



Cigna Healthcare Legacy (Performance) 3-Tier Prescription Drug List

Coverage as of July 1, 2024

For the State of California

Exclusive Provider Organization (EPO), LocalPlus (LocalPlus IN/LocalPlus), Open Access Plus (OAPIN/OAP), Preferred Provider Organization (PPO), SureFit

View your drug list online: Cigna.com/PDL

24/7 Customer Service: **800.Cigna24 (800.244.6224)**

View your coverage info online: [myCigna® App](#) or [myCigna.com®](#)

Last updated: 03/01/2024. This drug list is subject to change and all prior versions are no longer in effect.

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

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View your drug list online

This document was last updated on 03/01/2024.* Go online to see the most up-to-date list of medications your plan covers.

- **myCigna® App¹ or myCigna.com®.** Click on the Prescriptions tab and select Price a Medication from the dropdown menu. Then type in your medication name.
- **Cigna.com/PDL.** Scroll down to the "California Employer Drug Lists" section. Under Cigna Legacy (Performance) Prescription Drug List, click on the pdf named **California Legacy (Performance) 3 Tier.**

Questions?

- **myCigna.com:** Click to Chat - Monday-Friday, 9:00 am-8:00 pm EST.
- **By phone:** Call the toll-free number on your Cigna HealthcareSM ID card. We're here 24/7/365.

* Drug list created: originally created 01/01/2004

Last updated: 03/01/2024, for changes starting 07/01/2024

Next planned update: 11/01/2024, for changes starting 01/01/2025

Information about this drug list

Frequently Asked Questions (FAQs)

Understanding your prescription medication coverage can be confusing. Here are answers to some commonly asked questions.

Q. How often is the drug list updated? How do I know if my medication coverage changed?

A. We regularly review and update your plan's drug list to make sure you're getting coverage for low-cost, safe, clinically effective medications. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

- **Moving a medication to a lower cost tier.**
This can happen at any time during the year.
- **Moving a brand medication to a higher cost tier when a generic becomes available.**
This can happen at any time during the year.
- **Moving a medication to a higher cost tier and/or no longer covering a medication.**
This typically happens twice a year on January 1st and July 1st.
- **Adding extra coverage requirements to a medication.**

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options. Only you and your doctor can decide what's best for your treatment.

Q. Why doesn't my plan cover certain medications?

A. There are certain medications and products that can't be covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means the medication or product isn't on your plan's drug list, and there's no option to ask Cigna Healthcare to consider approving it through the coverage review process. For example, your plan doesn't cover, or "excludes," medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

A. The Cigna Healthcare Prescription Drug List is developed with the help of the Cigna Healthcare Pharmacy and Therapeutics (P&T) Committee, which is

a group of practicing doctors and pharmacists, most of whom work outside of Cigna Healthcare. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Healthcare Health Plan Commercial Value Assessment Committee (HVAC) then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

Q. Why do certain medications need approval before my plan will cover them?

A. The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

Q. How do I know if I'm taking a medication that needs approval?

A. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a **PA** or **ST** next to it, your medication needs approval before your plan will cover it. If it has a **QL** next to it, you may need approval depending on the amount you're filling. If it has **AGE** next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

- May be unsafe when combined with other medications
- Have lower-cost, equally effective alternatives available
- Should only be used for certain health conditions
- Are often misused or abused

Information about this drug list

Frequently Asked Questions (FAQs) *(cont.)*

Q. What types of medications typically have quantity limits?

A. Medications that are often:

- Taken in amounts larger than (or for longer than) may be appropriate
- Misused or abused

Q. What types of medications require Step Therapy?

A. High-cost medications that are used to treat many conditions, such as:

- ADD/ADHD
- Allergies
- Bladder problems
- Breathing problems
- Depression
- High blood pressure
- High cholesterol
- Osteoporosis
- Pain
- Skin conditions
- Sleep disorders

Q. Why does my medication have an age requirement?

A. The FDA considers certain medication to only be clinically appropriate for people of a certain age or within a certain age range.

Q. How do I get approval (prior authorization) for my medication?

A. Ask your doctor's office to contact Cigna Healthcare to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from the Cigna Healthcare provider portal at cignaforhcp.com.

Cigna Healthcare will review information your doctor sends us to make sure your medication meets coverage requirements. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna App** or **myCigna.com** to check the status of your approval.

If your medication isn't approved, your doctor can send us more information to review, using the same

process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or, you and your doctor can appeal the decision by sending Cigna Healthcare a written request explaining why the medication should be covered.

- **For non-urgent requests**, Cigna Healthcare will let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills).
- **For urgent requests based on exigent circumstances**, Cigna Healthcare will let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency. If Cigna Healthcare doesn't respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be considered approved and your plan can't deny coverage of the medication. Also, if you've already received approval from Cigna Healthcare for your plan to cover your medication, Cigna Healthcare can't limit or exclude coverage for that medication if your doctor continues to prescribe it to treat your condition (as long as the medication is appropriately prescribed and is safe and effective in treating your condition).

Q. My plan doesn't cover my medication. I need to take it because it's medically necessary for my treatment. How do I get approval (prior authorization) for my medication?

A. If your doctor feels that your medication is necessary for your treatment and an alternative isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of your medication. Ask your doctor's office to contact Cigna Healthcare to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from the Cigna Healthcare provider portal at cignaforhcp.com.

Cigna Healthcare will review information your

Information about this drug list

Frequently Asked Questions (FAQs) *(cont.)*

doctor sends us to make sure your medication meets coverage requirements. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna App** or **myCigna.com** to check the status of your approval.

If your medication isn't approved, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or, you and your doctor can appeal the decision by sending Cigna Healthcare a written request explaining why the medication should be covered.

- **For non-urgent requests**, Cigna Healthcare will let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills).
- **For urgent requests based on exigent circumstances**, Cigna Healthcare will let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency. **It's important to know that when medications are approved, it's typically for one year of coverage.** If your medication is approved for less time, it's because there's a clinical reason based on Cigna Healthcare coverage requirements for the medication and/or the reviewing doctor.

Q. My medication is part of the Step Therapy program. I don't want to try an alternative. How do I get approval (prior authorization) for my medication?

A. If you and your doctor feel an alternative medication won't work for you, your doctor can ask Cigna Healthcare to consider approving coverage of your current medication. Ask your doctor's office to contact Cigna Healthcare to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from the Cigna Healthcare provider portal at **cignaforhcp.com**.

Cigna Healthcare will review information your doctor sends us to make sure your medication meets coverage requirements. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna App** or **myCigna.com** to check the status of your approval.

If your medication isn't approved, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or, you and your doctor can appeal the decision by sending Cigna Healthcare a written request explaining why the medication should be covered.

- **For non-urgent requests**, Cigna Healthcare will let you and your doctor know within 72 hours of the decision. If approved, coverage will be provided until the prescription runs out (including refills).
- **For urgent requests based on exigent circumstances**, Cigna Healthcare will let you and your doctor know within 24 hours of the decision. If approved, coverage will be provided for the duration of the exigency. If Cigna Healthcare doesn't respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be considered approved and your plan can't deny coverage of the medication.

Your Step Therapy rights under California State law:

1. A carrier may impose prior authorization requirements on prescription drug benefits.
2. When there is more than one drug that is appropriate for the treatment of a medical condition, a carrier may require step therapy.
 - a. In circumstances where an insured is changing policies, the new policy shall not require a repeat of step therapy when that insured is already being treated for a medical condition

Information about this drug list

Frequently Asked Questions (FAQs) *(cont.)*

by a prescription drug provided that the drug is appropriately prescribed and is considered safe and effective. A new policy can impose a prior authorization requirement for the continued coverage of a prescription drug prescribed pursuant to step therapy imposed by the former policy. A new policy must also allow a prescribing provider to prescribe another drug covered by the new policy that is medically appropriate for the insured.

3. A carrier shall provide coverage for the medically necessary dosage and quantity of the drug prescribed for the treatment of a medical condition consistent with professionally recognized standards of practice.

Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?

A. When your pharmacist tries to fill your prescription, he or she will see that the medication needs preapproval from Cigna Healthcare. Because you didn't get approval ahead of time, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna Healthcare to start the coverage review process. Or, you can choose to pay the medication's full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

Q. What happens if I try to fill a prescription that has a quantity limit?

A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will have to contact Cigna Healthcare and ask us to approve a larger amount.

Q. Are all of the medications on this drug list approved by the FDA?

A. Yes.

Q. Does my plan cover medications that the FDA recently approved?

A. We review all recently approved medications and products to see if they should be covered – and if so, at what cost-share (tier). It can take up to six months from the date the FDA approved them to make a

decision. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. If your doctor wants you to use a recently approved medication, he or she can ask Cigna Healthcare to consider approving it through the coverage review process.

Q. Which medications are covered under the health care reform law?

A. The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter products) may be available to you at no cost-share (\$0), depending on your plan. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at **Cigna.com/PDL**. For more information about health care reform, go to **informedonreform.com** or **CignaHealthcare.com**.

Q. What are preventive medications?

A. Preventive medications are used to keep certain conditions from developing or from coming back. These conditions include, but are not limited to asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke.

Q. I see several medications on this drug list that can be used to treat my condition. Will my doctor write me a prescription for all of them?

A. No. Just because a medication is listed on your plan's drug list doesn't mean your doctor will write you a prescription for it. Your doctor will work with you to find the medication he or she feels is best for your specific treatment.

Q. How can I find out how much I'll pay for a specific medication?

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available and which pharmacies offer the best prices

Information about this drug list

Frequently Asked Questions (FAQs) *(cont.)*

can help you avoid surprises. Log in to the **myCigna App** or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor’s office.²

Q. What’s a cost-share?

A. It’s the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it’s a coinsurance.

Q. How can I save money on my prescription medications?

A. Consider using a medication that’s covered on a lower tier (such as a generic or preferred brand medication) or by filling a 90-day supply (if your plan allows). You should talk with your doctor to see if one of these options may work for you.

Q. What’s a generic medication?

A. A generic medication is the same as its brand-name version in safety, effectiveness, quality, strength and dosage, as well as in the way it’s taken and used.³ Brand-name medications are protected by patents. Patents keep other manufacturers from selling generic versions of the brand-name medication. Once a patent ends, other companies can make and sell a generic version of the brand-name medication. Generics are typically sold under their chemical or scientific name, instead of the manufacturer’s patented brand name.

Q. Do generics work the same as brand-name medications?

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.

Q. What are the differences between generic and brand-name medications?

A. The medications may look different. For example, generics may have a different shape, size or color than their brand-name versions. They may also have a different flavor, have different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look

different than their brand-name versions, but they’re just as safe and effective.

Generics typically cost much less than brand-name medications – in some cases, up to 85% less. Just because generics cost less, it doesn’t mean they’re lower quality.

Q. How do I know which pharmacies are in my plan’s network?

A. There are thousands of retail pharmacies in your plan’s network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. And some stores are open 24-hours. To find an in-network pharmacy near you, log in to the **myCigna App** or **myCigna.com**. Then click on the Prescriptions tab and choose “Find a Pharmacy” from the dropdown menu.

Q. My pharmacy isn’t in my plan’s network. Can I continue to fill my prescriptions there?

A. To get the most from your plan coverage, you should use an in-network pharmacy. If your plan offers out-of-network coverage, you’ll pay your out-of-network cost-share to fill a prescription there.

Q. Do I have to use home delivery to fill my prescription?

A. It depends on your plan. Some plans require you to fill maintenance medications through Express Scripts® Pharmacy and/or specialty medications through Accredo® specialty pharmacy for them to be covered.⁴ Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to find out what your plan requires.

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.

Express Scripts® Pharmacy for maintenance medications

Express Scripts® Pharmacy is a convenient option when you’re taking a medication on a regular basis to treat an ongoing health condition. It’s simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track and pay for your

Information about this drug list

Frequently Asked Questions (FAQs) *(cont.)*

- medications on your phone or online
- Standard shipping at no extra cost⁵
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time⁶
- Helpful pharmacists available 24/7
- Flexible payment options

Here are three easy ways to get started.

- 1. Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then click the button next to your medication name to move your prescription(s). Or,
- 2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts® Home Delivery. Or,
- 3. Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna Healthcare ID card, doctor's contact information and medication name(s) ready when you call.

Accredo for specialty medications

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁷ They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help you find ways to pay for your medications
- Fast shipping at no extra cost
- Easy refills and free reminders
- Easily manage your medications online and track your orders

To get started using Accredo, call 877.826.7657,

Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. To learn more about Accredo, go to [Cigna.com/specialty](https://www.cigna.com/specialty).

Q. I take a specialty medication to treat my multiple sclerosis. My plan requires me to fill my medication through Accredo. How do I get started?

A. Some plans allow one or more fills at a retail pharmacy before switching to Accredo. Check your plan materials to find out if your plan allows retail fills.

To get started using Accredo, call 877.826.7657, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.

Q. I take a specialty medication that can only be filled at certain pharmacies in the United States. How do I fill my prescription?

A. Talk with your doctor. He or she should be able to tell you which in-network pharmacies can fill your prescription. Once you find a pharmacy, ask your doctor to send them your prescription.

You may also be able to use Accredo, to fill your prescription. Accredo has access to most specialty medications. Call 877.826.7657 for more information. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST.

Q. How do I fill my prescription?

A. First, you'll need to get a prescription from your doctor. Then, your doctor can either:

- 1. Send it electronically** to the in-network pharmacy of your choice or to Express Scripts® Pharmacy.
- 2. Give you a paper prescription.** You can bring it to the in-network pharmacy of your choice or mail it to Express Scripts® Pharmacy.

Q. How can I get help with my specialty medication?

A. Managing a complex condition isn't easy. As part of your pharmacy benefits, you have access to Accredo.

Information about this drug list

Frequently Asked Questions (FAQs) *(cont.)*

Accredo's team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your complex medical condition. They'll help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

Go to [Cigna.com/specialty](https://www.cigna.com/specialty) to learn more about Accredo or call 877.826.7657, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST.

Q. Where can I find more information about my pharmacy benefits?

A. You can use the online tools and resources on the **myCigna App** or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question, see your pharmacy claims and coverage details and more. You can also manage your Express Scripts® Pharmacy orders.

Q. How can I find out my cost-share for each tier of the drug list?

A. Covered medications are divided into tiers (or cost-share levels). Typically, the higher the tier, the higher the price you'll pay to fill the prescription. Here are three places you can go to find out how much you'll pay for your medication based on the tier it's listed in, including the maximum cost-share amount allowed:

- 1. Check your Cigna Healthcare ID card.** It lists your cost-share for Tier 1, Tier 2 and Tier medications.
- 2. Log in to the myCigna App or myCigna.com to view your pharmacy coverage information.** You can also use the Price a Medication tool to find out how much your medication may cost you at the different pharmacies in your plan's network.
- 3. Check your Summary of Benefits** coverage document.

Q. What's the difference between medications covered under the pharmacy benefit and medical benefit?

A. Some medications are covered under the pharmacy benefit, some are covered under the medical benefit, and others are covered under both benefits. Typically, medications that are injected or infused are covered under the medical benefit. These are given to you at a doctor's office, an infusion center or at home. Typically, medications that you take yourself and can be filled at a retail pharmacy or through home delivery are covered under the pharmacy benefit. Check your medical summary of benefits coverage to learn more about how your plan covers these medications.

Q. I take an oral cancer medication. How much will it cost me to fill?

A. On January 1, 2015, California passed a bill limiting the cost-share for oral chemotherapy medications. This means that if you have both your medical and pharmacy benefits through Cigna Healthcare, here's how certain oral cancer medications are covered:

- **For copay plans:** These medications will be covered at 100%, or no cost-share (\$0) to you.
- **For high deductible health plans (HDHPs) that include a Health Savings Account (HSA) or qualified HDHPs:** You'll pay your plan deductible first. After that, these medications will be covered at 100%, or no cost-share (\$0) to you. This is because of a federal HSA requirement.
- **For plans with a combined deductible [including Health Reimbursements Accounts (HRAs) with a combined deductible]:** You'll pay your plan deductible first. After that, these medications will be covered at 100%, or no cost-share (\$0) to you.
- **For plans with a split deductible [including Health Reimbursements Accounts (HRAs) with a split deductible]:** These medications will be covered at 100%, or no cost-share (\$0) to you.

Q. How are medications, devices and FDA-approved diabetic, contraceptive and federally-mandated products covered under the pharmacy benefit?

A. Here is how these products are covered under the pharmacy benefit:

Information about this drug list

Frequently Asked Questions (FAQs) *(cont.)*

- **Preventive care medications and products covered under the Patient Protection and Affordable Care Act (PPACA), also known as “health care reform:”**
 - **Contraceptives:** Covered at 100%, or no cost-share (\$0) to you. Certain prescription contraceptives are available at their applicable cost-share.
 - **Tobacco cessation products:** Up to two (2) 90-day courses of treatment per plan year are covered at 100%, or no cost-share (\$0) to you. Certain prescription tobacco cessation products are available at their applicable cost-share.
 - **Certain vitamins:** Covered at 100%, or no cost-share (\$0) to you. All other prescription vitamins are available at their applicable cost-share and deductible (if applicable).
- **Certain over-the-counter (OTC) products:** If you have a prescription from your doctor, these are covered at 100%, or no cost-share (\$0) to you. All other OTC products are excluded from coverage.
- **Oral fertility medications:** Covered at their applicable tier cost-share. For some plans, injectable fertility medications are covered under the medical benefit.
- **Generic preventive care medications:** Covered at 100%, or no cost-share (\$0) to you before you meet your deductible. You'll pay your deductible and applicable cost-share to fill a preferred brand and/or non-preferred brand preventive care medication.
- **Diabetic supplies:** Covered at their applicable cost-share.
- **Growth Hormones:** Need approval from Cigna Healthcare before your plan will cover them (prior authorization). If you receive approval for coverage, you'll pay your applicable tier cost-share to fill the medication.
- **Vaccines:** Vaccines are now covered under the pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.
- **Compounded medications:** If the medication is more than \$200, you'll need approval from Cigna Healthcare before your plan will cover them (prior authorization).

Words you may need to know

- **Brand name drug:** A drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.
- **Coinsurance:** A percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.
- **Copayment:** A fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.
- **Deductible:** The amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.
- **Drug tier:** A group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in

Information about this drug list

Words you may need to know *(cont.)*

which a prescription drug is placed determines your portion of the cost for the drug.

- **Exception request:** A request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.
- **Exigent circumstances:** When you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.
- **Formulary or prescription drug list:** The list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.
- **Generic drug:** A drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.
- **Medically Necessary:** Health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.
- **Non-formulary drug:** A prescription drug that is not listed on this formulary.
- **Out-of-pocket costs:** Your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.
- **Prescribing provider:** A health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.
- **Prescription:** An oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.
- **Prescription drug:** A drug that by law requires a prescription.
- **Prior Authorization:** A decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.
- **Step Therapy:** A specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.
- **Quantity Limits:** For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Quantity limits help to make sure you're receiving coverage for the right medication, in the right amount, and for the right situation. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna Healthcare.
- **Age Requirements:** For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.

Information about this drug list

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Legacy (Performance) 3-Tier Prescription Drug List as of January 1, 2024. Medications are listed alphabetically by their generic and brand names within their therapeutic category and class.

The drug list is updated often so it isn't a full list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

How to read this drug list

Medications are listed alphabetically by their generic and brand names within their therapeutic category and class.* You can also find your medication using the index at the end of this drug list.

- The generic version of a brand-name medication is listed in parentheses and all *lowercase italicized* letters next to the brand-name medication.
- If a generic equivalent for a brand-name medication is both available and covered, the generic will be listed separately from the brand-name medication in all *lowercase italicized* letters.
- If a generic equivalent for a brand-name medication isn't available on the market or isn't covered, the medication won't be listed separately by its generic version.
- If a generic medication is marketed under a proprietary, trademark-protected brand name, the brand-name medication will be listed after the generic version in parentheses and regular typeface with the first letter of each word capitalized. For example: *quinapril hcl* (Accupril).

Tiers

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

| | | |
|--|---------------------------|---------------|
| • Tier 1 – Typically Generics | (Lowest-cost medication) | \$ |
| • Tier 2 – Typically Preferred Brands | (Medium-cost medication) | \$\$ |
| • Tier 3 – Typically Non-Preferred Brands | (Highest-cost medication) | \$\$\$ |

* Medications are listed in the therapeutic category and class provided by First Databank.

Information about this drug list

How to read this drug list *(cont.)*

Letters (acronyms) next to medication names

Certain medications may need approval from Cigna Healthcare before they can be covered.* This extra step helps make sure you're getting the right coverage for the right medication. In this drug list, medications that have extra coverage requirements or limits have **letters (acronyms)** in the Coverage Requirements and Limits column. Here's what they mean.

| | |
|--------------|--|
| PA | Prior Authorization – This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure the medication meets coverage requirements. |
| QL | Quantity Limits – Your plan will only cover a certain amount of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask Cigna Healthcare to approve more. |
| ST | Step Therapy – Your plan doesn't cover this high-cost medication until you try at least one lower-cost option first (typically a generic or preferred brand) and it didn't work for you. If your doctor feels a different medication isn't right for you, your doctor's office can ask Cigna Healthcare to approve coverage of this medication. |
| AGE | Age Requirement – Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to take this medication, your doctor's office can ask Cigna Healthcare to approve coverage. |
| SP | Specialty Medications are used to treat complex medical conditions. They're typically injected or infused and may need special handling (like refrigeration). Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. |
| HD | Home Delivery Medications – Some plans only cover certain maintenance medications if they're filled through home delivery with Express Scripts® Pharmacy. Depending on your plan, you may be able to get coverage for one, two or three fills at an in-network retail pharmacy before switching to home delivery. |
| PPACA | No Cost-Share Preventive Medications – Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0), to you. |
| CSL | Oral Cancer Medications Subject to Cost-Share Limits – State law in California limits the cost-share (or amount you pay out-of-pocket) for certain oral chemotherapy medications. |

* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy and/or age requirements.

Information about this drug list

How to read this drug list (cont.)

Use the chart below to help you read this drug list. This chart is just an example. It may not show how these medications are actually covered on the Cigna Healthcare Legacy (Performance) 3-Tier Prescription Drug List.

| ANALGESICS (Pain Relief and Inflammatory Disease) | | |
|---|------------------|---|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANALGESIC, NON-SALICYLATE AND BARBITURATE COMBINAT | | |
| <i>butalbital/acetaminophen</i> | T1 | |
| ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB. | | |
| <i>butalb-aspirin-caffe 50-325-40</i> | T1 | QL (6 tabs/day) |
| <i>butalbital-asa-caffeine cap</i> (Fiorinal) | T1 | QL (6 caps/day) |
| FIORINAL (<i>butalbital-aspirin-caffeine</i>) | T3 | QL (6 caps/day) |
| ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMB. | | |
| <i>butalb/acetaminophen/caffeine</i> | T3 | |
| <i>butalb/acetaminophen/caffeine</i> (Esgic) | T3 | QL (6 caps/day) |
| <i>butalb-acetamin-caff 50-300-40</i> (Fioricet) | T1 | QL (6 caps/day) |
| <i>butalb-acetamin-caff 50-325-40</i> (Esgic) | T1 | QL (6 tabs/day) |
| ESGIC 50-325-40 MG TABLET (<i>butalbital-acetaminophen-caffe</i>) | T3 | QL (6 tabs/day) |
| ESGIC CAPSULE (<i>zebutal</i>) | T3 | QL (6 caps/day) |
| FIORICET (<i>phrenilin forte</i>) | T1 | QL (6 caps/day) |
| ANALGESIC/ANTIPYRETICS, SALICYLATES | | |
| <i>choline salicyl/mag salicylate</i> | T1 | HD |
| <i>diflunisal</i> | T1 | HD |
| ANTI-MIGRAINE PREPARATIONS | | |
| AIMOVIG AUTOINJECTOR | T2 | PA |
| AJOVY AUTOINJECTOR | T2 | PA |
| AJOVY SYRINGE | T2 | PA |
| <i>almotriptan malate</i> | T1 | QL (12 tabs/30 days) |
| CAFERGOT (<i>ergotamine-caffeine</i>) | T3 | QL (40 tabs/28 days) |
| <i>dihydroergotamine 1 mg/ml amp</i> | T1 | QL (10 amps/30 days) |
| <i>eletriptan hydrobromide</i> | T1 | QL (6 tabs/30 days) |
| EMGALITY PEN | T2 | PA |
| EMGALITY SYRINGE | T2 | PA |
| <i>ergotamine tartrate/caffeine</i> | T1 | |
| <i>ergotamine tartrate/caffeine</i> (Cafergot) | T1 | QL (40 tabs/28 days) |

Therapeutic drug category and class describes the condition the medication is used to treat

Coverage requirements and limits lets you know if your plan has extra requirements before it will cover the medication

Drug tier gives you an idea of how much you may pay for a medication

Prescription drug name is the name of the medication

Medications are listed in **alphabetical order** within each column

Brand name medications are in all **CAPITAL** letters

Generic medications are in **lowercase italics**

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Healthcare Legacy (Performance) 3-Tier Prescription Drug List.

Information about this drug list

How to find your medication

First, look for the therapeutic category/class your medication is in using the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition.

| Condition | Page | Condition | Page |
|--|--------|--|--------|
| Analgesics (Pain Relief and Inflammatory Disease) | 18-25 | Anti-Infectives (Infections) | 62 |
| Analgesics (Urinary Tract Conditions) | 25 | Anti-Infectives/Miscellaneous (Feminine Products) | 63 |
| Anesthetics (Miscellaneous) | 25, 26 | Anti-Infectives/Miscellaneous (Infections) | 63, 64 |
| Anesthetics (Pain Relief and Inflammatory Disease) | 27-30 | Anti-Infectives/Miscellaneous (Miscellaneous) | 64 |
| Anesthetics (Urinary Tract Conditions) | 30 | Anti-Infectives/Miscellaneous (Skin Conditions) | 64 |
| Anti-Allergy (Allergy and Nasal Sprays) | 30, 31 | Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents (Pain Relief and Inflammatory Disease) | 64, 65 |
| Anti-Arthritics (Pain Relief and Inflammatory Disease) | 31-34 | Anti-Neoplastics (Cancer) | 66-78 |
| Anti-Asthmatics (Asthma/COPD/Respiratory) | 34-36 | Anti-Neoplastics (Skin Conditions) | 78 |
| Antibiotics (Allergy/Nasal Sprays) | 36 | Anti-Parasitics (Infections) | 78, 79 |
| Antibiotics (Ear Medications) | 36, 37 | Anti-Parkinson's Drugs (Parkinson's Disease) | 79-81 |
| Antibiotics (Eye Conditions) | 37, 38 | Anti-Platelet Drugs (Blood Thinners/Anti-Clotting) | 81 |
| Antibiotics (Infections) | 38-49 | Antivirals (AIDS/HIV) | 81-85 |
| Antibiotics (Miscellaneous) | 49 | Antivirals (Eye Conditions) | 85 |
| Antibiotics (Skin Conditions) | 50, 51 | Antivirals (Infections) | 85-87 |
| Anti-Coagulants (Blood Thinners/Anti-Clotting) | 51-53 | Antivirals (Skin Conditions) | 88 |
| Antidotes (Gastrointestinal/Heartburn) | 53 | Autonomic Drugs (Allergy/Nasal Sprays) | 88 |
| Antidotes (Substance Abuse) | 53, 54 | Autonomic Drugs (Alzheimer's Disease) | 88, 89 |
| Anti-Fungals (Eye Conditions) | 54 | Autonomic Drugs (Attention Deficit Hyperactivity Disorder) | 89, 90 |
| Anti-Fungals (Feminine Products) | 54 | Autonomic Drugs (Blood Pressure/Heart Medications) | 90 |
| Anti-Fungals (Infections) | 54, 55 | Autonomic Drugs (Miscellaneous) | 90-92 |
| Anti-Fungals (Skin Conditions) | 55, 56 | Autonomic Drugs (Urinary Tract Conditions) | 92 |
| Antihistamine and Decongestant Combination (Allergy/Nasal Sprays) | 56 | Biologicals (Allergy/Nasal Sprays) | 92 |
| Antihistamines (Allergy/Nasal Sprays) | 56, 57 | Biologicals (Blood Pressure/Heart Medications) | 92 |
| Antihistamines (Eye Conditions) | 57 | Biologicals (Miscellaneous) | 92 |
| Anti-Hyperglycemics (Diabetes) | 57-62 | Biologicals (Vaccines) | 93, 94 |
| Anti-Infectives (Feminine Products) | 62 | Blood (Blood Modifiers/Bleeding Disorders) | 94-96 |

Information about this drug list

How to find your medication *(cont.)*

| Condition | Page | Condition | Page |
|--|----------|---|----------|
| Blood (Miscellaneous) | 96 | Gastrointestinal (Cholesterol Medications) | 144 |
| Cardiac Drugs (Blood Pressure/Heart Medications) | 97-101 | Gastrointestinal (Gastrointestinal/Heartburn) | 144-153 |
| Cardiovascular (Allergy/Nasal Sprays) | 101 | Gastrointestinal (Pain Relief and Inflammatory Disease) | 153 |
| Cardiovascular (Asthma/COPD/Respiratory) | 102, 103 | Hormones (Hormonal Agents) | 154-162 |
| Cardiovascular (Blood Pressure/Heart Medications) | 103-109 | Hormones (Infertility) | 162 |
| Cardiovascular (Cholesterol Medications) | 110-113 | Hormones (Miscellaneous) | 162 |
| Cardiovascular (Miscellaneous) | 113 | Hormones (Osteoporosis Products) | 163 |
| CNS Drugs (Alzheimer's Disease) | 113 | Immunosuppressants (Miscellaneous) | 163 |
| CNS Drugs (Miscellaneous) | 114 | Immunosuppressants (Pain Relief and Inflammatory Disease) | 163 |
| CNS Drugs (Multiple Sclerosis) | 114, 115 | Immunosuppressants (Transplant Medications) | 164, 165 |
| CNS Drugs (Pain Relief and Inflammatory Disease) | 115, 116 | Miscellaneous Medical Supplies, Devices, Non-Drug (Diabetes) | 165-175 |
| CNS Drugs (Seizure Disorders) | 116 | Miscellaneous Medical Supplies, Devices, Non-Drug (Miscellaneous) | 176-180 |
| Colony Stimulating Factors (Blood Modifiers/Bleeding Disorders) | 121, 122 | Muscle Relaxants (Pain Relief and Inflammatory Disease) | 180, 181 |
| Colony Stimulating Factors (Cancer) | 122 | Prenatal Vitamins (Nutritional/Dietary) | 181, 182 |
| Contraceptives (Contraception Products) | 122-124 | Psychotherapeutic Drugs (Anxiety/Depression/Bipolar Disorder) | 182-188 |
| Cough/Cold Preparations (Allergy/Nasal Sprays) | 124 | Psychotherapeutic Drugs (Attention Deficit Hyperactivity Disorder) | 188-190 |
| Cough/Cold Preparations (Cough/Cold Medications) | 125 | Psychotherapeutic Drugs (Miscellaneous) | 191 |
| Diagnostic (Diabetes) | 125 | Psychotherapeutic Drugs (Schizophrenia/Anti-Psychotics) | 191-194 |
| Diagnostic (Miscellaneous) | 126-129 | Psychotherapeutic Drugs (Sleep Disorders/Sedatives) | 195, 196 |
| Diuretics (Diuretics) | 129-131 | Sedative/Hypnotics (Sleep Disorders/Sedatives) | 196 |
| EENT Preps (Allergy/Nasal Sprays) | 131, 132 | Skin Preps (Miscellaneous) | 196, 197 |
| EENT Preps (Ear Medications) | 132 | Skin Preps (Pain Relief and Inflammatory Disease) | 197, 198 |
| EENT Preps (Eye Conditions) | 132-137 | Skin Preps (Skin Conditions) | 198-208 |
| Elect/Caloric/H ₂ O (Cholesterol Medications) | 137 | Smoking Deterrents (Smoking Cessation) | 208 |
| Elect/Caloric/H ₂ O (Dental Products) | 137, 138 | Thyroid Prep (Hormonal Agents) | 208, 209 |
| Elect/Caloric/H ₂ O (Diabetes) | 138 | Unclassified Drug Products (Asthma/COPD/Respiratory) | 209, 210 |
| Elect/Caloric/H ₂ O (Miscellaneous) | 138, 139 | | |
| Elect/Caloric/H ₂ O (Nutritional/Dietary) | 140-143 | | |
| Elect/Caloric/H ₂ O (Urinary Tract Conditions) | 143, 144 | | |

Information about this drug list

How to find your medication *(cont.)*

| Condition | Page | Condition | Page |
|---|----------|---|----------|
| Unclassified Drug Products (Blood Modifiers/Bleeding Disorders) | 210 | Unclassified Drug Products (Osteoporosis Products) | 220 |
| Unclassified Drug Products (Blood Pressure/Heart Medications) | 211 | Unclassified Drug Products (Pain Relief and Inflammatory Disease) | 220 |
| Unclassified Drug Products (Cancer) | 211, 212 | Unclassified Drug Products (Seizure Disorders) | 220 |
| Unclassified Drug Products (Dental Products) | 212 | Unclassified Drug Products (Skin Conditions) | 220 |
| Unclassified Drug Products (Diabetes) | 212 | Unclassified Drug Products (Substance Abuse) | 220, 221 |
| Unclassified Drug Products (Erectile Dysfunction) | 212 | Unclassified Drug Products (Transplant Medications) | 221 |
| Unclassified Drug Products (Eye Conditions) | 213 | Unclassified Drug Products (Urinary Tract Conditions) | 221, 222 |
| Unclassified Drug Products (Gastrointestinal/Heartburn) | 213 | Unclassified Drug Products (Weight Management) | 222 |
| Unclassified Drug Products (Hormonal Agents) | 213, 214 | Vitamins (Nutritional/Dietary) | 222-224 |
| Unclassified Drug Products (Miscellaneous) | 214-218 | Vitamins (Vitamins) | 224 |
| Unclassified Drug Products (Multiple Sclerosis) | 218 | | |
| Unclassified Drug Products (Nutritional/Dietary) | 219 | | |

List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANALGESIC, NON-SALICYLATE AND BARBITURATE COMBINAT | | |
| ALLZITAL | T3 | PA |
| BUPAP (<i>butalbital-acetaminophen</i>) | T1 | PA |
| <i>butalbital/acetaminophen</i> | T1 | |
| <i>butalbital-acetaminophn 25-325</i> (Allzital) | T1 | PA |
| <i>butalbital-acetaminophn 50-300</i> | T1 | |
| <i>butalbital-acetaminophn 50-300</i> (Bupap) | T1 | PA |
| <i>butalbital-acetaminophn 50-325</i> | T1 | |
| ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB. | | |
| butalb-aspirin-caffe 50-325-40 | T1 | QL (6 tabs/day) |
| butalbital-asa-caffeine cap (Fiorinal) | T1 | QL (6 caps/day) |
| FIORINAL (<i>butalbital-aspirin-caffeine</i>) | T3 | QL (6 caps/day) |
| ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMB. | | |
| <i>butalb/acetaminophen/caffeine</i> (Esgic) | T3 | QL (6 caps/day) |
| <i>butalb/acetaminophen/caffeine</i> (Vanatol S) | T3 | |
| <i>butalb-acetamin-caff 50-300-40</i> (Fioricet) | T1 | QL (6 caps/day) |
| <i>butalb-acetamin-caff 50-325-40</i> (Esgic) | T1 | QL (6 tabs/day) |
| ESGIC 50-325-40 MG TABLET (<i>butalbital-acetaminophen-caff</i>) | T3 | PA QL (6 tabs/day) |
| ESGIC CAPSULE (<i>zebutal</i>) | T3 | PA QL (6 caps/day) |
| FIORICET (<i>phrenilin forte</i>) | T3 | PA QL (6 caps/day) |
| VANATOL LQ | T3 | PA |
| VANATOL S | T3 | PA |
| VTOL | T1 | PA |
| ANALGESIC/ANTIPYRETICS, SALICYLATES | | |
| <i>choline salicyl/mag salicylate</i> | T1 | HD |
| <i>diflunisal</i> | T1 | HD |
| ANALGESIC/ANTIPYRETICS, NON-SALICYLATE | | |
| ACETAMINOPHEN 1000MG/100ML BAG | T3 | |
| <i>acetaminophen 1,000mg/100ml v1</i> (Ofirmev) | T1 | |
| OFIRMEV (<i>acetaminophen</i>) | T3 | |
| ANALGESICS, NEURONAL-TYPE CALCIUM CHANNEL BLOCKERS | | |
| PRIALT | T3 | SP |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANALGESICS (Pain Relief And Inflammatory Disease) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANALGESICS, NEURONAL-TYPE CALCIUM CHANNEL BLOCKERS | | |
| <i>clonidine 1,000 mcg/10 ml vial (Duraclon)</i> | T1 | |
| <i>clonidine 5,000 mcg/10 ml vial</i> | T1 | |
| DURACLON (<i>clonidine hcl</i>) | T3 | |
| ANTI-MIGRAINE PREPARATIONS | | |
| AIMOVIG AUTOINJECTOR | T2 | PA |
| AJOVY AUTOINJECTOR | T2 | PA |
| AJOVY SYRINGE | T2 | PA |
| <i>almotriptan malate</i> | T1 | QL (12 tabs/30 days) |
| CAFERGOT (<i>ergotamine-caffeine</i>) | T3 | QL (40 tabs/28 days) |
| CAMBIA (<i>diclofenac potassium</i>) | T3 | PA |
| D.H.E.45 (<i>dihydroergotamine mesylate</i>) | T3 | PA QL (10 amps/30 days) |
| <i>diclofenac pot 50 mg powdr pkt (Cambia)</i> | T1 | PA |
| <i>dihydroergotamine 1 mg/ml amp (D.h.e.45)</i> | T1 | QL (10 amps/30 days) |
| <i>dihydroergotamine 4 mg/ml spry (Migranal)</i> | T1 | QL (8/30 days) |
| <i>eletriptan hydrobromide (Relpax)</i> | T1 | QL (6 tabs/30 days) |
| ELYXYB | T3 | PA QL (9 bottles/30 days) |
| EMGALITY PEN | T2 | PA |
| EMGALITY SYRINGE | T2 | PA |
| ERGOMAR | T3 | PA |
| <i>ergotamine tartrate/caffeine</i> | T1 | |
| <i>ergotamine tartrate/caffeine (Cafergot)</i> | T1 | QL (40 tabs/28 days) |
| <i>frovatriptan succinate (Frova)</i> | T1 | QL (18 tabs/30 days) |
| IMITREX 100 MG TABLET (<i>sumatriptan succinate</i>) | T3 | PA QL (9 tabs/30 days) |
| IMITREX 20 MG NASAL SPRAY (<i>sumatriptan</i>) | T3 | PA QL (2 boxes/30 days) |
| IMITREX 25 MG TABLET (<i>sumatriptan succinate</i>) | T3 | PA QL (9 tabs/30 days) |
| IMITREX 4 MG/0.5 ML CARTRIDGES (<i>sumatriptan succinate</i>) | T3 | PA QL (4ml/30 days) |
| IMITREX 4 MG/0.5 ML PEN INJECT (<i>sumatriptan succinate</i>) | T3 | PA QL (4ml/30 days) |
| IMITREX 5 MG NASAL SPRAY (<i>sumatriptan</i>) | T3 | PA QL (2 boxes/30 days) |
| IMITREX 50 MG TABLET (<i>sumatriptan succinate</i>) | T3 | PA QL (9 tabs/30 days) |
| IMITREX 6 MG/0.5 ML CARTRIDGES (<i>sumatriptan succinate</i>) | T3 | PA QL (4ml/30 days) |
| IMITREX 6 MG/0.5 ML PEN INJECT (<i>sumatriptan succinate</i>) | T3 | PA QL (4ml/30 days) |
| IMITREX 6 MG/0.5 ML VIAL (<i>sumatriptan succinate</i>) | T3 | PA QL (5ml/30 days) |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-MIGRAINE PREPARATIONS | | |
| <i>isomethept/dichlphn/acetaminop</i> | T1 | |
| <i>isomethepten/caf/acetaminophen</i> | T1 | |
| MAXALT (<i>rizatriptan</i>) | T3 | PA QL (12 tabs/30 days) |
| MAXALT MLT (<i>rizatriptan</i>) | T3 | PA QL (12 tabs/30 days) |
| MIGRANAL (<i>dihydroergotamine mesylate</i>) | T3 | PA QL (8/30 days) |
| <i>naratriptan hcl</i> | T1 | QL (9 tabs/30 days) |
| NURTEC ODT | T2 | PA QL (16 tabs/30 days) |
| ONZETRA XSAIL | T3 | PA QL (1 box/30 days) |
| RELPAK (<i>eletriptan hbr</i>) | T3 | PA QL (6 tabs/30 days) |
| REYVOW | T3 | PA QL (8 tabs/30 days) |
| <i>rizatriptan</i> (Maxalt Mlt) | T1 | QL (12 tabs/30 days) |
| <i>rizatriptan</i> (Maxalt) | T1 | QL (12 tabs/30 days) |
| <i>rizatriptan</i> | T1 | QL (12 tabs/30 days) |
| QULIPTA | T3 | PA QL (1 set/day) |
| <i>sumatriptan</i> (Imitrex) | T1 | QL (2 boxes/30 days) |
| <i>sumatriptan 4 mg/0.5 ml cart</i> (Imitrex) | T1 | QL (4ml/30 days) |
| <i>sumatriptan 4 mg/0.5 ml inject</i> (Imitrex) | T1 | QL (4ml/30 days) |
| <i>sumatriptan 6 mg/0.5 ml cart</i> (Imitrex) | T1 | QL (4ml/30 days) |
| <i>sumatriptan 6 mg/0.5 ml inject</i> (Imitrex) | T1 | QL (4ml/30 days) |
| <i>sumatriptan 6 mg/0.5 ml syrng</i> | T1 | QL (4ml/30 days) |
| <i>sumatriptan 6 mg/0.5 ml vial</i> (Imitrex) | T1 | QL (5ml/30 days) |
| <i>sumatriptan succ 100 mg tablet</i> (Imitrex) | T1 | QL (9 tabs/30 days) |
| <i>sumatriptan succ 25 mg tablet</i> (Imitrex) | T1 | QL (18 tabs/28 days) |
| <i>sumatriptan succ 50 mg tablet</i> (Imitrex) | T1 | QL (9 tabs/30 days) |
| <i>sumatriptan succ/naproxen sod</i> (Treximet) | T1 | QL (18 tabs/30 days) |
| SUMAVEL DOSEPRO | T3 | QL (12 injectors/30 days) |
| TOSYMRA | T3 | PA QL (2 boxes/30 days) |
| TREXIMET 10-60 MG TABLET | T3 | PA QL (18 tabs/30 days) |
| TREXIMET 85-500 MG TABLET (<i>sumatriptan succ-naproxen sod</i>) | T3 | PA QL (18 tabs/28 days) |
| TRUDHESA | T2 | PA QL (2 pkgs/30 days) |
| UBRELVY | T2 | PA QL (0.67 tabs/day) |
| VYEPTI | T3 | PA SP |
| ZAVAPRET | T2 | PA QL (6 units/30 days) |
| ZEMBRACE SYMTOUCH | T3 | PA QL (16 injectors/30 days) |
| <i>zolmitriptan</i> (Zomig Zmt) | T1 | QL (12 tabs/30 days) |

T1 – Typically Generics

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CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-MIGRAINE PREPARATIONS | | |
| ZOLMITRIPTAN 2.5 MG NASAL SPRAY | T3 | PA QL (12 spray/22 days) |
| <i>zolmitriptan 2.5 mg tablet (Zomig)</i> | T1 | QL (12 tabs/30 days) |
| ZOLMITRIPTAN 5 MG NASAL SPRAY | T3 | PA QL (6 spray/22 days) |
| <i>zolmitriptan 5 mg tablet (Zomig)</i> | T1 | QL (12 tabs/30 days) |
| ZOMIG 2.5 MG, 5MG NASAL SPRAY | T3 | PA QL (2 boxes/30 days) |
| ZOMIG 2.5 MG TABLET (<i>zolmitriptan</i>) | T3 | PA QL (12 tabs/30 days) |
| ZOMIG 5 MG TABLET (<i>zolmitriptan</i>) | T3 | PA QL (12 tabs/30 days) |
| ZOMIG ZMT (<i>zolmitriptan odt</i>) | T3 | PA QL (12 tabs/30 days) |
| NASAL NSAIDS, COX NON-SELECTIVE, SYSTEMIC ANALGESIC | | |
| KETOROLAC 15.75 MG NASAL SPRAY | T3 | QL (10 bots/30 days) |
| SPRIX | T3 | PA QL (10 bots/30 days) |
| NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE ANALGESICS | | |
| <i>diclofenac pot 25 mg tablet</i> | T1 | PA HD |
| <i>diclofenac potassium</i> | T1 | HD |
| <i>ketorolac 10 mg tablet</i> | T1 | QL (20 tabs/25 days) HD |
| <i>ketorolac 15 mg/ml syringe</i> | T1 | QL (40 ml/30 days) HD |
| <i>ketorolac 15 mg/ml vial</i> | T1 | QL (40 ml/30 days) HD |
| <i>ketorolac 30 mg/ml carpject</i> | T1 | HD |
| <i>ketorolac 30 mg/ml isecure syr</i> | T1 | QL (20ml/30 days) HD |
| <i>ketorolac 30 mg/ml syringe</i> | T1 | QL (20ml/30 days) HD |
| <i>ketorolac 30 mg/ml vial</i> | T1 | QL (20ml/30 days) HD |
| <i>ketorolac 300 mg/10 ml vial</i> | T1 | HD |
| <i>ketorolac 60 mg/2 ml carpject</i> | T1 | QL (20ml/30 days) HD |
| <i>ketorolac 60 mg/2 ml syringe</i> | T1 | QL (20ml/30 days) HD |
| <i>ketorolac 60 mg/2 ml vial</i> | T1 | QL (20ml/30 days) HD |
| <i>mefenamic acid</i> | T1 | HD |
| ZIPSOR | T3 | PA HD |
| OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS | | |
| <i>acetamin-codein 300-30 mg/12.5</i> | T1 | |
| <i>acetaminop-codeine 120-12 mg/5</i> | T1 | |
| <i>acetaminophen-cod #2 tablet</i> | T1 | PA |
| <i>acetaminophen-cod #3 tablet</i> | T1 | PA |

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List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS | | |
| <i>acetaminophen-cod #4 tablet</i> | T1 | PA |
| APADAZ | T3 | |
| BENZHYDROCODONE-ACETAMINOPHEN | T1 | |
| CAPITAL W-CODEINE | T3 | |
| <i>hydrocodone/acetaminophen</i> | T1 | PA |
| <i>hydrocodone/acetaminophen</i> (Hydrocodone-acetaminophen) | T1 | PA |
| <i>hydrocodone/acetaminophen</i> (Norco) | T1 | PA |
| HYDROCODONE-ACETAMINOPHEN | T1 | PA |
| LORTAB | T1 | PA |
| NALOCET | T1 | PA |
| NORCO (<i>lorcet hd</i>) | T3 | PA |
| NORCO (<i>lorcet plus</i>) | T3 | PA |
| NORCO (<i>lorcet</i>) | T3 | PA |
| <i>oxycodone hcl/acetaminophen</i> (Nalocet) | T1 | PA |
| <i>oxycodone hcl/acetaminophen</i> (Percocet) | T1 | PA |
| <i>oxycodone hcl/acetaminophen</i> (Primlev) | T1 | PA |
| PERCOCET (<i>oxycodone-acetaminophen</i>) | T3 | PA |
| PRIMLEV | T1 | PA |
| <i>tramadol hcl/acetaminophen</i> (Ultracet) | T1 | |
| ULTRACET (<i>tramadol hcl-acetaminophen</i>) | T3 | |
| OPIOID ANALGESIC AND NSAID COMBINATION | | |
| <i>hydrocodone/ibuprofen</i> | T1 | PA |
| <i>hydrocodone/ibuprofen</i> (Ibudone) | T1 | PA |
| IBUDONE | T1 | PA |
| <i>ibuprofen/oxycodone hcl</i> | T1 | PA |
| SEGLENTIS | T3 | PA QL (4 tabs/day) |
| OPIOID ANALGESIC AND SALICYLATE ANALGESIC COMB | | |
| <i>oxycodone hcl/aspirin</i> | T1 | PA |
| OPIOID ANALGESIC, ANESTHETIC ADJUNCT AGENTS | | |
| <i>alfentanil 1,000 mcg/2 ml amp</i> (Alfentanil Hcl) | T1 | PA |
| <i>alfentanil 500 mcg/ml ampul</i> (Alfentanil Hcl) | T1 | PA |
| ALFENTANIL 500 MCG/ML AMPULE (<i>alfentanil hcl</i>) | T3 | PA |
| <i>fentanyl 1,000 mcg/20 ml vial</i> | T1 | |
| <i>fentanyl 100 mcg/2 ml ampul</i> | T1 | |

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List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| OPIOID ANALGESIC, ANESTHETIC ADJUNCT AGENTS (cont.) | | |
| <i>fentanyl 100 mcg/2 ml vial</i> | T1 | |
| FENTANYL 25 MCG/0.5 ML SYRINGE | T2 | |
| FENTANYL 2, 500 MCG/50 ML BAG | T1 | |
| <i>fentanyl 2, 500 mcg/50 ml vial</i> | T1 | |
| <i>fentanyl 250 mcg/5 ml ampul</i> | T1 | |
| <i>fentanyl 250 mcg/5 ml vial</i> | T1 | |
| FENTANYL 5,000 MCG/100 ML BAG | T1 | |
| <i>fentanyl 50 mcg/ml vial</i> | T1 | |
| <i>fentanyl 500 mcg/10 ml vial</i> | T1 | |
| FENTANYL CITRATE-STERILE WATER | T1 | |
| <i>remifentanyl hcl (Ultiva)</i> | T1 | PA |
| <i>sufentanyl citrate</i> | T1 | PA |
| ULTIVA (<i>remifentanyl hcl</i>) | T3 | PA |
| OPIOID ANALGESIC AND NON-SALICYLATE XANTHINE COMB | | |
| ACETAMIN-CAFF-DIHYDROCODEINE | T1 | PA |
| <i>acetaminophen/caff/dihydrocod (Acetamin-caff-dihydrocodeine)</i> | T1 | PA |
| <i>acetaminophen/caff/dihydrocod (Trezix)</i> | T1 | PA |
| TREZIX | T3 | PA |
| OPIOID ANALGESICS | | |
| ACTIQ (<i>fentanyl citrate</i>) | T3 | PA |
| ARYMO ER | T3 | PA |
| BELBUCA | T2 | QL (2 films/day) |
| <i>buprenorphine (Butrans)</i> | T1 | QL (4 patches/28 days) |
| <i>butorphanol tartrate</i> | T1 | PA QL (6 bts/30 days) |
| BUTRANS (<i>buprenorphine</i>) | T3 | QL (4 patches/28 days) |
| <i>codeine sulfate</i> | T1 | PA |
| DILAUDID 0.2 MG/ML SYRINGE | T3 | PA |
| DILAUDID 0.5 MG/0.5 ML SYRINGE | T3 | PA |
| DILAUDID 1 MG/ML SYRINGE | T3 | PA |
| DILAUDID 2 MG TABLET (<i>hydromorphone hcl</i>) | T3 | PA |
| DILAUDID 2 MG/ML SYRINGE | T3 | PA |
| DILAUDID 4 MG TABLET (<i>hydromorphone hcl</i>) | T3 | PA |
| DILAUDID 4 MG/ML SYRINGE | T3 | PA |
| DILAUDID 5 MG/5 ML ORAL LIQUID (<i>hydromorphone hcl</i>) | T3 | PA |

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List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| OPIOID ANALGESICS | | |
| DILAUDID 8 MG TABLET (<i>hydromorphone hcl</i>) | T3 | PA |
| DURAGESIC (<i>fentanyl</i>) | T3 | PA |
| FENTANYL/BUPIVACAINE/NS <i>fentanyl</i> | T3 | |
| <i>fentanyl</i> (Duragesic) | T1 | PA |
| FENTANYL CITRATE/NACL/ML-NS <i>fentanyl citrate</i> (Actiq) | T1 | PA |
| FENTORA <i>hydrocodone bitartrate</i> (Hysingla Er) | T3 | PA |
| <i>hydrocodone bitartrate</i> (Zohydro Er) | T1 | PA |
| <i>hydromorphone hcl</i> | T1 | PA |
| <i>hydromorphone hcl</i> (Dilaudid) | T1 | PA |
| HYDROMORPHONE 0.25 MG/0.5 ML | T3 | PA |
| HYSINGLA ER (<i>hydrocodone bitartrate er</i>) | T2 | PA |
| KADIAN (<i>morphine sulfate er</i>) | T3 | PA |
| LAZANDA <i>meperidine hcl</i> | T3 | PA |
| <i>methadone hcl</i> | T1 | PA |
| MITIGO | T1 | PA |
| MORPHABOND ER <i>morphine sulfate</i> | T2 | PA |
| <i>morphine sulfate</i> (Kadian) | T1 | PA |
| <i>morphine sulfate</i> (Ms Contin) | T1 | PA |
| MS CONTIN (<i>morphine sulfate er</i>) | T3 | PA |
| <i>nalbuphine hcl</i> | T1 | |
| NUCYNTA | T2 | PA |
| NUCYNTA ER <i>opium/belladonna alkaloids</i> | T3 | PA |
| <i>opium/belladonna alkaloids</i> | T1 | PA |
| OXAYDO <i>oxycodone hcl</i> | T3 | PA |
| <i>oxycodone hcl</i> | T1 | PA |
| OXYCODONE HCL ER <i>oxymorphone hcl</i> | T1 | PA |
| <i>oxymorphone hcl</i> | T1 | PA |
| <i>pentazocine hcl/naloxone hcl</i> | T1 | PA |
| QDOLO | T3 | PA QL (80ml/day) |
| ROXICODONE (<i>oxycodone hcl</i>) | T3 | PA |

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List of Prescription Medications

| ANALGESICS (Pain Relief and Inflammatory Disease) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| OPIOID ANALGESICS | | |
| ROXYBOND | T3 | PA |
| SUBSYS | T3 | PA |
| <i>tramadol er 100 mg tablet</i> | T1 | QL (1 tab/day) |
| <i>tramadol er 200 mg tablet</i> | T1 | QL (1 tab/day) |
| <i>tramadol er 300 mg tablet</i> | T1 | QL (1 tab/day) |
| tramadol hcl (Ultram) | T1 | QL (8 tabs/day) |
| TRAMADOL HCL 25 MG TABLET | T3 | PA QL(>= 18 yo 4 tabs/day) |
| TRAMADOL HCL ER 100 MG CAPSULE | T1 | QL (1 cap/day) |
| <i>tramadol hcl er 100 mg tablet</i> | T1 | QL (1 tab/day) |
| TRAMADOL HCL ER 150 MG CAPSULE | T1 | QL (1 cap/day) |
| TRAMADOL HCL ER 200 MG CAPSULE | T1 | QL (1 cap/day) |
| <i>tramadol hcl er 200 mg tablet</i> | T1 | QL (1 tab/day) |
| TRAMADOL HCL ER 300 MG CAPSULE | T1 | QL (1 cap/day) |
| <i>tramadol hcl er 300 mg tablet</i> | T1 | QL (1 tab/day) |
| ULTRAM (<i>tramadol hcl</i>) | T3 | QL (8 tabs/day) |
| XTAMPZA ER | T2 | PA |
| ZOHYDRO ER (<i>hydrocodone bitartrate er</i>) | T3 | PA |
| OPIOID AND SALICYLATE ANALGESICS, BARBIT, XANTHINE | | |
| <i>codeine/butalbital/asa/caffein</i> (Fiorinal With Codeine #3) | T1 | PA |
| FIORINAL WITH CODEINE #3 (<i>butalbital compound-codeine</i>) | T3 | PA |
| OPIOID, NON-SALICYL. ANALGESIC, BARBITUATE, XANTHINE | | |
| <i>butalbit/acetamin/caff/codeine</i> | T1 | PA |
| <i>butalbit/acetamin/caff/codeine</i> (Fioricet With Codeine) | T1 | PA |
| FIORICET WITH CODEINE (<i>butalb-acetaminoph-caff-codein</i>) | T3 | PA |
| SKELETAL MUSCLE RELAXANT, SALICYLAT, OPIOID ANALGES | | |
| <i>carisoprodol/aspirin/codeine</i> | T1 | PA |
| ANALGESICS (Urinary Tract Conditions) | | |
| URINARY TRACT ANALGESIC AGENTS | | |
| ELMIRON | T2 | |
| RIMSO-50 | T2 | |
| ANESTHETICS (Miscellaneous) | | |
| GENERAL ANESTHETICS, INHALANT | | |
| <i>desflurane</i> (Suprane) | T1 | |
| <i>isoflurane</i> | T1 | |

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List of Prescription Medications

| ANESTHETICS (Miscellaneous) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| GENERAL ANESTHETICS, INHALANT | | |
| <i>isoflurane</i> | T3 | |
| <i>sevoflurane</i> (Ultane) | T1 | |
| SUPRANE | T3 | |
| ULTANE (<i>sevoflurane</i>) | T3 | |
| GENERAL ANESTHETICS, INJECTABLE | | |
| AMIDATE | T3 | |
| AMIDATE (<i>etomidate</i>) | T3 | |
| BREVITAL SODIUM | T3 | |
| DIPRIVAN (<i>propofol</i>) | T3 | |
| <i>etomidate</i> (Amidate) | T1 | |
| KETALAR | T3 | |
| KETALAR (<i>ketamine hcl</i>) | T3 | |
| KETAMINE HCL | T1 | |
| <i>ketamine hcl</i> (Ketalar) | T1 | |
| <i>ketamine hcl in 0.9 % nacl</i> | T1 | |
| <i>ketamine hcl in 0.9 % nacl</i> (Ketamine Hcl-0.9% Nacl) | T1 | |
| KETAMINE HCL-0.9% NAACL | T1 | |
| KETAMINE HCL-0.9% NAACL (<i>ketamine hcl-0.9% nacl</i>) | T1 | |
| METHOHEXITAL-STERILE WATER | T1 | |
| PROPOFOL | T1 | |
| <i>propofol</i> (Diprivan) | T1 | |
| GENERAL ANESTHETICS, INJECTABLE-BENZODIAZEPINE TYPE | | |
| <i>midazolam hcl/hcl pf</i> | T1 | |
| LOCAL ANESTHETICS | | |
| ARTICADENT DENTAL | T3 | |
| BUFFERED LIDOCAINE | T1 | |
| BUPIVACAINE HCL | T1 | |
| <i>bupivacaine hcl</i> (Marcaine) | T1 | |
| <i>bupivacaine hcl</i> (Sensorcaine) | T1 | |
| <i>bupivacaine hcl in dextrose/pf</i> (Sensorcaine With Dextrose) | T1 | |
| <i>bupivacaine hcl/epinephrine</i> (Marcaine-epinephrine) | T1 | |

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ANESTHETICS (Pain Relief And Inflammatory Disease)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| LOCAL ANESTHETICS (cont.) | | |
| <i>bupivacaine hcl/epinephrine/pf</i> (Sensorcaine-mpf Epinephrine) | T1 | |
| <i>bupivacaine hcl/pf</i> (Marcaine) | T1 | |
| <i>bupivacaine hcl/pf</i> (Sensorcaine-mpf) | T1 | |
| <i>bupivacaine hcl/pf</i> (Sensorcaine-mpf) | T3 | |
| BUPIVACAINE HCL-0.9% NAACL | T1 | |
| CARBOCAINE | T3 | |
| CARBOCAINE (<i>polocaine</i>) | T3 | |
| CARBOCAINE (<i>polocaine-mpf</i>) | T3 | |
| <i>chloroprocaine hcl/pf</i> (Nesacaine-mpf) | T1 | |
| CITANEST FORTE DENTAL | T3 | |
| CITANEST PLAIN DENTAL | T3 | |
| CLOROTEKAL | T3 | |
| EXPAREL | T3 | |
| LIDOCAINE 0.5MG INTRADERM SYST | T1 | |
| <i>lidocaine 100 mg/10 ml (1%) syr</i> | T1 | |
| LIDOCAINE 100 MG/5 ML (2%) SYR | T1 | |
| LIDOCAINE 200 MG/10 ML (2%) SYR | T1 | |
| LIDOCAINE 200 MG/20 ML (1%) SYR | T1 | |
| LIDOCAINE 40 MG/2 ML (2%) SYRG | T1 | |
| <i>lidocaine 50 mg/5 ml (1%) syrg</i> | T1 | |
| LIDOCAINE 200 MG/10 ML(2%) SYR | T1 | |
| <i>lidocaine hcl</i> | T1 | |
| <i>lidocaine</i> (Lidocan II) | T1 | PA |
| <i>lidocaine hcl 0.5% vial</i> (Xylocaine) | T1 | |
| <i>lidocaine hcl 0.5% vial</i> (Xylocaine-mpf) | T1 | |
| <i>lidocaine hcl 1% 20 mg/2 ml</i> (Xylocaine-mpf) | T1 | |
| <i>lidocaine hcl 1% 20 mg/2 ml vl</i> (Xylocaine-mpf) | T1 | |
| <i>lidocaine hcl 1% 300 mg/30 ml</i> (Xylocaine-mpf) | T1 | |
| <i>lidocaine hcl 1% 50 mg/5 ml</i> (Xylocaine-mpf) | T1 | |
| <i>lidocaine hcl 1% 50 mg/5 ml vl</i> (Xylocaine-mpf) | T1 | |
| <i>lidocaine hcl 1% ampul</i> (Xylocaine-mpf) | T1 | |
| <i>lidocaine hcl 1% 100 mg/10 ml</i> (Xylocaine-Mpf) | T1 | |

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ANESTHETICS (Pain Relief And Inflammatory Disease)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| LOCAL ANESTHETICS (cont.) | | |
| <i>lidocaine hcl 1% vial (Xylocaine-mpf)</i> | T1 | |
| <i>lidocaine hcl 1.5% ampul (Xylocaine-mpf)</i> | T1 | |
| <i>lidocaine hcl 10 mg/ml syringe, 100 mg/10 ml syr</i> | T1 | |
| <i>lidocaine hcl 2% 100 mg/5 ml (Xylocaine-mpf)</i> | T1 | |
| <i>lidocaine hcl 2% 40 mg/2 ml (Xylocaine-mpf)</i> | T1 | |
| <i>lidocaine hcl 2% 40 mg/2 ml vl (Xylocaine-mpf)</i> | T1 | |
| <i>lidocaine hcl 2% ampul (Xylocaine-mpf)</i> | T1 | |
| <i>lidocaine hcl 2% jel urojet ac</i> | T1 | |
| <i>lidocaine hcl 2% jelly</i> | T1 | |
| <i>lidocaine hcl 2% jelly uro-jet</i> | T1 | |
| <i>lidocaine hcl 2% vial (Xylocaine)</i> | T1 | |
| <i>lidocaine hcl 2% vial (Xylocaine-mpf)</i> | T1 | |
| LIDOCAINE HCL 200 MG/10 ML SYR | T1 | |
| LIDOCAINE HCL 30 MG/3 ML SYR | T1 | |
| <i>lidocaine hcl 4% ampul, 4% solution</i> | T1 | |
| <i>lidocaine hcl/dextrose 7.5%/pf</i> | T1 | |
| <i>lidocaine hcl/epinephrine (Xylocaine With Epinephrine)</i> | T1 | |
| <i>lidocaine hcl/epinephrine bit (Lidocaine-epinephrine)</i> | T3 | |
| <i>lidocaine hcl/epinephrine/pf (Xylocaine With Epinephrine)</i> | T1 | |
| <i>lidocaine hcl/epinephrine/pf (Xylocaine-mpf With Epinephrine)</i> | T1 | |
| LIDOCAINE HCL-0.9% NAACL | T1 | |
| LIDOCAINE-EPINEPHRINE | T1 | |
| LIDOCAN II (<i>lidocaine</i>) | T1 | |
| MARCAINE (<i>bupivacaine hcl</i>) | T3 | |
| MARCAINE (<i>sensorcaine</i>) | T3 | |
| MARCAINE (<i>sensorcaine-mpf</i>) | T3 | |
| MARCAINE SPINAL | T3 | |
| MARCAINE-EPINEPHRINE (<i>bupivacaine hcl-epinephrine</i>) | T3 | |
| MARCAINE-EPINEPHRINE (<i>sensorcaine-epinephrine</i>) | T3 | |
| <i>mepivacaine hcl (Carbocaine)</i> | T1 | |
| <i>mepivacaine hcl/pf</i> | T1 | |
| <i>mepivacaine hcl/pf</i> | T3 | |

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ANESTHETICS (Pain Relief And Inflammatory Disease)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| LOCAL ANESTHETICS (cont.) | | |
| <i>mepivacaine hcl/pf</i> (Carbocaine) | T1 | |
| NAROPIN | T3 | |
| NESACAINE | T3 | |
| NESACAINE-MPF (<i>chlorprocaine hcl</i>) | T3 | |
| ORABLOC | T3 | |
| POLOCAINE | T1 | |
| <i>ropivacaine 0.2% 20 mg/10 ml</i> (Naropin) | T1 | |
| <i>ropivacaine 0.2% 200 mg/100 ml</i> (Naropin) | T1 | |
| <i>ropivacaine 0.2% 40 mg/20 ml</i> (Naropin) | T1 | |
| <i>ropivacaine 0.2% 400 mg/200 ml</i> (Naropin) | T1 | |
| ROPIVACAINE 0.2% SYRINGE | T1 | |
| <i>ropivacaine 0.5% 100 mg/20 ml</i> (Naropin) | T1 | |
| ROPIVACAINE 0.5% 1000 MG/200ML | T3 | |
| <i>ropivacaine 0.5% 150 mg/30 ml</i> (Naropin) | T1 | |
| ROPIVACAINE 0.5% 500 MG/100 ML | T3 | |
| ROPIVACAINE 0.5% BAG | T1 | |
| <i>ropivacaine 0.75% 150 mg/20 ml</i> (Naropin) | T1 | |
| <i>ropivacaine 1% 100 mg/10 ml v1</i> (Naropin) | T1 | |
| <i>ropivacaine 1% 200 mg/20 ml v1</i> (Naropin) | T1 | |
| ROPIVACAINE 50 MG/10 ML SYRNG | T1 | |
| ROPIVACAINE HCL 0.2% ON-Q PUMP | T1 | |
| ROPIVACAINE HCL 0.5% SYRINGE | T1 | |
| ROPIVACAINE HCL-0.9% NAACL | T1 | |
| ROPIVACAINE HCL-NAACL | T1 | |
| SENSORC MPF 0.75%-EPI 1:200000 | T3 | |
| SENSORCAINE 0.25% VIAL (<i>bupivacaine hcl</i>) | T3 | |
| <i>sensorcaine 0.5% vial</i> (Marcaine) | T1 | |
| SENSORCAINE WITH DEXTROSE | T1 | |
| SENSORCAINE-MPF 0.25% AMPUL (<i>bupivacaine hcl</i>) | T3 | |
| SENSORCAINE-MPF 0.25% VIAL (<i>bupivacaine hcl</i>) | T3 | |
| SENSORCAINE-MPF 0.5% AMPUL (<i>bupivacaine hcl</i>) | T3 | |
| <i>sensorcaine-mpf 0.5% vial</i> (Marcaine) | T1 | |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANESTHETICS (Pain Relief And Inflammatory Disease) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| LOCAL ANESTHETICS (cont.) | | |
| SENSORCAINE-MPF 0.75% AMPUL (<i>bupivacaine hcl</i>) | T1 | |
| SENSORCAINE-MPF 0.75% VIAL (<i>marcaine</i>) | T3 | |
| SENSORC-MPF 0.25%-EPI 1:200000 (<i>bupivacaine hcl-epinephrine</i>) | T1 | |
| SENSORCN-MPF 0.5%-EPI 1:200000 (<i>bupivacaine hcl-epinephrine</i>) | T3 | |
| <i>tetracaine hcl/pf</i> | T1 | |
| XYLOCAINE (<i>lidocaine hcl</i>) | T3 | |
| XYLOCAINE WITH EPINEPHRINE (<i>lidocaine hcl-epinephrine</i>) | T3 | |
| XYLOCAINE-MPF | T3 | |
| XYLOCAINE-MPF (<i>lidocaine hcl</i>) | T3 | |
| XYLOCAINE-MPF WITH EPINEPHRINE | T3 | |
| XYLOCAINE-MPF WITH EPINEPHRINE (<i>lidocaine hcl-epinephrine</i>) | T3 | |
| ZINGO | T3 | |
| TOPICAL LOCAL ANESTHETICS | | |
| L.E.T. (LIDO-EPINEPH-TETRA) | T3 | |
| <i>lidocaine 5% ointment</i> | T1 | QL (145gm/30 days) |
| <i>lidocaine 5% patch</i> (Lidoderm) | T1 | |
| <i>lidocaine</i> (Lidocan li) | T1 | |
| <i>lidocaine</i> (Lidoderm) | T1 | |
| <i>lidocaine hcl</i> | T1 | |
| <i>lidocaine/prilocaine</i> | T1 | |
| LIDODERM (<i>lidocaine</i>) | T3 | |
| PAIN EASE MEDIUM STREAM SPRAY | T3 | |
| SYNERA | T3 | PA |
| ZTLIDO | T2 | |
| ANESTHETICS (Urinary Tract Conditions) | | |
| URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE) | | |
| <i>phenazopyridine hcl</i> (Pyridium) | T1 | |
| PYRIDIUM (<i>phenazopyridine hcl</i>) | T3 | |
| ANTI-ALLERGY (Allergy/Nasal Sprays) | | |
| MAST CELL STABILIZERS | | |
| <i>cromolyn 100 mg/5 ml oral conc</i> (Gastrocrom) | T1 | |
| GASTROCROM (<i>cromolyn sodium</i>) | T3 | |

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List of Prescription Medications

| ANTI-ARTHRITICS (Pain Relief and Inflammatory Disease) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANALGESIC/ANTIPYRETICS, SALICYLATES | | |
| DISALCID (<i>salsalate</i>) | T3 | HD |
| <i>salsalate</i> (Disalcid) | T1 | HD |
| ANTI-ARTHRITIC AND CHELATING AGENTS | | |
| CUPRIMINE (<i>penicillamine</i>) | T3 | PA SP |
| DEPEN (<i>penicillamine</i>) | T3 | PA SP |
| <i>penicillamine</i> | T3 | PA SP |
| penicillamine (Depen) | T3 | PA SP |
| ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS | | |
| OTREXUP | T2 | PA |
| RASUVO | T3 | PA |
| ANTI-INFLAM. INTERLEUKIN-I RECEPTOR ANTAGONIST | | |
| KINERET | T3 | PA QL (28 syringes/28 days) SP |
| ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR | | |
| ARAVA (<i>leflunomide</i>) | T3 | HD |
| <i>leflunomide</i> (Arava) | T1 | HD |
| ANTI-INFLAMMATORY, PHOSPHODIESTERASE-4(PDE4) INHIB. | | |
| OTEZLA 28 DAY STARTER PACK | T3 | PA QL (1 pack/180 days) SP HD |
| OTEZLA 30 MG TABLET | T3 | PA QL (2 tabs/day) SP HD |
| ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC. | | |
| DUROLANE | T3 | PA SP HD |
| EUFLEXXA | T3 | PA SP HD |
| GEL-ONE | T3 | PA SP HD |
| GELSYN-3 | T3 | PA SP HD |
| GENVISC 850 | T3 | PA SP |
| HYALGAN | T3 | PA SP HD |
| HYMOVIS | T3 | PA SP HD |
| MONOVISC | T3 | PA SP HD |
| ORTHOVISC | T3 | PA SP HD |
| SODIUM HYALURONATE | T3 | PA SP |

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List of Prescription Medications

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|---|-----------|-----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC. | | |
| SUPARTZ FX | T3 | PA SP HD |
| SYNOJOYNT | T3 | PA SP |
| SYNVISC | T3 | PA SP HD |
| SYNVISC-ONE | T3 | PA SP HD |
| TRILURON | T3 | PA SP HD |
| TRIVISC | T3 | PA SP |
| VISCO-3 | T3 | PA SP HD |
| ANTI-INFLAMMATORY, SEL.COSTIM.MOD., T-CELL INHIBITOR | | |
| ORENCIA | T3 | PA QL (4 syringes/28 days) SP HD |
| ORENCIA CLICKJECT | T3 | PA QL (4 injectors/28 days) SP HD |
| COLCHICINE | | |
| <i>colchicine 0.6mg capsule</i> | T1 | HD |
| <i>colchicine (Colcrys)</i> | T1 | HD |
| COLCRYS (<i>colchicine</i>) | T3 | HD |
| GLOPERBA | T3 | PA QL (10ml/day) HD |
| MITIGARE (<i>colchicine</i>) | T3 | HD |
| GOLD SALTS | | |
| RIDAURA | T2 | |
| HYPERURICEMIA TX - URATE-OXIDASE ENZYME-TYPE | | |
| ELITEK | T3 | SP |
| KRYSTEXXA | T3 | PA SP |
| HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS | | |
| <i>allopurinol (Zyloprim)</i> | T1 | HD |
| <i>febuxostat 40 mg tablet (Uloric)</i> | T1 | QL (1 tab/day) HD |
| <i>febuxostat 80 mg tablet (Uloric)</i> | T1 | HD |
| ULORIC 40 MG TABLET (<i>febuxostat</i>) | T3 | QL (1 tab/day) HD |
| ULORIC 80 MG TABLET (<i>febuxostat</i>) | T3 | HD |
| ZYLOPRIM (<i>allopurinol</i>) | T3 | HD |
| JANUS KINASE (JAK) INHIBITORS | | |
| CIBINQO | T3 | PA QL (30 tabs/30 days) SP |
| LITFULO | T3 | PA QL(1 cap/day) SP HD |
| OLUMIANT | T3 | PA QL (1 tab/day) SP HD |
| RINVOQ | T3 | PA QL (1 tab/day) SP HD |
| XELJANZ 1 MG/ML SOLUTION | T3 | PA QL (480ML/22 Days) SP HD |
| XELJANZ 10 MG TABLET | T3 | PA QL (2 tabs/day) SP HD |
| XELJANZ 5 MG TABLET | T3 | PA QL (2 tabs/day) SP HD |
| XELJANZ XR | T3 | PA QL (1 tab/day) SP HD |

