

Essential Drug List

Drug list — Four Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA). We're here to help. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Member Services number on your ID card.

The product names to which this formulary applies are shown below.

\$5/\$15/\$25/\$45/30% to \$250	\$5/\$20/\$40/\$60/30% to \$250 Rx ded \$150
\$5/\$15/\$30/\$50/30% to \$250	\$5/\$20/\$40/\$75/30% to \$250
\$5/\$15/\$40/\$60/30% to \$250	\$5/\$20/\$40/\$75/30% to \$250 Rx ded \$250
\$5/\$15/\$50/\$65/30% to \$250 after deductible	\$5/\$20/\$50/\$65/30% to \$250 Rx ded \$500
\$5/\$20/\$30/\$50/30% to \$250	\$5/\$20/\$50/\$70/30% to \$250
\$5/\$20/\$40/\$60/30% to \$250	\$5/\$20/\$50/\$70/30% to \$250 after deductible

Here are a few things to remember:

- You can view and search our current drug lists when you visit anthem.com/ca/pharmacyinformation. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.
- Additional tools and resources are available for current Anthem members to view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more – by logging in at anthem.com/ca/pharmacyinformation.
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at anthem.com/ca and go to **My Plan ->Benefits-> Plan Documents**.
- You and your doctor can use this list as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket. To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) in this document about how the list is set up and what to do if a drug you take isn't on it.

Essential Drug List

Four-Tier

Table of Contents

INFORMATIONAL SECTION	4
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM	11
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS	13
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER	13
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER	17
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER	20
ANDROGENS-ANABOLIC - HORMONES	22
ANORECTAL AGENTS - RECTAL PREPARATIONS	23
ANTHELMINTICS - DRUGS FOR INFECTIONS	23
ANTIANGINAL AGENTS - DRUGS FOR THE HEART	23
ANTIANGIOTENSIN AGENTS - DRUGS FOR THE HEART	24
ANTIARRHYTHMICS - DRUGS FOR THE HEART	24
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS	25
ANTICOAGULANTS - DRUGS FOR THE BLOOD	27
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM	28
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM	31
ANTIDIABETICS - HORMONES	33
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH	35
ANTIDIARRHEALS - DRUGS FOR THE STOMACH	36
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING	36
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING	36
ANTIEMETICS - DRUGS FOR THE STOMACH	36
ANTIFUNGALS - DRUGS FOR INFECTIONS	37
ANTIHIISTAMINES - DRUGS FOR THE LUNGS	38
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART	39
ANTIHYPERTENSIVES - DRUGS FOR THE HEART	40
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS	43
ANTIMALARIALS - DRUGS FOR INFECTIONS	44
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES	44
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES	45
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS	45
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER	45
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM	49
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM	50
ANTIVIRALS - DRUGS FOR INFECTIONS	53
ASSORTED CLASSES - VITAMINS AND MINERALS	56
BETA BLOCKERS - DRUGS FOR THE HEART	57
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM	58
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR THE NERVOUS SYSTEM	58
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART	58
CARDIOTONICS - DRUGS FOR THE HEART	60
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART	60
CEPHALOSPORINS - DRUGS FOR INFECTIONS	61
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE NERVOUS SYSTEM	62
CONTRACEPTIVES - DRUGS FOR WOMEN	63
CORTICOSTEROIDS - HORMONES	68
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS	69
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER	70
DERMATOLOGICALS - DRUGS FOR THE SKIN	71
DIAGNOSTIC PRODUCTS	79
DIGESTIVE AIDS - DRUGS FOR THE STOMACH	79
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD	79
DIURETICS - DRUGS FOR THE HEART	79
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES	80
ESTROGENS - HORMONES	83
FLUOROQUINOLONES - DRUGS FOR INFECTIONS	83
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH	84
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER	85

GENTOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM.....	85
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS.....	86
GOUT AGENTS - DRUGS FOR PAIN AND FEVER.....	86
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD.....	87
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION.....	88
HEMOSTATICS - DRUGS FOR THE BLOOD.....	91
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS.....	91
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM.....	91
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH.....	92
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH.....	92
LAXATIVES - DRUGS FOR THE STOMACH.....	92
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER.....	95
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE.....	96
MACROLIDES - DRUGS FOR INFECTIONS.....	96
MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT.....	96
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM.....	104
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION.....	104
*MONOBACTAMS*** - DRUGS FOR INFECTIONS.....	106
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT.....	106
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM.....	108
MULTIVITAMINS - DRUGS FOR NUTRITION.....	108
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES.....	113
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE.....	114
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART.....	115
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES.....	115
NUTRIENTS - DRUGS FOR NUTRITION.....	115
OPHTHALMIC AGENTS - DRUGS FOR THE EYE.....	115
OTIC AGENTS - DRUGS FOR THE EAR.....	119
OXYTOCICS - HORMONES.....	119
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS.....	119
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS.....	119
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART.....	120
PENICILLINS - DRUGS FOR INFECTIONS.....	120
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART.....	121
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION.....	121
PROGESTINS - HORMONES.....	121
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM.....	121
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER.....	126
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS.....	126
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM.....	126
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES.....	126
*STERIODS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT.....	127
TETRACYCLINES - DRUGS FOR INFECTIONS.....	127
THYROID AGENTS - HORMONES.....	127
TOXOIDS - BIOLOGICAL AGENTS.....	128
ULCER DRUGS - DRUGS FOR THE STOMACH.....	128
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM.....	129
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM.....	130
VACCINES - BIOLOGICAL AGENTS.....	131
VAGINAL PRODUCTS - DRUGS FOR WOMEN.....	133
VASOPRESSORS - DRUGS FOR THE HEART.....	134
VITAMINS - DRUGS FOR NUTRITION.....	134

Essential Drug List – Informational Section

Definitions

“**\$0**” next to a drug means this is a preventive drug. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

“**BRAND name drug**” means 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**” means 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**” means 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**” means 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.

“**Dose Optimization (DO)**” means dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

“**Drug Tier**” means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

“**Exception request**” means 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**” means 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**” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

“**Generic drug**” means 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*.

“**Limited Distribution (LD)**” means limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

“**Medically Necessary**” means 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**” means a prescription drug that is not listed on this formulary.

“**Oral Chemotherapy (OC)**” Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

“**Out-of-pocket costs**” means 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” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

“Prescription drug” means a drug that by law requires a prescription.

“Prior Authorization (PA)” means 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.

“Quantity limit (QL)” means a restriction on the number of doses of a prescription drug covered by a health insurance product during a specific time period, or any other limitation on the quantity of a drug that is covered.

“Specialty Drugs (SP)” means specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

“Step therapy (ST)” means 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.

Frequently Asked Questions

How do I know what drugs are covered under my benefits?

This is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design.

Your pharmacy benefit covers prescription drugs, including Specialty Drugs, that may be administered to you as part of a doctor's visit, home care visit, or at an outpatient Facility when they are Covered Services. Benefits that are administered to you in your provider's office are typically covered under your medical benefit. This may include Drugs for infusion therapy, chemotherapy, blood products, certain injectables and any drug that must be administered by a Provider.

How can I find a drug on the list?

(A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the **BRAND** name or *generic* name of the drug in the alphabetical index; and

(B) If a generic equivalent for a **BRAND** name drug is not available on the market or is not covered, the drug will not be separately listed by its *generic* name.

You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you're looking for.
- Drug class, using the categories listed in alphabetical order.

How are drugs shown on the list?

- A drug is listed alphabetically by its **BRAND** name and generic names in the therapeutic category and class to which it belongs;
- The *generic* name for a **BRAND** name drug is included after the **BRAND** name in parentheses and all *lowercase italicized letters*;

ANALGESIC OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS

ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl*)

- If a *generic* equivalent for a **BRAND** name drug is both available and covered, the *generic* drug will be listed separately from the **BRAND** name drug in all *lowercase italicized letters*; and

codeine sulfate oral tablet 15 mg, 30 mg

- If a *generic* drug is marketed under a proprietary, trademark-protected **BRAND** name, the **BRAND** name will be listed after the *generic* name in parentheses and regular typeface with the first letter of each word capitalized.

levonorgestrel-ethinyl estrad (Portia Oral Tablet 0.15-0.03 Mg)

The "Under Coverage Requirements and Limits" section will indicate if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).

Note: The presence of a prescription drug on the formulary does not guarantee that your doctor will prescribe that prescription drug for a particular medical condition.

What are my options for getting my prescriptions?

You have plenty of choices about how and where to get your prescription medicines, including local pharmacies in your plan, convenient home delivery or specialty pharmacies. Most plans include our home delivery program at no extra cost to you.

Current Anthem members can find out more by logging in at anthem.com/ca and choose Prescription Benefits or call 833-236-6196. For more details about your coverage, you can call the phone number on your member ID card.

What if my drug isn't on the list?

We understand that only you and your doctor know what is best for you. If you want to take a drug that's not on the drug list, you may have to pay the full cost for it. You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.

If a drug you're taking isn't covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization.

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Pharmacy Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

There are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermyeds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](https://www.anthem.com/ca) and choose **Pharmacy**.
 - o Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
 - o Choose the correct medication strength and form.
 - o Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
 - o Your doctor [completes and faxes the form](#) to us at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

Who decides what drugs are on the list?

The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

What is a specialty drug and how do I get them?

If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered. Specialty drugs come in many forms like pills, liquids, injections (shots), infusions or inhalers and may need special storage and handling. Typically benefits for specialty drugs that are self-administered will be covered under the pharmacy benefit. Benefits for specialty drugs that are administered to you in your provider's office are typically covered under your medical benefit. If you use pharmacies that are not in the network, your medicine may not be covered and you may have to pay the full cost. For more details about your coverage, you can call the phone number on your member ID card.

Does the drug list change, and how will I know if it does?

Drugs on our list are reviewed and updated on a monthly basis. Sometimes, drugs are added, removed, change tiers or have updated requirements. The changes will usually go into effect the first day of the month. But don't worry, we'll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

You can always check the drug list to make sure medicines you take are still on it. You'll find the most up-to-date drug list when you log in at [anthem.com/ca](https://www.anthem.com/ca).

What kind of drugs can I find on the formulary?

We cover FDA-approved preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA) and California state regulations. Your doctor may need to write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the health plan.

We cover FDA-approved equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary. Medication encompasses insulin, insulin pumps, and oral hypoglycemic agents. Covered supplies and equipment are limited to glucose monitors, test strips, syringes and lancets. Covered benefits also include outpatient self-management and educational services used to treat diabetes if services are provided through a program authorized by the State's Diabetes Control Project within the Bureau of Health.

What drugs can I find in each tier?

We place drugs on different tiers based on how well they work to improve health, whether there are over-the-counter (OTC) options and their costs compared to other drugs used for the same type of treatment. The lower the tier, the lower your share of the cost. Here's a breakdown of the tiers in your plan:

- Tier 1 drugs have the lowest cost share for you. These are usually *generic* drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:
 - Tier 1a drugs have the lowest cost share. These are often *generic* drugs that offer the greatest value compared to others that treat the same conditions.
 - Tier 1b drugs have a low cost share. These are typically *generic* drugs that offer the greatest value compared to others that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have a higher cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs recently approved by the FDA.
- Tier 4 drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

How will I know how much my drug will cost?

Current Anthem members can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

How does Anthem promote safety?

