROCKLATAN.....	44
OTEZLA.....	71, 75, 86	PROCTOFOAM HC.....	82, 84	<i>ropinirole hcl</i> .....	34
<i>oxcarbazepine</i> .....	29	<i>procto-med hc</i> .....	84	<i>rosuvastatin calcium</i> .....	25
<i>oxybutynin chloride</i> .....	87	<i>proctosol hc</i> .....	84	<i>roweepa</i> .....	29
<i>oxybutynin chloride er</i> .....	87	<i>proctozone-hc</i> .....	84	ROZLYTREK.....	13
<i>oxycodone hcl</i> .....	34, 35	<i>progesterone</i> .....	64	RUCONEST.....	69, 76
<i>oxycodone-acetaminophen</i>		PROLIA.....	68	RUXIENCE.....	13
.....	28, 35	PROMACTA.....	18	RYALTRIS.....	6, 42, 43, 49, 79
OXYCONTIN.....	35	<i>promethazine hcl</i> ....	6, 31, 45, 78	RYBELSUS.....	60
OZEMPIC.....	59	<i>promethazine-dm</i> .....	6, 78	RYDAPT.....	13
PANRETIN.....	81, 86	<i>propranolol hcl</i> .....	15, 20, 22, 23, 30	RYKINDO.....	30, 31
<i>pantoprazole sodium</i> .....	48	<i>propranolol hcl er</i>		RYTARY.....	33
<i>paroxetine hcl</i> .....	38	.....	15, 20, 22, 23, 30	SANTYL.....	41, 83, 86
PAXLOVID (150/100).....	8	<i>pseudoephedrine-</i>		SCSEMBLIX.....	13
PAXLOVID (300/100).....	8	<i>bromphen-dm</i> .....	6, 14, 78	<i>scopolamine</i> .....	15, 45
<i>peg 3350-kcl-na bicarb-nacl</i> ....	45	PULMOZYME.....	41, 79	SEREVENT DISKUS.....	17, 81
<i>peg-3350/electrolytes</i> .....	45	PYLERA.....	7, 8, 11, 45	<i>sertraline hcl</i> .....	38
<i>penicillin v potassium</i> .....	10	QBREXZA.....	14, 86	<i>setlakin</i> .....	53, 58, 64
PERFOROMIST.....	17, 81	QNASL.....	43, 79	SEYSARA.....	7
<i>perio gard</i> .....	44, 85	QNASL CHILDRENS.....	43, 79	<i>sharobel</i> .....	53, 64
PERSERIS.....	30, 31	QSYMIA.....	28	<i>sildenafil citrate</i>	
PHEBURANE.....	40	<i>quetiapine fumarate</i> .....	30, 31	.....	22, 25, 79, 81, 87
<i>phenazo</i> .....	82	<i>quetiapine fumarate er</i> ....	30, 31	SIMBRINZA.....	42, 43
<i>phenazopyridine hcl</i> .....	82	QULIPTA.....	33	<i>simpesse</i> .....	53, 58, 64
<i>phentermine hcl</i> .....	27	QVAR REDIHALER.....	49, 79	SIMPONI.....	47, 48, 72, 75
PHESGO.....	13	<i>rabeprazole sodium</i> .....	48	SIMPONI ARIA.....	47, 72, 75
<i>philith</i> .....	53, 58, 64	RADICAVA ORS.....	33	<i>simvastatin</i> .....	25
<i>pioglitazone hcl</i> .....	66	RADICAVA ORS STARTER		SKYRIZI.....	48, 84, 86
PIQRAY.....	13	KIT.....	33	SKYRIZI PEN.....	84, 86
<i>polymyxin b-trimethoprim</i> .....	42	<i>ramipril</i> .....	21	SKYTROFA.....	61
POMALYST.....	13, 75	<i>ranolazine er</i> .....	23	SODIUM OXYBATE.....	33
<i>portia-28</i> .....	53, 58, 64	RASUVO.....	71, 72	<i>solifenacin succinate</i> .....	87

SOLQUA.....	60	<i>tamsulosin hcl</i> .....	16	TRIJARDY XR.....	50, 54, 66
SOLIRIS.....	69, 76	<i>tarina 24 fe</i> .....	54, 58, 64	TRIKAFTA.....	78
SOMATULINE DEPOT.....	66	<i>tarina fe 1/20 eq</i> .....	54, 58, 64	<i>tri-linyah</i> .....	54, 58, 64