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List of Prescription Medications

| ANTI-ARTHRITICS (Pain Relief and Inflammatory Disease) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| NSAID ANALGESIC AND NON-SALICYLATE ANALGESIC COMB | | |
| COMBOGESIC IV | T3 | PA HD |
| NSAID AND HISTAMINE H2 RECEPTOR ANTAGONIST COMB. | | |
| DUEXIS | T3 | PA HD |
| NSAIDS (COX NON-SPEC.INHIB) AND PROSTAGLANDIN ANALOG | | |
| ARTHROTEC 50 (<i>diclofenac sodium-misoprostol</i>) | T3 | ST HD |
| ARTHROTEC 75 (<i>diclofenac sodium-misoprostol</i>) | T3 | ST HD |
| <i>diclofenac sodium-misoprostol</i> (Arthrotec 50) | T1 | HD |
| <i>diclofenac sodium-misoprostol</i> (Arthrotec 75) | T1 | HD |
| NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS | | |
| ANAPROX DS (<i>naproxen sodium ds</i>) | T3 | ST HD |
| COXANTO | T3 | PA HD |
| DAYPRO (<i>oxaprozin</i>) | T3 | ST HD |
| <i>diclofenac sod dr 25 mg tab</i> | T1 | HD |
| <i>diclofenac sod dr 50 mg tab</i> | T1 | HD |
| <i>diclofenac sod dr 75 mg tab</i> | T1 | HD |
| <i>diclofenac sod ec 25 mg tab</i> | T1 | HD |
| <i>diclofenac sod ec 50 mg tab</i> | T1 | HD |
| <i>diclofenac sod ec 75 mg tab</i> | T1 | HD |
| <i>diclofenac sodium</i> | T1 | HD |
| EC-NAPROSYN (<i>naproxen</i>) | T3 | ST HD |
| <i>etodolac</i> | T1 | HD |
| <i>etodolac</i> (Lodine) | T1 | HD |
| FELDENE (<i>piroxicam</i>) | T3 | ST HD |
| <i>fenoprofen calcium</i> (Nalfon) | T1 | HD |
| <i>flurbiprofen</i> | T1 | HD |
| <i>ibuprofen</i> | T1 | HD |
| <i>indomethacin</i> | T1 | HD |
| <i>ketoprofen 25 mg, 75 mg capsule</i> | T1 | PA HD |
| LODINE (<i>etodolac</i>) | T3 | ST HD |
| <i>meclufenamate sodium</i> | T1 | HD |
| <i>meloxicam</i> (Mobic) | T1 | HD |
| MOBIC (<i>meloxicam</i>) | T3 | ST HD |
| <i>nabumetone</i> | T1 | HD |
| NALFON 600 MG TABLET (<i>profeno</i>) | T1 | ST HD |
| NAPROSYN TABLET (<i>naproxen</i>) | T3 | ST HD |
| <i>naproxen tablet</i> | T1 | HD |
| <i>naproxen</i> (Ec-naprosyn) | T1 | HD |

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List of Prescription Medications

ANTI-ARTHRITICS (Pain Relief and Inflammatory Disease) (cont.)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS | | |
| <i>naproxen</i> (Naprosyn) | T1 | HD |
| <i>naproxen sodium</i> (Anaprox Ds) | T1 | HD |
| <i>oxaprozin 600 mg caplet</i> (Daypro) | T1 | HD |
| <i>oxaprozin 600 mg tablet</i> (Daypro) | T1 | HD |
| OXAPROZIN 300 MG CAPSULE | T3 | PA HD |
| <i>piroxicam</i> (Feldene) | T1 | HD |
| QMIIZ ODT 15 MG TABLET | T3 | ST HD |
| QMIIZ ODT 7.5 MG TABLET | T3 | QL (1 tab/day) ST HD |
| <i>sulindac</i> | T1 | HD |
| <i>tolmetin sodium</i> | T1 | HD |
| NSAIDS, CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR | | |
| CELEBREX 100 MG CAPSULE (<i>celecoxib</i>) | T3 | QL (2 caps/day) ST HD |
| CELEBREX 200 MG CAPSULE (<i>celecoxib</i>) | T3 | QL (2 caps/day) ST HD |
| CELEBREX 400 MG CAPSULE (<i>celecoxib</i>) | T3 | QL (1 cap/day) ST HD |
| CELEBREX 50 MG CAPSULE (<i>celecoxib</i>) | T3 | QL (2 caps/day) ST HD |
| <i>celecoxib 100 mg capsule</i> (Celebrex) | T1 | QL(2 CAPS/DAY) HD |
| <i>celecoxib 200 mg capsule</i> (Celebrex) | T1 | QL (2 caps/day) HD |
| <i>celecoxib 400 mg capsule</i> (Celebrex) | T1 | QL (1 cap/day) HD |
| <i>celecoxib 50 mg capsule</i> (Celebrex) | T1 | QL (2 caps/day) HD |
| URICOSURIC AGENTS | | |
| <i>probenecid</i> | T1 | HD |
| <i>probenecid/colchicine</i> | T1 | HD |
| ANTI-ASTHMATICS (Asthma/COPD/Respiratory) | | |
| 5-LIPOXYGENASE INHIBITORS | | |
| <i>zileuton</i> | T1 | HD |
| ANTICHOLINERGICS, ORALLY INHALED LONG ACTING | | |
| INCRUSE ELLIPTA | T2 | HD |
| SPIRIVA RESPIMAT | T2 | HD |
| ANTICHOLINERGICS, ORALLY INHALED SHORT ACTING | | |
| ATROVENT HFA | T2 | HD |
| <i>ipratropium bromide</i> | T1 | HD |
| BETA-ADRENERGIC AGENTS | | |
| <i>albuterol sulf 2 mg/5 ml syrup</i> | T1 | HD |
| <i>albuterol sulfate 2 mg tab</i> | T1 | HD |
| <i>albuterol sulfate 4 mg tab</i> | T1 | HD |
| <i>albuterol sulfate er 4 mg tab</i> | T1 | HD |
| <i>albuterol sulfate er 8 mg tab</i> | T1 | HD |

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List of Prescription Medications

| ANTI-ASTHMATICS (Asthma/COPD/Respiratory) (cont.) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| BETA-ADRENERGIC AGENTS (cont.) | | |
| <i>metaproterenol sulfate</i> | T1 | HD |
| <i>terbutaline sulfate</i> | T1 | HD |
| BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING | | |
| <i>albuterol 100 mg/20 ml soln</i> | T1 | |
| <i>albuterol 2.5 mg/0.5 ml sol</i> | T1 | |
| <i>albuterol 5 mg/ml solution</i> | T1 | |
| <i>albuterol sul 0.63 mg/3 ml sol</i> | T1 | |
| <i>albuterol sul 1.25 mg/3 ml sol</i> | T1 | |
| <i>albuterol sul 2.5 mg/3 ml soln</i> | T1 | |
| <i>albuterol sulfate (Albuterol Sulfate Hfa)</i> | T1 | QL (18gm/30 days) |
| ALBUTEROL SULFATE HFA | T1 | QL (18gm/30 days) |
| <i>levalbuterol hcl (Xopenex Concentrate)</i> | T1 | |
| <i>levalbuterol hcl (Xopenex)</i> | T1 | |
| XOPENEX (<i>levalbuterol hcl</i>) | T3 | |
| XOPENEX CONCENTRATE (<i>levalbuterol concentrate</i>) | T3 | |
| BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING | | |
| ARCAPTA NEOHALER | T3 | HD |
| STRIVERDI RESPIMAT | T2 | QL(1 inhaler/30 days) HD |
| BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING | | |
| SEREVENT DISKUS | T3 | ST QL(1 blister/30 days) HD |
| BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO, INHALED | | |
| ANORO ELLIPTA | T2 | HD |
| BEVESPI AEROSPHERE | T3 | PA QL(1 inhaler/30 days) HD |
| COMBIVENT RESPIMAT | T2 | HD |
| <i>ipratropium/albuterol sulfate</i> | T1 | HD |
| STIOLTO RESPIMAT INHAL SPRAY | T2 | HD |
| BETA-ADRENERGIC AGENTS AND GLUCOCORTICOID COMBO, INHALED | | |
| ADVAIR HFA | T2 | HD |
| AIRDUO DIGIHALER | T3 | ST HD |
| AIRSUPRA | T3 | PA QL(1 GM/28 DAYS) HD |
| BREO ELLIPTA | T2 | QL(1 inhaler/30 days) HD |
| <i>budesonide/formoterol fumarate (Symbicort)</i> | T1 | QL HD |
| DULERA | T2 | HD |
| <i>fluticasone propion/salmeterol</i> | T1 | HD |
| <i>fluticasone-salmeterol 100-50 (Advair Diskus)</i> | T3 | QL(1 inhaler/30 days) HD |
| <i>fluticasone-salmeterol 250-50 (Advair Diskus)</i> | T3 | QL(1 inhaler/30 days) HD |
| <i>fluticasone-salmeterol 500-50 (Advair Diskus)</i> | T3 | QL(1 inhaler/30 days) HD |

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List of Prescription Medications

| ANTI-ASTHMATICS (Asthma/COPD/Respiratory) (cont.) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| BETA-ADRENERGIC AGENTS AND GLUCOCORTICOID COMBO, INHALED (cont.) | | |
| FLUTICASONE-SALMETEROL 113-14 | T1 | QL(1 inhaler/30 days) HD |
| FLUTICASONE-SALMETEROL 232-14 | T1 | QL(1 inhaler/30 days) HD |
| FLUTICASONE-SALMETEROL 55-14 | T1 | QL(1 inhaler/30 days) HD |
| SYMBICORT | T3 | ST QL(1 inhaler/30 days) HD |
| BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED | | |
| BREZTRI AEROSPHERE | T2 | |
| TRELEGY ELLIPTA | T2 | |
| GLUCOCORTICIDS, ORALLY INHALED | | |
| ALVESCO | T2 | HD |
| <i>budesonide</i> (Pulmicort) | T1 | HD |
| FLOVENT DISKUS | T3 | PA QL(1 inhalers/30 days) HD |
| FLOVENT HFA | T2 | PA QL(1 inhalers/30 days) HD |
| FLUTICASONE PROP DISKUS | T3 | PA QL(1 inhaler/30 days) HD |
| PULMICORT (<i>budesonide</i>) | T3 | HD |
| PULMICORT FLEXHALER | T3 | PA HD |
| QVAR REDIHALER | T2 | HD |
| INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST, MAB | | |
| FASENRA PEN | T3 | PA SP HD |
| LEUKOTRIENE RECEPTOR ANTAGONISTS | | |
| ACCOLATE (<i>zafirlukast</i>) | T3 | HD |
| <i>montelukast sodium</i> (Singulair) | T1 | HD |
| SINGULAIR (<i>montelukast sodium</i>) | T3 | HD |
| <i>zafirlukast</i> (Accolate) | T1 | HD |
| MAST CELL STABILIZERS, ORALLY INHALED | | |
| <i>cromolyn 20 mg/2 ml neb soln</i> | T1 | QL (480ml/30 days) HD |
| MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE) | | |
| XOLAIR | T3 | PA SP HD |
| MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS | | |
| NUCALA | T3 | PA SP HD |
| MUCOLYTICS | | |
| <i>acetylcysteine</i> | T1 | |
| PHOSPHODIESTERASE-4 (PDE4) INHIBITORS | | |
| DALIRESP 250 MCG TABLET | T3 | QL (28 tabs/180 days) HD |
| DALIRESP 500 MCG TABLET | T3 | QL (2 tabs/day) HD |
| XANTHINES | | |
| THEO-24 | T2 | HD |
| <i>theophylline anhydrous</i> | T1 | HD |

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List of Prescription Medications

| ANTIBIOTICS (Allergy/Nasal Sprays) | | | |
|---|-----------|----------------------------------|--|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits | |
| NOSE PREPARATIONS ANTIBIOTICS | | | |
| BACTROBAN NASAL | T2 | | |
| ANTIBIOTICS (Ear Medications) | | | |
| EAR PREPARATIONS, ANTIBIOTICS | | | |
| <i>ciprofloxacin hcl</i> | T1 | | |
| CORTISPORIN-TC | T3 | | |
| <i>neomycin/polymyxin b/hydrocort</i> | T1 | | |
| <i>ofloxacin</i> | T1 | | |
| OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS | | | |
| CIPRO HC | T2 | | |
| CIPRODEX (<i>ciprofloxacin-dexamethasone</i>) | T3 | PA | |
| <i>ciprofloxacin hcl/dexameth</i> (Ciprodex) | T1 | | |
| CIPROFLOXACIN HCL-FLUOCINOLONE | T3 | | |
| OTOVEL | T3 | | |
| ANTIBIOTICS (Eye Conditions) | | | |
| EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS | | | |
| MAXITROL (<i>neomycin-polymyxin-dexameth</i>) | T3 | PA | |
| <i>neomycin/bacit/p-myx/hydrocort</i> | T1 | | |
| <i>neomycin/polymyxin b/dexametha</i> (Maxitrol) | T1 | | |
| <i>neomycin/polymyxin b/hydrocort</i> | T1 | | |
| TOBRADEX EYE DROPS (<i>tobramycin-dexamethasone</i>) | T3 | PA | |
| TOBRADEX EYE OINTMENT | T2 | | |
| TOBRADEX ST | T3 | | |
| <i>tobramycin/dexamethasone</i> (Tobradex) | T1 | | |
| ZYLET | T3 | | |
| EYE SULFONAMIDES | | | |
| BLEPH-10 (<i>sulfacetamide sodium</i>) | T3 | | |
| BLEPHAMIDE | T2 | | |
| <i>sulfacetamide sodium</i> | T1 | | |
| <i>sulfacetamide sodium</i> (Bleph-10) | T1 | | |
| <i>sulfacetamide/prednisolone sp</i> | T1 | | |
| OPHTHALMIC ANTIBIOTICS | | | |
| AZASITE | T2 | | |
| BACIGUENT (<i>bacitracin</i>) | T3 | | |
| <i>bacitracin</i> (Baciguent) | T1 | | |
| <i>bacitracin/polymyxin b sulfate</i> | T1 | | |
| BESIVANCE | T2 | | |

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T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

ANTIBIOTICS (Eye Conditions) (cont.)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| OPHTHALMIC ANTIBIOTICS (cont.) | | |
| CILOXAN | T2 | |
| <i>erythromycin base</i> | T1 | |
| <i>gatifloxacin (Zymaxid)</i> | T1 | |
| <i>gentamicin sulfate</i> | T1 | |
| <i>levofloxacin</i> | T1 | |
| MOXEZA (<i>moxifloxacin</i>) | T3 | |
| <i>moxifloxacin hcl (Moxeza)</i> | T1 | |
| <i>moxifloxacin hcl (Vigamox)</i> | T1 | |
| <i>neomycin sulf/bacitracin/poly</i> | T1 | |
| <i>neomycin/polymyxn b/gramicidin</i> | T1 | |
| OCUFLOX (<i>ofloxacin</i>) | T3 | PA |
| <i>ofloxacin (Ocuflax)</i> | T1 | |
| <i>polymyxin b sulf/trimethoprim</i> | T1 | |
| <i>tobramycin 0.3% eye drop (Tobrex)</i> | T1 | |
| TOBEX | T3 | PA |
| VIGAMOX (<i>moxifloxacin</i>) | T3 | PA |
| ZYMAXID (<i>gatifloxacin</i>) | T3 | PA |

ANTIBIOTICS (Infections)

2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL

| | | |
|---------|----|--|
| SOLOSEC | T2 | |
|---------|----|--|

ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS

| | | |
|---|----|--|
| BACTRIM (<i>sulfamethoxazole-trimethoprim</i>) | T3 | |
| BACTRIM DS (<i>sulfamethoxazole-trimethoprim</i>) | T3 | |
| <i>sulfadiazine</i> | T1 | |
| <i>sulfamethoxazole/trimethoprim</i> | T1 | |
| <i>sulfamethoxazole/trimethoprim</i> | T3 | |
| <i>sulfamethoxazole/trimethoprim (Bactrim Ds)</i> | T1 | |
| <i>sulfamethoxazole/trimethoprim (Bactrim)</i> | T1 | |

AMINOGLYCOSIDE ANTIBIOTICS

| | | |
|------------------------------------|----|-----------------------|
| <i>amikacin sulfate</i> | T1 | |
| ARIKAYCE | T3 | PA SP |
| BETHKIS (<i>tobramycin</i>) | T3 | PA QL (8ml/day) SP HD |
| <i>gentamicin in nacl, iso-osm</i> | T1 | |
| <i>gentamicin sulfate</i> | T1 | |
| GENTAMICIN SULFATE IN NS | T1 | |
| <i>gentamicin sulfate/pf</i> | T1 | |

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List of Prescription Medications

| ANTIBIOTICS (Infections) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| AMINOGLYCOSIDE ANTIBIOTICS (cont.) | | |
| KITABIS PAK | T3 | PA QL (10ml/day) SP HD |
| <i>neomycin sulfate</i> | T1 | |
| STREPTOMYCIN SULFATE | T1 | |
| TOBI (<i>tobramycin</i>) | T3 | PA QL (10ml/day) SP HD |
| TOBI PODHALER | T3 | PA QL (8 caps/day) SP HD |
| <i>tobramycin 300 mg/4 ml ampule</i> (Bethkis) | T3 | PA QL (28 Therapy/56 Days) SP HD |
| <i>tobramycin 300 mg/5 ml ampule</i> (Tobi) | T3 | PA QL (10ml/day) SP HD |
| TOBRAMYCIN PAK 300 MG/5 ML | T3 | PA QL (10ml/day) SP HD |
| <i>tobramycin sulfate</i> | T1 | |
| <i>tobramycin/sodium chloride</i> | T1 | |
| ZEMDRI | T3 | |
| ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS | | |
| FLAGYL (<i>metronidazole</i>) | T3 | |
| LIKMEZ | T3 | PA |
| <i>metronidazole</i> (Flagyl) | T1 | |
| <i>metronidazole/sodium chloride</i> | T1 | |
| <i>metronidazole/sodium chloride</i> | T3 | |
| ANTIBIOTIC, ANTIBACTERIAL, MISC. | | |
| <i>fosfomycin tromethamine</i> (Monurol) | T1 | |
| HIPREX (<i>methenamine hippurate</i>) | T3 | |
| <i>meth/meblue/sod phos/psal/hyos</i> | T1 | |
| <i>meth/meblue/sod phos/psal/hyos</i> | T3 | |
| <i>meth/meblue/sod phos/psal/hyos</i> (Uribel) | T1 | |
| <i>methen/mblue/sal/sod phos/hyos</i> | T1 | |
| <i>methenam/m.blue/salicyl/hyoscy</i> | T1 | |
| <i>methenam/sod phos/mblue/hyoscy</i> | T1 | |
| <i>methenam/sod phos/mblue/hyoscy</i> | T3 | |
| <i>methenamine hippurate</i> (Hiprex) | T1 | |
| <i>methenamine mandelate</i> | T1 | |
| MONUROL (<i>fosfomycin tromethamine</i>) | T3 | |
| PRIMSOL | T3 | |
| <i>trimethoprim</i> | T1 | |
| URIBEL | T3 | |
| UTA | T3 | |
| ANTIBIOTICS, MISCELLANEOUS, OTHER | | |
| <i>bacitracin</i> | T1 | |

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List of Prescription Medications

| ANTIBIOTICS (Infections) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTILEPROTICS | | |
| <i>dapsone 100 mg tablet</i> | T1 | |
| <i>dapsone 25 mg tablet</i> | T1 | |
| THALOMID | T3 | PA SP HD |
| ANTI-MYCOBACTERIUM AGENTS | | |
| <i>ethambutol hcl</i> | T1 | HD |
| <i>ethambutol hcl (Myambutol)</i> | T1 | HD |
| <i>isoniazid</i> | T1 | HD |
| MYAMBUTOL (<i>ethambutol hcl</i>) | T3 | HD |
| PASER | T2 | HD |
| <i>pyrazinamide</i> | T1 | HD |
| <i>rifabutin (Mycobutin)</i> | T1 | HD |
| TRECTOR | T2 | HD |
| ANTI-TUBERCULAR ANTIBIOTICS | | |
| CAPASTAT SULFATE | T3 | |
| CYCLOSERINE | T1 | |
| <i>cycloserine</i> | T1 | |
| PRETOMANID | T3 | PA QL (1 tab/day) |
| PRIFTIN | T3 | |
| RIFADIN (<i>rifampin</i>) | T3 | |
| RIFAMATE | T2 | |
| <i>rifampin</i> | T1 | |
| <i>rifampin (Rifadin)</i> | T1 | |
| RIFATER | T2 | |
| SIRTURO | T3 | SP |
| BETALACTAMS | | |
| AZACTAM (<i>aztreonam</i>) | T3 | |
| <i>aztreonam (Azactam)</i> | T1 | |
| CAYSTON | T3 | PA QL (3ml/day) SP HD |
| CARBAPENEM ANTIBIOTICS (THIENAMYCINS) | | |
| <i>ertapenem sodium (Invanz)</i> | T1 | |
| <i>imipenem/cilastatin sodium</i> | T1 | |
| <i>imipenem/cilastatin sodium (Primaxin)</i> | T1 | |
| INVANZ (<i>ertapenem</i>) | T3 | |
| <i>meropenem (Merrem)</i> | T1 | |
| MEROPENEM-0.9% NACL | T1 | |
| MERREM (<i>meropenem</i>) | T3 | |

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List of Prescription Medications

| ANTIBIOTICS (Infections) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| CARBAPENEM ANTIBIOTICS (THIENAMYCINS) | | |
| PRIMAXIN (<i>imipenem-cilastatin sodium</i>) | T3 | |
| RECARBRIO | T3 | |
| VABOMERE | T3 | |
| CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION | | |
| <i>cefadroxil</i> | T1 | |
| <i>cefazolin sodium</i> | T1 | |
| <i>cefazolin sodium/dextrose, iso</i> | T1 | |
| <i>cefazolin 3 gm vial</i> | T1 | |
| CEFAZOLIN SODIUM-0.9% NACL | T1 | |
| CEFAZOLIN SODIUM-D5W | T1 | |
| CEFAZOLIN SODIUM-DEXTROSE | T1 | |
| CEFAZOLIN SODIUM-STERILE WATER | T1 | |
| <i>cephalexin</i> | T1 | |
| <i>cephalexin (Keflex)</i> | T1 | |
| DAXBIA | T3 | |
| KEFLEX (<i>cephalexin</i>) | T3 | |
| CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION | | |
| <i>cefaclor</i> | T1 | |
| CEFOTAN | T3 | |
| CEFOTETAN DEXTROSE | T1 | |
| <i>cefotetan disodium</i> | T1 | |
| <i>cefotetan disodium (Cefotan)</i> | T1 | |
| <i>cefoxitin sodium</i> | T1 | |
| <i>cefoxitin sodium/dextrose, iso</i> | T1 | |
| <i>cefprozil</i> | T1 | |
| <i>cefuroxime axetil</i> | T1 | |
| <i>cefuroxime sodium (Zinacef)</i> | T1 | |
| ZINACEF | T3 | |
| ZINACEF (<i>cefuroxime sodium</i>) | T3 | |
| CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION | | |
| AVYCAZ | T3 | |
| <i>cefdinir</i> | T1 | |
| <i>cefditoren pivoxil</i> | T1 | |
| <i>cefixime (Suprax)</i> | T1 | |
| <i>cefotaxime sodium</i> | T1 | |

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List of Prescription Medications

| ANTIBIOTICS (Infections) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION (con't) | | |
| <i>cefepodoxime proxetil</i> | T1 | |
| <i>ceftazidime</i> | T1 | |
| <i>ceftazidime (Fortaz)</i> | T1 | |
| CEFTRIAXONE | T1 | |
| <i>ceftriaxone in is-osm dextrose</i> | T1 | |
| <i>ceftriaxone sodium</i> | T1 | |
| CLAFORAN | T3 | |
| FORTAZ | T3 | |
| FORTAZ (<i>tazicef</i>) | T3 | |
| FORTAZ IN ISO-OSMOTIC DEXTROSE | T3 | |
| SUPRAX | T3 | |
| SUPRAX (<i>cefixime</i>) | T3 | |
| CEPHALOSPORIN ANTIBIOTICS - 4TH GENERATION | | |
| CEFEPIME HCL | T1 | |
| <i>cefepime hcl (Maxipime)</i> | T1 | |
| <i>cefepime in iso-osm dextrose</i> | T1 | |
| CEFEPIME-DEXTROSE | T1 | |
| MAXIPIME | T3 | |
| MAXIPIME (<i>cefepime hcl</i>) | T3 | |
| CEPHALOSPORIN ANTIBIOTICS - SIDEROPHORE | | |
| FETROJA | T3 | |
| CEPHALOSPORINS - 5TH GENERATION | | |
| TEFLARO | T3 | |
| ZERBAXA | T3 | |
| CHLORAMPHENICOL ANTIBIOTICS AND DERIVATIVES | | |
| <i>chloramphenicol sod succinate</i> | T1 | |
| GLYCYLCYCLINES | | |
| <i>tigecycline (Tygacil)</i> | T1 | |
| TYGACIL (<i>tigecycline</i>) | T3 | |
| LINCOSAMIDE ANTIBIOTICS | | |
| CLEOCIN HCL 150 MG CAPSULE (<i>clindamycin hcl</i>) | T3 | |

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List of Prescription Medications

| ANTIBIOTICS (Infections) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| LINCOSAMIDE ANTIBIOTICS | | |
| CLEOCIN HCL 300 MG CAPSULE (<i>clindamycin hcl</i>) | T3 | |
| CLEOCIN HCL 75 MG CAPSULE (<i>clindamycin hcl</i>) | T2 | |
| CLEOCIN PEDIATRIC (<i>clindamycin (pediatric)</i>) | T3 | |
| CLEOCIN PHOS 150 MG/ML VIAL (<i>clindamycin phosphate</i>) | T3 | |
| CLEOCIN PHOS 300 MG/2 ML VIAL (<i>clindamycin phosphate</i>) | T3 | |
| <i>cleocin phos 300 mg/2ml addvan</i> | T1 | |
| CLEOCIN PHOS 600 MG/4 ML VIAL (<i>clindamycin phosphate</i>) | T3 | |
| CLEOCIN PHOS 600 MG/4ML ADDVAN (<i>clindamycin phosphate</i>) | T3 | |
| CLEOCIN PHOS 9 G/60 ML VIAL (<i>clindamycin phosphate</i>) | T3 | |
| CLEOCIN PHOS 900 MG/6 ML VIAL (<i>clindamycin phosphate</i>) | T3 | |
| CLEOCIN PHOS 900 MG/6ML ADDVAN (<i>clindamycin phosphate</i>) | T3 | |
| CLIN SINGLE USE | T3 | |
| <i>clindamycin hcl</i> (Cleocin Hcl) | T1 | |
| <i>clindamycin palmitate hcl</i> (Cleocin Pediatric) | T1 | |
| <i>clindamycin phosphate</i> | T1 | |
| <i>clindamycin phosphate</i> (Cleocin Phosphate) | T1 | |
| <i>clindamycin phosphate/d5w</i> | T1 | |
| CLINDAMYCIN-0.9% NACL | T1 | |
| LINCOCIN | T3 | |
| <i>lincomycin hcl</i> (Lincocin) | T1 | |
| LIPOGLYCOPEPTIDE ANTIBIOTICS | | |
| DALVANCE | T3 | |
| ORBACTIV | T3 | |
| VIBATIV | T3 | |
| MACROLIDE ANTIBIOTICS | | |
| <i>azithromycin 1 gm pwd packet</i> (Zithromax) | T1 | |
| <i>azithromycin 100 mg/5 ml susp</i> (Zithromax) | T1 | |
| <i>azithromycin 200 mg/5 ml susp</i> (Zithromax) | T1 | |
| <i>azithromycin 200 mg/5 ml susp</i> (Zithromax) | T1 | |
| <i>azithromycin 250 mg tablet</i> (Zithromax) | T1 | |
| <i>azithromycin 500 mg add-van vl</i> | T1 | |
| <i>azithromycin 500 mg tablet</i> (Zithromax Tri-pak) | T1 | |
| <i>azithromycin 600 mg tablet</i> | T1 | |
| <i>azithromycin i.v. 500 mg vial</i> (Zithromax) | T1 | |

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List of Prescription Medications

ANTIBIOTICS (Infections)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| MACROLIDE ANTIBIOTICS (con't.) | | |
| <i>clarithromycin</i> | T1 | |
| DIFICID 200 MG TABLET | T3 | QL (28 tabs/28 days) |
| DIFICID 40 MG/ML SUSPENSION | T3 | QL (5ML/Day) |
| E.E.S. 200 (<i>erythromycin ethylsuccinate</i>) | T3 | PA |
| ERYPED 200 (<i>erythromycin ethylsuccinate</i>) | T3 | |
| ERYPED 400 (<i>erythromycin ethylsuccinate</i>) | T3 | PA |
| ERY-TAB (<i>erythromycin</i>) | T3 | |
| ERYTHROCIN LACTOBIONATE | T3 | |
| <i>erythromycin base</i> | T1 | |
| <i>erythromycin base</i> | T3 | |
| <i>erythromycin base</i> (Ery-tab) | T1 | |
| <i>erythromycin ethylsuccinate</i> | T1 | |
| <i>erythromycin ethylsuccinate</i> | T3 | |
| <i>erythromycin ethylsuccinate</i> (Eryped 200) | T1 | |
| <i>erythromycin ethylsuccinate</i> (Eryped 400) | T1 | |
| <i>erythromycin stearate</i> | T1 | |
| PCE | T3 | |
| ZITHROMAX 1 GM POWDER PACKET (<i>azithromycin</i>) | T3 | |
| ZITHROMAX 100 MG/5 ML SUSP (<i>azithromycin</i>) | T3 | |
| ZITHROMAX 200 MG/5 ML SUSP (<i>azithromycin</i>) | T3 | |
| ZITHROMAX 200 MG/5 ML SUSP (<i>azithromycin</i>) | T3 | |
| ZITHROMAX 250 MG TABLET (<i>azithromycin</i>) | T3 | |
| ZITHROMAX 250 MG Z-PAK TABLET (<i>azithromycin</i>) | T3 | QL (15 tabs/90 days) |
| ZITHROMAX 500 MG TABLET (<i>azithromycin</i>) | T3 | QL (15 tabs/90 days) |
| ZITHROMAX I.V. 500 MG VIAL (<i>azithromycin</i>) | T3 | |
| ZITHROMAX TRI-PAK (<i>azithromycin</i>) | T3 | QL (15 tabs/90 days) |
| NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS | | |
| FURADANTIN (<i>nitrofurantoin</i>) | T3 | |
| MACROBID (<i>nitrofurantoin mono-macro</i>) | T3 | |
| MACRODANTIN (<i>nitrofurantoin</i>) | T3 | |
| <i>nitrofurantoin 25 mg/5 ml susp</i> (Furadantin) | T1 | |
| <i>nitrofurantoin 25 mg/5 ml susp</i> (Furadantin) | T1 | |
| <i>nitrofurantoin mcr 100 mg cap</i> (Macrofantin) | T1 | |
| <i>nitrofurantoin mcr 25 mg cap</i> (Macrofantin) | T1 | |
| <i>nitrofurantoin mcr 50 mg cap</i> (Macrofantin) | T1 | |
| <i>nitrofurantoin monohyd/m-cryst</i> (Macrobid) | T1 | |

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List of Prescription Medications

| ANTIBIOTICS (Infections) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| OXAZOLIDINONE ANTIBIOTICS (con't.) | | |
| <i>linezolid in 0.9% sodium chlor</i> | T1 | |
| <i>linezolid in dextrose 5% (Zyvox)</i> | T1 | |
| SIVEXTRO 200 MG TABLET | T3 | PA |
| SIVEXTRO 200 MG VIAL | T3 | |
| ZYVOX 100 MG/5 ML SUSPENSION (<i>linezolid</i>) | T3 | PA |
| ZYVOX 200 MG/100 ML-D5W | T3 | |
| ZYVOX 600 MG TABLET (<i>linezolid</i>) | T3 | PA |
| ZYVOX 600 MG/300 ML-D5W | T3 | |
| PENICILLIN ANTIBIOTICS | | |
| <i>amoxicillin</i> | T1 | |
| <i>amoxicillin/potassium clav</i> | T1 | |
| <i>amoxicillin/potassium clav</i> (Augmentin Xr) | T1 | |
| <i>amoxicillin/potassium clav</i> (Augmentin) | T1 | |
| <i>ampicillin sodium</i> | T1 | |
| <i>ampicillin sodium/sulbactam na</i> | T1 | |
| <i>ampicillin sodium/sulbactam na</i> (Unasyn) | T1 | |
| <i>ampicillin trihydrate</i> | T1 | |
| AUGMENTIN | T3 | PA |
| AUGMENTIN (<i>amoxicillin-clavulanate potass</i>) | T3 | PA |
| AUGMENTIN XR (<i>amoxicillin-clavulanate pot er</i>) | T3 | PA |
| BICILLIN C-R | T3 | |
| BICILLIN L-A | T3 | |
| <i>dicloxacillin sodium</i> | T1 | |
| MOXATAG | T3 | |
| <i>nafcillin in dextrose, iso-osm</i> | T1 | |
| <i>nafcillin sodium</i> | T1 | |
| <i>oxacillin in dextrose (iso-osm)</i> | T1 | |
| <i>oxacillin sodium</i> | T1 | |
| <i>penicillin g potassium</i> | T1 | |
| <i>penicillin g sodium</i> | T1 | |
| PENICILLIN GK-ISO-OSM DEXTROSE | T1 | |
| <i>penicillin v potassium</i> | T1 | |
| <i>piperacillin sodium/tazobactam</i> | T1 | |
| <i>piperacillin sodium/tazobactam</i> (Piperacillin-tazobactam) | T1 | |
| <i>piperacillin sodium/tazobactam</i> (Zosyn) | T1 | |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANTIBIOTICS (Infections) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| PENICILLIN ANTIBIOTICS (cont.) | | |
| PIPERACILLIN-TAZOBACTAM | T1 | |
| UNASYN (<i>ampicillin-sulbactam</i>) | T3 | |
| ZOSYN | T3 | |
| ZOSYN (<i>piperacillin-tazobactam</i>) | T3 | |
| PLEUROMUTILIN DERIVATIVES | | |
| XENLETA 150 MG/15 ML VIAL | T3 | |
| XENLETA 600 MG TABLET | T3 | PA QL (10 tabs/30 days) |
| POLYMYXIN ANTIBIOTICS AND DERIVATIVES | | |
| <i>colistin (colistimethate na)</i> (Coly-mycin M Parenteral) | T1 | |
| COLY-MYCIN M PARENTERAL (<i>colistimethate</i>) | T3 | |
| <i>polymyxin b sulfate</i> | T1 | |
| QUINOLONE ANTIBIOTICS | | |
| AVELOX (<i>moxifloxacin hcl</i>) | T3 | |
| AVELOX IV (<i>moxifloxacin</i>) | T2 | |
| BAXDELA 300 MG VIAL | T3 | |
| BAXDELA 450 MG TABLET | T3 | PA |
| CIPRO 10% SUSPENSION (<i>ciprofloxacin</i>) | T2 | |
| CIPRO 250 MG TABLET (<i>ciprofloxacin hcl</i>) | T3 | |
| CIPRO 5% SUSPENSION (<i>ciprofloxacin</i>) | T2 | |
| CIPRO 500 MG TABLET (<i>ciprofloxacin hcl</i>) | T3 | |
| CIPRO I.V. (<i>ciprofloxacin-d5w</i>) | T3 | |
| <i>ciprofloxacin</i> (Cipro) | T1 | |
| <i>ciprofloxacin hcl</i> | T1 | |
| <i>ciprofloxacin hcl</i> (Cipro) | T1 | |
| <i>ciprofloxacin in 5 % dextrose</i> | T1 | |
| <i>ciprofloxacin in 5 % dextrose</i> (Cipro I.v.) | T1 | |
| <i>ciprofloxacin lactate</i> | T1 | |
| <i>ciprofloxacin/ciprofloxacin hcl</i> | T1 | |
| FACTIVE | T3 | |
| <i>levofloxacin</i> | T1 | |
| <i>levofloxacin in dextrose 5 %</i> | T1 | |
| MOXIFLOXACIN | T1 | |
| <i>moxifloxacin hcl</i> (Avelox) | T1 | |
| <i>moxifloxacin-sod.chloride (iso)</i> (Avelox Iv) | T1 | |
| <i>ofloxacin</i> | T1 | |
| RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS | | |
| AEMCOLO | T3 | QL (12 tabs/3 days) |

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ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANTIBIOTICS (Infections) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS | | |
| XIFAXAN 200 MG TABLET | T2 | |
| XIFAXAN 550 MG TABLET | T2 | QL (42 tabs/14 days) |
| STREPTOGRAMIN ANTIBIOTICS | | |
| SYNERCID | T3 | |
| TETRACYCLINE ANTIBIOTICS | | |
| ACTICLATE (<i>doxycycline hyclate</i>) | T3 | ST |
| <i>coremino er 135 mg tablet</i> | T1 | |
| <i>coremino er 45 mg tablet</i> | T1 | QL (1 tab/day) |
| <i>coremino er 90 mg tablet</i> | T1 | |
| <i>demeclocycline hcl</i> | T1 | |
| DORYX | T3 | PA |
| DORYX (<i>doxycycline hyclate</i>) | T3 | PA |
| DORYX MPC | T3 | PA |
| <i>doxycycline 50 mg tablet (Targadox)</i> | T1 | PA |
| <i>doxycycline hyc dr 100 mg tab</i> | T1 | PA |
| <i>doxycycline hyc dr 150 mg tab</i> | T1 | PA |
| <i>doxycycline hyc dr 200 mg tab (Doryx)</i> | T1 | PA |
| <i>doxycycline hyc dr 50 mg tab (Doryx)</i> | T1 | PA |
| <i>doxycycline hyc dr 75 mg tab</i> | T1 | PA |
| DOXYCYCLINE HYC DR 80 MG TAB | T3 | PA |
| <i>doxycycline hyclate</i> | T1 | |
| <i>doxycycline hyclate (Vibramycin)</i> | T1 | |
| <i>doxycycline hyclate 100 mg cap (Vibramycin)</i> | T1 | |
| <i>doxycycline hyclate 100 mg tab</i> | T1 | |
| <i>doxycycline hyclate 100 mg vl</i> | T1 | |
| <i>doxycycline hyclate 150 mg tab (Acticlate)</i> | T1 | |
| <i>doxycycline hyclate 50 mg cap</i> | T1 | |
| <i>doxycycline hyclate 75 mg tab (Acticlate)</i> | T1 | |
| DOXYCYCLINE IR-DR | T1 | PA |
| <i>doxycycline monohydrate</i> | T1 | |
| <i>doxycycline monohydrate (Monodox)</i> | T1 | |
| MINOCIN 100 MG VIAL | T3 | |
| MINOCIN 75 MG PELLETTIZED CAP (<i>minocycline hcl</i>) | T3 | PA |
| MINOCYCLINE ER | T3 | ST |
| <i>minocycline er 105 mg tablet (Solodyn)</i> | T1 | |

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List of Prescription Medications

| ANTIBIOTICS (Infections) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| TETRACYCLINE ANTIBIOTICS (con't.) | | |
| <i>minocycline er 115 mg tablet</i> (Solodyn) | T1 | |
| <i>minocycline er 135 mg tablet</i> | T1 | |
| <i>minocycline er 45 mg tablet</i> | T1 | QL (1 tab/day) |
| <i>minocycline er 55 mg tablet</i> (Solodyn) | T1 | |
| <i>minocycline er 65 mg tablet</i> (Solodyn) | T1 | |
| <i>minocycline er 80 mg tablet</i> (Solodyn) | T1 | |
| <i>minocycline er 90 mg tablet</i> | T1 | |
| <i>minocycline hcl</i> | T1 | |
| <i>minocycline hcl</i> (Minocin) | T1 | |
| MINOLIRA ER | T3 | ST |
| MONODOX (<i>mondoxyne nl</i>) | T3 | |
| MONODOX (<i>okebo</i>) | T3 | |
| NUZYRA 100 MG VIAL | T3 | PA SP |
| NUZYRA 150 MG TABLET | T3 | PA QL (30 tablets/28 days) SP |
| ORACEA | T3 | PA |
| SEYSARA | T3 | PA |
| SOLODYN (<i>minocycline hcl er</i>) | T3 | PA |
| SOLOXIDE | T1 | PA |
| TARGADOX | T3 | PA |
| <i>tetracycline hcl</i> | T1 | |
| <i>tetracycline capsule</i> | T1 | |
| <i>tetracycline tablet</i> | T3 | PA |
| VIBRAMYCIN 50 MG/5 ML SYRUP | T3 | |
| XERAHA | T3 | |
| XIMINO | T3 | ST |
| VAGINAL ANTIBIOTICS | | |
| CLEOCIN | T3 | PA |
| CLEOCIN (<i>clindamycin phosphate</i>) | T3 | PA |
| <i>clindamycin phosphate</i> (Cleocin) | T1 | |
| CLINDESSE | T3 | |
| METROGEL-VAGINAL (<i>vandazole</i>) | T3 | PA |
| <i>metronidazole</i> (Metrogel-vaginal) | T1 | |
| NUVESSA | T3 | PA |
| XACIATO | T3 | |
| VANCOMYCIN ANTIBIOTICS AND DERIVATIVES | | |
| FIRVANQ (<i>vancomycin hcl</i>) | T2 | PA |
| VANCOCIN HCL (<i>vancomycin hcl</i>) | T3 | PA |

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List of Prescription Medications

ANTIBIOTICS (Infections)

Prescription Drug Name

Drug Tier

Coverage Requirements and Limits

VANCOMYCIN ANTIBIOTICS AND DERIVATIVES (cont)

| | | |
|---|----|----|
| VANCOMYCIN 25 MG/ML SOLUTION | T3 | PA |
| <i>vancomycin</i> 50 mg/ml solution | T1 | |
| VANCOMYCIN | T1 | |
| <i>vancomycin</i> 1 gm add-van vial | T1 | |
| <i>vancomycin</i> 1 gm vial | T1 | |
| VANCOMYCIN 1 GRAM/200 ML BAG | T3 | |
| VANCOMYCIN 1.25 GM/250 ML BAG | T3 | |
| VANCOMYCIN 1.5 GRAM/300 ML BAG | T3 | |
| VANCOMYCIN 1.75 GM/350 ML BAG | T3 | |
| VANCOMYCIN 2 GRAM/400 ML BAG | T3 | |
| <i>vancomycin</i> 250 mg/5 ml soln (Firvanq) | T1 | |
| <i>vancomycin</i> 50 mg/5 ml soln (Firvanq) | T1 | |
| <i>vancomycin</i> 500 mg add-van vial | T1 | |
| <i>vancomycin</i> 500 mg vial | T1 | |
| VANCOMYCIN 500 MG/100 ML BAG | T3 | |
| VANCOMYCIN 750 MG ADD-VAN VIAL | T1 | |
| VANCOMYCIN 750 MG/150 ML BAG | T3 | |
| VANCOMYCIN HCL 1.25 GRAM VIAL | T1 | |
| VANCOMYCIN HCL 1.5 GRAM VIAL | T1 | |
| <i>vancomycin hcl</i> 10 gm vial | T1 | |
| <i>vancomycin hcl</i> 125 mg capsule (Vancocin Hcl) | T1 | |
| VANCOMYCIN HCL 1G/200 ML BAG | T1 | |
| <i>vancomycin hcl</i> 250 mg capsule (Vancocin Hcl) | T1 | |
| VANCOMYCIN HCL 250 MG VIAL | T1 | |
| <i>vancomycin hcl</i> 5 gm vial | T1 | |
| <i>vancomycin hcl</i> 750 mg vial | T1 | |
| VANCOMYCIN HCL-0.9% NAACL | T1 | |
| VANCOMYCIN HCL-D5W | T1 | |

ANTIBIOTICS (Miscellaneous)

CYCLIC LIPOPEPTIDES

| | | |
|----------------------------------|----|--|
| CUBICIN (<i>daptomycin</i>) | T3 | |
| CUBICIN RF (<i>daptomycin</i>) | T3 | |
| DAPTOMYCIN | T1 | |
| <i>daptomycin</i> (Cubicin Rf) | T1 | |

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HD – May require home delivery pharmacy

List of Prescription Medications

| ANTIBIOTICS (Skin Conditions) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID | | |
| CORTISPORIN | T3 | |
| NEO-SYNALAR | T3 | |
| TOPICAL ANTIBIOTICS | | |
| AMZEEQ | T3 | PA |
| BENZAMYCIN (<i>erythromycin-benzoyl peroxide</i>) | T3 | |
| CENTANY | T3 | |
| CENTANY AT | T3 | |
| CLEOCIN T (<i>clindamycin phosphate</i>) | T3 | |
| <i>clindacin etz 1% pledget</i> (Cleocin T) | T1 | |
| CLINDACIN ETZ KIT | T3 | |
| CLINDACIN PAC | T3 | |
| CLINDAGEL | T3 | PA |
| <i>clindamycin phosphate</i> | T1 | |
| <i>clindamycin phosphate</i> (Cleocin T) | T1 | |
| <i>clindamycin phosphate</i> (Evoclin) | T1 | |
| <i>erythromycin base in ethanol</i> | T1 | |
| <i>erythromycin base in ethanol</i> | T3 | |
| <i>erythromycin/benzoyl peroxide</i> (Benzamycin) | T1 | |
| EVOCLIN (<i>clindamycin phosphate</i>) | T3 | |
| <i>gentamicin sulfate</i> | T1 | |
| <i>mupirocin</i> (Centany) | T1 | PA |
| <i>mupirocin calcium</i> | T1 | |
| XEPI | T3 | |
| ZILXI | T3 | PA |
| TOPICAL SULFONAMIDES | | |
| AVAR 9.5-5% CLEANSING PADS | T3 | PA |
| <i>avar cleanser</i> (Rosanil) | T1 | |
| AVAR LS | T3 | |
| AVAR-E | T3 | PA |
| AVAR-E GREEN | T3 | PA |
| <i>mafenide acetate</i> (Sulfamylon) | T1 | |
| ROSANIL (<i>sodium sulfacetamide-sulfur</i>) | T1 | |
| SILVADENE (<i>ssd</i>) | T3 | |
| <i>silver sulfadiazine</i> (Silvadene) | T1 | |
| <i>sulfacetamide sod/sulfur/urea</i> | T1 | |
| <i>sulfacetamide sodium/sulfur</i> | T1 | |

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List of Prescription Medications

| ANTIBIOTICS (Skin Conditions) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| TOPICAL SULFONAMIDES | | |
| <i>sulfacetamide sodium/sulfur</i> (Avar-e Green) | T1 | |
| <i>sulfacetamide sodium/sulfur</i> (Rosanil) | T1 | |
| <i>sulfacetamide/sulfur/cleansr23</i> | T1 | |
| <i>sulfact sod/sulur/avob/otn/oct</i> | T1 | |
| SULFAMYLON (<i>mafenide acetate</i>) | T3 | |
| ANTI-COAGULANTS (Blood Thinners/Anti-Clotting) | | |
| ANTI-COAGULANTS, COUMARIN TYPE | | |
| <i>warfarin sodium</i> | T1 | HD |
| CITRATES AS ANTI-COAGULANTS | | |
| ACD SOLUTION A | T3 | |
| ACD-A | T3 | |
| ANTICOAG SODIUM CITRATE 4% SYR | T1 | |
| CITRATE PHOSPHATE DEXTROSE | T1 | |
| TRICITRASOL | T3 | |
| DIRECT FACTOR XA INHIBITORS | | |
| BEVYXXA | T3 | QL (42 caps/42 days) |
| ELIQUIS | T2 | PA |
| SAVAYSA 15 MG TABLET | T3 | PA QL (1 tab/day) |
| SAVAYSA 30 MG TABLET | T3 | PA QL (1 tab/day) |
| SAVAYSA 60 MG TABLET | T3 | PA |
| XARELTO | T2 | PA |
| HEPARIN AND RELATED PREPARATIONS | | |
| ARIXTRA (<i>fondaparinux sodium</i>) | T3 | QL (1 syringe/day) SP |
| <i>enoxaparin 100 mg/ml syringe</i> (Lovenox) | T3 | QL (2 syringes/day) SP |
| <i>enoxaparin 120 mg/0.8 ml syr</i> (Lovenox) | T3 | QL (2 syringes/day) SP |
| <i>enoxaparin 150 mg/ml syringe</i> (Lovenox) | T3 | QL (2 syringes/day) SP |
| <i>enoxaparin 30 mg/0.3 ml syr</i> (Lovenox) | T3 | QL (2 syringes/day) SP |
| <i>enoxaparin 300 mg/3 ml vial</i> (Lovenox) | T3 | QL (1 vial/day) SP |
| <i>enoxaparin 40 mg/0.4 ml syr</i> (Lovenox) | T3 | QL (2 syringes/day) SP |
| <i>enoxaparin 60 mg/0.6 ml syr</i> (Lovenox) | T3 | QL (2 syringes/day) SP |
| <i>enoxaparin 80 mg/0.8 ml syr</i> (Lovenox) | T3 | QL (2 syringes/day) SP |
| <i>fondaparinux sodium</i> (Arixtra) | T3 | QL (1 syringe/day) SP |

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List of Prescription Medications

ANTI-COAGULANTS (Blood Thinners/Anti-Clotting)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| HEPARIN AND RELATED PREPARATIONS | | |
| FRAGMIN | T3 | QL (2ml/day) SP |
| <i>heparin 1,000 unit/500 ml-ns</i> | T1 | |
| HEPARIN 2,000 UNIT/1,000 ML-NS (<i>heparin sodium, porcine/ns/pf</i>) | T3 | |
| <i>heparin 2,000 unit/1,000 ml-ns (Heparin Sodium-0.9% NaCl)</i> | T1 | |
| HEPARIN 2,500 UNIT/500 ML-NS | T1 | |
| HEPARIN 30,000 UNIT/1,000-NS | T1 | |
| HEPARIN 5,000 UNIT/1,000 ML-NS | T1 | |
| HEPARIN 5,000 UNIT/500 ML-NS | T1 | |
| <i>heparin 10,000 unit/10 ml vial</i> | T1 | |
| <i>heparin 2,000 unit/2 ml vial</i> | T1 | |
| <i>heparin 30,000 unit/30 ml vial</i> | T1 | |
| <i>heparin 40,000 unit/4 ml vial</i> | T1 | |
| <i>heparin 5,000 unit/ml carpuct</i> | T1 | |
| <i>heparin 50,000 unit/10 ml vial</i> | T1 | |
| <i>heparin 50,000 unit/5 ml vial</i> | T1 | |
| <i>heparin sod 1,000 unit/ml vial</i> | T1 | |
| <i>heparin sod 10,000 unit/ml vl</i> | T1 | |
| <i>heparin sod 20,000 unit/ml vl</i> | T1 | |
| <i>heparin sod 5,000 unit/0.5 ml</i> | T1 | |
| HEPARIN SOD 5,000 UNIT/0.5 ML | T3 | |
| <i>heparin sod 5,000 unit/0.5 ml (Heparin Sodium)</i> | T1 | |
| <i>heparin sod 5,000 unit/ml syrg</i> | T3 | |
| <i>heparin sod 5,000 unit/ml vial</i> | T1 | |
| <i>heparin sod, porcine/0.9 % nacl</i> | T1 | |
| <i>heparin sod, pork in 0.45% nacl</i> | T1 | |
| <i>heparin sodium, porcine</i> | T1 | |
| <i>heparin sodium, porcine/d5w</i> | T1 | |
| <i>heparin sodium, porcine/pf</i> | T1 | |
| HEPARIN SODIUM-0.45% NAACL | T1 | |
| LOVENOX 100 MG/ML SYRINGE (<i>enoxaparin sodium</i>) | T3 | QL (2 syringes/day) SP |
| LOVENOX 120 MG/0.8 ML SYRINGE (<i>enoxaparin sodium</i>) | T3 | QL (2 syringes/day) SP |
| LOVENOX 150 MG/ML SYRINGE (<i>enoxaparin sodium</i>) | T3 | QL (2 syringes/day) SP |
| LOVENOX 30 MG/0.3 ML SYRINGE (<i>enoxaparin sodium</i>) | T3 | QL (2 syringes/day) SP |
| LOVENOX 300 MG/3 ML VIAL (<i>enoxaparin sodium</i>) | T3 | QL (1 vial/day) SP |
| LOVENOX 40 MG/0.4 ML SYRINGE (<i>enoxaparin sodium</i>) | T3 | QL (2 syringes/day) SP |

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List of Prescription Medications

| ANTI-COAGULANTS (Blood Thinners/Anti-Clotting) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| HEPARIN AND RELATED PREPARATIONS | | |
| LOVENOX 60 MG/0.6 ML SYRINGE (<i>enoxaparin sodium</i>) | T3 | QL (2 syringes/day) SP |
| LOVENOX 80 MG/0.8 ML SYRINGE (<i>enoxaparin sodium</i>) | T3 | QL (2 syringes/day) SP |
| THROMBIN INHIBITORS, SELECTIVE, DIRECT, REVERSIBLE | | |
| ARGATROBAN | T3 | SP HD |
| ARGATROBAN-0.9% NAACL | T3 | SP HD |
| ARGATROBAN-SODIUM CHLORIDE | T3 | SP HD |
| <i>dabigatran etexilate mesylate</i> | T1 | PA HD |
| PRADAXA 110 MG CAPSULE | T3 | PA HD |
| PRADAXA 150 MG CAPSULE | T3 | PA HD |
| PRADAXA 75 MG CAPSULE | T3 | PA HD |
| THROMBIN INHIBITORS, SEL, DIRECT, REVERS-HIRUDIN TYPE | | |
| ANGIOMAX (<i>bivalirudin</i>) | T3 | |
| BIVALIRUDIN 250 MG ADD-VANT VL | T1 | |
| <i>bivalirudin 250 mg vial</i> (Angiomax) | T1 | |
| BIVALIRUDIN RTU 250 MG/50 ML | T3 | |
| BIVALIRUDIN-0.9% NAACL | T1 | |
| ANTIDOTES (Gastrointestinal/Heartburn) | | |
| MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING | | |
| MOVANTIK | T3 | PA |
| RELISTOR | T3 | PA |
| SYMPROIC | T3 | PA |
| ANTIDOTES (Substance Abuse) | | |
| OPIOID ANTAGONISTS | | |
| EVZIO | T3 | PA QL (0.8ml/day) |
| KLOXXADO | T2 | PA QL (2 sprays/30 days) |
| <i>naloxone 0.4 mg/ml carpuject</i> | T1 | |
| <i>naloxone 0.4 mg/ml vial</i> | T1 | |
| NALOXONE 2 MG AUTO-INJECTOR | T3 | QL (0.8ml/day) |
| <i>naloxone 2 mg/2 ml syringe</i> | T1 | |
| <i>naloxone 4 mg/10 ml vial</i> | T1 | |
| <i>naltrexone 50 mg tablet</i> | T1 | QL(180 tabs/30 days) |
| NARCAN | T2 | QL (2 units/30 days) |

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List of Prescription Medications

| ANTIDOTES (Substance Abuse) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| OPIOID ANTAGONISTS | | |
| OPVEE | T3 | QL (2 units/30 days) |
| ZIMHI | T3 | QL (2 inj/month) |
| ANTI-FUNGALS (Eye Conditions) | | |
| OPHTHALMIC ANTI-FUNGAL AGENTS | | |
| NATACYN | T2 | |
| ANTI-FUNGALS (Feminine Products) | | |
| VAGINAL ANTI-FUNGALS | | |
| GNAZOLE 1 | T1 | |
| <i>miconazole nitrate</i> | T1 | |
| <i>terconazole</i> | T1 | |
| ANTI-FUNGALS (Infections) | | |
| ANTI-FUNGAL AGENTS | | |
| ANCOBON (<i>flucytosine</i>) | T3 | |
| <i>clotrimazole</i> | T1 | |
| CRESEMBA CAPSULE | T3 | PA |
| CRESEMBA 372 MG VIAL | T3 | |
| DIFLUCAN (<i>fluconazole</i>) | T3 | PA |
| <i>fluconazole</i> (Diflucan) | T1 | |
| <i>fluconazole in dextrose, iso-os</i> | T1 | |
| <i>fluconazole in nacl, iso-osm</i> | T1 | |
| <i>flucytosine</i> (Ancobon) | T1 | |
| <i>itraconazole</i> (Sporanox) | T1 | |
| <i>ketoconazole</i> | T1 | |
| NOXAFIL 300 MG/16.7 ML VIAL (<i>posaconazole</i>) | T3 | PA |
| NOXAFIL 40 MG/ML SUSPENSION (<i>posaconazole</i>) | T3 | PA |
| NOXAFIL DR 100 MG TABLET (<i>posaconazole</i>) | T3 | PA |
| ORAVIG | T3 | |
| <i>posaconazole</i> (Noxafil) | T1 | |
| SPORANOX (<i>itraconazole</i>) | T3 | PA |
| <i>terbinafine hcl</i> | T1 | |
| TOLSURA | T3 | |
| VFEND (<i>voriconazole</i>) | T3 | PA |
| VFEND IV (<i>voriconazole</i>) | T3 | |
| VIVJOA | T3 | PA |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANTI-FUNGALS (Infections) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-FUNGAL ANTIBIOTICS | | |
| <i>voriconazole 200 mg tablet (Vfend)</i> | T1 | PA |
| <i>voriconazole 200 mg vial (Vfend Iv)</i> | T1 | |
| <i>voriconazole 40 mg/ml susp (Vfend)</i> | T1 | PA |
| <i>voriconazole 50 mg tablet (Vfend)</i> | T1 | PA |
| ABELCET | T3 | |
| AMBISOME | T3 | |
| <i>amphotericin b</i> | T1 | |
| BREXAFEMME | T3 | PA |
| CANCIDAS (<i>caspofungin acetate</i>) | T3 | |
| <i>caspofungin acetate (Cancidas)</i> | T1 | |
| ERAXIS | T3 | |
| <i>griseofulvin ultramicrosize (Gris-peg)</i> | T1 | |
| <i>griseofulvin, microsize</i> | T1 | |
| GRIS-PEG (<i>griseofulvin ultramicrosize</i>) | T3 | |
| <i>micafungin sodium (Mycamine)</i> | T1 | |
| MYCAMINE (<i>micafungin</i>) | T3 | |
| <i>nystatin</i> | T1 | |
| ANTI-FUNGALS (Skin Conditions) | | |
| TOPICAL ANTI-FUNGAL/ANTI-INFLAMMATORY, STEROID AGENT | | |
| <i>clotrimazole/betamethasone dip</i> | T1 | |
| TOPICAL ANTI-FUNGALS | | |
| <i>cicloclodan 0.77% cream (Loprox)</i> | T1 | |
| CICLODAN 0.77% CREAM KIT | T3 | |
| <i>cicloclodan 8% solution</i> | T1 | |
| <i>ciclopirox</i> | T1 | |
| <i>ciclopirox (Loprox)</i> | T1 | |
| <i>ciclopirox olamine (Loprox)</i> | T1 | |
| <i>econazole nitrate</i> | T1 | |
| ECOZA | T3 | |
| ERTACZO | T3 | PA |
| EXELDERM | T3 | PA |
| EXODERM | T1 | |
| EXTINA (<i>ketodan</i>) | T3 | PA |
| JUBLIA | T3 | PA |

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ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

ANTI-FUNGALS (Skin Conditions)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| TOPICAL ANTI-FUNGALS (con't.) | | |
| KERYDIN | T3 | PA |
| KERYDIN (<i>tavaborole</i>) | T3 | PA |
| <i>ketoconazole</i> | T1 | |
| <i>ketoconazole</i> (Extina) | T1 | |
| <i>ketoconazole/skin cleanser 28</i> | T1 | |
| LOPROX 0.77% CREAM (<i>ciclopirox</i>) | T3 | PA |
| LOPROX 0.77% TOPICAL SUSP (<i>ciclopirox</i>) | T3 | |
| LOPROX 1% SHAMPOO (<i>ciclopirox</i>) | T3 | PA |
| LULICONAZOLE | T1 | |
| LUZU | T3 | PA |
| MICONAZOLE-ZINC OXIDE-PETROLTM | T1 | PA |
| <i>naftifine hcl</i> | T1 | |
| <i>naftifine hcl</i> (Naftin) | T1 | |
| NAFTIN (<i>naftifine hcl</i>) | T2 | |
| <i>nystatin</i> | T1 | |
| <i>nystatin/triamcinolone acet</i> | T1 | |
| <i>oxiconazole nitrate</i> (Oxistat) | T1 | |
| OXISTAT 1% CREAM (<i>oxiconazole nitrate</i>) | T3 | PA |
| OXISTAT 1% LOTION | T2 | PA |
| SULCONAZOLE NITRATE | T3 | PA |
| <i>tavaborole</i> (Kerydin) | T1 | PA |
| VUSION | T3 | PA |
| XOLEGEL | T3 | PA |

ANTIHISTAMINE AND DECONGESTANT COMBINATION (Allergy/Nasal Sprays)

1ST GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION

| | | |
|--------------------------------------|----|--|
| <i>phenylephrine hcl/prometh hcl</i> | T1 | |
|--------------------------------------|----|--|

2ND GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION

| | | |
|--------------------|----|--|
| CLARINEX-D 12 HOUR | T3 | |
|--------------------|----|--|

ANTIHISTAMINES (Allergy/Nasal Sprays)

ANTIHISTAMINES - 1ST GENERATION

| | | |
|--|----|----|
| <i>carbinoxamine 4 mg/5 ml liquid</i> | T1 | |
| <i>carbinoxamine maleate 4 mg tab</i> | T1 | |
| <i>carbinoxamine maleate 6 mg tab</i> (Ryvent) | T1 | PA |
| <i>clemastine fumarate</i> | T1 | |
| <i>cyproheptadine hcl</i> (Cyproheptadine Hcl) | T1 | |
| <i>dexchlorpheniramine maleate</i> (Ryclora) | T1 | |

T1 – Typically Generics
 T2 – Typically Preferred Brands
 T3 – Typically Non-Preferred Brands

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 QL – Quantity Limit
 ST – Step Therapy

AGE – Age Requirement
 SP – Specialty Medication
 HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication
 CSL – Oral cancer medication subject to cost-share limits

List of Prescription Medications

ANTIHISTAMINES (Allergy/Nasal Sprays)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| ANTIHISTAMINES - 1ST GENERATION | | |
| <i>diphenhydramine hcl</i> | T1 | |
| <i>hydroxyzine hcl</i> | T1 | |
| <i>hydroxyzine pamoate</i> | T1 | |
| <i>hydroxyzine pamoate (Vistaril)</i> | T1 | |
| KARBINAL ER | T3 | PA |
| PHENERGAN (<i>promethazine hcl</i>) | T3 | |
| <i>promethazine hcl</i> | T1 | |
| <i>promethazine hcl (Phenergan)</i> | T1 | |
| RYCLORA (<i>dexchlorpheniramine maleate</i>) | T3 | |
| RYVENT | T3 | PA |
| VISTARIL (<i>hydroxyzine pamoate</i>) | T3 | |
| ANTIHISTAMINES - 2ND GENERATION | | |
| <i>cetirizine hcl</i> | T1 | HD |
| CLARINEX (<i>desloratadine</i>) | T3 | HD |
| <i>desloratadine 2.5 mg odt</i> | T1 | QL (1 tab/day) HD |
| <i>desloratadine 5 mg odt</i> | T1 | HD |
| <i>desloratadine 5 mg tablet (Clarinx)</i> | T1 | HD |
| QUZYTIR | T3 | HD |
| ANTIHISTAMINES (Eye Conditions) | | |
| EYE ANTIHISTAMINES | | |
| <i>azelastine hcl 0.05% drops</i> | T1 | |
| BEPREVE | T3 | PA |
| <i>epinastine hcl</i> | T1 | |
| LASTACAFT | T3 | |
| <i>olopatadine hcl 0.1% eye drops</i> | T1 | |
| <i>olopatadine hcl 0.2% eye drop (Pataday)</i> | T1 | |
| PATADAY (<i>olopatadine hcl</i>) | T3 | |
| PATANOL 0.1% | T3 | PA |
| PAZEO | T2 | |
| ZERVIATE | T2 | |
| ANTI-HYPERGLYCEMICS (Diabetes) | | |
| ANTIHYPERGLY, DPP-4 ENZYME INHIB.-THIAZOLIDINEDIONE | | |
| ALOGLIPTIN-PIOGLITAZONE | T1 | PA QL (1 tab/day) HD |
| OSENI | T3 | PA QL (1 tab/day) HD |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANTI-HYPERGLYCEMICS (Diabetes) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTIHYPERGLY, INCRETIN MIMETIC (GLP-I RECEPTOR AGONIST) | | |
| BYDUREON | T2 | QL (4 vials/28 days) ST HD |
| BYDUREON BCISE | T2 | QL (4 pens/28 days) ST HD |
| BYDUREON PEN | T2 | QL (4 pens/28 days) ST HD |
| BYETTA | T2 | QL (1 pen/30 days) ST HD |
| OZEMPIC 0.25-0.5 MG DOSE PEN | T2 | QL (2 pens/28 days) ST HD |
| OZEMPIC 1 MG DOSE PEN (1.5 ML) | T2 | QL (2 pens/28 days) ST HD |
| OZEMPIC 1 MG DOSE PEN (3 ML) | T2 | QL (3ML/21 Days) ST HD |
| REZVOGLAR KWIKPEN | T2 | PA |
| RYBELSUS | T2 | QL (1 tab/day) ST HD |
| TRULICITY 0.75 MG/0.5 ML PEN | T2 | QL (4 pens/28 days) ST HD |
| TRULICITY 1.5 MG/0.5 ML PEN | T2 | QL (4 pens/28 days) ST HD |
| TRULICITY 3 MG/0.5 ML PEN | T2 | QL (2 ML/28 Days) ST HD |
| TRULICITY 4.5 MG/0.5 ML PEN | T2 | QL (2 ML/28 Days) ST HD |
| VICTOZA 2-PAK | T3 | QL (3 pens/30 days) ST HD |
| VICTOZA 3-PAK | T3 | QL (3 pens/30 days) ST HD |
| ANTI-HYPERGLY, INSULIN, LONG ACT-GLP-I RECEPTOR AGONIST | | |
| SOLIQUA 100-33 | T2 | HD |
| XULTOPHY 100-3.6 | T3 | PA HD |
| ANTI-HYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2) INHIB | | |
| FARXIGA | T2 | QL (1 tab/day) ST HD |
| INVOKANA | T2 | QL (1 tab/day) ST HD |
| JARDIANCE | T2 | QL (1 tab/day) ST HD |
| STEGLATRO | T2 | QL (1 tab/day) ST HD |
| ANTI-HYPERGLYCEMIC-DOPAMINE RECEPTOR AGONISTS | | |
| CYCLOSET | T3 | HD |
| ANTI-HYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIBITORS | | |
| <i>acarbose</i> (Precose) | T1 | HD |
| <i>GLYSET</i> (<i>miglitol</i>) | T3 | HD |
| <i>miglitol</i> (Glyset) | T1 | HD |
| PRECOSE (<i>acarbose</i>) | T3 | HD |
| ANTI-HYPERGLYCEMIC, AMYLIN ANALOG-TYPE | | |
| SYMLINPEN 120 | T2 | HD |
| SYMLINPEN 60 | T2 | HD |

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SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

ANTI-HYPERGLYCEMICS (Diabetes)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANTI-HYPERGLYCEMIC, BIGUANIDE TYPE

| | | |
|---|----|-------|
| FORTAMET (<i>metformin er osmotic</i>) | T3 | PA HD |
| GLUCOPHAGE XR (<i>metformin hcl er</i>) | T3 | HD |
| GLUMETZA (<i>metformin er gastric</i>) | T3 | PA HD |
| <i>metformin hcl</i> | T1 | HD |
| <i>metformin hcl</i> (Fortamet) | T1 | PA HD |
| <i>metformin hcl</i> (Glucofage Xr) | T1 | HD |
| <i>metformin hcl</i> (Glumetza) | T1 | PA HD |
| <i>metformin hcl</i> (Riomet) | T1 | HD |
| RIOMET (<i>metformin hcl</i>) | T3 | HD |
| RIOMET ER | T3 | HD |

ANTI-HYPERGLYCEMIC, DPP-4 INHIBITORS

| | | |
|------------|----|-----------------------|
| ALOGLIPTIN | T1 | PA QL (1 tab/day) HD |
| JANUVIA | T2 | QL (1 tab/day) ST HD |
| NESINA | T3 | PA QL (1 tab/day) HD |
| ONGLYZA | T3 | PA QL (1 tab/day) HD |
| TRADJENTA | T3 | PA QL (2 tabs/day) HD |
| ZITUVIO | T3 | PA QL(1 tab/day) HD |

ANTI-HYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE

| | | |
|---|----|----|
| AMARYL (<i>glimepiride</i>) | T3 | HD |
| <i>chlorpropamide</i> | T1 | HD |
| <i>glimepiride</i> (Amaryl) | T1 | HD |
| <i>glipizide</i> (Glucotrol XI) | T1 | HD |
| <i>glipizide</i> (Glucotrol) | T1 | HD |
| GLUCOTROL (<i>glipizide</i>) | T3 | HD |
| GLUCOTROL XL (<i>glipizide xl</i>) | T3 | HD |
| <i>glyburide</i> | T1 | HD |
| <i>glyburide, micronized</i> (Glynase) | T1 | HD |
| GLYNASE (<i>glyburide micronized</i>) | T3 | HD |
| <i>nateglinide</i> (Starlix) | T1 | HD |
| <i>repaglinide</i> | T1 | HD |
| STARLIX (<i>nateglinide</i>) | T3 | HD |
| <i>tolbutamide</i> | T1 | HD |

ANTI-HYPERGLYCEMIC, SGLT-2 AND DPP-4 INHIBITOR COMB

| | | |
|-----------|----|----------------------|
| GLYXAMBI | T2 | QL (1 tab/day) ST HD |
| QTERN | T3 | QL (1 tab/day) ST HD |
| STEGLUJAN | T3 | QL (1 tab/day) ST HD |

ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE AND BIGUANIDE

| | | |
|--|----|----|
| ACTOPLUS MET (<i>pioglitazone-metformin</i>) | T3 | HD |
|--|----|----|