When you go to a pharmacy, the pharmacist will get an electronic message from Anthem if a drug needs prior authorization, requires step therapy or has a limit on the amount that can be given. Here's a closer look at all of the programs we've put into place to help make sure you get the care you need, while helping to keep you safe.¹

Our clinical edit programs are:

- Prior authorization, which requires you to get approval before taking a medicine. This helps make sure a drug is used properly and focuses on drugs that may have:
 - Risk of side effects.
 - Risk of harmful effects when taken with other drugs.
 - Potential for incorrect use or abuse.
 - Rules for use with certain conditions.
- Step therapy, which requires that other drugs be tried first. It focuses on whether a drug is right for your condition.
- Dose optimization, which involves changing from taking a dose twice a day to once a day, when medically appropriate. Taking fewer doses may lower your costs; a single higher dose of a drug taken once a day may cost less than a lower dose taken twice a day.
- Quantity Limits impose a limit on the amount in a prescription and how often it can be refilled.
 - If a refill request is submitted too soon or the doctor prescribes an amount that's higher than what is allowed, the drug won't be covered at that time.
 - If there are medical reasons to prescribe the drug as originally dosed, the doctor can ask for review by our Prior Authorization Center.

Also, If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered.

How does my doctor start the Prior Authorization process?

If your drug is on our formulary but requires a PA or Step Therapy, there are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermymeds.com/main/partners/anthem>.
2. Log in at anthem.com/ca and choose Pharmacy.
 - Go to Pharmacy Resources and Search Your Drug List for your medication.
 - Choose the correct medication strength and form.
 - Scroll down to Definition of Restrictions and locate the applicable Fax Form in the table.
 - Your doctor completes the form and faxes it to Anthem at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

What is Step Therapy? How does it work?

Step therapy requires trying other drugs before certain medications may be covered. The pharmacy will let you know if step therapy is required and you must first try the drug or treatment included in the program. If the drug or treatment does not treat the condition well, the doctor can contact our Prior Authorization Center to ask that we approve the original drug.¹

A few more notes about the exception process:

- If we fail to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny any subsequent requests for this medication.
- Don't worry, if you've changed policies, we won't ask you to repeat an approved step therapy request that is already being used to treat a medical condition provided that the drug is still appropriately prescribed and is considered safe and effective.

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan's benefit design.

¹ If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.

KEY

Here are some terms and notes you'll find on the drug list.

Brand name drugs are in UPPER CASE, bold type.

Generic drugs are in lower case, plain type.

\$0 = preventive drugs. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

DO = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

LD = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

OC = oral chemotherapy. These drugs after deductible shall not exceed \$200 per an individual prescription for up to a 30 day supply.

PA = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

QL = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

SP = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

ST = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.

Tier 1 = drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 1a = drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 1b = drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 2 = drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

Tier 3 = drugs have a higher cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition.

Tier 4 = drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition.