SOOLANTRA.....	85	TASIGNA.....	13	<i>tri-lo-estarylla</i> .....	54, 58, 64
SOTYKTU.....	86	TAVALISSE.....	17	<i>tri-lo-marzia</i> .....	54, 58, 64
SPIRIVA HANDIHALER.....	15, 78	TEGLUTIK.....	33	<i>tri-lo-mili</i> .....	54, 58, 64
SPIRIVA RESPIMAT.....	15, 78	TEGSEDI.....	68	<i>tri-lo-sprintec</i> .....	54, 58, 64
<i>spironolactone</i> .....	25, 26, 41, 77	TEKTURNA.....	25	<i>tri-mili</i> .....	54, 58, 65
SPRAVATO (56 MG DOSE).....	29	<i>telmisartan</i> .....	20, 21	TRINTELLIX.....	38
SPRAVATO (84 MG DOSE).....	29	<i>temazepam</i> .....	32	<i>tri-nymyo</i> .....	54, 58, 65
<i>sprintec 28</i> .....	54, 58, 64	<i>temozolomide</i> .....	13	TRIPTODUR.....	59
SPRYCEL.....	13	<i>terbinafine hcl</i> .....	7	<i>tri-sprintec</i> .....	54, 58, 65
<i>sronyx</i> .....	54, 58, 64	<i>terconazole</i> .....	83	TRIUMEQ.....	9, 10
STELARA.....	48, 86	TERIPARATIDE		<i>tri-vylibra</i> .....	54, 58, 65
STIOLTO RESPIMAT.....	15, 17	(RECOMBINANT).....	60, 68	<i>tri-vylibra lo</i> .....	54, 59, 65
STIVARGA.....	13	<i>testosterone</i> .....	50	TRULICITY.....	60
STRENSIQ.....	41	<i>testosterone cypionate</i> .....	50	<i>turqoz</i> .....	54, 59, 65
STRIVERDI RESPIMAT.....	17, 81	TEZSPIRE.....	80	TWYNEO.....	83, 85
SUBLOCADE.....	35	THIOLA.....	77	TYMLOS.....	60, 68
<i>subvenite</i> .....	29, 30	THIOLA EC.....	77	TYRVAYA.....	44
<i>sucrafate</i> .....	48	<i>timolol maleate</i> .....	43	TYVASO.....	26, 80, 81
SUFLAVE.....	45	<i>timolol maleate (once-daily)</i> .....	43	TYVASO DPI MAINTENANCE	
<i>sulfamethoxazole-</i>		<i>timolol maleate ocudose</i> .....	43	KIT.....	26, 80, 81
<i>trimethoprim</i> .....	8, 11	<i>timolol maleate pf</i> .....	43	TYVASO DPI TITRATION KIT	
<i>sulfasalazine</i> .....	11, 45, 72, 75	TIROSINT.....	67	.....	26, 80, 81
<i>sulfatrim pediatric</i> .....	8, 11	TIROSINT-SOL.....	67	TYVASO REFILL.....	27, 80, 81
<i>sumatriptan succinate</i> .....	38	<i>tizanidine hcl</i> .....	15	TYVASO STARTER.....	27, 80, 81
SUNOSI.....	39	TOBI PODHALER.....	7, 42	UBRELVY.....	33
SUPPRELIN LA.....	59	TOBRADEX ST.....	42, 43	UCERIS.....	84
SUPREP BOWEL PREP KIT.....	46	<i>tobramycin</i> .....	42	UDENYCA.....	18
SUTAB.....	46	<i>tobramycin-dexamethasone</i>		UDENYCA ONBODY.....	18
<i>syeda</i> .....	54, 58, 64	.....	42, 43	ULTOMIRIS.....	69, 77
SYMBICORT.....	17, 49	<i>tolterodine tartrate er</i> .....	87	<i>unithroid</i> .....	67
SYMFI.....	9, 10	<i>topiramate</i> .....	29, 30	UZEDY.....	31
SYMFI LO.....	9, 10	<i>torsemide</i> .....	25, 40, 67	<i>valacyclovir hcl</i> .....	10
SYMLINPEN 120.....	50	TOUJEO MAX SOLOSTAR.....	60	<i>valsartan</i> .....	20, 21
SYMLINPEN 60.....	50	TOUJEO SOLOSTAR.....	60	<i>valsartan-</i>	
SYMPAZAN.....	32	TRADJENTA.....	54	<i>hydrochlorothiazide</i> .....	21, 41