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| | | |
|--|--------------------------|---|
| <i>pioglitazone hcl/metformin hcl</i> (Actoplus Met) | T1 | HD |
| ANTI-HYPERGLYCEMICS (Diabetes) | | |
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE AND BIGUANIDE | | |
| ACTOPLUS MET (<i>pioglitazone-metformin</i>) | T3 | HD |
| <i>pioglitazone hcl/metformin hcl</i> (Actoplus Met) | T1 | HD |
| ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE-SULFONYLUREA | | |
| DUETACT (<i>pioglitazone-glimepiride</i>) | T3 | HD |
| <i>pioglitazone hcl/glimepiride</i> (Duetact) | T1 | HD |
| ANTI-HYPERGLYCEMIC, DPP-4 INHIBITOR-BIGUANIDE COMBS. | | |
| ALOGLIPTIN-METFORMIN | T1 | PA QL (2 tabs/day) HD |
| JANUMET | T2 | QL (2 tabs/day) ST HD |
| JANUMET XR 100-1,000 MG TABLET | T2 | QL (1 tab/day) ST HD |
| JANUMET XR 50-1,000 MG TABLET | T2 | QL (2 tabs/day) ST HD |
| JANUMET XR 50-500 MG TABLET | T2 | QL (1 tab/day) ST HD |
| JENTADUETO | T3 | PA QL (4 tabs/day) HD |
| JENTADUETO XR 2.5 MG-1,000 MG | T3 | PA QL (2 tabs/day) HD |
| JENTADUETO XR 5 MG-1,000 MG TB | T3 | PA QL (1 tab/day) HD |
| KAZANO | T3 | PA QL (2 tabs/day) HD |
| KOMBIGLYZE XR 2.5-1,000 MG TAB | T3 | PA QL (2 tabs/day) HD |
| KOMBIGLYZE XR 5-1,000 MG TAB | T3 | PA QL (1 tab/day) HD |
| KOMBIGLYZE XR 5-500 MG TABLET | T3 | PA QL (1 tab/day) HD |
| ANTI-HYPERGLYCEMIC, INSULIN-RELEASE STIM.-BIGUANIDE | | |
| <i>glipizide/metformin hcl</i> | T1 | HD |
| <i>glyburide/metformin hcl</i> | T1 | HD |
| <i>repaglinide/metformin hcl</i> | T1 | HD |
| ANTI-HYPERGLYCEMIC, THIAZOLIDINEDIONE (PPARG AGONIST) | | |
| ACTOS (<i>pioglitazone hcl</i>) | T3 | HD |
| AVANDIA | T3 | HD |
| <i>pioglitazone hcl</i> (Actos) | T1 | HD |
| ANTI-HYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER | | |
| KORLYM | T3 | PA SP |
| ANTI-HYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS. | | |
| DAPAGLIFLOZIN-METFO ER 10-1000 | T3 | PA QL(1 TAB/DAY) HD |
| DAPAGLIFLOZIN-METFOR ER 5-1000 | T3 | PA QL(2 TABS/DAY) HD |
| INVOKAMET | T2 | QL (2 tabs/day) ST HD |
| INVOKAMET XR | T2 | QL (2 tabs/day) ST HD |
| SEGLUROMET | T2 | QL (2 tabs/day) ST HD |
| SYNJARDY | T2 | QL (2 tabs/day) ST HD |
| SYNJARDY XR 10-1,000 MG TABLET | T2 | QL (2 tabs/day) ST HD |
| I 1 – Typically Generics | PA – Prior Authorization | AGL – Age Requirement |
| T2 – Typically Preferred Brands | QL – Quantity Limit | SP – Specialty Medication |
| T3 – Typically Non-Preferred Brands | ST – Step Therapy | HD – May require home delivery pharmacy |
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List of Prescription Medications

| | | |
|---|------------------|---|
| SYNJARDY XR 12.5-1,000 MG TAB | T2 | QL (2 tabs/day) ST HD |
| ANTI-HYPERGLYCEMICS (Diabetes) | | |
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-HYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS. (con't.) | | |
| SYNJARDY XR 25-1,000 MG TABLET | T2 | QL (1 tab/day) ST HD |
| SYNJARDY XR 5-1,000 MG TABLET | T2 | QL (2 tabs/day) ST HD |
| XIGDUO XR 10 MG-1,000 MG TAB | T2 | QL (1 tab/day) ST HD |
| XIGDUO XR 10 MG-500 MG TABLET | T2 | QL (1 tab/day) ST HD |
| XIGDUO XR 2.5 MG-1,000 MG TAB | T2 | QL (2 tabs/day) ST HD |
| XIGDUO XR 5 MG-1,000 MG TABLET | T2 | QL (2 tabs/day) ST HD |
| XIGDUO XR 5 MG-500 MG TABLET | T2 | QL (1 tab/day) ST HD |
| ANTI-HYPERGLY-SGLT-2 INHIB, DPP-4 INHIB, BIGUANIDE CB | | |
| TRIJARDY XR | T2 | QL (1 tab/day) ST HD |
| ANTIHYPERTENSIVE-SOD/GLUC COTRANSPORT2(SGLT2) INH | | |
| BRENZAVVY | T3 | PA QL(1 tabs/day) HD |
| DAPAGLIFLOZIN | T3 | PA QL(1 tab/day) HD |
| INSULINS | | |
| ADMELOG | T3 | QL (1.5ml/day) HD |
| ADMELOG SOLOSTAR | T3 | QL (1.5ml/day) HD |
| AFREZZA 12 UNIT CARTRIDGE | T3 | PA QL (12 cartridges/day) HD |
| AFREZZA 4 UNIT CARTRIDGE | T3 | PA QL (36 cartridges/day) HD |
| AFREZZA 4 UNIT/8 UNIT/12 UNIT | T3 | PA QL (6 cartridges/day) HD |
| AFREZZA 8 UNIT CARTRIDGE | T3 | PA QL (18 cartridges/day) HD |
| AFREZZA 90-4 UNIT / 90-8 UNIT | T3 | PA QL (12 cartridges/day) HD |
| AFREZZA 90-8 UNIT / 90-12 UNIT | T3 | PA QL (6 cartridges/day) HD |
| APIDRA | T3 | QL (1.5ml/day) HD |
| APIDRA SOLOSTAR | T3 | QL (1.5ml/day) HD |
| BASAGLAR KWIKPEN U-100 | T2 | QL (1.5ml/day) HD |
| FIASP | T2 | QL (1.5ml/day) HD |
| FIASP FLEXTOUCH | T2 | QL (1.5ml/day) HD |
| FIASP PENFILL | T2 | QL (1.5ml/day) HD |
| HUMALOG | T2 | QL (1.5ml/day) HD |
| HUMALOG JUNIOR KWIKPEN | T2 | QL (1.5ml/day) HD |
| HUMALOG KWIKPEN U-100 | T2 | QL (1.5ML/DAY) HD |
| HUMALOG KWIKPEN U-200 | T2 | QL (1ML/DAY) HD |
| HUMALOG MIX 50-50 | T2 | QL (2ml/day) HD |
| HUMALOG MIX 50-50 KWIKPEN | T2 | QL (2ml/day) HD |
| HUMALOG MIX 75-25 | T2 | QL (2ml/day) HD |
| HUMALOG MIX 75-25 KWIKPEN | T2 | QL (2ml/day) HD |
| HUMULIN R U-500 | T2 | QL (1ML/DAY) HD |

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T2 – Typically Preferred Brands

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

ANTI-HYPERGLYCEMICS (Diabetes)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--------------------------------|-----------|----------------------------------|
| INSULINS | | |
| HUMULIN R U-500 KWIKPEN | T2 | QL (1ML/DAY) HD |
| INSULIN ASPART | T2 | QL (1.5ml/day) HD |
| INSULIN ASPART FLEXPEN | T2 | QL (1.5ml/day) HD |
| INSULIN ASPART PENFILL | T2 | QL (1.5ml/day) HD |
| INSULIN ASPART PROT-INSULN ASP | T2 | QL (2ml/day) HD |
| INSULIN GLARGINE MAX SOLOSTAR | T3 | PA QL(0.6 mls/day) HD |
| INSULIN GLARGINE SOLOSTAR U100 | T3 | PA QL(1.5 mls/day) HD |
| INSULIN GLARGINE SOLOSTAR U300 | T3 | PA QL(0.6 mls/day) HD |
| INSULIN GLARGINE-YFGN | T3 | QL (1.5ml/day) HD |
| INSULIN LISPRO | T2 | QL (1.5ml/day) HD |
| INSULIN LISPRO PROTAMINE MIX | T2 | QL (2ml/day) HD |
| LANTUS | T3 | PA QL (1.5ml/day) HD |
| LANTUS SOLOSTAR | T3 | PA QL (1.5ml/day) HD |
| LEVEMIR | T3 | PA QL (1.5ml/day) HD |
| LEVEMIR FLEXTOUCH | T3 | PA QL (1.5ml/day) HD |
| LYUMJEV | T2 | QL (1.5ML/DAY) HD |
| LYUMJEV KWIKPEN U-100 | T2 | QL (1.5ML/DAY) HD |
| LYUMJEV KWIKPEN U-200 | T2 | QL (1ML/DAY) HD |
| NOVOLOG | T2 | QL (1.5ml/day) HD |
| NOVOLOG FLEXPEN | T2 | QL (1.5ml/day) HD |
| NOVOLOG MIX 70-30 | T2 | QL (2ml/day) HD |
| NOVOLOG MIX 70-30 FLEXPEN | T2 | QL (2ml/day) HD |
| SEMGLEE | T3 | PA QL (1.5ML/DAY) HD |
| SEMGLEE PEN | T3 | PA QL (1.5ML/DAY) HD |
| TOUJEO MAX SOLOSTAR | T3 | PA QL (0.6ml/day) HD |
| TOUJEO SOLOSTAR | T3 | PA QL (0.6ml /day) HD |
| TRESIBA | T2 | QL (1.5ml/day) HD |
| TRESIBA FLEXTOUCH U-100 | T2 | QL (1.5ml/day) HD |
| TRESIBA FLEXTOUCH U-200 | T2 | QL (0.9ml/day) HD |

ANTI-INFECTIVES (Feminine Products)

VAGINAL SULFONAMIDES

| | | |
|-----|----|--|
| AVC | T3 | |
|-----|----|--|

ANTI-INFECTIVES (Infections)

PENICILLIN ANTIBIOTICS

| | | |
|--|----|--|
| <i>amoxicillin</i> | T1 | |
| <i>amoxicillin/potassium clav (Augmentin Es-600)</i> | T1 | |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANTI-INFECTIVES/MISCELLANEOUS (Feminine Products) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| PENICILLIN ANTIBIOTICS | | |
| <i>ampicillin sodium</i> | T1 | |
| AUGMENTIN ES-600 (<i>amoxicillin/potassium clav</i>) | T3 | PA |
| <i>nafcillin sodium</i> | T1 | |
| VAGINAL ANTISEPTICS | | |
| <i>acetic acid/oxyquinoline</i> (Relagard) | T1 | |
| RELAGARD (<i>fem ph</i>) | T3 | |
| TRIMO-SAN | T3 | |
| ANTI-INFECTIVES/MISCELLANEOUS (Infections) | | |
| 2ND GEN. ANAEROBIC ANTI-PROTOZOAL-ANTIBACTERIAL | | |
| TINDAMAX (<i>tinidazole</i>) | T3 | |
| <i>tinidazole</i> | T1 | |
| <i>tinidazole</i> (Tindamax) | T1 | |
| AMEBICIDES | | |
| <i>paromomycin sulfate</i> | T1 | |
| ANTHELMINTICS | | |
| <i>albendazole</i> (Albenza) | T1 | |
| ALBENZA (<i>albendazole</i>) | T3 | |
| BILTRICIDE (<i>praziquantel</i>) | T3 | |
| EMVERM | T1 | |
| <i>ivermectin</i> (Stromectol) | T1 | PA |
| <i>praziquantel</i> (Biltricide) | T1 | |
| STROMECTOL (<i>ivermectin</i>) | T3 | PA |
| ANTI-MALARIAL DRUGS | | |
| ARAKODA | T3 | PA |
| <i>atovaquone/proguanil hcl</i> (Malarone) | T1 | |
| <i>chloroquine ph 250 mg tablet</i> | T1 | QL (56 Tabs/365 days) |
| <i>chloroquine ph 500 mg tablet</i> | T1 | |
| COARTEM | T3 | PA QL (24 tabs/30 days) |
| DARAPRIM (<i>pyrimethamine</i>) | T3 | PA SP |
| <i>hydroxychloroquine sulfate</i> (Plaquenil) | T1 | |
| <i>hydroxychloroquine sulfate</i> (Sovuna) | T1 | |
| KRINTAFEL | T3 | PA QL (2 tabs/30 days) |
| MALARONE (<i>atovaquone-proguanil hcl</i>) | T3 | PA |
| <i>mefloquine hcl</i> | T1 | |
| PLAQUENIL (<i>hydroxychloroquine sulfate</i>) | T3 | PA |

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List of Prescription Medications

ANTI-INFECTIVES/MISCELLANEOUS (Infections)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANTI-MALARIAL DRUGS (cont.)

| | | |
|--|----|-------|
| <i>primaquine phosphate</i> (Primaquine) | T1 | |
| PRIMAQUINE (<i>primaquine phosphate</i>) | T1 | |
| <i>pyrimethamine 25 mg tablet</i> (Daraprim) | T1 | PA |
| <i>pyrimethamine 25 mg tablet</i> (Daraprim) | T3 | PA SP |
| QUALAQUIN (<i>quinine sulfate</i>) | T3 | PA |
| <i>quinine sulfate</i> (Qualaquin) | T1 | |
| SOVUNA (<i>hydroxychloroquine sulfate</i>) | T3 | PA |

ANTI-PROTOZOAL DRUGS, MISCELLANEOUS

| | | |
|---|----|----|
| <i>atovaquone</i> (Mepron) | T1 | |
| BENZNIDAZOLE | T3 | |
| IMPAVIDO | T3 | PA |
| LAMPIT | T3 | |
| MEPRON | T3 | PA |
| MEPRON (<i>atovaquone</i>) | T3 | PA |
| NEBUPENT (<i>pentamidine isethionate</i>) | T3 | |
| PENTAM 300 (<i>pentamidine isethionate</i>) | T3 | |
| <i>pentamidine isethionate</i> (Nebupent) | T1 | |
| <i>pentamidine isethionate</i> (Pentam 300) | T1 | |

ANTI-INFECTIVES/MISCELLANEOUS (Miscellaneous)

ANTIBACTERIAL AGENTS, MISCELLANEOUS

| | | |
|----------------------------------|----|--|
| <i>glycine urologic solution</i> | T1 | |
| <i>glycine urologic solution</i> | T3 | |

ANTI-INFECTIVES/MISCELLANEOUS (Skin Conditions)

TOPICAL ANTI-FUNGALS

| | | |
|---|----|--|
| CICLODAN 8% KIT | T3 | |
| <i>ciclopirox/urea/camph/men/euc</i> (Ciclodan) | T1 | |

ANTI-INFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease)

ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR

| | | |
|--------------------------------|----|--------------------------------------|
| ABRILADA(CF) | T3 | PA QL(2 pens/syringes/28 days) SP |
| ADALIMUMAB-AACF(CF) PEN | T3 | PA |
| ADALIMUMAB-ADBM(CF) | T3 | PA QL(2 pens/syringes/28 days) SP HD |
| ADALIMUMAB-ADBM(CF) PEN CROHNS | T3 | PA QL(1 starter kit/365 days) SP HD |
| ADALIMUMAB-ADAZ | T3 | PA QL (2 doses/ 28 days) SP |
| AMJEVITA(CF) | T3 | PA QL(2 syringes/28 days) SP HD |
| AMJEVITA(CF) AUTOINJECTOR | T3 | PA QL(2 auto-injs/28 days) SP HD |
| AVSOLA | T3 | PA SP |

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List of Prescription Medications

ANTI-INFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS (Pain Relief And Inflammatory Disease)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|------------------------------------|
| ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR (cont.) | | |
| CIMZIA 200 MG VIAL KIT | T3 | PA QL (1 kit/28 days) SP HD |
| CIMZIA 2X200 MG/ML SYRINGE KIT | T3 | PA QL (1 kit/28 days) SP HD |
| CIMZIA 2X200 MG/ML (X3) START KT | T3 | PA QL (1 kit/year) SP HD |
| CYLTEZO | T3 | PA QL (2 doses/ 28 days) SP |
| ENBREL 25 MG KIT | T3 | PA QL (8 vials/28 days) SP HD |
| ENBREL 25 MG/0.5 ML SYRINGE | T3 | PA QL (8 syringes/28 days) SP HD |
| ENBREL 25 MG/0.5 ML VIAL | T3 | PA QL (4ml/28 days) SP HD |
| ENBREL 50 MG/ML SYRINGE | T3 | PA QL (4 syringes/28 days) SP HD |
| ENBREL MINI | T3 | PA QL (4 cartridges/28 days) SP HD |
| ENBREL SURECLICK | T3 | PA QL (4 syringes/28 days) SP HD |
| HADLIMA | T3 | PA QL (2 doses/ 28 days) SP HD |
| HADLIMA (CF-citrate free) | T3 | PA QL (2 doses/ 28 days) SP HD |
| HULIO(CF) | T3 | PA QL(2 pens/syringes/28 days) SP |
| HUMIRA | T3 | PA QL (2 syringes/28 days) SP HD |
| HUMIRA PEN | T3 | PA QL (2 pens/28 days) SP HD |
| HUMIRA PEN CROHN'S-UC-HS | T3 | PA QL (1 kit/year) SP HD |
| HUMIRA PEN PSOR-UVEITS-ADOL HS | T3 | PA QL (1 kit/year) SP HD |
| HUMIRA (CF) | T3 | PA QL (2 syringes/28 days) SP HD |
| HUMIRA (CF) PEDIATRIC CROHN'S | T3 | PA QL (1 kit/year) SP HD |
| HUMIRA (CF) PEN 40 MG/0.4 ML | T3 | PA QL (2 pens/28 days) SP HD |
| HUMIRA (CF) PEN 80 MG/0.8 ML | T3 | PA QL (1 kit/year) SP HD |
| HUMIRA (CF) PEN CROHN'S-UC-HS | T3 | PA QL (1 kit/year) SP HD |
| HUMIRA (CF) PEN PEDIATRIC UC | T3 | PA QL (4 KITS/365 DAYS) SP HD |
| HUMIRA (CF) PEN PSOR-UV-ADOL HS | T3 | PA QL (1 kit/year) SP HD |
| HYRIMOZ | T3 | PA QL (2 doses/ 28 days) SP |
| IDACIO (CF) | T3 | PA QL (2 doses/ 28 days) SP |
| INFLECTRA | T3 | PA SP HD |
| REMICADE | T3 | PA SP HD |
| RENFLXIS | T3 | PA SP HD |
| SIMPONI 100 MG/ML PEN INJECTOR | T3 | PA QL (1 injector/28 days) SP HD |
| SIMPONI 100 MG/ML SYRINGE | T3 | PA QL (1 syringe/28 days) SP HD |
| SIMPONI 50 MG/0.5 ML PEN INJEC | T3 | PA QL (1 injector/28 days) SP HD |
| SIMPONI 50 MG/0.5 ML SYRINGE | T3 | PA QL (1 syringe/28 days) SP HD |
| SIMPONI ARIA | T3 | PA SP HD |
| YUFLYMA | T3 | PA QL (2 doses/ 28 days) SP |
| YUSIMRY (CF) | T3 | PA QL (2 doses/ 28 days) SP |

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List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANP - SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR) | | |
| <i>bexarotene</i> (Targretin) | T3 | PA SP HD |
| TARGRETIN 75 MG CAPSULE (<i>bexarotene</i>) | T3 | PA SP HD |
| ANTIBIOTIC ANTINEOPLASTICS | | |
| <i>adriamycin 10 mg vial</i> | T3 | PA SP |
| <i>adriamycin 10 mg/5 ml vial</i> | T3 | PA SP |
| <i>adriamycin 20 mg/10 ml vial</i> | T3 | PA SP |
| ADRIAMYCIN (<i>doxorubicin hcl</i>) | T3 | PA SP |
| <i>bleomycin sulfate</i> | T3 | PA SP |
| COSMEGEN | T3 | PA SP |
| <i>dactinomycin</i> (Cosmegen) | T3 | PA SP |
| <i>daunorubicin hcl</i> | T3 | PA SP |
| DOXIL (<i>lipodox 50</i>) | T3 | PA SP |
| <i>doxorubicin hcl</i> | T3 | PA SP |
| <i>doxorubicin hcl</i> (Adriamycin) | T3 | PA SP |
| <i>doxorubicin hcl peg-liposomal</i> (Doxil) | T3 | PA SP |
| ELLECE | T3 | PA SP |
| ELLECE (<i>epirubicin hcl</i>) | T3 | PA SP |
| <i>epirubicin 200 mg/100 ml vial</i> (Elevance) | T3 | PA SP |
| <i>epirubicin 50 mg/25 ml vial</i> (Elevance) | T3 | PA SP |
| <i>epirubicin hcl 200 mg vial</i> | T3 | SP |
| IDAMYCIN PFS (<i>idarubicin hcl</i>) | T3 | PA SP |
| <i>idarubicin hcl</i> (Idamycin Pfs) | T3 | PA SP |
| <i>mitomycin</i> (Mutamycin) | T3 | PA SP |
| MUTAMYCIN (<i>mitomycin</i>) | T3 | PA SP |
| <i>valrubicin</i> (Valstar) | T3 | SP |
| VALSTAR (<i>valrubicin</i>) | T3 | SP |
| ZANOSAR | T3 | PA SP |
| ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY | | |
| GAZYVA | T3 | PA SP |
| RIABNI | T3 | PA SP |
| RITUXAN | T3 | PA SP |
| RITUXAN HYCELA | T3 | PA SP |
| RUXIENCE | T3 | PA SP |
| TRUXIMA | T3 | PA SP |

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HD – May require home delivery pharmacy

List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY | | |
| AVASTIN | T3 | PA SP |
| MVASI | T3 | PA SP |
| VEGZELMA | T3 | PA SP |
| ZIRABEV | T3 | PA SP |
| ANTI-NEOPLAST, HISTONE DEACETYLASE (HDAC) INHIBITORS | | |
| BELEODAQ | T3 | PA SP |
| FARYDAK | T3 | PA SP HD |
| ISTODAX | T3 | PA SP |
| ROMIDEPSIN 10 MG KIT | T3 | PA SP |
| ROMIDEPSIN 27.5 MG/5.5 ML VIAL | T3 | PA SP |
| ZOLINZA | T3 | PA SP HD |
| ANTI-NEOPLASTIC - ALKYLATING AGENTS | | |
| ALKERAN 2 MG TABLET (<i>melphalan</i>) | T3 | SP |
| ALKERAN 50 MG VIAL (<i>melphalan hcl</i>) | T3 | PA SP |
| BELRAPZO | T3 | PA SP HD |
| BENDAMUSTINE 100 MG/4ML VIAL | T3 | PA HD |
| BENDEKA | T3 | PA SP HD |
| <i>bendamustine 25 mg vial (Treanda)</i> | T3 | PA SP |
| <i>bendamustine 100 mg vial (Treanda)</i> | T3 | PA SP |
| BICNU (<i>carmustine</i>) | T3 | SP |
| <i>busulfan (Busulfex)</i> | T3 | SP |
| BUSULFEX (<i>busulfan</i>) | T3 | SP |
| <i>carboplatin</i> | T3 | PA SP |
| <i>carmustine (Bicnu)</i> | T3 | SP |
| <i>cisplatin</i> | T3 | PA SP |
| <i>cyclophosphamide 1 gm vial</i> | T3 | SP |
| CYCLOPHOSPHAMIDE 1 GM/5 ML VL | T3 | SP |
| <i>cyclophosphamide 2 gm vial</i> | T3 | SP |
| <i>cyclophosphamide 25 mg capsule</i> | T3 | SP HD |
| CYCLOPHOSPHAMIDE 25 MG TABLET | T3 | PA SP HD |
| <i>cyclophosphamide 50 mg capsule</i> | T3 | SP HD |
| CYCLOPHOSPHAMIDE 50 MG TABLET | T3 | PA SP HD |
| <i>cyclophosphamide 500 mg vial</i> | T3 | SP |
| CYCLOPHOSPHAMIDE 500 MG/2.5 ML | T3 | SP |
| EVOMELA | T3 | PA SP |

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List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-NEOPLASTIC - ALKYLATING AGENTS (con't.) | | |
| GLEOSTINE | T2 | |
| GLIADEL | T3 | SP |
| HYDREA (<i>hydroxyurea</i>) | T3 | |
| <i>hydroxyurea</i> (Hydrea) | T1 | |
| IFEX (<i>ifosfamide</i>) | T3 | PA SP |
| <i>ifosfamide</i> | T3 | PA SP |
| <i>ifosfamide</i> (Ifex) | T3 | PA SP |
| LEUKERAN | T2 | |
| <i>melphalan</i> (Alkeran) | T3 | SP |
| <i>melphalan hcl</i> (Alkeran) | T3 | PA SP |
| MYLERAN | T2 | |
| <i>oxaliplatin</i> | T3 | PA SP |
| PEPAXTO | T3 | PA SP |
| TEMODAR 100 MG CAPSULE (<i>temozolomide</i>) | T3 | PA SP HD |
| TEMODAR 100 MG VIAL | T3 | PA SP |
| TEMODAR 140 MG CAPSULE (<i>temozolomide</i>) | T3 | PA SP HD |
| TEMODAR 180 MG CAPSULE (<i>temozolomide</i>) | T3 | PA SP HD |
| TEMODAR 20 MG CAPSULE (<i>temozolomide</i>) | T3 | PA SP HD |
| <i>temozolomide</i> | T3 | PA SP HD |
| <i>temozolomide</i> (Temodar) | T3 | PA SP HD |
| TEPADINA | T3 | PA SP |
| TEPADINA (<i>thiotepa</i>) | T3 | PA SP |
| <i>thiotepa</i> (Tepadina) | T3 | PA SP |
| TREANDA (<i>bendamustine hcl</i>) | T3 | PA SP |
| YONDELIS | T3 | PA SP |
| ZEPZELCA | T3 | PA SP |
| ANTI-NEOPLASTIC - ANTI-ANDROGENIC AGENTS | | |
| <i>abiraterone acetate</i> (Zytiga) | T3 | PA SP HD |
| <i>bicalutamide</i> (Casodex) | T1 | |
| CASODEX (<i>bicalutamide</i>) | T3 | |
| ERLEADA 240 MG TABLET | T3 | PA QL(1 tab/day) SP HD CSL |
| ERLEADA 60 MG TABLET | T3 | PA SP HD CSL |
| <i>flutamide</i> | T1 | |
| NILANDRON (<i>nilutamide</i>) | T3 | PA QL (4 tabs/day) |
| <i>nilutamide</i> (Nilandron) | T1 | QL (4 tabs/day) |

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List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-NEOPLASTIC - ANTI-ANDROGENIC AGENTS (cont.) | | |
| NUBEQA | T3 | PA SP HD |
| XTANDI | T3 | PA SP HD |
| YONSA | T3 | PA SP HD |
| ZYTIGA (<i>abiraterone acetate</i>) | T3 | PA SP HD |
| ANTINEOPLASTIC - ANTIBIOTIC AND ANTIMETABOLITE | | |
| VYXEOS | T3 | PA SP |
| ANTINEOPLASTIC - ANTI-CD38 MONOCLONAL ANTIBODY | | |
| DARZALEX | T3 | PA SP HD |
| DARZALEX FASPRO | T3 | PA SP |
| SARCLISA | T3 | PA SP |
| ANTI-NEOPLASTIC - ANTI-METABOLITES | | |
| ALIMTA | T3 | PA SP |
| ARRANON | T3 | PA SP |
| <i>azacitidine (Vidaza)</i> | T3 | PA SP |
| <i>capecitabine (Xeloda)</i> | T3 | PA SP HD |
| <i>cladribine</i> | T3 | PA SP |
| <i>clofarabine (Clolar)</i> | T3 | PA SP |
| CLOLAR (<i>clofarabine</i>) | T3 | PA SP |
| <i>cytarabine</i> | T3 | PA SP |
| <i>cytarabine/pf</i> | T3 | PA SP |
| DACOGEN (<i>decitabine</i>) | T3 | PA SP |
| <i>decitabine (Dacogen)</i> | T3 | PA SP |
| <i>floxuridine</i> | T3 | PA SP |
| <i>fludarabine phosphate</i> | T3 | PA SP |
| <i>fluorouracil</i> | T3 | PA SP |
| <i>fluorouracil 1,000 mg/20 ml vial</i> | T3 | PA SP |
| <i>fluorouracil 2,500 mg/50 ml vial</i> | T3 | PA SP |
| <i>fluorouracil 2.5 gm/50 ml btl</i> | T3 | PA SP |
| <i>fluorouracil 2.5 gm/50 ml vial</i> | T3 | PA SP |
| <i>fluorouracil 5 gm/100 ml btl</i> | T3 | PA SP |
| <i>fluorouracil 5 gm/100 ml vial</i> | T3 | PA SP |
| <i>fluorouracil 5,000 mg/100 ml</i> | T3 | PA SP |
| <i>fluorouracil 500 mg/10 ml vial</i> | T3 | PA SP |
| FOLOTYN 20 MG/ML VIAL | T3 | PA SP |
| FOLOTYN 40 MG/2 ML VIAL | T3 | PA SP |

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| ANTI-NEOPLASTICS (Cancer) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-NEOPLASTIC - ANTI-METABOLITES (cont.) | | |
| <i>gemcitabine hcl</i> | T3 | PA SP |
| INFUGEM | T3 | PA SP HD |
| INQOVI | T3 | PA SP HD |
| LONSURF | T3 | PA SP HD |
| <i>mercaptopurine</i> | T1 | |
| <i>methotrexate sodium</i> | T1 | |
| <i>methotrexate sodium/pf</i> | T1 | |
| NIPENT | T3 | PA SP |
| ONUREG | T3 | PA QL (14 tabs/28 days) SP |
| PEMRYDI RTU | T3 | PA SP |
| PURIXAN | T3 | SP |
| TABLOID | T3 | |
| TREXALL | T2 | |
| VIDAZA (<i>azacitidine</i>) | T3 | PA SP |
| XATMEP | T3 | |
| XELODA (<i>capecitabine</i>) | T3 | PA SP HD |
| ZYNYZ | T3 | PA SP |
| ANTINEOPLASTIC - ANTI-SLAMF7 MONOCLONAL ANTIBODY | | |
| EMPLICITI | T3 | PA SP HD |
| ANTI-NEOPLASTIC - AROMATASE INHIBITORS | | |
| <i>anastrozole (Arimidex)</i> | T1 | HD PPACA |
| ARIMIDEX (<i>anastrozole</i>) | T3 | HD |
| AROMASIN (<i>exemestane</i>) | T3 | HD |
| <i>exemestane (Aromasin)</i> | T1 | HD PPACA |
| FEMARA (<i>letrozole</i>) | T3 | HD |
| <i>letrozole (Femara)</i> | T1 | HD |
| ANTI-NEOPLASTIC - BRAF KINASE INHIBITORS | | |
| BRAFTOVI | T3 | PA SP HD |
| TAFINLAR | T3 | PA SP HD |
| ZELBORAF | T3 | PA SP HD |
| ANTINEOPLASTIC - CD19 (B LYMPHOCYTE) MC ANTIBODY | | |
| MONJUVI | T3 | PA SP |
| ANTINEOPLASTIC - EPOTHILONES AND ANALOGS | | |
| IXEMPRA | T3 | PA SP |
| ANTI-NEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR | | |
| DAURISMO | T3 | PA SP HD |

T1 – Typically Generics

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PPACA – No Cost-Share Preventive Medication

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SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-NEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR | | |
| ERIVEDGE | T3 | PA SP HD |
| ODOMZO | T3 | PA SP HD |
| ANTI-NEOPLASTIC - JANUS KINASE (JAK) INHIBITORS | | |
| JAKAFI | T3 | PA SP HD |
| ANTI-NEOPLASTIC - KRAS PROTEIN INHIBITOR | | |
| KRAZATI | T3 | PA QL (6 tabs/day) SP CSL |
| LUMAKRAS 120 MG TABLET | T3 | PA QL (8 tabs/day) SP HD CSL |
| LUMAKRAS 320 MG TABLET | T3 | PA QL (3 tabs/day) SP HD CSL |
| ANTI-NEOPLASTIC - MEKI AND MEK2 KINASE INHIBITORS | | |
| COTELLIC | T3 | PA SP HD |
| KOSELUGO 10 MG CAPSULE | T3 | PA QL (10 capsules/day) SP |
| KOSELUGO 25 MG CAPSULE | T3 | PA QL (4 caps/day) SP |
| MEKINIST | T3 | PA SP HD |
| MEKTOVI | T3 | PA SP HD |
| ANTINEOPLASTIC - MICROTUBULE INHIBITORS | | |
| HALAVEN | T3 | PA SP |
| ANTI-NEOPLASTIC - MTOR KINASE INHIBITORS | | |
| AFINITOR | T3 | PA SP HD |
| AFINITOR (<i>everolimus</i>) | T3 | PA SP HD |
| AFINITOR DISPERZ | T3 | PA SP |
| <i>everolimus 2.5 mg tablet</i> (Afinitor) | T3 | PA SP HD |
| <i>everolimus 5 mg tablet</i> (Afinitor) | T3 | PA SP HD |
| <i>everolimus 7.5 mg tablet</i> (Afinitor) | T3 | PA SP HD |
| <i>temsirolimus</i> (Torisel) | T3 | PA SP |
| TORISEL (<i>temsirolimus</i>) | T3 | PA SP |
| ANTI-NEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT | | |
| TAZVERIK | T3 | PA SP |
| ANTI-NEOPLASTIC - TOPOISOMERASE I INHIBITORS | | |
| CAMPTOSAR 100 MG/5 ML VIAL (<i>irinotecan hcl</i>) | T3 | PA SP |
| CAMPTOSAR 300 MG/15 ML VIAL | T3 | PA SP |
| CAMPTOSAR 40 MG/2 ML VIAL (<i>irinotecan hcl</i>) | T3 | PA SP |
| HYCAMTIN 0.25 MG CAPSULE | T3 | PA SP HD CSL |
| HYCAMTIN 1 MG CAPSULE | T3 | PA SP HD CSL |
| HYCAMTIN 4 MG VIAL (<i>topotecan hcl</i>) | T3 | PA SP HD CSL |

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List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-NEOPLASTIC - TOPOISOMERASE I INHIBITORS | | |
| <i>irinotecan hcl</i> | T3 | PA SP |
| <i>irinotecan hcl</i> (Camptosar) | T3 | PA SP |
| ONIVYDE | T3 | PA SP |
| <i>topotecan hcl</i> | T3 | PA SP HD |
| <i>topotecan hcl</i> (Hycamtin) | T3 | PA SP HD |
| ANTINEOPLASTIC - VEGF-A, B AND PLGF INHIBITORS | | |
| ZALTRAP | T3 | PA SP |
| ANTINEOPLASTIC - VEGFR ANTAGONIST | | |
| CYRAMZA | T3 | PA SP |
| ANTINEOPLASTIC - VINCA ALKALOIDS | | |
| MARQIBO | T3 | PA SP |
| NAVELBINE (<i>vinorelbine tartrate</i>) | T3 | PA SP |
| <i>vinblastine sulfate</i> | T3 | PA SP |
| <i>vincristine sulfate</i> | T3 | PA SP |
| <i>vinorelbine tartrate</i> (Navelbine) | T3 | PA SP |
| ANTINEOPLASTIC- CD22 ANTIBODY-CYTOTOXIC ANTIBIOTIC | | |
| BESPONSA | T3 | PA SP |
| ANTINEOPLASTIC- CD33 ANTIBODY-CYTOTOXIC ANTIBIOTIC | | |
| MYLOTARG | T3 | PA SP |
| ANTI-NEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT | | |
| KISQALI FEMARA CO-PACK | T3 | PA QL(1 tab/28 days) SP HD CSL |
| ANTI-NEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY | | |
| ERBITUX | T3 | PA SP |
| HERCEPTIN | T3 | PA SP |
| HERCEPTIN HYLECTA | T3 | PA SP |
| HERZUMA | T3 | PA SP |
| KANJINTI | T3 | PA SP |
| MARGENZA | T3 | PA SP |
| OGIVRI | T3 | PA SP |
| ONTRUZANT | T3 | PA SP |
| PERJETA | T3 | PA SP |
| PHESGO | T3 | PA SP HD |
| PORTRAZZA | T3 | PA SP |
| TRAZIMERA | T3 | PA SP |
| VECTIBIX | T3 | PA SP |

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List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-NEOPLASTIC IMMUNOMODULATOR AGENTS | | |
| <i>lenalidomide</i> | T3 | PA QL(1 tab/day) SP HD CSL |
| POMALYST | T3 | PA SP HD |
| REVLIMID | T3 | PA QL(1 tab/day) SP HD CSL |
| ANTI-NEOPLASTIC LHRH (GNRH) AGONIST, PITUITARY SUPPR. | | |
| ELIGARD | T3 | SP HD |
| <i>leuprolide acetate</i> | T3 | PA SP HD |
| LEUPROLIDE DEPOT | T3 | PA SP |
| LUPRON DEPOT | T3 | PA SP HD |
| TRELSTAR | T3 | SP HD |
| ZOLADEX | T3 | PA SP HD |
| ANTI-NEOPLASTIC LHRH (GNRH) ANTAGONIST, PITUIT.SUPPRS | | |
| FIRMAGON | T3 | PA SP HD |
| ORGOVYX | T3 | PA SP |
| ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS | | |
| ALECENSA | T3 | PA QL(8 tabs/day) SP HD CSL |
| ALIQOPA | T3 | PA SP |
| ALUNBRIG | T3 | PA SP HD |
| AUGTYRO | T3 | PA QL(8 caps/day) SP HD CSL |
| AYVAKIT | T3 | PA QL (1 tab/day) SP |
| BALVERSA | T3 | PA SP |
| BORTEZOMIB | T3 | PA SP |
| BOSULIF | T3 | PA QL(3 caps/day) SP HD |
| BRUKINSA | T3 | PA QL (4 caps/day) SP |
| CABOMETYX | T3 | PA SP HD |
| CALQUENCE | T3 | PA SP |
| CAPRELSA | T3 | PA SP |
| COMETRIQ | T3 | PA SP HD |
| COPIKTRA | T3 | PA SP |
| <i>erlotinib hcl (Tarceva)</i> | T3 | PA SP HD |
| EXKIVITY | T3 | PA SP HD |
| FOTIVDA | T3 | PA QL (30 caps/30 days) SP HD |
| FRUZAQLA 1 MG CAPSULE | T3 | PA QL(84 caps/28 days) SP CSL |
| FRUZAQLA 5 MG CAPSULE | T3 | PA QL(21 caps/28 days) SP CSL |
| GAVRETO | T3 | PA QL (4 tabs/day) SP |
| <i>gefitinib</i> | T3 | PA SP HD CSL |
| GILOTRIF | T3 | PA SP HD |

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List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) | | |
|---|-----------|--------------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS | | |
| GLEEVEC (<i>imatinib mesylate</i>) | T3 | PA SP HD |
| IBRANCE | T3 | PA QL (21/30 days) SP HD |
| ICLUSIG | T3 | PA SP |
| <i>imatinib mesylate</i> (Gleevec) | T3 | PA SP HD |
| IMBRUVICA | T3 | PA SP |
| INLYTA | T3 | PA SP HD |
| INREBIC | T3 | PA SP HD |
| IRESSA | T3 | PA SP HD |
| OGSIVEO | T3 | PA QL (6 TABS/DAY) SP CSL |
| OJJAARA | T3 | PA QL (1 TAB/DAY) SP CSL |
| IWILFIN | T3 | PA QL (8 tabs/day) SP CSL |
| KISQALI 200 MG | T3 | PA QL (21 per 28 days) SP HD CSL |
| KISQALI 400 MG | T3 | PA QL (42 per 28 days) SP HD CSL |
| KISQALI 800 MG | T3 | PA QL (63 per 28 days) SP HD CSL |
| KISQALI FEMARA CO-PACK | T3 | PA QL (1 pack per 28 days) SP HD CSL |
| KYPROLIS | T3 | PA SP HD |
| <i>lapatinib ditosylate</i> (Tykerb) | T3 | PA SP HD |
| LENVIMA | T3 | PA SP HD CSL |
| LORBRENA | T3 | PA SP HD |
| LYNPARZA | T3 | PA SP HD |
| LYTGOBI 12 MG DOSE (3X 4MG TB) | T3 | PA QL (3 tabs/day) SP CSL |
| LYTGOBI 16 MG DOSE PACK (4X 4MG TB) | T3 | PA QL (4 tabs/day) SP CSL |
| LYTGOBI 20 MG DOSE PACK (5X 4MG TB) | T3 | PA QL (5 tabs/day) SP CSL |
| NERLYNX | T3 | PA SP HD |
| NEXAVAR | T3 | PA QL (4 tabs/day) SP HD CSL |
| NINLARO | T3 | PA SP HD |
| PEMAZYRE | T3 | PA QL (14 tabs/21 days) SP |
| PIQRAY | T3 | PA SP HD |
| <i>pazopanib hcl</i> (Votrient) | T3 | PA QL (4 tabs/day) SP HD CSL |
| QINLOCK | T3 | PA QL (3 tabs/day) SP |
| RETEVMO 40 MG CAPSULE | T3 | PA QL (6 caps/day) SP HD |
| RETEVMO 80 MG CAPSULE | T3 | PA QL (4 tabs/day) SP HD |
| ROZLYTREK | T3 | PA SP HD |
| RUBRACA | T3 | PA SP |
| RYDAPT | T3 | PA SP HD |
| SCEMBLIX | T3 | PA QL (2 tablets/day) SP HD |

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HD – May require home delivery pharmacy

List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-NEOPLASTIC SYSTEMIC ENZYME INHIBITORS | | |
| SPRYCEL | T3 | PA SP HD |
| STIVARGA | T3 | PA SP HD |
| SUTENT | T3 | PA SP HD |
| TABRECTA | T3 | PA QL (4 tabs/day) SP HD |
| TAGRISSO | T3 | PA SP HD |
| TRUQAP | T3 | PA QL(64 TABS/28 DAYS) SP CSL |
| TALZENNA | T3 | PA SP HD |
| TARCEVA (<i>erlotinib hcl</i>) | T3 | PA SP HD |
| TASIGNA | T3 | PA SP HD |
| TEPMETKO | T3 | PA SP QL (2 tabs/day) |
| TUKYSA | T3 | PA SP |
| TURALIO 200 MG CAPSULE | T3 | PA SP CSL |
| TURALIO 125 MG CAPSULE | T3 | PA QL(4 caps/day) SP CSL |
| TYKERB (<i>lapatinib</i>) | T3 | PA SP HD |
| UKONIQ | T3 | PA QL (4 tabs/day) SP |
| VANFLYTA | T3 | PA QL(2 tabs/day) SP CSL |
| VELCADE | T3 | PA SP |
| VERZENIO | T3 | PA QL (120mg/day) SP HD |
| VITRAKVI | T3 | PA SP HD |
| VIZIMPRO | T3 | PA SP HD |
| VOTRIENT (<i>pazopanib hcl</i>) | T3 | PA QL(4 tabs/day) SP HD CSL |
| XALKORI | T3 | PA SP HD |
| XOSPATA | T3 | PA SP |
| ZEJULA | T3 | PA SP |
| ZYDELIG | T3 | PA SP HD |
| ZYKADIA | T3 | PA SP HD |
| ANTI-NEOPLASTIC, ANTI-PROGRAMMED DEATH-I (PD-I) MAB | | |
| KEYTRUDA | T3 | PA SP |
| LIBTAYO | T3 | PA SP |
| LOQTORZI | T3 | PA SP |
| OPDIVO | T3 | PA SP HD |
| ANTI-NEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS | | |
| VENCLEXTA | T3 | PA SP |
| VENCLEXTA STARTING PACK | T3 | PA SP |
| ANTI-NEOPLASTIC-ENZYME INHIB, ANTIANDROGEN COMB. | | |
| AKEEGA | T4 | PA QL(2 TABS/DAY) SP CSL |

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List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTINEOPLASTIC-CD22 DIRECT ANTIBODY/CYTOTOXIN CONJ | | |
| LUMOXITI | T3 | PA SP |
| ANTINEOPLASTIC-INTERLEUKIN-6 (IL-6) INHIB, ANTIBODY | | |
| SYLVANT | T3 | PA SP |
| ANTI-NEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITOR | | |
| IDHIFA | T3 | PA SP HD |
| REZLIDHIA | T3 | PA QL(2 caps/day) SP CSL |
| TIBSOVO | T3 | PA SP |
| ANTI-NEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES | | |
| ADCETRIS | T3 | PA SP |
| BLNREP | T3 | PA |
| BLINCYTO | T3 | PA SP |
| ENHERTU | T3 | PA SP HD |
| KADCYLA | T3 | PA SP |
| LUNSUMIO | T3 | PA SP |
| PADCEV | T3 | PA SP |
| POLIVY | T3 | PA SP HD |
| POTELIGEO | T3 | PA SP |
| TRODELVY | T3 | PA SP |
| UNITUXIN | T3 | PA SP |
| ZEVALIN | T3 | PA SP |
| ANTI-NEOPLASTICS, MISCELLANEOUS | | |
| ABRAXANE | T3 | PA SP |
| ARSENIC TRIOXIDE | T3 | PA SP |
| <i>arsenic trioxide (Trisenox)</i> | T3 | PA SP |
| ASPARLAS | T3 | SP |
| BCG (TICE STRAIN) | T3 | SP |
| <i>dacarbazine</i> | T3 | PA SP |
| DOCEFREZ | T3 | PA SP |
| <i>docetaxel 160 mg/16 ml vial</i> | T3 | PA SP |
| <i>docetaxel 160 mg/8 ml vial</i> | T3 | PA SP HD |
| <i>docetaxel 20 mg/2 ml vial</i> | T3 | PA SP |
| <i>docetaxel 20 mg/ml vial</i> | T3 | PA SP |
| <i>docetaxel 80 mg/4 ml vial (Taxotere)</i> | T3 | PA SP |
| ERWINAZE | T3 | PA SP |
| ETOPOPHOS | T3 | PA SP |
| <i>etoposide</i> | T3 | PA SP |

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List of Prescription Medications

| ANTI-NEOPLASTICS (Cancer) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-NEOPLASTICS, MISCELLANEOUS | | |
| <i>etoposide 1,000 mg/50 ml vial</i> | T3 | PA SP |
| <i>etoposide 100 mg/5 ml vial</i> | T3 | PA SP |
| <i>etoposide 50 mg capsule</i> | T3 | SP HD |
| <i>etoposide 500 mg/25 ml vial</i> | T3 | PA SP |
| J EVTANA | T3 | PA SP HD |
| LYSODREN | T3 | |
| MATULANE | T3 | SP |
| <i>mitoxantrone hcl</i> | T3 | PA SP |
| ONCASPAR | T3 | PA SP |
| <i>paclitaxel</i> | T3 | PA SP |
| SYNRIBO | T3 | PA SP |
| TAXOTERE (<i>docetaxel</i>) | T3 | PA SP |
| TENIPOSIDE | T3 | PA SP |
| <i>tretinoin 10 mg capsule</i> | T1 | PA |
| TRISENOX (<i>arsenic trioxide</i>) | T3 | PA SP |
| ANTI-NEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE) | | |
| XPOVIO | T3 | PA SP |
| ANTI-PROGRAMMED CELL DEATH-LIGA | | |
| BAVENCIO | T3 | PA SP |
| IMFINZI | T3 | PA SP |
| TECENTRIQ | T3 | PA SP HD |
| CYTOTOXIC T-LYMPHOCYTE ANTIGEN (CTLA-4) RMC ANTIBODY | | |
| IMJUDO | T3 | PA SP HD |
| YERVOY | T3 | PA SP HD |
| IMMUNOMODULATORS | | |
| ACTIMMUNE | T3 | PA SP HD |
| ALFERON N | T3 | PA SP HD |
| BESREMI | T3 | PA QL (2 syringes/28 days) SP |
| PROLEUKIN | T3 | PA SP |
| PHOTOACTIVATED, ANTINEOPLASTIC AGENTS (SYSTEMIC) | | |
| PHOTOFRIN | T3 | SP |
| UVADEX | T2 | |
| RADIOACTIVE THERAPEUTIC AGENTS | | |
| AZEDRA DOSIMETRIC | T3 | PA SP |
| AZEDRA THERAPEUTIC | T3 | PA SP |
| SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) | | |
| FARESTON (<i>toremifene citrate</i>) | T3 | QL (2 tabs/day) HD |

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| ANTI-NEOPLASTICS (Cancer) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) (con't.) | | |
| FASLODEX (<i>fulvestrant</i>) | T3 | PA SP HD |
| <i>fulvestrant</i> (Faslodex) | T3 | PA SP HD |
| SOLTAMOX | T2 | HD |
| <i>tamoxifen citrate</i> | T1 | HD PPACA |
| <i>toremifene citrate</i> (Fareston) | T1 | QL (2 tabs/day) HD |
| STEROID ANTI-NEOPLASTICS | | |
| EMCYT | T3 | SP HD |
| <i>megestrol acetate</i> | T1 | |
| ANTI-NEOPLASTICS (Skin Conditions) | | |
| PHOTOACT, TOPICAL ANTI-NEOPLAST, PREMALIGNANT LESIONS | | |
| LEVULAN | T3 | SP |
| TOPICAL ANTI-NEOPLASTIC PREMALIGNANT LESION AGENTS | | |
| CARAC | T3 | PA |
| <i>diclofenac sodium 3% gel</i> | T1 | PA |
| EFUDEX (<i>fluorouracil</i>) | T3 | |
| FLUOROPLEX | T2 | |
| FLUOROURACIL 0.5% CREAM | T1 | |
| <i>fluorouracil 2% topical soln</i> | T1 | |
| <i>fluorouracil 5% cream</i> (Efudex) | T1 | |
| <i>fluorouracil 5% topical soln</i> | T1 | |
| KLISYRI | T3 | PA QL (5 packs/30 Days) |
| PANRETIN | T3 | SP HD |
| PICATO | T2 | |
| TARGRETIN 1% GEL | T3 | PA SP HD |
| TOLAK | T3 | |
| VALCHLOR | T3 | SP HD |
| ANTI-PARASITICS (Infections) | | |
| ANTI-PARASITICS | | |
| ALINIA (<i>nitazoxanide</i>) | T3 | |
| <i>nitazoxanide</i> (Alinia) | T1 | |
| OPHTHALMIC (EYE) ANTIPARASITICS | | |
| XDEMVY | T2 | PA QL(4 bottles/30 days) SP |
| TOPICAL ANTI-PARASITICS | | |
| <i>crotamiton</i> (Eurax) | T1 | |
| ELIMITE (<i>permethrin</i>) | T3 | |

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List of Prescription Medications

ANTI-PARASITICS (Infections)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

TOPICAL ANTI-PARASITICS

| | | |
|------------------------------|----|--|
| EURAX 10% CREAM | T2 | |
| EURAX 10% LOTION | T3 | |
| <i>ivermectin</i> (Sklice) | T1 | |
| NATROBA (<i>spinosad</i>) | T3 | |
| <i>permethrin</i> (Elimite) | T1 | |
| SKLICE (<i>ivermectin</i>) | T3 | |
| <i>spinosad</i> (Natroba) | T1 | |
| ULESFIA | T3 | |

ANTI-PARKINSON DRUGS (Parkinson's Disease)

ANTI-PARKINSONISM DRUGS, ANTI-CHOLINERGIC

| | | |
|-----------------------------|----|----|
| <i>benztropine mesylate</i> | T1 | HD |
| <i>trihexyphenidyl hcl</i> | T1 | HD |

ANTI-PARKINSONISM DRUGS, OTHER

| | | |
|--|----|-------------------|
| <i>amantadine hcl</i> | T1 | HD |
| APOKYN | T3 | PA SP HD |
| AZILECT 0.5 MG TABLET (<i>rasagiline mesylate</i>) | T3 | QL (1 tab/day) HD |
| AZILECT 1 MG TABLET (<i>rasagiline mesylate</i>) | T3 | HD |
| <i>bromocriptine mesylate</i> (Parlodel) | T1 | HD |
| <i>carbidopa/levodopa</i> | T1 | HD |
| <i>carbidopa/levodopa</i> (Sinemet 10-100) | T1 | HD |
| <i>carbidopa/levodopa</i> (Sinemet 25-100) | T1 | HD |
| <i>carbidopa/levodopa</i> (Sinemet 25-250) | T1 | HD |
| <i>carbidopa/levodopa/entacapone</i> (Stalevo 100) | T1 | HD |
| <i>carbidopa/levodopa/entacapone</i> (Stalevo 125) | T1 | HD |
| <i>carbidopa/levodopa/entacapone</i> (Stalevo 150) | T1 | HD |
| <i>carbidopa/levodopa/entacapone</i> (Stalevo 200) | T1 | HD |
| <i>carbidopa/levodopa/entacapone</i> (Stalevo 50) | T1 | HD |
| <i>carbidopa/levodopa/entacapone</i> (Stalevo 75) | T1 | HD |
| COMTAN (<i>entacapone</i>) | T3 | HD |
| DHIVY | T3 | PA |
| DUOPA | T3 | SP HD |
| <i>entacapone</i> (Comtan) | T1 | HD |
| GOCOVRI | T3 | HD |
| INBRIJA | T3 | PA SP HD |
| KYNMOBI | T2 | PA HD |
| MIRAPEX ER 0.375 MG TABLET (<i>pramipexole er</i>) | T3 | QL (1 tab/day) HD |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANTI-PARKINSON DRUGS (Parkinson's Disease) | | | |
|--|-----------|----------------------------------|--|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits | |
| ANTI-PARKINSONISM DRUGS, OTHER | | | |
| MIRAPEX ER 0.75 MG TABLET (<i>pramipexole er</i>) | T3 | HD | |
| MIRAPEX ER 1.5 MG TABLET (<i>pramipexole er</i>) | T3 | QL (1 tab/day) HD | |
| MIRAPEX ER 2.25 MG TABLET (<i>pramipexole er</i>) | T3 | QL (1 tab/day) HD | |
| MIRAPEX ER 3 MG TABLET (<i>pramipexole er</i>) | T3 | HD | |
| MIRAPEX ER 3.75 MG TABLET (<i>pramipexole er</i>) | T3 | HD | |
| MIRAPEX ER 4.5 MG TABLET (<i>pramipexole er</i>) | T3 | HD | |
| NEUPRO | T3 | HD | |
| NOURIANZ | T3 | PA QL (1 tab/day) SP HD | |
| ONGENTYS | T3 | PA QL (1 CAPS/DAY) HD | |
| OSMOLEX ER 258 MG TABLET | T3 | QL (1 tab/day) HD | |
| OSMOLEX ER | T3 | QL (1 tab/day) HD | |
| PARLODEL (<i>bromocriptine mesylate</i>) | T3 | HD | |
| <i>pramipexole di-hcl</i> | T1 | HD | |
| <i>pramipexole er 0.375 mg tablet</i> (Mirapex Er) | T1 | QL (1 tab/day) HD | |
| <i>pramipexole er 0.75 mg tablet</i> (Mirapex Er) | T1 | HD | |
| <i>pramipexole er 1.5 mg tablet</i> (Mirapex Er) | T1 | QL (1 tab/day) HD | |
| <i>pramipexole er 2.25 mg tablet</i> (Mirapex Er) | T1 | QL (1 tab/day) HD | |
| <i>pramipexole er 3 mg tablet</i> (Mirapex Er) | T1 | HD | |
| <i>pramipexole er 3.75 mg tablet</i> (Mirapex Er) | T1 | HD | |
| <i>pramipexole er 4.5 mg tablet</i> (Mirapex Er) | T1 | HD | |
| <i>rasagiline mesylate 0.5 mg tab</i> (Azilect) | T1 | QL (1 tab/day) HD | |
| <i>rasagiline mesylate 1 mg tab</i> (Azilect) | T1 | HD | |
| <i>ropinirole hcl</i> | T1 | HD | |
| RYTARY | T3 | HD | |
| <i>selegiline hcl</i> | T1 | HD | |
| SINEMET 10-100 (<i>carbidopa-levodopa</i>) | T3 | HD | |
| SINEMET 25-100 (<i>carbidopa-levodopa</i>) | T3 | HD | |
| SINEMET 25-250 (<i>carbidopa-levodopa</i>) | T3 | HD | |
| STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>) | T3 | HD | |
| STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>) | T3 | HD | |
| STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>) | T3 | HD | |
| STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>) | T3 | HD | |
| STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>) | T3 | HD | |
| STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>) | T3 | HD | |
| TASMAR (<i>tolcapone</i>) | T3 | HD | |
| <i>tolcapone</i> (Tasmar) | T1 | HD | |

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CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

ANTI-PARKINSON DRUGS (Parkinson's Disease)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANTI-PARKINSONISM DRUGS, OTHER (con't.)

| | | |
|---------|----|-------|
| XADAGO | T3 | ST HD |
| ZELAPAR | T3 | PA HD |

DECARBOXYLASE INHIBITORS

| | | |
|------------------------------|----|----|
| <i>carbidopa</i> (Lodosyn) | T1 | |
| LODOSYN (<i>carbidopa</i>) | T3 | PA |

ANTI-PLATELET DRUGS (Blood Thinners/Anti-Clotting)

PLATELET AGGREGATION INHIBITORS

| | | |
|---------------------------------------|----|-------|
| AGGRASTAT | T3 | HD |
| <i>aspirin/dipyridamole</i> | T1 | HD |
| ASPIRIN-OMEPRAZOLE | T3 | PA HD |
| BRILINTA | T2 | HD |
| <i>cilostazol</i> | T1 | HD |
| <i>clopidogrel bisulfate</i> | T1 | HD |
| <i>clopidogrel bisulfate</i> (Plavix) | T1 | HD |
| <i>dipyridamole 25 mg tablet</i> | T1 | HD |
| <i>dipyridamole 50 mg tablet</i> | T1 | HD |
| <i>dipyridamole 75 mg tablet</i> | T1 | HD |
| EFFIENT (<i>prasugrel hcl</i>) | T3 | HD |
| EPTIFIBATIDE | T1 | HD |
| <i>eptifibatide</i> (Integrilin) | T1 | HD |
| INTEGRILIN (<i>eptifibatide</i>) | T3 | HD |
| PLAVIX (<i>clopidogrel</i>) | T3 | HD |
| <i>prasugrel hcl</i> (Effient) | T1 | HD |
| <i>ticlopidine hcl</i> | T1 | HD |
| YOSPRALA | T3 | PA HD |
| ZONTIVITY | T3 | HD |

PLATELET REDUCING AGENTS

| | | |
|-----------------------------------|----|--|
| AGRYLIN (<i>anagrelide hcl</i>) | T3 | |
| <i>anagrelide hcl</i> (Agraylin) | T1 | |

ANTIVIRALS (AIDS/HIV)

ANTIRETROVIRAL - ANTI-CD4 DOMAIN 2 MONOCLONAL AB

| | | |
|----------|----|-------|
| TROGARZO | T3 | PA SP |
|----------|----|-------|

ANTI-RETROVIRAL - CAPSID INHIBITORS

| | | |
|-------------------------------|----|---------------------------|
| SUNLENCA 463.5 MG/1.5 ML VIAL | T3 | PA SP |
| SUNLENCA TABLET | T3 | PA QL(5 tabs/180 days) SP |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANTIVIRALS (AIDS/HIV) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-RETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMB. | | |
| CABENUVA | T3 | PA SP |
| JULUCA | T3 | SP |
| ANTI-RETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMB. | | |
| DOVATO | T3 | SP |
| ANTI-RETROVIRAL - NRTIS AND INTEGRASE INHIBITORS COMB | | |
| TRIUMEQ | T3 | SP |
| ANTI-RETROVIRAL - NUCLEOSIDE, NUCLEOTIDE, PROTEASE INH. | | |
| SYMITUZA | T3 | SP |
| ANTIVIRALS - HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB | | |
| APTIVUS | T3 | PA SP |
| ANTIVIRALS - HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB | | |
| <i>darunavir (Prezista)</i> | T3 | SP |
| PREZCOBIX | T3 | PA SP |
| PREZISTA | T3 | PA SP |
| ANTIVIRALS - HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG | | |
| CIMDUO | T3 | PA SP |
| DESCOVY | T3 | PA SP PPACA |
| <i>emtricitabine-tenofv 100-150mg (Truvada)</i> | T3 | SP |
| <i>emtricitabine-tenofv 133-200mg (Truvada)</i> | T3 | SP |
| <i>emtricitabine-tenofv 167-250mg (Truvada)</i> | T3 | SP |
| <i>emtricitabine-tenofv 200-300mg (Truvada)</i> | T3 | SP PPACA |
| TEMIXYS | T3 | PA SP |
| TRUVADA (<i>emtricitabine-tenofovir disop</i>) | T3 | PA SP |
| ANTIVIRALS - HIV-SPEC, NUCLEOSIDE ANALOG, RTI COMB | | |
| <i>abacavir sulfate/lamivudine (Epzicom)</i> | T3 | PA SP |
| <i>abacavir/lamivudine/zidovudine (Trizivir)</i> | T3 | PA SP |
| COMBIVIR (<i>lamivudine-zidovudine</i>) | T3 | PA SP |
| EPZICOM (<i>abacavir-lamivudine</i>) | T3 | PA SP |
| <i>lamivudine/zidovudine (Combivir)</i> | T3 | SP |
| TRIZIVIR (<i>abacavir-lamivudine-zidovudine</i>) | T3 | PA SP |
| ANTIVIRALS - HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG. | | |
| SELZENTRY 150 MG TABLET (<i>maraviroc</i>) | T3 | PA SP |
| SELZENTRY 20 MG/ML ORAL SOLN | T2 | PA SP |
| SELZENTRY 25 MG TABLET | T2 | PA SP |
| SELZENTRY 300 MG TABLET (<i>maraviroc</i>) | T3 | PA SP |
| SELZENTRY 75 MG TABLET | T2 | PA SP |

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CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANTIVIRALS (AIDS/HIV) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTIVIRALS - HIV-SPECIFIC, CD4 ATTACHMENT INHIBITOR | | |
| RUKOBIA | T3 | PA QL (2 syringes/day) SP |
| ANTIVIRALS - HIV-SPECIFIC, FUSION INHIBITORS | | |
| FUZEON | T3 | PA SP |
| ANTIVIRALS - HIV-SPECIFIC, NON-NUCLEOSIDE, RTI | | |
| EDURANT | T3 | PA SP |
| <i>efavirenz</i> | T3 | PA SP |
| INTELENCE | T3 | PA SP |
| ANTIVIRALS - HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI | | |
| <i>nevirapine</i> | T3 | PA SP |
| <i>nevirapine</i> (Viramune Xr) | T3 | PA SP |
| <i>nevirapine</i> (Viramune) | T3 | PA SP |
| PIFELTRO | T3 | PA SP |
| SUSTIVA (<i>efavirenz</i>) | T3 | PA SP |
| VIRAMUNE (<i>nevirapine</i>) | T3 | PA SP |
| VIRAMUNE XR (<i>nevirapine er</i>) | T3 | PA SP |
| <i>abacavir sulfate</i> (Ziagen) | T3 | PA SP |
| <i>didanosine</i> (Videx Ec) | T3 | PA SP |
| <i>emtricitabine</i> (Emtriva) | T3 | PA SP |
| EMTRIVA 10 MG/ML SOLUTION | T3 | PA SP |
| EMTRIVA 200 MG CAPSULE (<i>emtricitabine</i>) | T3 | PA SP |
| EPIVIR (<i>lamivudine</i>) | T3 | PA SP |
| <i>lamivudine 10 mg/ml oral soln</i> (EpiVir) | T3 | SP |
| <i>lamivudine 150 mg tablet</i> (EpiVir) | T3 | SP |
| <i>lamivudine 300 mg tablet</i> (EpiVir) | T3 | PA SP |
| RETROVIR | T3 | PA SP |
| RETROVIR (<i>zidovudine</i>) | T3 | PA SP |
| <i>stavudine</i> | T3 | PA SP |
| VIDEX EC | T3 | PA SP |
| VIDEX EC (<i>didanosine</i>) | T3 | PA SP |
| ZIAGEN (<i>abacavir</i>) | T3 | PA SP |
| <i>zidovudine</i> | T3 | SP |
| <i>zidovudine</i> (Retrovir) | T3 | SP |
| ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI | | |
| <i>tenofovir disoproxil fumarate</i> (Viread) | T3 | PA SP |
| VIREAD 150 MG TABLET | T3 | PA SP |
| VIREAD 200 MG TABLET | T3 | PA SP |

T1 – Typically Generics PA – Prior Authorization AGE – Age Requirement PPACA – No Cost-Share Preventive Medication
 T2 – Typically Preferred Brands QL – Quantity Limit SP – Specialty Medication CSL – Oral cancer medication subject to cost-share limits
 T3 – Typically Non-Preferred Brands ST – Step Therapy HD – May require home delivery pharmacy

List of Prescription Medications

| ANTIVIRALS (AIDS/HIV) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI | | |
| VIREAD 250 MG TABLET | T3 | PA SP |
| VIREAD 300 MG TABLET (<i>tenofovir disoproxil fumarate</i>) | T3 | PA SP |
| VIREAD POWDER | T3 | PA SP |
| ANTIVIRALS - HIV-SPECIFIC, PROTEASE INHIBITOR COMB | | |
| KALETRA 100-25 MG TABLET | T3 | SP |
| KALETRA 200-50 MG TABLET | T3 | SP |
| KALETRA 80 MG-20 MG/ML SOLN (<i>lopinavir-ritonavir</i>) | T3 | PA SP |
| <i>lopinavir/ritonavir</i> (Kaletra) | T3 | SP |
| ANTIVIRALS - HIV-SPECIFIC, PROTEASE INHIBITORS | | |
| <i>atazanavir sulfate</i> (Reyataz) | T3 | PA SP |
| CRIXIVAN | T3 | PA SP |
| EVOTAZ | T3 | PA SP |
| <i>fosamprenavir calcium</i> (Lexiva) | T3 | PA SP |
| INVIRASE | T3 | PA |
| LEXIVA 50 MG/ML SUSPENSION | T3 | PA SP |
| LEXIVA 700 MG TABLET (<i>fosamprenavir calcium</i>) | T3 | PA SP |
| NORVIR 100 MG POWDER PACKET | T3 | SP |
| NORVIR 100 MG TABLET (<i>ritonavir</i>) | T3 | PA SP |
| REYATAZ 150 MG CAPSULE (<i>atazanavir sulfate</i>) | T3 | PA SP |
| REYATAZ 200 MG CAPSULE (<i>atazanavir sulfate</i>) | T3 | PA SP |
| REYATAZ 300 MG CAPSULE (<i>atazanavir sulfate</i>) | T3 | PA SP |
| REYATAZ 50 MG POWDER PACKET | T3 | PA SP |
| <i>ritonavir</i> (Norvir) | T3 | SP |
| VIRACEPT | T3 | PA SP |
| ANTIVIRALS - HIV-I INTEGRASE STRAND TRANSFER INHIBTR | | |
| APRETUDE | T3 | PA SA |
| ISENTRESS | T3 | SP |
| ISENTRESS HD | T3 | PA SP |
| TIVICAY | T3 | SP |
| TIVICAY PD | T3 | SP |
| ARTV NUCLEOSIDE, NUCLEOTIDE, NON-NUCLEOSIDE RTI COMB | | |
| ATRIPLA (<i>efavirenz-emtricit-tenofov disop</i>) | T3 | PA SP |
| COMPLERA | T3 | PA SP |
| DELSTRIGO | T3 | PA SP |
| <i>efavirenz/emtricit/tenofovr df</i> (Atripla) | T3 | PA SP |
| <i>efavirenz/lamivu/tenofov disop</i> (Symfi Lo) | T3 | SP |

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SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANTIVIRALS (AIDS/HIV) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ARTV NUCLEOSIDE, NUCLEOTIDE, NON-NUCLEOSIDE RTI COMB | | |
| <i>efavirenz/lamivu/tenofov disop (Symfi)</i> | T3 | SP |
| ODEFSEY | T3 | PA SP |
| SYMFI (<i>efavirenz-lamivu-tenofov disop</i>) | T3 | SP |
| SYMFI LO (<i>efavirenz-lamivu-tenofov disop</i>) | T3 | SP |
| ARV-NUCLEOSIDE, NUCLEOTIDE RTI, INTEGRASE INHIBITORS | | |
| BIKTARVY | T3 | SP |
| GENVOYA | T3 | SP |
| STRIBILD | T3 | PA SP |
| ANTIVIRALS (Eye Conditions) | | |
| EYE ANTIVIRALS | | |
| <i>trifluridine</i> | T1 | |
| ZIRGAN | T3 | |
| ANTIVIRALS (Infections) | | |
| ANTIVIRAL MONOCLONAL ANTIBODIES | | |
| SYNAGIS | T3 | PA SP HD |
| ANTIVIRALS, GENERAL | | |
| <i>acyclovir 200 mg capsule</i> | T1 | |
| <i>acyclovir 200 mg/5 ml susp (Zovirax)</i> | T1 | |
| <i>acyclovir 400 mg tablet</i> | T1 | |
| <i>acyclovir 800 mg tablet</i> | T1 | |
| <i>acyclovir sodium</i> | T1 | |
| <i>cidofovir</i> | T3 | SP |
| CYTOVENE (<i>ganciclovir sodium</i>) | T3 | SP |
| <i>famciclovir</i> | T1 | |
| FLUMADINE (<i>rimantadine hcl</i>) | T3 | |
| <i>foscarnet sodium (Foscavir)</i> | T1 | |
| FOSCAVIR | T3 | |
| FOSCAVIR (<i>foscarnet sodium</i>) | T3 | |
| GANCICLOVIR | T3 | SP |
| <i>ganciclovir sodium</i> | T3 | SP |
| <i>ganciclovir sodium (Cytovene)</i> | T3 | SP |
| LIVTENCITY | T3 | PA QL (4 tabs/day) SP |
| <i>oseltamivir 6 mg/ml suspension (Tamiflu)</i> | T1 | QL (180ml/30 days) |
| <i>oseltamivir phos 30 mg capsule (Tamiflu)</i> | T1 | QL (20 caps/30 days) |
| <i>oseltamivir phos 45 mg capsule (Tamiflu)</i> | T1 | QL (10 caps/30 days) |

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SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ANTIVIRALS (Infections) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTIVIRALS, GENERAL | | |
| <i>oseltamivir phos 75 mg capsule</i> (Tamiflu) | T1 | QL (10 caps/30 days) |
| PREVYMIS 240 MG TABLET | T3 | SP HD |
| PREVYMIS 240 MG/12 ML VIAL | T3 | SP |
| PREVYMIS 480 MG TABLET | T3 | SP HD |
| PREVYMIS 480 MG/24 ML VIAL | T3 | SP |
| RAPIVAB | T3 | |
| RELENZA | T3 | QL (20/30 days) |
| <i>rimantadine hcl</i> (Flumadine) | T1 | |
| SITAVIG | T3 | PA QL (2 tabs/Rx) |
| TAMIFLU 30 MG CAPSULE (<i>oseltamivir phosphate</i>) | T3 | QL (20/30 days) |
| TAMIFLU 45 MG CAPSULE (<i>oseltamivir phosphate</i>) | T3 | QL (10/30 days) |
| TAMIFLU 6 MG/ML SUSPENSION (<i>oseltamivir phosphate</i>) | T3 | QL (180ml/30 days) |
| TAMIFLU 75 MG CAPSULE (<i>oseltamivir phosphate</i>) | T3 | QL (10/30 days) |
| <i>valacyclovir hcl</i> (Valtrex) | T1 | |
| VALCYTE (<i>valganciclovir hcl</i>) | T3 | PA |
| <i>valganciclovir hcl</i> (Valcyte) | T1 | |
| VALTREX (<i>valacyclovir</i>) | T3 | |
| XOFLUZA | T3 | QL (2 tabs/30 days) |
| ZOVIRAX 200 MG/5 ML SUSP (<i>acyclovir</i>) | T3 | PA |
| HEP C - NS5A, NS3/4A, NON-NUCLEO.NS5B INHIB COMB. | | |
| VOSEVI | T3 | PA SP HD |
| HEP C VIRUS, NUCLEOTIDE ANALOG NS5B POLYMERASE INH | | |
| SOVALDI 150 MG PELLETT PACKET | T3 | PA QL (1 tab/day) SP HD |
| SOVALDI 200 MG PELLETT PACKET | T3 | PA QL (1 tab/day) SP HD |
| SOVALDI 200 MG TABLET | T3 | PA QL (1 tab/day) SP HD |
| SOVALDI 400 MG TABLET | T3 | PA SP HD |
| EPCLUSA 200 MG-50 MG TABLET | T3 | PA QL (1 tab/Day) SP HD |
| EPCLUSA 400 MG-100 MG TABLET | T3 | PA SP HD |
| HARVONI 33.75-150 MG PELLETT PK | T3 | PA QL (1 tab/day) SP HD |
| HARVONI 45-200 MG PELLETT PACKT | T3 | PA QL (1 tab/day) SP HD |
| HARVONI 45-200 MG TABLET | T3 | PA QL (1 tab/day) SP HD |
| HARVONI 90-400 MG TABLET | T3 | PA SP HD |
| LEDIPASVIR-SOFOSBUVIR | T3 | PA QL(1 tab/day) SP HD |