Four-Tier

CURRENT AS OF 11/1/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg</i>	1 or 1b*	PA
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1 or 1b*	PA
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1 or 1b*	PA
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	1 or 1b*	PA
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>amphetamine er oral suspension extended release</i>	1 or 1b*	QL (15 mL per 1 day)
<i>amphetamine sulfate oral tablet 10 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	1 or 1b*	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	1 or 1b*	PA; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1 or 1b*	PA
<i>dextroamphetamine sulfate oral solution</i>	1 or 1b*	PA; QL (60 mL per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1 or 1b*	PA
<i>dextroamphetamine sulfate (Procentra Oral Solution)</i>	1 or 1b*	PA; QL (60 mL per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; QL (1 capsule per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; QL (1 tablet per 1 day)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg)	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>zenzedi oral tablet 15 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>zenzedi oral tablet 2.5 mg</i>	1 or 1b*	PA
<i>zenzedi oral tablet 20 mg, 30 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 5 Mg)	1 or 1b*	PA
<i>zenzedi oral tablet 7.5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>caffeine citrate intravenous solution</i>	2	
<i>caffeine citrate oral solution</i>	2	
*ANOREXIANTS NON-AMPHETAMINE*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>benzphetamine hcl oral tablet 25 mg</i>	1 or 1b*	
<i>benzphetamine hcl oral tablet 50 mg</i>	1 or 1b*	PA
<i>diethylpropion hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA
<i>diethylpropion hcl oral tablet</i>	1 or 1b*	PA
<i>phendimetrazine tartrate er oral capsule extended release 24 hour</i>	1 or 1b*	PA
<i>phendimetrazine tartrate oral tablet</i>	1 or 1b*	PA
<i>phentermine hcl oral capsule</i>	1 or 1b*	PA
<i>phentermine hcl oral tablet</i>	1 or 1b*	PA
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	1 or 1b*	PA
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release)	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	1 or 1b*	PA
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	1 or 1b*	PA
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1 or 1b*	PA; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	1 or 1b*	PA
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg</i>	1 or 1b*	PA
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 54 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1 or 1b*	PA; QL (30 mL per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1 or 1b*	PA; QL (60 mL per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	PA
<i>methylphenidate hcl oral tablet 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	1 or 1b*	PA
<i>modafinil oral tablet 100 mg</i>	2	PA
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (1 tablet per 1 day)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>amikacin sulfate injection solution</i>	2	
<i>gentamicin in saline intravenous solution</i>	2	
<i>gentamicin sulfate injection solution</i>	2	
<i>neomycin sulfate oral tablet</i>	1 or 1a*	
<i>paromomycin sulfate oral capsule</i>	1 or 1b*	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	1 or 1b*	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	4	SP; QL (224 mL per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	4	SP; QL (9.4 mL per 1 day)
<i>tobramycin sulfate injection solution</i>	2	
<i>tobramycin sulfate injection solution reconstituted</i>	2	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR <i>(upadacitinib)</i>	4	PA; SP; QL (1 tablet per 1 day)
XELJANZ ORAL TABLET <i>(tofacitinib citrate)</i>	4	PA; SP; QL (2 tablets per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG <i>(tofacitinib citrate)</i>	4	PA; SP; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG <i>(tofacitinib citrate)</i>	4	PA; QL (1 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIRHEUMATIC ANTIMETABOLITES*** - ARTHRITIS AND PAIN DRUGS		
METHOTREXATE (ANTI-RHEUMATIC) ORAL TABLET	2; OC	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (methotrexate (anti-rheumatic))	4	PA; SP; QL (4 auto-injector per 28 days)
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT (adalimumab)	4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (adalimumab)	4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	4	PA; SP; QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (adalimumab)	4	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (adalimumab)	4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (golimumab)	4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (golimumab)	4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (golimumab)	4	PA; SP; QL (1 syringe per 28 days)
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT (adalimumab)	4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (adalimumab)	4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	4	PA; SP; QL (1 kit per 365 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	4	PA; SP; QL (1 syringe per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS**** - ARTHRITIS AND PAIN DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	ST; QL (2 capsules per 1 day)
<i>celecoxib oral capsule 400 mg</i>	2	ST; QL (1 capsule per 1 day)
*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS		
RIDAURA ORAL CAPSULE (<i>auranofin</i>)	2	
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS**** - ARTHRITIS AND PAIN DRUGS		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg</i>	2	ST; QL (4 tablets per 1 day)
<i>diclofenac-misoprostol oral tablet delayed release 75-0.2 mg</i>	2	ST; QL (2 tablets per 1 day)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**** - ARTHRITIS AND PAIN DRUGS		
<i>diclofenac potassium oral tablet</i>	1 or 1b*	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1 or 1b*	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>ec-naproxen oral tablet delayed release</i>	1 or 1b*	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	1 or 1b*	
<i>etodolac er oral tablet extended release 24 hour 600 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>etodolac oral capsule 200 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>etodolac oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>fenoprofen calcium oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>flurbiprofen oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>ibuprofen (Ibu Oral Tablet)</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>ibuprofen oral tablet</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>indomethacin er oral capsule extended release</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1 or 1b*	QL (3 capsule per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>indomethacin oral capsule 50 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>indomethacin sodium intravenous solution reconstituted</i>	2	
<i>ketoprofen er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>ketoprofen oral capsule</i>	1 or 1b*	
<i>ketorolac tromethamine injection solution</i>	2	QL (4 ML per 30 days)
<i>ketorolac tromethamine intramuscular solution</i>	2	QL (2 mL per 30 days)
<i>ketorolac tromethamine oral tablet</i>	1 or 1a*	QL (20 tablets per 30 days)
<i>meclofenamate sodium oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>mefenamic acid oral capsule</i>	1 or 1b*	QL (29 capsule per 1 fill)
<i>meloxicam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>naproxen dr oral tablet delayed release</i>	1 or 1b*	
<i>naproxen oral suspension</i>	1 or 1b*	
<i>naproxen oral tablet</i>	1 or 1b*	
<i>naproxen sodium oral tablet 275 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>oxaprozin oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>piroxicam oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>nabumetone (Relafen Oral Tablet 500 Mg)</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>nabumetone (Relafen Oral Tablet 750 Mg)</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>sulindac oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>tolmetin sodium oral capsule</i>	2	QL (3 capsules per 1 day)
<i>tolmetin sodium oral tablet</i>	2	QL (3 tablets per 1 day)
*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>leflunomide oral tablet</i>	2	
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE <i>(etanercept)</i>	4	PA; SP; QL (4 cartridge per 28 days)
ENBREL SUBCUTANEOUS SOLUTION <i>(etanercept)</i>	4	PA; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML <i>(etanercept)</i>	4	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML <i>(etanercept)</i>	4	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED <i>(etanercept)</i>	4	PA; SP; QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR <i>(etanercept)</i>	4	PA; SP; QL (4 pens per 28 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESICS OTHER*** - ARTHRITIS AND PAIN DRUGS		
<i>clonidine hcl (analgesia) epidural solution</i>	1 or 1b*	
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	1 or 1b*	QL (12 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>tencon oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine (Zebutal Oral Capsule)</i>	2	QL (6 capsules per 1 day)
*SALICYLATE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>eq buffered aspirin oral tablet</i>	1 or 1b*; \$0	
<i>ra tri-buffered aspirin oral tablet</i>	1 or 1b*; \$0	
<i>sm aspirin tri-buffered oral tablet</i>	1 or 1b*; \$0	
<i>tri-buffered aspirin oral tablet</i>	1 or 1b*; \$0	
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
<i>adult aspirin regimen oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin 81 oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin 81 oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin adult low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin adult oral tablet</i>	1 or 1a*; \$0	
<i>aspirin childrens oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin ec adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin ec low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin oral tablet</i>	1 or 1a*; \$0	
<i>aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspir-low oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirtab oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer advanced aspirin reg st oral tablet</i>	1 or 1a*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bayer aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer aspirin oral tablet</i>	1 or 1a*; \$0	
<i>bayer aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>bayer low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>childrens aspirin low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin oral tablet</i>	1 or 1a*; \$0	
<i>diflunisal oral tablet</i>	1 or 1b*	
<i>ecotrin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ecotrin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ecpirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq adult aspirin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin oral tablet</i>	1 or 1a*; \$0	
<i>eq aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>eq aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp adult aspirin low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>gnp aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp aspirin oral tablet</i>	1 or 1a*; \$0	
<i>gnp aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense aspirin adult low st oral tablet chewable</i>	1 or 1a*; \$0	
<i>goodsense aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>h-e-b aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>hm aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hm aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>hm aspirin oral tablet</i>	1 or 1a*; \$0	
<i>hm aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>hm aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kls aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kls aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>meijer aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>miniprin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>mm aspirin oral tablet</i>	1 or 1a*; \$0	
<i>norwich aspirin oral tablet</i>	1 or 1a*; \$0	
<i>px aspirin oral tablet</i>	1 or 1a*; \$0	
<i>px aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>px enteric aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc aspirin oral tablet</i>	1 or 1a*; \$0	
<i>qc aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>qc enteric aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin adult low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin childrens oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin ec adult low st oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin oral tablet</i>	1 or 1a*; \$0	
<i>ra childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra pain relief aspirin oral tablet</i>	1 or 1a*; \$0	
<i>salsalate oral tablet</i>	2	
<i>sb aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb aspirin oral tablet</i>	1 or 1a*; \$0	
<i>sb aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>sb low dose asa ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin adult low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>sm aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm aspirin ec low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>sm aspirin oral tablet</i>	1 or 1a*; \$0	
<i>sm childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>st joseph aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>st joseph low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>st joseph low dose oral tablet delayed release</i>	1 or 1a*; \$0	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine #2 oral tablet</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet</i>	1 or 1a*	QL (6 tablet per 1 day)
<i>acetaminophen-codeine #4 oral tablet</i>	1 or 1a*	QL (6 tablet per 1 day)
<i>acetaminophen-codeine oral solution</i>	1 or 1a*	QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	1 or 1a*	QL (6 tablet per 1 day)
<i>butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule)</i>	1 or 1b*	QL (6 capsule per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1 or 1b*	QL (6 capsule per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	1 or 1b*	QL (6 capsule per 1 day)
*DIHYDROCODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>apap-caff-dihydrocodeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>apap-caff-dihydrocodeine oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>apap-caff-dihydrocodeine (Dvorah Oral Tablet)</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>trezix oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution</i>	1 or 1b*	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	1 or 1b*	QL (5 tablets per 1 day)
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
<i>codeine sulfate oral tablet</i>	2	QL (6 tablets per 1 day)
<i>duramorph injection solution</i>	1 or 1b*	QL (6 mL per 1 day)
<i>fentanyl citrate (pf) injection solution</i>	1 or 1b*	
<i>fentanyl citrate (pf) injection solution cartridge</i>	1 or 1b*	
<i>fentanyl citrate buccal lozenge on a handle</i>	2	PA; QL (4 lozenge per 1 day)
<i>fentanyl citrate buccal tablet</i>	2	PA; QL (4 tablet per 1 day)
<i>fentanyl transdermal patch 72 hour</i>	2	PA; QL (15 patches per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	2	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml</i>	1 or 1b*	QL (6 mL per 1 day)
<i>hydromorphone hcl injection solution 4 mg/ml</i>	1 or 1b*	QL (2 mL per 1 day)
<i>hydromorphone hcl oral liquid</i>	1 or 1b*	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>hydromorphone hcl pf injection solution</i>	1 or 1b*	QL (1 injection per 30 days)
<i>levorphanol tartrate oral tablet</i>	2	PA; QL (6 tablets per 1 day)
<i>meperidine hcl injection solution</i>	1 or 1b*	QL (4 mL per 1 day)
<i>meperidine hcl oral solution</i>	1 or 1b*	QL (7 days per 1 fill)
<i>meperidine hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>methadone hcl (Methadone Hcl Intensol Oral Concentrate)</i>	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	1 or 1b*	PA; QL (30 mL per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	1 or 1b*	PA; QL (60 mL per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	1 or 1b*	PA; QL (6 tablet per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>methadone hcl (Methadose Oral Tablet Soluble)</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>morphine sulfate microinfusion (Mitigo Injection Solution)</i>	2	QL (2 vials per 30 days)
<i>morphine sulfate (concentrate) oral solution</i>	1 or 1b*	QL (6 mL per 1 day)
<i>morphine sulfate (pf) injection solution</i>	1 or 1b*	QL (6 mL per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	2	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	PA; QL (3 tablet per 1 day)
<i>morphine sulfate intravenous solution</i>	1 or 1b*	
<i>morphine sulfate oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>morphine sulfate rectal suppository</i>	1 or 1b*	QL (6 suppositories per 1 day)
<i>oxycodone hcl oral capsule</i>	2	QL (7 days per 1 fill)
<i>oxycodone hcl oral concentrate</i>	2	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	2	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	2	QL (6 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	2	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	2	QL (6 tablet per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	2	QL (6 tablets per 1 day)
<i>remifentanil hcl intravenous solution reconstituted</i>	1 or 1b*	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	2	PA; QL (1 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol hcl er oral capsule extended release 24 hour</i>	2	PA; QL (1 capsule per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	2	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1 or 1b*	QL (8 tablet per 1 day)
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen (Endocet Oral Tablet 5-325 Mg)</i>	1 or 1b*	QL (6 tablet per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
<i>oxycodone-aspirin oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
<i>buprenorphine hcl injection solution</i>	2	QL (3 mL per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1 or 1b*	QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1 or 1b*	QL (3 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1 or 1b*	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1 or 1b*	QL (12 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1 or 1b*	QL (6 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1 or 1b*	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1 or 1b*	QL (12 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>buprenorphine transdermal patch weekly</i>	2	PA; QL (1 package per 28 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	2	QL (8 mL per 1 day)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	2	QL (4 mL per 1 day)
<i>butorphanol tartrate nasal solution</i>	1 or 1b*	QL (2 bottles per 30 days)
<i>nalbuphine hcl injection solution</i>	2	QL (2 mL per 1 day)
<i>pentazocine-naloxone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>tramadol-acetaminophen oral tablet</i>	1 or 1b*	QL (8 tablet per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
*ANABOLIC STEROIDS*** - DRUGS FOR MEN		
<i>oxandrolone oral tablet</i>	2	PA
*ANDROGENS*** - DRUGS FOR MEN		
<i>danazol oral capsule</i>	2	
<i>testosterone cypionate intramuscular solution</i>	1 or 1b*	PA
<i>testosterone enanthate intramuscular solution</i>	1 or 1b*	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	2	PA; QL (2 bottle per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	2	PA; QL (1 pump per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	2	PA; QL (1 bottle per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	2	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	2	PA; QL (2 packet per 1 day)
<i>testosterone transdermal solution</i>	2	PA; QL (1 pump bottle per 30 days)
ANORECTAL AGENTS - RECTAL PREPARATIONS		
*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone rectal enema</i>	1 or 1b*	
*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone ace-pramoxine external cream</i>	1 or 1b*	
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone (perianal) external cream</i>	1 or 1b*	
<i>hydrocortisone acetate rectal suppository</i>	1 or 1b*	
<i>hydrocortisone (Procto-Med Hc External Cream)</i>	1 or 1b*	
<i>hydrocortisone (Procto-Pak External Cream)</i>	1 or 1b*	
<i>hydrocortisone (Proctosol Hc External Cream)</i>	1 or 1b*	
<i>hydrocortisone (Proctozone-Hc External Cream)</i>	1 or 1b*	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>albendazole oral tablet</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
<i>ivermectin oral tablet</i>	1 or 1b*	