SYMPROIC.....	48	<i>tramadol hcl</i> .....	35	VALTOCO.....	32
SYMTUZA.....	10, 77	<i>tranexamic acid</i> .....	19	<i>varenicline tartrate</i> .....	14, 15
SYNJARDY.....	50, 66	TRAZIMERA.....	13	<i>varenicline tartrate(continue)</i>	
SYNJARDY XR.....	50, 66	<i>trazodone hcl</i> .....	38	.....	14, 15
SYNTHROID.....	67	TRELEGY ELLIPTA.....	15, 17, 49	VARUBI (180 MG DOSE).....	48
TABRECTA.....	13	TREMFYA.....	84, 87	VASCEPA.....	21
TACLONEX.....	83, 84, 86	<i>treprostinil</i> .....	26, 80, 81	VELPHORO.....	40
<i>tacrolimus</i> .....	76, 84, 86	<i>tretinoin</i> .....	83	VELTASSA.....	40
<i>tadalafil</i> .....	22, 25, 79	TREXALL.....	13, 72, 75, 76	<i>venlafaxine hcl</i> .....	38
TAFINLAR.....	13	TREZIX.....	28, 35, 37	<i>venlafaxine hcl er</i> .....	38
TAGRISSO.....	13	<i>triamcinolone acetonide</i> .....	84	<i>verapamil hcl er</i> .....	22, 23, 24, 27
TAKHZYRO.....	19, 76, 77	<i>triamterene-hctz</i> .....	41	VERQUVO.....	27
TALICIA.....	45	<i>triazolam</i> .....	32	VERZENIO.....	13
TALTZ.....	87	<i>triderm</i> .....	84	<i>vestura</i> .....	54, 59, 65
<i>tamoxifen citrate</i> .....	13, 55	<i>tri-estarylla</i> .....	54, 58, 64	VIBERZI.....	48

VICTOZA.....	60	ZEPOSIA.....	76
<b>vienna</b> .....	54, 59, 65	ZEPOSIA 7-DAY STARTER PACK.....	76
<b>vilazodone hcl</b> .....	38	ZEPOSIA STARTER KIT.....	76
<b>vitamin d (ergocalciferol)</b> .....	87	ZETONNA.....	43
VITRAKVI.....	13	ZILXI.....	82
VIVITROL.....	36, 67, 68	ZIMHI.....	36, 68
VOQUEZNA DUAL PAK.....	7, 48	<b>ziprasidone hcl</b> .....	30, 31
VOQUEZNA TRIPLE PAK .....	7, 11, 48	ZIRABEV.....	13, 44
VOSEVI.....	9	<b>zolpidem tartrate</b> .....	31
VRAYLAR.....	31	<b>zolpidem tartrate er</b> .....	31
VTAMA.....	82, 87	<b>zonisamide</b> .....	29
VUMERITY.....	76	ZUBSOLV.....	35, 36
<b>vyfemla</b> .....	54, 59, 65	<b>zumandimine</b> .....	54, 59, 65
VYLEESI.....	33, 49	ZYLET.....	42, 44
<b>vylibra</b> .....	54, 59, 65		
VYVANSE.....	27		
VYVGART.....	76		
VYVGART HYTRULO.....	76		
WAKIX.....	39		
<b>warfarin sodium</b> .....	17		
<b>wera</b> .....	54, 59, 65		
WILATE.....	19		
<b>wixela inhub</b> .....	17, 49		
WYNZORA.....	83, 84, 87		
XACIATO.....	82		
XARELTO.....	18		
XARELTO STARTER PACK.....	18		
XCOPRI.....	29		
XELJANZ.....	72		
XELJANZ XR.....	72		
XEMBIFY.....	14		
XEOMIN.....	15, 17, 77		
XEPI.....	82		
XIGDUO XR.....	50, 66		
XIIDRA.....	44		
XOFLUZA (40 MG DOSE).....	8		
XOFLUZA (80 MG DOSE).....	8		
XOLAIR.....	80		
XTAMPZA ER.....	35		
XTANDI.....	13		
XYNTHA.....	19		
XYNTHA SOLOFUSE.....	19		
XYWAV.....	33		
YUPELRI.....	15		
<b>yuvafem</b> .....	59, 68		
ZARXIO.....	18		
ZAVZPRET.....	33		
ZEGALOGUE.....	59, 68		
ZEJULA.....	13		
ZELBORAF.....	13		
<b>zenatane</b> .....	87		
ZENPEP.....	41, 46		

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