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List of Prescription Medications

| ANTIVIRALS (Infections) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO. | | |
| SOFOSBUVIR-VELPATASVIR | T3 | PA QL(1 tab/day) SP HD |
| HEPATITIS B TREATMENT AGENTS | | |
| <i>adefovir dipivoxil</i> | T3 | SP HD |
| BARACLUDE 0.05 MG/ML SOLUTION | T3 | SP HD |
| BARACLUDE 0.5 MG TABLET (<i>entecavir</i>) | T3 | PA QL (1 tab/day) SP HD |
| BARACLUDE 1 MG TABLET (<i>entecavir</i>) | T3 | PA SP HD |
| <i>entecavir 0.5 mg tablet</i> (Baraclude) | T3 | QL (1 tab/day) SP HD |
| <i>entecavir 1 mg tablet</i> (Baraclude) | T3 | SP HD |
| EPIVIR HBV 100 MG TABLET (<i>lamivudine hbv</i>) | T3 | SP |
| EPIVIR HBV 25 MG/5 ML SOLN | T3 | SP |
| <i>lamivudine</i> (Epiriv Hbv) | T3 | SP |
| VEMLIDY | T3 | SP HD |
| HEPATITIS C TREATMENT AGENTS | | |
| PEGASYS | T3 | PA SP HD |
| PEGINTRON | T3 | PA SP HD |
| <i>ribasphere 200 mg capsule</i> | T3 | SP HD |
| <i>ribasphere 200 mg tablet</i> | T3 | SP HD |
| <i>ribasphere 400 mg tablet</i> | T3 | SP |
| <i>ribasphere 600 mg tablet</i> | T3 | SP |
| <i>ribasphere ribapak 200-400 mg</i> | T3 | SP HD |
| <i>ribasphere ribapak 400-400 mg</i> | T3 | SP HD |
| <i>ribasphere ribapak 600-400 mg</i> | T3 | SP HD |
| <i>ribasphere ribapak 600-600 mg</i> | T3 | SP HD |
| <i>ribavirin</i> | T3 | SP HD |
| HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB | | |
| MAVYRET 100-40 MG TABLET | T3 | PA QL(3 tabs/day) SP HD |
| MAVYRET 50-20 MG PELLETT PACKET | T3 | PA QL(5 packs/day) SP HD |
| ZEPATIER | T3 | PA SP HD |
| RNA POLYMERASE INHIBITOR | | |
| LAGEVRIO (EUA) | T2 | QL (1 pkg/120 days) |
| MOLNUPIRAVIR | T3 | QL (1 pkg/120 days) |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

ANTIVIRALS (Skin Conditions)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| TOPICAL GENITAL WART-HPV TREATMENT AGENTS | | |
| VEREGEN | T3 | PA |

AUTONOMIC DRUGS (Allergy/Nasal Sprays)

ANAPHYLAXIS THERAPY AGENTS

| | | |
|--|----|----------------------------|
| ADYPHREN | T1 | |
| ADYPHREN AMP | T1 | |
| AUVI-Q | T3 | PA QL (2 packs/30 days) |
| EPINEPHRINE 0.15 MG AUTO-INJECT | T3 | PA QL (2 packs/30 days) |
| <i>epinephrine 0.15 mg auto-inject</i> (Epipen Jr 2-pak) | T1 | QL (2 packs/30 days) |
| EPINEPHRINE 0.3 MG AUTO-INJECT | T1 | QL (2 packs/30 days) |
| <i>epinephrine 0.3 mg auto-inject</i> (Epipen 2-pak) | T1 | QL (2 packs/30 days) |
| EPINEPHRINE PROFESSIONAL EMS | T3 | |
| EPINEPHRINE PROFESSIONAL KIT | T3 | |
| EPINEPHRINESNAP-EMS | T3 | |
| EPINEPHRINESNAP-V | T3 | |
| EPIPEN (<i>epinephrine</i>) | T3 | PA QL (4 pens/22 days) |
| EPIPEN 2-PAK (<i>epinephrine</i>) | T3 | PA QL (2 packs/30 days) |
| EPIPEN JR (<i>epinephrine</i>) | T3 | PA QL (4 pens/22 days) |
| EPIPEN JR 2-PAK (<i>epinephrine</i>) | T3 | PA QL (2 packs/30 days) |
| SYMJEPI | T3 | PA QL (4 syringes/30 days) |

AUTONOMIC DRUGS (Alzheimer's Disease)

CHOLINESTERASE INHIBITORS

| | | |
|---|----|-------------------|
| ARICEPT (<i>donepezil hcl</i>) | T3 | HD |
| BLOXIVERZ (<i>neostigmine methylsulfate</i>) | T3 | HD |
| <i>donepezil hcl</i> | T1 | HD |
| <i>donepezil hcl</i> (Aricept) | T1 | HD |
| EXELON (<i>rivastigmine</i>) | T3 | HD |
| <i>galantamine er 16 mg capsule</i> (Razadyne Er) | T1 | HD |
| <i>galantamine er 24 mg capsule</i> (Razadyne Er) | T1 | HD |
| <i>galantamine er 8 mg capsule</i> (Razadyne Er) | T1 | QL (1 cap/day) HD |
| <i>galantamine hbr</i> | T1 | HD |
| MESTINON (<i>pyridostigmine bromide</i>) | T3 | HD |
| NEOSTIGMINE METHYLSULFATE | T1 | HD |

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SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

AUTONOMIC DRUGS (Alzheimer's Disease)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| CHOLINESTERASE INHIBITORS | | |
| <i>neostigmine methylsulfate</i> (Bloxivert) | T1 | HD |
| <i>neostigmine methylsulfate</i> (Neostigmine Methylsulfate) | T1 | HD |
| NEOSTIGMINE-STERILE WATER | T1 | HD |
| <i>physostigmine salicylate</i> | T1 | HD |
| <i>pyridostigmine 60 mg/5 ml soln</i> (Mestinon) | T1 | HD |
| PYRIDOSTIGMINE BR 30 MG TABLET | T3 | PA QL (20 tabs/day) HD |
| <i>pyridostigmine br 60 mg tablet</i> (Mestinon) | T1 | HD |
| <i>pyridostigmine bromide</i> | T3 | HD |
| <i>pyridostigmine bromide</i> (Mestinon) | T1 | HD |
| RAZADYNE ER 16 MG CAPSULE (<i>galantamine er</i>) | T3 | HD |
| RAZADYNE ER 24 MG CAPSULE (<i>galantamine er</i>) | T3 | HD |
| RAZADYNE ER 8 MG CAPSULE (<i>galantamine er</i>) | T3 | QL (1 cap/day) HD |
| <i>rivastigmine</i> (Exelon) | T1 | HD |
| <i>rivastigmine tartrate</i> | T1 | HD |

AUTONOMIC DRUGS (Attention Deficit Hyperactivity Disorder)⁸

ADRENERGICS, AROMATIC, NON-CATECHOLAMINE

| | | |
|--|----|----------------------|
| ADDERALL (<i>dextroamphetamine-amphetamine</i>) | T3 | PA ST |
| ADDERALL XR 10 MG CAPSULE (<i>dextroamphetamine-amphet er</i>) | T3 | PA QL (1 cap/day) ST |
| ADDERALL XR 15 MG CAPSULE (<i>dextroamphetamine-amphet er</i>) | T3 | PA QL (1 cap/day) ST |
| ADDERALL XR 20 MG CAPSULE (<i>dextroamphetamine-amphet er</i>) | T3 | PA QL (1 cap/day) ST |
| ADDERALL XR 25 MG CAPSULE (<i>dextroamphetamine-amphet er</i>) | T3 | PA QL (1 per day) ST |
| ADDERALL XR 30 MG CAPSULE (<i>dextroamphetamine-amphet er</i>) | T3 | PA QL (1 cap/day) ST |
| ADDERALL XR 5 MG CAPSULE (<i>dextroamphetamine-amphet er</i>) | T3 | PA QL (1 cap/day) ST |
| ADZENYS ER | T3 | PA QL (15ml/day) |
| ADZENYS XR-ODT | T3 | PA QL (1 tab/day) |
| AMPHETAMINE | T3 | PA QL (15ml/day) |
| <i>amphetamine sulfate</i> (Evekeo) | T1 | PA |
| DESOXYN (<i>methamphetamine hcl</i>) | T3 | PA |
| DESOXYN 5 MG TABLET (<i>methamphetamine hcl</i>) | T3 | PA QL (5 tabs/day) |
| DEXEDRINE SPANSULE 10 MG (<i>dextroamphetamine sulfate er</i>) | T3 | PA QL (1 cap/day) |
| DEXEDRINE SPANSULE 15 MG (<i>dextroamphetamine sulfate er</i>) | T3 | PA QL (3 caps/day) |
| DEXEDRINE SPANSULE 5 MG (<i>dextroamphetamine sulfate er</i>) | T3 | PA QL (1 cap/day) |
| <i>dextroamp-amphet er 10 mg cap</i> (Adderall Xr) | T1 | PA QL (1 cap/day) |
| <i>dextroamp-amphet er 15 mg cap</i> (Adderall Xr) | T1 | PA QL (1 cap/day) |

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CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

AUTONOMIC DRUGS (Attention Deficit Hyperactivity Disorder)⁸

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| ADRENERGICS, AROMATIC, NON-CATECHOLAMINE | | |
| <i>dextroamp-amphet er 20 mg cap</i> (Adderall Xr) | T1 | PA QL (1 cap/day) |
| <i>dextroamp-amphet er 25 mg cap</i> (Adderall Xr) | T1 | PA QL (1 per day) |
| <i>dextroamp-amphet er 30 mg cap</i> (Adderall Xr) | T1 | PA QL (1 per day) |
| <i>dextroamp-amphet er 5 mg cap</i> (Adderall Xr) | T1 | PA QL (1 cap/day) |
| <i>dextroamphetamine er 12.5 mg cap</i> (Mydayis) | T1 | PA QL |
| <i>dextroamphetamine er 10 mg cap</i> (Dexedrine) | T1 | PA QL (1 cap/day) |
| <i>dextroamphetamine er 15 mg cap</i> (Dexedrine) | T1 | PA QL (3/day) |
| <i>dextroamphetamine er 5 mg cap</i> (Dexedrine) | T1 | PA QL (1 cap/day) |
| <i>dextroamphetamine sulfate</i> | T1 | PA |
| <i>dextroamphetamine sulfate</i> | T3 | PA ST |
| DYANAVEL XR | T3 | PA QL (8ml/day) |
| EVEKEO (<i>amphetamine sulfate</i>) | T3 | PA ST |
| EVEKEO ODT | T3 | PA |
| <i>methamphetamine hcl</i> (Desoxyn) | T1 | PA |
| MYDAYIS (<i>dextroamphetamine/amphetamine</i>) | T3 | PA QL (1 cap/day) ST |
| XELSTRYM | T3 | PA QL (1 patch/day) |
| ZENZEDI | T3 | PA ST |

AUTONOMIC DRUGS (Blood Pressure/Heart Medications)

ADRENERGIC VASOPRESSOR AGENTS

| | | |
|-------------------------------|----|----------|
| <i>droxidopa</i> (Northera) | T3 | SP HD |
| <i>midodrine hcl</i> | T1 | |
| NORTHERA (<i>droxidopa</i>) | T3 | PA SP HD |

ALPHA-ADRENERGIC BLOCKING AGENTS

| | | |
|--|----|----|
| DIBENZYLIN (<i>phenoxybenzamine hcl</i>) | T3 | HD |
| <i>phenoxybenzamine hcl</i> (Dibenzylin) | T1 | HD |
| <i>phentolamine mesylate</i> | T1 | HD |

AUTONOMIC DRUGS (Miscellaneous)

ADRENERGIC AGENTS, CATECHOLAMINES

| | | |
|---------------------------------------|----|--|
| <i>dopamine hcl</i> | T1 | |
| <i>dopamine hcl in dextrose 5 %</i> | T1 | |
| <i>epinephrine</i> | T3 | |
| <i>epinephrine 0.1 mg/ml syringe</i> | T1 | |
| <i>epinephrine 1 mg/10 ml abbojct</i> | T1 | |

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CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

AUTONOMIC DRUGS (Miscellaneous)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ADRENERGIC AGENTS, CATECHOLAMINES

| | | |
|--|----|--|
| <i>epinephrine 1 mg/10 ml luerjet</i> | T1 | |
| <i>epinephrine 1 mg/ml ampul</i> | T1 | |
| <i>epinephrine 30 mg/30 ml vial</i> | T1 | |
| <i>epinephrine hcl in 0.9 % nacl</i> | T1 | |
| <i>epinephrine hcl in 0.9 % nacl (Epinephrine Hcl-0.9% Nacl)</i> | T1 | |
| <i>epinephrine hcl in dextrose 5%</i> | T1 | |
| <i>epinephrine hcl in dextrose 5% (Epinephrine Hcl-d5w)</i> | T1 | |
| EPINEPHRINE HCL-0.9% NACL | T1 | |
| EPINEPHRINE HCL-0.9% NACL (<i>epinephrine hcl-0.9% nacl</i>) | T1 | |
| EPINEPHRINE HCL-D5W | T1 | |
| EPINEPHRINE HCL-D5W (<i>epinephrine hcl-d5w</i>) | T1 | |
| <i>isoproterenol hcl</i> | T1 | |
| <i>isoproterenol hcl (Isuprel)</i> | T1 | |
| ISUPREL | T3 | |
| LEVOPHED (<i>norepinephrine bitartrate</i>) | T3 | |
| LEVOPHED BITARTRATE (<i>norepinephrine bitartrate</i>) | T3 | |
| <i>norepinephrine bit/0.9 % nacl</i> | T1 | |
| NOREPINEPHRINE BITAR-0.9% NACL | T1 | |
| <i>norepinephrine bitartrate (Levophed Bitartrate)</i> | T1 | |
| <i>norepinephrine bitartrate (Levophed)</i> | T1 | |
| <i>norepinephrine bitartrate/d5w</i> | T1 | |
| NOREPINEPHRINE BITARTRATE-D5W | T1 | |

NEUROMUSCULAR BLOCKING AGENTS

| | | |
|--|----|----------|
| <i>atracurium besylate</i> | T1 | |
| BOTOX 100 UNIT VIAL | T3 | PA SP |
| BOTOX 200 UNIT VIAL | T3 | PA SP HD |
| <i>cisatracurium besylate (Nimbex)</i> | T1 | |
| DAXXIFY | T3 | PA SP |
| DYSPORE | T3 | PA SP HD |
| MIVACRON | T3 | |
| MYOBLOC | T3 | PA SP |
| NIMBEX (<i>cisatracurium besylate</i>) | T3 | |
| <i>pancuronium bromide</i> | T1 | |

T1 – Typically Generics PA – Prior Authorization AGE – Age Requirement PPACA – No Cost-Share Preventive Medication
T2 – Typically Preferred Brands QL – Quantity Limit SP – Specialty Medication CSL – Oral cancer medication subject to cost-share limits
T3 – Typically Non-Preferred Brands ST – Step Therapy HD – May require home delivery pharmacy

List of Prescription Medications

| AUTONOMIC DRUGS (Miscellaneous) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| NEUROMUSCULAR BLOCKING AGENTS | | |
| QUELICIN (<i>succinylcholine chloride</i>) | T3 | |
| <i>rocuronium bromide</i> | T1 | |
| <i>rocuronium bromide</i> (Rocuronium Bromide) | T1 | |
| SUCCINYLCHOLINE CHLORIDE | T1 | |
| <i>succinylcholine chloride</i> (Quelicin) | T1 | |
| AUTONOMIC DRUGS (Urinary Tract Conditions) | | |
| PARASYMPATHETIC AGENTS | | |
| <i>bethanechol chloride</i> | T1 | HD |
| <i>cevimeline hcl</i> (Evoxac) | T1 | HD |
| EVOXAC (<i>cevimeline hcl</i>) | T3 | HD |
| <i>guanidine hcl</i> | T1 | HD |
| <i>pilocarpine hcl</i> (Salagen) | T1 | HD |
| SALAGEN (<i>pilocarpine hcl</i>) | T3 | HD |
| BIOLOGICALS (Allergy/Nasal Sprays) | | |
| ALLERGENIC EXTRACTS, THERAPEUTIC | | |
| GRASTEK | T3 | PA QL (1 tab/day) |
| ODACTRA | T3 | PA QL (1 tab/day) |
| ORALAIR | T3 | PA QL (1 tab/day) |
| PALFORZIA | T3 | PA SP |
| RAGWITEK | T3 | PA QL (1 tab/day) |
| BIOLOGICALS (Blood Pressure/Heart Medications) | | |
| PLASMA KALLIKREIN INHIBITORS | | |
| TAKHZYRO | T3 | PA SP HD |
| BIOLOGICALS (Miscellaneous) | | |
| ANTISERA | | |
| HYPERRHO S-D | T3 | SP |
| MICRHOGAM ULTRA-FILTERED PLUS | T3 | SP |
| RHOGAM ULTRA-FILTERED PLUS | T3 | SP |
| RHOPHYLAC | T3 | SP |
| WINRHO SDF | T3 | SP HD |
| PKU TREATMENT AGENTS - PHENYLALANINE AMMONIA LYASE | | |
| PALYNZIQ | T3 | PA SP HD |

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List of Prescription Medications

| BIOLOGICALS (Vaccines) | | |
|--|------------------|---|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| COVID-19 VACCINES | | |
| COMIRANTY | T3 | PPACA |
| JANSSEN COVID-19 VACCINE (EUA) | T3 | PPACA |
| MODERNA COVID-19 VACCINE (EUA) | T3 | PPACA |
| NOVAVAX COVID (EUA) | T3 | PPACA |
| PFIZER COVID-19 VACCINE (EUA) | T3 | PPACA |
| SPIKEVAX | T3 | PPACA |
| ENTERIC VIRUS VACCINES | | |
| IPOL | T3 | PPACA |
| ROTARIX | T3 | PPACA |
| ROTATEQ | T3 | PPACA |
| GRAM NEGATIVE COCCI VACCINES | | |
| BEXSERO | T3 | PPACA |
| MENACTRA | T3 | PPACA |
| MENQUADFI | T3 | PPACA |
| MENVEO A-C-Y-W-135-DIP | T3 | PPACA |
| PENBRAYA | T3 | PPACA |
| TRUMENBA | T3 | PPACA |
| GRAM POSITIVE COCCI VACCINES | | |
| PNEUMOVAX 23 | T3 | PPACA |
| PREVNAR 13 | T3 | PPACA |
| INFLUENZA VIRUS VACCINES | | |
| AFLURIA QUAD | T3 | PPACA |
| FLUAD QUAD | T3 | PPACA |
| FLUARIX | T3 | PPACA |
| FLUARIX QUAD | T3 | PPACA |
| FLUBLOK QUAD | T3 | PPACA |
| FLUCELVAX QUAD | T3 | PPACA |
| FLULAVAL | T3 | PPACA |
| FLULAVAL QUAD | T3 | PPACA |
| FLUMIST | T3 | PPACA |
| FLUMIST QUAD | T3 | PPACA |
| FLUZONE HIGH-DOSE QUAD | T3 | PPACA |
| FLUZONE QUAD | T3 | PPACA |
| VACCINE/TOXOID PREPARATIONS, COMBINATIONS | | |
| ACTHIB | T3 | PPACA |
| ADACEL TDAP | T3 | PPACA |

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List of Prescription Medications

BIOLOGICALS (Vaccines)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

VACCINE/TOXOID PREPARATIONS, COMBINATIONS (con't)

| | | |
|--------------------------------|----|-------|
| BOOSTRIX TDAP | T3 | PPACA |
| DAPTACEL DTAP | T3 | PPACA |
| DIPHThERIA-TETANUS TOXOIDS-PED | T3 | PPACA |
| HIBERIX | T3 | PPACA |
| INFANRIX DTAP | T3 | PPACA |
| KINRIX | T3 | PPACA |
| M-M-R II VACCINE | T3 | PPACA |
| PEDVAXHIB | T3 | PPACA |
| PENTACEL | T3 | PPACA |
| PENTACEL ACTHIB COMPONENT | T3 | PPACA |
| PROQUAD | T3 | PPACA |
| QUADRACEL DTAP-IPV | T3 | PPACA |
| TDVAX | T3 | PPACA |
| TENIVAC | T3 | PPACA |
| VAXELIS | T3 | PPACA |

VIRAL/TUMORIGENIC VACCINES

| | | |
|--------------------------------|----|-----------------------------|
| ACAM2000 | T3 | |
| ENGERIX-B ADULT | T3 | PPACA |
| ENGERIX-B PEDIATRIC-ADOLESCENT | T3 | PPACA |
| GARDASIL 9 | T3 | PPACA |
| HEPLISAV-B | T3 | PPACA |
| IXCHIQ | T3 | PPACA |
| JYNNEOS | T3 | |
| PEDIARIX | T3 | PPACA |
| RECOMBIVAX HB | T3 | PPACA |
| SHINGRIX | T3 | QL (2 doses/lifetime) PPACA |
| TWINRIX | T3 | PPACA |
| VARIVAX VACCINE | T3 | PPACA |
| ZOSTAVAX | T3 | PPACA |

BLOOD (Blood Modifiers/Bleeding Disorders)

AGENTS TO TX THROMBOTIC THROMBOCYTOPENIC PURPURA

| | | |
|---------|----|-------|
| ADZYNMA | T3 | PA SP |
| CABLIVI | T3 | PA SP |

ANTI-FIBRINOLYTIC AGENTS

| | | |
|-------------------------------------|----|-------|
| AMICAR (<i>aminocaproic acid</i>) | T3 | SP HD |
| <i>aminocaproic acid</i> | T3 | SP HD |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| BLOOD (Blood Modifiers/Bleeding Disorders) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-FIBRINOLYTIC AGENTS (cont.) | | |
| <i>aminocaproic acid (Amicar)</i> | T3 | SP HD |
| CYKLOKAPRON (<i>tranexamic acid</i>) | T3 | SP |
| FIBRYGA | T3 | PA SP |
| LYSTEDA (<i>tranexamic acid</i>) | T3 | SP |
| RIASTAP | T3 | PA SP |
| <i>tranexamic acid (Cyklokapron)</i> | T3 | SP |
| <i>tranexamic acid (Lysteda)</i> | T3 | SP |
| <i>tranexamic 1,000 mg/100ml-nacl</i> | T3 | SP |
| TRANEXAMIC 1,000 MG/100ML-NACL | T3 | SP |
| ANTI-HEMOPHILIC FACTORS | | |
| ALTUVIIIIO | T3 | PA SP HD |
| COMPLEMENT (C3) INHIBITORS | | |
| EMPAVELI | T3 | PA SP |
| FABHALTA | T2 | PA QL(2 caps/day) SP |
| COAGULANTS | | |
| <i>protamine sulfate</i> | T1 | |
| COMPLEMENT(C5) INHIBITOR | | |
| TAVNEOS | T3 | PA QL (6 caps/day)SP HD |
| FACTOR IX COMPLEX (PCC) PREPARATIONS | | |
| KCENTRA | T3 | SP |
| FACTOR X PREPARATIONS | | |
| COAGADEX | T3 | PA SP |
| FACTOR XIII PREPARATIONS | | |
| CORIFACT | T3 | PA SP |
| TRETEN | T3 | PA SP |
| HEMOPHILIA TREATMENT AGENTS, NON-FACTOR REPLACEMENT | | |
| HEMLIBRA | T3 | PA SP HD |
| HUMAN MONOCLONAL ANTIBODY COMPLEMENT (C5) INHIBITOR | | |
| SOLIRIS | T3 | PA SP |
| ULTOMIRIS | T3 | PA SP HD |
| PROTEIN C PREPARATIONS | | |
| CEPROTIN | T3 | PA SP |
| SICKLE CELL ANEMIA AGENTS | | |
| ADAKVEO | T3 | PA SP |
| DROXIA | T2 | |
| OXBRYTA | T3 | PA QL(5 tabs/day) SP HD |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| BLOOD (Blood Modifiers/Bleeding Disorders) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| SICKLE CELL ANEMIA AGENTS | | |
| SIKLOS | T3 | PA |
| TOPICAL HEMOSTATICS | | |
| ASTRINGYN | T3 | |
| AVITENE | T3 | |
| ENDO-AVITENE | T3 | |
| EVICEL | T3 | |
| <i>gelatin sponge, absorb/porcine (Gelfoam)</i> | T1 | |
| GELFOAM | T3 | |
| GELFOAM (<i>surgifoam</i>) | T3 | |
| GELFOAM COMPRESSED | T3 | |
| MONSEL'S | T3 | |
| RAPLIXA | T3 | |
| RECOTHROM | T3 | |
| SURGIFOAM | T1 | |
| SYRINGE AVITENE | T3 | |
| TACHOSIL | T3 | |
| THROMBI-GEL | T3 | |
| THROMBIN-JMI | T3 | |
| THROMBI-PAD | T3 | |
| ULTRAFOAM | T3 | |
| ANTICOAGULANT REVERSAL AGENT FOR FACTOR XA INHIB. | | |
| ANDEXXA | T3 | SP |
| ANTICOAGULANT REVERSAL AGENT, DIRECT THROMBIN INHIB | | |
| PRAXBIND | T3 | SP |
| HEMORRHOLOGIC AGENTS | | |
| <i>pentoxifylline</i> | T1 | HD |
| THROMBOLYTIC - NUCLEOTIDE TYPE | | |
| DEFITELIO | T3 | PA SP |
| THROMBOLYTIC ENZYMES | | |
| ACTIVASE | T3 | |
| CATHFLO ACTIVASE | T3 | |
| RETAVASE | T3 | |
| TNKASE | T3 | |
| BLOOD (Miscellaneous) | | |
| CELL/GENE THERAPY AGENTS - HEMATOPOIETIC | | |
| OMISIRGE | T3 | |

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List of Prescription Medications

| CARDIAC DRUGS (Blood Pressure/Heart Medications) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-ANGINAL, ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC | | |
| RANEXA (<i>ranolazine er</i>) | T3 | PA QL (4 tabs/day) HD |
| <i>ranolazine</i> (Ranexa) | T1 | QL (4 tabs/day) HD |
| ANTI-ARRHYTHMICS | | |
| <i>adenosine 12 mg/4 ml syringe</i> | T1 | HD |
| <i>adenosine 12 mg/4 ml vial</i> | T1 | HD |
| <i>adenosine 6 mg/2 ml syringe</i> | T1 | HD |
| <i>adenosine 6 mg/2 ml vial</i> | T1 | HD |
| <i>amiodarone hcl</i> | T1 | HD |
| AMIODARONE HCL-D5W | T1 | HD |
| <i>bretylum tosylate</i> | T1 | HD |
| CORVERT (<i>ibutilide fumarate</i>) | T3 | PA HD |
| <i>disopyramide phosphate</i> (Norpace) | T1 | HD |
| <i>dofetilide 125 mcg capsule</i> (Tikosyn) | T1 | QL (8 caps/day) HD |
| <i>dofetilide 250 mcg capsule</i> (Tikosyn) | T1 | QL (4 caps/day) HD |
| <i>dofetilide 500 mcg capsule</i> (Tikosyn) | T1 | QL (2 caps/day) HD |
| <i>flecainide acetate</i> | T1 | HD |
| <i>ibutilide fumarate</i> (Corvert) | T1 | HD |
| <i>lidocaine hcl 1% abboject</i> | T1 | HD |
| <i>lidocaine hcl 1% syringe</i> | T1 | HD |
| <i>lidocaine hcl 2% abboject</i> | T1 | HD |
| <i>lidocaine hcl 2% luer-jet</i> | T1 | HD |
| <i>lidocaine hcl 2% syringe</i> | T1 | HD |
| <i>lidocaine hcl 2% vial</i> | T1 | HD |
| <i>lidocaine hcl/dextrose 5 %/pf</i> | T1 | HD |
| <i>mexiletine hcl</i> | T1 | HD |
| MULTAQ | T3 | HD |
| NEXTERONE | T3 | HD |
| NORPACE (<i>disopyramide phosphate</i>) | T3 | PA HD |
| NORPACE CR | T3 | HD |
| <i>pacerone 100 mg tablet</i> | T3 | PA HD |
| <i>pacerone 200 mg tablet</i> | T1 | HD |
| <i>pacerone 400 mg tablet</i> | T3 | PA HD |
| <i>procainamide hcl</i> | T1 | HD |
| <i>propafenone hcl</i> | T1 | HD |
| <i>propafenone hcl</i> (Rythmol Sr) | T1 | HD |

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T3 – Typically Non-Preferred Brands

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HD – May require home delivery pharmacy

List of Prescription Medications

| CARDIAC DRUGS (Blood Pressure/Heart Medications) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-ARRHYTHMICS (cont.) | | |
| <i>quinidine gluconate</i> | T1 | HD |
| <i>quinidine sulfate</i> | T1 | HD |
| RHYTHMOL SR (<i>propafenone hcl er</i>) | T3 | PA HD |
| TIKOSYN 125 MCG CAPSULE (<i>dofetilide</i>) | T3 | PA QL (8 caps/day) HD |
| TIKOSYN 250 MCG CAPSULE (<i>dofetilide</i>) | T3 | PA QL (4 caps/day) HD |
| TIKOSYN 500 MCG CAPSULE (<i>dofetilide</i>) | T3 | PA QL (2 caps/day) HD |
| XYLOCAINE IV | T3 | HD |
| CALCIUM CHANNEL BLOCKER AND NSAID, COX-2 INHIBITOR | | |
| CONSENSI | T3 | PA QL (1 tab/day) |
| CALCIUM CHANNEL BLOCKING AGENTS | | |
| ADALAT CC (<i>nifedipine er</i>) | T3 | HD |
| <i>amlodipine besylate</i> (Norvasc) | T1 | HD |
| CALAN SR (<i>verapamil er</i>) | T3 | HD |
| CAMZYOS | T3 | PA QL (30 caps/30 days) SP |
| CARDENE I.V. | T3 | HD |
| CARDENE I.V. (<i>nicardipine hcl</i>) | T3 | HD |
| CARDIZEM (<i>diltiazem hcl</i>) | T3 | PA HD |
| CARDIZEM CD (<i>diltiazem 24hr er (cd)</i>) | T3 | PA HD |
| CARDIZEM LA 120 MG TABLET (<i>diltiazem hcl</i>) | T3 | QL (1 tab/day) HD |
| CARDIZEM LA 180 MG TABLET (<i>matzim la</i>) | T3 | HD |
| CARDIZEM LA 240 MG TABLET (<i>matzim la</i>) | T3 | HD |
| CARDIZEM LA 300 MG TABLET (<i>matzim la</i>) | T3 | HD |
| CARDIZEM LA 360 MG TABLET (<i>matzim la</i>) | T3 | HD |
| CARDIZEM LA 420 MG TABLET (<i>matzim la</i>) | T3 | HD |
| CLEVIPREX | T3 | HD |
| CONJUPRI | T3 | PA HD |
| <i>diltiazem hcl</i> | T1 | HD |
| <i>diltiazem hcl</i> (Cardizem Cd) | T1 | HD |
| <i>diltiazem 24h er(la) 120 mg tb</i> (Cardizem La) | T1 | QL(1 tab/day) HD |
| <i>diltiazem 24h er(la) 180 mg tb</i> (Cardizem La) | T1 | HD |
| <i>diltiazem 24h er(la) 240 mg tb</i> (Cardizem La) | T1 | HD |
| <i>diltiazem 24h er(la) 300 mg tb</i> (Cardizem La) | T1 | HD |
| <i>diltiazem 24h er(la) 360 mg tb</i> (Cardizem La) | T1 | HD |
| <i>diltiazem 24h er(la) 420 mg tb</i> (Cardizem La) | T1 | HD |

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List of Prescription Medications

| CARDIAC DRUGS (Blood Pressure/Heart Medications) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| CALCIUM CHANNEL BLOCKING AGENTS | | |
| <i>diltiazem hcl</i> (Cardizem La) | T1 | HD |
| <i>diltiazem hcl</i> (Cardizem) | T1 | HD |
| <i>diltiazem hcl</i> (Tiazac) | T1 | HD |
| DILTIAZEM HCL-0.7% NACL | T3 | HD |
| DILTIAZEM HCL-0.9% NACL | T1 | HD |
| <i>felodipine</i> | T1 | HD |
| <i>isradipine</i> | T1 | HD |
| KATERZIA | T3 | PA QL (10ml/day) HD |
| NICARDIPIN 20MG/200ML-0.9%NACL | T3 | HD |
| NICARDIPIN 40MG/200ML-0.9%NACL | T3 | HD |
| NICARDIPINE 1 MG/10 ML-NS SYRG | T1 | HD |
| <i>nicardipine hcl</i> | T1 | HD |
| <i>nicardipine hcl</i> (Cardene I.v.) | T1 | HD |
| NICARDIPINE HCL-D5W | T1 | HD |
| <i>nifedipine</i> | T1 | HD |
| <i>nifedipine</i> (Adalat Cc) | T1 | HD |
| <i>nifedipine</i> (Procardia XI) | T1 | HD |
| <i>nifedipine</i> (Procardia) | T1 | HD |
| <i>nimodipine</i> | T1 | HD |
| <i>nisoldipine er 17 mg tablet</i> (Sular) | T1 | HD |
| <i>nisoldipine er 20 mg tablet</i> | T1 | QL (1 tab/day) HD |
| <i>nisoldipine er 25.5 mg tablet</i> | T1 | HD |
| <i>nisoldipine er 30 mg tablet</i> | T1 | HD |
| <i>nisoldipine er 34 mg tablet</i> (Sular) | T1 | HD |
| <i>nisoldipine er 40 mg tablet</i> | T1 | HD |
| <i>nisoldipine er 8.5 mg tablet</i> (Sular) | T1 | HD |
| NORVASC (<i>amlodipine besylate</i>) | T3 | HD |
| NORLIQVA | T2 | PA QL (10ml/day) HD |
| NYMALIZE | T3 | HD |
| PROCARDIA (<i>nifedipine</i>) | T3 | PA HD |
| PROCARDIA XL (<i>nifedipine er</i>) | T3 | HD |
| SULAR (<i>nisoldipine</i>) | T3 | HD |
| TIAZAC (<i>tiadytl er</i>) | T3 | HD |
| <i>verapamil hcl</i> | T1 | HD |
| <i>verapamil hcl</i> (Calan Sr) | T1 | HD |

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List of Prescription Medications

| CARDIAC DRUGS (Blood Pressure/Heart Medications) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| CALCIUM CHANNEL BLOCKING AGENTS | | |
| <i>verapamil hcl</i> (Verelan Pm) | T1 | HD |
| <i>verapamil hcl</i> (Verelan) | T1 | HD |
| VERELAN (<i>verapamil hcl</i>) | T3 | HD |
| VERELAN (<i>verapamil sr</i>) | T3 | HD |
| VERELAN PM (<i>verapamil er pm</i>) | T3 | HD |
| CARDIOPLEGIC SOLUTIONS | | |
| CARDIOPLEGIA DEL NIDO FORMULA | T3 | |
| CARDIOPLEGIA HIGH POTASSIUM | T3 | |
| CARDIOPLEGIA IND 8:1 NON-ENRCH | T3 | |
| CARDIOPLEGIA INDUCTION 4:1 | T3 | |
| CARDIOPLEGIA INDUCTION 8:1 | T3 | |
| CARDIOPLEGIA MAINTENANCE 4:1 | T3 | |
| CARDIOPLEGIA MAINTENANCE 8:1 | T3 | |
| CARDIOPLEGIA REPERFUSATE 4:1 | T3 | |
| <i>cardioplegic solution no. 1</i> (Plegisol) | T1 | |
| PLEGISOL | T3 | |
| DIGITALIS GLYCOSIDES | | |
| <i>digoxin</i> | T1 | HD |
| <i>digoxin</i> (Lanoxin) | T1 | HD |
| LANOXIN 125 MCG TABLET (<i>digoxin</i>) | T3 | PA HD |
| LANOXIN 187.5 MCG TABLET | T3 | PA HD |
| LANOXIN 250 MCG TABLET (<i>digoxin</i>) | T3 | PA HD |
| LANOXIN 500 MCG/2 ML AMPULE (<i>digoxin</i>) | T3 | HD |
| LANOXIN 500 MCG/2 ML VIAL | T3 | HD |
| LANOXIN 62.5 MCG TABLET | T3 | PA HD |
| LANOXIN PEDIATRIC | T3 | HD |
| HEART RATE REDUCING, SA SELECTIVE I(F) CURRENT INH. | | |
| CORLANOR TABLET | T2 | PA HD |
| CORLANOR SOLUTION | T3 | PA SP HD |
| INOTROPIC DRUGS | | |
| <i>dobutamine hcl</i> | T1 | |
| <i>dobutamine hcl in dextrose 5 %</i> | T1 | |
| <i>milrinone lactate</i> | T1 | |
| <i>milrinone lactate/d5w</i> | T1 | |
| VASODILATORS, CORONARY | | |
| DILATRATE-SR | T3 | HD |

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CARDIAC DRUGS (Blood Pressure/Heart Medications)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| VASODILATORS, CORONARY | | |
| GONITRO | T3 | HD |
| ISORDIL (<i>isosorbide dinitrate</i>) | T3 | PA HD |
| ISORDIL TITRADOSE (<i>isosorbide dinitrate</i>) | T3 | PA HD |
| <i>isosorbide dinitrate 10 mg tab</i> | T1 | HD |
| <i>isosorbide dinitrate 20 mg tab</i> | T1 | HD |
| <i>isosorbide dinitrate 30 mg tab</i> | T1 | HD |
| <i>isosorbide dinitrate 40 mg tab</i> (Isordil) | T1 | PA HD |
| <i>isosorbide dinitrate 5 mg tab</i> (Isordil Titradoso) | T1 | HD |
| <i>isosorbide mononitrate</i> | T1 | HD |
| MINITRAN | T1 | HD |
| NITRO-DUR 0.1, 0.2, 0.3, 0.4, 0.6, 0.8 MG/HR PATCH | T3 | HD |
| <i>nitroglycerin</i> | T1 | HD |
| <i>nitroglycerin</i> (Nitro-dur) | T1 | HD |
| <i>nitroglycerin</i> (Nitrolingual) | T1 | HD |
| <i>nitroglycerin</i> (Nitromist) | T1 | HD |
| <i>nitroglycerin</i> (Nitrostat) | T1 | HD |
| <i>nitroglycerin in 5 % dextrose</i> | T1 | HD |
| NITROLINGUAL (<i>nitroglycerin</i>) | T3 | HD |
| NITROMIST (<i>nitroglycerin</i>) | T3 | HD |
| NITROSTAT (<i>nitroglycerin</i>) | T3 | HD |

CARDIOVASCULAR (Allergy/Nasal Sprays)

SYMPATHOMIMETIC AGENTS

| | | |
|---|----|--|
| AKOVAZ | T3 | |
| BIORPHEN | T3 | |
| EPHEDRINE SULFATE | T1 | |
| <i>ephedrine sulfate</i> (Akovaz) | T1 | |
| EPHEDRINE SULFATE-0.9% NAACL | T1 | |
| EPHEDRINE SULFATE-NAACL | T1 | |
| <i>phenylephrine hcl</i> (Vazculep) | T1 | |
| <i>phenylephrine hcl in 0.9% nacl</i> (Phenylephrine Hcl-0.9% Nacl) | T1 | |
| <i>phenylephrine hcl/dextrose 5 %</i> | T1 | |
| PHENYLEPHRINE HCL-0.9% NAACL | T1 | |
| PHENYLEPHRINE HCL-0.9% NAACL (<i>phenylephrine hcl-0.9% nacl</i>) | T1 | |
| PHENYLEPHRINE HCL-D5W | T1 | |
| REZIPRES | T3 | |
| VAZCULEP (<i>phenylephrine hcl</i>) | T3 | |

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List of Prescription Medications

| CARDIOVASCULAR (Asthma/COPD/Respiratory) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| PULM ANTI-HTN, SOLUBLE GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS | T3 | PA SP HD |
| VERQUVO | T2 | PA QL (1 tab/day) |
| PULM.ANTI-HTN, SEL.C-GMP PHOSPHODIESTERASE T5 INHIB | | |
| ADCIRCA (<i>tadalafil</i>) | T3 | PA SP HD |
| LIQREV | T3 | PA SP HD |
| REVATIO | T3 | PA SP HD |
| REVATIO (<i>sildenafil citrate</i>) | T3 | PA SP HD |
| TADLIQ | T3 | PA SP HD |
| <i>sildenafil 10 mg/12.5 ml vial</i> (Revatio) | T3 | PA SP HD |
| <i>sildenafil 10 mg/ml oral susp</i> (Revatio) | T3 | PA SP HD |
| <i>sildenafil 20 mg tablet</i> (Revatio) | T3 | PA SP HD |
| <i>tadalafil</i> (Adcirca) | T3 | PA SP HD |
| <i>tadalafil 20 mg tablet</i> (Adcirca) | T3 | PA SP HD |
| PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST | | |
| <i>ambrisentan</i> (Letairis) | T3 | PA SP HD |
| <i>bosentan</i> (Tracleer) | T3 | PA SP HD |
| LETAIRIS (<i>ambrisentan</i>) | T3 | PA SP HD |
| OPSUMIT | T3 | PA SP HD |
| TRACLEER 125 MG TABLET (<i>bosentan</i>) | T3 | PA SP HD |
| TRACLEER 32 MG TABLET FOR SUSP | T3 | PA SP HD |
| TRACLEER 62.5 MG TABLET (<i>bosentan</i>) | T3 | PA SP HD |
| PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE | | |
| <i>epoprostenol sodium</i> | T3 | PA SP HD |
| <i>epoprostenol sodium 0.5 mg vI</i> | T3 | PA SP HD |
| <i>epoprostenol sodium 0.5 mg vI</i> (Flolan) | T3 | PA SP |
| <i>epoprostenol sodium 1.5 mg vI</i> | T3 | PA SP HD |
| <i>epoprostenol sodium 1.5 mg vI</i> (Flolan) | T3 | PA SP |
| FLOLAN | T3 | PA SP |
| ORENITRAM MONTH 1 TITRATION KT | T3 | PA QL(168 tabs/180 days) SP HD |
| ORENITRAM MONTH 2 TITRATION KT | T3 | PA QL(336 tabs/180 days) SP HD |
| ORENITRAM MONTH 3 TITRATION KT | T3 | PA QL(252 tabs/180 days) SP HD |
| ORENITRAM ER | T3 | PA SP HD |
| REMODULIN (<i>treprostinil</i>) | T3 | PA SP HD |
| <i>treprostinil sodium</i> (Remodulin) | T3 | PA SP HD |

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List of Prescription Medications

CARDIOVASCULAR (Asthma/COPD/Respiratory)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE | | |
| TYVASO | T3 | PA SP HD |
| TYVASO INSTITUTIONAL START KIT | T3 | PA SP HD |
| TYVASO REFILL KIT | T3 | PA SP HD |
| TYVASO STARTER KIT | T3 | PA SP HD |
| UPTRAVI | T3 | PA SP HD |
| VELETRI VIAL | T3 | PA SP |
| VENTAVIS | T3 | PA SP HD |

CARDIOVASCULAR (Blood Pressure/Heart Medications)

ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION

| | | |
|--|----|-------------------|
| PRESTALIA 3.5 MG-2.5 MG TABLET | T3 | QL (1 tab/day) HD |
| PRESTALIA 7 MG-5 MG TABLET | T3 | QL (1 tab/day) HD |
| TARKA (<i>trandolapril-verapamil er</i>) | T3 | HD |
| <i>trandolapril/verapamil hcl</i> | T1 | HD |
| <i>trandolapril/verapamil hcl</i> (Tarka) | T1 | HD |

ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC

| | | |
|--|----|--------------------|
| ACCURETIC (<i>quinapril-hydrochlorothiazide</i>) | T3 | ST HD |
| <i>benazepril/hydrochlorothiazide</i> | T1 | HD |
| <i>benazepril/hydrochlorothiazide</i> (Lotensin Hct) | T1 | HD |
| <i>captopril-hctz 25-15 mg tablet</i> | T1 | QL (3 tabs/day) HD |
| <i>captopril-hctz 25-25 mg tablet</i> | T1 | QL (2 tabs/day) HD |
| <i>captopril-hctz 50-15 mg tablet</i> | T1 | QL (3 tabs/day) HD |
| <i>captopril-hctz 50-25 mg tablet</i> | T1 | QL (2 tabs/day) HD |
| <i>enalapril/hydrochlorothiazide</i> | T1 | HD |
| <i>enalapril/hydrochlorothiazide</i> (Vaseretic) | T1 | HD |
| <i>fosinopril/hydrochlorothiazide</i> | T1 | HD |
| <i>lisinopril/hydrochlorothiazide</i> (Zestoretic) | T1 | HD |
| LOTENSIN HCT (<i>benazepril-hydrochlorothiazide</i>) | T3 | ST HD |
| <i>quinapril/hydrochlorothiazide</i> (Accuretic) | T1 | HD |
| VASERETIC (<i>enalapril-hydrochlorothiazide</i>) | T3 | ST HD |
| ZESTORETIC (<i>lisinopril-hydrochlorothiazide</i>) | T3 | ST HD |

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List of Prescription Medications

| CARDIOVASCULAR (Blood Pressure/Heart Medications) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ALPHA/BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>carvedilol</i> (Coreg) | T1 | HD |
| <i>carvedilol er 10 mg capsule</i> (Coreg Cr) | T1 | QL (1 cap/day) HD |
| <i>carvedilol er 20 mg capsule</i> (Coreg Cr) | T1 | QL (1 cap/day) HD |
| <i>carvedilol er 40 mg capsule</i> (Coreg Cr) | T1 | QL (1 cap/day) HD |
| <i>carvedilol er 80 mg capsule</i> (Coreg Cr) | T1 | HD |
| COREG (<i>carvedilol</i>) | T3 | ST HD |
| COREG CR 10 MG CAPSULE (<i>carvedilol er</i>) | T3 | QL (1 cap/day) ST HD |
| COREG CR 20 MG CAPSULE (<i>carvedilol er</i>) | T3 | QL (1 cap/day) ST HD |
| COREG CR 40 MG CAPSULE (<i>carvedilol er</i>) | T3 | QL (1 cap/day) ST HD |
| COREG CR 80 MG CAPSULE (<i>carvedilol er</i>) | T3 | ST HD |
| LABETALOL HCL 10 MG/2 ML SYRNG | T3 | HD |
| <i>labetalol hcl 100 mg tablet</i> | T1 | HD |
| <i>labetalol hcl 100 mg/20 ml vl</i> | T1 | HD |
| <i>labetalol hcl 20 mg/4 ml crpit</i> | T1 | HD |
| <i>labetalol hcl 20 mg/4 ml syrng</i> | T1 | HD |
| <i>labetalol hcl 20 mg/4 ml vial</i> | T1 | HD |
| <i>labetalol hcl 200 mg tablet</i> | T1 | HD |
| <i>labetalol hcl 200 mg/40 ml vl</i> | T1 | HD |
| <i>labetalol hcl 300 mg tablet</i> | T1 | HD |
| ALPHA-ADRENERGIC BLOCKING AGENTS | | |
| CARDURA (<i>doxazosin mesylate</i>) | T3 | HD |
| CARDURA XL | T3 | HD |
| <i>doxazosin mesylate</i> (Cardura) | T1 | HD |
| MINIPRESS (<i>prazosin hcl</i>) | T3 | HD |
| <i>prazosin hcl</i> (Minipress) | T1 | HD |
| <i>terazosin hcl</i> | T1 | HD |
| ANGIOTEN.RECEPTR ANTAG-CALCIUM CHANL BLKR-THIAZIDE | | |
| <i>amlodipine/valsartan/hcthiazid</i> (Exforge Hct) | T1 | HD |
| EXFORGE HCT (<i>amlodipine-valsartan-hctz</i>) | T3 | PA HD |
| <i>olmesartan/amlodipin/hcthiazid</i> (Tribenzor) | T1 | HD |
| TRIBENZOR (<i>olmesartan-amlodipine-hctz</i>) | T3 | HD |
| ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB (ARNI) | | |
| ENTRESTO | T2 | HD |
| ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB | | |
| ATACAND HCT (<i>candesartan-hydrochlorothiazid</i>) | T3 | ST HD |
| AVALIDE (<i>irbesartan-hydrochlorothiazide</i>) | T3 | ST HD |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

CARDIOVASCULAR (Blood Pressure/Heart Medications)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB (con't.)

| | | |
|--|----|----------------------|
| ATACAND HCT (<i>candesartan-hydrochlorothiazid</i>) | T3 | ST HD |
| AVALIDE (<i>irbesartan-hydrochlorothiazide</i>) | T3 | ST HD |
| BENICAR HCT 20-12.5 MG TABLET (<i>olmesartan-hydrochlorothiazide</i>) | T3 | QL (1 tab/day) ST HD |
| BENICAR HCT 40-12.5 MG TABLET (<i>olmesartan-hydrochlorothiazide</i>) | T3 | ST HD |
| BENICAR HCT 40-25 MG TABLET (<i>olmesartan-hydrochlorothiazide</i>) | T3 | ST HD |
| <i>candesartan/hydrochlorothiazid</i> (Atacand Hct) | T1 | HD |
| DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>) | T3 | ST HD |
| EDARBYCLOR | T3 | ST HD |
| HYZAAR (<i>losartan-hydrochlorothiazide</i>) | T3 | ST HD |
| <i>irbesartan/hydrochlorothiazide</i> (Avalide) | T1 | HD |
| <i>losartan/hydrochlorothiazide</i> (Hyzaar) | T1 | HD |
| MICARDIS HCT 40-12.5 MG TABLET (<i>telmisartan-hydrochlorothiazid</i>) | T3 | QL (1 tab/day) ST HD |
| MICARDIS HCT 80-12.5 MG TABLET (<i>telmisartan-hydrochlorothiazid</i>) | T3 | ST HD |
| MICARDIS HCT 80-25 MG TABLET (<i>telmisartan-hydrochlorothiazid</i>) | T3 | ST HD |
| <i>olmesartan-hctz 20-12.5 mg tab</i> (Benicar Hct) | T1 | QL (1 tab/day) HD |
| <i>olmesartan-hctz 40-12.5 mg tab</i> (Benicar Hct) | T1 | HD |
| <i>telmisartan-hctz 40-12.5 mg tb</i> (Micardis Hct) | T1 | QL (1 tab/day) HD |
| <i>telmisartan-hctz 80-12.5 mg tb</i> (Micardis Hct) | T1 | HD |
| <i>telmisartan-hctz 80-25 mg tab</i> (Micardis Hct) | T1 | HD |
| <i>valsartan/hydrochlorothiazide</i> (Diovan Hct) | T1 | HD |

ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR

| | | |
|---|----|-------------------|
| <i>amlodipine besylate/valsartan</i> (Exforge) | T1 | HD |
| <i>amlodipine-olmesartan 10-20 mg</i> (Azor) | T1 | HD |
| <i>amlodipine-olmesartan 10-40 mg</i> (Azor) | T1 | HD |
| <i>amlodipine-olmesartan 5-20 mg</i> (Azor) | T1 | QL (1 tab/day) HD |
| <i>amlodipine-olmesartan 5-40 mg</i> (Azor) | T1 | HD |
| AZOR 10-20 MG TABLET (<i>amlodipine-olmesartan</i>) | T3 | HD |
| AZOR 10-40 MG TABLET (<i>amlodipine-olmesartan</i>) | T3 | HD |
| AZOR 5-20 MG TABLET (<i>amlodipine-olmesartan</i>) | T3 | QL (1 tab/day) HD |
| AZOR 5-40 MG TABLET (<i>amlodipine-olmesartan</i>) | T3 | HD |
| EXFORGE (<i>amlodipine-valsartan</i>) | T3 | PA HD |
| <i>telmisartan-amlodipine 40-10</i> | T1 | HD |
| <i>telmisartan-amlodipine 40-5 mg</i> | T1 | QL (1 tab/day) HD |
| <i>telmisartan-amlodipine 80-10</i> | T1 | HD |
| <i>telmisartan-amlodipine 80-5 mg</i> | T1 | HD |

ANTI-HYPERTENSIVES, ACE INHIBITORS

| | | |
|-----------------------------------|----|-------|
| ACCUPRIL (<i>quinapril hcl</i>) | T3 | ST HD |
|-----------------------------------|----|-------|

T1 – Typically Generics
 T2 – Typically Preferred Brands
 T3 – Typically Non-Preferred Brands
 PA – Prior Authorization
 QL – Quantity Limit
 ST – Step Therapy
 AGE – Age Requirement
 SP – Specialty Medication
 HD – May require home delivery pharmacy
 PPACA – No Cost-Share Preventive Medication
 CSL – Oral cancer medication subject to cost-share limits

List of Prescription Medications

CARDIOVASCULAR (Blood Pressure/Heart Medications)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| ANTI-HYPERTENSIVES, ACE INHIBITORS | | |
| ALTACE (<i>ramipril</i>) | T3 | ST HD |
| <i>benazepril hcl</i> | T1 | HD |
| ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR | | |
| <i>benazepril hcl</i> (Lotensin) | T1 | HD |
| <i>captopril</i> | T1 | HD |
| <i>enalapril maleate</i> (Vasotec) | T1 | HD |
| <i>enalaprilat dihydrate</i> | T1 | HD |
| EPANED | T3 | HD |
| <i>fosinopril sodium</i> | T1 | HD |
| <i>lisinopril</i> (Zestril) | T1 | HD |
| LOTENSIN (<i>benazepril hcl</i>) | T3 | ST HD |
| <i>moexipril hcl</i> | T1 | HD |
| <i>perindopril erbumine</i> | T1 | HD |
| PRINIVIL (<i>lisinopril</i>) | T3 | ST HD |
| QBRELIS | T3 | PA HD |
| <i>quinapril hcl</i> (Accupril) | T1 | HD |
| <i>ramipril</i> (Altace) | T1 | HD |
| <i>trandolapril</i> | T1 | HD |
| VASOTEC (<i>enalapril maleate</i>) | T3 | ST HD |
| ZESTRIL (<i>lisinopril</i>) | T3 | ST HD |
| ANTI-HYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST | | |
| ATACAND (<i>candesartan cilexetil</i>) | T3 | ST HD |
| AVAPRO (<i>irbesartan</i>) | T3 | ST HD |
| BENICAR 20 MG TABLET (<i>olmesartan medoxomil</i>) | T3 | QL (1 tab/day) ST HD |
| BENICAR 40 MG TABLET (<i>olmesartan medoxomil</i>) | T3 | ST HD |
| BENICAR 5 MG TABLET (<i>olmesartan medoxomil</i>) | T3 | ST HD |
| <i>candesartan cilexetil</i> (Atacand) | T1 | HD |
| COZAAR (<i>losartan potassium</i>) | T3 | ST HD |
| DIOVAN (<i>valsartan</i>) | T3 | ST HD |
| EDARBI 40 MG TABLET | T3 | QL (1 tab/day) ST HD |
| EDARBI 80 MG TABLET | T3 | ST HD |
| <i>eprosartan mesylate</i> | T1 | HD |
| <i>irbesartan</i> (Avapro) | T1 | HD |
| <i>losartan potassium</i> (Cozaar) | T1 | HD |
| MICARDIS 20 MG TABLET (<i>telmisartan</i>) | T3 | QL (1 tab/day) ST HD |
| MICARDIS 40 MG TABLET (<i>telmisartan</i>) | T3 | QL (1 tab/day) ST HD |

T1 – Typically Generics

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AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| CARDIOVASCULAR (Blood Pressure/Heart Medications) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-HYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST | | |
| MICARDIS 80 MG TABLET (<i>telmisartan</i>) | T3 | ST HD |
| <i>olmesartan medoxomil 20 mg tab</i> (Benicar) | T1 | QL (1 tab/day) HD |
| <i>olmesartan medoxomil 40 mg tab</i> (Benicar) | T1 | HD |
| <i>olmesartan medoxomil 5 mg tab</i> (Benicar) | T1 | HD |
| <i>telmisartan 20 mg tablet</i> (Micardis) | T1 | QL (1 tab/day) HD |
| <i>telmisartan 40 mg tablet</i> (Micardis) | T1 | QL (1 tab/day) HD |
| <i>telmisartan 80 mg tablet</i> (Micardis) | T1 | HD |
| <i>valsartan</i> (Diovan) | T1 | HD |
| VALSARTAN 20 MG/5 ML SOLUTION | T3 | ST HD |
| ANTIHYPERTENSIVES, GANGLIONIC BLOCKERS | | |
| VECAMYL | T1 | |
| ANTI-HYPERTENSIVES, MISCELLANEOUS | | |
| DEMSEER (<i>metirosine</i>) | T3 | HD |
| <i>metirosine</i> (Demser) | T1 | HD |
| NITROPRESS | T3 | HD |
| <i>nitroprusside sodium</i> (Nitropress) | T1 | HD |
| ANTI-HYPERTENSIVES, SYMPATHOLYTIC | | |
| CATAPRES (<i>clonidine hcl</i>) | T3 | HD |
| CATAPRES-TTS 1 (<i>clonidine</i>) | T3 | HD |
| CATAPRES-TTS 2 (<i>clonidine</i>) | T3 | HD |
| CATAPRES-TTS 3 (<i>clonidine</i>) | T3 | HD |
| <i>clonidine</i> (Catapres-tts 1) | T1 | HD |
| <i>clonidine</i> (Catapres-tts 2) | T1 | HD |
| <i>clonidine</i> (Catapres-tts 3) | T1 | HD |
| <i>clonidine hcl 0.1 mg tablet</i> (Catapres) | T1 | HD |
| <i>clonidine hcl 0.2 mg tablet</i> (Catapres) | T1 | HD |
| <i>clonidine hcl 0.3 mg tablet</i> (Catapres) | T1 | HD |
| <i>guanfacine hcl</i> | T1 | HD |
| <i>methyldopa</i> | T1 | HD |
| <i>methyldopa/hydrochlorothiazide</i> | T1 | HD |
| <i>methyldopate hcl</i> | T1 | HD |
| ANTI-HYPERTENSIVES, VASODILATORS | | |
| CORLOPAM | T3 | HD |
| <i>hydralazine hcl</i> | T1 | HD |
| <i>minoxidil</i> | T1 | HD |

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T2 – Typically Preferred Brands

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SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| CARDIOVASCULAR (Blood Pressure/Heart Medications) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>acebutolol hcl</i> | T1 | HD |
| <i>atenolol</i> (Tenormin) | T1 | HD |
| BETAPACE (<i>sotalol af</i>) | T3 | PA HD |
| BETAPACE (<i>sotalol</i>) | T3 | PA HD |
| BETAPACE AF (<i>sotalol af</i>) | T3 | PA HD |
| <i>betaxolol hcl</i> | T1 | HD |
| <i>bisoprolol fumarate</i> | T1 | HD |
| BREVIBLOC | T3 | HD |
| BYSTOLIC 10 MG TABLET | T3 | PA QL (1 tab/day) HD |
| BYSTOLIC 2.5 MG TABLET | T3 | PA QL (1 tab/day) HD |
| BYSTOLIC 20 MG TABLET | T3 | PA HD |
| BYSTOLIC 5 MG TABLET | T2 | QL (1 tab/day) ST HD |
| CORGARD (<i>nadolol</i>) | T3 | PA HD |
| <i>esmolol hcl</i> | T1 | HD |
| <i>esmolol hcl</i> (Brevibloc) | T1 | HD |
| ESMOLOL HCL-WATER | T1 | HD |
| <i>esmolol in sodium chloride, iso</i> (Brevibloc) | T1 | HD |
| HEMANGEOL | T3 | PA HD |
| INDERAL LA (<i>propranolol hcl er</i>) | T3 | PA HD |
| INDERAL XL | T3 | PA HD |
| INNOPRAN XL | T3 | ST HD |
| KAPSPARGO SPRINKLE | T3 | PA HD |
| LOPRESSOR (<i>metoprolol tartrate</i>) | T3 | PA HD |
| <i>metoprolol succinate</i> (Toprol XL) | T1 | HD |
| <i>metoprolol tartrate</i> | T1 | HD |
| <i>metoprolol tartrate</i> (Lopressor) | T1 | HD |
| <i>nadolol</i> | T1 | HD |
| <i>pindolol</i> | T1 | HD |
| <i>propranolol hcl</i> | T1 | HD |
| <i>propranolol hcl</i> (Inderal La) | T1 | HD |
| SOTALOL HCL | T1 | HD |
| <i>sotalol hcl</i> (Betapace Af) | T1 | HD |
| <i>sotalol hcl</i> (Betapace) | T1 | HD |
| SOTYLIZE | T3 | HD |
| TENORMIN (<i>atenolol</i>) | T3 | PA HD |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| CARDIOVASCULAR (Blood Pressure/Heart Medications) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>timolol maleate</i> | T1 | HD |
| TOPROL XL (<i>metoprolol succinate</i>) | T3 | PA HD |
| BETA-BLOCKERS AND THIAZIDE, THIAZIDE-LIKE DIURETICS | | |
| <i>atenolol/chlorthalidone</i> (Tenoretic 100) | T1 | HD |
| <i>atenolol/chlorthalidone</i> (Tenoretic 50) | T1 | HD |
| <i>bisoprolol/hydrochlorothiazide</i> (Ziac) | T1 | HD |
| DUTOPROL | T3 | PA HD |
| <i>metoprolol/hydrochlorothiazide</i> | T1 | HD |
| <i>nadolol/bendroflumethiazide</i> | T1 | HD |
| <i>propranolol/hydrochlorothiazid</i> | T1 | HD |
| TENORETIC 100 (<i>atenolol-chlorthalidone</i>) | T3 | PA HD |
| TENORETIC 50 (<i>atenolol-chlorthalidone</i>) | T3 | PA HD |
| ZIAC (<i>bisoprolol-hydrochlorothiazide</i>) | T3 | PA HD |
| MUSCARINIC RECEPTOR ANTAGONISTS (ANTICHOLINERGIC) | | |
| ATROPEN | T3 | |
| PATENT DUCTUS ARTERIOSUS TREAT. AGENTS, NSAID-TYPE | | |
| <i>ibuprofen lysine/pf</i> (Neoprofen) | T1 | |
| <i>indomethacin 1 mg vial</i> | T1 | |
| NEOPROFEN (<i>ibuprofen lysine</i>) | T3 | |
| RENIN INHIBITOR, DIRECT | | |
| <i>aliskiren 150 mg tablet</i> (Tekturna) | T1 | QL (1 tab/day) HD |
| <i>aliskiren 300 mg tablet</i> (Tekturna) | T1 | HD |
| TEKTURNA 150 MG TABLET (<i>aliskiren</i>) | T3 | PA QL (1 tab/day) HD |
| TEKTURNA 300 MG TABLET (<i>aliskiren</i>) | T3 | PA HD |
| RENIN INHIBITOR, DIRECT AND THIAZIDE DIURETIC COMB | | |
| TEKTURNA HCT | T2 | HD |
| VASODILATORS, COMBINATION | | |
| BIDIL | T3 | QL (6 tabs/day) HD |
| <i>isosorbide-hydralazine 20-37.5</i> (Bidil) | T1 | QL (6 tabs/day) HD |
| VASODILATORS, PERIPHERAL | | |
| <i>ergoloid mesylates</i> | T1 | |
| <i>isoxsuprine hcl</i> | T1 | |
| <i>papaverine hcl</i> | T1 | |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| CARDIOVASCULAR (Cholesterol Medications) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-HYPERLIPIDEMIC - HMG COA REDUCT INHIB-CHOLEST.AB.INHIB | | |
| <i>ezetimibe/simvastatin</i> (Vytorin) | T1 | HD |
| ROSZET | T3 | PA HD |
| VYTORIN (<i>ezetimibe-simvastatin</i>) | T3 | ST HD |
| ANTI-HYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER | | |
| <i>amlodipine-atorvast 10-10 mg</i> (Caduet) | T1 | HD |
| <i>amlodipine-atorvast 10-20 mg</i> (Caduet) | T1 | HD |
| <i>amlodipine-atorvast 10-40 mg</i> (Caduet) | T1 | HD |
| <i>amlodipine-atorvast 10-80 mg</i> (Caduet) | T1 | HD |
| <i>amlodipine-atorvast 2.5-10 mg</i> | T1 | HD |
| <i>amlodipine-atorvast 2.5-20 mg</i> | T1 | QL (1 tab/day) HD |
| <i>amlodipine-atorvast 2.5-40 mg</i> | T1 | QL (1 tab/day) HD |
| <i>amlodipine-atorvast 5-10 mg</i> (Caduet) | T1 | HD |
| <i>amlodipine-atorvast 5-20 mg</i> (Caduet) | T1 | QL (1 tab/day) HD |
| <i>amlodipine-atorvast 5-40 mg</i> (Caduet) | T1 | QL (1 tab/day) HD |
| <i>amlodipine-atorvast 5-80 mg</i> (Caduet) | T1 | HD |
| CADUET 10 MG-10 MG TABLET (<i>amlodipine-atorvastatin</i>) | T3 | HD |
| CADUET 10 MG-20 MG TABLET (<i>amlodipine-atorvastatin</i>) | T3 | HD |
| CADUET 10 MG-40 MG TABLET (<i>amlodipine-atorvastatin</i>) | T3 | HD |
| CADUET 10 MG-80 MG TABLET (<i>amlodipine-atorvastatin</i>) | T3 | HD |
| CADUET 5 MG-10 MG TABLET (<i>amlodipine-atorvastatin</i>) | T3 | HD |
| CADUET 5 MG-20 MG TABLET (<i>amlodipine-atorvastatin</i>) | T3 | QL (1 tab/day) HD |
| CADUET 5 MG-40 MG TABLET (<i>amlodipine-atorvastatin</i>) | T3 | QL (1 tab/day) HD |
| CADUET 5 MG-80 MG TABLET (<i>amlodipine-atorvastatin</i>) | T3 | HD |
| ANTIHYPERTENSIVE - ANGIOPOIETIN-LIKE 3 INHIBITOR | | |
| EVKEEZA | T3 | PA SP |
| ANTI-HYPERLIPIDEMIC - APO B-100 SYNTHESIS INHIBITOR | | |
| KYNAMRO | T3 | PA SP |
| ANTI-HYPERLIPIDEMIC - ATP CITRATE LYASE INHIBITOR | | |
| NEXLETOL | T2 | PA QL (1 tab/day) |
| ANTI-HYPERLIPIDEMIC - MTP INHIBITOR | | |
| JUXTAPID | T3 | PA SP HD |
| ANTI-HYPERLIPIDEMIC - PCSK9 INHIBITORS | | |
| PRALUENT PEN | T3 | PA |
| REPATHA PUSHTRONEX | T2 | PA |
| REPATHA SURECLICK | T2 | PA |
| REPATHA SYRINGE | T2 | PA |

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ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| CARDIOVASCULAR (Cholesterol Medications) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-HYPERLIPIDEMIC-ACLY AND CHOLESTEROL ABSORPTION INHIBITORS | | |
| NEXLIZET | T2 | PA QL (1 syringe/day) |
| ANTI-HYPERLIPIDEMIC-HMGCOA REDUCTASE INHIBITORS (Statins) | | |
| ALTOPREV 20 MG TABLET | T3 | QL (1 tab/day) ST HD |
| ALTOPREV 40 MG TABLET | T3 | ST HD |
| ALTOPREV 60 MG TABLET | T3 | ST HD |
| <i>atorvastatin 10 mg tablet (Lipitor)</i> | T1 | HD PPACA |
| <i>atorvastatin 20 mg tablet (Lipitor)</i> | T1 | HD PPACA |
| <i>atorvastatin 40 mg tablet (Lipitor)</i> | T1 | HD |
| <i>atorvastatin 80 mg tablet (Lipitor)</i> | T1 | HD |
| CRESTOR 10 MG TABLET (<i>rosuvastatin calcium</i>) | T3 | QL (1 tab/day) ST HD |
| CRESTOR 20 MG TABLET (<i>rosuvastatin calcium</i>) | T3 | QL (1 tab/day) ST HD |
| CRESTOR 40 MG TABLET (<i>rosuvastatin calcium</i>) | T3 | ST HD |
| CRESTOR 5 MG TABLET (<i>rosuvastatin calcium</i>) | T3 | QL (1 tab/day) ST HD |
| EZALLOR SPRINKLE 10 MG CAPSULE | T3 | QL (1 tab/day) ST HD |
| EZALLOR SPRINKLE 20 MG CAPSULE | T3 | QL (1 tab/day) ST HD |
| EZALLOR SPRINKLE 40 MG CAPSULE | T3 | ST HD |
| EZALLOR SPRINKLE 5 MG CAPSULE | T3 | QL (1 tab/day) ST HD |
| FLOLIPID | T3 | ST HD |
| <i>fluvastatin sodium</i> | T1 | HD PPACA |
| <i>fluvastatin sodium (Lescol XL)</i> | T1 | HD PPACA |
| LESCOL XL (<i>fluvastatin er</i>) | T3 | PA HD |
| LIPITOR (<i>atorvastatin calcium</i>) | T3 | PA HD |
| LIVALO 1 MG TABLET | T2 | QL (1 tab/day) ST HD |
| LIVALO 2 MG TABLET | T2 | QL (1 tab/day) ST HD |
| LIVALO 4 MG TABLET | T2 | PA HD |
| <i>lovastatin 10 mg tablet</i> | T1 | HD |
| <i>lovastatin 20 mg tablet</i> | T1 | HD PPACA |
| <i>lovastatin 40 mg tablet</i> | T1 | HD PPACA |
| <i>pitavastatin tablet</i> | T1 | QL (1 tab/day) HD PPACA |
| PRAVACHOL (<i>pravastatin sodium</i>) | T3 | PA HD |
| <i>pravastatin sodium</i> | T1 | HD PPACA |
| <i>pravastatin sodium (Pravachol)</i> | T1 | HD PPACA |
| <i>rosuvastatin calcium 10 mg tab (Crestor)</i> | T1 | QL (1 tab/day) HD PPACA |
| <i>rosuvastatin calcium 20 mg tab (Crestor)</i> | T1 | QL (1 tab/day) HD |
| <i>rosuvastatin calcium 40 mg tab (Crestor)</i> | T1 | HD |
| <i>rosuvastatin calcium 5 mg tab (Crestor)</i> | T1 | QL (1 tab/day) HD PPACA |

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QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| CARDIOVASCULAR (Cholesterol Medications) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-HYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB (Statins) (con't.) | | |
| <i>simvastatin 10 mg tablet (Zocor)</i> | T1 | HD PPACA |
| <i>simvastatin 20 mg tablet (Zocor)</i> | T1 | HD PPACA |
| SIMVASTATIN 20 MG/5 ML SUSP | T3 | ST HD |
| <i>simvastatin 40 mg tablet (Zocor)</i> | T1 | HD PPACA |
| <i>simvastatin 5 mg tablet</i> | T1 | HD |
| ZOCOR | T3 | PA HD |
| ZYPITAMAG | T3 | ST HD |
| BILE SALT SEQUESTRANTS | | |
| <i>cholestyramine (with sugar) (Questran)</i> | T1 | HD |
| <i>cholestyramine/aspartame</i> | T1 | HD |
| <i>cholestyramine/aspartame (Questran Light)</i> | T1 | HD |
| <i>colesevelam hcl (Welchol)</i> | T1 | HD |
| COLESTID | T3 | HD |
| COLESTID (<i>colestipol hcl</i>) | T3 | HD |
| <i>colestipol hcl (Colestid)</i> | T1 | HD |
| QUESTRAN (<i>cholestyramine</i>) | T3 | HD |
| QUESTRAN LIGHT (<i>prevalite</i>) | T3 | HD |
| WELCHOL (<i>colesevelam hcl</i>) | T3 | PA HD |
| LIPOTROPICS | | |
| ANTARA | T3 | PA HD |
| <i>ezetimibe (Zetia)</i> | T1 | HD |
| <i>fenofibrate 120 mg tablet (Fenoglide)</i> | T1 | HD |
| <i>fenofibrate 130 mg capsule</i> | T1 | HD |
| <i>fenofibrate 134 mg capsule</i> | T1 | HD |
| <i>fenofibrate 145 mg tablet (Tricor)</i> | T1 | HD |
| FENOFIBRATE 150 MG CAPSULE | T1 | HD |
| <i>fenofibrate 160 mg tablet</i> | T1 | HD |
| FENOFIBRATE 160 MG TABLET | T3 | PA HD |
| <i>fenofibrate 200 mg capsule</i> | T1 | HD |
| <i>fenofibrate 40 mg tablet (Fenoglide)</i> | T1 | HD |
| <i>fenofibrate 43 mg capsule</i> | T1 | HD |
| <i>fenofibrate 48 mg tablet (Tricor)</i> | T1 | HD |
| FENOFIBRATE 50 MG CAPSULE | T1 | HD |
| <i>fenofibrate 54 mg tablet</i> | T1 | HD |
| <i>fenofibrate 67 mg capsule</i> | T1 | HD |

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List of Prescription Medications

CARDIOVASCULAR (Cholesterol Medications)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| LIPOTROPICS (con't.) | | |
| <i>fenofibric acid (choline)</i> (Trilipix) | T1 | HD |
| <i>fenofibric acid</i> (Fibricor) | T1 | HD |
| FENOGLIDE (<i>fenofibrate</i>) | T3 | PA HD |
| FIBRICOR (<i>fenofibric acid</i>) | T3 | ST HD |
| <i>gemfibrozil</i> (Lopid) | T1 | HD |
| LIPOFEN | T3 | ST HD |
| LOPID (<i>gemfibrozil</i>) | T3 | HD |
| <i>niacin</i> (Niacor) | T1 | HD |
| <i>niacin</i> (Niaspan) | T1 | HD |
| NIACOR | T1 | HD |
| NIASPAN (<i>niacin er</i>) | T3 | HD |
| TRICOR (<i>fenofibrate</i>) | T3 | ST HD |
| TRIGLIDE | T3 | ST HD |
| TRILIPIX (<i>fenofibric acid</i>) | T3 | ST HD |
| ZETIA (<i>ezetimibe</i>) | T3 | HD |

CARDIOVASCULAR (Miscellaneous)