<i>praziquantel oral tablet</i>	2	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA		
<i>ranolazine er oral tablet extended release 12 hour</i>	2	
*NITRATES*** - DRUGS FOR ANGINA		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE (<i>isosorbide dinitrate</i>)	2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1 or 1b*	
<i>isosorbide dinitrate oral tablet 40 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>isosorbide mononitrate oral tablet</i>	1 or 1b*	
<i>nitroglycerin (Minitran Transdermal Patch 24 Hour)</i>	1 or 1b*	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR (<i>nitroglycerin</i>)	2	
<i>nitroglycerin in d5w intravenous solution</i>	1 or 1b*	
<i>nitroglycerin sublingual tablet sublingual</i>	1 or 1b*	
<i>nitroglycerin transdermal patch 24 hour</i>	1 or 1b*	
<i>nitroglycerin translingual solution</i>	2	
<i>nitro-time oral capsule extended release</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIANSXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANSXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>bupirone hcl oral tablet</i>	1 or 1b*	
<i>droperidol injection solution</i>	1 or 1b*	
<i>hydroxyzine hcl intramuscular solution</i>	1 or 1b*	
<i>hydroxyzine hcl oral syrup</i>	1 or 1b*	
<i>hydroxyzine hcl oral tablet</i>	1 or 1b*	
<i>hydroxyzine pamoate oral capsule</i>	1 or 1a*	
<i>meprobamate oral tablet</i>	1 or 1b*	
*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>alprazolam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>alprazolam oral tablet dispersible</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>clorazepate dipotassium oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diazepam injection solution</i>	1 or 1a*	
<i>diazepam (Diazepam Intensol Oral Concentrate)</i>	1 or 1a*	QL (8 mL per 1 day)
<i>diazepam oral concentrate</i>	1 or 1a*	QL (8 mL per 1 day)
<i>diazepam oral solution</i>	1 or 1a*	
<i>diazepam oral tablet</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>lorazepam injection solution</i>	1 or 1b*	
<i>lorazepam (Lorazepam Intensol Oral Concentrate)</i>	1 or 1b*	QL (3 mL per 1 day)
<i>lorazepam oral concentrate</i>	1 or 1b*	QL (3 mL per 1 day)
<i>lorazepam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>oxazepam oral capsule</i>	2	QL (4 capsules per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS - MISC.*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>adenosine intravenous solution</i>	1 or 1b*	
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR <i>(disopyramide phosphate)</i>	2	
<i>procainamide hcl injection solution</i>	2	
<i>quinidine gluconate er oral tablet extended release</i>	2	
<i>quinidine sulfate oral tablet</i>	1 or 1a*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe</i>	1 or 1b*	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe</i>	1 or 1b*	
<i>lidocaine in d5w intravenous solution</i>	1 or 1b*	
<i>mexiletine hcl oral capsule</i>	2	
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	2	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	2	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	2	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	2	
<i>propafenone hcl oral tablet</i>	2	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl intravenous solution</i>	1 or 1b*	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	1 or 1b*	
<i>amiodarone hcl oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>dofetilide oral capsule</i>	4	
<i>ibutilide fumarate intravenous solution</i>	1 or 1b*	
<i>amiodarone hcl (Pacerone Oral Tablet 100 Mg, 400 Mg)</i>	1 or 1b*	
<i>amiodarone hcl (Pacerone Oral Tablet 200 Mg)</i>	1 or 1b*	QL (3 tablets per 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
ADVAIR HFA INHALATION AEROSOL (<i>fluticasone-salmeterol</i>)	2	QL (1 inhaler per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium-vilanterol</i>)	2	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate-vilanterol</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	1 or 1b*	QL (1 inhaler per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (<i>ipratropium-albuterol</i>)	2	QL (2 inhalers per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1 or 1b*	QL (1 package per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	1 or 1b*	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide-olodaterol</i>)	2	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL (<i>budesonide-formoterol fumarate</i>)	2	QL (1 inhaler per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-umeclidin-vilant</i>)	2	QL (1 box per 30 days)
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated)	1 or 1b*	QL (1 package per 30 days)
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution</i>	1 or 1b*	
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	1 or 1b*	
<i>albuterol sulfate hfa inhalation aerosol solution</i>	1 or 1b*	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1 or 1b*	QL (360 mL per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1 or 1b*	QL (60 mL per 30 days)
<i>albuterol sulfate oral syrup</i>	1 or 1b*	
<i>albuterol sulfate oral tablet</i>	1 or 1b*	
<i>levalbuterol hcl inhalation nebulization solution</i>	2	QL (90 mL per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	1 or 1b*	QL (2 inhalers per 30 days)
<i>metaproterenol sulfate oral syrup</i>	1 or 1a*	
PERFORMIST INHALATION NEBULIZATION SOLUTION (<i>formoterol fumarate</i>)	2	QL (120 ML per 30 days)
PROAIR HFA INHALATION AEROSOL SOLUTION (<i>albuterol sulfate</i>)	2	QL (2 inhalers per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>albuterol sulfate</i>)	2	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>salmeterol xinafoate</i>)	2	QL (1 inhaler per 30 days)
<i>terbutaline sulfate injection solution</i>	1 or 1b*	
<i>terbutaline sulfate oral tablet</i>	1 or 1b*	
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION (<i>ipratropium bromide hfa</i>)	2	QL (2 inhalers per 30 days)
<i>ipratropium bromide inhalation solution</i>	1 or 1b*	QL (378 ML per 30 days)
SPIRIVA HANDHALER INHALATION CAPSULE (<i>tiotropium bromide monohydrate</i>)	2	QL (30 capsules per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide monohydrate</i>)	2	QL (1 inhaler per 30 days)
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
<i>montelukast sodium oral packet</i>	1 or 1b*	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zafirlukast oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1 or 1b*	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1 or 1b*	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	2	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	2	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	QL (1 inhaler per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	QL (2 inhalers per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (1 inhaler per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (2 inhalers per 30 days)
*XANTHINE-EXPECTORANTS*** - DRUGS FOR ASTHMA/COPD		
<i>diphylline-guaifenesin (Difil-G Forte Oral Liquid)</i>	1 or 1b*	
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
<i>aminophylline intravenous solution</i>	1 or 1b*	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>theophylline</i>)	2	QL (4 tablets per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>theophylline</i>)	2	QL (3 capsules per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (<i>theophylline</i>)	2	QL (2 capsules per 1 day)
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1 or 1b*	
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>theophylline oral solution</i>	1 or 1b*	
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>warfarin sodium (Jantoven Oral Tablet)</i>	1 or 1a*	
<i>warfarin sodium oral tablet</i>	1 or 1a*	
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (<i>apixaban</i>)	2	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (74 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	2	QL (42 tablet per 1 fill)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	2	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (<i>rivaroxaban</i>)	2	QL (1 pack per 365 days)
*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>heparin lock flush intravenous solution</i>	2	
<i>heparin sod (porcine) in d5w intravenous solution</i>	2	
<i>heparin sodium (porcine) injection solution</i>	2	
<i>heparin sodium (porcine) pf injection solution</i>	2	
<i>heparin sodium lock flush intravenous solution</i>	2	
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution</i>	4	QL (30 syringes per 30 days)
<i>enoxaparin sodium subcutaneous solution</i>	4	QL (30 syringes per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	4	QL (30 syringes per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	4	QL (6 vials per 30 days)
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>fondaparinux sodium subcutaneous solution</i>	4	QL (30 syringes per 30 days)
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** - DRUGS TO PREVENT BLOOD CLOTS		
PRADAXA ORAL CAPSULE (<i>dabigatran etexilate mesylate</i>)	3	QL (2 capsules per 1 day)
ANTICONSULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTICONSULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clobazam oral suspension</i>	2	QL (16 mL per 1 day)
<i>clobazam oral tablet</i>	2	QL (2 tablets per 1 day)
<i>clonazepam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>diazepam rectal gel</i>	1 or 1b*	QL (2 syringes per 1 fill)
*ANTICONSULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 200 mg</i>	1 or 1b*	QL (8 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	1 or 1b*	QL (5 capsules per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine er oral tablet extended release 12 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>carbamazepine oral suspension</i>	1 or 1b*	QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable</i>	1 or 1b*	QL (10 tablets per 1 day)
<i>carbamazepine (Epilex Oral Tablet)</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	QL (6 capsules per 1 day)
<i>gabapentin oral capsule 300 mg</i>	2	QL (9 capsules per 1 day)
<i>gabapentin oral solution</i>	2	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	2	QL (6 tablets per 1 day)
<i>gabapentin oral tablet 800 mg</i>	2	QL (4 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>lamotrigine oral kit</i>	1 or 1b*	
<i>lamotrigine oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lamotrigine starter kit-blue oral kit</i>	1 or 1b*	
<i>lamotrigine starter kit-green oral kit</i>	1 or 1b*	
<i>lamotrigine starter kit-orange oral kit</i>	1 or 1b*	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	2	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	2	QL (4 tablets per 1 day)
<i>levetiracetam intravenous solution</i>	2	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet 1000 mg</i>	2	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	2	QL (2 tablets per 1 day)
<i>levetiracetam oral tablet 500 mg</i>	2	QL (6 tablets per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	2	QL (4 tablets per 1 day)
<i>oxcarbazepine oral suspension</i>	1 or 1b*	QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (3 capsule per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg, 75 mg</i>	2	QL (2 capsules per 1 day)
<i>pregabalin oral solution</i>	2	QL (30 mL per 1 day)
<i>primidone oral tablet</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levetiracetam</i> (Roweepra Oral Tablet 1000 Mg)	2	QL (3 tablets per 1 day)
<i>levetiracetam</i> (Roweepra Oral Tablet 500 Mg)	2	QL (6 tablets per 1 day)
<i>levetiracetam</i> (Roweepra Oral Tablet 750 Mg)	2	QL (4 tablets per 1 day)
<i>levetiracetam</i> (Roweepra Xr Oral Tablet Extended Release 24 Hour 500 Mg)	2	QL (6 tablets per 1 day)
<i>levetiracetam</i> (Roweepra Xr Oral Tablet Extended Release 24 Hour 750 Mg)	2	QL (4 tablets per 1 day)
<i>lamotrigine</i> (Subvenite Oral Tablet)	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine</i> (Subvenite Starter Kit-Blue Oral Kit)	1 or 1b*	
<i>lamotrigine</i> (Subvenite Starter Kit-Green Oral Kit)	1 or 1b*	
<i>lamotrigine</i> (Subvenite Starter Kit-Orange Oral Kit)	1 or 1b*	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	1 or 1b*	ST; QL (1 capsule per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	1 or 1b*	ST; QL (2 capsules per 1 day)
<i>topiramate oral capsule sprinkle</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>topiramate oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>zonisamide oral capsule</i>	2	QL (1 capsule per 1 day)
*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	2	
<i>felbamate oral tablet</i>	2	
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>tiagabine hcl oral tablet</i>	2	
<i>vigabatrin oral packet</i>	4	LD; SP; QL (6 packets per 1 day)
<i>vigabatrin oral tablet</i>	4	LD; SP; QL (6 tablets per 1 day)
<i>vigabatrin</i> (Vigadrone Oral Packet)	4	LD; QL (6 packets per 1 day)
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DILANTIN ORAL CAPSULE (<i>phenytoin sodium extended</i>)	2	
<i>fosphenytoin sodium injection solution</i>	2	
<i>phenytoin</i> (Phenytoin Infatabs Oral Tablet Chewable)	1 or 1b*	
<i>phenytoin oral suspension</i>	1 or 1b*	
<i>phenytoin oral tablet chewable</i>	1 or 1b*	
<i>phenytoin sodium extended oral capsule</i>	1 or 1b*	
<i>phenytoin sodium injection solution</i>	1 or 1b*	
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>ethosuximide oral capsule</i>	1 or 1b*	
<i>ethosuximide oral solution</i>	1 or 1b*	
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	1 or 1b*	QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1 or 1b*	QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 250 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	1 or 1b*	
<i>valproate sodium intravenous solution</i>	1 or 1b*	
<i>valproic acid oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	1 or 1b*	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet</i>	1 or 1b*	
<i>mirtazapine oral tablet dispersible</i>	1 or 1b*	
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1 or 1b*	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1 or 1b*	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1 or 1b*	QL (4.5 tablet per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1 or 1b*	
<i>maprotiline hcl oral tablet</i>	1 or 1b*	
*MODIFIED CYCLICS*** - DRUGS FOR DEPRESSION		
<i>nefazodone hcl oral tablet</i>	1 or 1b*	
<i>trazodone hcl oral tablet</i>	1 or 1a*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG (vortioxetine hbr)	3	
TRINTELLIX ORAL TABLET 20 MG (vortioxetine hbr)	3	QL (1 tablet per 1 day)
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
<i>phenelzine sulfate oral tablet</i>	1 or 1b*	
<i>tranylcypromine sulfate oral tablet</i>	1 or 1b*	
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
<i>citalopram hydrobromide oral solution</i>	1 or 1b*	QL (20 mL per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	1 or 1b*	
<i>citalopram hydrobromide oral tablet 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>escitalopram oxalate oral solution</i>	1 or 1b*	QL (20 mL per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1 or 1b*	
<i>escitalopram oxalate oral tablet 20 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoxetine hcl oral capsule 20 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>fluoxetine hcl oral capsule delayed release</i>	1 or 1b*	QL (4 capsules per 28 days)
<i>fluoxetine hcl oral solution</i>	1 or 1b*	QL (20 mL per 1 day)
<i>fluoxetine hcl oral tablet 10 mg</i>	1 or 1b*	
<i>fluoxetine hcl oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>fluvoxamine maleate oral tablet 100 mg</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1 or 1b*	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1 or 1b*	
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1 or 1b*	
<i>paroxetine hcl oral tablet 30 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 40 mg</i>	1 or 1b*	QL (1.5 tablet per 1 day)
<i>sertraline hcl oral concentrate</i>	1 or 1b*	QL (10 mL per 1 day)
<i>sertraline hcl oral tablet 100 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1 or 1b*	
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1 or 1b*	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	2	QL (2 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (3 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	1 or 1b*	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg</i>	1 or 1b*	
<i>venlafaxine hcl oral tablet</i>	1 or 1b*	QL (3 tablet per 1 day)
*TRICYCLIC AGENTS**** - DRUGS FOR DEPRESSION		
<i>amitriptyline hcl oral tablet</i>	1 or 1a*	
<i>amoxapine oral tablet</i>	1 or 1b*	
<i>clomipramine hcl oral capsule</i>	1 or 1b*	
<i>desipramine hcl oral tablet</i>	2	
<i>doxepin hcl oral capsule</i>	1 or 1b*	
<i>doxepin hcl oral concentrate</i>	1 or 1b*	
<i>imipramine hcl oral tablet</i>	1 or 1b*	
<i>imipramine pamoate oral capsule</i>	1 or 1b*	
<i>nortriptyline hcl oral capsule</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nortriptyline hcl oral solution</i>	1 or 1b*	
<i>protriptyline hcl oral tablet</i>	2	
<i>trimipramine maleate oral capsule</i>	1 or 1b*	
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
<i>acarbose oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>miglitol oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
*ANTIDIABETIC - AMYLIN ANALOGS*** - DRUGS FOR DIABETES		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR <i>(pramlintide acetate)</i>	2	QL (4 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR <i>(pramlintide acetate)</i>	2	QL (2 boxes per 30 days)
*BIGUANIDES*** - DRUGS FOR DIABETES		
<i>metformin hcl er oral tablet extended release 24 hour</i>	1 or 1b*	generic Glucophage XR
<i>metformin hcl oral solution</i>	2	PA; QL (2 bottles per 30 days)
<i>metformin hcl oral tablet</i>	1 or 1b*	
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
<i>diazoxide oral suspension</i>	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED <i>(glucagon hcl (rdna))</i>	2	QL (2 kits per 30 days)
GLUCAGON EMERGENCY INJECTION KIT <i>(glucagon (rdna))</i>	2	QL (2 kits per 30 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES		
<i>alogliptin benzoate oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET <i>(sitagliptin phosphate)</i>	2	ST; QL (1 tablet per 1 day)
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
JANUMET ORAL TABLET <i>(sitagliptin-metformin hcl)</i>	2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG <i>(sitagliptin-metformin hcl)</i>	2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG <i>(sitagliptin-metformin hcl)</i>	2	ST; QL (2 tablets per 1 day)
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-pioglitazone oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR <i>(insulin lispro)</i>	2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR <i>(insulin lispro)</i>	2	QL (30 mL per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (<i>insulin regular human</i>)	2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	2	PA; QL (18 mL per 30 days)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin detemir</i>)	2	QL (30 mL per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION (<i>insulin detemir</i>)	2	QL (30 mL per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (12 mL per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (13.5 mL per 30 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	ST; QL (1 pen per 28 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	ST; QL (2 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	2	ST; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	2	QL (4 syringes per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide</i>)	2	ST; QL (1 box per 30 days)
*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES		
<i>nateglinide oral tablet</i>	2	QL (3 tablets per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (4 tablets per 1 day)
<i>repaglinide oral tablet 2 mg</i>	2	QL (8 tablets per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
FARXIGA ORAL TABLET (<i>dapagliflozin propanediol</i>)	2	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	2	ST; QL (1 tablet per 1 day)
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glipizide-metformin hcl oral tablet</i>	1 or 1b*	ST
<i>glyburide-metformin oral tablet</i>	1 or 1b*	ST
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
<i>glimepiride oral tablet</i>	1 or 1b*	ST
<i>glipizide er oral tablet extended release 24 hour</i>	1 or 1a*	ST
<i>glipizide oral tablet</i>	1 or 1a*	ST
<i>glipizide xl oral tablet extended release 24 hour</i>	1 or 1a*	ST
<i>glyburide micronized oral tablet</i>	1 or 1b*	ST
<i>glyburide oral tablet</i>	1 or 1b*	ST
<i>tolbutamide oral tablet</i>	2	ST
*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl-glimepiride oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (3 tablets per 1 day)
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** - DRUGS FOR DIARRHEA		
VSL#3 DS ORAL PACKET (<i>probiotic product</i>)	2	

BRAND=Brand drug *generic*=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIARRHEALS - DRUGS FOR THE STOMACH		
*ANTIDIARRHEAL AGENTS - MISC.*** - DRUGS FOR DIARRHEA		
VSL#3 DS ORAL PACKET (<i>probiotic product</i>)	2	
*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA		
<i>diphenoxylate-atropine oral liquid</i>	1 or 1b*	
<i>diphenoxylate-atropine oral tablet</i>	1 or 1b*	
<i>loperamide hcl oral capsule</i>	1 or 1b*	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTES AND SPECIFIC ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>acetylcysteine intravenous solution</i>	2	
<i>fomepizole intravenous solution</i>	1 or 1b*	
<i>sodium thiosulfate intravenous solution</i>	1 or 1b*	
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>deferasirox granules oral packet</i>	4	PA; SP
<i>deferasirox oral tablet 180 mg</i>	4	SP
<i>deferasirox oral tablet 360 mg, 90 mg</i>	4	PA; SP
<i>deferasirox oral tablet soluble</i>	4	PA; SP
<i>deferiprone oral tablet</i>	4	PA
*ANTIDOTES*** - DRUGS FOR OVERDOSE OR POISONING		
<i>acetylcysteine intravenous solution</i>	2	
<i>fomepizole intravenous solution</i>	1 or 1b*	
<i>sodium thiosulfate intravenous solution</i>	1 or 1b*	
*BENZODIAZEPINE ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>flumazenil intravenous solution</i>	1 or 1b*	
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>naloxone hcl injection solution</i>	1 or 1b*	QL (6 vial per 90 days)
<i>naloxone hcl injection solution cartridge</i>	1 or 1b*	QL (6 syringe per 90 days)
<i>naloxone hcl injection solution prefilled syringe</i>	1 or 1b*	QL (6 syringe per 90 days)
<i>naltrexone hcl oral tablet</i>	1 or 1b*	
NARCAN NASAL LIQUID (<i>naloxone hcl</i>)	2	QL (6 nasal spray per 90 days)
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>granisetron hcl intravenous solution</i>	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>granisetron hcl oral tablet</i>	2	QL (10 tablets per 30 days)
<i>ondansetron hcl injection solution</i>	2	
<i>ondansetron hcl oral solution</i>	2	QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	2	QL (8 tablet per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	2	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	2	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	2	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	2	QL (24 tablets per 30 days)
<i>palonosetron hcl intravenous solution prefilled syringe</i>	2	PA
*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>doxylamine-pyridoxine oral tablet delayed release</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
<i>meclizine hcl oral tablet</i>	1 or 1a*	
<i>scopolamine transdermal patch 72 hour</i>	1 or 1b*	
<i>trimethobenzamide hcl oral capsule</i>	1 or 1b*	
*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>dronabinol oral capsule</i>	2	
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 capsules per 25 days)
<i>aprepitant oral capsule 40 mg</i>	2	QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	QL (15 capsules per 25 days)
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 capsules per 25 days)
<i>fosaprepitant dimeglumine intravenous solution reconstituted</i>	2	PA; QL (5 vial per 30 days)
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)*** - DRUGS FOR FUNGUS		
<i>micafungin sodium intravenous solution reconstituted</i>	2	
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
<i>amphotericin b intravenous solution reconstituted</i>	2	
<i>flucytosine oral capsule</i>	2	PA
<i>griseofulvin microsize oral suspension</i>	1 or 1b*	
<i>griseofulvin microsize oral tablet</i>	1 or 1b*	
<i>griseofulvin ultramicrosize oral tablet</i>	1 or 1b*	
<i>nystatin oral tablet</i>	1 or 1b*	
<i>terbinafine hcl oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*TRIAZOLES*** - DRUGS FOR FUNGUS		
<i>fluconazole in sodium chloride intravenous solution</i>	1 or 1b*	
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	1 or 1b*	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	1 or 1b*	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	1 or 1b*	QL (8 tablet per 1 day)
<i>itraconazole oral capsule</i>	2	PA; QL (4.2 capsules per 1 day)
<i>itraconazole oral solution</i>	2	PA; QL (20 mL per 1 day)
<i>posaconazole oral tablet delayed release</i>	2	PA; QL (8 tablet per 1 day)
<i>voriconazole intravenous solution reconstituted</i>	2	
<i>voriconazole oral suspension reconstituted</i>	2	PA; QL (10 mL per 1 day)
<i>voriconazole oral tablet 200 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>voriconazole oral tablet 50 mg</i>	2	PA; QL (4 tablet per 1 day)
ANTIHIISTAMINES - DRUGS FOR THE LUNGS		
*ANTIHIISTAMINES - ALKYLAMINES*** - DRUGS FOR ALLERGIES		
<i>ryclora oral solution</i>	1 or 1b*	
*ANTIHIISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate oral solution</i>	1 or 1b*	
<i>carbinoxamine maleate oral tablet</i>	1 or 1b*	
<i>clemastine fumarate oral tablet</i>	1 or 1b*	
<i>diphenhydramine hcl injection solution</i>	2	
RYVENT ORAL TABLET (<i>carbinoxamine maleate</i>)	1 or 1b*	QL (4 tablets per 1 day)
*ANTIHIISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
<i>desloratadine oral tablet</i>	3	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible</i>	3	QL (1 tablet per 1 day)
*ANTIHIISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
<i>promethazine hcl injection solution</i>	1 or 1a*	
<i>promethazine hcl oral solution</i>	1 or 1a*	
<i>promethazine hcl oral syrup</i>	1 or 1a*	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	1 or 1a*	
<i>promethazine hcl oral tablet 25 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>promethazine hcl rectal suppository</i>	2	
<i>promethegan rectal suppository</i>	2	