VENOSCLEROSING AGENTS

| | | |
|--|----|-------------------|
| ASCLERA | T3 | PA SP |
| ETHAMOLIN | T3 | |
| <i>sodium tetradecyl sulfate</i> (Sotradecol) | T1 | |
| SOTRADECOL | T3 | |
| SOTRADECOL (<i>sodium tetradecyl sulfate</i>) | T3 | |
| <i>memantine hcl</i> | T1 | HD |
| <i>memantine hcl</i> (Namenda) | T1 | HD |
| <i>memantine hcl er 14 mg capsule</i> (Namenda Xr) | T1 | QL (1 cap/day) HD |
| <i>memantine hcl er 21 mg capsule</i> (Namenda Xr) | T1 | HD |
| <i>memantine hcl er 28 mg capsule</i> (Namenda Xr) | T1 | HD |
| <i>memantine hcl er 7 mg capsule</i> (Namenda Xr) | T1 | QL (1 cap/day) HD |
| NAMENDA 10 MG TABLET (<i>memantine hcl</i>) | T3 | HD |
| NAMENDA 5 MG TABLET (<i>memantine hcl</i>) | T3 | HD |
| NAMENDA 5-10 MG TITRATION PK | T2 | HD |
| NAMENDA XR 14 MG CAPSULE (<i>memantine hcl er</i>) | T3 | QL (1 cap/day) HD |
| NAMENDA XR 21 MG CAPSULE (<i>memantine hcl er</i>) | T3 | HD |
| NAMENDA XR 28 MG CAPSULE (<i>memantine hcl er</i>) | T3 | HD |
| NAMENDA XR 7 MG CAPSULE (<i>memantine hcl er</i>) | T3 | QL (1 cap/day) HD |

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List of Prescription Medications

| CNS DRUGS (Alzheimer's Disease) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS | | |
| NAMENDA XR TITRATION PACK | T3 | QL (112/365 days) HD |
| ALZHEIMER'S THX, NMDA RECEPTOR ANTAG-CHOLINES INHIB | | |
| NAMZARIC 14 MG-10 MG CAPSULE | T3 | QL (2 caps/day) HD |
| NAMZARIC 21 MG-10 MG CAPSULE | T3 | QL (2 caps/day) HD |
| NAMZARIC 28 MG-10 MG CAPSULE | T3 | QL (2 caps/day) HD |
| NAMZARIC 7 MG-10 MG CAPSULE | T3 | QL (2 caps/day) HD |
| NAMZARIC TITRATION PACK | T3 | QL (112/365 days) HD |
| CNS DRUGS (Miscellaneous) | | |
| ALCOHOL, SYSTEMIC USE | | |
| ALCOHOL, DEHYDRATED | T1 | |
| AMYOTROPHIC LATERAL SCLEROSIS AGENTS | | |
| EXSERVAN | T3 | PA |
| RADICAVA | T3 | PA SP |
| RADICAVA ORS | T3 | PA QL (50ml/28 days) SP |
| RELYVRIO | T3 | PA QL (2 packs/day) SP HD |
| RILUTEK (<i>riluzole</i>) | T3 | PA SP HD |
| <i>riluzole</i> (Rilutek) | T3 | SP HD |
| TIGLUTIK | T3 | PA SP |
| QALSODY | T3 | |
| CENTRAL NERVOUS SYSTEM STIMULANTS | | |
| DOPRAM | T3 | |
| <i>doxapram hcl</i> (Dopram) | T1 | |
| DRUGS TO TREAT MOVEMENT DISORDERS | | |
| AUSTEDO XR 6 MG TABLET | T3 | PA QL (90 tabs/30 days) SP HD |
| AUSTEDO XR 12 MG TABLET | T3 | PA QL (30 tabs/30 days) SP HD |
| AUSTEDO XR 24 MG TABLET | T3 | PA QL (60 tabs/30 days) SP HD |
| AUSTEDO XR TITRATION KIT (WK1-4) | T3 | PA QL (1 kit/180 days) SP HD |
| HORIZANT | T3 | PA |
| INGREZZA | T3 | PA SP |
| INGREZZA INITIATION PACK | T3 | PA QL (28 caps/year) SP |
| <i>tetrabenazine</i> (Xenazine) | T3 | PA SP HD |
| XENAZINE (<i>tetrabenazine</i>) | T3 | PA SP HD |
| PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS | | |
| NUDEXTA | T3 | QL (4 caps/day) |
| XANTHINES | | |
| CAFICIT (<i>caffeine citrate</i>) | T3 | HD |

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List of Prescription Medications

| CNS DRUGS (Miscellaneous) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| XANTHINES | | |
| CAFFEINE AND SODIUM BENZOATE | T1 | HD |
| <i>caffeine citrate</i> | T1 | HD |
| <i>caffeine citrate (Cafcit)</i> | T1 | HD |
| <i>caffeine/sodium benzoate (Caffeine And Sodium Benzoate)</i> | T1 | HD |
| CNS DRUGS (Multiple Sclerosis) | | |
| AGENTS TO TREAT MULTIPLE SCLEROSIS | | |
| AUBAGIO (<i>teriflunomide</i>) | T3 | PA SP HD |
| AVONEX | T3 | PA SP HD |
| AVONEX PEN | T3 | PA SP HD |
| BAFIERTAM | T3 | PA SP HD |
| BETASERON | T3 | PA SP HD |
| BRIUMVI | T3 | PA SP |
| COPAXONE (<i>glatopa</i>) | T3 | PA SP HD |
| <i>dimethyl fumarate (Tecfidera)</i> | T3 | HD |
| EXTAVIA | T3 | PA SP HD |
| GILENYA | T3 | PA SP HD |
| GILENYA 0.25 MG CAPSULE | T3 | PA QL(1 cap/day) SP |
| GILENYA 0.5 MG CAPSULE (<i>ingolimod hcl</i>) | T3 | PA SP HD |
| <i>glatiramer</i> | T1 | HD |
| <i>glatopa</i> | T1 | HD |
| <i>glatiramer acetate (Copaxone)</i> | T3 | PA SP HD |
| KESIMPTA PEN | T3 | PA SP HD |
| LEMRADA | T3 | PA SP HD |
| MAVENCLAD | T3 | PA SP HD |
| MAYZENT | T3 | PA SP HD |
| OCREVUS | T3 | PA SP HD |
| PLEGRIDY | T3 | PA SP HD |
| PLEGRIDY PEN | T3 | PA SP HD |
| PONVORY | T3 | PA SP HD |
| REBIF | T3 | PA SP HD |
| REBIF REBIDOSE | T3 | PA SP HD |
| TASCENSO ODT | T3 | PA QL(1 tab/day) SP HD |
| TECFIDERA (<i>dimethyl fumarate</i>) | T3 | PA SP HD |
| <i>teriflunomide (Aubagio)</i> | T3 | SP HD |
| VUMERITY | T3 | PA SP HD |

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List of Prescription Medications

| CNS DRUGS (Multiple Sclerosis) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| AGTS TX NEUROMUSC TRANSMISSION DIS, POT-CHAN BLKR | | |
| AMPYRA (<i>dalfampridine er</i>) | T3 | PA SP HD |
| <i>dalfampridine</i> (Ampyra) | T3 | PA SP HD |
| FIRDAPSE | T3 | PA QL (8 tabs/day) SP |
| RUZURGI | T3 | PA SP |
| AMPYRA (<i>dalfampridine er</i>) | T3 | PA SP HD |
| <i>dalfampridine</i> (Ampyra) | T3 | PA SP HD |
| FIRDAPSE | T3 | PA QL (8 tabs/day) SP |
| RUZURGI | T3 | PA SP |
| CNS DRUGS (Pain Relief And Inflammatory Disease) | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS | | |
| EMGALITY SYRINGE | T2 | PA |
| GLYPROMATE (GPE) ANALOGS | | |
| DAYBUE | T3 | PA QL (120ml/day) SP |
| POSTHERPETIC NEURALGIA AGENTS | | |
| GRALISE | T3 | PA |
| AGENTS TO TREAT MULTIPLE SCLEROSIS (cont.) | | |
| VELSIPITY | T3 | PA QL(30 tabs/30 days) SP HD |
| ZEPOSIA | T3 | PA SP HD |
| CNS DRUGS (Seizure Disorders) | | |
| ANTI-CONVULSANT - BENZODIAZEPINE TYPE | | |
| <i>clobazam</i> (Onfi) | T1 | HD |
| <i>clonazepam</i> | T1 | HD |
| <i>clonazepam</i> (Klonopin) | T1 | HD |
| DIASTAT (<i>diazepam</i>) | T3 | PA HD |
| DIASTAT ACUDIAL (<i>diazepam</i>) | T3 | PA HD |
| <i>diazepam 10 mg rectal gel syst</i> | T1 | HD |
| <i>diazepam 2.5 mg rectal gel sys</i> (Diastat) | T1 | HD |
| <i>diazepam 20 mg rectal gel syst</i> (Diastat Acudial) | T1 | HD |
| <i>diazepam 20 mg rectal gel syst</i> (Diastat Acudial) | T1 | HD |
| KLONOPIN (<i>clonazepam</i>) | T3 | PA HD |
| NAYZILAM | T2 | PA QL (5 kits/30 days) HD |

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List of Prescription Medications

| CNS DRUGS (Seizure Disorders) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-CONVULSANT - BENZODIAZEPINE TYPE | | |
| ONFI (<i>clobazam</i>) | T3 | PA HD |
| SYMPAZAN | T3 | PA HD |
| VALTOCO | T3 | PA QL (5 boxes/30 days) HD |
| ANTI-CONVULSANT - CANNABINOID TYPE | | |
| EPIDIOLEX | T3 | PA SP HD |
| ANTI-CONVULSANTS | | |
| APTiom 200 MG TABLET | T3 | PA QL (1 tab/day) HD |
| APTiom 400 MG TABLET | T3 | PA QL (1 tab/day) HD |
| APTiom 600 MG TABLET | T3 | PA HD |
| APTiom 800 MG TABLET | T3 | PA HD |
| BANZEL 200 MG TABLET | T3 | PA QL (16 tabs/day) HD |
| BANZEL 40 MG/ML SUSPENSION (<i>rufinamide</i>) | T3 | PA QL (80ml/day) HD |
| BANZEL 400 MG TABLET | T3 | PA QL (8 tabs/day) HD |
| BRIVIACT 10 MG TABLET | T3 | PA HD |
| BRIVIACT 10 MG/ML ORAL SOLN | T3 | PA HD |
| BRIVIACT 100 MG TABLET | T3 | PA HD |
| BRIVIACT 25 MG TABLET | T3 | PA HD |
| BRIVIACT 50 MG TABLET | T3 | PA HD |
| BRIVIACT 50 MG/5 ML VIAL | T3 | HD |
| BRIVIACT 75 MG TABLET | T3 | PA HD |
| <i>carbamazepine</i> | T1 | HD |
| <i>carbamazepine</i> (Carbatrol) | T1 | HD |
| <i>carbamazepine</i> (Tegretol Xr) | T1 | HD |
| <i>carbamazepine</i> (Tegretol) | T1 | HD |
| CARBATROL (<i>carbamazepine er</i>) | T3 | PA HD |
| CELONTIN | T2 | HD |
| CEREBYX (<i>fosphenytoin sodium</i>) | T3 | HD |
| DEPAKOTE (<i>divalproex sodium</i>) | T3 | PA HD |
| DEPAKOTE ER (<i>divalproex sodium er</i>) | T3 | PA HD |
| DEPAKOTE SPRINKLE (<i>divalproex sodium</i>) | T3 | PA HD |

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List of Prescription Medications

| CNS DRUGS (Seizure Disorders) | | | |
|---|-----------|----------------------------------|--|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits | |
| ANTI-CONVULSANTS | | | |
| DIACOMIT | T3 | PA SP HD | |
| DILANTIN | T3 | PA HD | |
| DILANTIN (<i>phenytoin sodium extended</i>) | T3 | PA HD | |
| DILANTIN (<i>phenytoin</i>) | T3 | PA HD | |
| DILANTIN-125 (<i>phenytoin</i>) | T3 | PA HD | |
| <i>divalproex sodium</i> (Depakote Er) | T1 | HD | |
| <i>divalproex sodium</i> (Depakote Sprinkle) | T1 | HD | |
| <i>divalproex sodium</i> (Depakote) | T1 | HD | |
| ELEPSIA XR | T3 | PA | |
| EPRONTIA | T3 | PA | |
| <i>ethosuximide</i> (Zarontin) | T1 | HD | |
| <i>felbamate</i> (Felbatol) | T1 | HD | |
| FELBATOL (<i>felbamate</i>) | T3 | PA HD | |
| FINTEPLA | T3 | PA SP HD | |
| <i>fosphephenytoin sodium</i> (Cerebyx) | T1 | HD | |
| FYCOMPA 0.5 MG/ML ORAL SUSP | T2 | PA HD | |
| FYCOMPA 10 MG TABLET | T2 | PA HD | |
| FYCOMPA 12 MG TABLET | T2 | PA HD | |
| FYCOMPA 2 MG TABLET | T2 | PA HD | |
| FYCOMPA 4 MG TABLET | T2 | PA QL (1 tab/day) HD | |
| FYCOMPA 6 MG TABLET | T2 | PA QL (1 tab/day) HD | |
| FYCOMPA 8 MG TABLET | T2 | PA HD | |
| <i>gabapentin</i> | T1 | HD | |
| <i>gabapentin</i> (Neurontin) | T1 | HD | |
| GABITRIL 12 MG TABLET (<i>tiagabine hcl</i>) | T3 | PA QL (8 tabs/day) HD | |
| GABITRIL 16 MG TABLET (<i>tiagabine hcl</i>) | T3 | PA QL (6 tabs/day) HD | |
| GABITRIL 2 MG TABLET (<i>tiagabine hcl</i>) | T3 | PA HD | |
| GABITRIL 4 MG TABLET (<i>tiagabine hcl</i>) | T3 | PA HD | |
| KEPPRA 1,000 MG TABLET (<i>roweepira</i>) | T3 | PA HD | |
| KEPPRA 100 MG/ML ORAL SOLN (<i>levetiracetam</i>) | T3 | PA HD | |
| KEPPRA 250 MG TABLET (<i>levetiracetam</i>) | T3 | PA HD | |
| KEPPRA 500 MG TABLET (<i>roweepira</i>) | T3 | PA HD | |
| KEPPRA 500 MG/5 ML VIAL (<i>levetiracetam</i>) | T3 | HD | |
| KEPPRA 750 MG TABLET (<i>roweepira</i>) | T3 | PA HD | |
| KEPPRA XR (<i>levetiracetam er</i>) | T3 | PA HD | |
| LAMICTAL (BLUE) (<i>subvenite (blue)</i>) | T3 | PA HD | |

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List of Prescription Medications

| CNS DRUGS (Seizure Disorders) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-CONVULSANTS | | |
| LAMICTAL (GREEN) (<i>subvenite (green)</i>) | T3 | PA HD |
| LAMICTAL (<i>lamotrigine</i>) | T3 | PA HD |
| LAMICTAL (ORANGE) (<i>subvenite (orange)</i>) | T3 | PA HD |
| LAMICTAL (<i>subvenite</i>) | T3 | PA HD |
| LAMICTAL ODT (BLUE) (<i>lamotrigine odt (blue)</i>) | T3 | PA HD |
| LAMICTAL ODT (GREEN) (<i>lamotrigine odt (green)</i>) | T3 | PA HD |
| LAMICTAL ODT (<i>lamotrigine odt</i>) | T3 | PA HD |
| LAMICTAL ODT (ORANGE) (<i>lamotrigine odt (orange)</i>) | T3 | PA HD |
| LAMICTAL XR (BLUE) | T3 | PA HD |
| LAMICTAL XR (GREEN) | T3 | PA HD |
| LAMICTAL XR (<i>lamotrigine er</i>) | T3 | PA HD |
| LAMICTAL XR (ORANGE) | T3 | PA HD |
| <i>lamotrigine</i> (Lamictal (blue)) | T1 | HD |
| <i>lamotrigine</i> (Lamictal (green)) | T1 | HD |
| <i>lamotrigine</i> (Lamictal (orange)) | T1 | HD |
| <i>lamotrigine</i> (Lamictal Odt (blue)) | T1 | HD |
| <i>lamotrigine</i> (Lamictal Odt (green)) | T1 | HD |
| <i>lamotrigine</i> (Lamictal Odt (orange)) | T1 | HD |
| <i>lamotrigine</i> (Lamictal Odt) | T1 | HD |
| <i>lamotrigine</i> (Lamictal Xr) | T1 | HD |
| <i>lamotrigine</i> (Lamictal) | T1 | HD |
| <i>levetiracetam</i> | T1 | HD |
| <i>levetiracetam</i> (Keppra Xr) | T1 | HD |
| <i>levetiracetam</i> (Keppra) | T1 | HD |
| <i>levetiracetam in nacl (iso-os)</i> | T1 | HD |
| LYRICA (<i>pregabalin</i>) | T3 | PA HD |
| MOTPOLY XR 100 MG CAPSULE | T3 | PA QL(1 cap/day) HD |
| MOTPOLY XR 150 MG CAPSULE | T3 | PA QL(2 caps/day) HD |
| MOTPOLY XR 200 MG CAPSULE | T3 | PA QL(2 caps/day) HD |
| MYSOLINE (<i>primidone</i>) | T3 | PA HD |
| NEURONTIN (<i>gabapentin</i>) | T3 | PA HD |
| <i>oxcarbazepine</i> (Trileptal) | T1 | HD |
| OXTELLAR XR | T3 | PA HD |
| PEGANONE | T2 | HD |
| PHENYTEK (<i>phenytoin sodium extended</i>) | T3 | PA HD |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| CNS DRUGS (Seizure Disorders) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-CONVULSANTS | | |
| <i>phenytoin</i> | T1 | HD |
| <i>phenytoin</i> (Dilantin) | T1 | HD |
| <i>phenytoin</i> (Dilantin-125) | T1 | HD |
| <i>phenytoin sodium</i> | T1 | HD |
| <i>phenytoin sodium extended</i> (Dilantin) | T1 | HD |
| <i>phenytoin sodium extended</i> (Phenytek) | T1 | HD |
| <i>pregabalin</i> (Lyrica) | T1 | HD |
| PRIMIDONE 125 MG TABLET | T3 | PA HD |
| <i>primidone 250 mg tablet</i> (Mysoline) | T1 | HD |
| <i>primidone 50 mg tablet</i> (Mysoline) | T1 | HD |
| QUDEXY XR (<i>topiramate er</i>) | T3 | PA HD |
| <i>rufinamide</i> (Banzel) | T1 | PA QL (80ml/day) HD |
| SABRIL (<i>vigabatrin</i>) | T3 | PA SP HD |
| SABRIL (<i>vigadrone</i>) | T3 | PA SP HD |
| SPRITAM | T3 | PA HD |
| TEGRETOL (<i>carbamazepine</i>) | T3 | PA HD |
| TEGRETOL (<i>epitol</i>) | T3 | PA HD |
| TEGRETOL XR (<i>carbamazepine er</i>) | T3 | PA HD |
| <i>tiagabine hcl 12 mg tablet</i> (Gabitril) | T1 | QL (8 tabs/day) HD |
| <i>tiagabine hcl 16 mg tablet</i> (Gabitril) | T1 | QL (6 tabs/day) HD |
| <i>tiagabine hcl 2 mg tablet</i> (Gabitril) | T1 | HD |
| <i>tiagabine hcl 4 mg tablet</i> (Gabitril) | T1 | HD |
| TOPAMAX (<i>topiramate</i>) | T3 | PA HD |
| <i>topiramate</i> (Qudexy Xr) | T1 | HD |
| <i>topiramate</i> (Topamax) | T1 | HD |
| <i>topiramate er 50 mg capsule</i> (Trokendi Xr) | T1 | HD |
| <i>topiramate er 25 mg capsule</i> (Trokendi Xr) | T1 | QL(1 cap/day) HD |
| <i>topiramate er 100 mg capsule</i> (Trokendi Xr) | T1 | QL(1 cap/day) HD |
| <i>topiramate er 200 mg capsule</i> (Trokendi Xr) | T1 | HD |
| TRILEPTAL (<i>oxcarbazepine</i>) | T3 | PA HD |
| TROKENDI XR 50 MG CAPSULE (<i>topiramate</i>) | T3 | PA HD |
| TROKENDI XR 25 MG CAPSULE (<i>topiramate</i>) | T3 | PA QL(1 cap/day) HD |
| TROKENDI XR 100 MG CAPSULE (<i>topiramate</i>) | T3 | PA QL(1 cap/day) HD |
| TROKENDI XR 200 MG CAPSULE (<i>topiramate</i>) | T3 | PA HD |
| <i>valproic acid</i> | T1 | HD |

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List of Prescription Medications

| CNS DRUGS (Seizure Disorders) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-CONVULSANTS | | |
| <i>valproic acid (as sodium salt)</i> | T1 | HD |
| <i>vigabatrin (Sabril)</i> | T3 | SP HD |
| VIMPAT 10 MG/ML SOLUTION | T2 | PA HD |
| VIMPAT 100 MG TABLET | T2 | PA HD |
| VIMPAT 150 MG TABLET | T2 | PA HD |
| VIMPAT 200 MG TABLET | T2 | PA HD |
| VIMPAT 200 MG/20 ML VIAL | T3 | HD |
| VIMPAT 50 MG TABLET | T2 | PA HD |
| XCOPRI 100 MG TABLET | T3 | PA QL (1 tab/day) HD |
| XCOPRI 12.5-25 MG TITRATION PK | T3 | PA QL (1 pack/28 day) HD |
| XCOPRI 150 MG TABLET | T3 | PA QL (1 tab/day) HD |
| XCOPRI 150-200 MG TITRATION PK | T3 | PA QL (1 pack/28 Days) HD |
| XCOPRI 200 MG TABLET | T3 | PA QL (2 tabs/day) HD |
| XCOPRI 250 MG DAILY DOSE PACK | T3 | PA QL (1 pack/28 day) HD |
| XCOPRI 350 MG DAILY DOSE PACK | T3 | PA QL (1 pack/28 day) HD |
| XCOPRI 50 MG TABLET | T3 | PA QL (1 tab/day) HD |
| XCOPRI 50-100 MG TITRATION PAK | T3 | PA QL (1 pack/28 day) HD |
| ZARONTIN (<i>ethosuximide</i>) | T3 | PA HD |
| ZONEGRAN (<i>zonisamide</i>) | T3 | PA HD |
| ZONISADE | T3 | PA QL (6 mls/30 days) |
| <i>zonisamide</i> | T1 | HD |
| <i>zonisamide (Zonegran)</i> | T1 | HD |
| COLONY STIMULATING FACTORS (Blood Modifiers/Bleeding Disorders) | | |
| ERYTHROPOIESIS-STIMULATING AGENTS | | |
| ARANESP | T3 | PA SP |
| EPOGEN | T3 | PA SP |
| MIRCERA | T3 | PA SP |
| PROCRIT | T3 | PA SP |
| RETACRIT | T3 | PA SP |
| LEUKOCYTE (WBC) STIMULANTS | | |
| FULPHILA | T3 | PA SP |
| GRANIX | T3 | PA SP |
| LEUKINE | T3 | SP |
| NEULASTA | T3 | PA SP |
| NEULASTA ONPRO | T3 | PA SP HD |

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List of Prescription Medications

| COLONY STIMULATING FACTORS (Blood Modifiers/Bleeding Disorders) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| LEUKOCYTE (WBC) STIMULANTS | | |
| NEUPOGEN | T3 | PA SP |
| NIVESTYM | T3 | SP |
| NYVEPRIA | T3 | PA SP |
| STIMUFEND | T3 | PA SP |
| UDENYCA | T3 | PA SP |
| ZARXIO | T3 | SP HD |
| ZIEXTENZO | T3 | PA SP |
| THROMBOPOIETIN RECEPTOR AGONISTS | | |
| DOPTELET | T3 | PA SP HD |
| MULPLETA | T3 | PA SP HD |
| NPLATE | T3 | PA SP |
| PROMACTA | T3 | PA SP HD |
| COLONY STIMULATING FACTORS (Cancer) | | |
| CXCR4 CHEMOKINE RECEPTOR ANTAGONIST | | |
| APHEXDA | T3 | PA SP |
| MOZOBIL | T3 | PA SP |
| CONTRACEPTIVES (Contraception Products) | | |
| CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC | | |
| ANNOVERA | T3 | |
| <i>etonogestrel/ethinyl estradiol (Nuvaring)</i> | T1 | PPACA |
| NUVARING (<i>etonogestrel-ethinyl estradiol</i>) | T3 | |
| CONTRACEPTIVES, IMPLANTABLE | | |
| NEXPLANON | T3 | SP PPACA |
| CONTRACEPTIVES, INJECTABLE | | |
| DEPO-PROVERA 150 MG/ML SYRINGE (<i>medroxyprogesterone acetate</i>) | T3 | |
| DEPO-PROVERA 150 MG/ML VIAL (<i>medroxyprogesterone acetate</i>) | T3 | |
| DEPO-SUBQ PROVERA 104 | T3 | |
| <i>medroxyprogesterone 150 mg/ml (Depo-provera)</i> | T1 | PPACA |
| CONTRACEPTIVES, INTRAVAGINAL | | |
| PHEXXI | T3 | PA PPACA |
| CONTRACEPTIVES, ORAL | | |
| BALCOLTRA (<i>levonorgest/eth.estradiol/iron</i>) | T3 | HD |
| BEYAZ (<i>rajani</i>) | T3 | HD |
| <i>desog-e.estradiol/e.estradiol (Mircette)</i> | T1 | HD PPACA |
| <i>desogestrel-ethinyl estradiol</i> | T1 | HD PPACA |

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List of Prescription Medications

| CONTRACEPTIVES (Contraception Products) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| CONTRACEPTIVES, ORAL | | |
| <i>drospir/eth estra/levomefol ca</i> (Beyaz) | T1 | HD PPACA |
| <i>drospir/eth estra/levomefol ca</i> (Safyral) | T1 | HD PPACA |
| ELLA | T3 | HD PPACA |
| ESTROSTEP FE (<i>tri-legest fe</i>) | T3 | HD |
| <i>ethinyl estradiol/drospirenone</i> (Yasmin 28) | T1 | HD PPACA |
| <i>ethinyl estradiol/drospirenone</i> (Yaz) | T1 | HD PPACA |
| <i>ethynodiol d-ethinyl estradiol</i> | T1 | HD PPACA |
| <i>levonorgestrel/ethin.estradiol</i> | T1 | HD PPACA |
| <i>levonorgest/eth.estradiol/iron</i> (Balcoltra) | T1 | HD PPACA |
| <i>l-norgest/e.estradiol-e.estrad</i> (Loseasonique) | T1 | HD PPACA |
| <i>l-norgest/e.estradiol-e.estrad</i> (Quartette) | T1 | HD PPACA |
| <i>l-norgest/e.estradiol-e.estrad</i> (Seasonique) | T1 | HD PPACA |
| LO LOESTRIN FE | T2 | HD |
| LOESTRIN (<i>norethindron-ethinyl estradiol</i>) | T3 | HD |
| LOESTRIN FE (<i>norethindrone-eth estradiol-fe</i>) | T3 | HD |
| LOESTRIN FE (<i>tarina fe 1-20 eq</i>) | T3 | HD |
| LOSEASONIQUE (<i>lojaimiess</i>) | T3 | HD |
| MICROGESTIN 24 FE (<i>tarina 24 fe</i>) | T3 | HD |
| MINASTRIN 24 FE (<i>norethin-eth estra-ferrous fum</i>) | T3 | HD |
| MIRCETTE (<i>volnea</i>) | T3 | HD |
| NATAZIA | T3 | HD |
| NEXTSTELLIS | T3 | HD |
| <i>noreth-ethinyl estradiol/iron</i> | T1 | HD PPACA |
| <i>norethind-eth estrad 1-0.02 mg</i> (Loestrin) | T1 | HD PPACA |
| <i>norethindrone</i> (Ortho Micronor) | T1 | HD PPACA |
| <i>norethindrone ac-eth estradiol</i> (Loestrin) | T1 | HD PPACA |
| <i>norethindrone-e.estradiol-iron</i> (Estrostep Fe) | T1 | HD PPACA |
| <i>norethindrone-e.estradiol-iron</i> (Loestrin Fe) | T1 | HD PPACA |
| <i>norethindrone-e.estradiol-iron</i> (Microgestin 24 Fe) | T1 | HD PPACA |
| <i>norethindrone-e.estradiol-iron</i> (Minastrin 24 Fe) | T1 | HD PPACA |
| <i>norethindrone-e.estradiol-iron</i> (Taytulla) | T1 | HD PPACA |
| <i>norethindrone-ethin. estradiol</i> | T1 | HD PPACA |
| <i>norethin-ee 1.5-0.03 mg (21) tb</i> (Loestrin) | T1 | HD PPACA |

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List of Prescription Medications

| CONTRACEPTIVES (Contraception Products) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| CONTRACEPTIVES, ORAL | | |
| <i>norgestimate-ethinyl estradiol</i> | T1 | HD PPACA |
| <i>norgestrel-ethinyl estradiol</i> | T1 | HD PPACA |
| ORTHO MICRONOR (<i>tulana</i>) | T3 | HD |
| QUARTETTE (<i>rivelsa</i>) | T3 | HD |
| SAFYRAL (<i>tydemy</i>) | T3 | HD |
| SEASONIQUE (<i>simpesse</i>) | T3 | HD |
| SLYND | T3 | HD |
| TAYTULLA (<i>norethin-eth estro-ferrous fum</i>) | T3 | HD |
| TYBLUME | T3 | HD |
| YASMIN 28 (<i>zumandimine</i>) | T3 | HD |
| YAZ (<i>vestura</i>) | T3 | HD |
| CONTRACEPTIVES, TRANSDERMAL | | |
| <i>norelgestromin/ethin.estradiol</i> | T1 | HD PPACA |
| TWIRLA | T3 | HD PPACA |
| DIAPHRAGMS/CERVICAL CAP | | |
| CAYA CONTOURED | T3 | PPACA |
| FEMCAP | T3 | PPACA |
| WIDE SEAL DIAPHRAGM | T3 | PPACA |
| INTRA-UTERINE DEVICES (IUDS) | | |
| KYLEENA | T3 | SP PPACA |
| LILETTA | T3 | SP PPACA |
| MIRENA | T3 | SP PPACA |
| PARAGARD T 380-A | T3 | SP PPACA |
| SKYLA | T3 | SP PPACA |
| 1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB | | |
| RESPA A.R. | T3 | |
| COUGH/COLD PREPARATIONS (Cough/Cold Medications) | | |
| ANTI-TUSSIVES, NON-OPIOID | | |
| <i>benzonatate 100 mg capsule</i> (Tessalon Perle) | T1 | |
| <i>benzonatate 150 mg capsule</i> | T1 | PA |
| <i>benzonatate 200 mg capsule</i> | T1 | |
| <i>benzonatate perle 100 mg cap</i> (Tessalon Perle) | T1 | |
| TESSALON PERLE (<i>benzonatate</i>) | T3 | |
| NON-OPIOID ANTI-TUS-1ST GEN.ANTIHISTAMINE-DECONGEST | | |
| BROMFED DM (<i>brompheniramine-pseudoephed-dm</i>) | T3 | PA |

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List of Prescription Medications

| COUGH/COLD PREPARATIONS (Allergy/Nasal Sprays) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| NON-OPIOID ANTI-TUS-IST GEN.ANTIHISTAMINE-DECONGEST | | |
| <i>brompheniramine/pseudoephed/dm</i> (Bromfed Dm) | T1 | |
| NON-OPIOID ANTI-TUSSIVE-IST GEN ANTIHISTAMINE COMB. | | |
| <i>promethazine/dextromethorphan</i> | T1 | |
| OPIOID ANTI-TUSSIV-IST GEN. ANTIHISTAMINE-DECONGEST | | |
| <i>hydrocodone/cpm/pseudoephed</i> | T1 | PA |
| <i>promethazine/phenyleph/codeine</i> | T1 | PA QL (480ml/22 days) |
| <i>promethazine/phenyleph/codeine</i> | T1 | PA QL (480ml/30 days) |
| OPIOID ANTI-TUSSIVE-IST GENERATION ANTIHISTAMINE | | |
| <i>hydrocodone/chlorphen p-stirex</i> | T1 | PA |
| <i>promethazine-codeine solution</i> | T1 | PA QL (480ml/22 days) |
| <i>promethazine-codeine syrup</i> | T1 | PA QL (480ml/30 days) |
| TUSSICAPS | T2 | PA |
| TUXARIN ER | T3 | PA QL (2 tabs/day) |
| TUZISTRA XR | T3 | PA QL (960ml/30 days) |
| OPIOID ANTI-TUSSIVE-ANTI-CHOLINERGIC COMBINATIONS | | |
| HYCODAN (<i>hydromet</i>) | T3 | PA QL (480ml/22 days) |
| <i>hydrocodone bit/homatrop me-br</i> (Hycodan) | T1 | PA QL (480ml/22 days) |
| <i>hydrocodone-homatropine 5-1.5</i> | T1 | PA QL (180 tabs/30 days) |
| <i>hydrocodone-homatropine soln</i> (Hycodan) | T1 | PA QL (480ml/30 days) |
| HYDROCODONE-HOMATROPINE SYRUP | T1 | PA QL (480ml/30 days) |
| OPIOID ANTI-TUSSIVE-EXPECTORANT COMBINATION | | |
| HYDROCODONE-GUAIFENESIN | T1 | PA QL (960ml/30 days) |
| OBREDON | T3 | PA QL (960ml/30 days) |
| DIAGNOSTIC (Diabetes) | | |
| BLOOD SUGAR DIAGNOSTICS | | |
| ASSURE 4 TEST STRIPS | T3 | |
| EASY PLUS TEST STRIP | T3 | |
| EASY TALK TEST STRIP | T3 | |
| EASY GLUCOSE TEST STRIP | T3 | |
| EASYMAX TEST STRIP | T3 | |
| EMBRACE EVO TEST STRIPS | T3 | |
| EVENCARE TEST STRIP | T3 | |
| FORA 6CONN-GTEL-TN'G ADV STRIP | T3 | |
| GLUCOCARD EXPRESSION/SHINE TEST STRP | T3 | |
| MICRODOT TEST STRIPS | T3 | |
| OPTUMRX TEST STRIP | T3 | |

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List of Prescription Medications

| DIAGNOSTIC (Miscellaneous) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ULTRAK TEST STRIP | | |
| ADREVIEW | T3 | |
| BILIARY DIAGNOSTICS | | |
| CHOLETEC | T3 | |
| TC99M MEBROFENIN PREP | T1 | |
| BILIARY DIAGNOSTICS, RADIOPAQUE | | |
| <i>indocyanine green</i> | T1 | |
| SINOGRAFIN | T3 | |
| CARDIOVASCULAR DIAGNOSTICS - RADIOACTIVE | | |
| AMMONIA N-13 | T3 | |
| MYOVIEW | T3 | |
| TC99M PYROPHOSPHATE PREP | T1 | |
| TC99M SESTAMIBI PREP | T1 | |
| THALLOUS CHLORIDE TL-201 | T1 | |
| CARDIOVASCULAR DIAGNOSTICS, NON-RADIOPAQUE AGENTS | | |
| <i>adenosine 60 mg/20 ml vial</i> | T1 | |
| <i>adenosine 90 mg/30 ml vial</i> | T1 | |
| DEFINITY | T3 | |
| <i>dipyridamole 5 mg/ml vial</i> | T1 | |
| LEXISCAN | T3 | |
| OPTISON | T3 | |
| <i>regadenoson</i> | T1 | |
| CARDIOVASCULAR DIAGNOSTICS-RADIOPAQUE | | |
| ISOVUE-200 | T3 | |
| ISOVUE-250 | T3 | |
| ISOVUE-300 | T3 | |
| ISOVUE-370 | T3 | |
| ISOVUE-M 200 | T3 | |
| ISOVUE-M 300 | T3 | |
| NEUROLITE | T3 | |
| OMNIPAQUE | T3 | |
| OPTIRAY 240, 300, 320, 350 | T3 | |
| ULTRAVIST | T3 | |
| VISIPAQUE | T3 | |

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| DIAGNOSTIC (Miscellaneous) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| CEREBRAL SPINAL RADIOACTIVE DIAGNOSTICS | | |
| CERETEC | T3 | |
| INDIUM IN-111 DTPA | T3 | |
| CEREBRAL SPINAL RADIOPAQUE DIAGNOSTICS | | |
| DOTAREM | T3 | |
| <i>gadoterate meglumine (Dotarem)</i> | T1 | |
| MAGNEVIST | T3 | |
| MULTIHANCE | T3 | |
| MULTIHANCE MULTIPACK | T3 | |
| OMNISCAN | T3 | |
| OMNISCAN PREFILL PLUS | T3 | |
| OPTIMARK | T3 | |
| PROHANCE | T3 | |
| PROHANCE MULTIPACK | T3 | |
| DIAGNOSTIC PREPARATIONS, MISCELLANEOUS | | |
| ADVANCED DNA MEDICATED COLLECT | T3 | |
| ARIDOL | T3 | |
| DMSA | T3 | |
| DRAXIMAGE DTPA | T3 | |
| GADAVIST | T3 | |
| GLUCAGEN DIAGNOSTIC 1 MG VIAL | T3 | |
| GLUCAGON HCL | T1 | |
| <i>isosulfan blue (Lymphazurin)</i> | T1 | |
| <i>lidocaine hcl/glycerin (Advanced Dna Medicated Collect)</i> | T1 | |
| LIPIODOL | T3 | |
| LUMASON | T3 | |
| LYMPHAZURIN | T3 | |
| NETSPOT | T3 | |
| PROVOCHOLINE | T3 | |
| TC99M MEDRONATE PREP | T1 | |
| TC99M SULFUR COLLOID PREP | T1 | |
| DIAGNOSTIC RADIOPHARM - AMYLOID/TAU IMAGING | | |
| AMYVID | T3 | |
| VIZAMYL | T3 | PA |
| DIAGNOSTIC RADIOPHARM - DOPAMINE TRANSPORTER (DAT) | | |
| DATSCAN | T3 | |

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| DIAGNOSTIC (Miscellaneous) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| EYE DIAGNOSTIC AGENTS | | |
| AK-FLUOR | T3 | |
| AK-FLUOR (<i>fluorescite</i>) | T3 | |
| <i>fluorescein sodium</i> | T1 | |
| <i>fluorescein sodium</i> (Ak-fluor) | T3 | |
| DIAGNOSTIC PREPARATIONS, MISCELLANEOUS | | |
| <i>ful-glo 1 mg oph strip</i> | T1 | |
| FUL-GLO EYE STRIPS | T3 | |
| <i>lissamine green</i> | T1 | |
| FLUORESCENCE CYSTOSCOPY/OPTICAL IMAGING AGENTS | | |
| CYSVIEW | T3 | |
| GASTROINTESTINAL RADIOPAQUE DIAGNOSTICS | | |
| ENTERO VU | T3 | |
| E-Z DISK | T3 | |
| E-Z-HD | T3 | |
| E-Z-PAQUE | T3 | |
| E-Z-PASTE | T3 | |
| GASTROMARK | T3 | |
| LIQUID E-Z PAQUE | T3 | |
| LIQUID POLIBAR PLUS | T3 | |
| NEULUMEX | T3 | |
| POLIBAR ACB | T3 | |
| READI-CAT 2 | T3 | |
| SITZMARKS | T3 | |
| TAGITOL V | T3 | |
| VARIBAR HONEY | T3 | |
| VARIBAR NECTAR | T3 | |
| VARIBAR PUDDING | T3 | |
| VARIBAR THIN HONEY | T3 | |
| VARIBAR THIN LIQUID | T3 | |
| HEPATIC DIAGNOSTICS | | |
| EOVIST | T3 | |
| HISTAMINE PREPARATIONS | | |
| HISTATROL INTRADERMAL | T3 | |
| HISTATROL PERCUTANEOUS | T3 | |

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CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| DIAGNOSTIC (Miscellaneous) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| METABOLIC FUNCTION DIAGNOSTICS | | |
| CHIRHOSTIM | T3 | |
| METOPIRONE | T3 | |
| R-GENE 10 | T3 | |
| NEOPLASM MONOCLONAL DIAGNOSTIC AGENTS | | |
| PROTASCINT | T3 | |
| RADIOACTIVE DIAGNOSTICS, GENERAL | | |
| OCTREOSCAN | T3 | |
| RADIOACTIVE DX RADIOLABEL OF AUTOLOGOUS LEUKOCYTES | | |
| INDIUM IN-111 OXYQUINOLINE | T1 | |
| RADIOACTIVE DX RADIOLABEL OF SYNTHETIC AMINO ACIDS | | |
| AXUMIN | T3 | |
| RADIOACTIVE METABOLIC FUNCTION DIAGNOSTICS | | |
| FLUDEOXYGLUCOSE F-18 | T3 | |
| RADIOPHARMACEUTICALS ELEMENTS | | |
| GA 68 DOTATOC | T3 | |
| INDICLOR | T3 | |
| RENAL FUNCTION DIAGNOSTICS AGENTS | | |
| <i>indigotindisulfonate sodium</i> | T3 | |
| URINARY TRACT RADIOPAQUE DIAGNOSTICS | | |
| CONRAY | T3 | |
| CONRAY-30 | T3 | |
| CONRAY-43 | T3 | |
| CYSTO-CONRAY II | T3 | |
| CYSTOGRAFIN | T3 | |
| CYSTOGRAFIN-DILUTE | T3 | |
| <i>diatrizoate meglumine, sodium</i> | T3 | |
| <i>diatrizoate meglumine, sodium (Gastrografin)</i> | T1 | |
| GASTROGRAFIN (<i>md-gastroview</i>) | T3 | |
| DIURETICS (Diuretics) | | |
| ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS | | |
| SAMSCA | T3 | PA QL SP |
| SAMSCA (<i>tolvaptan</i>) | T3 | SP |
| TOLVAPTAN 15 MG TABLET | T3 | SP |
| <i>tolvaptan 30 mg tablet (Samsca)</i> | T3 | SP |
| VAPRISOL-5% DEXTROSE | T3 | |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

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List of Prescription Medications

| DIURETICS (Diuretics) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| CARBONIC ANHYDRASE INHIBITORS | | |
| <i>acetazolamide</i> | T1 | HD |
| <i>acetazolamide sodium</i> | T1 | HD |
| <i>methazolamide</i> | T1 | HD |
| LOOP DIURETICS | | |
| <i>bumetanide</i> | T1 | HD |
| EDECIN (<i>ethacrynic acid</i>) | T3 | PA HD |
| <i>ethacrynate sodium</i> (Sodium Edecrin) | T1 | HD |
| <i>furosemide</i> | T1 | HD |
| <i>furosemide</i> (Lasix) | T1 | HD |
| FUROSEMIDE-0.9% NACL | T1 | HD |
| FUROSCIX | T3 | PA QL (2 kits/30 days) HD |
| LASIX (<i>furosemide</i>) | T3 | PA HD |
| SODIUM EDECIN (<i>ethacrynate sodium</i>) | T3 | HD |
| <i>torseamide</i> | T1 | HD |
| OSMOTIC DIURETICS | | |
| <i>mannitol</i> | T1 | |
| <i>mannitol</i> (Osmitol) | T1 | |
| OSMITROL 10% IV SOLUTION (<i>mannitol</i>) | T3 | |
| <i>osmitrol 15% iv solution</i> | T3 | |
| <i>osmitrol 20% iv solution</i> | T2 | |
| OSMITROL 10% (50 GM/500 ML) (<i>mannitol</i>) | T3 | |
| POLYCYSTIC KIDNEY DISEASE AGENT, AVP RECEPTOR ANTAGONIST | | |
| JYNARQUE 15 MG TABLET | T3 | SP |
| JYNARQUE 15 MG-15 MG TABLET | T3 | PA SP |
| JYNARQUE 30 MG TABLET | T3 | SP |
| JYNARQUE 30 MG-15 MG TABLET | T3 | PA SP |
| JYNARQUE 45 MG-15 MG TABLET | T3 | PA SP |
| JYNARQUE 60 MG-30 MG TABLET | T3 | PA SP |
| JYNARQUE 90 MG-30 MG TABLET | T3 | PA SP |
| POTASSIUM SPARING DIURETICS | | |
| ALDACTONE (<i>spironolactone</i>) | T3 | PA HD |
| <i>amiloride hcl</i> | T1 | HD |
| CAROSPIR | T2 | PA HD |
| DYRENIUM (<i>triamterene</i>) | T3 | PA HD |
| <i>eplerenone</i> (Inspra) | T1 | HD |
| <i>spironolactone</i> | T1 | HD |

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List of Prescription Medications

| DIURETICS (Diuretics) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| POTASSIUM SPARING DIURETICS IN COMBINATION | | |
| INSPRA (<i>eplerenone</i>) | T3 | HD |
| <i>spironolactone</i> (Aldactone) | T1 | HD |
| <i>triamterene</i> (Dyrenium) | T1 | HD |
| ALDACTAZIDE | T3 | HD |
| ALDACTAZIDE (<i>spironolactone-hctz</i>) | T3 | HD |
| <i>amiloride/hydrochlorothiazide</i> | T1 | HD |
| DYAZIDE (<i>triamterene-hydrochlorothiazid</i>) | T3 | HD |
| MAXZIDE (<i>triamterene-hydrochlorothiazid</i>) | T3 | HD |
| MAXZIDE-25 MG (<i>triamterene-hydrochlorothiazid</i>) | T3 | HD |
| <i>spironolact/hydrochlorothiazid</i> (Aldactazide) | T1 | HD |
| <i>triamterene/hydrochlorothiazid</i> (Dyazide) | T1 | HD |
| <i>triamterene/hydrochlorothiazid</i> (Maxzide) | T1 | HD |
| <i>triamterene/hydrochlorothiazid</i> (Maxzide-25 Mg) | T1 | HD |
| THIAZIDE AND RELATED DIURETICS | | |
| <i>chlorothiazide sodium</i> (Sodium Diuril) | T1 | HD |
| <i>chlorthalidone</i> | T1 | HD |
| DIURIL | T2 | HD |
| <i>hydrochlorothiazide</i> | T1 | HD |
| <i>indapamide</i> | T1 | HD |
| <i>metolazone</i> | T1 | HD |
| SODIUM DIURIL (<i>chlorothiazide sodium</i>) | T2 | HD |
| THALITONE | T3 | PA HD |
| EENT PREPS (Allergy/Nasal Sprays) | | |
| NASAL ANTIHISTAMINE | | |
| <i>azelastine 0.1% (137 mcg) spray</i> | T1 | HD |
| <i>azelastine 0.15% nasal spray</i> | T1 | HD |
| <i>olopatadine 665 mcg nasal spray</i> (Patanase) | T1 | HD |
| PATANASE (<i>olopatadine hcl</i>) | T3 | HD |
| NASAL ANTIHISTAMINE AND ANTI-INFLAM. STEROID COMB. | | |
| <i>azelastine/fluticasone</i> (Dymista) | T1 | HD |
| DYMISTA (<i>azelastine-fluticasone</i>) | T3 | ST HD |
| RYALTRIS | T3 | PA QL (1 gm/30 days) |
| NASAL ANTI-INFLAMMATORY STEROIDS | | |
| BECONASE AQ | T3 | ST HD |
| <i>flunisolide</i> | T1 | HD |

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ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| EENT PREPS (Allergy/Nasal Sprays) (con't.) | | | |
|--|--------------------------|---|---|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits | |
| NASAL ANTI-INFLAMMATORY STEROIDS (con't.) | | | |
| <i>fluticasone prop 50 mcg spray</i> | T1 | HD | |
| <i>mometasone furoate 50 mcg spry (Nasonex)</i> | T1 | QL (4 bots/30 days) HD | |
| NASONEX (<i>mometasone furoate</i>) | T3 | QL (4 bots/30 days) ST HD | |
| OMNARIS | T3 | ST HD | |
| QNASL | T3 | ST HD | |
| QNASL CHILDREN | T3 | HD | |
| SINUVA | T3 | PA SP HD | |
| XHANCE | T3 | ST HD | |
| ZETONNA | T3 | ST HD | |
| NOSE PREPARATIONS, MISCELLANEOUS (RX) | | | |
| <i>ipratropium bromide</i> | T1 | HD | |
| NOSE PREPARATIONS, VASOCONSTRICTORS (RX) | | | |
| ADRENALIN CHLORIDE | T3 | | |
| <i>epinephrine hcl (Adrenalin Chloride)</i> | T1 | | |
| EENT PREPS (Ear Medications) | | | |
| EAR PREPARATIONS ANTI-INFLAMMATORY | | | |
| DERMOTIC (<i>fluocinolone acetonide oil</i>) | T3 | | |
| <i>fluocinolone acetonide oil (Dermotic)</i> | T1 | | |
| EAR PREPARATIONS, MISC. ANTI-INFECTIVES | | | |
| <i>acetic acid</i> | T1 | | |
| <i>hydrocortisone/acetic acid</i> | T1 | | |
| EENT PREPS (Eye Conditions) | | | |
| ARTIFICIAL TEARS | | | |
| LACRISERT | T3 | | |
| MIEBO | T3 | PA QL(4 bottles/22 days) | |
| EYE ANTI-INFECTIVES (RX ONLY) | | | |
| BETADINE | T2 | | |
| EYE ANTI-INFLAMMATORY AGENTS | | | |
| ACULAR (<i>ketorolac tromethamine</i>) | T3 | PA | |
| ACULAR LS (<i>ketorolac tromethamine</i>) | T3 | PA | |
| ACUVAIL | T3 | | |
| ALREX (<i>loteprednol etabonate</i>) | T3 | | |
| <i>bromfenac sodium (Bromsite)</i> | T1 | | |
| BROMSITE (<i>bromfenac sodium</i>) | T2 | | |
| <i>diclofenac 0.1% eye drops</i> | T1 | | |
| DUREZOL | T3 | PA | |
| T1 – Typically Generics | PA – Prior Authorization | AGE – Age Requirement | PPACA – No Cost-Share Preventive Medication |
| T2 – Typically Preferred Brands | QL – Quantity Limit | SP – Specialty Medication | CSL – Oral cancer medication subject to cost-share limits |
| T3 – Typically Non-Preferred Brands | ST – Step Therapy | HD – May require home delivery pharmacy | |

List of Prescription Medications

| EENT PREPS (Eye Conditions) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| EYE ANTI-INFLAMMATORY AGENTS | | |
| EYSUVIS | T2 | QL (8.3ml/14 days) |
| FLAREX | T2 | |
| <i>fluorometholone (Fml)</i> | T1 | |
| <i>flurbiprofen sodium</i> | T1 | |
| FML (<i>fluorometholone</i>) | T3 | PA |
| FML FORTE | T3 | PA |
| ILEVRO | T3 | |
| ILUVIEN | T3 | SP |
| INVELTYS | T2 | |
| <i>ketorolac 0.4% ophth solution (Acular Ls)</i> | T1 | |
| <i>ketorolac 0.5% ophth solution (Acular)</i> | T1 | |
| LOTEMAX 0.5% EYE DROPS | T3 | PA |
| LOTEMAX 0.5% EYE OINTMENT | T2 | |
| LOTEMAX SM 0.38% OPHTH GEL | T3 | PA |
| <i>loteprednol etabonate (Lotemax)</i> | T1 | |
| <i>loteprednol etabonate (Alrex)</i> | T1 | |
| MAXIDEX | T3 | PA |
| NEVANAC | T3 | PA |
| OMNIPRED (<i>prednisolone acetate</i>) | T3 | |
| OZURDEX | T3 | SP |
| PRED FORTE (<i>prednisolone acetate</i>) | T3 | PA |
| PRED MILD | T3 | PA |
| <i>prednisolone acetate (Pred Forte)</i> | T1 | |
| <i>prednisolone sodium phosphate</i> | T1 | |
| PROLENSA | T3 | |
| TRIESENCE | T3 | |
| EYE IRRIGATIONS | | |
| <i>balanced salt irrig soln no.2</i> | T1 | |
| <i>balanced salt irrig soln no.2</i> | T3 | |
| BSS PLUS | T3 | |
| EYE LOCAL ANESTHETICS | | |
| AKTEN | T3 | |
| ALCAINE (<i>proparacaine hcl</i>) | T3 | |
| ALTAFLUOR BENOX (<i>flurox</i>) | T3 | |
| <i>benoxinate hcl/fluorescein sod (Altafluor Benox)</i> | T1 | |
| <i>benoxinate hcl/fluorescein sod (Altafluor Benox)</i> | T3 | |

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ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| EENT PREPS (Eye Conditions) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| EYE LOCAL ANESTHETICS | | |
| <i>proparacaine hcl</i> (Alcaine) | T1 | |
| <i>proparacaine/fluorescein sod</i> | T1 | |
| <i>proparacaine/fluorescein sod</i> | T3 | |
| <i>tetracaine hcl</i> | T1 | |
| TETRAVISC | T2 | |
| TETRAVISC FORTE | T2 | |
| EYE MAST CELL STABILIZERS | | |
| ALOCRIL | T3 | PA |
| ALOMIDE | T3 | PA |
| <i>cromolyn 4% eye drops</i> | T1 | |
| EYE MYDRIATIC AND NSAID COMBINATIONS | | |
| OMIDRIA | T3 | |
| EYE PREPARATIONS, MISCELLANEOUS (OTC) | | |
| GELFILM | T3 | |
| EYE VASOCONSTRICTORS | | |
| <i>phenylephrine hcl</i> | T1 | |
| UPNEEQ | T3 | PA |
| MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS | | |
| <i>apraclonidine hcl</i> (Iopidine) | T1 | HD |
| ALPHAGAN P (brimonidine tartrate) | T3 | PA HD |
| AZOPT (<i>brinzolamide</i>) | T3 | PA HD |
| <i>betaxolol hcl</i> | T1 | HD |
| BETIMOL | T3 | PA HD |
| BETOPTIC S | T2 | HD |
| <i>bimatoprost</i> | T1 | QL (10 gm/30 days) HD |
| <i>brimonidine tartrate</i> | T1 | HD |
| <i>brimonidine tartrate</i> (Alphagan P) | T1 | HD |
| <i>brinzolamide</i> (Azopt) | T1 | HD |
| <i>carbachol</i> | T3 | HD |
| <i>carteolol hcl</i> | T1 | HD |
| COMBIGAN | T3 | PA HD |
| COSOPT (<i>dorzolamide-timolol</i>) | T3 | PA HD |
| COSOPT PF (<i>dorzolamide-timolol</i>) | T3 | PA HD |
| <i>dorzolamide hcl</i> (Trusopt) | T1 | HD |

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List of Prescription Medications

| EENT PREPS (Eye Conditions) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS | | |
| <i>dorzolamide hcl/timolol maleate</i> (Cosopt) | T1 | HD |
| <i>dorzolamide/timolol/pf</i> (Cosopt Pf) | T1 | HD |
| DURYSTA | T3 | PA SP HD |
| IOPIDINE 1% EYE DROPS | T3 | PA HD |
| ISOPTO CARPINE (<i>pilocarpine hcl</i>) | T3 | HD |
| ISTALOL (<i>timolol maleate</i>) | T3 | PA HD |
| IYUZEH | T3 | PA QL(30 vials/30 days) HD |
| <i>latanoprost</i> (Xalatan) | T1 | HD |
| <i>levobunolol hcl</i> | T1 | HD |
| LUMIGAN | T3 | PA HD |
| MIOCHOL-E | T3 | HD |
| PHOSPHOLINE IODIDE | T2 | HD |
| <i>pilocarpine hcl</i> (Isopto Carpine) | T1 | HD |
| RHOPRESSA | T3 | HD |
| ROCKLATAN | T3 | HD |
| SIMBRINZA | T2 | HD |
| <i>timolol maleate</i> (Istalol) | T1 | HD |
| <i>timolol maleate</i> (Timoptic) | T1 | HD |
| <i>timolol maleate</i> (Timoptic-xe) | T1 | HD |
| <i>timolol maleate/pf</i> (Timoptic Ocudose) | T1 | HD |
| TIMOPTIC (<i>timolol maleate</i>) | T3 | PA HD |
| TIMOPTIC OCUDOSE | T3 | PA HD |
| TIMOPTIC OCUDOSE (<i>timolol maleate</i>) | T3 | PA HD |
| TIMOPTIC-XE (<i>timolol maleate</i>) | T3 | PA HD |
| TRAVATAN Z (<i>travoprost</i>) | T3 | PA HD |
| <i>travoprost</i> (Travatan Z) | T1 | HD |
| TRUSOPT (<i>dorzolamide hcl</i>) | T3 | PA HD |
| VUITY | T3 | PA |
| VYZULTA | T3 | PA HD |
| XALATAN (<i>latanoprost</i>) | T3 | PA HD |
| XELPROS | T3 | PA HD |
| ZIOPTAN 0.0015% EYE DROPS (<i>tafluprost/pf</i>) | T3 | PA QL (60 droppers/30 days) HD |
| MYDRIATICS | | |
| <i>atropine 1% eye drops</i> | T1 | HD |
| <i>atropine 1% eye ointment</i> | T1 | HD |
| ATROPINE SULFATE-0.9% NAACL | T1 | HD |

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List of Prescription Medications

| EENT PREPS (Eye Conditions) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| MYDRIATICS | | |
| CYCLOGYL 0.5% EYE DROPS (<i>cyclopentolate hcl</i>) | T2 | HD |
| CYCLOGYL 1% EYE DROPS | T3 | HD |
| CYCLOGYL 1% EYE DROPS (<i>cyclopentolate hcl</i>) | T3 | HD |
| CYCLOGYL 2% EYE DROPS (<i>cyclopentolate hcl</i>) | T3 | HD |
| CYCLOMYDRIL | T2 | HD |
| MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS | | |
| <i>cyclopentolate hcl</i> (Cyclogyl) | T1 | HD |
| <i>homatropine hbr</i> | T1 | HD |
| ISOPTO ATROPINE (<i>atropine sulfate</i>) | T3 | HD |
| MYDRIACYL (<i>tropicamide</i>) | T3 | HD |
| PAREMYD | T3 | HD |
| <i>tropicamide</i> | T1 | HD |
| <i>tropicamide</i> (Mydriacyl) | T1 | HD |
| TROPICAMIDE-CYCLOPENTOLATE-PE | T3 | HD |
| OPHTH VASC. ENDOTHELIAL GROWTH FACTOR ANTAGONISTS | | |
| EYLEA | T3 | PA SP |
| OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY | | |
| BEOVU | T3 | PA SP |
| LUCENTIS | T3 | PA SP |
| OPHTHALMIC ANTI-FIBROTIC AGENTS | | |
| MITOSOL | T3 | |
| OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE | | |
| CEQUA | T3 | HD |
| RESTASIS | T2 | HD |
| RESTASIS MULTIDOSE | T2 | HD |
| VERKAZIA | T3 | PA QL (1 box/month) |
| VEVYE | T3 | PA HD |
| XIIDRA | T2 | HD |
| OPHTHALMIC COMPLEMENT INHIBITORS | | |
| SYFOVRE | T3 | PA SP HD |
| OPHTHALMIC CYSTINE DEPLETING AGENTS | | |
| CYSTADROPS | T3 | PA QL (20ml/21 days) SP |
| CYSTARAN | T3 | PA QL (120ml/28 days) SP |
| OPHTHALMIC HUMAN NERVE GROWTH FACTOR (HNGF) | | |
| OXERVATE | T3 | PA SP HD |

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List of Prescription Medications

| EENT PREPS (Eye Conditions) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| OPHTHALMIC PREPARATIONS, MISCELLANEOUS | | |
| AMVISC | T3 | SP |
| AMVISC PLUS | T3 | SP |
| DISCOVISC | T3 | |
| DUOVISC | T3 | |
| HEALON (<i>biolon</i>) | T3 | SP |
| HEALONS | T3 | |
| <i>hyaluronate sodium</i> (Provisc) | T3 | SP |
| PROVISC | T3 | SP |
| TOTALVISC | T3 | SP |
| VISCOAT | T3 | |
| OPHTHALMIC SURGICAL AIDS | | |
| CELLUGEL | T3 | |
| <i>hypromellose</i> (Cellugel) | T1 | |
| MEMBRANEBLUE | T3 | |
| VISIONBLUE | T3 | |
| ELECT/CALORIC/H2O (Cholesterol Medications) | | |
| ORAL LIPID SUPPLEMENTS | | |
| DOJOLVI | T3 | PA SP HD |
| ELECT/CALORIC/H2O (Dental Products) | | |
| FLUORIDE PREPARATIONS | | |
| CLINPRO 5000 | T3 | |
| <i>fluoride (sodium)</i> (Prevident 5000 Ortho Defense) | T1 | |
| <i>fluoride (sodium)</i> (Prevident 5000 Plus) | T1 | |
| <i>fluoride (sodium)</i> (Prevident 5000) | T1 | |
| <i>fluoride (sodium)</i> (Prevident) | T1 | |
| FLUORIDEX | T1 | |
| FLUORIDEX SENSITIVITY RELIEF | T3 | |
| PREVIDENT 0.2% RINSE | T3 | |
| PREVIDENT 1.1% GEL (<i>sodium fluoride</i>) | T3 | |
| PREVIDENT 5000 | T2 | |
| PREVIDENT 5000 BOOSTER PLUS | T2 | |
| PREVIDENT 5000 ENAMEL PROTECT | T2 | |

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List of Prescription Medications

ELECT/CALORIC/H2O (Dental Products)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| FLUORIDE PREPARATIONS | | |
| PREVIDENT 5000 ORTHO DEFENSE | T2 | |
| PREVIDENT 5000 PLUS (<i>sodium fluoride 5000 plus</i>) | T3 | |
| PREVIDENT 5000 SENSITIVE | T2 | |
| PREVIDENT DENTAL RINSE | T3 | |
| <i>sodium fluoride/potassium nit</i> (Prevident 5000 Sensitive) | T1 | |

ELECT/CALORIC/H2O (Diabetes)

AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)

| | | |
|---|----|-------------------------|
| BAQSIMI | T2 | QL (2/30 days) |
| <i>diazoxide</i> (Proglycem) | T1 | |
| GLUCAGEN 1 MG HYPOKIT | T2 | QL (2 pens/30 days) |
| GLUCAGON 1 MG EMERGENCY KIT | T3 | QL (2 pens/30 days) |
| <i>glucagon 1 mg emergency kit</i> (Glucagon Emergency Kit) | T1 | QL (2 pens/30 days) |
| GVOKE HYPOPEN 1-PACK | T3 | QL (2 packs/22 days) |
| GVOKE HYPOPEN 2-PACK | T3 | QL (2 packs/22 days) |
| GVOKE PFS 1-PACK SYRINGE | T3 | QL (2 syringes/30 days) |
| GVOKE PFS 2-PACK SYRINGE | T3 | QL (2 syringes/30 days) |
| PROGLYCEM (<i>diazoxide</i>) | T3 | |
| ZEGALOGUE | T2 | QL (2 units/23 days) |

ELECT/CALORIC/H2O (Miscellaneous)

BICARBONATE PRODUCING/CONTAINING AGENTS

| | | |
|----------------------------------|----|--|
| <i>sodium acetate</i> | T1 | |
| <i>sodium bicarbonate</i> | T1 | |
| <i>sodium bicarbonate in d5w</i> | T1 | |

DRUGS USED TO TREAT ACIDOSIS

| | | |
|------|----|--|
| THAM | T3 | |
|------|----|--|

IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS

| | | |
|-------------------------------------|----|--|
| <i>dextrose 5%-lactated ringers</i> | T1 | |
|-------------------------------------|----|--|

IV SOLUTIONS: DEXTROSE-SALINE

| | | |
|---------------------------------------|----|--|
| <i>dextrose 10 % and 0.2 % nacl</i> | T1 | |
| <i>dextrose 10 % and 0.45 % nacl</i> | T1 | |
| <i>dextrose 2.5 % and 0.45 % nacl</i> | T1 | |
| <i>dextrose 5 % and 0.3 % nacl</i> | T1 | |
| <i>dextrose 5 % and 0.9 % nacl</i> | T1 | |
| <i>dextrose 5 %-0.2 % sod chlorid</i> | T1 | |
| <i>dextrose 5 %-0.45 % sod chlord</i> | T1 | |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| ELECT/CALORIC/H2O (Miscellaneous) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| IV SOLUTIONS: DEXTROSE-WATER | | |
| <i>dextrose 10 % in water</i> | T1 | |
| <i>dextrose 20 % in water</i> | T1 | |
| <i>dextrose 25 % in water</i> | T1 | |
| <i>dextrose 30 % in water</i> | T1 | |
| <i>dextrose 40 % in water</i> | T1 | |
| <i>dextrose 5 % in water</i> | T1 | |
| <i>dextrose 5 % in water (Glucose In Water)</i> | T1 | |
| <i>dextrose 50 % in water</i> | T1 | |
| <i>dextrose 70 % in water</i> | T1 | |
| GLUCOSE IN WATER (<i>dextrose in water</i>) | T1 | |
| NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS | | |
| XURIDEN | T3 | PA SP |
| PARENTERAL AMINO ACID SOLUTIONS AND COMBINATIONS | | |
| AA 3%-D10W-CALCIUM-HEPARIN | T3 | |
| AMINOSYN | T3 | |
| AMINOSYN II | T3 | |
| AMINOSYN II WITH ELECTROLYTES | T3 | |
| AMINOSYN M | T3 | |
| AMINOSYN WITH ELECTROLYTES | T3 | |
| AMINOSYN-PF | T3 | |
| AMINOSYN-RF | T3 | |
| CLINIMIX | T3 | |
| CLINIMIX E | T3 | |
| CLINISOL | T3 | |
| HEPATAMINE | T3 | |
| KABIVEN | T3 | |
| <i>parenteral amino acid 10% no.4</i> | T3 | |
| <i>parenteral amino acid 10% no.6</i> | T3 | |
| <i>parenteral amino acid 10% no.7</i> | T3 | |
| PERIKABIVEN | T3 | |
| PLENAMINE | T3 | |
| PROCALAMINE | T3 | |
| PROSOL | T3 | |
| TROPHAMINE | T3 | |

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List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| CALCIUM REPLACEMENT | | |
| <i>calcium chloride</i> | T1 | |
| CALCIUM GLU 2,000MG/100ML-NACL | T3 | |
| CALCIUM GLUC 1,000MG/50ML-NACL | T1 | |
| <i>calcium gluconate</i> | T1 | |
| <i>calcium gluconate in 0.9% nacl</i> (Calcium Gluconate-0.9% Nacl) | T1 | |
| CALCIUM GLUCONATE-0.9% NACL | T1 | |
| CALCIUM GLUCONATE-0.9% NACL (<i>calcium gluconate-0.9% nacl</i>) | T1 | |
| CALCIUM GLUCONATE-D5W | T1 | |
| ELECTROLYTE DEPLETERS | | |
| AURYXIA | T3 | QL (12 tabs/day) |
| <i>calcium acetate</i> | T1 | |
| FOSRENOL 1,000 MG POWDER PACK | T2 | PA |
| FOSRENOL 1,000 MG TABLET CHEW (<i>lanthanum carbonate</i>) | T3 | PA |
| FOSRENOL 500 MG TABLET CHEW (<i>lanthanum carbonate</i>) | T3 | PA |
| FOSRENOL 750 MG POWDER PACKET | T2 | PA |
| FOSRENOL 750 MG TABLET CHEW (<i>lanthanum carbonate</i>) | T3 | PA |
| <i>lanthanum carbonate</i> (Fosrenol) | T1 | |
| LOKELMA | T2 | |
| PHOSLYRA | T3 | |
| RENAGEL (<i>sevelamer hcl</i>) | T3 | PA |
| REVELA (<i>sevelamer carbonate</i>) | T3 | PA |
| <i>sevelamer carbonate</i> (Renvela) | T1 | |
| <i>sevelamer hcl</i> | T1 | |
| <i>sevelamer hcl</i> (Renagel) | T1 | |
| <i>sodium polystyrene sulfon/sorb</i> | T1 | |
| <i>sodium polystyrene sulfonate</i> | T1 | |
| <i>sps 15 gm/60 ml suspension</i> | T1 | |
| <i>sps 30 gm/120 ml enema susp</i> | T3 | |
| VELPHORO | T2 | |
| VELTASSA | T2 | |
| XPHOZAH | T3 | PA |
| ELECTROLYTE MAINTENANCE | | |
| <i>electrolyte-48 solution/d5w</i> | T1 | |
| IONOSOL B WITH DEXTROSE 5% | T3 | |
| IONOSOL MB-DEXTROSE 5% | T3 | |
| ISOLYTE P WITH DEXTROSE | T3 | |

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List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ELECTROLYTE MAINTENANCE | | |
| ISOLYTE S | T3 | |
| NORMOSOL-M AND DEXTROSE | T3 | |
| NORMOSOL-R | T3 | |
| NORMOSOL-R AND DEXTROSE | T3 | |
| NORMOSOL-R PH 7.4 | T3 | |
| PLASMA-LYTE 148 | T3 | |
| PLASMA-LYTE A PH 7.4 | T3 | |
| <i>ringer's solution</i> | T1 | |
| <i>ringer's solution, lactated</i> | T1 | |
| TPN ELECTROLYTES | T3 | |
| TPN ELECTROLYTES II | T3 | |
| IODINE CONTAINING AGENTS | | |
| IODOPEN | T3 | |
| <i>potassium iodide/iodine</i> | T1 | |
| SSKI | T1 | |
| IRON REPLACEMENT | | |
| HEMOCYTE PLUS (<i>mv-mins no.73/iron fum/folic</i>) | T3 | |
| <i>mv-mins no.73/iron fum/folic</i> (Hemocyte Plus) | T1 | |
| MAGNESIUM SALTS REPLACEMENT | | |
| <i>magnesium chloride</i> | T1 | |
| <i>magnesium sulfate</i> | T1 | |
| <i>magnesium sulfate in water</i> | T1 | |
| MAGNESIUM SULFATE-0.9% NACL | T1 | |
| MAGNESIUM SULFATE-D5W | T1 | |
| MAGNESIUM-LACTATED RINGERS | T1 | |
| MINERAL REPLACEMENT, MISCELLANEOUS | | |
| ADDAMEL N | T3 | |
| <i>chromic chloride</i> | T1 | |
| <i>cupric chloride</i> | T1 | |
| <i>manganese chloride</i> | T1 | |
| <i>manganese sulfate</i> | T1 | |
| MULTITRACE-4 CONC VIAL | T1 | |
| <i>multitrace-4 vial</i> | T3 | |
| MULTITRACE-5 | T1 | |
| PEDITRACE | T3 | |
| SELENIOS ACID | T1 | |
| TRALEMENT | T3 | |

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List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| PHOSPHATE REPLACEMENT | | |
| GLYCOPHOS | T3 | |
| <i>potassium phos, m-basic-d-basic</i> | T1 | |
| POTASSIUM PHOSPHATE-0.9% NACL | T1 | |
| POTASSIUM PHOSPHATES | T3 | |
| <i>sod phosphate, monobasic-dibas</i> | T1 | |
| SODIUM PHOSPHATE-0.9% NACL | T1 | |
| POTASSIUM REPLACEMENT | | |
| EFFER-K 10 MEQ TABLET EFF | T3 | |
| EFFER-K 20 MEQ TABLET EFF | T3 | |
| <i>effe-r-k 25 meq tablet eff</i> | T1 | |
| <i>klor-con 10 meq tablet (K-tab Er)</i> | T1 | |
| <i>klor-con 10 meq tablet (K-tab Er)</i> | T3 | |
| <i>klor-con 8 meq tablet</i> | T1 | |
| <i>klor-con 8 meq tablet</i> | T3 | |
| K-TAB ER (<i>potassium chloride</i>) | T3 | |
| POKONZA | T3 | |
| <i>potassium acetate</i> | T1 | |
| <i>potassium bicarbonate/cit ac</i> | T1 | |
| <i>potassium chloride</i> | T1 | |
| <i>potassium chloride</i> | T2 | |
| <i>potassium chloride</i> | T3 | |
| <i>potassium chloride (K-tab Er)</i> | T1 | |
| <i>potassium chloride in 0.9%nacl</i> | T1 | |
| <i>potassium chloride in d5w</i> | T1 | |
| <i>potassium chloride in lr-d5</i> | T1 | |
| <i>potassium chloride in water</i> | T1 | |
| <i>potassium chloride/d5-0.2%nacl</i> | T1 | |
| <i>potassium chloride/d5-0.3%nacl</i> | T1 | |
| <i>potassium chloride/d5-0.45nacl</i> | T1 | |
| <i>potassium chloride/d5-0.9%nacl</i> | T1 | |
| <i>potassium chloride-0.45% nacl</i> | T1 | |
| POTASSIUM CHLORIDE-0.9% NACL | T1 | |
| <i>potassium cl/lido/0.9 % nacl (Potassium Cl-lidocaine-ns)</i> | T1 | |
| POTASSIUM CL-LIDOCAINE-NS (<i>potassium cl-lidocaine-ns</i>) | T1 | |