BRAND=Brand drug *generic*=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>ciproheptadine hcl oral syrup</i>	1 or 1b*	
<i>ciproheptadine hcl oral tablet</i>	1 or 1b*	
ANTHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ANTHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
<i>omega-3-acid ethyl esters oral capsule</i>	1 or 1b*	PA; QL (4 capsule per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	2	PA; QL (4 capsule per 1 day)
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine light oral packet</i>	2	QL (24 grams per 1 day)
<i>cholestyramine light oral powder</i>	2	QL (24 grams per 1 day)
<i>cholestyramine oral packet</i>	2	QL (6 packets per 1 day)
<i>cholestyramine oral powder</i>	2	QL (54 gm per 1 day)
<i>colesevelam hcl oral packet</i>	2	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	2	QL (6 tablets per 1 day)
<i>colestipol hcl oral granules</i>	1 or 1b*	
<i>colestipol hcl oral packet</i>	1 or 1b*	QL (30 grams per 1 day)
<i>colestipol hcl oral tablet</i>	1 or 1b*	QL (16 tablets per 1 day)
<i>cholestyramine light</i> (Prevalite Oral Packet)	2	QL (24 grams per 1 day)
<i>cholestyramine light</i> (Prevalite Oral Powder)	2	QL (24 grams per 1 day)
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>fenofibrate micronized oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>gemfibrozil oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1 or 1b*; \$0	
<i>atorvastatin calcium oral tablet 40 mg</i>	1 or 1b*	
<i>atorvastatin calcium oral tablet 80 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule</i>	1 or 1b*; \$0	
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1 or 1b*; \$0	
<i>lovastatin oral tablet 40 mg</i>	1 or 1b*; \$0	QL (2 tablets per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1 or 1b*; \$0	
<i>pravastatin sodium oral tablet 80 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	2; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rosuvastatin calcium oral tablet 20 mg</i>	2	
<i>rosuvastatin calcium oral tablet 40 mg</i>	2	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1 or 1b*; \$0	
<i>simvastatin oral tablet 80 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet</i>	2	ST; QL (1 tablet per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet</i>	2	ST; QL (1 tablet per 1 day)
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>niacin (antihyperlipidemic) oral tablet</i>	1 or 1b*	ST; QL (12 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>niacor oral tablet</i>	1 or 1b*	ST; QL (12 tablets per 1 day)
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1 or 1b*	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	1 or 1b*	
<i>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg</i>	1 or 1b*	
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>captopril-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1 or 1b*	
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>captopril oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>enalapril maleate oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>enalaprilat intravenous injectable</i>	1 or 1b*	
<i>fosinopril sodium oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1 or 1a*	
<i>lisinopril oral tablet 30 mg, 40 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>moexipril hcl oral tablet 15 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>moexipril hcl oral tablet 7.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>perindopril erbumine oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>quinapril hcl oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>ramipril oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>trandolapril oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*ADRENOLYTICS-CENTRAL & THIAZIDE/THIAZIDE-LIKE COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1 or 1b*	
*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>metyrosine oral capsule</i>	1 or 1b*	PA; QL (16 capsules per 1 day)
<i>phenoxybenzamine hcl oral capsule</i>	2	PA; QL (12 capsules per 1 day)
<i>phentolamine mesylate injection solution reconstituted</i>	1 or 1b*	
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	1 or 1b*	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	1 or 1b*	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-5 mg</i>	1 or 1b*	
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1 or 1b*	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg</i>	1 or 1b*	
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>telmisartan-hctz oral tablet 80-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	QL (1 tablet per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	1 or 1b*	QL (2 tablets per 1 day)
candesartan cilexetil oral tablet 32 mg	1 or 1b*	QL (1 tablet per 1 day)
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	
irbesartan oral tablet 300 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium oral tablet 100 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium oral tablet 25 mg, 50 mg	1 or 1b*	QL (2 tablets per 1 day)
olmesartan medoxomil oral tablet 20 mg	1 or 1b*	
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL (1 tablet per 1 day)
olmesartan medoxomil oral tablet 5 mg	1 or 1b*	QL (2 tablets per 1 day)
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	
telmisartan oral tablet 80 mg	1 or 1b*	QL (2 tablets per 1 day)
valsartan oral tablet 160 mg	1 or 1b*	QL (2 tablets per 1 day)
valsartan oral tablet 320 mg	1 or 1b*	QL (1 tablet per 1 day)
valsartan oral tablet 40 mg, 80 mg	1 or 1b*	QL (3 tablet per 1 day)
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1 or 1b*	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1 or 1b*	
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	QL (1 tablet per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
clonidine hcl oral tablet	1 or 1a*	
clonidine transdermal patch weekly	2	
guanfacine hcl oral tablet	1 or 1b*	
methyldopa oral tablet	1 or 1b*	
*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	1 or 1b*	QL (1 tablet per 1 day)
doxazosin mesylate oral tablet 8 mg	1 or 1b*	QL (2 tablets per 1 day)
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	QL (1 capsule per 1 day)
terazosin hcl oral capsule 10 mg	1 or 1b*	QL (2 capsules per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	1 or 1b*	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1 or 1b*	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>propranolol-hctz oral tablet</i>	1 or 1b*	
*DIRECT RENIN INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>aliskiren fumarate oral tablet 150 mg</i>	2	
<i>aliskiren fumarate oral tablet 300 mg</i>	2	QL (1 tablet per 1 day)
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet</i>	2	
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl injection solution</i>	2	
<i>hydralazine hcl oral tablet</i>	1 or 1b*	
<i>minoxidil oral tablet</i>	1 or 1b*	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
<i>baciiim intramuscular solution reconstituted</i>	2	
<i>bacitracin intramuscular solution reconstituted</i>	2	
<i>metronidazole in nacl intravenous solution</i>	1 or 1b*	
<i>metronidazole oral capsule</i>	1 or 1a*	
<i>metronidazole oral tablet</i>	1 or 1a*	
<i>pentamidine isethionate inhalation solution reconstituted</i>	2	
<i>pentamidine isethionate injection solution reconstituted</i>	2	
<i>tinidazole oral tablet 250 mg</i>	1 or 1b*	QL (5 tablets per 28 days)
<i>tinidazole oral tablet 500 mg</i>	1 or 1b*	QL (20 tablets per 1 fill)
<i>trimethoprim oral tablet</i>	1 or 1a*	
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1 or 1a*	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1 or 1a*	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension)</i>	1 or 1a*	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
<i>atovaquone oral suspension</i>	2	
*CARBAPENEM COMBINATIONS*** - ANTIBIOTICS		
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CARBAPENEMS*** - ANTIBIOTICS		
<i>meropenem intravenous solution reconstituted</i>	2	
*CHLORAMPHENICALS*** - ANTIBIOTICS		
<i>chloramphenicol sod succinate intravenous solution reconstituted</i>	2	
*CYCLIC LIPOPEPTIDES*** - ANTIBIOTICS		
<i>daptomycin intravenous solution reconstituted</i>	2	
*LEPROSTATICS*** - ANTIBIOTICS		
<i>dapsone oral tablet</i>	2	
*LINCOSAMIDES*** - ANTIBIOTICS		
<i>clindamycin hcl oral capsule</i>	1 or 1b*	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1 or 1b*	
<i>clindamycin phosphate in d5w intravenous solution</i>	1 or 1b*	
<i>clindamycin phosphate injection solution</i>	1 or 1b*	QL (20 mL per 1 day)
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid in sodium chloride intravenous solution</i>	1 or 1b*	
<i>linezolid intravenous solution</i>	1 or 1b*	
<i>linezolid oral suspension reconstituted</i>	1 or 1b*	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	1 or 1b*	PA; QL (28 tablet per 30 days)
*POLYMYXINS*** - ANTIBIOTICS		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	2	
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	1 or 1b*	
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
<i>chloroquine phosphate oral tablet 250 mg</i>	1 or 1a*	QL (16 tablets per 1 fill)
<i>chloroquine phosphate oral tablet 500 mg</i>	1 or 1a*	QL (8 tablets per 1 fill)
<i>hydroxychloroquine sulfate oral tablet</i>	1 or 1b*	QL (16 tablets per 1 fill)
<i>mefloquine hcl oral tablet</i>	1 or 1b*	QL (5 tablets per 28 days)
<i>pyrimethamine oral tablet</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>quinine sulfate oral capsule</i>	1 or 1b*	PA; QL (60 capsule per 365 days)
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet</i>	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet</i>	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet</i>	2	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
<i>cycloserine oral capsule</i>	1 or 1b*	
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid injection solution</i>	1 or 1a*	
<i>isoniazid oral syrup</i>	1 or 1a*	
<i>isoniazid oral tablet</i>	1 or 1a*	
PRIFTIN ORAL TABLET (<i>rifapentine</i>)	2	
<i>pyrazinamide oral tablet</i>	2	
<i>rifabutin oral capsule</i>	2	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
MYLERAN ORAL TABLET (<i>busulfan</i>)	4; OC	
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet</i>	4; OC	PA; SP; QL (4 tablet per 1 day)
ZYTIGA ORAL TABLET (<i>abiraterone acetate</i>)	4; OC	PA; LD; SP; QL (2 tablets per 1 day)
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	4; OC	LD; QL (38 tablet per 1 day)
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	2; OC	
ERLEADA ORAL TABLET (<i>apalutamide</i>)	4; OC	PA; LD; SP; QL (4 tablets per 1 day)
<i>flutamide oral capsule</i>	2; OC	
<i>nilutamide oral tablet</i>	4; OC	QL (1 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	4; OC	PA; LD; SP; QL (4 capsule per 1 day)
*ANTIESTROGENS*** - DRUGS FOR CANCER		
SOLTAMOX ORAL SOLUTION (<i>tamoxifen citrate</i>)	2; OC; \$0	
<i>tamoxifen citrate oral tablet</i>	2; OC; \$0	
<i>toremifene citrate oral tablet</i>	4; OC	QL (1 tablet per 1 day)
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
<i>capecitabine oral tablet</i>	4; OC	PA; SP
<i>mercaptopurine oral tablet</i>	2; OC	
<i>methotrexate oral tablet</i>	2; OC	
<i>methotrexate sodium (pf) injection solution</i>	4	
<i>methotrexate sodium injection solution</i>	4	
<i>methotrexate sodium injection solution reconstituted</i>	4	
<i>methotrexate sodium oral tablet</i>	2; OC	
TABLOID ORAL TABLET (<i>thioguanine</i>)	2; OC	
TREXALL ORAL TABLET (<i>methotrexate sodium</i>)	2; OC	
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
TAFINLAR ORAL CAPSULE (<i>dabrafenib mesylate</i>)	4; OC	PA; LD; SP; QL (4 capsule per 1 day)
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	4; OC	PA; LD; SP; QL (8 tablet per 1 day)
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	4; OC	PA; LD; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	4; OC	PA; SP; QL (4 capsule per 1 day)
*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
POMALYST ORAL CAPSULE 1 MG (<i>pomalidomide</i>)	4; OC	PA; LD; SP; QL (5 capsule per 1 day)
POMALYST ORAL CAPSULE 2 MG (<i>pomalidomide</i>)	4; OC	PA; LD; SP; QL (1 capsules per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG (<i>pomalidomide</i>)	4; OC	PA; LD; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER		
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	4; OC	PA; LD; SP; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	4; OC	PA; LD; SP; QL (1 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a**=Drugs with the lowest cost share **Tier 1 or 1b**=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
AFINITOR DISPERZ ORAL TABLET SOLUBLE (<i>everolimus</i>)	4; OC	PA; SP
AFINITOR ORAL TABLET (<i>everolimus</i>)	4; OC	PA; SP
<i>everolimus oral tablet</i>	4; OC	PA; SP
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER		
NEXAVAR ORAL TABLET (<i>sorafenib tosylate</i>)	4; OC	PA; LD; SP; QL (4 tablet per 1 day)
STIVARGA ORAL TABLET (<i>regorafenib</i>)	4; OC	PA; LD; SP; QL (4 tablet per 1 day)
SUTENT ORAL CAPSULE 12.5 MG (<i>sunitinib malate</i>)	4; OC	PA; SP; QL (3 capsule per 1 day)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	4; OC	PA; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS*** - DRUGS FOR CANCER		
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	4; OC	PA; SP; QL (4 tablet per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	4; OC	PA; SP; QL (1 tablet per 1 day)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	4; OC	PA; LD; QL (3 tablet per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	4; OC	PA; LD; QL (1 tablet per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	4; OC	PA; LD
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	4; OC	PA; LD
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	4; OC	PA; LD; QL (1 dose pack per 28 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	4; OC	PA; SP; QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	4; OC	PA; SP; QL (3 tablets per 1 day)
GILOTRIF ORAL TABLET (<i>afatinib dimaleate</i>)	4; OC	PA; LD; QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	4; OC	PA; LD; QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	4; OC	PA; LD; QL (1 tablet per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	4; OC	PA; SP; QL (8 tablet per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	4; OC	PA; SP; QL (2 tablets per 1 day)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	4; OC	PA; LD; SP; QL (8 tablet per 1 day)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	4; OC	PA; LD; SP; QL (4 tablet per 1 day)
IRESSA ORAL TABLET (<i>gefitinib</i>)	4; OC	PA; LD; SP; QL (1 tablet per 1 day)
<i>lapatinib ditosylate oral tablet</i>	4; OC	PA; SP; QL (6 tablet per 1 day)
SPRYCEL ORAL TABLET (<i>dasatinib</i>)	4; OC	PA; SP; QL (1 tablet per 1 day)
TASIGNA ORAL CAPSULE (<i>nilotinib hcl</i>)	4; OC	PA; SP; QL (4 capsules per 1 day)
TYKERB ORAL TABLET (<i>lapatinib ditosylate</i>)	4; OC	PA; LD; SP; QL (6 tablet per 1 day)
VOTRIENT ORAL TABLET (<i>pazopanib hcl</i>)	4; OC	PA; LD; SP; QL (4 tablet per 1 day)
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	4; OC	PA; LD; SP; QL (2 capsules per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC COMBINATIONS*** - DRUGS FOR CANCER		
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK <i>(ribociclib-letrozole)</i>	4; OC	PA; SP; QL (0.04 unit per 1 day)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK <i>(ribociclib-letrozole)</i>	4; OC	PA; SP; QL (0.04 unit per 1 day)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK <i>(ribociclib-letrozole)</i>	4; OC	PA; SP; QL (0.04 unit per 1 day)
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
ACTIMMUNE SUBCUTANEOUS SOLUTION <i>(interferon gamma-1b)</i>	4	PA; LD; SP
<i>hydroxyurea oral capsule</i>	2; OC	
INTRON A INJECTION SOLUTION <i>(interferon alfa-2b)</i>	4	LD; SP
INTRON A INJECTION SOLUTION RECONSTITUTED <i>(interferon alfa-2b)</i>	4	LD; SP
MATULANE ORAL CAPSULE <i>(procarbazine hcl)</i>	4; OC	LD
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	2; OC; \$0	QL (1 tablet per 1 day)
<i>exemestane oral tablet</i>	2; OC; \$0	QL (2 tablets per 1 day)
<i>letrozole oral tablet</i>	2; OC; \$0	QL (1 tablet per 1 day)
*ESTROGENS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
EMCYT ORAL CAPSULE <i>(estramustine phosphate sodium)</i>	4; OC	PA
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
<i>leucovorin calcium injection solution</i>	4	
<i>leucovorin calcium injection solution reconstituted</i>	1 or 1b*	
<i>leucovorin calcium oral tablet</i>	2; OC	
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** - DRUGS FOR CANCER		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED <i>(degarelix acetate)</i>	4	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED <i>(degarelix acetate)</i>	4	PA; SP; QL (1 kit per 28 days)
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	4; OC	PA; SP; QL (2 capsules per 1 day)
<i>temozolomide oral capsule 20 mg</i>	4; OC	PA; SP; QL (4 capsule per 1 day)
<i>temozolomide oral capsule 5 mg</i>	4; OC	PA; SP; QL (3 capsule per 1 day)
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
JAKAFI ORAL TABLET 10 MG <i>(ruxolitinib phosphate)</i>	4; OC	PA; LD; SP; QL (5 tablet per 1 day)
JAKAFI ORAL TABLET 15 MG <i>(ruxolitinib phosphate)</i>	4; OC	PA; LD; SP; QL (100 tablets per 30 days)
JAKAFI ORAL TABLET 20 MG <i>(ruxolitinib phosphate)</i>	4; OC	PA; LD; SP; QL (2.5 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JAKAFI ORAL TABLET 25 MG (<i>ruxolitinib phosphate</i>)	4; OC	PA; LD; SP; QL (2 tablets per 1 day)
JAKAFI ORAL TABLET 5 MG (<i>ruxolitinib phosphate</i>)	4; OC	PA; LD; SP; QL (10 tablet per 1 day)
*LHRH ANALOGS*** - DRUGS FOR CANCER		
<i>leuprolide acetate injection kit</i>	4	PA; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (<i>triptorelin pamoate</i>)	4	PA; SP; QL (1 vial per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (<i>triptorelin pamoate</i>)	4	PA; SP; QL (1 syringe per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (<i>triptorelin pamoate</i>)	4	PA; SP; QL (1 kit per 28 days)
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
<i>etoposide oral capsule</i>	4; OC	SP
*NITROGEN MUSTARDS*** - DRUGS FOR CANCER		
<i>cyclophosphamide oral capsule</i>	4; OC	SP
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	2; OC	
<i>melphalan oral tablet</i>	4; OC	SP
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
<i>hydroxyprogesterone caproate intramuscular solution</i>	1 or 1b*	LD
<i>megestrol acetate oral suspension</i>	1 or 1b*; OC	
<i>megestrol acetate oral tablet</i>	1 or 1b*; OC	
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	2; OC	
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	4; OC	PA; SP; QL (10 capsules per 1 day)
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
HYCAMTIN ORAL CAPSULE (<i>topotecan hcl</i>)	4; OC	PA; SP
*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
<i>mesna intravenous solution</i>	1 or 1b*	PA
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON		
<i>benztropine mesylate injection solution</i>	1 or 1a*	
<i>benztropine mesylate oral tablet</i>	1 or 1a*	
<i>trihexyphenidyl hcl oral solution</i>	1 or 1a*	
<i>trihexyphenidyl hcl oral tablet</i>	1 or 1a*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>amantadine hcl oral syrup</i>	1 or 1b*	
<i>amantadine hcl oral tablet</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>bromocriptine mesylate oral capsule</i>	1 or 1b*	
<i>bromocriptine mesylate oral tablet</i>	1 or 1b*	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>rasagiline mesylate oral tablet</i>	2	
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	
*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>tolcapone oral tablet</i>	2	PA; QL (6 tablet per 1 day)
*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet</i>	2	
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet</i>	1 or 1b*	
<i>carbidopa-levodopa oral tablet dispersible</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>ropinirole hcl oral tablet</i>	1 or 1b*	
*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>entacapone oral tablet</i>	2	QL (8 tablet per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lithium carbonate er oral tablet extended release</i>	1 or 1a*	
<i>lithium carbonate oral capsule</i>	1 or 1a*	
<i>lithium carbonate oral tablet</i>	1 or 1a*	
LITHIUM ORAL SOLUTION	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED (ziprasidone mesylate)	2	
ziprasidone hcl oral capsule 20 mg, 40 mg	2	
ziprasidone hcl oral capsule 60 mg, 80 mg	2	QL (2 capsules per 1 day)
ziprasidone mesylate intramuscular solution reconstituted	2	
*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	2	
paliperidone er oral tablet extended release 24 hour 6 mg	2	QL (2 tablets per 1 day)
paliperidone er oral tablet extended release 24 hour 9 mg	2	QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG (risperidone microspheres)	2	QL (2 injections per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (risperidone microspheres)	2	QL (2 injections per 28 days)
risperidone oral solution	1 or 1b*	ST; QL (8 mL per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	QL (2 tablets per 1 day)
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	QL (4 tablets per 1 day)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	QL (2 tablets per 1 day)
risperidone oral tablet dispersible 3 mg, 4 mg	2	QL (4 tablets per 1 day)
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
haloperidol decanoate intramuscular solution 100 mg/ml	1 or 1b*	QL (5 injections per 30 days)
haloperidol decanoate intramuscular solution 50 mg/ml	1 or 1b*	QL (5 ampules per 30 days)
haloperidol lactate injection solution	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet	1 or 1b*	
*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
clozapine oral tablet 100 mg	2	QL (9 tablets per 1 day)
clozapine oral tablet 200 mg	2	QL (4 tablets per 1 day)
clozapine oral tablet 25 mg, 50 mg	2	
clozapine oral tablet dispersible 100 mg	2	QL (9 tablets per 1 day)
clozapine oral tablet dispersible 12.5 mg, 25 mg	2	
clozapine oral tablet dispersible 150 mg	2	QL (6 tablets per 1 day)
clozapine oral tablet dispersible 200 mg	2	QL (4 tablets per 1 day)
*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	2	QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>quetiapine fumarate oral tablet 200 mg</i>	2	QL (3 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	2	QL (2 tablets per 1 day)
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>loxapine succinate oral capsule</i>	1 or 1b*	
*DIHYDROINDOLONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>molindone hcl oral tablet</i>	2	
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>chlorpromazine hcl injection solution</i>	1 or 1b*	
<i>chlorpromazine hcl oral tablet</i>	1 or 1b*	
<i>prochlorperazine (Compro Rectal Suppository)</i>	1 or 1b*	
<i>fluphenazine decanoate injection solution</i>	1 or 1b*	
<i>fluphenazine hcl injection solution</i>	1 or 1b*	
<i>fluphenazine hcl oral concentrate</i>	1 or 1b*	
<i>fluphenazine hcl oral elixir</i>	1 or 1b*	
<i>fluphenazine hcl oral tablet</i>	1 or 1b*	
<i>perphenazine oral tablet</i>	1 or 1b*	
<i>prochlorperazine edisylate injection solution</i>	1 or 1b*	
<i>prochlorperazine maleate oral tablet</i>	1 or 1a*	
<i>prochlorperazine rectal suppository</i>	1 or 1b*	
<i>thioridazine hcl oral tablet</i>	1 or 1b*	
<i>trifluoperazine hcl oral tablet</i>	1 or 1b*	
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>aripiprazole oral solution</i>	2	QL (30 mL per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	2	
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	2	QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg</i>	2	QL (3 tablets per 1 day)
<i>aripiprazole oral tablet dispersible 15 mg</i>	2	QL (2 tablets per 1 day)
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine intramuscular solution reconstituted</i>	2	
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	
<i>olanzapine oral tablet 15 mg, 20 mg</i>	2	QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olanzapine oral tablet dispersible 15 mg</i>	2	QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 20 mg</i>	2	QL (1 tablet per 1 day)
*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule</i>	1 or 1b*	
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet</i>	2	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	2	QL (2 tablets per 1 day)
BIKTARVY ORAL TABLET (<i>bictegravir-emtricitab-tenofovir</i>)	4	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET (<i>lamivudine-tenofovir</i>)	4	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	4	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet</i>	4; \$0	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (<i>elviteg-cobic-emtricit-tenofaf</i>)	4	QL (1 tablet per 1 day)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	4	QL (10 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	4	QL (4 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	2	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution</i>	4	QL (16 mL per 1 day)
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	4	QL (1 tablet per 1 day)
SYMFI LO ORAL TABLET (<i>efavirenz-lamivudine-tenofovir</i>)	4	QL (1 tablet per 1 day)
SYMFI ORAL TABLET (<i>efavirenz-lamivudine-tenofovir</i>)	4	QL (1 tablet per 1 day)
TEMIXYS ORAL TABLET (<i>lamivudine-tenofovir</i>)	4	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	4	QL (1 tablet per 1 day)
TRUVADA ORAL TABLET (<i>emtricitabine-tenofovir df</i>)	4	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	4	QL (4 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	4	QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	4	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	4	PA; QL (60 vials per 30 days)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	4	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	4	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	4	QL (24 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIVICAY ORAL TABLET 10 MG (<i>dolutegravir sodium</i>)	4	QL (4 tablets per 1 day)
TIVICAY ORAL TABLET 25 MG, 50 MG (<i>dolutegravir sodium</i>)	4	QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE (<i>dolutegravir sodium</i>)	4	QL (12 tablets per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	4	PA; QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION (<i>tipranavir</i>)	4	PA; QL (13 mL per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (1 capsule per 1 day)
<i>fosamprenavir calcium oral tablet</i>	4	QL (4 tablets per 1 day)
NORVIR ORAL SOLUTION (<i>ritonavir</i>)	4	QL (16 mL per 1 day)
PREZISTA ORAL SUSPENSION (<i>darunavir ethanolate</i>)	4	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir ethanolate</i>)	4	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG (<i>darunavir ethanolate</i>)	4	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir ethanolate</i>)	4	QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	4	QL (1 tablet per 1 day)
REYATAZ ORAL PACKET (<i>atazanavir sulfate</i>)	4	QL (5 packets per 1 day)
<i>ritonavir oral tablet</i>	4	QL (12 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET (<i>rilpivirine hcl</i>)	4	PA; QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg</i>	4	QL (4 capsules per 1 day)
<i>efavirenz oral capsule 50 mg</i>	4	QL (12 capsules per 1 day)
<i>efavirenz oral tablet</i>	4	QL (1 tablet per 1 day)
INTELENCE ORAL TABLET 100 MG (<i>etravirine</i>)	4	PA; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	4	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	4	PA; QL (16 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (1 tablet per 1 day)
<i>nevirapine oral suspension</i>	4	QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	4	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	4	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	4	QL (2 tablets per 1 day)
<i>didanosine oral capsule delayed release 200 mg</i>	4	QL (2 capsules per 1 day)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	4	QL (1 capsule per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	4; \$0	QL (1 capsule per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a**=Drugs with the lowest cost share **Tier 1 or 1b**=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	4	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	4	QL (29 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	4	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	4	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>stavudine oral capsule 15 mg, 20 mg</i>	4	QL (4 capsules per 1 day)
<i>stavudine oral capsule 30 mg, 40 mg</i>	4	QL (2 capsules per 1 day)
<i>zidovudine oral capsule</i>	4	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	4	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	4	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	4; \$0	QL (1 tablet per 1 day)
VIREAD ORAL TABLET (<i>tenofovir disoproxil fumarate</i>)	4	QL (1 tablet per 1 day)
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>valganciclovir hcl oral solution reconstituted</i>	4	
<i>valganciclovir hcl oral tablet</i>	4	
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	4	SP; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	4	
<i>entecavir oral tablet</i>	4	QL (1 tablet per 1 day)
*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin oral capsule</i>	4	SP
<i>ribavirin oral tablet</i>	4	SP
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule</i>	1 or 1b*	
<i>acyclovir oral suspension</i>	1 or 1b*	
<i>acyclovir oral tablet</i>	1 or 1b*	
<i>acyclovir sodium intravenous solution</i>	1 or 1b*	
<i>valacyclovir hcl oral tablet 1 gm</i>	1 or 1b*	QL (30 tablets per 1 fill)
<i>valacyclovir hcl oral tablet 500 mg</i>	1 or 1b*	QL (60 tablets per 1 fill)
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1 or 1b*	QL (60 tablets per 1 fill)