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List of Prescription Medications

| ELECT/CALORIC/H2O (Nutritional/Dietary) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| SODIUM/SALINE PREPARATIONS | | |
| 0.9 % sodium chloride | T1 | |
| KENDALL 0.9% NACL WITH CAP | T1 | |
| sodium chloride | T1 | |
| sodium chloride 0.45 % | T1 | |
| sodium chloride 0.9 % (flush) | T1 | |
| sodium chloride 3 % | T1 | |
| sodium chloride 5 % | T1 | |
| SWABFLUSH | T3 | |
| ZINC REPLACEMENT | | |
| zinc chloride | T1 | |
| zinc sulfate 10 mg/10 ml vial | T1 | |
| zinc sulfate 25 mg/5 ml vial | T1 | |
| ZINC SULFATE 30 MG/10 ML VIAL | T3 | |
| ELECT/CALORIC/H2O (Urinary Tract Conditions) | | |
| DIALYSIS SOLUTIONS | | |
| DELFLX WITH 1.5% DEXTROSE | T3 | |
| DELFLX-2.5% DEXTROSE | T3 | |
| DIANEAL PD-2 W-1.5% DEXTROSE | T3 | |
| DIANEAL PD-2 W-2.5% DEXTROSE | T2 | |
| DIANEAL PD-2 W-4.25% DEXTROSE | T3 | |
| DIANEAL WITH 1.5% DEXTROSE | T3 | |
| DIANEAL WITH 2.5% DEXTROSE | T3 | |
| DIANEAL WITH 4.25% DEXTROSE | T3 | |
| EXTRANEAL ICODextrin DIALYSIS | T3 | |
| perit. dialysis no.6-1.5 % dex (Dianeal With 1.5% Dextrose) | T3 | |
| periton.dialysis 7-2.5 % dextr (Dianeal With 2.5% Dextrose) | T3 | |
| periton.dialysis 8-4.25 % dext (Dianeal With 4.25% Dextrose) | T3 | |
| PHOXILLUM | T3 | |
| PRISMASOL | T3 | |
| URINARY PH MODIFIERS | | |
| K-PHOS NO.2 | T2 | HD |
| K-PHOS ORIGINAL | T2 | HD |
| ORACIT | T3 | HD |
| potassium citrate (Urocit-k) | T1 | HD |
| potassium citrate/citric acid | T1 | HD |
| RENACIDIN | T3 | HD |

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List of Prescription Medications

ELECT/CALORIC/H2O (Urinary Tract Conditions)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

URINARY PH MODIFIERS

| | | |
|--|----|----|
| UROCID-K (<i>potassium citrate er</i>) | T3 | HD |
| UROQID-ACID NO.2 | T2 | HD |

GASTROINTESTINAL (Cholesterol Medications)

LIPOTROPICS

| | | |
|---|----|-------|
| <i>icosapent ethyl</i> (Vascepa) | T1 | HD |
| LOVAZA (<i>triklo</i>) | T3 | PA HD |
| <i>omega-3 acid ethyl esters</i> (Lovaza) | T1 | HD |
| VASCEPA | T2 | PA HD |

GASTROINTESTINAL (Gastrointestinal/Heartburn)

AMMONIA INHIBITORS

| | | |
|---|----|---------------------------------|
| AMMONUL (<i>sodium phenylacet-sod benzoate</i>) | T3 | HD |
| BUPHENYL (<i>sodium phenylbutyrate</i>) | T3 | SP HD |
| <i>lactulose</i> | T1 | HD |
| <i>lactulose 10 gm/15 ml solution</i> | T1 | |
| LITHOSTAT | T2 | HD |
| PHEBURANE | T2 | PA QL (8 bottles/30 days) SP HD |
| RAVICTI | T3 | PA SP HD |
| <i>sodium benzoate/sod phenylacet</i> (Ammonul) | T1 | HD |
| <i>sodium phenylbutyrate</i> (Buphenyl) | T3 | SP HD |

ANTI-CHOLINERGICS, QUATERNARY AMMONIUM

| | | |
|---|----|----|
| <i>chlordiazepoxide/clidinium br</i> (Librax) | T1 | |
| CUVPOSA | T3 | |
| DARTISLA | T3 | PA |
| GLYCATE | T3 | |
| <i>glycopyrrolate</i> | T1 | |
| <i>glycopyrrolate</i> (Glycate) | T1 | |
| <i>glycopyrrolate</i> (Robinul Forte) | T1 | |
| <i>glycopyrrolate</i> (Robinul) | T1 | |
| GLYCOPYRROLATE-WATER | T1 | |
| LIBRAX (<i>chlordiazepoxide-clidinium</i>) | T3 | PA |
| <i>propantheline bromide</i> | T1 | |
| ROBINUL (<i>glycopyrrolate</i>) | T3 | |
| ROBINUL FORTE (<i>glycopyrrolate</i>) | T3 | |

GASTROINTESTINAL (Gastrointestinal/Heartburn)

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List of Prescription Medications

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| ANTI-CHOLINERGICS/ANTI-SPASMODICS | | |
| BENTYL | T3 | |
| <i>dicyclomine hcl</i> | T1 | |
| <i>dicyclomine hcl (Bentyl)</i> | T1 | |
| ANTI-DIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS | | |
| MYTESI | T3 | |
| ANTI-DIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR | | |
| XERMELO | T3 | PA SP |
| ANTI-DIARRHEALS | | |
| <i>diphenoxylate hcl/atropine</i> | T1 | |
| <i>diphenoxylate hcl/atropine (Lomotil)</i> | T1 | |
| LOMOTIL (<i>diphenoxylate-atropine</i>) | T3 | |
| <i>loperamide hcl</i> | T1 | |
| MOTOFEN | T3 | |
| <i>opium tincture</i> | T1 | PA |
| <i>paregoric</i> | T1 | |
| ANTI-EMETIC, CANNABINOID-TYPE | | |
| <i>dronabinol (Marinol)</i> | T1 | |
| MARINOL (<i>dronabinol</i>) | T3 | PA |
| SYNDROS | T3 | PA |
| ANTI-EMETIC/ANTI-VERTIGO AGENTS | | |
| AKYNZEO 235-0.25 MG VIAL | T3 | PA |
| AKYNZEO 235-0.25 MG/20 ML VIAL | T3 | PA |
| AKYNZEO 300-0.5 MG CAPSULE | T3 | PA QL (4 caps/28 days) |
| ALOXI (<i>palonosetron hcl</i>) | T3 | PA |
| ANZEMET | T3 | PA QL (5 tabs/30 days) SP |
| <i>aprepitant 125 mg capsule</i> | T1 | QL (4 caps/28 days) |
| <i>aprepitant 125-80-80 mg pack (Emend)</i> | T1 | QL (12 caps/28 days) |
| <i>aprepitant 40 mg capsule</i> | T1 | QL (1 cap/28 days) |
| <i>aprepitant 80 mg capsule (Emend)</i> | T1 | QL (8 caps/28 days) |
| BARHEMSYS | T3 | |
| BONJESTA | T3 | |
| CINVANTI | T3 | PA |
| COMPAZINE (<i>prochlorperazine maleate</i>) | T3 | |
| COMPAZINE (<i>prochlorperazine</i>) | T3 | |
| DICLEGIS (<i>doxylamine succ-pyridoxine hcl</i>) | T3 | |

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T3 – Typically Non-Preferred Brands

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List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-EMETIC/ANTI-VERTIGO AGENTS | | |
| <i>dimenhydrinate</i> | T1 | |
| <i>doxylamine succinate/vit b6</i> (Diclegis) | T1 | |
| EMEND 125 MG POWDER PACKET | T3 | PA QL (12 caps/28 days) |
| EMEND 150 MG VIAL (<i>fosaprepitant dimeglumine</i>) | T3 | PA |
| EMEND 80 MG CAPSULE (<i>aprepitant</i>) | T3 | PA QL (8 caps/28 days) |
| EMEND TRIPACK (<i>aprepitant</i>) | T3 | PA QL (12 caps/28 days) |
| <i>fosaprepitant dimeglumine</i> (Emend) | T1 | PA |
| <i>granisetron hcl</i> | T1 | |
| <i>granisetron hcl/pf</i> | T1 | |
| <i>ondansetron</i> | T1 | |
| <i>ondansetron hcl</i> | T1 | |
| <i>ondansetron hcl</i> (Zofran) | T1 | |
| <i>ondansetron hcl/pf</i> | T1 | |
| ONDANSETRON HCL-0.9% NAACL | T1 | |
| ONDANSETRON HCL-D5W | T1 | |
| <i>palonosetron hcl</i> | T1 | PA |
| <i>palonosetron hcl</i> (Aloxi) | T1 | PA |
| <i>prochlorperazine</i> (Compazine) | T1 | |
| <i>prochlorperazine edisylate</i> | T1 | |
| <i>prochlorperazine maleate</i> (Compazine) | T1 | |
| <i>promethazine hcl</i> | T1 | |
| <i>promethazine hcl</i> | T3 | |
| SANCUSO | T3 | PA QL (4 patches/30 days) |
| <i>scopolamine</i> (Transderm-scop) | T1 | |
| SUSTOL | T3 | PA |
| TIGAN | T3 | |
| TIGAN (<i>trimethobenzamide hcl</i>) | T3 | |
| TRANSDERM-SCOP (<i>scopolamine</i>) | T3 | |
| <i>trimethobenzamide hcl</i> (Tigan) | T1 | |
| VARUBI | T3 | PA QL (4 tabs/28 days) |
| ZOFRAN 2 MG/ML VIAL (<i>ondansetron hcl</i>) | T3 | |
| ZOFRAN 4 MG TABLET (<i>ondansetron hcl</i>) | T3 | PA |
| ZOFRAN 8 MG TABLET (<i>ondansetron hcl</i>) | T3 | PA |
| ZUPLENZ | T3 | PA QL (24 films/30 days) |

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List of Prescription Medications

GASTROINTESTINAL (Gastrointestinal/Heartburn)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANTI-ULCER PREPARATIONS

| | | |
|--------------------------------|----|----|
| CARAFATE (<i>sucralfate</i>) | T3 | HD |
| CYTOTEC (<i>misoprostol</i>) | T3 | HD |
| <i>misoprostol</i> (Cytotec) | T1 | HD |
| <i>sucralfate</i> (Carafate) | T1 | HD |

ANTI-ULCER-H.PYLORI AGENTS

| | | |
|---|----|----|
| <i>bismuth/metronid/tetracycline</i> (Pylera) | T1 | |
| HELIDAC | T3 | PA |
| <i>lansoprazole/amoxiciln/clarith</i> | T1 | |
| OMECLAMOX-PAK | T3 | PA |
| PYLERA (<i>bismuth/metronid/tetracycline</i>) | T3 | PA |
| TALICIA | T3 | PA |
| VOQUEZNA DUAL, TRIPLE PAK | T3 | PA |

BELLADONNA ALKALOIDS

| | | |
|--|----|----|
| <i>atropine 0.4 mg/ml vial</i> | T1 | HD |
| ATROPINE 0.4 MG/ML VIAL | T3 | HD |
| <i>atropine 0.25 mg/5 ml syringe</i> | T1 | HD |
| <i>atropine 0.5 mg/5 ml abboject</i> | T1 | HD |
| <i>atropine 1 mg/10 ml abboject</i> | T1 | HD |
| <i>atropine 1 mg/10 ml syringe</i> | T1 | HD |
| ATROPINE 1 MG/2.5 ML SYRINGE | T1 | HD |
| ATROPINE 1 MG/2.5 ML SYRINGE | T3 | HD |
| <i>atropine 1 mg/ml vial</i> | T1 | HD |
| ATROPINE 1 MG/ML VIAL | T3 | HD |
| ATROPINE 2 MG/5 ML SYRINGE | T3 | HD |
| ATROPINE SULFATE 0.25 MG/5 ML SYRINGE | T3 | HD |
| <i>atropine 8 mg/20 ml vial</i> | T1 | HD |
| DONNATAL | T3 | HD |
| DONNATAL (<i>phenohydro</i>) | T3 | HD |
| <i>hyoscyamine 0.125 mg odt</i> (Nulev) | T1 | HD |
| <i>hyoscyamine 0.125 mg tab sl</i> (Levsin-sl) | T1 | HD |
| <i>hyoscyamine 0.125 mg/5 ml elix</i> | T1 | HD |
| <i>hyoscyamine 0.125 mg/ml drop</i> | T1 | HD |
| <i>hyoscyamine sulf 0.125 mg tab</i> (Levsin) | T1 | HD |
| <i>hyoscyamine sulfate</i> | T1 | HD |
| <i>hyoscyamine sulfate</i> (Levbid) | T1 | HD |
| <i>hyoscyamine sulfate</i> (Levsin) | T1 | HD |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| BELLADONNA ALKALOIDS | | |
| <i>hyoscyamine sulfate</i> (Levsin-sl) | T1 | HD |
| <i>hyoscyamine sulfate</i> (Nulev) | T1 | HD |
| <i>hyoscyamine sulfate</i> (Nulev) | T3 | HD |
| HYOSCYAMINE SULFATE 0.5 MG/ML | T3 | HD |
| LEVIBID (<i>symax-sr</i>) | T3 | HD |
| LEVSIN | T3 | HD |
| LEVSIN (<i>oscimin</i>) | T3 | HD |
| LEVSIN-SL (<i>symax-sl</i>) | T3 | HD |
| <i>methscopolamine bromide</i> | T1 | HD |
| NULEV (<i>symax</i>) | T1 | HD |
| <i>phenobarb/hyoscy/atropine/scop</i> (Donnatal) | T1 | HD |
| <i>phenobarb/hyoscy/atropine/scop</i> (Phenobarbital-belladonna) | T1 | HD |
| <i>phenobarbital-belladonna elixr</i> (Donnatal) | T1 | HD |
| <i>phenobarbital-belladonna elixr</i> (Phenobarbital-belladonna) | T1 | HD |
| PHENOBARBITAL-BELLADONNA ELIXR (<i>phenohytr</i>) | T3 | HD |
| SYMAX DUOTAB | T2 | HD |
| BILE SALTS | | |
| ACTIGALL (<i>ursodiol</i>) | T3 | HD |
| CHENODAL | T3 | SP HD |
| CHOLBAM | T3 | PA SP HD |
| RELTONE | T3 | PA HD |
| URSO (<i>ursodiol</i>) | T3 | HD |
| URSO FORTE (<i>ursodiol</i>) | T3 | HD |
| <i>ursodiol</i> (Actigall) | T1 | HD |
| <i>ursodiol</i> (Urso Forte) | T1 | HD |
| <i>ursodiol</i> (Urso) | T1 | HD |
| CHOLERETICS | | |
| KINEVAC | T3 | |
| CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT, RECTAL TX | | |
| CANASA (<i>mesalamine</i>) | T3 | PA |
| <i>mesalamine 1,000 mg supp</i> (Canasa) | T1 | |
| <i>mesalamine 4 gm/60 ml enema</i> (Sfrowasa) | T1 | |
| <i>mesalamine 4 gm/60 ml kit</i> (Rowasa) | T1 | |
| ROWASA (<i>mesalamine</i>) | T3 | PA |
| SFROWASA (<i>mesalamine</i>) | T3 | |

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T3 – Typically Non-Preferred Brands

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HD – May require home delivery pharmacy

List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLAT | | |
| APRISO (<i>mesalamine er</i>) | T3 | ST HD |
| ASACOL HD (<i>mesalamine</i>) | T3 | ST HD |
| AZULFIDINE (<i>sulfasalazine dr</i>) | T3 | PA HD |
| AZULFIDINE (<i>sulfasalazine</i>) | T3 | PA HD |
| <i>balsalazide disodium</i> (Colazal) | T1 | HD |
| COLAZAL (<i>balsalazide disodium</i>) | T3 | ST HD |
| DELZICOL (<i>mesalamine dr</i>) | T3 | ST HD |
| DIPENTUM | T3 | ST HD |
| LIALDA (<i>mesalamine</i>) | T3 | ST HD |
| <i>mesalamine</i> (Apriso) | T1 | HD |
| <i>mesalamine</i> (Delzicol) | T1 | HD |
| <i>mesalamine 800 mg dr tablet</i> (Asacol Hd) | T1 | HD |
| <i>mesalamine dr 1.2 gm tablet</i> (Lialda) | T1 | HD |
| PENTASA | T3 | ST HD |
| <i>sulfasalazine</i> (Azulfidine) | T1 | HD |
| FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG | | |
| OCALIVA | T3 | PA SP HD |
| FECAL MICROBIOTA TRANSPLANTATION (FMT) | | |
| VOWST CAPSULE | T3 | PA QL (12 caps/8 weeks) SP HD |
| GASTRIC ENZYMES | | |
| SUCRAID | T3 | PA SP |
| <i>cimetidine</i> | T1 | HD |
| <i>cimetidine hcl</i> | T1 | HD |
| <i>famotidine</i> | T1 | HD |
| <i>famotidine</i> (Pepcid) | T1 | HD |
| <i>famotidine in nacl, iso-osm/pf</i> | T1 | HD |
| <i>famotidine/pf</i> | T1 | HD |
| FAMOTIDINE-0.9% NACL | T1 | HD |
| <i>nizatidine</i> | T1 | HD |
| PEPCID (<i>famotidine</i>) | T1 | PA HD |
| <i>ranitidine hcl</i> | T1 | HD |
| <i>ranitidine hcl</i> (Zantac) | T1 | HD |
| ZANTAC (<i>ranitidine hcl</i>) | T3 | HD |
| IBS AGENTS, MIXED OPIOID RECEPTOR AGONISTS/ANTAGONISTS | | |
| VIBERZI | T2 | HD |

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List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| IBS-C/CIC AGENTS, GUANYLATE CYCLASE-C AGONIST | | |
| LINZESS | T2 | |
| TRULANCE | T2 | |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR | | |
| BYLVAY | T3 | PA SP HD |
| LIVMARLI | T3 | PA SP HD |
| INTEGRIN RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY | | |
| ENTYVIO | T3 | PA QL(2 pens/30 days) SP HD |
| INTESTINAL MOTILITY STIMULANTS | | |
| GIMOTI | T3 | PA SP |
| <i>metoclopramide hcl</i> | T1 | |
| <i>metoclopramide hcl (Reglan)</i> | T1 | |
| MOTEGRITY | T3 | PA |
| REGLAN (<i>metoclopramide hcl</i>) | T3 | |
| IRRITABLE BOWEL SYNDROME AGENTS, 5-HT3 ANTAGONIST | | |
| <i>alosetron hcl (Lotronex)</i> | T3 | SP HD |
| LOTROXEX (<i>alosetron hcl</i>) | T3 | PA SP HD |
| ZELNORM | T3 | PA |
| IV FAT EMULSIONS | | |
| CLINOLIPID | T3 | |
| <i>fat emulsions (Nutrilipid)</i> | T3 | |
| INTRALIPID | T3 | |
| NUTRILIPID (<i>intralipid</i>) | T3 | |
| OMEGAVEN | T3 | |
| SMOFLIPID | T3 | |
| LAXATIVES AND CATHARTICS | | |
| AMITIZA (<i>lubiprostone</i>) | T3 | PA |
| <i>bisac/nac1/na/co3/kcl/peg 3350</i> | T1 | PPACA |
| CLENPIQ | T2 | PPACA |
| COLYTE WITH FLAVOR PACKETS (<i>peg 3350-electrolyte</i>) | T3 | PPACA |
| COLYTE WITH FLAVOR PACKETS (<i>peg 3350-electrolyte</i>) | T3 | PA PPACA |
| GOLYTELY | T3 | PA PPACA |
| GOLYTELY (<i>peg-3350 and electrolytes</i>) | T3 | PA PPACA |
| KRISTALOSE | T3 | |
| <i>lactulose</i> | T1 | |
| <i>lactulose 10 gm packet (Kristalose)</i> | T1 | |
| <i>lactulose 10 gm/15 ml solution</i> | T1 | |
| <i>lactulose 20 gm/30 ml solution</i> | T1 | |

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List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| LAXATIVES AND CATHARTICS (cont.) | | |
| <i>lactulose 10 gm/15 ml solution</i> | T1 | |
| <i>lactulose 20 gm/30 ml solution</i> | T1 | |
| <i>lubiprostone</i> | T1 | |
| LUBIPROSTONE | T3 | PA |
| MOVIPREP (<i>peg3350-sod sul-nacl-kcl-asb-c</i>) | T3 | PA PPACA |
| NULYTELY | T3 | PA PPACA |
| OSMOPREP | T3 | PA PPACA |
| <i>peg3350/sod sul/nacl/kcl/asb/c (Moviprep)</i> | T1 | PPACA |
| <i>peg3350/sod sulf, bicarb, cl/kcl (Colyte With Flavor Packets)</i> | T1 | PPACA |
| <i>peg3350/sod sulf, bicarb, cl/kcl (Golytely)</i> | T1 | PPACA |
| PLENVU | T3 | PA PPACA |
| PREPOPIK | T2 | PPACA |
| <i>sodium chloride/naHCO₃/kcl/peg</i> | T1 | PPACA |
| SUFLAVE | T2 | |
| SUPREP | T3 | PA PPACA |
| SUTAB | T2 | PPACA |
| LOCAL ANORECTAL NITRATE PREPARATIONS | | |
| <i>nitroglycerin 0.4% ointment</i> | T1 | |
| RECTIV | T3 | |
| PANCREATIC ENZYMES | | |
| CREON | T3 | PA HD |
| PANCREAZE | T2 | HD |
| PERTZYE | T3 | PA HD |
| VIOKACE | T3 | HD |
| ZENPEP | T3 | PA HD |
| POTASSIUM-COMPETITIVE ACID BLOCKERS (PCABS) | | |
| VOQUEZNA | T3 | PA QL(1 tab/day) |
| PROTON-PUMP INHIBITORS | | |
| ACIPHEX (<i>rabeprazole sodium</i>) | T3 | QL (30 tabs/30 days) ST HD |
| ACIPHEX SPRINKLE DR 10 MG CAP | T3 | QL (60 caps/30 days) HD |
| ACIPHEX SPRINKLE DR 5 MG CAP | T3 | QL (120 caps/30 days) HD |
| DEXILANT DR 30 MG CAPSULE (<i>dexlansoprazole</i>) | T2 | QL (2 caps/day) HD |
| DEXILANT DR 60 MG CAPSULE | T3 | PA QL (30 caps/30 days) HD |
| <i>dexlansoprazole dr 30 mg cap (Dexilant)</i> | T1 | QL(2 CAPS/DAY) HD |
| <i>esomeprazole dr 10 mg packet (Nexium)</i> | T1 | QL (4 packets/day) HD |
| <i>esomeprazole dr 20 mg packet (Nexium)</i> | T1 | QL (2 packs/day) HD |
| <i>esomeprazole dr 40 mg packet (Nexium)</i> | T1 | QL (1 packet/day) HD |

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 T3 – Typically Non-Preferred Brands ST – Step Therapy HD – May require home delivery pharmacy

List of Prescription Medications

GASTROINTESTINAL (Gastrointestinal/Heartburn)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| PROTON-PUMP INHIBITORS (cont.) | | |
| <i>esomeprazole mag dr 20 mg cap (Nexium)</i> | T1 | QL (20ml/day) HD |
| <i>esomeprazole mag dr 40 mg cap (Nexium)</i> | T1 | QL (30 caps/30 days) HD |
| <i>esomeprazole sodium</i> | T1 | HD |
| <i>esomeprazole sodium (Nexium I.v.)</i> | T1 | HD |
| ESOMEPRAZOLE STRONTIUM | T3 | QL (30 caps/30 days) HD |
| KONVOMEF | T3 | PA QL(20 MLS/DAY) HD |
| <i>lansoprazole dr 15 mg capsule (Prevacid)</i> | T1 | QL (2 caps/day) HD |
| <i>lansoprazole dr 30 mg capsule (Prevacid)</i> | T1 | QL (30 caps/30 days) HD |
| <i>lansoprazole odt 15 mg tablet (Prevacid)</i> | T1 | QL (2 tabs/day) HD |
| <i>lansoprazole odt 30 mg tablet (Prevacid)</i> | T1 | QL (30 tabs/30 days) HD |
| NEXIUM DR 10 MG PACKET (<i>esomeprazole magnesium</i>) | T3 | PA QL (120 packs/30 days) HD |
| NEXIUM DR 2.5 MG PACKET | T2 | QL (480 packs/30 days) HD |
| NEXIUM DR 20 MG CAPSULE (<i>esomeprazole magnesium</i>) | T3 | PA QL (2 caps/day) HD |
| NEXIUM DR 20 MG PACKET (<i>esomeprazole magnesium</i>) | T3 | PA QL (2 packs/day) HD |
| NEXIUM DR 40 MG CAPSULE (<i>esomeprazole magnesium</i>) | T3 | PA QL (30 caps/30 days) HD |
| NEXIUM DR 40 MG PACKET (<i>esomeprazole magnesium</i>) | T3 | PA QL (30 packs/30 days) HD |
| NEXIUM DR 5 MG PACKET | T2 | QL (240 packs/30 days) HD |
| NEXIUM I.V. (<i>esomeprazole sodium</i>) | T3 | HD |
| <i>omeppi 20 mg-1, 100 mg capsule (Zegerid)</i> | T3 | PA QL (60 caps/30 days) HD |
| <i>omeppi 40 mg-1, 100 mg capsule (Zegerid)</i> | T3 | PA QL (30 caps/30 days) HD |
| <i>omeprazole dr 10 mg capsule</i> | T1 | QL (4 caps/day) HD |
| <i>omeprazole dr 20 mg capsule</i> | T1 | QL (60 caps/30 days) HD |
| <i>omeprazole dr 40 mg capsule</i> | T1 | QL (30 caps/30 days) HD |
| <i>omeprazole-bicarb 20-1, 100 cap (Zegerid)</i> | T1 | PA QL (60 caps/30 days) HD |
| <i>omeprazole-bicarb 20-1, 680 pkt (Zegerid)</i> | T1 | PA QL (60 packs/30 days) HD |
| <i>omeprazole-bicarb 40-1, 100 cap (Zegerid)</i> | T1 | PA QL (30 caps/30 days) HD |
| <i>omeprazole-bicarb 40-1, 680 pkt (Zegerid)</i> | T1 | PA QL (30 packs/30 days) HD |
| <i>pantoprazole 40 mg suspension (Protonix)</i> | T1 | QL (1 dose/day) HD |
| <i>pantoprazole sod dr 20 mg tab (Protonix)</i> | T1 | QL (2 tabs/day) HD |
| <i>pantoprazole sod dr 40 mg tab (Protonix)</i> | T1 | QL (30 tabs/30 days) HD |
| <i>pantoprazole sodium 40 mg vial (Protonix Iv)</i> | T1 | HD |
| PREVACID 15 MG SOLUTAB (<i>lansoprazole</i>) | T3 | PA QL (2 tabs/day) HD |
| PREVACID 30 MG SOLUTAB (<i>lansoprazole</i>) | T3 | PA QL (30 tabs/30 days) HD |
| PREVACID DR 15 MG CAPSULE (<i>lansoprazole</i>) | T3 | QL (60 caps/30 days) ST HD |
| PREVACID DR 30 MG CAPSULE (<i>lansoprazole</i>) | T3 | QL (30 caps/30 days) ST HD |
| PRILOSEC DR 10 MG SUSPENSION | T3 | QL (120 packs/30 days) HD |
| PRILOSEC DR 2.5 MG SUSPENSION | T3 | QL (480 packs/30 days) HD |

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T3 – Typically Non-Preferred Brands

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HD – May require home delivery pharmacy

List of Prescription Medications

| GASTROINTESTINAL (Gastrointestinal/Heartburn) | | |
|--|----------------------|---|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| PROTON-PUMP INHIBITORS (cont.) | | |
| PROTONIX 40 MG SUSPENSION (<i>pantoprazole sodium</i>) | T3 | QL (30 packs/30 days) ST HD |
| PROTONIX DR 20 MG TABLET (<i>pantoprazole sodium</i>) | T3 | QL (60 tabs/30 days) ST HD |
| PROTONIX DR 40 MG TABLET (<i>pantoprazole sodium</i>) | T3 | QL (30 tabs/30 days) ST HD |
| PROTONIX IV (<i>pantoprazole sodium</i>) | T3 | HD |
| RABEPRAZOLE DR 10 MG SPRNKL CP <i>rabeprazole sod dr 20 mg tab</i> (Aciphex) | T3 T1 | QL (2 caps/day) HD QL (1 tab/day) HD |
| ZEGERID 20 MG CAPSULE (<i>omeprazole-sodium bicarbonate</i>) | T3 | PA QL (60 caps/30 days) HD |
| ZEGERID 20 MG PACKET (<i>omeprazole-sodium bicarbonate</i>) | T3 | PA QL (60 packs/30 days) HD |
| ZEGERID 40 MG CAPSULE (<i>omeprazole-sodium bicarbonate</i>) | T3 | PA QL (30 caps/30 days) HD |
| ZEGERID 40 MG PACKET (<i>omeprazole-sodium bicarbonate</i>) | T3 | PA QL (30 packs/30 days) HD |
| RECTAL PREPARATIONS | | |
| ANUSOL-HC 25 MG SUPPOSITORY (<i>hydrocortisone acetate</i>) <i>hydrocortisone acetate</i> <i>hydrocortisone acetate</i> (Anusol-hc) | T3 T1 T1 | PA |
| SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS | | |
| GATTEX | T3 | PA SP HD |
| GASTROINTESTINAL (Pain Relief And Inflammatory Disease) | | |
| HEMORRHOID PREP, ANTI-INFLAM STEROID-LOCAL ANESTHET | | |
| ANA-LEX | T1 | |
| ANALPRAM HC | T3 | PA |
| ANALPRAM HC (<i>hydrocortisone-pramoxine</i>) <i>hydrocortisone/lidocaine/aloe</i> <i>hydrocortisone/pramoxine</i> (Analpram Hc) <i>lidocaine/hydrocortisone ac</i> | T3 T1 T1 T1 | |
| LIDOCAINE-HYDROCORTISONE | T1 | |
| PROCORT | T3 | |
| PROCTOFOAM-HC | T2 | |
| KERATINOCYTE GROWTH FACTOR (KGF) | | |
| KEPIVANCE | T3 | SP |
| RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR) | | |
| <i>budesonide 2 mg rectal foam</i> | T1 | QL(2 KITS/180 DAYS) |
| CORTENEMA (<i>hydrocortisone</i>) | T3 | |
| CORTIFOAM <i>hydrocortisone</i> (Cortenema) | T3 T1 | PA |
| TARPEYO | T3 | PA QL (4 caps/day) SP |

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List of Prescription Medications

| | | |
|--|------------------|---|
| UCERIS 2 MG RECTAL FOAM | T3 | PA QL (2 kits/180 days) |
| HORMONES (Hormonal Agents) | | |
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ADRENAL STEROID INHIBITORS | | |
| ISTURISA | T3 | PA QL (2 TABS/DAY) SP |
| RECORLEV | T3 | PA QL (8 tabs/day) SP |
| ADRENOCORTICOTROPHIC HORMONES | | |
| ACTHAR | T3 | PA SP HD |
| ACTHREL | T3 | SP |
| CORTROSYN (<i>cosyntropin</i>) | T3 | |
| <i>cosyntropin</i> (Cortrosyn) | T1 | |
| ANDROGEN/ESTROGEN PREPS FOR FEMALE SEXUAL DYSFUNC | | |
| INTRAROSA | T3 | |
| ANDROGENIC AGENTS | | |
| ANADROL-50 | T2 | PA |
| ANDRODERM | T2 | PA QL (1 patch/day) |
| ANDROGEL 1% (25 MG/2.5 G) PKT (<i>testosterone</i>) | T3 | PA QL (150gm/30 days) |
| ANDROGEL 1% (50 MG/5 G) PKT (<i>testosterone</i>) | T3 | PA QL (2 packs/day) |
| ANDROGEL 1.62% GEL PUMP (<i>testosterone</i>) | T3 | PA QL (150gm/30 days) |
| ANDROGEL 1.62% (1.25G) GEL PCKT (<i>testosterone</i>) | T3 | PA QL (2 packs/day) |
| ANDROGEL 1.62% (2.5G) GEL PCKT (<i>testosterone</i>) | T3 | PA QL (150gm/30 days) |
| ANDROID (<i>methyltestosterone</i>) | T3 | |
| AVEED | T3 | PA SP |
| DEPO-TESTOSTERONE (<i>testosterone cypionate</i>) | T3 | |
| FORTESTA (<i>testosterone</i>) | T3 | PA QL (120 gm/30 days) |
| JATENZO 158, 198 MG CAPSULE | T3 | PA QL (4 caps/day) |
| JATENZO 237 MG CAPSULE | T3 | PA QL (2 caps/day) |
| KYZATREX | T3 | PA QL (60 tabs/30 days) |
| METHITEST | T1 | |
| <i>methyltestosterone</i> (Testred) | T1 | |
| TLANDO | T3 | PA QL (4/day) |
| NATESTO | T3 | PA QL (3 bots/30 days) |
| <i>oxandrolone</i> | T1 | PA |
| TESTIM (<i>testosterone</i>) | T3 | PA QL (2 tubes/day) |
| TESTOPEL | T3 | PA |
| <i>testosterone 1% (25mg/2.5g) pk</i> (AndroGel) | T1 | PA QL (150gm/30 days) |
| <i>testosterone 1% (50 mg/5 g) pk</i> (Vogelxo) | T1 | PA QL (2 packs/day) |
| <i>testosterone 1.62% (2.5 g) pkt</i> (AndroGel) | T1 | PA QL (150gm/30 days) |
| <i>testosterone 1.62% gel pump</i> (AndroGel) | T1 | PA QL (150gm/30 days) |
| <i>testosterone 1.62% (1.25 g) pkt</i> (AndroGel) | T1 | PA QL (2 packs/day) |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

HORMONES (Hormonal Agents)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

ANDROGENIC AGENTS

| | | |
|--|----|-----------------------------|
| testosterone 10 mg gel pump (Fortesta) | T1 | PA QL (120 gm/30 days) |
| TESTOSTERONE 12.5 MG/1.25 GRAM | T1 | PA QL (150gm/30 days) |
| testosterone 12.5 mg/1.25 gram (Vogelxo) | T1 | PA QL (150gm/30 days) |
| testosterone 30 mg/1.5 ml pump | T1 | PA QL (180ml/30 days) |
| testosterone 50 mg/5 gram gel (Vogelxo) | T1 | PA QL (2 tubes/day) |
| TESTOSTERONE 50 MG/5 GRAM PKT | T1 | PA QL (2 packs/day) |
| TESTRED (methyltestosterone) | T3 | |
| VOGELXO 12.5 MG/1.25 GRAM PUMP | T3 | PA QL (150gm/30 days) |
| VOGELXO 50 MG/5 GRAM GEL (testosterone) | T3 | PA QL (2 tubes/day) |
| VOGELXO 50 MG/5 GRAM GEL PACKET | T3 | PA QL (2 packs/day) |
| XYOSTED | T3 | PA QL (4 injectors/28 days) |

ANTI-DIURETIC AND VASOPRESSOR HORMONES

| | | |
|--|----|-------|
| DDAVP 0.01% NASAL SPRAY (desmopressin acetate) | T3 | PA |
| DDAVP 0.1 MG TABLET (desmopressin acetate) | T3 | PA HD |
| DDAVP 0.2 MG TABLET (desmopressin acetate) | T3 | PA HD |
| DDAVP 10 MCG/0.1 ML SOLUTION | T3 | PA |
| DDAVP 4 MCG/ML AMPUL (desmopressin acetate) | T3 | PA SP |
| DDAVP 4 MCG/ML VIAL (desmopressin acetate) | T3 | PA SP |
| desmopressin 0.01% solution (Ddavp) | T1 | HD |
| desmopressin 0.01% spray (Ddavp) | T1 | HD |
| desmopressin 10 mcg/0.1 ml spr (Ddavp) | T1 | HD |
| desmopressin 40 mcg/10 ml vial (Ddavp) | T3 | SP |
| desmopressin ac 4 mcg/ml ampul (Ddavp) | T3 | SP |
| desmopressin ac 4 mcg/ml vial (Ddavp) | T3 | SP |
| desmopressin acetate 0.1 mg tb (Ddavp) | T1 | HD |
| desmopressin acetate 0.2 mg tb (Ddavp) | T1 | HD |
| NOCDURNA | T3 | PA |
| NOCTIVA | T3 | PA |
| STIMATE | T3 | SP |
| vasopressin in 0.9% nacl | T1 | |
| VASOPRESSIN-0.9% NAACL | T1 | |
| VASOPRESSIN-D5W | T1 | |
| VASOSTRICT | T3 | |

ESTROGEN AND PROGESTIN COMBINATIONS

| | | |
|--------|----|--|
| BIJUVA | T3 | |
|--------|----|--|

ESTROGEN/ANDROGEN COMBINATIONS

| | | |
|---------------------------------|----|----|
| estrogen, ester/me-testosterone | T1 | HD |
|---------------------------------|----|----|

| | | | |
|-------------------------------------|--------------------------|---|---|
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| T2 – Typically Preferred Brands | QL – Quantity Limit | SP – Specialty Medication | CSL – Oral cancer medication subject to cost-share limits |
| T3 – Typically Non-Preferred Brands | ST – Step Therapy | HD – May require home delivery pharmacy | |

List of Prescription Medications

| HORMONES (Hormonal Agents) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ESTROGENIC AGENTS | | |
| ACTIVELLA (<i>mimvey lo</i>) | T3 | HD |
| ACTIVELLA (<i>mimvey</i>) | T3 | HD |
| ALORA | T3 | QL (16 patches/28 days) HD |
| CLIMARA (<i>estradiol (once weekly)</i>) | T3 | HD |
| CLIMARA PRO | T3 | HD |
| COMBIPATCH | T3 | HD |
| DELESTROGEN (<i>estradiol valerate</i>) | T3 | PA HD |
| DEPO-ESTRADIOL | T3 | HD |
| DIVIGEL | T2 | HD |
| ELESTRIN | T3 | HD |
| ESTRACE (<i>estradiol</i>) | T3 | HD |
| <i>estradiol</i> (Climara) | T1 | HD |
| <i>estradiol</i> (Vivelle-dot) | T1 | QL (8 patches/21 days) HD |
| <i>estradiol</i> (Vivelle-dot) | T1 | QL (16 patches/28 days) HD |
| <i>estradiol 0.025 mg patch(2/wk)</i> (Minivelle) | T1 | QL (16 patches/28 days) HD |
| <i>estradiol 0.025 mg patch(2/wk)</i> (Vivelle-Dot) | T1 | QL (16 patches/28 days) HD |
| <i>estradiol 0.0375mg patch(2/wk)</i> (Minivelle) | T1 | QL (16 patches/28 days) HD |
| <i>estradiol 0.0375mg patch(2/wk)</i> (Vivelle-Dot) | T1 | QL (16 patches/28 days) HD |
| <i>estradiol 0.05 mg patch (2/wk)</i> (Minivelle) | T1 | QL (16 patches/28 days) HD |
| <i>estradiol 0.05 mg patch (2/wk)</i> (Vivelle-Dot) | T1 | QL (16 patches/28 days) HD |
| <i>estradiol 0.075 mg patch(2/wk)</i> (Minivelle) | T1 | QL (16 patches/28 days) HD |
| <i>estradiol 0.075 mg patch(2/wk)</i> (Vivelle-Dot) | T1 | QL (16 patches/28 days) HD |
| <i>estradiol 0.1 mg patch (2/wk)</i> (Minivelle) | T1 | QL (16 patches/28 days) HD |
| <i>estradiol 0.1 mg patch (2/wk)</i> (Vivelle-Dot) | T1 | QL (16 patches/28 days) HD |
| <i>estradiol 0.5 mg tablet</i> (Estrace) | T1 | HD |
| <i>estradiol 1 mg tablet</i> (Estrace) | T1 | HD |
| <i>estradiol 2 mg tablet</i> (Estrace) | T1 | HD |
| <i>estradiol valerate</i> (Delestrogen) | T1 | HD |
| <i>estradiol/norethindrone acet</i> (Activella) | T1 | HD |
| ESTROGEL | T3 | HD |
| EVAMIST | T3 | HD |
| FEMHRT (<i>norethindron-ethinyl estradiol</i>) | T3 | HD |
| MENEST | T3 | HD |
| MENOSTAR | T3 | QL (8 patches/28 days) HD |
| MINIVELLE (<i>Jyllana</i>) | T3 | QL (16 patches/28 days) HD |

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CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| HORMONES (Hormonal Agents) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ESTROGENIC AGENTS (cont.) | | |
| <i>norethind-eth estrad 0.5-2.5 (Femhrt)</i> | T1 | HD |
| <i>norethindrone ac-eth estradiol</i> | T1 | HD |
| <i>norethindrone ac-eth estradiol (Femhrt)</i> | T1 | HD |
| <i>norethin-eth estrad 1 mg-5 mcg</i> | T1 | HD |
| PREFEST | T3 | HD |
| PREMARIN | T2 | HD |
| PREMPHASE | T2 | HD |
| PREMPRO | T2 | HD |
| VIVELLE-DOT (<i>lyllana</i>) | T3 | QL (16 patches/28 days) HD |
| ESTROGEN-PROGESTIN WITH ANTI-MINERALOCORTICOID COMB | | |
| ANGELIQ | T3 | HD |
| ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MOD (SERM) COMB | | |
| DUAVEE | T2 | |
| GLUCOCORTICOIDS | | |
| ALKINDI SPRINKLE | T3 | PA |
| BETA 1 | T3 | |
| <i>betamethasone acetate, sod phos (Celestone)</i> | T1 | |
| BSP 0820 | T3 | |
| <i>budesonide (Entocort Ec)</i> | T1 | |
| <i>budesonide (Uceris)</i> | T1 | PA QL (56 tabs/180 days) |
| CELESTONE (<i>betamethasone sod phos-acetate</i>) | T2 | |
| CORTEF (<i>hydrocortisone</i>) | T3 | |
| <i>cortisone acetate</i> | T1 | |
| <i>deflazacort (Emflaza)</i> | T1 | PA SP HD |
| DEPO-MEDROL | T3 | |
| <i>dexamethasone (Dxevo)</i> | T1 | |
| <i>dexamethasone (Taperdex)</i> | T1 | PA |
| <i>dexamethasone 0.5 mg tablet</i> | T1 | |
| <i>dexamethasone 0.5 mg/5 ml elx</i> | T1 | |
| <i>dexamethasone 0.5 mg/5 ml liq</i> | T1 | |
| <i>dexamethasone 0.75 mg tablet</i> | T1 | |
| <i>dexamethasone 1 mg tablet</i> | T1 | |
| <i>dexamethasone 1.5 mg tablet</i> | T1 | |
| <i>dexamethasone 10 day 1.5 mg tb</i> | T1 | PA |
| DEXAMETHASONE 10 MG/ML SYRING | T3 | |
| <i>dexamethasone 10 mg/ml vial</i> | T1 | |
| <i>dexamethasone 100 mg/10 ml vl</i> | T1 | |

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SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| HORMONES (Hormonal Agents) | | | |
|--|-----------|----------------------------------|--|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits | |
| GLUCOCORTICOIDS (cont.) | | | |
| <i>dexamethasone 120 mg/30 ml vial</i> | T1 | | |
| <i>dexamethasone 13 day 1.5 mg tb</i> | T1 | PA | |
| <i>dexamethasone 2 mg tablet</i> | T1 | | |
| <i>dexamethasone 20 mg/5 ml vial</i> | T1 | | |
| <i>dexamethasone 4 mg tablet</i> | T1 | | |
| <i>dexamethasone 4 mg/ml syringe</i> | T1 | | |
| <i>dexamethasone 4 mg/ml vial</i> | T1 | | |
| <i>dexamethasone 6 day 1.5 mg tab (Taperdex)</i> | T1 | PA | |
| <i>dexamethasone 6 mg tablet</i> | T1 | | |
| <i>dexamethasone in 0.9% sod chl</i> | T1 | | |
| DXEVO | T3 | | |
| EMFLAZA | T3 | PA SP HD | |
| ENTOCORT EC (<i>budesonide ec</i>) | T3 | | |
| HEMADY | T3 | | |
| <i>hydrocortisone (Cortef)</i> | T1 | | |
| <i>hydrocortisone sod succinate (Solu-cortef)</i> | T1 | | |
| KENALOG-10 | T3 | | |
| KENALOG-40 (<i>triamcinolone acetonide</i>) | T3 | | |
| KENALOG-80 | T3 | | |
| LOCORT | T1 | | |
| MEDROL 16 MG TABLET (<i>methylprednisolone</i>) | T3 | | |
| MEDROL 2 MG TABLET | T2 | | |
| MEDROL 32 MG TABLET (<i>methylprednisolone</i>) | T3 | | |
| MEDROL 4 MG DOSEPAK (<i>methylprednisolone</i>) | T3 | | |
| MEDROL 4 MG TABLET (<i>methylprednisolone</i>) | T3 | | |
| MEDROL 8 MG TABLET (<i>methylprednisolone</i>) | T3 | | |
| MEDROLOAN II SUIK | T3 | | |
| <i>methylprednisolone (Medrol)</i> | T1 | | |
| <i>methylprednisolone acetate (Depo-medrol)</i> | T1 | | |
| <i>methylprednisolone sod succ</i> | T1 | | |
| <i>methylprednisolone sod succ (Solu-medrol)</i> | T1 | | |
| MILLIPRED 10 MG/5 ML SOLUTION (<i>prednisolone sodium phosphate</i>) | T3 | | |
| <i>millipred 5 mg tablet</i> | T1 | | |
| NGENLA | T2 | PA SP | |
| ORAPRED ODT (<i>prednisolone sodium phos odt</i>) | T3 | | |
| P-CARE D80G | T1 | | |
| P-CARE K80 | T1 | | |

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 T3 – Typically Non-Preferred Brands ST – Step Therapy HD – May require home delivery pharmacy

List of Prescription Medications

| HORMONES (Hormonal Agents) | | |
|--|------------------|---|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| GLUCOCORTICOIDS (cont.) | | |
| POD-CARE 100C | T1 | |
| <i>prednisolone</i> | T1 | |
| <i>prednisolone sodium phosphate</i> | T1 | |
| <i>prednisolone sodium phosphate (Millipred)</i> | T1 | |
| <i>prednisolone sodium phosphate (Orapred Odt)</i> | T1 | |
| <i>prednisone</i> | T1 | |
| PRO-C-DURE 5 | T3 | |
| PRO-C-DURE 6 | T3 | |
| RAYOS | T3 | PA |
| READYSHARP BETAMETHASONE | T1 | |
| SOLU-CORTEF | T3 | |
| SOLU-MEDROL | T3 | |
| TAPERDEX | T1 | PA |
| <i>triamcinolone acetonide (Kenalog-40)</i> | T1 | |
| UCERIS 9 MG ER TABLET (<i>budesonide er</i>) | T3 | PA QL (1 tab/day) |
| ZCORT | T3 | PA |
| ZILRETTA | T3 | PA |
| ZONACORT | T3 | |
| GROWTH HORMONE RELEASING HORMONE (GHRH) AND ANALOGS | | |
| EGRIFTA | T3 | PA SP HD |
| EGRIFTA SV | T3 | PA SP HD |
| GROWTH HORMONES | | |
| GENOTROPIN | T3 | PA SP HD |
| HUMATROPE | T3 | PA SP HD |
| NGENLA | T2 | PA SP |
| NORDITROPIN FLEXPRO | T3 | PA SP HD |
| NUTROPIN AQ NUSPIN | T3 | PA SP HD |
| OMNITROPE | T3 | PA SP HD |
| SAIZEN | T3 | PA SP HD |
| SAIZEN-SAIZENPREP | T3 | PA HD |
| SEROSTIM | T3 | PA SP HD |
| SKYTROFA | T3 | PA SP HD |
| SOGROYA | T3 | PA SP |
| ZOMACTON | T3 | PA SP HD |

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List of Prescription Medications

| HORMONES (Hormonal Agents) | | |
|---|------------------|---|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| INSULIN-LIKE GROWTH FACTOR-I (IGF-I) HORMONES | | |
| INCRELEX | T3 | PA SP HD |
| LHRH (GNRH) AGONIST ANALOG AND PROGESTIN COMB | | |
| LUPANETA PACK | T3 | PA SP HD |
| LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| LUPRON DEPOT | T3 | PA SP HD |
| SYNAREL | T3 | PA SP HD |
| LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMB | | |
| MYFEMBREE | T2 | PA QL (24 month therapy) |
| ORIAHNN | T2 | PA QL (2 caps/day) |
| LHRH (GNRH) ANTAGONIST, PITUITARY SUPPRESSANT AGENTS | | |
| CETROTIDE | T3 | PA SP |
| <i>ganirelix acet 250 mcg/0.5 ml</i> (Ganirelix Acetate) | T3 | PA SP |
| GANIRELIX ACET 250 MCG/0.5 ML (<i>ganirelix acetate</i>) | T3 | PA SP |
| ORLISSA 150 MG TABLET | T2 | PA QL (24 months of treatment/lifetime) |
| ORLISSA 200 MG TABLET | T2 | PA QL (2 tabs/day) |
| LHRH (GNRH) AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY | | |
| FENSOLVI | T3 | PA SP |
| LUPRON DEPOT-PED | T3 | PA SP HD |
| SUPPRELIN LA | T3 | PA SP HD |
| TRIPTODUR | T3 | PA SP |
| MINERALOCORTICIDS | | |
| <i>fludrocortisone acetate</i> | T1 | HD |
| OXYTOCICS | | |
| CARBOPROST TROMETHAMINE | T3 | |
| CERVIDIL | T3 | |
| HEMABATE | T3 | |
| <i>methylergonovine maleate</i> | T1 | |
| <i>oxytocin</i> (Pitocin) | T1 | |
| OXYTOCIN-D5-LACTATED RINGERS | T1 | |
| OXYTOCIN-D5W | T1 | |
| OXYTOCIN-LACTATED RINGERS | T1 | |
| PITOCIN (<i>oxytocin</i>) | T3 | |
| PREPIDIL | T3 | |
| PROSTIN E2 VAGINAL SUPPOSITORY | T3 | |
| PITUITARY SUPPRESSIVE AGENTS | | |
| <i>cabergoline</i> | T1 | QL (16 tabs/28 days) HD |
| <i>danazol</i> | T1 | HD |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| HORMONES (Hormonal Agents) | | |
|--|------------------|---|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| PROGESTATIONAL AGENTS | | |
| AYGESTIN (<i>norethindrone acetate</i>) | T3 | HD |
| CRINONE 4% GEL | T3 | PA HD |
| DEPO-PROVERA 400 MG/ML VIAL | T2 | HD |
| <i>hydroxyprogesterone 1.25 g/5ml</i> | T1 | HD |
| <i>medroxyprogesterone 10 mg tab (Provera)</i> | T1 | HD |
| <i>medroxyprogesterone 2.5 mg tab (Provera)</i> | T1 | HD |
| <i>medroxyprogesterone 5 mg tab (Provera)</i> | T1 | HD |
| <i>norethindrone acetate (Aygestin)</i> | T1 | HD |
| <i>progesterone 100 mg capsule (Prometrium)</i> | T1 | HD |
| <i>progesterone 200 mg capsule (Prometrium)</i> | T1 | HD |
| <i>progesterone 500 mg/10 ml vial</i> | T3 | SP HD |
| PROMETRIUM (<i>progesterone</i>) | T3 | PA HD |
| PROVERA (<i>medroxyprogesterone acetate</i>) | T3 | HD |
| RENIN-ANGIOTENSIN-ALDOSTERONE SYS. (RAAS) HORMONES | | |
| GIAPREZA | T3 | SP |
| SOMATOSTATIC AGENTS | | |
| BYNFEZIA | T3 | PA SP |
| MYCAPSSA | T3 | PA QL (4 caps/day) SP |
| <i>octreotide acetate</i> | T3 | PA SP HD |
| <i>octreotide acetate (Sandostatin)</i> | T3 | PA SP HD |
| SANDOSTATIN 0.05 MG/ML AMPUL (<i>octreotide acetate</i>) | T3 | PA SP HD |
| SANDOSTATIN 0.1 MG/ML AMPUL (<i>octreotide acetate</i>) | T3 | PA SP HD |
| SANDOSTATIN 0.5 MG/ML AMPUL (<i>octreotide acetate</i>) | T3 | PA SP HD |
| SANDOSTATIN LAR DEPOT | T3 | PA SP |
| SIGNIFOR | T3 | PA SP |
| SIGNIFOR LAR | T3 | PA SP |
| SOMATULINE DEPOT | T3 | PA SP HD |
| VAGINAL ESTROGEN FOR SEXUAL DYSFUNCTION | | |
| IMVEXXY 10 MCG MAINTENANCE PAK | T3 | QL (16/28 days) HD |
| IMVEXXY 10 MCG STARTER PACK | T3 | QL (36/28 days) HD |
| IMVEXXY 4 MCG MAINTENANCE PAK | T3 | QL (16/28 days) HD |
| IMVEXXY 4 MCG STARTER PACK | T3 | QL (36/28 days) HD |
| VAGINAL ESTROGEN PREPARATIONS | | |
| ESTRACE (<i>estradiol</i>) | T3 | HD |
| <i>estradiol (Vagifem)</i> | T1 | QL (36 tabs/28 days) HD |
| <i>estradiol 0.01% cream (Estrace)</i> | T1 | HD |

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T3 – Typically Non-Preferred Brands

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List of Prescription Medications

| HORMONES (Hormonal Agents) | | |
|---|------------------|---|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| VAGINAL ESTROGEN PREPARATIONS | | |
| <i>estradiol 10 mcg vaginal insrt (Vagifem)</i> | T1 | QL (36 tabs/28 days) HD |
| ESTRING | T2 | QL (2 rings/90 days) HD |
| FEMRING | T3 | HD |
| PREMARIN | T2 | HD |
| VAGIFEM (<i>yuvafem</i>) | T3 | QL (36 tabs/28 days) HD |
| HORMONES (Infertility) | | |
| FERTILITY STIMULATING PREPARATIONS, NON-FSH | | |
| <i>clomiphene citrate</i> | T1 | |
| FOLLICLE-STIMULATING AND LUTEINIZING HORMONES | | |
| MENOPUR | T3 | PA SP |
| FOLLICLE-STIMULATING HORMONE (FSH) | | |
| FOLLISTIM AQ | T3 | PA SP |
| GONAL-F | T3 | PA SP |
| GONAL-F RFF | T3 | PA SP |
| GONAL-F RFF REDI-JECT | T3 | PA SP |
| HUMAN CHORIONIC GONADOTROPIN (HCG) | | |
| CHORIONIC GONAD 10,000 UNIT VL | T3 | PA SP |
| CHORIONIC GONAD 12,000 UNIT VL | T3 | SP |
| CHORIONIC GONAD 6,000 UNIT VL | T3 | SP |
| NOVAREL 10,000 UNITS VIAL | T3 | PA SP |
| NOVAREL 5,000 UNIT VIAL | T3 | PA SP |
| OVIDREL | T3 | PA SP |
| PREGNYL | T3 | PA SP |
| FACILITATING/MAINTAINING AGENT, HORMONAL | | |
| CRINONE 8% GEL | T2 | |
| ENDOMETRIN | T2 | |
| PREGNANCY FACILITATING/MAINTAINING AGENT, HORMONAL | | |
| <i>hydroxyprogest 1, 250 mg/5 ml</i> | T1 | PA |
| <i>hydroxyprogest 250 mg/ml vial</i> | T1 | PA |
| MAKENA | T3 | PA |
| MAKENA (<i>hydroxyprogesterone caproate</i>) | T3 | PA SP |
| HORMONES (Miscellaneous) | | |
| LEPTIN HORMONE ANALOGS | | |
| MYALEPT | T3 | PA SP HD |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

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List of Prescription Medications

| HORMONES (Osteoporosis Products) | | |
|--|------------------|---|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES | | |
| TYMLOS | T3 | PA QL (1 pen/30 days) SP HD |
| BONE RESORPTION INHIBITORS | | |
| JESDUVROQ 1 MG, 2 MG, 4 MG TABLET | T3 | PA QL(1 tab/day) |
| JESDUVROQ 6 MG TABLET | T3 | PA QL(2 tabs/day) |
| JESDUVROQ 8 MG TABLET | T3 | PA QL(3 tabs/day) |
| MIACALCIN | T3 | HD |
| HYPOXIA INDUCIBLE FACTOR PROLYL HYDROXYLASE INH. | | |
| <i>calcitonin, salmon, synthetic</i> | T1 | HD |
| MIACALCIN | T3 | HD |
| IMMUNOSUPPRESSANTS (Miscellaneous) | | |
| IMMUNOSUPPRESSANT-INTERFERON GAMMA INHIBITOR, MAB | | |
| GAMIFANT | T3 | PA SP |
| IMMUNOSUPPRESSANTS (Pain Relief And Inflammatory Disease) | | |
| ANTI-CD19 (B LYMPHOCYTE) MONOCLONAL ANTIBODY | | |
| UPLIZNA | T3 | PA SP |
| IL-23 RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY | | |
| OMVOH | T2 | SP HD |
| OMVOH PEN | T2 | PA QL(2 pens/28 days) SP HD |
| INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB | | |
| DUPIXENT PEN | T3 | PA SP HD |
| DUPIXENT SYRINGE | T3 | PA SP HD |
| INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS | | |
| ACTEMRA 162 MG/0.9 ML SYRINGE | T3 | PA QL (4 syringes/28 days) SP HD |
| ACTEMRA 200 MG/10 ML VIAL | T3 | PA SP HD |
| ACTEMRA 400 MG/20 ML VIAL | T3 | PA SP HD |
| INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS | | |
| ACTEMRA 80 MG/4 ML VIAL | T3 | PA SP HD |
| ACTEMRA ACTPEN | T3 | PA QL (4 pens/28 days) SP HD |
| ENSPRYNG | T3 | PA SP HD |
| KEVZARA 150 MG/1.14 ML PEN INJ | T3 | PA QL (2 pens/28 days) SP HD |
| KEVZARA 150 MG/1.14 ML SYRINGE | T3 | PA QL (2 syringes/28 days) SP HD |
| KEVZARA 200 MG/1.14 ML PEN INJ | T3 | PA QL (2 pens/28 days) SP HD |
| KEVZARA 200 MG/1.14 ML SYRINGE | T3 | PA QL (2 syringes/28 days) SP HD |
| MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB | | |
| STELARA 130 MG/26 ML VIAL | T3 | PA SP HD |

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List of Prescription Medications

IMMUNOSUPPRESSANTS (Transplant Medications)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| MONOCLONAL ANTIBODY-HUMAN INTERLEUKIN 12/23 INHIB | | |
| STELARA 45 MG/0.5 ML SYRINGE | T3 | PA QL (1 syringe/84 days) SP HD |
| STELARA 45 MG/0.5 ML VIAL | T3 | PA QL (1 vial/84 days) SP HD |
| STELARA 90 MG/ML SYRINGE | T3 | PA QL (1 syringe/84 days) SP HD |
| TOPICAL IMMUNOSUPPRESSIVE AGENTS | | |
| ELIDEL (<i>pimecrolimus</i>) | T3 | |
| <i>pimecrolimus</i> (Elidel) | T1 | |
| PROTOPIC (<i>tacrolimus</i>) | T3 | |
| <i>tacrolimus 0.03% ointment</i> (Protopic) | T1 | |
| <i>tacrolimus 0.1% ointment</i> (Protopic) | T1 | |
| IMMUNOSUPP - MONOCLONAL AB INHIBITING T LYMPH FXN | | |
| SIMULECT | T3 | SP |
| IMMUNOSUPPRESSIVES | | |
| ASTAGRAF XL | T3 | SP HD |
| AZASAN | T3 | SP HD |
| <i>azathioprine</i> (Imuran) | T3 | PA SP HD |
| <i>azathioprine sodium</i> | T1 | PA |
| CELLCEPT 200 MG/ML ORAL SUSP (<i>mycophenolate mofetil</i>) | T3 | SP HD |
| CELLCEPT 250 MG CAPSULE (<i>mycophenolate mofetil</i>) | T3 | SP HD |
| CELLCEPT 500 MG TABLET (<i>mycophenolate mofetil</i>) | T3 | SP HD |
| CELLCEPT 500 MG VIAL (<i>mycophenolate mofetil</i>) | T3 | SP |
| <i>cyclosporine 100 mg capsule</i> (Sandimmune) | T3 | SP HD |
| <i>cyclosporine 25 mg capsule</i> (Sandimmune) | T3 | SP HD |
| <i>cyclosporine 250 mg/5 ml ampul</i> (Sandimmune) | T3 | SP |
| <i>cyclosporine, modified</i> | T3 | SP HD |
| <i>cyclosporine, modified</i> (Neoral) | T3 | SP HD |
| ENVARUS XR | T3 | SP HD |
| <i>everolimus 0.25 mg tablet</i> (Zortress) | T3 | SP HD |
| <i>everolimus 0.5 mg tablet</i> (Zortress) | T3 | SP HD |
| <i>everolimus 0.75 mg tablet</i> (Zortress) | T3 | SP HD |
| IMURAN (<i>azathioprine</i>) | T3 | SP HD |
| LUPKYNIS | T3 | PA SP QL (6 caps/day) |
| <i>mycophenolate 200 mg/ml susp</i> (Cellcept) | T3 | SP HD |
| <i>mycophenolate 250 mg capsule</i> (Cellcept) | T3 | SP HD |
| <i>mycophenolate 500 mg tablet</i> (Cellcept) | T3 | SP HD |
| <i>mycophenolate 500 mg vial</i> (Cellcept) | T3 | SP |
| <i>mycophenolate sodium</i> (Myfortic) | T3 | SP HD |

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IMMUNOSUPPRESSANTS (Transplant Medications)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| IMMUNOSUPPRESSIVES (cont.) | | |
| MYFORTIC (<i>mycophenolic acid</i>) | T3 | SP HD |
| NEORAL (<i>gengraf</i>) | T3 | PA SP HD |
| NULOJIX | T3 | SP |
| PROGRAF 0.2 MG GRANULE PACKET | T3 | SP HD |
| PROGRAF 0.5 MG CAPSULE (<i>tacrolimus</i>) | T3 | SP HD |
| PROGRAF 1 MG CAPSULE (<i>tacrolimus</i>) | T3 | SP HD |
| PROGRAF 1 MG GRANULE PACKET | T3 | SP HD |
| PROGRAF 5 MG CAPSULE (<i>tacrolimus</i>) | T3 | SP HD |
| PROGRAF 5 MG/ML AMPULE | T3 | SP |
| RAPAMUNE (<i>sirolimus</i>) | T3 | SP HD |
| SANDIMMUNE 100 MG CAPSULE (<i>cyclosporine</i>) | T3 | PA SP HD |
| SANDIMMUNE 100 MG/ML SOLN | T3 | SP HD |
| SANDIMMUNE 25 MG CAPSULE (<i>cyclosporine</i>) | T3 | PA SP HD |
| SANDIMMUNE 50 MG/ML AMPUL (<i>cyclosporine</i>) | T3 | PA SP |
| <i>sirolimus</i> (Rapamune) | T3 | SP HD |
| <i>tacrolimus 0.5 mg capsule (ir)</i> (Prograf) | T3 | SP HD |
| <i>tacrolimus 1 mg capsule (ir)</i> (Prograf) | T3 | SP HD |
| <i>tacrolimus 5 mg capsule (ir)</i> (Prograf) | T3 | SP HD |
| ZORTRESS | T3 | SP HD |
| ZORTRESS (<i>everolimus</i>) | T3 | SP HD |

MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes)

BLOOD SUGAR DIAGNOSTICS

| | | |
|-----------------------------|----|--|
| BLU LINK GLUCOSE TEST STRIP | T1 | |
|-----------------------------|----|--|

DIABETIC SUPPLIES

| | | |
|--------------------------------|----|--|
| 2TEK CONTROL SOLUTION | T1 | |
| 2TEK GLUCOSE-WRIST MONITOR KIT | T3 | |
| ACCU-CHEK | T1 | |
| ACCU-CHEK FASTCLIX LANCING DEV | T1 | |
| ACCU-CHEK GUIDE CONTROL SOLN | T1 | |
| ACCU-CHEK SMARTVIEW CONTRL SOL | T1 | |
| ACCU-CHEK SOFTCLIX | T1 | |
| ACCUTREND GLUCOSE CONTROL | T1 | |
| ADJUSTABLE LANCING DEVICE | T1 | |
| ADVANCED LANCING DEVICE | T1 | |
| ADVOCATE CONTROL SOLUTION | T1 | |
| ADVOCATE LANCING DEVICE | T1 | |

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List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) | | | |
|--|-----------|----------------------------------|--|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits | |
| DIABETIC SUPPLIES (cont.) | | | |
| ADVOCATE RAPID-SAFE LANCING DV | T1 | | |
| ADVOCATE REDI-CODE+ CTRL SOLN | T1 | | |
| AGAMATRIX CONTROL | T1 | | |
| ALKALINE BATTERIES | T1 | | |
| ALTERNATE SITE LANCING DEVICE | T1 | | |
| AQUA LANCE LANCING DEVICE | T1 | | |
| ASSURE 4 CONTROL SOLUTION | T1 | | |
| ASSURE DOSE | T1 | | |
| ASSURE PRISM | T1 | | |
| AT HOME A1C | T1 | | |
| AUTOJECT 2 | T1 | | |
| AUTO-LANCET MINI | T1 | | |
| AUTOLET IMPRESSION | T1 | | |
| AUTOLET LANCING DEVICE | T1 | | |
| AUTOLET PLUS | T1 | | |
| AUTOPEN | T1 | | |
| BLOOD-GLUCOSE CONTROL | T1 | | |
| BLU LINK DIABETIC TEST BUNDLE | T3 | | |
| BLU LINK GLUCOSE MONITOR SYST | T3 | | |
| BREEZE 2 | T1 | | |
| CAREONE | T1 | | |
| CARESENS | T3 | | |
| CARETOUCH CONTROL SOLUTION | T1 | | |
| CARETOUCH LANCING DEVICE | T1 | | |
| CEQR SIMPLICITY | T2 | | |
| CEQR SIMPLICITY INSERTER | T2 | | |
| CLEVER CHOICE CONTROL SOLUTION | T1 | | |
| CONTOUR | T1 | | |
| CONTOUR METER | T1 | | |
| CONTOUR NEXT CONTROL SOLUTION | T1 | | |
| CONTOUR SOLUTION | T1 | | |
| CONTROL SOLUTION | T1 | | |
| COOL CONTROL SOLUTION | T1 | | |
| DEXCOM | T3 | | |
| DEXCOM G4 | T3 | | |
| DEXCOM G5 | T3 | | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|----------------------------------|-----------|----------------------------------|
| DIABETIC SUPPLIES (cont.) | | |
| DEXCOM G5-G4 SENSOR | T3 | |
| DEXCOM G6 RECEIVER | T2 | PA QL (1 syringe/365 days) |
| DEXCOM G6 SENSOR | T2 | PA QL (3/30 days) |
| DEXCOM G6 TRANSMITTER | T2 | PA QL (1 syringe/67 days) |
| DEXCOM G7 SENSOR | T2 | PA QL (3 sensors/30 days) |
| DEXCOM G7 RECEIVER | T2 | PA QL (1 unit/365 days) |
| DIATRUE | T1 | |
| DROPLET GENTEEL LANCING DEVICE | T1 | |
| DROPLET LANCING DEVICE | T1 | |
| EASY MINI EJECT LANCING DEVICE | T1 | |
| EASY PLUS II BLOOD GLUCOSE SYS | T1 | |
| EASY PLUS II CONTROL SOLN HIGH | T1 | |
| EASY PLUS II CONTROL SOLN LOW | T1 | |
| EASY STEP CONTROL SOLUTION | T1 | |
| EASY TALK BLOOD GLUCOSE METER | T1 | |
| EASY TALK CONTROL SOLN LOW | T1 | |
| EASY TALK HIGH CONTROL SOLN | T1 | |
| EASY TALK PLUS II HIGH CONTROL | T1 | |
| EASY TALK PLUS II LOW CTRL SLN | T1 | |
| EASY TOUCH BLU LINK CTRL SOLN | T1 | |
| EASY TOUCH CONTROL SOLUTION | T1 | |
| EASY TOUCH LANCING DEVICE | T1 | |
| EASY TRAK BLOOD GLUCOSE METER | T1 | |
| EASY TRAK CONTROL SOLN HIGH | T1 | |
| EASY TRAK CONTROL SOLN LOW | T1 | |
| EASY TRAK II CONTROL SOLUTION | T1 | |
| EASYGLUCO PLUS CONTROL NORMAL | T1 | |
| EASYMAX 15 LEVEL 2 SOLUTION | T1 | |
| EASYMAX NORMAL CONTROL SOLN | T1 | |
| ELEMENT COMPACT CONTROL SOLN | T1 | |
| ELEMENT CONTROL SOLUTION | T1 | |
| EMBRACE EVO BLOOD GLUCOSE KIT | T1 | |
| EMBRACE EVO BLOOD GLUCOSE MTR | T1 | |
| EMBRACE EVO LEVEL 1 CTRL SOLN | T1 | |
| EMBRACE GLUC CONTROL SOLN HIGH | T1 | |
| EMBRACE GLUCOSE CONTROL SOLN | T1 | |
| EMBRACE LANCING DEVICE | T1 | |

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List of Prescription Medications

MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|----------------------------------|-----------|----------------------------------|
| DIABETIC SUPPLIES (cont.) | | |
| EMBRACE PRO | T1 | |
| EMBRACE TALK CONTROL SOLUTION | T1 | |
| EMBRACE WAVE PLUS GLUCOSE MTR | T1 | |
| ENLITE | T1 | |
| ENLITE GLUCOSE SENSOR | T1 | |
| ENLITE SERTER | T1 | |
| EVENCARE G2 BLOOD GLUCOSE SYS | T1 | |
| EVENCARE G2 CONTROL SOLUTION | T1 | |
| EVENCARE G3 BLOOD GLUCOSE SYS | T1 | |
| EVENCARE G3 CONTROL SOLUTION | T1 | |
| EVERSENSE SENSOR-HOLDER | T3 | |
| EVERSENSE SMART TRANSMITTER | T3 | |
| EVOLUTION CONTROL SOLUTION | T1 | |
| EZ-VAC | T1 | |
| FORA CONTROL SOLUTION | T1 | |
| FORA LANCING DEVICE | T1 | |
| FORACARE GDH | T1 | |
| FORA TN'GO ADVANCE MULTIFN MTR | T3 | |
| FORTISCARE | T1 | |
| FREESTYLE CONTROL SOLUTION | T1 | |
| FREESTYLE LIBRE 10 DAY READER | T2 | PA QL (1 reader/day) |
| FREESTYLE LIBRE 10 DAY SENSOR | T2 | PA QL (3/30 days) |
| FREESTYLE LIBRE 14 DAY READER | T2 | PA QL (1 reader/day) |
| FREESTYLE LIBRE 14 DAY SENSOR | T2 | PA QL (2/28 days) |
| FREESTYLE LIBRE 2 READER | T2 | PA QL (1 reader/day) |
| FREESTYLE LIBRE 2 SENSOR | T2 | PA QL (2 sensors/21 days) |
| FREESTYLE LIBRE 3 READER | T2 | PA QL(1 unit/720 days) |
| FREESTYLE NAVIGATOR | T3 | |
| GE100 CONTROL SOLUTION NORMAL | T1 | |
| GE333 BLOOD GLUCOSE TEST STRIP | T3 | |
| GE333 BLOOD GLUCOSE SYSTEM | T3 | |
| GENTEEL VACUUM LANCING DEVICE | T1 | |
| GLUCOCARD 01 CONTROL | T1 | |
| GLUCOCARD EXPRESSION CNTRL SLN | T1 | |
| GLUCOCARD EXPRESSION METER | T1 | |
| GLUCOCARD EXPRESSION METER KIT | T1 | |
| GLUCOCARD SHINE CONTROL SOLN | T1 | |

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MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--------------------------------|-----------|----------------------------------|
| DIABETIC SUPPLIES | | |
| GLUCOCARD SHINE METER | T1 | |
| GLUCOCARD SHINE METER KIT | T1 | |
| GLUCOCOM AUTOLINK | T1 | |
| GLUCOCOM CONTROL SOLUTION | T1 | |
| GLUCOSE CONTROL | T1 | |
| GLUCOSE CONTROL SOLUTION | T1 | |
| GOJJI GLUCOSE CONTROL SOLUTION | T1 | |
| GOJJI LANCING DEVICE | T1 | |
| GUARDIAN CONNECT TRANSMITTER | T3 | |
| GUARDIAN LINK 3 | T3 | |
| GUARDIAN REAL-TIME | T3 | |
| GUARDIAN RT CHARGER | T1 | |
| GUARDIAN RT STARTER KIT | T3 | |
| GUARDIAN RT SYSTEM | T1 | |
| GUARDIAN SENSOR 3 | T3 | |
| GUARDIAN TEST PLUG | T1 | |
| HUMAPEN LUXURA HD | T3 | |
| INPEN (FOR HUMALOG) | T1 | |
| INPEN (FOR NOVOLOG OR FIASP) | T1 | |
| LITE TOUCH LANCING PEN | T1 | |
| MOBILE LANCETS | T2 | |
| MINILINK REAL-TIME TRANSMITTER | T2 | |
| MINIMED 630G GUARDIAN START KT | T3 | |
| NOVA MAX GLUCOSE CONTROL SOLN | T3 | |
| NOVOPEN ECHO | T3 | |
| ON CALL EXPRESS CONTROL SOLN | T1 | |
| ON CALL LANCING DEVICE | T1 | |
| ON CALL PLUS CONTROL | T1 | |
| ON CALL PLUS LANCING DEVICE | T1 | |
| ON CALL VIVID CONTROL | T1 | |
| ONETOUCH DELICA PLUS LANC DEV | T1 | |
| ONETOUCH ULTRA CONTROL SOLN | T1 | |
| ONETOUCH VERIO HIGH CNTRL SOLN | T1 | |
| ONETOUCH VERIO MID CNTRL SOLN | T1 | |
| OMNIPOD DASH 5 PACK POD | T2 | PA QL (6 boxes/30 days) |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | T2 | QL |

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MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|-------------------------------|-----------|----------------------------------|
| DIABETIC SUPPLIES | | |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | T2 | QL |
| ONETOUCH ULTRASOFT 2 LANCET | T2 | |
| OPTUMRX BLOOD GLUCOSE METER | T3 | |
| OPTUMRX BLOOD GLUCOSE SYSTEM | T3 | |
| OPTUMRX GLUCOSE CONTROL SOLN | T1 | |
| OVAL TAPE | T1 | |
| PARADIGM REMOTE CONTROL | T1 | |
| PARADIGM REAL-TIME | T2 | |
| PIP GLUCOSE CONTROL SOLUTION | T1 | |
| PRODIGY CONTROL SOLUTION | T1 | |
| PRODIGY LANCING DEVICE | T1 | |
| REFUAH PLUS GLUCOSE CONTROL | T1 | |
| RELIAMED MINI LANCING DEVICE | T1 | |
| REPLACEMENT PEDIATRIC MONITOR | T3 | |
| RIGHTEST CONTROL SOLUTION | T1 | |
| RIGHTEST GD500 | T1 | |
| SAFE-CLIP | T1 | |
| SEN-SERTER | T2 | |
| SIL-SERTER | T1 | |
| SMARTDIABETES VANTAGE | T1 | |
| SMARTEST | T1 | |
| SOF-SENSOR | T2 | |
| SOLUS V2 CONTROL SOLUTION | T1 | |
| SOLUS V2 LANCING DEVICE | T1 | |
| SURE COMFORT LANCING PEN | T1 | |
| SUREFLEX | T1 | |
| SURE-PEN | T1 | |
| SURE-TEST EASYPLUS MINI METER | T1 | |
| SURE-TEST EASYPLUS MINI SOLN | T1 | |
| TELCARE CONTROL SOLUTION | T1 | |
| TRUE METRIX | T1 | |
| TRUECONTROL | T1 | |
| TRUEDRAW | T1 | |
| ULTI-LANCE | T1 | |
| ULTRATRAK BLOOD GLUCOSE METER | T1 | |
| ULTRATRAK CONTROL SOL NORMAL | T1 | |

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MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| DIABETIC SUPPLIES | | |
| ULTRATRAK CONTROL SOLUTION | T1 | |
| ULTRATRAK ULTIMATE CNTRL SOLN | T1 | |
| ULTRATRAK ULTIMATE GLUCOSE MTR | T3 | |
| UNISTIK 2 | T1 | |
| UNISTIK 2 NORMAL | T1 | |
| UNISTIK 3 | T1 | |
| UNISTIK 3 COMFORT | T1 | |
| UNISTIK 3 NEONATAL | T1 | |
| UNISTRIP | T1 | |
| V-GO 20 | T2 | |
| V-GO 30 | T2 | |
| V-GO 40 | T2 | |
| VERASENS CONTROL SOLUTION | T1 | |
| VIVAGUARD INO CONTROL SOLUTION | T1 | |
| VIVAGUARD LANCING DEVICE | T1 | |
| WAVESENSE CONTROL SOLUTION | T1 | |
| DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) | | |
| ADVOCATE SAFETY LANCET | T1 | |
| CARESENS LANCET | T1 | |
| CARETOUCH SAFETY LANCETS | T1 | |
| LITE TOUCH LANCETS | T1 | |
| ULTRA-THIN II 28G LANCETS | T1 | |
| NEEDLES/NEEDLELESS DEVICES | | |
| 1ST TIER UNIFINE PENTIPS | T1 | |
| 1ST TIER UNIFINE PENTIPS PLUS | T1 | |
| ABOUTIME PEN NEEDLE | T1 | |
| ADVOCATE PEN NEEDLE | T1 | |
| ADVOCATE PEN NEEDLES | T1 | |
| AQINJECT PEN NEEDLE | T1 | |
| ASSURE ID PEN NEEDLE | T1 | |
| AUTOSHIELD DUO PEN NEEDLE | T1 | |
| BLUNT NEEDLE | T1 | |
| CAREFINE PEN NEEDLE | T1 | |
| CARETOUCH HYPODERMIC NEEDLE | T1 | |
| CARETOUCH PEN NEEDLE | T1 | |
| CLICKFINE | T1 | |
| COMFORT EZ PEN NEEDLE | T1 | |

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|-----------------------------------|-----------|----------------------------------|
| NEEDLES/NEEDLELESS DEVICES | | |
| COMFORT EZ PRO SAFETY PEN NDL | T1 | |
| COMFORT TOUCH PEN NEEDLE | T1 | |
| DROPLET MICRON PEN NEEDLE | T1 | |
| DROPLET PEN NEEDLE | T1 | |
| DROPSAFE PEN NEEDLE | T1 | |
| EASY COMFORT PEN NEEDLES | T1 | |
| EASY GLIDE PEN NEEDLE | T1 | |
| EASY TOUCH FLIPLOCK NEEDLE | T1 | |
| EASY TOUCH FLIPLOCK NEEDLES | T1 | |
| EASY TOUCH HYPODERMIC NEEDLE | T1 | |
| EASY TOUCH PEN NEEDLE | T1 | |
| EASY TOUCH SAFETY PEN NEEDLE | T1 | |
| EASYPPOINT NEEDLE | T1 | |
| ECLIPSE NEEDLE | T1 | |
| EMBRACE PEN NEEDLE | T1 | |
| EXEL HUBER NEEDLE | T1 | |
| EXEL HYPODERMIC NEEDLE | T1 | |
| FILTER ASPIRATOR NEEDLE | T1 | |
| FILTER NEEDLE | T1 | |
| FLOW-EZE | T1 | |
| HEALTHWISE PEN NEEDLE | T1 | |
| HEALTHY ACCENTS UNIFINE PENTIP | T1 | |
| HYPODERMIC NEEDLE | T1 | |
| INCONTROL PEN NEEDLE | T1 | |
| INSULIN PEN NEEDLE | T1 | |
| INSUPEN | T1 | |
| INSUPEN PEN NEEDLE | T1 | |
| INTEGRA NEEDLE | T1 | |
| INTEGRA PRECISIONGLIDE NEEDLE | T1 | |
| LIFESHIELD BLUNT CANNULA | T1 | |
| LITE TOUCH | T1 | |
| MAXICOMFORT II PEN NEEDLE | T1 | |
| MAXICOMFORT SAFETY PEN NEEDLE | T1 | |
| MICRODOT INSULIN PEN NEEDLE | T1 | |
| MINI PEN NEEDLE | T1 | |
| MINI ULTRA-THIN II | T1 | |
| MONOJECT FILTER NEEDLE | T1 | |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes) | | | |
|--|-----------|----------------------------------|--|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits | |
| NEEDLES/NEEDLELESS DEVICES | | | |
| NANO 2ND GEN PEN NEEDLE | T1 | | |
| NEEDLE | T1 | | |
| <i>needles,safety huber,disposabl</i> | T1 | | |
| NOKOR ADMIX NEEDLE | T1 | | |
| NOKOR NEEDLE | T1 | | |
| NOVOFINE 32 | T1 | | |
| NOVOFINE AUTOCOVER | T1 | | |
| NOVOFINE PLUS | T1 | | |
| NOVOTWIST | T1 | | |
| PEN NEEDLE | T1 | | |
| PENTIPS | T1 | | |
| PIP PEN NEEDLE | T1 | | |
| POLY HUB NEEDLE | T1 | | |
| PRECISIONGLIDE | T1 | | |
| PREVENT DROPSAFE PEN NEEDLE | T1 | | |
| PRO COMFORT PEN NEEDLE | T1 | | |
| PURE COMFORT PEN NEEDLE | T1 | | |
| PURE COMFORT SAFETY PEN NEEDLE | T1 | | |
| RAYA SURE PEN NEEDLE | T1 | | |
| REGULAR BEVEL NEEDLES | T1 | | |
| RELION PEN NEEDLES | T1 | | |
| SAFETY PEN NEEDLE | T1 | | |
| SAFETYGLIDE NEEDLE | T1 | | |
| SECURESAFE PEN NEEDLE | T1 | | |
| SHORT BEVEL NEEDLES | T1 | | |
| SKY SAFETY PEN NEEDLE | T1 | | |
| SPECIALTY USE NEEDLES | T1 | | |
| SURE COMFORT | T1 | | |
| SURE COMFORT PEN NEEDLE | T1 | | |
| SURE COMFORT SAFETY PEN NEEDLE | T1 | | |
| SURE-FINE PEN NEEDLES | T1 | | |
| TECHLITE PEN NEEDLE | T1 | | |
| TERUMO SURGUARD2 | T1 | | |
| THIN WALL NEEDLES | T1 | | |
| TOPCARE CLICKFINE | T1 | | |
| TRANSFER NEEDLE | T1 | | |

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List of Prescription Medications

MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|-----------------------------------|-----------|----------------------------------|
| NEEDLES/NEEDLELESS DEVICES | | |
| TRUE COMFORT PEN NEEDLE | T1 | |
| TRUE COMFORT PRO PEN NEEDLE | T1 | |
| TRUE COMFORT SAFETY PEN NEEDLE | T1 | |
| TRUEPLUS PEN NEEDLE | T1 | |
| ULTICARE PEN NEEDLE | T1 | |
| ULTICARE SAFETY PEN NEEDLE | T1 | |
| ULTIGUARD SAFEPACK-PEN NEEDLE | T1 | |
| ULTILET PEN NEEDLE | T1 | |
| ULTRA FLO PEN NEEDLE | T1 | |
| ULTRA THIN | T1 | |
| ULTRACARE PEN NEEDLE | T1 | |
| ULTRA-FINE MICRO PEN NEEDLE | T1 | |
| ULTRA-FINE MINI PEN NEEDLE | T1 | |
| ULTRA-FINE NANO PEN NEEDLE | T1 | |
| ULTRA-FINE ORIGINAL PEN NEEDLE | T1 | |
| ULTRA-FINE SHORT PEN NEEDLE | T1 | |
| ULTRA-THIN II | T1 | |
| UNIFINE PEN NEEDLE | T1 | |
| UNIFINE PENTIPS | T1 | |
| UNIFINE PENTIPS MAXFLOW | T1 | |
| UNIFINE PENTIPS PLUS | T1 | |
| UNIFINE PENTIPS PLUS MAXFLOW | T1 | |
| UNIFINE SAFECONTROL | T1 | |
| UNIFINE ULTRA PEN NEEDLE | T1 | |
| VERIFINE PEN NEEDLE | T1 | |
| VERIFINE PLUS PEN NEEDLE | T1 | |
| YALE NEEDLE | T1 | |
| SYRINGES AND ACCESSORIES | | |
| ASSURE ID INSULIN SAFETY | T1 | |
| CARETOUCH INSULIN SYRINGE | T1 | |
| COMFORT EZ INSULIN SYRINGE | T1 | |
| DROPLET INSULIN SYRINGE | T1 | |
| DROPSAFE INSULIN SYRINGE | T1 | |
| EASY COMFORT INSULIN SYRINGE | T1 | |
| EASY GLIDE INSULIN SYRINGE | T1 | |
| EASY TOUCH | T1 | |

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MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Diabetes)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---------------------------------------|-----------|----------------------------------|
| SYRINGES AND ACCESSORIES | | |
| EASY TOUCH FLIPLOCK INSULIN | T1 | |
| EASY TOUCH INSULIN SAFETY | T1 | |
| EASY TOUCH INSULIN SYRINGE | T1 | |
| EASY TOUCH LUER LOCK INSULIN | T1 | |
| EASY TOUCH SHEATHLOCK INSULIN | T1 | |
| EASY TOUCH UNI-SLIP | T1 | |
| EASY-TOUCH INSULIN SYRINGE | T1 | |
| ECLIPSE SYRINGE | T1 | |
| FREESTYLE PRECISION | T1 | |
| HEALTHWISE INSULIN SYRINGE | T1 | |
| INSULIN SYRINGE | T2 | |
| INSULIN SYRINGE U-500 | T1 | |
| LITETOUCH INSULIN SYRINGE | T1 | |
| LUER-LOK SYRINGE | T1 | |
| MAGELLAN INSULIN SAFETY SYRNG | T1 | |
| MAGELLAN INSULIN SYRINGE | T1 | |
| MINIMED RESERVOIR | T1 | |
| MONOJECT INSULIN SYRINGE | T1 | |
| PARADIGM | T3 | |
| SECURESAFE INSULIN SYRINGE | T2 | |
| SURE COMFORT INSULIN SYRINGE | T1 | |
| SURE-JECT INSULIN SYRINGE | T1 | |
| <i>syringe and needle,insulin,1ml</i> | T1 | |
| <i>syringe-needle,insulin,0.5 ml</i> | T1 | |
| <i>syring-needl,disp,insul,0.3 ml</i> | T1 | |
| TECHLITE INSULIN SYRINGE | T1 | |
| TERUMO INSULIN SYRINGE | T1 | |
| THINPRO INSULIN SYRINGE | T1 | |
| TOPCARE ULTRA COMFORT | T1 | |
| TRUE COMFORT INSULIN SYRINGE | T1 | |
| TRUEPLUS INSULIN SYRINGE | T1 | |
| ULTICARE INSULIN SYRINGE | T1 | |
| ULTIGUARD SAFE 1ML 30G 12.7MM | T1 | |
| ULTIGUARD SAFE0.3ML 30G 12.7MM | T1 | |
| ULTIGUARD SAFE0.5ML 30G 12.7MM | T1 | |
| ULTIGUARD SAFEPACK 1ML 31G 8MM | T1 | |
| ULTIGUARD SAFEPK 0.3ML 31G 8MM | T1 | |

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List of Prescription Medications

MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| SYRINGES AND ACCESSORIES | | |
| ULTIGUARD SAFEPK 0.5ML 31G 8MM | T1 | |
| ULTILET INSULIN SYRINGE | T1 | |
| ULTRA COMFORT | T1 | |
| ULTRA FLO INSULIN SYRINGE | T1 | |
| ULTRACARE INSULIN SYRINGE | T1 | |
| ULTRA-THIN II | T1 | |
| VANISHPOINT INSULIN SYRINGE | T1 | |
| VEO INSULIN SYRINGE | T1 | |
| VERIFINE INSULIN SYRINGE | T1 | |
| DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) | | |
| 1ST TIER UNILET COMFORTOUCH | T1 | |
| 2-IN-1 LANCET DEVICE | T1 | |
| ACCU-CHEK FASTCLIX LANCET DRUM | T1 | |
| ACCU-CHEK SAFE-T-PRO | T1 | |
| ACCU-CHEK SAFE-T-PRO PLUS | T1 | |
| ACCU-CHEK SOFTCLIX | T1 | |
| ACTI-LANCE | T1 | |
| ADVANCED TRAVEL LANCETS | T1 | |
| ADVOCATE LANCET | T1 | |
| ADVOCATE LANCETS | T1 | |
| ALTERNATE SITE LANCETS | T1 | |
| ASSURE HAEMOLANCE PLUS | T1 | |
| ASSURE LANCE | T1 | |
| ASSURE LANCE PLUS | T1 | |
| BD MICROTAINER LANCETS | T1 | |
| BD ULTRA-FINE | T1 | |
| BD ULTRA-FINE II | T1 | |
| BLOOD LANCETS | T1 | |
| BULLSEYE MINI SAFETY LANCETS | T1 | |
| BUTTERFLY TOUCH LANCET | T1 | |
| CAREONE | T1 | |
| CARESENS LANCET | T1 | |
| CARETOUCH TWIST LANCET | T1 | |
| CLEVER CHEK LANCETS | T1 | |
| COAGUCHEK | T1 | |
| COLOR LANCETS | T1 | |

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List of Prescription Medications

MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

DURABLE MEDICAL EQUIPMENT,MISC(GROUP I)

| | | |
|--------------------------------|----|--|
| COMFORT EZ | T1 | |
| COMFORT LANCETS | T1 | |
| COMFORT TOUCH PLUS SAFETY LANC | T1 | |
| COMFORT TOUCH ULT THIN LANCET | T1 | |
| DROPLET LANCETS | T1 | |
| EASY COMFORT LANCETS | T1 | |
| EASY TOUCH | T1 | |
| EASY TWIST & CAP LANCETS | T1 | |
| EMBRACE 30G LANCETS | T1 | |
| EMBRACE SAFETY LANCET | T1 | |
| EZ SMART LANCETS | T1 | |
| EZ-LETS | T1 | |
| FIFTY50 SAFETY SEAL LANCETS | T1 | |
| FINE 30 UNIVERSAL LANCETS | T1 | |
| FINGERSTIX | T1 | |
| FORA LANCETS | T1 | |
| FORACARE LANCETS | T1 | |
| FREESTYLE LANCETS | T1 | |
| FREESTYLE UNISTIK 2 | T1 | |
| GLUCOCOM | T1 | |
| GLUCOCOM LANCETS | T1 | |
| GOJJI LANCETS | T1 | |
| HEALTHY ACCENTS UNILET LANCET | T1 | |
| INCONTROL SUPER THIN LANCETS | T1 | |
| INCONTROL ULTRA THIN LANCETS | T1 | |
| INJECT EASE LANCETS | T1 | |
| INVACARE LANCETS | T1 | |
| <i>lancets</i> | T1 | |
| LANCETS | T1 | |
| LANCETS THIN | T1 | |
| LANCETS ULTRA THIN | T1 | |
| LITE TOUCH | T1 | |
| MEDISENSE THIN LANCETS | T1 | |
| MEDLANCE PLUS | T1 | |
| MEDLANCE PLUS SPECIAL BLADE | T1 | |
| MICRO THIN LANCET | T1 | |

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List of Prescription Medications

| MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) | | |
| MICRO THIN LANCETS | T1 | |
| MICROLET | T1 | |
| MICROTAINER LANCETS | T1 | |
| MOBILE LANCETS | T1 | |
| MONOLET LANCETS | T1 | |
| MONOLET THIN LANCETS | T1 | |
| MYGLUCOHEALTH LANCETS | T1 | |
| NOVA SAFETY LANCETS | T1 | |
| NOVA SUREFLEX | T1 | |
| ON CALL LANCET | T1 | |
| ON CALL PLUS LANCET | T1 | |
| ONETOUCH DELICA PLUS LANCET | T1 | |
| ONETOUCH DELICA SAFETY LANCET | T1 | |
| ONETOUCH LANCETS | T1 | |
| ONETOUCH SURESOFT | T1 | |
| ONETOUCH ULTRASOFT 2 LANCET | T1 | |
| ON-THE-GO | T1 | |
| PIP LANCET | T1 | |
| PRESSURE ACTIVATED LANCETS | T1 | |
| PRO COMFORT LANCET | T1 | |
| PRO COMFORT LANCETS | T1 | |
| PRO COMFORT SAFETY LANCET | T1 | |
| PRODIGY LANCETS | T1 | |
| PRODIGY TWIST TOP LANCET | T1 | |
| PURE COMFORT LANCETS | T1 | |
| PURE COMFORT SAFETY LANCETS | T1 | |
| PUSH BUTTON SAFETY LANCETS | T1 | |
| READYLANCE SAFETY LANCETS | T1 | |
| RELIAMED | T1 | |
| RELIAMED SAFETY SEAL LANCETS | T1 | |
| RELION THIN | T1 | |
| RIGHTTEST GL300 LANCETS | T1 | |
| SAFETY LANCETS | T1 | |
| SAFETY SEAL LANCETS | T1 | |
| SAFETY-LET | T1 | |
| SINGLE-LET | T1 | |

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List of Prescription Medications

MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| DURABLE MEDICAL EQUIPMENT,MISC(GROUP I) | | |
| SMART SENSE | T1 | |
| SMART SENSE LANCETS | T1 | |
| SMARTEST LANCET | T1 | |
| SOFT TOUCH | T1 | |
| SOLUS V2 28G LANCETS | T1 | |
| SOLUS V2 LANCETS | T1 | |
| STERILANCETL | T1 | |
| STERILE LANCETS | T1 | |
| SUPER THIN LANCETS | T1 | |
| SURE COMFORT LANCETS | T1 | |
| SURE-LANCE | T1 | |
| SURE-TOUCH | T1 | |
| TECHLITE LANCETS | T1 | |
| TELCARE ULTRA THIN 30G LANCETS | T1 | |
| THIN LANCETS | T1 | |
| TOPCARE UNIVERSAL1 LANCET | T1 | |
| TOPCARE UNIVERSAL1 THIN LANCET | T1 | |
| TRUE COMFORT LANCET | T1 | |
| TRUE COMFORT SAFETY LANCET | T1 | |
| TRUEPLUS LANCET | T1 | |
| TRUEPLUS LANCETS | T1 | |
| TWIST LANCETS | T1 | |
| TWIST TOP LANCET | T1 | |
| ULTILET BASIC | T1 | |
| ULTILET CLASSIC | T1 | |
| ULTILET LANCETS | T1 | |
| ULTILET SAFETY | T1 | |
| ULTRA THIN LANCET | T1 | |
| ULTRA THIN LANCETS | T1 | |
| ULTRA THIN PLUS | T1 | |
| ULTRA THIN PLUS LANCETS | T1 | |
| ULTRA-CARE LANCETS | T1 | |
| ULTRALANCE | T1 | |
| ULTRA-THIN II | T1 | |
| ULTRATLC LANCETS | T1 | |
| UNILET COMFORTOUCH | T1 | |
| UNILET EXCELITE | T1 | |

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MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG (Miscellaneous)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

DURABLE MEDICAL EQUIPMENT,MISC(GROUP I)

| | | |
|-----------------------------|----|--|
| UNILET EXCELITE II | T1 | |
| UNILET GP LANCET | T1 | |
| UNILET LANCET | T1 | |
| UNILET LANCETS | T1 | |
| UNISTIK 3 | T1 | |
| UNISTIK 3 EXTRA | T1 | |
| UNISTIK 3 NORMAL | T1 | |
| UNISTIK COMFORT | T1 | |
| UNISTIK CZT | T1 | |
| UNISTIK EXTRA | T1 | |
| UNISTIK NORMAL | T1 | |
| UNISTIK PRO | T1 | |
| UNISTIK SAFETY | T1 | |
| UNISTIK TOUCH | T1 | |
| UNIVERSAL 1 | T1 | |
| VERIFINE SAFETY LANCET MINI | T1 | |
| VERIFINE UNIVERSAL LANCET | T1 | |
| VIVAGUARD LANCET | T1 | |

TISSUE BULKING IMPLANTS

| | | |
|--|----|----------|
| BARRIGEL (<i>hyaluronate sodium, stabilized</i>) | T3 | PA SP HD |
|--|----|----------|

MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)

SKELETAL MUSCLE RELAXANTS

| | | |
|--|----|-------------------|
| AMRIX ER 15 MG CAPSULE (<i>cyclobenzaprine hcl er</i>) | T3 | PA QL (1 cap/day) |
| AMRIX ER 30 MG CAPSULE (<i>cyclobenzaprine hcl er</i>) | T3 | PA |
| <i>baclofen</i> | T1 | HD |
| BACLOFEN 25 MG/5 ML SUSPENSION | T3 | PA HD |
| BACLOFEN 10 MG/5 ML SOLUTION | T3 | PA HD |
| <i>baclofen (Gablofen)</i> | T1 | |
| <i>carisoprodol (Soma)</i> | T1 | |
| <i>carisoprodol/aspirin</i> | T1 | |
| <i>chlorzoxazone 250 mg tablet</i> | T1 | PA |
| <i>chlorzoxazone 375 mg tablet (Lorzone)</i> | T1 | PA |
| <i>chlorzoxazone 500 mg tablet</i> | T1 | |
| <i>chlorzoxazone 750 mg tablet (Lorzone)</i> | T1 | PA |
| <i>cyclobenzaprine er 15 mg cap (Amrix)</i> | T1 | PA QL (1 cap/day) |
| <i>cyclobenzaprine er 30 mg cap (Amrix)</i> | T1 | PA |
| <i>cyclobenzaprine hcl</i> | T1 | |

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List of Prescription Medications

MUSCLE RELAXANTS (Pain Relief And Inflammatory Disease)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| SKELETAL MUSCLE RELAXANTS | | |
| <i>cyclobenzaprine hcl</i> (Fexmid) | T1 | |
| DANTRIUM | T3 | |
| DANTRIUM (<i>dantrolene sodium</i>) | T3 | |
| <i>dantrolene sodium</i> | T1 | |
| <i>dantrolene sodium</i> (Dantrium) | T1 | |
| FEXMID (<i>cyclobenzaprine hcl</i>) | T3 | |
| FLEQSUVY (<i>baclofen</i>) | T3 | PA HD |
| GABLOFEN | T3 | |
| GABLOFEN (<i>baclofen</i>) | T3 | |
| LIORESAL INTRATHECAL | T3 | |
| LORZONE (<i>chlorzoxazone</i>) | T3 | PA |
| LYVISPAH | T3 | PA |
| <i>metaxalone</i> | T1 | |
| <i>metaxalone</i> (Skelaxin) | T1 | |
| <i>methocarbamol</i> | T1 | |
| <i>methocarbamol</i> (Robaxin) | T1 | |
| <i>methocarbamol</i> (Robaxin-750) | T1 | |
| NORGESIC FORTE | T3 | |
| <i>orphenadrine citrate</i> | T1 | |
| <i>orphenadrine/aspirin/caffeine</i> (Norgesic Forte) | T1 | |
| OZOBAX | T3 | PA HD |
| OZOBAX DS | T3 | PA HD |
| ROBAXIN | T3 | |
| ROBAXIN-750 (<i>methocarbamol</i>) | T3 | |
| RYANODEX | T3 | |
| SKELAXIN (<i>metaxalone</i>) | T3 | |
| SOMA (<i>carisoprodol</i>) | T3 | |
| SOMA (<i>vanadom</i>) | T3 | |
| <i>tizanidine hcl</i> | T1 | PA |
| <i>tizanidine hcl</i> (Zanaflex) | T1 | PA |
| ZANAFLEX (<i>tizanidine hcl</i>) | T3 | |

PRE-NATAL VITAMINS (Nutritional/Dietary)

PRENATAL VITAMIN PREPARATIONS

| | | |
|-------------------|----|--|
| ATABEX EC | T3 | |
| CITRANATAL 90 DHA | T2 | |
| CITRANATAL ASSURE | T2 | |

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PRE-NATAL VITAMINS (Nutritional/Dietary)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| PRENATAL VITAMIN PREPARATIONS | | |
| CITRANATAL DHA | T2 | |
| CITRANATAL HARMONY | T2 | |
| CITRANATAL RX | T2 | |
| OBSTETRIX EC | T2 | |
| OBTREX DHA | T3 | |
| <i>pnv 22/iron, gluc/folic/dss/dha</i> | T1 | |
| <i>pnv 66/iron/folic/docusate/dha</i> | T1 | |
| <i>pnv 69/iron/folic/docusate/dha</i> | T1 | |
| <i>pnv 80/iron fum/folic/dss/dha</i> | T1 | |
| <i>pnv/ferrous fum/docusate/folic</i> | T1 | |
| <i>pnv/iron, carb/docusat/folic ac</i> | T1 | |
| <i>prenatal 12/iron/folic/dss/om3 (Obtrex Dha)</i> | T1 | |
| PRENATAL 19 | T1 | |
| <i>prenatal 34/iron/folic/dss/dha</i> | T1 | |
| <i>prenatal vits15/iron/folic/dss</i> | T1 | |
| VITAFOL FE+ | T2 | |

PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)⁸

ALPHA-2 RECEPTOR ANTAGONIST ANTI-DEPRESSANTS

| | | |
|--------------------------------|----|-------|
| <i>mirtazapine</i> | T1 | HD |
| <i>mirtazapine (Remeron)</i> | T1 | HD |
| QELBREE | T3 | PA QL |
| REMERON (<i>mirtazapine</i>) | T3 | PA HD |

ANTI-ANXIETY - BENZODIAZEPINES

| | | |
|---|----|----|
| ATIVAN (<i>lorazepam</i>) | T3 | PA |
| <i>chlordiazepoxide hcl</i> | T1 | |
| <i>clorazepate dipotassium</i> | T1 | |
| <i>clorazepate dipotassium (Tranxene T-tab)</i> | T1 | |
| <i>diazepam 10 mg tablet (Valium)</i> | T1 | |
| <i>diazepam 10 mg/2 ml carpuject</i> | T1 | |
| <i>diazepam 10 mg/2 ml syringe</i> | T1 | |
| <i>diazepam 2 mg tablet (Valium)</i> | T1 | |
| <i>diazepam 5 mg tablet (Valium)</i> | T1 | |
| <i>diazepam 5 mg/5 ml solution</i> | T1 | |
| <i>diazepam 5 mg/ml oral conc</i> | T1 | |
| <i>diazepam 50 mg/10 ml vial</i> | T1 | |
| <i>lorazepam</i> | T1 | |

T1 – Typically Generics

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T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder) ⁸ | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-ANXIETY - BENZODIAZEPINES | | |
| <i>lorazepam</i> (Ativan) | T1 | |
| LOREEV XR | T3 | PA QL (30 tabs/30 days) SP |
| <i>oxazepam</i> | T1 | |
| TRANXENE T-TAB (<i>clorazepate dipotassium</i>) | T3 | PA |
| VALIUM (<i>diazepam</i>) | T3 | |
| XANAX (<i>alprazolam</i>) | T3 | |
| XANAX XR (<i>alprazolam xr</i>) | T3 | |
| ANTI-ANXIETY DRUGS | | |
| <i>buspirone hcl</i> | T1 | HD |
| <i>meprobamate</i> | T1 | |
| ANTIDEPRESSANT - NMDA RECEPTOR ANTAGONIST | | |
| SPRAVATO | T3 | PA SP |
| ANTIDEPRESSANT - POSTPARTUM DEPRESSION (PPD) | | |
| ZURZUVAE 20 MG CAPSULE | T3 | PA QL(28 caps/270 days) SP HD |
| ZURZUVAE 25 MG CAPSULE | T3 | PA QL(28 caps/270 day) SP HD |
| ZURZUVAE 30 MG CAPSULE | T3 | PA QL(14 caps/270 day) SP HD |
| BIPOLAR DISORDER DRUGS | | |
| EQUETRO | T3 | HD |
| <i>lithium carbonate</i> (Lithobid) | T1 | HD |
| <i>lithium citrate</i> | T1 | HD |
| LITHOBID (<i>lithium carbonate er</i>) | T3 | PA HD |
| MAOIS -NON-SELECTIVE, IRREVERSIBLE ANTI-DEPRESSANTS | | |
| MARPLAN | T3 | QL (12 tabs/day) |
| NARDIL (<i>phenelzine sulfate</i>) | T3 | PA |
| PARNATE (<i>tranylcypromine sulfate</i>) | T3 | PA |
| <i>phenelzine sulfate</i> (Nardil) | T1 | |
| <i>tranylcypromine sulfate</i> (Parnate) | T1 | |
| MONOAMINE OXIDASE (MAO) INHIBITOR ANTI-DEPRESSANTS | | |
| EMSAM 12 MG/24 HOURS PATCH | T3 | QL (1 patch/day) |
| EMSAM 6 MG/24 HOURS PATCH | T3 | QL (2 patches/day) |
| EMSAM 9 MG/24 HOURS PATCH | T3 | QL (1 patch/day) |
| NDMA RECEPTOR ANTAGONIST AND NDRI COMB | | |
| AUVELITY | T3 | PA QL (60 tabs/30days) |
| NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIs) | | |
| APLENZIN ER 174 MG TABLET | T3 | PA QL (3 tabs/day) HD |
| APLENZIN ER 348 MG TABLET | T3 | PA QL (1 tab/day) HD |
| APLENZIN ER 522 MG TABLET | T3 | PA QL (1 tab/day) HD |

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HD – May require home delivery pharmacy

List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)⁸

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIs) | | |
| <i>bupropion hcl 100 mg tablet</i> | T1 | QL (4 tabs/day) HD |
| <i>bupropion hcl 75 mg tablet</i> | T1 | QL (6 tabs/day) HD |
| <i>bupropion hcl sr 100 mg tablet</i> (Wellbutrin Sr) | T1 | QL (4 tabs/day) HD |
| <i>bupropion hcl sr 150 mg tablet</i> (Wellbutrin Sr) | T1 | QL (2 tabs/day) HD |
| <i>bupropion hcl sr 200 mg tablet</i> (Wellbutrin Sr) | T1 | QL (2 tabs/day) HD |
| <i>bupropion hcl xl 150 mg tablet</i> (Wellbutrin XI) | T1 | QL (3 tabs/day) HD |
| <i>bupropion hcl xl 300 mg tablet</i> (Wellbutrin XI) | T1 | QL (1 tab/day) HD |
| BUPROPION HCL XL 450 MG TABLET | T1 | QL (1 tab/day) HD |
| FORFIVO XL | T3 | QL (1 tab/day) ST HD |
| WELLBUTRIN SR 100 MG TABLET (<i>bupropion hcl sr</i>) | T3 | PA QL (4 tabs/day) HD |
| WELLBUTRIN SR 150 MG TABLET (<i>bupropion hcl sr</i>) | T3 | PA QL (2 tabs/day) HD |
| WELLBUTRIN SR 200 MG TABLET (<i>bupropion hcl sr</i>) | T3 | PA QL (2 tabs/day) HD |
| WELLBUTRIN XL 150 MG TABLET (<i>bupropion xl</i>) | T3 | PA QL (3 tabs/day) HD |
| WELLBUTRIN XL 300 MG TABLET (<i>bupropion xl</i>) | T3 | PA QL (1 tab/day) HD |
| SELECTIVE SEROTONIN 5-HT_{2A} INVERSE AGONISTS (SSiAs) | | |
| NUPLAZID | T3 | PA SP HD |
| SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs) | | |
| CELEXA 10 MG TABLET (<i>citalopram hbr</i>) | T3 | PA QL (6 tabs/day) HD |
| CELEXA 20 MG TABLET (<i>citalopram hbr</i>) | T3 | PA QL (3 tabs/day) HD |
| CELEXA 40 MG TABLET (<i>citalopram hbr</i>) | T3 | PA QL (1 tab/day) HD |
| <i>citalopram hbr 10 mg tablet</i> (Celexa) | T1 | QL (6 tabs/day) HD |
| <i>citalopram hbr 10 mg/5 ml soln</i> | T1 | QL (30ml/day) HD |
| <i>citalopram hbr 20 mg tablet</i> (Celexa) | T1 | QL (3 tabs/day) HD |
| <i>citalopram hbr 20 mg/10 ml sol</i> | T1 | QL (30ml/day) HD |
| <i>citalopram hbr 40 mg tablet</i> (Celexa) | T1 | QL (1 tab/day) HD |
| <i>escitalopram 10 mg tablet</i> (Lexapro) | T1 | QL (2 tabs/day) HD |
| <i>escitalopram 20 mg tablet</i> (Lexapro) | T1 | QL (1 tab/day) HD |
| <i>escitalopram 5 mg tablet</i> (Lexapro) | T1 | QL (4 tabs/day) HD |
| <i>escitalopram oxalate 5 mg/5 ml</i> | T1 | QL (20ml/day) HD |
| <i>fluoxetine 20 mg/5 ml solution</i> | T1 | QL (20ml/day) HD |
| <i>fluoxetine hcl 10 mg capsule</i> (Prozac) | T1 | QL (8 caps/day) HD |
| <i>fluoxetine hcl 10 mg tablet</i> (Sarafem) | T1 | HD |
| <i>fluoxetine hcl 20 mg capsule</i> (Prozac) | T1 | QL (4 caps/day) HD |
| <i>fluoxetine hcl 20 mg tablet</i> | T1 | HD |
| <i>fluoxetine hcl 40 mg capsule</i> (Prozac) | T1 | QL (2 caps/day) HD |
| <i>fluoxetine hcl 60 mg tablet</i> | T1 | QL (1 tab/day) HD |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)⁸

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs) | | |
| <i>fluvoxamine er 100 mg capsule</i> | T1 | QL (3 caps/day) HD |
| <i>fluvoxamine er 150 mg capsule</i> | T1 | QL (2 caps/day) HD |
| <i>fluvoxamine maleate 100 mg tab</i> | T1 | QL (3 tabs/day) HD |
| <i>fluvoxamine maleate 25 mg tab</i> | T1 | QL (12 tabs/day) HD |
| <i>fluvoxamine maleate 50 mg tab</i> | T1 | QL (6 tabs/day) HD |
| LEXAPRO 10 MG TABLET (<i>escitalopram oxalate</i>) | T3 | PA QL (2 tabs/day) HD |
| LEXAPRO 20 MG TABLET (<i>escitalopram oxalate</i>) | T3 | PA QL (1 tab/day) HD |
| LEXAPRO 5 MG TABLET (<i>escitalopram oxalate</i>) | T3 | PA QL (4 tabs/day) HD |
| <i>paroxetine cr 12.5 mg tablet (Paxil Cr)</i> | T1 | QL (1 tab/day) HD |
| <i>paroxetine cr 25 mg tablet (Paxil Cr)</i> | T1 | QL (3 tabs/day) HD |
| <i>paroxetine cr 37.5 mg tablet (Paxil Cr)</i> | T1 | QL (2 tabs/day) HD |
| <i>paroxetine er 12.5 mg tablet (Paxil Cr)</i> | T1 | QL (1 tab/day) HD |
| <i>paroxetine er 25 mg tablet (Paxil Cr)</i> | T1 | QL (3 tabs/day) HD |
| <i>paroxetine er 37.5 mg tablet (Paxil Cr)</i> | T1 | QL (2 tabs/day) HD |
| <i>paroxetine hcl 10 mg tablet (Paxil)</i> | T1 | QL (6 tabs/day) HD |
| <i>paroxetine hcl 20 mg tablet (Paxil)</i> | T1 | QL (3 tabs/day) HD |
| <i>paroxetine hcl 30 mg tablet (Paxil)</i> | T1 | QL (2 tabs/day) HD |
| <i>paroxetine hcl 40 mg tablet (Paxil)</i> | T1 | QL (1 tab/day) HD |
| PAXIL 10 MG TABLET (<i>paroxetine hcl</i>) | T3 | PA QL (6 tabs/day) HD |
| PAXIL 10 MG/5 ML SUSPENSION | T3 | PA QL (30ml/day) HD |
| PAXIL 20 MG TABLET (<i>paroxetine hcl</i>) | T3 | PA QL (3 tabs/day) HD |
| PAXIL 30 MG TABLET (<i>paroxetine hcl</i>) | T3 | PA QL (2 tabs/day) HD |
| PAXIL 40 MG TABLET (<i>paroxetine hcl</i>) | T3 | PA QL (1 tab/day) HD |
| PAXIL CR 12.5 MG TABLET (<i>paroxetine er</i>) | T3 | PA QL (1 tab/day) HD |
| PAXIL CR 25 MG TABLET (<i>paroxetine er</i>) | T3 | PA QL (3 tabs/day) ST HD |
| PAXIL CR 37.5 MG TABLET (<i>paroxetine er</i>) | T3 | PA QL (2 tabs/day) ST HD |
| PEXEVA 10 MG TABLET | T3 | PA QL (6 tabs/day) HD |
| PEXEVA 20 MG TABLET | T3 | PA QL (3 tabs/day) HD |
| PEXEVA 30 MG TABLET | T3 | PA QL (2 tabs/day) HD |
| PEXEVA 40 MG TABLET | T3 | PA QL (1 tab/day) HD |
| PROZAC 10 MG PULVULE (<i>fluoxetine hcl</i>) | T3 | PA QL (8 caps/day) HD |
| PROZAC 20 MG PULVULE (<i>fluoxetine hcl</i>) | T3 | PA QL (4 caps/day) HD |
| PROZAC 40 MG PULVULE (<i>fluoxetine hcl</i>) | T3 | PA QL (2 caps/day) HD |
| SARAFEM (<i>fluoxetine hcl</i>) | T3 | ST HD |
| <i>sertraline 20 mg/ml oral conc (Zoloft)</i> | T1 | QL (10ml/day) HD |
| <i>sertraline hcl 100 mg tablet (Zoloft)</i> | T1 | QL (2 tabs/day) HD |

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HD – May require home delivery pharmacy

List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)⁸

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIs) | | |
| <i>sertraline hcl 25 mg tablet (Zoloft)</i> | T1 | QL (8 tabs/day) HD |
| <i>sertraline hcl 50 mg tablet (Zoloft)</i> | T1 | QL (4 tabs/day) HD |
| ZOLOFT 100 MG TABLET (<i>sertraline hcl</i>) | T3 | PA QL (2 tabs/day) HD |
| ZOLOFT 20 MG/ML ORAL CONC (<i>sertraline hcl</i>) | T3 | PA QL (10ml/day) HD |
| ZOLOFT 25 MG TABLET (<i>sertraline hcl</i>) | T3 | PA QL (8 tabs/day) HD |
| ZOLOFT 50 MG TABLET (<i>sertraline hcl</i>) | T3 | PA QL (4 tabs/day) HD |
| SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIs) | | |
| <i>nefazodone hcl</i> | T1 | HD |
| <i>trazodone hcl</i> | T1 | HD |
| SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIs) | | |
| CYMBALTA 20 MG CAPSULE (<i>duloxetine hcl</i>) | T3 | PA QL (6 caps/day) HD |
| CYMBALTA 30 MG CAPSULE (<i>duloxetine hcl</i>) | T3 | PA QL (4 caps/day) HD |
| CYMBALTA 60 MG CAPSULE (<i>duloxetine hcl</i>) | T3 | PA QL (2 caps/day) HD |
| DESVENLAFAXINE ER 100 MG TAB | T3 | PA QL (4 tabs/day) HD |
| DESVENLAFAXINE ER 50 MG TAB | T3 | PA QL (8 tabs/day) HD |
| <i>desvenlafaxine succnt er 100mg (Pristiq)</i> | T1 | QL (4 tabs/day) HD |
| <i>desvenlafaxine succnt er 25 mg (Pristiq)</i> | T1 | QL (16 tabs/day) HD |
| <i>desvenlafaxine succnt er 50 mg (Pristiq)</i> | T1 | QL (1 tab/day) HD |
| DRIZALMA SPRINKLE DR 20 MG CAP | T3 | QL (1 cap/day) ST HD |
| DRIZALMA SPRINKLE DR 30 MG CAP | T3 | QL (1 cap/day) ST HD |
| DRIZALMA SPRINKLE DR 40 MG CAP | T3 | QL (1 cap/day) ST HD |
| DRIZALMA SPRINKLE DR 60 MG CAP | T3 | QL (2 caps/day) ST HD |
| <i>duloxetine hcl dr 20 mg cap (Cymbalta)</i> | T1 | QL (6 caps/day) HD |
| <i>duloxetine hcl dr 30 mg cap (Cymbalta)</i> | T1 | QL (4 caps/day) HD |
| <i>duloxetine hcl dr 40 mg cap</i> | T1 | QL (3 caps/day) HD |
| <i>duloxetine hcl dr 60 mg cap (Cymbalta)</i> | T1 | QL (2 caps/day) HD |
| EFFEXOR XR 150 MG CAPSULE (<i>venlafaxine hcl er</i>) | T3 | PA QL (2 caps/day) HD |
| EFFEXOR XR 37.5 MG CAPSULE (<i>venlafaxine hcl er</i>) | T3 | PA QL (8 caps/day) HD |
| EFFEXOR XR 75 MG CAPSULE (<i>venlafaxine hcl er</i>) | T3 | PA QL (4 caps/day) HD |
| FETZIMA 20-40 MG TITRATION PAK | T3 | QL (28 caps/180 days) ST HD |
| FETZIMA ER 120 MG CAPSULE | T3 | QL (1 cap/day) ST HD |
| FETZIMA ER 20 MG CAPSULE | T3 | QL (6 caps/day) ST HD |
| FETZIMA ER 40 MG CAPSULE | T3 | QL (3 caps/day) ST HD |
| FETZIMA ER 80 MG CAPSULE | T3 | QL (1 cap/day) ST HD |
| PRISTIQ ER 100 MG TABLET (<i>desvenlafaxine succinate er</i>) | T3 | PA QL (4 tabs/day) HD |
| PRISTIQ ER 25 MG TABLET (<i>desvenlafaxine succinate er</i>) | T3 | PA QL (16 tabs/day) HD |

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List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder) ⁸ | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIs) | | |
| PRISTIQ ER 50 MG TABLET (<i>desvenlafaxine succinate er</i>) | T3 | PA QL (1 tab/day) HD |
| <i>venlafaxine hcl 100 mg tablet</i> | T1 | QL (3 tabs/day) HD |
| <i>venlafaxine hcl 25 mg tablet</i> | T1 | QL (15 tabs/day) HD |
| <i>venlafaxine hcl 37.5 mg tablet</i> | T1 | QL (10 tabs/day) HD |
| <i>venlafaxine hcl 50 mg tablet</i> | T1 | QL (7 tabs/day) HD |
| <i>venlafaxine hcl 75 mg tablet</i> | T1 | QL (5 tabs/day) HD |
| <i>venlafaxine hcl er 150 mg cap (Effexor Xr)</i> | T1 | QL (2 caps/day) HD |
| <i>venlafaxine hcl er 150 mg tab</i> | T1 | QL (2 tabs/day) HD |
| <i>venlafaxine hcl er 225 mg tab</i> | T1 | QL (1 tab/day) HD |
| <i>venlafaxine hcl er 37.5 mg cap (Effexor Xr)</i> | T1 | QL (8 caps/day) HD |
| <i>venlafaxine hcl er 37.5 mg tab</i> | T1 | QL (8 tabs/day) HD |
| <i>venlafaxine hcl er 75 mg cap (Effexor Xr)</i> | T1 | QL (4 caps/day) HD |
| <i>venlafaxine hcl er 75 mg tab</i> | T1 | QL (4 tabs/day) HD |
| SSRI AND 5HT1A PARTIAL AGONIST ANTI-DEPRESSANTS | | |
| VIIBRYD 10 MG TABLET | T3 | PA QL (1 tab/day) HD |
| VIIBRYD 20 MG TABLET | T3 | PA QL (1 tab/day) HD |
| VIIBRYD 40 MG TABLET | T3 | PA HD |
| SSRI, SEROTONIN RECEPTOR MODULATOR ANTI-DEPRESSANTS | | |
| TRINTELLIX 10 MG TABLET | T3 | QL (1 tab/day) ST HD |
| TRINTELLIX 20 MG TABLET | T3 | HD |
| TRINTELLIX 5 MG TABLET | T3 | QL (1 tab/day) ST HD |
| TRICYCLIC ANTI-DEPRESSANT-BENZODIAZEPINE COMBINATNS | | |
| <i>amitriptyline/chlordiazepoxide</i> | T1 | HD |
| TRICYCLIC ANTI-DEPRESSANT-PHENOTHIAZINE COMBINATNS | | |
| <i>perphenazine/amitriptyline hcl</i> | T1 | HD |
| TRICYCLIC ANTI-DEPRESSANTS, REL.NON-SEL.REUPT-INHIB | | |
| <i>amitriptyline hcl</i> | T1 | HD |
| <i>amoxapine</i> | T1 | HD |
| ANAFRANIL (<i>clomipramine hcl</i>) | T3 | PA HD |
| <i>clomipramine hcl (Anafranil)</i> | T1 | HD |
| <i>desipramine hcl</i> | T1 | HD |
| <i>desipramine hcl (Norpramin)</i> | T1 | HD |
| <i>doxepin 10 mg capsule</i> | T1 | HD |
| <i>doxepin 10 mg/ml oral conc</i> | T1 | HD |
| <i>doxepin 100 mg capsule</i> | T1 | HD |

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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Anxiety/Depression/Bipolar Disorder)⁸

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| TRICYCLIC ANTI-DEPRESSANTS, REL.NON-SEL.REUPT-INHIB | | |
| PRISTIQ ER 50 MG TABLET (<i>desvenlafaxine succinate er</i>) | T3 | PA QL (1 tab/day) HD |
| <i>venlafaxine hcl 100 mg tablet</i> | T1 | QL (3 tabs/day) HD |
| <i>venlafaxine hcl 25 mg tablet</i> | T1 | QL (15 tabs/day) HD |
| <i>venlafaxine hcl 37.5 mg tablet</i> | T1 | QL (10 tabs/day) HD |
| <i>venlafaxine hcl 50 mg tablet</i> | T1 | QL (7 tabs/day) HD |
| <i>venlafaxine hcl 75 mg tablet</i> | T1 | QL (5 tabs/day) HD |
| <i>imipramine pamoate</i> | T1 | HD |
| <i>maprotiline hcl</i> | T1 | HD |
| NORPRAMIN (<i>desipramine hcl</i>) | T3 | PA HD |
| <i>nortriptyline hcl</i> | T1 | HD |
| <i>nortriptyline hcl</i> (Pamelor) | T1 | HD |
| PAMELOR (<i>nortriptyline hcl</i>) | T3 | PA HD |
| <i>protriptyline hcl</i> | T1 | HD |
| <i>trimipramine maleate</i> | T1 | HD |

PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)⁸

ADRENERGICS, AROMATIC, NON-CATECHOLAMINE

| | | |
|--|----|-------------------|
| <i>lisdexamfetamine 10 mg capsule</i> (Vyvanse) | T1 | PA QL(1 cap/day) |
| <i>lisdexamfetamine 20 mg capsule</i> (Vyvanse) | T1 | PA QL(1 cap/day) |
| <i>lisdexamfetamine 30 mg capsule</i> (Vyvanse) | T1 | PA QL(1 cap/day) |
| <i>lisdexamfetamine 40 mg capsule</i> (Vyvanse) | T1 | PA QL(1 cap/day) |
| <i>lisdexamfetamine 50 mg capsule</i> (Vyvanse) | T1 | PA QL(1 cap/day) |
| <i>lisdexamfetamine 60 mg capsule</i> (Vyvanse) | T1 | PA QL(1 cap/day) |
| <i>lisdexamfetamine 70 mg capsule</i> (Vyvanse) | T1 | PA QL(1 cap/day) |
| VYVANSE 10 MG CAPSULE (<i>lisdexamfetamine dimesylate</i>) | T3 | PA QL (1 cap/day) |
| VYVANSE 10 MG CHEWABLE TABLET | T3 | PA QL (1 tab/day) |
| VYVANSE 20 MG CAPSULE (<i>lisdexamfetamine dimesylate</i>) | T3 | PA QL (1 per day) |
| VYVANSE 20 MG CHEWABLE TABLET | T3 | PA QL (1 tab/day) |
| VYVANSE 30 MG CAPSULE (<i>lisdexamfetamine dimesylate</i>) | T3 | PA QL (1 per day) |
| VYVANSE 30 MG CHEWABLE TABLET | T3 | PA QL (1 tab/day) |
| VYVANSE 40 MG CAPSULE (<i>lisdexamfetamine dimesylate</i>) | T3 | PA QL (1 cap/day) |
| VYVANSE 40 MG CHEWABLE TABLET | T3 | PA QL (1 tab/day) |
| VYVANSE 50 MG CAPSULE (<i>lisdexamfetamine dimesylate</i>) | T3 | PA QL (1 cap/day) |
| VYVANSE 50 MG CHEWABLE TABLET | T3 | PA QL (1 tab/day) |
| VYVANSE 60 MG CAPSULE (<i>lisdexamfetamine dimesylate</i>) | T3 | PA QL (1 cap/day) |
| VYVANSE 60 MG CHEWABLE TABLET | T3 | PA QL (1 tab/day) |
| VYVANSE 70 MG CAPSULE (<i>lisdexamfetamine dimesylate</i>) | T3 | PA QL (1 cap/day) |

T1 – Typically Generics

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T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)⁸

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST | | |
| <i>clonidine hcl</i> (Kapvay) | T1 | |
| <i>guanfacine hcl</i> (Intuniv) | T1 | HD |
| INTUNIV (<i>guanfacine hcl er</i>) | T3 | PA HD |
| KAPVAY (<i>clonidine hcl er</i>) | T3 | PA |
| TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY | | |
| ADHANSIA XR | T3 | PA QL (1 cap/day) ST |
| APTENSIO XR (<i>methylphenidate er</i>) | T3 | PA QL (1 cap/day) ST |
| CONCERTA (<i>methylphenidate er</i>) | T3 | PA QL (1 tab/day) ST |
| COTEMPLA XR-ODT 17.3 MG TABLET | T3 | PA QL (1 tab/day) |
| COTEMPLA XR-ODT 25.9 MG TABLET | T3 | PA QL (2 tabs/day) |
| COTEMPLA XR-ODT 8.6 MG TABLET | T3 | PA QL (1 tab/day) |
| DAYTRANA 10 MG/9 HR PATCH (<i>methylphenidate</i>) | T3 | PA QL (1 patch/day) |
| DAYTRANA 15 MG/9 HR PATCH (<i>methylphenidate</i>) | T3 | PA QL (1 per day) |
| DAYTRANA 20 MG/9 HOUR PATCH (<i>methylphenidate</i>) | T3 | PA QL (1 patch/day) |
| DAYTRANA 30 MG/9 HOUR PATCH (<i>methylphenidate</i>) | T3 | PA QL (1 patch/day) |
| <i>dexmethylphenidate er 10 mg cp</i> (Focalin Xr) | T1 | PA QL (1 cap/day) |
| <i>dexmethylphenidate er 15 mg cp</i> (Focalin Xr) | T1 | PA QL (1 per day) |
| <i>dexmethylphenidate er 20 mg cp</i> (Focalin Xr) | T1 | PA QL (1 cap/day) |
| <i>dexmethylphenidate er 25 mg cp</i> (Focalin Xr) | T1 | PA QL (1 cap/day) |
| <i>dexmethylphenidate er 30 mg cp</i> (Focalin Xr) | T1 | PA QL (1 cap/day) |
| <i>dexmethylphenidate er 35 mg cp</i> (Focalin Xr) | T1 | PA QL (1 cap/day) |
| <i>dexmethylphenidate er 40 mg cp</i> (Focalin Xr) | T1 | PA QL (1 cap/day) |
| <i>dexmethylphenidate er 5 mg cap</i> (Focalin Xr) | T1 | PA QL (1 cap/day) |
| <i>dexmethylphenidate hcl</i> (Focalin) | T1 | PA |
| FOCALIN (<i>dexmethylphenidate hcl</i>) | T3 | PA ST |
| FOCALIN XR (<i>dexmethylphenidate hcl er</i>) | T3 | PA QL (1 cap/day) ST |
| JORNAY PM | T3 | PA QL (1 cap/day) ST |
| METADATE CD (<i>methylphenidate hcl</i>) | T3 | PA QL |
| METHYLIN (<i>methylphenidate hcl</i>) | T3 | PA |
| <i>methylphenidate er 10 mg cap</i> (Aptensio Xr) | T1 | PA QL (1 per day) |
| <i>methylphenidate er 10 mg tab</i> | T1 | PA QL (2/day) |
| <i>methylphenidate er 15 mg cap</i> (Aptensio Xr) | T1 | PA QL (1 per day) |
| <i>methylphenidate er 18 mg tab</i> (Concerta) | T1 | PA QL (1 per day) |
| <i>methylphenidate er 20 mg cap</i> (Aptensio Xr) | T1 | PA QL (1 per day) |
| <i>methylphenidate er 20 mg tab</i> | T1 | PA QL (3/day) |
| <i>methylphenidate er 27 mg tab</i> (Concerta) | T1 | PA QL (1 tab/day) |

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SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Attention Deficit Hyperactivity Disorder)⁸

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| TX FOR ATTENTION DEFICIT-HYPERACT (ADHD)/NARCOLEPSY | | |
| <i>methylphenidate er 30 mg cap</i> (Aptensio Xr) | T1 | PA QL (1 per day) |
| <i>methylphenidate er 36 mg tab</i> (Concerta) | T1 | PA QL (1 per day) |
| <i>methylphenidate er 40 mg cap</i> (Aptensio Xr) | T1 | PA QL (1 per day) |
| <i>methylphenidate er 50 mg cap</i> (Aptensio Xr) | T1 | PA QL (1 per day) |
| <i>methylphenidate er 54 mg tab</i> (Concerta) | T1 | PA QL (1 tab/day) |
| <i>methylphenidate er 60 mg cap</i> (Aptensio Xr) | T1 | PA QL (1 per day) |
| METHYLPHENIDATE ER 72 MG TAB | T1 | PA QL (1 tab/day) |
| <i>methylphenidate hcl</i> (Metadate CD) | T1 | PA QL (1 cap/day) |
| <i>methylphenidate hcl</i> (Methylin) | T1 | PA |
| <i>methylphenidate hcl</i> (Ritalin La) | T1 | PA QL (1 cap/day) |
| <i>methylphenidate hcl</i> (Ritalin) | T1 | PA |
| <i>methylphenidate la 10 mg cap</i> (Ritalin La) | T1 | PA QL (1 cap/day) |
| <i>methylphenidate la 20 mg cap</i> (Ritalin La) | T1 | PA QL (1 cap/day) |
| <i>methylphenidate la 30 mg cap</i> (Ritalin La) | T1 | PA QL (1 per day) |
| <i>methylphenidate la 40 mg cap</i> (Ritalin La) | T1 | PA QL (1 cap/day) |
| <i>methylphenidate la 60 mg cap</i> | T1 | PA QL (1 cap/day) |
| QUILLICHEW ER | T3 | PA QL (1 tab/day) |
| QUILLIVANT XR | T3 | PA QL (12ml/day) |
| RELEXXII | T3 | PA QL (1 tab/day) |
| RITALIN (<i>methylphenidate hcl</i>) | T3 | PA ST |
| RITALIN LA (<i>methylphenidate la</i>) | T3 | PA QL (1 cap/day) ST |
| TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE | | |
| <i>atomoxetine hcl 10 mg capsule</i> (Strattera) | T1 | HD |
| <i>atomoxetine hcl 100 mg capsule</i> (Strattera) | T1 | HD |
| <i>atomoxetine hcl 18 mg capsule</i> (Strattera) | T1 | HD |
| <i>atomoxetine hcl 25 mg capsule</i> (Strattera) | T1 | HD |
| <i>atomoxetine hcl 40 mg capsule</i> (Strattera) | T1 | QL (1 cap/day) HD |
| <i>atomoxetine hcl 60 mg capsule</i> (Strattera) | T1 | HD |
| <i>atomoxetine hcl 80 mg capsule</i> (Strattera) | T1 | HD |
| STRATTERA 10 MG CAPSULE (<i>atomoxetine hcl</i>) | T3 | PA HD |
| STRATTERA 100 MG CAPSULE (<i>atomoxetine hcl</i>) | T3 | PA HD |
| STRATTERA 18 MG CAPSULE (<i>atomoxetine hcl</i>) | T3 | PA HD |
| STRATTERA 25 MG CAPSULE (<i>atomoxetine hcl</i>) | T3 | PA HD |
| STRATTERA 40 MG CAPSULE (<i>atomoxetine hcl</i>) | T3 | PA QL (1 cap/day) HD |
| STRATTERA 60 MG CAPSULE (<i>atomoxetine hcl</i>) | T3 | PA HD |
| STRATTERA 80 MG CAPSULE (<i>atomoxetine hcl</i>) | T3 | PA HD |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Miscellaneous)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) TX AGENTS

| | | |
|---------|----|--------------------------------|
| ADDYI | T3 | QL (1 tab/day) |
| VYLEESI | T3 | PA QL (8 injectors/30 days) SP |

PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)⁸

ANTI-PSYCH, DOPAMINE ANTAG., DIPHENYLBUTYLPIPERIDINES

| | | |
|-----------------|----|--|
| <i>pimozide</i> | T1 | |
|-----------------|----|--|

ANTI-PSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGONIST

| | | |
|--|----|-------------------------|
| <i>asenapine maleate</i> (Saphris) | T1 | |
| CAPLYTA | T3 | QL (1 caps/day) ST |
| <i>clozapine</i> | T1 | |
| <i>clozapine</i> (Clozapine Odt) | T1 | |
| <i>clozapine</i> (Clozaril) | T1 | |
| <i>clozapine</i> (Fazacllo) | T1 | |
| CLOZAPINE ODT | T1 | |
| CLOZARIL (<i>clozapine</i>) | T3 | PA |
| FANAPT 1 MG TABLET | T3 | QL (4 tabs/day) ST |
| FANAPT 10 MG TABLET | T3 | QL (4 tabs/day) ST |
| FANAPT 12 MG TABLET | T3 | ST |
| FANAPT 2 MG TABLET | T3 | QL (4 tabs/day) ST |
| FANAPT 4 MG TABLET | T3 | QL (4 tabs/day) ST |
| FANAPT 6 MG TABLET | T3 | QL (4 tabs/day) ST |
| FANAPT 8 MG TABLET | T3 | QL (4 tabs/day) ST |
| FANAPT TITRATION PACK | T3 | QL (4 packs/year) ST |
| FAZACLO (<i>clozapine odt</i>) | T3 | PA |
| GEODON 20 MG CAPSULE (<i>ziprasidone hcl</i>) | T3 | PA |
| GEODON 20 MG/ML VIAL | T3 | |
| GEODON 40 MG CAPSULE (<i>ziprasidone hcl</i>) | T3 | PA |
| GEODON 60 MG CAPSULE (<i>ziprasidone hcl</i>) | T3 | PA |
| GEODON 80 MG CAPSULE (<i>ziprasidone hcl</i>) | T3 | PA |
| INVEGA ER 1.5 MG TABLET (<i>paliperidone er</i>) | T3 | ST |
| INVEGA ER 3 MG TABLET (<i>paliperidone er</i>) | T3 | QL (1 tab/day) ST |
| INVEGA ER 6 MG TABLET (<i>paliperidone er</i>) | T3 | ST |
| INVEGA ER 9 MG TABLET (<i>paliperidone er</i>) | T3 | ST |
| INVEGA SUSTENNA 117 MG/0.75 ML | T3 | QL (2 syringes/28 days) |
| INVEGA SUSTENNA 156 MG/ML SYRG | T3 | QL (1 syringe/28 days) |
| INVEGA SUSTENNA 234 MG/1.5 ML | T3 | QL (1 syringe/28 days) |
| INVEGA SUSTENNA 39 MG/0.25 ML | T3 | QL (2 syringes/28 days) |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)⁸

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| ANTI-PSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGONIST | | |
| INVEGA SUSTENNA 78 MG/0.5 ML | T3 | QL (2 syring/28 days) |
| INVEGA TRINZA | T3 | QL (2 injectors/90 days) |
| LATUDA 120 MG TABLET (<i>lurasidone hcl</i>) | T3 | PA |
| LATUDA 20 MG TABLET (<i>lurasidone hcl</i>) | T3 | PA |
| LATUDA 40 MG TABLET (<i>lurasidone hcl</i>) | T3 | PA QL (1 tab/day) |
| LATUDA 40 MG TABLET (<i>lurasidone hcl</i>) | T3 | PA QL (1 tab/day) |
| LATUDA 60 MG TABLET (<i>lurasidone hcl</i>) | T3 | PA QL (1 tab/day) |
| LATUDA 80 MG TABLET (<i>lurasidone hcl</i>) | T3 | |
| <i>lurasidone hcl 80 mg tablet (Latuda)</i> | T1 | |
| <i>lurasidone hcl 60 mg tablet (Latuda)</i> | T1 | QL(1 TAB/DAY) |
| <i>lurasidone hcl 40 mg tablet (Latuda)</i> | T1 | QL(1 TAB/DAY) |
| <i>lurasidone hcl 20 mg tablet (Latuda)</i> | T1 | |
| <i>lurasidone hcl 120 mg tablet (Latuda)</i> | T1 | |
| <i>olanzapine (Zyprexa Zydis)</i> | T1 | |
| <i>olanzapine (Zyprexa)</i> | T1 | |
| <i>paliperidone er 1.5 mg tablet (Invega)</i> | T1 | |
| <i>paliperidone er 3 mg tablet (Invega)</i> | T1 | QL (1 tab/day) |
| <i>paliperidone er 6 mg tablet (Invega)</i> | T1 | |
| <i>paliperidone er 9 mg tablet (Invega)</i> | T1 | |
| PERSERIS | T3 | QL (1 kit/28 days) |
| <i>quetiapine fumarate (Seroquel Xr)</i> | T1 | |
| <i>quetiapine fumarate (Seroquel)</i> | T1 | |
| RISPERDAL (<i>risperidone</i>) | T3 | PA |
| RISPERDAL CONSTA | T3 | PA QL(4 vials/28 days) |
| <i>risperidone</i> | T1 | |
| <i>risperidone (Risperdal)</i> | T1 | |
| <i>risperidone microspheres</i> | T1 | QL |
| SAPHRIS (<i>asenapine maleate</i>) | T3 | ST |
| SECUADO | T3 | ST |
| SEROQUEL (<i>quetiapine fumarate</i>) | T3 | ST |
| SEROQUEL XR (<i>quetiapine fumarate er</i>) | T3 | ST |
| VERSACLOZ | T3 | PA |
| <i>ziprasidone hcl (Geodon)</i> | T1 | |
| <i>ziprasidone mesylate (Geodon)</i> | T1 | |
| ZYPREXA 10 MG TABLET (<i>olanzapine</i>) | T3 | PA |
| ZYPREXA 10 MG VIAL (<i>olanzapine</i>) | T3 | |
| ZYPREXA 15 MG TABLET (<i>olanzapine</i>) | T3 | PA |

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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics)⁸

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| ANTI-PSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN ANTAGONIST | | |
| ZYPREXA 2.5 MG TABLET (<i>olanzapine</i>) | T3 | PA |
| ZYPREXA 20 MG TABLET (<i>olanzapine</i>) | T3 | PA |
| ZYPREXA 5 MG TABLET (<i>olanzapine</i>) | T3 | PA |
| ZYPREXA 7.5 MG TABLET (<i>olanzapine</i>) | T3 | PA |
| ZYPREXA RELPREVV 210 MG VIAL | T3 | QL (4 vials/28 days) |
| ZYPREXA RELPREVV 210 MG VL KIT | T3 | QL (4 vials/28 days) |
| ZYPREXA RELPREVV 300 MG VIAL | T3 | QL (4 vials/28 days) |
| ZYPREXA RELPREVV 300 MG VL KIT | T3 | QL (4 vials/28 days) |
| ZYPREXA RELPREVV 405 MG VIAL | T3 | QL (2 vials/28 days) |
| ZYPREXA RELPREVV 405 MG VL KIT | T3 | QL (2 vials/28 days) |
| ZYPREXA ZYDIS (<i>olanzapine odt</i>) | T3 | PA |
| ANTI-PSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED | | |
| VRAYLAR 1.5 MG CAPSULE | T3 | QL (1 cap/day) ST |
| VRAYLAR 1.5 MG-3 MG PACK | T3 | ST |
| VRAYLAR 3 MG CAPSULE | T3 | QL (1 cap/day) ST |
| VRAYLAR 4.5 MG CAPSULE | T3 | ST |
| VRAYLAR 6 MG CAPSULE | T3 | ST |
| ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED | | |
| ABILIFY 10 MG TABLET (<i>aripiprazole</i>) | T3 | ST |
| ABILIFY 15 MG TABLET (<i>aripiprazole</i>) | T3 | ST |
| ABILIFY 2 MG TABLET (<i>aripiprazole</i>) | T3 | ST |
| ABILIFY 20 MG TABLET (<i>aripiprazole</i>) | T3 | ST |
| ABILIFY 30 MG TABLET (<i>aripiprazole</i>) | T3 | ST |
| ABILIFY 5 MG TABLET (<i>aripiprazole</i>) | T3 | QL (1 tab/day) ST |
| ABILIFY ASIMTUFI | T3 | |
| ABILIFY MAINTENA ER 300 MG SYR | T2 | QL (2 injectors/30 days) |
| ABILIFY MAINTENA ER 300 MG VL | T2 | QL (2 injectors/30 days) |
| ABILIFY MAINTENA ER 400 MG SYR | T2 | QL (2 injectors/30 days) |
| ABILIFY MAINTENA ER 400 MG VL | T2 | |
| ABILIFY MYCITE | T3 | PA |
| <i>aripiprazole</i> | T1 | |
| <i>aripiprazole 1 mg/ml solution</i> | T1 | |
| <i>aripiprazole 10 mg tablet (Abilify)</i> | T1 | |
| <i>aripiprazole 15 mg tablet (Abilify)</i> | T1 | |
| <i>aripiprazole 2 mg tablet (Abilify)</i> | T1 | |
| <i>aripiprazole 20 mg tablet (Abilify)</i> | T1 | |
| <i>aripiprazole 30 mg tablet (Abilify)</i> | T1 | |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| PSYCHOTHERAPEUTIC DRUGS (Schizophrenia/Anti-Psychotics) ⁸ | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED | | |
| <i>aripiprazole 5 mg tablet (Abilify)</i> | T1 | QL (1 tab/day) |
| ARISTADA ER 1064 MG/3.9 ML SYR | T3 | |
| ARISTADA ER 441 MG/1.6 ML SYRN | T3 | QL (2 syring/30 days) |
| ARISTADA ER 662 MG/2.4 ML SYRN | T3 | QL (2 syring/30 days) |
| ARISTADA ER 882 MG/3.2 ML SYRN | T3 | QL (2 syring/30 days) |
| ARISTADA INITIO | T3 | |
| REXULTI 0.25 MG TABLET | T3 | QL (1 tab/day) ST |
| REXULTI 0.5 MG TABLET | T3 | QL (1 tab/day) ST |
| REXULTI 1 MG TABLET | T3 | QL (1 tab/day) ST |
| REXULTI 2 MG TABLET | T3 | QL (1 tab/day) ST |
| REXULTI 3 MG TABLET | T3 | ST |
| REXULTI 4 MG TABLET | T3 | ST |
| ANTI-PSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS | | |
| <i>loxapine succinate</i> | T1 | |
| ANTI-PSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES | | |
| <i>thiothixene</i> | T1 | |
| <i>droperidol</i> | T1 | |
| HALDOL (<i>haloperidol lactate</i>) | T3 | |
| HALDOL DECANOATE 100 (<i>haloperidol decanoate 100</i>) | T3 | |
| HALDOL DECANOATE 50 (<i>haloperidol decanoate</i>) | T3 | |
| <i>haloperidol</i> | T1 | |
| <i>haloperidol decanoate</i> | T1 | |
| <i>haloperidol decanoate</i> (Haldol Decanoate 100) | T1 | |
| <i>haloperidol decanoate</i> (Haldol Decanoate 50) | T1 | |
| <i>haloperidol lactate</i> | T1 | |
| <i>haloperidol lactate</i> (Haldol) | T1 | |
| ANTI-PSYCHOTICS, DOPAMINE ANTAGONST, DIHYDROINDOLONES | | |
| <i>molindone hcl</i> | T1 | |
| ANTI-PSYCHOTICS, PHENOTHIAZINES | | |
| <i>chlorpromazine hcl</i> | T1 | |
| <i>fluphenazine decanoate</i> | T1 | |
| <i>fluphenazine hcl</i> | T1 | |
| <i>perphenazine</i> | T1 | |
| <i>thioridazine hcl</i> | T1 | |
| <i>trifluoperazine hcl</i> | T1 | |
| SSRI-ANTI-PSYCH, ATYPICAL, DOPAMINE, SEROTONIN ANTAG | | |
| <i>olanzapine/fluoxetine hcl</i> | T1 | |

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T3 – Typically Non-Preferred Brands

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List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Sleep Disorders/Sedatives)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS

| | | |
|--|----|-------------------|
| <i>olanzapine/fluoxetine hcl</i> (Symbyax) | T1 | |
| SYMBYAX (<i>olanzapine-fluoxetine hcl</i>) | T3 | PA |
| <i>armodafinil</i> (Nuvigil) | T1 | PA |
| <i>modafinil</i> (Provigil) | T1 | PA |
| NUVIGIL (<i>armodafinil</i>) | T3 | PA |
| PROVIGIL (<i>modafinil</i>) | T3 | PA |
| SUNOSI | T2 | PA QL (1 tab/day) |

ANTI-NARCOLEPSY, ANTI-CATAPLEXY, SEDATIVE-TYPE AGENT

| | | |
|----------------|----|----------------------------|
| SODIUM OXYBATE | T3 | PA QL (18 mls/day) SP HD |
| LUMRYZ | T3 | PA QL (30 pkts/30 days) SP |
| XYREM | T3 | PA SP HD |
| XYWAV | T3 | PA SP HD |

BARBITURATES

| | | |
|---|----|----|
| AMYTAL SODIUM | T3 | |
| NEMBUTAL SODIUM (<i>pentobarbital sodium</i>) | T3 | PA |
| <i>pentobarbital sodium</i> (Nembutal Sodium) | T1 | PA |
| <i>phenobarbital sodium</i> | T1 | |
| <i>secobarbital sodium</i> | T3 | PA |

HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS

| | | |
|------------------------------|----|-------------------|
| HETLIOZ | T3 | PA SP HD |
| HETLIOZ LQ | T3 | PA SP HD |
| <i>ramelteon</i> (Rozerem) | T1 | QL (1 tab/day) |
| ROZEREM (<i>ramelteon</i>) | T3 | PA QL (1 tab/day) |
| <i>tasimelteon</i> | T3 | PA SP |

SEDATIVE-HYPNOTICS - BENZODIAZEPINES

| | | |
|-------------------------------|----|----|
| ATIVAN (<i>lorazepam</i>) | T3 | PA |
| DORAL | T3 | |
| <i>estazolam</i> | T1 | |
| HALCION (<i>triazolam</i>) | T3 | |
| <i>lorazepam</i> | T1 | |
| <i>lorazepam</i> (Ativan) | T1 | |
| LORAZEPAM-0.9% NACL | T1 | |
| LORAZEPAM-D5W | T1 | |
| QUAZEPAM | T1 | |
| <i>quazepam</i> (Quazepam) | T1 | |
| RESTORIL (<i>temazepam</i>) | T3 | PA |
| <i>temazepam</i> (Restoril) | T1 | |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

PSYCHOTHERAPEUTIC DRUGS (Sleep Disorders/Sedatives)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

SEDATIVE-HYPNOTICS, NON-BARBITURATE

| | | |
|--|----|-------------------|
| <i>triazolam</i> | T1 | |
| <i>triazolam</i> (Halcion) | T1 | |
| AMBIEN (<i>zolpidem tartrate</i>) | T3 | PA |
| AMBIEN CR 12.5 MG TABLET (<i>zolpidem tartrate er</i>) | T3 | PA |
| AMBIEN CR 6.25 MG TABLET (<i>zolpidem tartrate er</i>) | T3 | PA QL (1 tab/day) |
| BELSOMRA | T3 | PA |
| DAYVIGO | T2 | QL (1 tab/day) ST |
| DEXMEDETOMIDINE HCL | T1 | |
| <i>dexmedetomidine hcl</i> (Precedex) | T1 | |
| <i>dexmedetomidine in 0.9 % nacl</i> (Precedex) | T1 | |
| <i>doxepin hcl 3 mg tablet</i> (Silenor) | T1 | QL (1 tab/day) |
| <i>doxepin hcl 6 mg tablet</i> (Silenor) | T1 | |
| EDLUAR 10 MG SL TABLET | T3 | PA |
| EDLUAR 5 MG SL TABLET | T3 | PA QL (1 tab/day) |
| <i>eszopiclone</i> (Lunesta) | T1 | |
| LUNESTA (<i>eszopiclone</i>) | T3 | PA |
| PRECEDEX | T3 | |
| QUVIVIQ | T3 | PA QL (1 tab/day) |
| SILENOR 3 MG TABLET (<i>doxepin hcl</i>) | T3 | PA QL (1 tab/day) |
| SILENOR 6 MG TABLET (<i>doxepin hcl</i>) | T3 | PA |
| <i>zaleplon</i> | T1 | |
| <i>zolpidem tart er 12.5 mg tab</i> (Ambien Cr) | T1 | |
| <i>zolpidem tart er 6.25 mg tab</i> (Ambien Cr) | T1 | QL (1 tab/day) |
| <i>zolpidem tartrate</i> | T1 | |
| <i>zolpidem tartrate</i> (Ambien) | T1 | |
| ZOLPIMIST | T3 | PA |

SEDATIVE/HYPNOTICS (Sleep Disorders/Sedatives)

HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS

| | | |
|----------------------------|----|---------------|
| <i>ramelteon</i> (Rozerem) | T1 | QL(1 tab/day) |
|----------------------------|----|---------------|

SEDATIVE-HYPNOTICS - BENZODIAZEPINES

| | | |
|-----------------------|----|--|
| <i>flurazepam hcl</i> | T1 | |
|-----------------------|----|--|

SKIN PREPS (Miscellaneous)

IRRIGANTS

| | | |
|---------------------------------------|----|--|
| <i>acetic acid</i> | T1 | |
| <i>neomycin sulf/polymyxin b sulf</i> | T1 | |
| PHYSIOLYTE | T3 | |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| SKIN PREPS (Miscellaneous) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| IRRIGANTS | | |
| PHYSIOSOL | T3 | |
| <i>ringer's solution</i> | T1 | |
| <i>ringer's solution, lactated</i> | T1 | |
| <i>sod, pot chlor/mag/sod, pot phos</i> | T3 | |
| <i>sodium chloride irrig solution</i> | T1 | |
| SORBITOL | T1 | |
| SORBITOL-MANNITOL | T1 | |
| <i>water for irrigation, sterile</i> | T1 | |
| OXIDIZING AGENTS | | |
| <i>hydrogen peroxide</i> | T1 | |
| SKIN PREPS (Pain Relief And Inflammatory Disease) | | |
| ANTI-PSORIATIC AGENTS, SYSTEMIC | | |
| <i>acitretin</i> | T1 | |
| <i>acitretin (Soriatane)</i> | T1 | |
| BIMZELX | T3 | PA QL (10 mls/365 days) SP HD |
| COSENTYX (2 SYRINGES) | T3 | PA QL (2 syringes/28 days) SP HD |
| COSENTYX PEN | T3 | PA QL (1 pen/28 days) SP HD |
| COSENTYX PEN (2 PENS) | T3 | PA QL (2 pens/28 days) SP HD |
| COSENTYX SYRINGE | T3 | PA QL (1 syringe/28 days) SP HD |
| ILUMYA | T3 | PA QL (1 syringe/84 days) SP HD |
| <i>methoxsalen (Oxsoralen-ultra)</i> | T1 | |
| OXSORALEN-ULTRA (<i>methoxsalen</i>) | T3 | |
| SKYRIZI (2 SYRINGES) KIT | T3 | PA QL (1 kit/84 days) SP HD |
| SORIATANE (<i>acitretin</i>) | T3 | PA |
| SOTYKTU | T3 | PA QL (1 TAB/DAY) SP HD |
| TALTZ AUTOINJECTOR | T3 | PA QL (1 injector/28 days) SP HD |
| TALTZ AUTOINJECTOR (2 PACK) | T3 | PA QL (1 injector/28 days) SP HD |
| TALTZ AUTOINJECTOR (3 PACK) | T3 | PA QL (1 injector/28 days) SP HD |
| TALTZ SYRINGE | T3 | PA QL (1 syringe/28 days) SP HD |
| TREMFYA 100 MG/ML INJECTOR | T3 | PA QL (1 injector/56 days) SP HD |
| TREMFYA 100 MG/ML SYRINGE | T3 | PA QL (1 syringe/56 days) SP HD |
| TOPICAL ANTI-INFLAMMATORY, NSAIDS | | |
| DICLAREAL | T3 | HD |
| <i>diclofenac 1.5% topical soln</i> | T1 | PA HD |
| DICLOFENAC EPOLAMINE | T3 | PA QL (2 patches/day) HD |
| <i>diclofenac sodium 1% gel (Voltaren)</i> | T1 | QL (1000gm/30 days) HD |

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SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| SKIN PREPS (Pain Relief And Inflammatory Disease) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| TOPICAL ANTI-INFLAMMATORY, NSAIDS | | |
| FLECTOR | T2 | PA QL (2 patches/day) HD |
| LICART | T2 | PA QL (1 patch/day) HD |
| PENNSAID | T3 | PA HD |
| VOLTAREN (<i>diclofenac sodium</i>) | T3 | PA QL (1000gm/30 days) HD |
| SKIN PREPS (Skin Conditions) | | |
| ACNE AGENTS, SYSTEMIC | | |
| ABSORICA | T3 | |
| ABSORICA LD | T3 | ST |
| ACUTANE | T1 | |
| AMNESTEEM | T1 | |
| CABTREQ | T3 | PA |
| CLARAVIS | T1 | |
| isotretinoin | T1 | |
| MYORISAN | T1 | |
| ZENATANE | T1 | |
| ACNE AGENTS, TOPICAL | | |
| ACANYA (<i>clindamycin phos-benzoyl perox</i>) | T3 | |
| ACZONE 5% GEL (<i>dapsone</i>) | T3 | |
| ACZONE 7.5% GEL PUMP | T2 | |
| <i>adapalene/benzoyl peroxide</i> | T1 | |
| AZELEX | T2 | |
| BENZACLIN (<i>clindamycin-benzoyl peroxide</i>) | T3 | PA |
| <i>clindamyc-bnz perox 1.2-3.75%</i> (Onexton) | T1 | PA |
| <i>clindamycin phos/benzoyl perox</i> | T1 | |
| <i>clindamycin phos/benzoyl perox</i> (Acanya) | T1 | |
| <i>clindamycin phos/benzoyl perox</i> (Benzaclin) | T1 | |
| <i>clindamycin/tretinoin</i> (Veltin) | T1 | |
| <i>clindamycin/tretinoin</i> (Ziana) | T1 | |
| <i>dapsone 5% gel</i> (Aczone) | T1 | |
| DAPSONE 7.5% GEL PUMP | T3 | PA |
| <i>dapsone 7.5% gel pump</i> (Dapsone) | T1 | |
| KLARON (<i>sulfacetamide sodium</i>) | T3 | |
| NEUAC 1.2-5% KIT | T3 | |
| <i>neuac gel</i> | T1 | |
| ONEXTON | T3 | |
| <i>sulfacetamide sodium</i> (Klaron) | T1 | |

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List of Prescription Medications

| SKIN PREPS (Skin Conditions) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ACNE AGENTS, TOPICAL | | |
| VELTIN | T3 | PA |
| ZIANA (<i>clindamycin phos-tretinoin</i>) | T3 | PA |
| ANTI-PERSPIRANTS | | |
| DRYSOL | T3 | |
| ANTI-PRURITICS, TOPICAL | | |
| <i>doxepin 5% cream</i> (Zonalon) | T1 | PA QL (90gm/30 days) |
| <i>doxepin hcl</i> (Zonalon) | T3 | PA QL (90gm/30 days) |
| ZONALON | T3 | PA QL (90gm/30 days) |
| ZONALON (<i>pradoxin</i>) | T3 | PA QL (90gm/30 days) |
| ANTI-PSORIATICS AGENTS | | |
| <i>anthralin</i> | T1 | |
| <i>calcipotriene 0.005% cream</i> (Dovonex) | T1 | |
| CALCIPOTRIENE 0.005% FOAM | T3 | PA |
| <i>calcipotriene 0.005% ointment</i> | T1 | |
| <i>calcipotriene 0.005% solution</i> | T1 | |
| <i>calcitriol 3 mcg/g ointment</i> (Vectical) | T1 | QL (800gm/30 days) |
| DOVONEX (<i>calcipotriene</i>) | T3 | |
| DUOBRII | T3 | |
| SORILUX | T3 | PA |
| <i>tazarotene 0.1% cream</i> (Tazorac) | T1 | |
| TAZORAC 0.05% CREAM | T2 | |
| TAZORAC 0.05% GEL | T2 | |
| ZORYVE 0.3% | T3 | PA QL (1 gm/30 days) |
| TAZORAC 0.1% CREAM (<i>tazarotene</i>) | T3 | |
| TAZORAC 0.1% GEL | T2 | |
| VECTICAL (<i>calcitriol</i>) | T3 | QL (800gm/30 days) |
| ANTI-SEBORRHEIC AGENTS | | |
| OVACE PLUS | T3 | |
| PROMISEB | T2 | |
| <i>selenium sulfide</i> | T1 | |
| <i>sulfacetamide sodium</i> | T1 | |
| TERSI FOAM | T3 | |
| ANTISEPTICS, GENERAL | | |
| <i>alcohol antiseptic pads</i> | T1 | |
| ALCOHOL PREP PADS | T1 | |
| ALCOHOL SWAB | T1 | |
| ALCOHOL WIPES | T1 | |

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List of Prescription Medications

| SKIN PREPS (Skin Conditions) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTISEPTICS, GENERAL | | |
| CARETOUCH ALCOHOL PREP PAD | T1 | |
| CURITY ALCOHOL PREPS | T1 | |
| DROPSAFE PREP PADS | T1 | |
| EASY COMFORT ALCOHOL PAD | T1 | |
| EASY TOUCH ALCOHOL PREP PADS | T1 | |
| INCONTROL ALCOHOL PADS | T1 | |
| PRO COMFORT ALCOHOL PADS | T1 | |
| PURE COMFORT ALCOHOL PAD | T1 | |
| SINGLE USE SWAB | T1 | |
| SURE COMFORT ALCOHOL | T1 | |
| SURE-PREP ALCOHOL PREP PADS | T1 | |
| TRUE COMFORT ALCOHOL PADS | T1 | |
| TRUE COMFORT PRO ALCOHOL PADS | T1 | |
| ULTILET ALCOHOL SWAB | T1 | |
| WEBCOL | T1 | |
| ANTISEPTICS, MISCELLANEOUS | | |
| GUAIACOL | T3 | |
| DIABETIC ULCER PREPARATIONS, TOPICAL | | |
| REGRANEX | T3 | PA QL (2 tubs/30 days) |
| EMOLLIENTS | | |
| <i>ammonium lactate</i> | T1 | |
| ATOPICLAIR | T3 | |
| BIAFINE (<i>sonafine</i>) | T3 | |
| <i>emollient combination no.10</i> (Biafine) | T1 | |
| <i>emollient combination no.35</i> (Mimyx) | T1 | |
| <i>emollient combination no.44</i> | T1 | |
| <i>emollient combination no.60</i> (Restizan) | T3 | |
| HALUCORT | T3 | |
| MIMYX (<i>prumyx</i>) | T3 | |
| RESTIZAN | T1 | |
| <i>vite ac/grape/hyaluronic acid</i> (Atopiclair) | T1 | |
| XCLAIR | T3 | |
| IMMUNOMODULATORS | | |
| ALDARA (<i>imiquimod</i>) | T3 | PA |
| <i>imiquimod 3.75% cream</i> (Zyclara) | T1 | PA QL (112 PACKETS/67 DAYS) |
| IMIQUIMOD 3.75% CREAM PUMP | T1 | PA |

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List of Prescription Medications

SKIN PREPS (Skin Conditions)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

IMMUNOMODULATORS

| | | |
|---|----|---------------------------|
| <i>imiquimod 5% cream packet (Aldara)</i> | T1 | |
| ZYCLARA 2.5% CREAM PUMP | T3 | PA QL (4 bots/30 days) |
| ZYCLARA 3.75% CREAM (<i>imiquimod</i>) | T3 | PA QL (112 packs/30 days) |
| ZYCLARA 3.75% CREAM PUMP | T3 | PA |

IRRITANTS/COUNTER-IRRITANTS

| | | |
|--------------------------|----|--|
| <i>methyl salicylate</i> | T1 | |
| QUTENZA | T3 | |

KERATOLYTICS

| | | |
|--|----|----|
| BENSAL HP | T1 | PA |
| BENZEFOAM | T3 | |
| BENZEPRO | T1 | |
| <i>benzoyl peroxide</i> | T1 | |
| <i>benzoyl peroxide (Enzoclear)</i> | T1 | |
| <i>benzoyl peroxide (Pacnex)</i> | T1 | |
| CONDYLOX | T3 | PA |
| ENZOCLEAR | T3 | |
| HYDRO 35 | T3 | |
| HYDRO 40 (<i>umecta</i>) | T3 | |
| INOVA | T3 | |
| KERAFOAM | T3 | |
| KERALYT 6% GEL (<i>salicylic acid</i>) | T3 | |
| <i>keralyt 6% shampoo</i> | T1 | |
| KERALYT SCALP | T3 | |
| KERALYT SCALP (<i>salicylic acid</i>) | T3 | |
| PACNEX (<i>benzoyl peroxide</i>) | T3 | |
| PODOCON-25 | T1 | |
| <i>podofilox</i> | T1 | |
| PR BENZOYL PEROXIDE | T1 | |
| SALICATE | T3 | |
| <i>salicylic acid</i> | T1 | |
| <i>salicylic acid</i> | T3 | |
| <i>salicylic acid (Keralyt Scalp)</i> | T1 | |
| <i>salicylic acid/ceramide comb 1</i> | T1 | |
| SALIMEZ FORTE | T1 | |
| SALKERA | T3 | |
| SALVAX DUO PLUS | T3 | |
| <i>silver nitrate</i> | T1 | |

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List of Prescription Medications

| SKIN PREPS (Skin Conditions) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| KERATOLYTICS | | |
| <i>silver nitrate applicator</i> | T1 | |
| URAMAXIN | T3 | |
| URAMAXIN (<i>urea</i>) | T3 | |
| <i>urea</i> | T1 | |
| <i>urea</i> (Hydro 35) | T1 | |
| <i>urea</i> (Hydro 40) | T3 | |
| <i>urea</i> (Uramaxin) | T1 | |
| <i>urea</i> (Xurea) | T1 | |
| XUREA | T3 | |
| PROTECTIVES | | |
| BIONECT | T3 | |
| PHARMABASE BARRIER | T1 | |
| <i>polydimethylsiloxanes/silicon</i> | T1 | |
| <i>protectives2/ceramide 1, 3, 6-ii</i> | T1 | |
| RADIAPLEXRX | T3 | |
| <i>zinc oxide</i> | T1 | |
| ROSACEA AGENTS, TOPICAL | | |
| <i>azelaic acid</i> (Finacea) | T1 | |
| FINACEA | T3 | PA |
| FINACEA (<i>azelaic acid</i>) | T3 | PA |
| <i>ivermectin</i> (Soolantra) | T1 | |
| METROCREAM (<i>rosadan</i>) | T3 | PA |
| METROGEL (<i>metronidazole</i>) | T3 | PA |
| <i>metronidazole</i> | T1 | |
| <i>metronidazole</i> (Metrocream) | T1 | |
| <i>metronidazole</i> (Metrogel) | T1 | |
| NORITATE | T3 | PA |
| SOOLANTRA (<i>ivermectin</i>) | T3 | PA |
| TISSUE/WOUND ADHESIVES | | |
| ARTISS | T3 | |
| SURGISEAL STYLUS | T3 | |
| SURGISEAL TEARDROP | T3 | |
| SURGISEAL TWIST | T3 | |
| TISSEEL VHSD | T3 | |

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List of Prescription Medications

| SKIN PREPS (Skin Conditions) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| TOP. ANTI-INFLAM., PHOSPHODIESTERASE-4 (PDE4) INHIB | | |
| EUCRISA | T2 | |
| TOPICAL AGENTS, MISCELLANEOUS | | |
| GORDON'S UREA | T3 | |
| HYFTOR | T3 | PA SP |
| L-MESITRAN SOFT | T3 | |
| MEDIHONEY | T3 | |
| SAF-CLENS AF | T3 | |
| <i>trichloroacetic acid</i> | T3 | |
| TRICHLOROACETIC ACID | T1 | |
| TOPICAL ANTIANDROGENIC AGENTS | | |
| WINLEVI | T3 | PA |
| TOPICAL ANTIBIOTIC PLEUROMUTILIN DERIVATIVES | | |
| ALTABAX | T3 | |
| TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS | | |
| QBREXZA | T3 | |
| TOPICAL ANTI-INFLAMMATORY STEROIDAL | | |
| ALA-SCALP (<i>scalacort</i>) | T3 | ST |
| <i>alclometasone dipropionate</i> | T1 | |
| <i>amcinonide 0.1% cream, ointment, lotion</i> | T1 | PA |
| ANUSOL-HC 2.5% CREAM (<i>proctozone-hc</i>) | T1 | PA |
| AQUA GLYCOLIC HC | T3 | |
| <i>betamethasone dipropionate</i> | T1 | |
| <i>betamethasone valerate</i> | T1 | |
| <i>betamethasone valerate (Luxiq)</i> | T1 | |
| <i>betamethasone/propylene glyc</i> | T1 | |
| <i>betamethasone/propylene glyc (Diprolene)</i> | T1 | |
| BRYHALI | T3 | ST |
| CAPEX SHAMPOO | T3 | ST |
| <i>clobetasol propionate</i> | T1 | |
| <i>clobetasol propionate (Clobex)</i> | T1 | |
| <i>clobetasol propionate (Olux)</i> | T1 | |
| <i>clobetasol propionate (Temovate)</i> | T1 | |
| <i>clobetasol propionate/emoll</i> | T1 | |
| <i>clobetasol propionate/emoll (Olux-e)</i> | T1 | |
| CLOBEX (<i>clobetasol propionate</i>) | T3 | PA |
| CLOBEX (<i>clodan</i>) | T3 | PA |
| CLOCORTOLONE PIVALATE | T1 | |

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List of Prescription Medications

| SKIN PREPS (Skin Conditions) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| TOPICAL ANTI-INFLAMMATORY STEROIDAL | | |
| CLODAN 0.05% KIT | T3 | ST |
| <i>clodan 0.05% shampoo (Clobex)</i> | T1 | |
| CLODERM | T3 | ST |
| CORDRAN | T3 | PA |
| CORDRAN (<i>flurandrenolide</i>) | T3 | PA |
| CORDRAN (<i>nolix</i>) | T3 | PA |
| CUTIVATE 0.05% CREAM (<i>fluticasone propionate</i>) | T3 | ST |
| CUTIVATE 0.05% LOTION (<i>fluticasone propionate</i>) | T3 | PA |
| DERMA-SMOOTHIE-FS (<i>fluocinolone acetonide</i>) | T3 | ST |
| DERMATOP (<i>prednicarbate</i>) | T3 | ST |
| <i>desonide</i> | T1 | |
| <i>desonide (Desowen)</i> | T1 | |
| <i>desonide (Tridesilon)</i> | T1 | |
| DESOWEN (<i>desonide</i>) | T3 | ST |
| <i>desoximetasone (Topicort)</i> | T1 | |
| <i>diflorasone diacetate</i> | T1 | PA |
| <i>diflorasone diacetate (Psorcon)</i> | T1 | PA |
| <i>diflorasone diacetate/emoll</i> | T1 | PA |
| DIPROLENE (<i>betamethasone diprop augmented</i>) | T3 | ST |
| <i>fluocinolone acetonide</i> | T1 | |
| <i>fluocinolone acetonide (Derma-smoothe-fs)</i> | T1 | |
| <i>fluocinolone acetonide (Synalar)</i> | T1 | |
| <i>fluocinolone/shower cap (Derma-smoothe-fs)</i> | T1 | |
| <i>fluocinonide</i> | T1 | |
| <i>fluocinonide (Vanos)</i> | T1 | |
| <i>fluocinonide/emollient base</i> | T1 | |
| <i>flurandrenolide (Cordran)</i> | T1 | PA |
| <i>fluticasone prop 0.005% oint</i> | T1 | |
| <i>fluticasone prop 0.05% cream (Cutivate)</i> | T1 | |
| <i>fluticasone prop 0.05% lotion (Cutivate)</i> | T1 | |
| <i>fluticasone propionate (Cutivate)</i> | T1 | |
| <i>halcinonide (Halog)</i> | T1 | PA |
| HALOBETASOL PROPIONATE | T1 | |
| <i>halobetasol prop 0.05% foam</i> | T1 | |
| <i>halobetasol propionate (Ultravate)</i> | T1 | |
| HALOG 0.1% CREAM (<i>halcinonide</i>) | T3 | PA |

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List of Prescription Medications

| SKIN PREPS (Skin Conditions) | | | |
|--|-----------|----------------------------------|--|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits | |
| TOPICAL ANTI-INFLAMMATORY STEROIDAL | | | |
| HALOG 0.1% OINTMENT | T3 | PA | |
| HALOG 0.1% SOLUTION | T3 | ST | |
| <i>hydrocort buty 0.1% lipid crm</i> (Locoid Lipocream) | T1 | PA | |
| <i>hydrocort buty 0.1% lipo cream</i> (Locoid Lipocream) | T1 | PA | |
| <i>hydrocortisone</i> | T1 | | |
| <i>hydrocortisone</i> (Ala-scalp) | T1 | | |
| <i>hydrocortisone</i> (Anusol-hc) | T1 | | |
| <i>hydrocortisone buty 0.1% cream</i> | T1 | | |
| <i>hydrocortisone butyr 0.1% lotn</i> (Locoid) | T1 | PA | |
| <i>hydrocortisone butyr 0.1% oint</i> (Locoid) | T1 | | |
| <i>hydrocortisone butyr 0.1% soln</i> | T1 | | |
| <i>hydrocortisone valerate</i> | T1 | | |
| IMPEKLO | T3 | PA | |
| IMPOYZ | T3 | PA | |
| KENALOG (<i>triamcinolone acetonide</i>) | T3 | PA | |
| LEXETTE | T3 | ST | |
| LOCOID 0.1% LOTION (<i>hydrocortisone butyrate</i>) | T3 | PA | |
| LOCOID 0.1% OINTMENT (<i>hydrocortisone butyrate</i>) | T3 | | |
| LOCOID LIPOCREAM | T3 | PA | |
| LOCOID LIPOCREAM (<i>hydrocortisone butyrate</i>) | T3 | PA | |
| LUXIQ (<i>betamethasone valerate</i>) | T3 | ST | |
| MOMETACURE | T3 | | |
| <i>mometasone furoate 0.1% cream</i> | T1 | | |
| <i>mometasone furoate 0.1% oint</i> | T1 | | |
| <i>mometasone furoate 0.1% soln</i> | T1 | | |
| NUCORT | T3 | ST | |
| OLUX (<i>clobetasol propionate</i>) | T3 | PA | |
| OLUX-E (<i>tovet emollient</i>) | T3 | PA | |
| PANDEL | T3 | PA | |
| <i>prednicarbate</i> (Dermatop) | T1 | | |
| PSORCON (<i>diflorasone diacetate</i>) | T3 | PA | |
| SCALACORT DK | T3 | ST | |
| SERNIVO | T3 | PA | |
| SYNALAR | T3 | ST | |
| SYNALAR (<i>fluocinolone acetonide</i>) | T3 | ST | |
| SYNALARTS | T3 | ST | |

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List of Prescription Medications

| SKIN PREPS (Skin Conditions) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| TOPICAL ANTI-INFLAMMATORY STEROIDAL | | |
| TEMOVATE (<i>clobetasol propionate</i>) | T3 | ST |
| TEXACORT | T3 | ST |
| TOPICORT (<i>desoximetasone</i>) | T3 | ST |
| <i>triamcinolone acetonide</i> | T1 | |
| <i>triamcinolone acetonide</i> | T1 | PA |
| <i>triamcinolone acetonide</i> (Kenalog) | T1 | |
| TRIDESILON (<i>desonide</i>) | T3 | PA |
| ULTRAVATE | T3 | ST |
| VANOS (<i>fluocinonide</i>) | T3 | PA |
| VERDESO | T3 | PA |
| TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC | | |
| ANALPRAM HC | T3 | |
| EPIFOAM | T3 | |
| <i>hydrocortisone/pramoxine</i> (Pramosone) | T1 | |
| <i>lidocaine/hydrocortisone ac</i> | T1 | |
| MEZPAROX-HC | T1 | |
| PRAMOSONE 1% LOTION | T2 | |
| PRAMOSONE 1%-1% CREAM | T2 | |
| PRAMOSONE 1%-1% OINTMENT | T2 | |
| PRAMOSONE 2.5%-1% CREAM | T3 | |
| PRAMOSONE 2.5%-1% LOTION | T3 | |
| PRAMOSONE 2.5%-1% OINTMENT | T2 | |
| TOPICAL ANTI-PARASITICS | | |
| <i>malathion</i> (Ovide) | T1 | |
| OVIDE (<i>malathion</i>) | T3 | |
| TOPICAL PREPARATIONS, ANTIBACTERIALS | | |
| <i>dermazene cream</i> | T1 | |
| DERMAZENE CREAM PACKET | T3 | |
| <i>hydrocortisone/iodoquinol</i> | T1 | |
| <i>hydrocortisone/iodoquinol/aloe</i> | T1 | |
| <i>iodine/potassium iodide</i> | T1 | |
| <i>iodine/sodium iodide</i> | T1 | |
| IODOFLEX | T3 | |
| IODOSORB | T3 | |
| <i>silver nitrate</i> | T1 | |

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T3 – Typically Non-Preferred Brands

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HD – May require home delivery pharmacy

List of Prescription Medications

| SKIN PREPS (Skin Conditions) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| TOPICAL VIT D ANALOG/ANTI-INFLAMMATORY STEROID | | |
| <i>calcipotriene/betamethasone</i> (Taclonex) | T1 | |
| ENSTILAR | T3 | PA |
| TACLONEX 0.005%-0.064% SUSPENS (<i>calcipotriene-betamethasone dp</i>) | T3 | PA |
| TACLONEX OINTMENT (<i>calcipotriene-betamethasone</i>) | T3 | PA |
| WYNZORA | T3 | PA |
| TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES | | |
| AMPHADASE | T3 | |
| SANTYL | T2 | QL (60gm/30 days) |
| VITRASE | T3 | |
| VITAMIN A DERIVATIVES | | |
| <i>adapalene</i> | T1 | PA |
| <i>adapalene</i> (Differin) | T1 | PA |
| <i>adapalene</i> (Plixda) | T1 | PA |
| AKLIEF | T3 | |
| ALTRENO | T3 | PA |
| ATRALIN (<i>tretinoin</i>) | T3 | PA |
| <i>avita 0.025% cream</i> (Retin-a) | T3 | PA |
| AVITA 0.025% GEL | T3 | |
| DIFFERIN | T3 | PA |
| DIFFERIN (<i>adapalene</i>) | T3 | PA |
| PLIXDA | T1 | PA |
| RETIN-A 0.01% GEL (<i>tretinoin</i>) | T3 | |
| RETIN-A 0.025% CREAM (<i>tretinoin</i>) | T3 | PA |
| RETIN-A 0.025% GEL (<i>tretinoin</i>) | T3 | |
| RETIN-A 0.05% CREAM (<i>tretinoin</i>) | T3 | PA |
| RETIN-A 0.1% CREAM (<i>tretinoin</i>) | T3 | PA |
| RETIN-A MICRO (<i>tretinoin microsphere</i>) | T3 | PA |
| RETIN-A MICRO PUMP | T3 | PA |
| RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) | T3 | PA |
| <i>tretinoin 0.01% gel</i> (Retin-a) | T1 | |
| <i>tretinoin 0.025% cream</i> (Retin-a) | T1 | PA |
| <i>tretinoin 0.025% gel</i> (Retin-a) | T1 | |
| <i>tretinoin 0.05% cream</i> (Retin-a) | T1 | PA |
| <i>tretinoin 0.05% gel</i> (Atralin) | T1 | PA |

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T3 – Typically Non-Preferred Brands

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List of Prescription Medications

| SKIN PREPS (Skin Conditions) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| VITAMIN A DERIVATIVES | | |
| <i>tretinoin 0.1% cream (Retin-a)</i> | T1 | PA |
| <i>tretinoin microspheres (Retin-a Micro Pump)</i> | T1 | PA |
| <i>tretinoin microspheres (Retin-a Micro)</i> | T1 | PA |
| TRETIN-X | T3 | PA |
| VITAMIN A DERIVATIVES, TOPICAL ACNE AGENTS | | |
| ARAZLO | T2 | |
| FABIOR | T3 | |
| TAZAROTENE 0.1% FOAM | T3 | |
| SMOKING DETERRENTS (Smoking Cessation) ⁸ | | |
| SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS) | | |
| NICOTROL | T2 | PPACA |
| NICOTROL NS | T2 | PPACA |
| SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST | | |
| CHANTIX | T2 | |
| <i>varenicline 1 mg cont month bx</i> | T1 | PPACA |
| SMOKING DETERRENTS, OTHER | | |
| <i>bupropion hcl sr 150 mg tablet</i> | T1 | PPACA |
| THYROID PREPS (Hormonal Agents) | | |
| ANTI-THYROID PREPARATIONS | | |
| <i>methimazole (Tapazole)</i> | T1 | HD |
| <i>propylthiouracil</i> | T1 | HD |
| TAPAZOLE (<i>methimazole</i>) | T3 | HD |
| THYROID FUNCTION DIAGNOSTIC AGENTS | | |
| THYROGEN | T3 | SP |
| THYROID HORMONES | | |
| ADTHYZA | T3 | PA HD |
| ARMOUR THYROID | T3 | HD |
| CYTOMEL (<i>liothyronine sodium</i>) | T3 | HD |
| ERMEZA | T3 | PA HD |
| LEVOTHYROXINE 100 MCG CAPSULE | T3 | HD |
| LEVOTHYROXINE 112 MCG CAPSULE | T3 | HD |
| LEVOTHYROXINE 125 MCG CAPSULE | T3 | HD |
| LEVOTHYROXINE 13 MCG CAPSULE | T3 | HD |
| LEVOTHYROXINE 137 MCG CAPSULE | T3 | HD |

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List of Prescription Medications

THYROID PREPS (Hormonal Agents)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| THYROID HORMONES | | |
| LEVOTHYROXINE 150 MCG CAPSULE | T3 | HD |
| LEVOTHYROXINE 175 MCG CAPSULE | T3 | HD |
| LEVOTHYROXINE 200 MCG CAPSULE | T3 | HD |
| LEVOTHYROXINE 25 MCG CAPSULE | T3 | HD |
| LEVOTHYROXINE 50 MCG CAPSULE | T3 | HD |
| LEVOTHYROXINE 75 MCG CAPSULE | T3 | HD |
| LEVOTHYROXINE 88 MCG CAPSULE | T3 | HD |
| <i>levothyroxine sodium</i> | T1 | HD |
| <i>levothyroxine sodium (Synthroid)</i> | T1 | HD |
| <i>levothyroxine sodium (Synthroid)</i> | T3 | HD |
| <i>liothyronine sodium (Cytomel)</i> | T1 | HD |
| <i>liothyronine sodium (Triostat)</i> | T1 | HD |
| SYNTHROID (<i>unithroid</i>) | T3 | HD |
| THYQUIDITY | T3 | PA HD |
| <i>thyroid, pork</i> | T1 | HD |
| <i>thyroid, pork (Armour Thyroid)</i> | T1 | HD |
| <i>thyroid, pork (Wp Thyroid)</i> | T1 | HD |
| THYROLAR-1 | T2 | HD |
| THYROLAR-1/2 | T2 | HD |
| THYROLAR-1/4 | T2 | HD |
| THYROLAR-2 | T2 | HD |
| THYROLAR-3 | T2 | HD |
| TIROSINT | T3 | HD |
| TIROSINT-SOL | T3 | HD |
| TRIOSTAT (<i>liothyronine sodium</i>) | T3 | HD |
| WP THYROID | T1 | HD |
| WP THYROID (<i>nature-throid</i>) | T1 | HD |
| WP THYROID (<i>westhroid</i>) | T1 | HD |

CYTOCHROME P450 INHIBITORS

| | | |
|--------|----|----|
| TYBOST | T3 | SP |
|--------|----|----|

UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory)

CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.

| | | |
|--------------------------------|----|---------------------------|
| BRONCHITOL | T3 | PA SP |
| ORKAMBI 100 MG-125 MG TABLET | T3 | PA QL (4 tabs/day) SP HD |
| ORKAMBI 100-125 MG GRANULE PKT | T3 | PA QL (2 packs/day) SP HD |
| ORKAMBI 150-188 MG GRANULE PKT | T3 | PA QL (2 packs/day) SP HD |

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List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Asthma/COPD/Respiratory) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN . | | |
| ORKAMBI 200 MG-125 MG TABLET | T3 | PA QL (4 tabs/day) SP HD |
| SYMDEKO | T3 | PA QL (2 tabs/day) SP HD |
| TRIKAFTA 100-50-75 MG/150 MG | T3 | PA QL (3 tabs/day) SP HD |
| TRIKAFTA 100-50-75 MG/75MG PKT | T3 | PA QL (3 tabs/day) HD |
| TRIKAFTA 50-25-37.5 MG/75 MG | T3 | PA QL (3 tabs/day) SP HD |
| TRIKAFTA 80-40-60MG/59.5MG PKT | T3 | PA QL (3 tabs/day) HD |
| CYSTIC FIB-TRANSMEMB CONDUCT.REG.(CFTR) POTENTIATOR | | |
| KALYDECO 150 MG TABLET | T3 | PA QL (2 tabs/day) SP HD |
| KALYDECO 25 MG GRANULES PACKET | T3 | PA QL (2 packs/day) SP HD |
| KALYDECO 5.8 MG GRANULES PACKET | T3 | PA QL (2 packs/day) SP HD |
| KALYDECO 50 MG GRANULES PACKET | T3 | PA QL (2 packs/day) SP HD |
| KALYDECO 75 MG GRANULES PACKET | T3 | PA QL (2 packs/day) SP HD |
| LUNG SURFACTANTS | | |
| CUROSURF | T3 | |
| INFASURF | T3 | |
| SURVANTA | T3 | |
| MUCOLYTICS | | |
| PULMOZYME | T3 | PA SP HD |
| PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS | | |
| OFEV | T3 | PA SP HD |
| SYSTEMIC ENZYME INHIBITORS | | |
| ARALAST NP | T3 | PA SP |
| GLASSIA | T3 | PA SP |
| PROLASTIN C | T3 | PA SP |
| JOENJA | T3 | PA QL (2 tabs/day) SP |
| VIJOICE 125mg, 50mg | T3 | PA QL (30 tabs/30 days) SP |
| VIJOICE 250mg dose pack | T3 | PA QL (2 tabs/30 days) SP |
| ZEMAIRA | T3 | PA SP |
| ZOKINVY | T3 | PA QL (4 CAPS/DAY) SP |
| UNCLASSIFIED DRUG PRODUCTS (Blood Modifiers/Bleeding Disorders) | | |
| ANTI-INFLAMMATORY - ANTIMITOTICS | | |
| LODOCO | T3 | PA |
| ANTIPORPHYRIA FACTORS | | |
| PANHEMATIN | T3 | SP |
| ERYTHROID MATURATION AGENTS | | |
| REBLOZYL | T3 | PA SP |

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List of Prescription Medications

UNCLASSIFIED DRUG PRODUCTS (Blood Pressure/Heart Medications)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|-----------|----------------------------------|
| SPLEEN TYROSINE KINASE INHIBITORS | | |
| TAVALISSE | T3 | PA SP |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| FIRAZYR (<i>icatibant</i>) | T3 | PA SP HD |
| <i>icatibant acetate</i> (Firazyr) | T3 | PA SP HD |
| CI ESTERASE INHIBITORS | | |
| BERINERT | T3 | PA SP HD |
| CINRYZE | T3 | PA SP HD |
| HAEGARDA | T3 | PA SP HD |
| RUCONEST | T3 | PA SP HD |
| PLASMA KALLIKREIN INHIBITORS | | |
| KALBITOR | T3 | PA SP HD |
| ORLADEYO | T3 | PA QL (1 caps/day) SP |

UNCLASSIFIED DRUG PRODUCTS (Cancer)

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

| | | |
|--|----|-------|
| <i>amifostine crystalline</i> (Ethyol) | T3 | SP |
| <i>dexrazoxane hcl</i> (Zinecard) | T3 | SP |
| ETHYOL (<i>amifostine</i>) | T3 | SP |
| KHAPZORY | T3 | PA |
| <i>leucovorin calcium</i> | T1 | |
| <i>levoleucovorin calcium</i> | T1 | PA |
| <i>mesna</i> (Mesnex) | T3 | SP |
| MESNEX | T3 | SP |
| MESNEX (<i>mesna</i>) | T3 | SP |
| VISTOGARD | T3 | SP |
| VORAXAZE | T3 | PA SP |
| ZINECARD (<i>dexrazoxane</i>) | T3 | SP |

INTRAPLEURAL SCLEROSING AGENTS, ANTINEOPLAST. ADJ.

| | | |
|--------------|----|--|
| SCLEROSOL | T3 | |
| STERILE TALC | T1 | |
| STERITALC | T3 | |

RADIOACTIVE THERAPEUTIC AGENTS

| | | |
|--|----|-------|
| LUTATHERA | T3 | PA SP |
| METASTRON | T3 | PA |
| QUADRAMET | T3 | PA |
| <i>strontium-89 chloride</i> (Metastron) | T1 | PA |
| XOFIGO | T3 | PA |

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List of Prescription Medications

UNCLASSIFIED DRUG PRODUCTS (Cancer) (cont.)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

TISSUE PROTECTIVE TX OF CHEMOTHERAPY EXTRAVASATION

| | | |
|--------|----|--|
| TOTECT | T3 | |
|--------|----|--|

UNCLASSIFIED DRUG PRODUCTS (Dental Products)

DENTAL AIDS AND PREPARATIONS

| | | |
|--|----|--|
| <i>chlorhexidine gluconate (Peridex)</i> | T1 | |
| PERIDEX (<i>perio-gard</i>) | T1 | |
| <i>triamcinolone acetonide</i> | T1 | |

PERIODONTAL COLLAGENASE INHIBITORS

| | | |
|--------------------------------------|----|--|
| <i>doxycycline hyclate 20 mg tab</i> | T1 | |
|--------------------------------------|----|--|

UNCLASSIFIED DRUG PRODUCTS (Diabetes)

ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2) INH

| | | |
|--------|----|---------------------|
| INPEFA | T3 | PA QL(1 tab/day) HD |
|--------|----|---------------------|

UNCLASSIFIED DRUG PRODUCTS (Erectile Dysfunction)

DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)

| | | |
|--|----|----------------------------|
| CAVERJECT | T3 | QL (6 injectors/30 days) |
| CIALIS 10 MG TABLET (<i>tadalafil</i>) | T3 | QL (6 tabs/30 days) ST HD |
| CIALIS 20 MG TABLET (<i>tadalafil</i>) | T3 | QL (6 tabs/30 days) ST HD |
| CIALIS 5 MG TABLET (<i>tadalafil</i>) | T3 | QL (8 tabs/30 days) ST HD |
| EDEX | T3 | QL (6 injectors/30 days) |
| LEVITRA (<i>varденаfil hcl</i>) | T3 | QL (10 tabs/30 days) ST |
| MUSE | T2 | QL (6/30 days) |
| <i>sildenafil 100 mg tablet (Viagra)</i> | T1 | QL (6 tabs/30 days) HD |
| <i>sildenafil 25 mg tablet (Viagra)</i> | T1 | QL (10 tabs/30 days) HD |
| <i>sildenafil 50 mg tablet (Viagra)</i> | T1 | QL (6 tabs/30 days) HD |
| STENDRA | T3 | QL (8 tabs/30 days) ST |
| <i>tadalafil 10 mg tablet (Cialis)</i> | T1 | QL (10 tabs/30 days) HD |
| <i>tadalafil 20 mg tablet (Cialis)</i> | T1 | PA QL (10 tabs/30 days) HD |
| <i>tadalafil 5 mg tablet (Cialis)</i> | T1 | QL (1 tab/day) HD |
| <i>varденаfil hcl</i> | T1 | QL (10 tabs/30 days) |
| <i>varденаfil hcl (Levitra)</i> | T1 | QL (10 tabs/30 days) |
| VIAGRA (<i>sildenafil citrate</i>) | T3 | QL (6 tabs/30 days) ST HD |

T1 – Typically Generics

T2 – Typically Preferred Brands

T3 – Typically Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

HD – May require home delivery pharmacy

PPACA – No Cost-Share Preventive Medication

CSL – Oral cancer medication subject to cost-share limits

List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Eye Conditions) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| INSULIN-LIKE GROWTH FACTOR RECEPTOR (IGF-R) INHIB | | |
| TEPEZZA | T3 | PA SP HD |
| OCULAR PHOTOACTIVATED VESSEL-OCCLUDING AGENTS | | |
| VISUDYNE | T3 | SP |
| UNCLASSIFIED DRUG PRODUCTS (Gastrointestinal/Heartburn) | | |
| CALCIMIMETIC, PARATHYROID CALCIUM ENHANCER | | |
| <i>cinacalcet hcl</i> (Sensipar) | T3 | SP |
| PARSABIV | T3 | PA SP |
| SENSIPAR (<i>cinacalcet hcl</i>) | T3 | PA SP |
| ORAL MUCOSITIS/STOMATITIS AGENTS | | |
| ORAMAGICRX | T3 | |
| SALIVA STIMULANT AGENTS | | |
| NUMOISYN | T2 | |
| UNCLASSIFIED DRUG PRODUCTS (Hormonal Agents) | | |
| BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE | | |
| FORTEO | T3 | PA QL (3ml/21 days) SP HD |
| <i>teriparatide</i> 600 mcg/2.4ml pen (Forteo) | T3 | PA QL (1 pen/28 days) SP HD |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT | T3 | PA SP HD |
| HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE | | |
| <i>doxercalciferol</i> | T1 | |
| <i>doxercalciferol</i> (Hectorol) | T1 | |
| HECTOROL | T3 | |
| HECTOROL (<i>doxercalciferol</i>) | T3 | |
| <i>paricalcitol</i> 1 mcg capsule (Zemplar) | T3 | SP HD |
| PARICALCITOL 10 MCG/2 ML VIAL | T3 | SP |
| <i>paricalcitol</i> 10 mcg/2 ml vial (Zemplar) | T3 | SP |
| <i>paricalcitol</i> 2 mcg capsule (Zemplar) | T3 | SP HD |
| PARICALCITOL 2 MCG/ML VIAL | T3 | SP |
| <i>paricalcitol</i> 2 mcg/ml vial (Zemplar) | T3 | SP |
| <i>paricalcitol</i> 4 mcg capsule | T3 | SP HD |
| PARICALCITOL 5 MCG/ML VIAL | T3 | SP |
| <i>paricalcitol</i> 5 mcg/ml vial (Zemplar) | T3 | SP |
| RAYALDEE | T3 | |
| ZEMPLAR 1 MCG CAPSULE (<i>paricalcitol</i>) | T3 | SP HD |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Hormonal Agents) (cont.) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE (cont.) | | |
| ZEMPLAR 10 MCG/2 ML VIAL (<i>paricalcitol</i>) | T3 | SP |
| HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE | | |
| ZEMPLAR 2 MCG CAPSULE (<i>paricalcitol</i>) | T3 | SP HD |
| ZEMPLAR 2 MCG/ML VIAL (<i>paricalcitol</i>) | T3 | SP |
| ZEMPLAR 5 MCG/ML VIAL (<i>paricalcitol</i>) | T3 | SP |
| MENOPAUSAL SYMPT SUPP-SEL ESTROGEN RECEPT MODULATOR | | |
| OSPHENA | T3 | HD |
| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) | | |
| ABORTIFACIENT-PROGESTERONE RECEPTOR ANTAGONISTS | | |
| MIFEPREX | T3 | |
| <i>mifepristone</i> (Mifeprex) | T1 | |
| ACID AND ALKALI POISON ANTIDOTES | | |
| <i>methylene blue</i> (antidotes) | T1 | |
| PROVAYBLUE | T3 | |
| AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH | | |
| <i>dichlorphenamide</i> (Keveyis) | T3 | PA SP |
| KEVEYIS (<i>dichlorphenamide</i>) | T3 | PA SP |
| AMMONIA INHIBITORS | | |
| CARBAGLU | T3 | SP HD |
| PHEBURANE | T3 | PA QL (8 bottles/30days) SP |
| AMYLOIDOSIS AGENTS-TRANSTHYRETIN (TTR) SUPPRESSION | | |
| ONPATTRO | T3 | PA SP |
| TEGSEDI | T3 | PA SP HD |
| ANTI-ALCOHOLIC PREPARATIONS | | |
| <i>acamprosate calcium</i> | T1 | |
| ANTABUSE (<i>disulfiram</i>) | T3 | |
| <i>disulfiram</i> (Antabuse) | T1 | |
| VIVITROL | T3 | SP HD |
| ANTIDOTES, MISCELLANEOUS | | |
| ACETADOTE (<i>acetylcysteine</i>) | T3 | |
| <i>acetylcysteine</i> (Acetadote) | T1 | |
| CETYLEV | T3 | |
| CYANOKIT | T3 | |
| DIGIFAB | T3 | |
| <i>fomepizole</i> | T1 | |
| SODIUM NITRITE | T1 | |

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T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| ANTI-FIBROTIC THERAPY - PYRIDONE ANALOGS | | |
| <i>pirfenidone 267 mg capsule (Esbriet)</i> | T3 | PA SP HD |
| BENZODIAZEPINE ANTAGONISTS | | |
| <i>flumazenil</i> | T1 | |
| CATHETER LOCK SOLUTIONS | | |
| DEFENCATH | T3 | |
| CHOLINESTERASE REACTIVAT.-MUSCARINIC ANTG.ANTIDOTE | | |
| DUODOTE | T3 | |
| CHOLINESTERASE REACTIVATING, ORGANOPHOS. ANTIDOTES | | |
| PRALIDOXIME CHLORIDE | T1 | |
| PROTOPAM CHLORIDE | T3 | |
| COMPLEMENT INHIBITORS | | |
| VEOPOZ | T3 | SP |
| CRYOPRESERVATIVE AGENTS | | |
| <i>dimethyl sulfoxide</i> | T3 | |
| DILUENT SOLUTIONS | | |
| <i>diluent for epoprostenol (glyc)</i> | T1 | |
| DILUENT FOR REMODULIN | T3 | |
| <i>diluent for treprostinil (gly)</i> (Diluent For Remodulin) | T1 | |
| ELLIOTTS B | T3 | |
| PH 12 DILUENT FOR FLOLAN | T3 | |
| DRUGS TO TREAT ACUTE HEPATIC PORPHYRIA (AHP) | | |
| GIVLAARI | T3 | PA SP HD |
| DRUGS TO TREAT HEREDITARY TYROSINEMIA | | |
| <i>nitisinone (Orfadin)</i> | T3 | PA SP HD |
| NITYR | T3 | PA SP |
| ORFADIN | T3 | PA SP |
| ORFADIN (<i>nitisinone</i>) | T3 | PA SP |
| GENERAL INHALATION AGENTS | | |
| HYPER-SAL | T3 | |
| <i>nebusal 3% vial</i> | T1 | |
| NEBUSAL 6% VIAL | T3 | |
| <i>sodium chloride for inhalation</i> | T1 | |
| <i>sodium chloride for inhalation (Hyper-sal)</i> | T1 | |
| GENETIC D/O TX - SMN PROTEIN DEFICIENCY TREATMENT | | |
| EVRYSDI | T3 | PA SP HD |

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List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| GENETIC D/O TX - SMN PROTEIN DEFICIENCY TREATMENT (cont.) | | |
| SPINRAZA | T3 | PA SP HD |
| AMONDYS-45 | T3 | PA SP |
| EXONDYS-51 | T3 | PA SP |
| VILTEPSO | T3 | PA SP |
| VYONDYS-53 | T3 | PA SP |
| GLUCOSYLCERAMIDE SYNTHASE (GCS) INHIBITOR | | |
| CERDELGA | T3 | PA SP HD |
| <i>miglustat (Zavesca)</i> | T3 | PA SP HD |
| OPFOLDA | T3 | PA QL (8 caps/30 days) SP HD |
| ZAVESCA (<i>miglustat</i>) | T3 | PA SP HD |
| KIDNEY STONE AGENTS | | |
| <i>tiopronin</i> | T1 | SP |
| LEAD POISONING, AGENTS TO TREAT (CHELATING-TYPE) | | |
| CALCIUM DISODIUM VERSENATE | T1 | PA |
| MENOPAUSAL SYMPTOMS SUPPRESSANT - SSRIs | | |
| <i>paroxetine mesylate</i> | T1 | QL (1 cap/day) HD |
| VEOZAH | T3 | QL (1 tab/day) |
| METABOLIC DISEASE ENZYME REPLACE, HYPOPHOSPHATASIA | | |
| STRENSIQ | T3 | PA SP |
| METABOLIC DISEASE ENZYME REPLACEMENT, BATTEN DISEA | | |
| BRINEURA | T3 | PA SP |
| METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DX | | |
| FABRAZYME | T3 | PA SP HD |
| METABOLIC DISEASE ENZYME REPLACEMENT, GAUCHER'S DX | | |
| CEREZYME | T3 | PA SP HD |
| ELELYSO | T3 | PA SP |
| VPRIV | T3 | PA SP HD |
| METABOLIC DISEASE ENZYME REPLACEMENT, MOCD | | |
| NULIBRY | T3 | PA SP |
| METABOLIC DISEASE ENZYME REPLACEMENT, POMPE DISEASE | | |
| LUMIZYME | T3 | PA SP |
| POMBILITI | T3 | PA SP HD |
| METABOLIC DX ENZYME REPLACEMENT, ALPHA-MANNOSEDOSIS | | |
| LAMZEDE | T3 | PA SP |
| METABOLIC DX ENZYME REPLACE, MUCOPOLYSACCHARIDOSIS | | |
| ALDURAZYME | T3 | PA SP HD |
| ELAPRASE | T3 | PA SP |

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ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

UNCLASSIFIED DRUG PRODUCTS (Miscellaneous)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|--|-----------|----------------------------------|
| METABOLIC DX ENZYME REPLACE, MUCOPOLYSACCHARIDOSIS (con't.) | | |
| MEPSEVII | T3 | PA SP |
| NAGLAZYME | T3 | PA SP |
| VIMIZIM | T3 | PA SP |
| METABOLIC DX ENZYME REPLACEMENT, LYSO.ACID LIP.DEF. | | |
| KANUMA | T3 | PA SP |
| METABOLIC DX ENZYME REPLACEMT, SEV.COMB.IMMUNE DEF. | | |
| ADAGEN | T3 | PA SP |
| REVCOVI | T3 | PA SP |
| METALLIC POISON, AGENTS TO TREAT | | |
| BAL IN OIL | T3 | PA |
| CHEMET | T3 | |
| CUVRIOR | T3 | PA SP |
| <i>deferasirox (Exjade)</i> | T3 | SP HD |
| <i>deferasirox (Jadenu Sprinkle)</i> | T3 | SP HD |
| <i>deferasirox (Jadenu)</i> | T3 | SP HD |
| <i>deferiprone (Ferriprox)</i> | T3 | PA SP HD |
| <i>deferoxamine mesylate</i> | T1 | |
| <i>deferoxamine mesylate (Desferal Mesylate)</i> | T1 | |
| DESFERAL MESYLATE (<i>deferoxamine mesylate</i>) | T3 | |
| EXJADE (<i>deferasirox</i>) | T3 | PA SP HD |
| FERRIPROX | T3 | PA SP |
| FERRIPROX (2 TIMES A DAY) | T3 | PA SP |
| GALZIN | T3 | |
| JADENU (<i>deferasirox</i>) | T3 | PA SP HD |
| JADENU SPRINKLE (<i>deferasirox</i>) | T3 | PA SP HD |
| NITHIODOLE | T3 | |
| PENTETATE CALCIUM TRISODIUM | T1 | |
| ZINC TRISODIUM | T1 | |
| RADIOGARDASE | T3 | |
| <i>sodium thiosulf (poison treat)</i> | T1 | |
| SYPRINE (<i>trientine hcl</i>) | T3 | PA SP HD |
| <i>trientine hcl (Syprine)</i> | T3 | PA SP HD |
| TRIENTINE HCL 500 MG CAPSULE | T3 | PA SP HD |
| MISCELLANEOUS AGENTS | | |
| NEXAVIR | T3 | SP |
| NATRIURETIC PEPTIDES | | |
| VOXZOGO | T3 | PA SP HD |

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List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Miscellaneous) | | |
|--|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| NICOTINIC RECEPT.PARTIAL AGONIST, ALPHA4BETA2 SPEC | | |
| TYRVAYA | T3 | PA QL (2/month) HD |
| NUCLEAR FACTOR ERYTHROID 2-REL. FACTOR 2 ACTIVATOR | | |
| SKYCLARYS | T3 | PA QL(3 caps/day) SP |
| OINTMENT/CREAM BASES | | |
| RADIAGEL | T3 | |
| PHARMACOLOGICAL CHAPERONE-ALPHA-GALACTOSID.A STABZ | | |
| GALAFOLD | T3 | PA SP HD |
| PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE | | |
| <i>javygtor 100 mg powder packet (Kuvan)</i> | T1 | |
| <i>javygtor 100 mg tablet (Kuvan)</i> | T1 | |
| <i>javygtor 500 mg powder packet (Kuvan)</i> | T1 | |
| KUVAN (<i>sapropterin dihydrochloride</i>) | T3 | PA SP HD |
| <i>sapropterin dihydrochloride (Kuvan)</i> | T3 | PA SP HD |
| PROTEIN STABILIZERS | | |
| VYNDAMAX | T3 | PA QL (1 cap/day) SP HD |
| VYNDAQEL | T3 | PA QL (4 caps/day) SP HD |
| RADIOPHARMACEUTICALS ELEMENTS | | |
| TECHNELITE.TC-99M GENERATOR | T3 | |
| RETINOIC ACID RECEPTOR (RAR) AGONISTS | | |
| SOHONOS | T4 | PA SP |
| SODIUM/SALINE PREPARATIONS | | |
| <i>bacteriostatic sodium chloride</i> | T1 | |
| SOLVENTS | | |
| <i>isopropyl alcohol</i> | T3 | |
| MURI-LUBE MINERAL OIL | T3 | |
| TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES | | |
| HYLENEX | T3 | SP HD |
| WATER | | |
| <i>water for inj., bacteriostatic</i> | T1 | |
| <i>water for injection, sterile</i> | T1 | |
| <i>water/me-paraben/propylparaben</i> | T1 | |
| UNCLASSIFIED DRUG PRODUCTS (Multiple Sclerosis) | | |
| LEUKOCYTE ADHESION INHIB, ALPHA4-MEDIAT IGG4K MC AB | | |
| TYSABRI | T3 | PA SP HD |

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List of Prescription Medications

UNCLASSIFIED DRUG PRODUCTS (Nutritional/Dietary)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

METABOLIC DEFICIENCY AGENTS

| | | |
|---|----|----|
| CARNITOR 1 GM/5 ML VIAL | T3 | PA |
| CARNITOR 100 MG/ML ORAL SOLN (<i>levocarnitine</i>) | T3 | PA |
| CARNITOR 330 MG TABLET (<i>levocarnitine</i>) | T3 | PA |
| CARNITOR SF (<i>levocarnitine sf</i>) | T3 | PA |
| CYSTADANE | T2 | SP |
| <i>levocarnitine</i> (Carnitor Sf) | T1 | |
| <i>levocarnitine</i> (Carnitor) | T1 | |
| <i>levocarnitine (with sugar)</i> (Carnitor) | T1 | |

UNCLASSIFIED DRUG PRODUCTS (Osteoporosis Products)

BONE FORMATION AGENTS - SCLEROSTIN INHIBITOR, MONO

| | | |
|----------------------|----|-----------------------------|
| EVENITY | T3 | PA QL (2 syringes/month) SP |
| EVENITY (2 SYRINGES) | T3 | PA QL (2 syringes/month) SP |

BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.

| | | |
|----------------|----|-------|
| FOSAMAX PLUS D | T3 | ST HD |
|----------------|----|-------|

BONE RESORPTION INHIBITORS

| | | |
|--|----|----------|
| ACTONEL (<i>risedronate sodium</i>) | T3 | ST HD |
| <i>alendronate sodium</i> | T1 | HD |
| <i>alendronate sodium</i> (Fosamax) | T1 | HD |
| ADELVIA (<i>risedronate sodium dr</i>) | T3 | ST HD |
| BINOSTO | T3 | ST HD |
| BONIVA 150 MG TABLET (<i>ibandronate sodium</i>) | T3 | ST HD |
| BONIVA 3 MG/3 ML SYRINGE (<i>ibandronate sodium</i>) | T3 | SP HD |
| EVISTA (<i>raloxifene hcl</i>) | T3 | HD |
| FOSAMAX (<i>alendronate sodium</i>) | T3 | ST HD |
| <i>ibandronate 3 mg/3 ml syringe</i> (Boniva) | T3 | SP HD |
| <i>ibandronate 3 mg/3 ml vial</i> | T3 | SP HD |
| <i>ibandronate sodium 150 mg tab</i> (Boniva) | T1 | HD |
| <i>pamidronate disodium</i> | T3 | SP HD |
| PROLIA | T3 | PA SP HD |
| <i>raloxifene hcl</i> (Evista) | T1 | HD PPACA |
| RECLAST (<i>zoledronic acid</i>) | T3 | SP HD |
| <i>risedronate sodium</i> | T1 | HD |
| <i>risedronate sodium</i> (Actonel) | T1 | HD |

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QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| UNCLASSIFIED DRUG PRODUCTS (Osteoporosis Products) | | | |
|--|-----------|----------------------------------|--|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits | |
| BONE RESORPTION INHIBITORS | | | |
| <i>risedronate sodium</i> (Atelvia) | T1 | HD | |
| XGEVA | T3 | PA SP HD | |
| <i>zoledronic acid</i> | T3 | SP HD | |
| <i>zoledronic acid/mannitol-water</i> | T3 | SP HD | |
| <i>zoledronic acid/mannitol-water</i> (Reclast) | T3 | SP HD | |
| UNCLASSIFIED DRUG PRODUCTS (Pain Relief And Inflammatory Disease) | | | |
| ANTI-INFLAM. INTERLEUKIN-I RECEPTOR ANTAGONIST | | | |
| ARCALYST | T3 | PA SP HD | |
| ANTI-INFLAMMATORY, INTERLEUKIN-I BETA BLOCKERS | | | |
| ILARIS | T3 | PA SP HD | |
| FIBROMYALGIA AGENTS, SEROTONIN-NOREPINEPHRU INHIB | | | |
| SAVELLA | T2 | HD | |
| IMMUNOMODULATOR, B-LYMPHOCYTE STIM (BLYS)-SPEC INHIB | | | |
| BENLYSTA 120 MG VIAL | T3 | PA SP | |
| BENLYSTA 200 MG/ML AUTOINJECT | T3 | PA SP HD | |
| BENLYSTA 200 MG/ML SYRINGE | T3 | PA SP HD | |
| BENLYSTA 400 MG VIAL | T3 | PA SP | |
| JOINT CONTRACTURE THERAPY, COLLAGENASE ENZYME | | | |
| XIAFLEX | T3 | PA SP | |
| UNCLASSIFIED DRUG PRODUCTS (Seizure Disorders) | | | |
| NEUROPATHIC AGENTS | | | |
| LYRICA CR | T3 | HD | |
| UNCLASSIFIED DRUG PRODUCTS (Skin Conditions) | | | |
| INTERLEUKIN-13 (IL-13) INHIBITORS, MAB | | | |
| ADBRY | T3 | PA SP HD | |
| WOUND HEALING AGENTS, LOCAL | | | |
| <i>balsam peru/castor oil</i> (Venelex) | T1 | | |
| BALSAM PERU-CASTOR OIL | T1 | | |
| DERMULCERA | T1 | | |
| VENELEX | T3 | | |
| UNCLASSIFIED DRUG PRODUCTS (Substance Abuse) | | | |
| OPIOID WITHDRAWAL THER, ALPHA-2 ADRENERGIC AGONIST | | | |
| LUCEMYRA | T2 | QL (168 tabs/14 days) | |
| OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYPE | | | |
| BUNAVAIL | T3 | | |
| <i>buprenorphine hcl</i> | T1 | | |

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List of Prescription Medications

UNCLASSIFIED DRUG PRODUCTS (Substance Abuse) (cont.)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYPE (cont.)

| | | |
|--|----|----|
| <i>buprenorphine hcl/naloxone hcl</i> (Suboxone) | T1 | |
| PROBUPHINE | T3 | |
| SUBLOCADE | T3 | SP |
| SUBOXONE (<i>buprenorphine-naloxone</i>) | T3 | |
| ZUBSOLV | T2 | |

UNCLASSIFIED DRUG PRODUCTS (Transplant Medications)

RHO KINASE INHIBITOR

| | | |
|----------|----|----------|
| REZUROCK | T3 | PA SP HD |
|----------|----|----------|

UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions)

BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS

| | | |
|---|----|-------------------|
| <i>alfuzosin hcl</i> (Uroxatral) | T1 | HD |
| AVODART (<i>dutasteride</i>) | T3 | PA HD |
| <i>dutasteride</i> (Avodart) | T1 | HD |
| <i>finasteride</i> (Proscar) | T1 | HD |
| FLOMAX (<i>tamsulosin hcl</i>) | T3 | HD |
| PROSCAR (<i>finasteride</i>) | T3 | HD |
| RAPAFLO 4 MG CAPSULE (<i>silodosin</i>) | T3 | QL (1 cap/day) HD |
| RAPAFLO 8 MG CAPSULE (<i>silodosin</i>) | T3 | HD |
| <i>silodosin 4 mg capsule</i> (Rapaflo) | T1 | QL (1 cap/day) HD |
| <i>silodosin 8 mg capsule</i> (Rapaflo) | T1 | HD |
| <i>tamsulosin hcl</i> (Flomax) | T1 | HD |
| UROXATRAL (<i>alfuzosin hcl er</i>) | T3 | HD |

BPH AGENT-5-ALPHA-REDUCTASE INH AND PDE5 INH COMB

| | | |
|---------|----|------------------|
| ENTADFI | T3 | PA QL(1 CAP/DAY) |
|---------|----|------------------|

BPH 5-ALPHA-REDUCTASE INHIB-ALPHA1-ADRENOCEP ANTAG

| | | |
|---|----|-------|
| <i>dutasteride/tamsulosin hcl</i> (Jalyn) | T1 | HD |
| JALYN (<i>dutasteride-tamsulosin</i>) | T3 | PA HD |

CYSTINE-DEPLETING AGENTS, NEPHROPATHIC CYSTINOSIS

| | | |
|----------|----|----------|
| CYSTAGON | T3 | SP |
| PROCYSBI | T3 | PA SP HD |

OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPTOR

| | | |
|---------------------------|----|----------------------|
| GEMTESA | T3 | QL (1 tab/day) ST HD |
| MYRBETRIQ ER 25 MG TABLET | T3 | QL (1 tab/day) ST HD |
| MYRBETRIQ ER 50 MG TABLET | T3 | ST HD |

T1 – Typically Generics

PA – Prior Authorization

AGE – Age Requirement

PPACA – No Cost-Share Preventive Medication

T2 – Typically Preferred Brands

QL – Quantity Limit

SP – Specialty Medication

CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

UNCLASSIFIED DRUG PRODUCTS (Urinary Tract Conditions)

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|------------------------|-----------|----------------------------------|
|------------------------|-----------|----------------------------------|

URINARY TRACT ANTI-SPASMODIC, M(3) SELECTIVE ANTAG.

| | | |
|--|----|----------------------|
| <i>darifenacin er 15 mg tablet</i> | T1 | HD |
| <i>darifenacin er 7.5 mg tablet (Enablex)</i> | T1 | QL (1 tab/day) HD |
| ENABLEX (<i>darifenacin er</i>) | T3 | QL (1 tab/day) ST HD |
| <i>solifenacin 10 mg tablet (Vesicare)</i> | T1 | HD |
| <i>solifenacin 5 mg tablet (Vesicare)</i> | T1 | QL (1 tab/day) HD |
| VESICARE 10 MG TABLET (<i>solifenacin succinate</i>) | T3 | ST HD |
| VESICARE 5 MG TABLET (<i>solifenacin succinate</i>) | T3 | QL (1 tab/day) ST HD |
| VESICARE LS | T3 | ST HD |

URINARY TRACT ANTI-SPASMODIC/ANTI-INCONTINENCE AGENT

| | | |
|---|----|----------------------|
| DETROL (<i>tolterodine tartrate</i>) | T3 | ST HD |
| DETROL LA 2 MG CAPSULE (<i>tolterodine tartrate er</i>) | T3 | QL (1 cap/day) ST HD |
| DETROL LA 4 MG CAPSULE (<i>tolterodine tartrate er</i>) | T3 | ST HD |
| DITROPAN XL (<i>oxybutynin chloride er</i>) | T3 | ST HD |
| <i>flavoxate hcl</i> | T1 | HD |
| GELNIQUE | T3 | ST HD |
| OXYBUTYNIN 2.5 MG TABLET | T3 | PA HD |
| <i>oxybutynin 5 mg tablet</i> | T1 | HD |
| <i>oxybutynin 5 mg/5 ml solution</i> | T1 | HD |
| <i>oxybutynin 5 mg/5 ml syrup</i> | T1 | HD |
| <i>oxybutynin chloride</i> | T1 | HD |
| <i>oxybutynin chloride (Ditropan XL)</i> | T1 | HD |
| OXYTROL | T3 | ST HD |
| <i>tolterodine tart er 2 mg cap (Detrol La)</i> | T1 | QL (1 cap/day) HD |
| <i>tolterodine tart er 4 mg cap (Detrol La)</i> | T1 | HD |
| <i>tolterodine tartrate (Detrol)</i> | T1 | HD |
| TOVIAZ ER 4 MG TABLET | T2 | QL (1 tab/day) HD |
| TOVIAZ ER 8 MG TABLET | T2 | HD |
| <i>tropium chloride</i> | T1 | HD |

UNCLASSIFIED DRUG PRODUCTS (Weight Management)

APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.

| | | |
|--------------------------|----|--|
| <i>megestrol acetate</i> | T1 | |
|--------------------------|----|--|

VITAMINS (Nutritional/Dietary)

FOLIC ACID PREPARATIONS

| | | |
|-------------------|----|--|
| <i>folic acid</i> | T1 | |
|-------------------|----|--|

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CSL – Oral cancer medication subject to cost-share limits

T3 – Typically Non-Preferred Brands

ST – Step Therapy

HD – May require home delivery pharmacy

List of Prescription Medications

| VITAMINS (Nutritional/Dietary) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| MULTIVITAMIN PREPARATIONS | | |
| CITRANATAL MEDLEY | T3 | |
| FOLET ONE | T2 | |
| INFUVITE ADULT | T3 | |
| <i>multivit infusn, adult 1, vit k</i> | T3 | |
| <i>mvn no.53/iron/folic/dss/dha</i> | T1 | |
| OBSTETRIX ONE | T1 | |
| PEDIATRIC VITAMIN PREPARATIONS | | |
| INFUVITE PEDIATRIC | T3 | |
| M.V.I. PEDIATRIC | T3 | |
| VITALIPID N INFANT | T3 | |
| VITLIPID N INFANT | T3 | |
| VITAMIN A PREPARATIONS | | |
| AQUASOL A | T3 | |
| VITAMIN B PREPARATIONS | | |
| <i>vitamins b1, b2, b3, b5, and b6</i> | T1 | HD |
| VITAMIN B1 PREPARATIONS | | |
| <i>thiamine hcl</i> | T1 | |
| VITAMIN B12 PREPARATIONS | | |
| B-12 COMPLIANCE | T1 | |
| <i>cyanocobalamin (vitamin b-12)</i> | T1 | PA |
| <i>hydroxocobalamin</i> | T1 | |
| NASCOBAL | T3 | PA |
| PHYSICIANS EZ USE B-12 | T3 | |
| VITAMIN C PREPARATIONS | | |
| ASCOR | T3 | |
| <i>ascorbic acid</i> | T1 | |
| VITAMIN D PREPARATIONS | | |
| <i>calcitriol 0.25 mcg capsule (Rocaltrol)</i> | T1 | HD |
| <i>calcitriol 0.5 mcg capsule (Rocaltrol)</i> | T1 | HD |
| <i>calcitriol 1 mcg/ml ampul</i> | T1 | HD |
| <i>calcitriol 1 mcg/ml vial</i> | T1 | HD |
| <i>calcitriol 1 mcg/ml solution (Rocaltrol)</i> | T1 | HD |
| DRISDOL (<i>vitamin d2</i>) | T3 | HD |
| <i>ergocalciferol (vitamin d2) (Drisdol)</i> | T1 | HD |
| ROCALTROL (<i>calcitriol</i>) | T3 | HD |

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List of Prescription Medications

| VITAMINS (Nutritional/Dietary) | | |
|---|-----------|----------------------------------|
| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
| VITAMIN D PREPARATIONS (cont.) | | |
| MEPHYTON (<i>phytonadione</i>) | T3 | |
| PHYTONADIONE | T1 | |
| <i>phytonadione (vit k1)</i> | T1 | |
| VITAMIN K PREPARATIONS | | |
| <i>phytonadione (vit k1)</i> (Mephyton) | T1 | |
| VITAMINS (Vitamins) | | |
| MULTIVITAMIN PREPARATIONS | | |
| VITLIPID N ADULT | T3 | |

T1 – Typically Generics

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CSL – Oral cancer medication subject to cost-share limits

Exclusions and limitations for coverage

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁹

- Over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines.
- Prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative.
- Doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna Healthcare.
- Implantable contraceptive devices covered under the Plan's medical benefit.
- Medications that are not medically necessary.
- Experimental or investigational medications, including U.S. Food and Drug Administration (FDA)-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication.
- Medications that are not approved by the FDA.
- Prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered.
- Medications used for fertility,¹⁰ sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,¹⁰ or athletic enhancement.
- Prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products.
- Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
- Replacement of prescription medications and related supplies due to loss or theft.
- Medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
- Prescriptions more than one year from the date of issue.
- Coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- More than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- Prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna Healthcare as medically necessary.

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Cigna Healthcare reserves the right to make changes to the drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. [fda.gov/drugs/questions-answers/generic-drugs-questions-answers](https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers).
4. Not all plans offer Express Scripts® Pharmacy and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized. Standard shipping costs are included as part of your prescription plan.
5. Standard shipping costs are included as part of your prescription plan.
6. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
7. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
8. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressants, smoking cessation, attention deficit hyperactivity disorder (ADHD) and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your ID card.
9. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
10. **For plans that must follow state insurance laws, such as Delaware:** Your plan may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LỜI Ỗ: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).