<i>famciclovir oral tablet 500 mg</i>	1 or 1b*	QL (21 tablets per 1 fill)
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1 or 1b*	QL (20 capsule per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1 or 1b*	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1 or 1b*	QL (20 ML per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	2	QL (1 package per 90 days)
*RSV AGENTS - NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin inhalation solution reconstituted</i>	2	
ASSORTED CLASSES - VITAMINS AND MINERALS		
*ANTILEPTOTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	4; OC	PA; SP; QL (1 capsule per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	4; OC	PA; SP; QL (2 capsules per 1 day)
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
<i>trientine hcl</i> (Clonique Oral Capsule)	4	PA; SP; QL (8 capsules per 1 day)
<i>penicillamine oral capsule</i>	2	PA; QL (8 capsules per 1 day)
<i>penicillamine oral tablet</i>	2	PA; QL (8 tablets per 1 day)
<i>trientine hcl oral capsule</i>	4	PA; SP; QL (8 capsules per 1 day)
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
<i>cyclosporine modified oral capsule</i>	4	
<i>cyclosporine modified oral solution</i>	4	
<i>cyclosporine oral capsule</i>	4	
<i>cyclosporine modified</i> (Gengraf Oral Capsule)	4	
<i>cyclosporine modified</i> (Gengraf Oral Solution)	4	
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
REVLIMID ORAL CAPSULE (<i>lenalidomide</i>)	4; OC	PA; LD; SP; QL (1 capsule per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
<i>mycophenolate mofetil oral capsule</i>	4	
<i>mycophenolate mofetil oral suspension reconstituted</i>	4	
<i>mycophenolate mofetil oral tablet</i>	4	
<i>mycophenolate sodium oral tablet delayed release</i>	4	
*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS		
<i>lactated ringers irrigation solution</i>	1 or 1b*	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	1 or 1b*	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	1 or 1b*	
<i>ringers irrigation irrigation solution</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sterile water for irrigation irrigation solution</i>	1 or 1b*	
<i>ringers irrigation (Tis-U-Sol Irrigation Solution)</i>	1 or 1b*	
<i>water for irrigation, sterile irrigation solution</i>	1 or 1b*	
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
<i>everolimus oral tablet</i>	4	
<i>sirolimus oral solution</i>	4	
<i>sirolimus oral tablet</i>	4	
<i>tacrolimus oral capsule</i>	4	
*POTASSIUM REMOVING RESINS*** - VITAMINS AND MINERALS		
<i>sodium polystyrene sulfonate (Kionex Oral Suspension)</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml</i>	2	
<i>sodium polystyrene sulfonate rectal suspension 50 gm/200ml</i>	1 or 1b*	
<i>sodium polystyrene sulfonate (Sps Oral Suspension)</i>	2	
*PROSTAGLANDINS*** - VITAMINS AND MINERALS		
<i>alprostadil injection solution</i>	1 or 1b*	
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
<i>azathioprine oral tablet</i>	1 or 1b*	
*SCLEROSING AGENTS*** - VITAMINS AND MINERALS		
<i>sodium tetradecyl sulfate intravenous solution</i>	1 or 1b*	
<i>sodium tetradecyl sulfate (Sotradecol Intravenous Solution)</i>	1 or 1b*	
BETA BLOCKERS - DRUGS FOR THE HEART		
*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>carvedilol oral tablet 25 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	2	
<i>labetalol hcl oral tablet</i>	1 or 1b*	
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule</i>	1 or 1b*	
<i>atenolol oral tablet</i>	1 or 1a*	
<i>betaxolol hcl oral tablet</i>	1 or 1b*	
<i>bisoprolol fumarate oral tablet</i>	1 or 1b*	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (nebivolol hcl)	2	QL (1 tablet per 1 day)
BYSTOLIC ORAL TABLET 20 MG (nebivolol hcl)	2	QL (2 tablets per 1 day)
<i>esmolol hcl intravenous solution</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>metoprolol tartrate intravenous solution</i>	1 or 1a*	
<i>metoprolol tartrate oral tablet 100 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>nadolol oral tablet</i>	2	
<i>pindolol oral tablet</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	1 or 1b*	
<i>propranolol hcl intravenous solution</i>	1 or 1b*	
<i>propranolol hcl oral solution</i>	1 or 1b*	
<i>propranolol hcl oral tablet</i>	1 or 1b*	
<i>sotalol hcl (Sorine Oral Tablet)</i>	2	
<i>sotalol hcl (af) oral tablet</i>	2	
<i>sotalol hcl oral tablet</i>	2	
<i>timolol maleate oral tablet</i>	1 or 1b*	
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR <i>(erenumab-aooe)</i>	3	PA; QL (1 autoinjector per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <i>(galcanezumab-gnlm)</i>	3	PA; QL (1 syringe per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR <i>(galcanezumab-gnlm)</i>	3	PA; QL (1 pen per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <i>(galcanezumab-gnlm)</i>	3	PA; QL (1 syringe per 30 days)
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR THE NERVOUS SYSTEM		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR THE NERVOUS SYSTEM		
NURTEC ORAL TABLET DISPERSIBLE <i>(rimegepant sulfate)</i>	2	ST; QL (15 tablets per 30 days)
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)</i>	2	
<i>nifedipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)</i>	2	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg)</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg)	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</i>	1 or 1b*	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg</i>	1 or 1b*	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg</i>	1 or 1b*	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	1 or 1b*	
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl intravenous solution</i>	1 or 1b*	
<i>diltiazem hcl oral tablet 120 mg</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1 or 1b*	
<i>diltiazem hcl oral tablet 90 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	1 or 1b*	
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1 or 1b*	
<i>isradipine oral capsule 2.5 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>isradipine oral capsule 5 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)	1 or 1b*	
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1 or 1b*	QL (1 tablet per 1 day)
<i>nicardipine hcl intravenous solution</i>	1 or 1b*	
<i>nicardipine hcl oral capsule 20 mg</i>	1 or 1b*	QL (6 capsule per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</i>	2	QL (1 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	2	QL (1 tablet per 1 day)
<i>nifedipine oral capsule</i>	2	QL (4 capsule per 1 day)
<i>nimodipine oral capsule</i>	2	QL (12 capsule per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 360 Mg)</i>	1 or 1b*	
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg)</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads (Tiadytl Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 360 Mg)</i>	1 or 1b*	
<i>diltiazem hcl er beads (Tiadytl Er Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg, 420 Mg)</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	1 or 1b*	
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>verapamil hcl er oral tablet extended release</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>verapamil hcl intravenous solution</i>	1 or 1b*	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg</i>	1 or 1b*	QL (3 tablet per 1 day)
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin (Digitek Oral Tablet)</i>	1 or 1b*	
<i>digoxin (Digox Oral Tablet)</i>	1 or 1b*	
<i>digoxin injection solution</i>	1 or 1b*	
<i>digoxin oral solution</i>	1 or 1b*	
<i>digoxin oral tablet</i>	1 or 1b*	
LANOXIN ORAL TABLET (digoxin)	2	
LANOXIN PEDIATRIC INJECTION SOLUTION (digoxin)	2	
*PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR THE HEART		
<i>milrinone lactate in dextrose intravenous solution</i>	1 or 1b*	
<i>milrinone lactate intravenous solution</i>	1 or 1b*	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1 or 1b*	
*NITRATE & VASODILATOR COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
BIDIL ORAL TABLET (isosorb dinitrate-hydralazine)	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>treprostinil injection solution</i>	4	PA; LD; SP
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	4	PA; LD; SP; QL (9 mL per 1 day)
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet 10 mg</i>	4	PA; LD; SP; QL (1 tablet per 1 day)
<i>ambrisentan oral tablet 5 mg</i>	4	PA; SP; QL (1 tablet per 1 day)
<i>bosentan oral tablet</i>	4	PA; LD; SP; QL (2 tablets per 1 day)
TRACLEER ORAL TABLET SOLUBLE (<i>bosentan</i>)	4	PA; LD; SP; QL (2 tablets per 1 day)
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>tadalafil (pah)</i> (Alyq Oral Tablet)	4	PA; SP; QL (2 tablets per 1 day)
<i>sildenafil citrate oral suspension reconstituted</i>	4	PA; SP; QL (6 mL per 1 day)
<i>sildenafil citrate oral tablet</i>	4	PA; SP; QL (3 tablets per 1 day)
<i>tadalafil (pah) oral tablet</i>	4	PA; SP; QL (2 tablets per 1 day)
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>sildenafil citrate oral tablet</i>	1 or 1b*	PA
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1 or 1b*	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; QL (30 tablets per 30 days)
<i>ildenafil citrate oral tablet</i>	1 or 1b*	PA
<i>ildenafil citrate oral tablet dispersible</i>	1 or 1b*	PA
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	1 or 1b*	
<i>cefadroxil oral suspension reconstituted</i>	1 or 1b*	
<i>cefadroxil oral tablet</i>	1 or 1b*	
<i>cefazolin sodium injection solution reconstituted</i>	2	
<i>cefazolin sodium intravenous solution reconstituted</i>	2	
<i>cephalexin oral capsule</i>	1 or 1a*	
<i>cephalexin oral suspension reconstituted</i>	1 or 1a*	
<i>cephalexin oral tablet</i>	1 or 1a*	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
<i>cefaclor oral capsule</i>	1 or 1b*	
<i>cefaclor oral suspension reconstituted</i>	1 or 1b*	
<i>cefotetan disodium injection solution reconstituted</i>	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefoxitin sodium injection solution reconstituted</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted</i>	2	
<i>cefprozil oral suspension reconstituted</i>	1 or 1b*	
<i>cefprozil oral tablet</i>	1 or 1b*	
<i>cefuroxime axetil oral tablet</i>	1 or 1b*	
<i>cefuroxime sodium injection solution reconstituted</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted</i>	2	
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefdinir oral capsule</i>	1 or 1b*	QL (20 capsules per 1 fill)
<i>cefdinir oral suspension reconstituted 125 mg/5ml</i>	1 or 1b*	QL (240 mL per 1 fill)
<i>cefdinir oral suspension reconstituted 250 mg/5ml</i>	1 or 1b*	QL (120 mL per 1 fill)
<i>cefixime oral capsule</i>	2	QL (10 capsules per 1 fill)
<i>cefixime oral suspension reconstituted 100 mg/5ml</i>	2	QL (200 mL per 1 fill)
<i>cefixime oral suspension reconstituted 200 mg/5ml</i>	2	QL (100 mL per 1 fill)
<i>cefotaxime sodium injection solution reconstituted</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>ceftazidime injection solution reconstituted</i>	2	
<i>ceftriaxone sodium in dextrose intravenous solution</i>	2	
<i>ceftriaxone sodium injection solution reconstituted</i>	2	QL (1 injection per 1 fill)
<i>ceftriaxone sodium intravenous solution reconstituted</i>	2	
<i>ceftazidime (Tazicef Injection Solution Reconstituted)</i>	2	
<i>tazicef intravenous solution reconstituted</i>	2	
*CEPHALOSPORINS - 4TH GENERATION*** - ANTIBIOTICS		
<i>cefepime hcl injection solution reconstituted</i>	2	
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE NERVOUS SYSTEM		
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR <i>(erenumab-aooe)</i>	3	PA; QL (1 autoinjector per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <i>(galcanezumab-gnlm)</i>	3	PA; QL (1 syringe per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR <i>(galcanezumab-gnlm)</i>	3	PA; QL (1 pen per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <i>(galcanezumab-gnlm)</i>	3	PA; QL (1 syringe per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet)	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet)	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet)	1 or 1b*; \$0	
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphase</i>)	2; \$0	
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet)	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet)	1 or 1b*; \$0	
<i>viorele oral tablet</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet)	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet)	1 or 1a*; \$0	
<i>alyacen 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet)	1 or 1a*; \$0	
BALCOLTRA ORAL TABLET (<i>levonorgest-eth estrad-fe bisg</i>)	2; \$0	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>briellyn oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet)	1 or 1a*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet)	1 or 1a*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1 or 1a*; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	1 or 1b*; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet)	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable)	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable)	1 or 1b*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lillow Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet)	1 or 1b*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet)	1 or 1a*; \$0	
<i>marlissa oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Melodetta 24 Fe Oral Tablet Chewable)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Mononessa Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet)	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	1 or 1b*; \$0	
<i>norgestimate-eth estradiol oral tablet</i>	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet)	1 or 1b*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
TAYTULLA ORAL CAPSULE (<i>norethin ace-eth estrad-fe</i>)	2; \$0	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable)	1 or 1b*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet)	1 or 1b*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet)	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
<i>xulane transdermal patch weekly</i>	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
ANNOVERA VAGINAL RING (<i>segesterone-ethinyl estradiol</i>)	2; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring)	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1 or 1b*; \$0	
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1 or 1b*; \$0	
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
<i>aftera oral tablet</i>	1 or 1b*; \$0	
<i>econtra ez oral tablet</i>	1 or 1b*; \$0	
<i>econtra one-step oral tablet</i>	1 or 1b*; \$0	
ELLA ORAL TABLET (<i>ulipristal acetate</i>)	2; \$0	
<i>levonorgestrel oral tablet</i>	1 or 1b*; \$0	
<i>my choice oral tablet</i>	1 or 1b*; \$0	
<i>my way oral tablet</i>	1 or 1b*; \$0	
<i>new day oral tablet</i>	1 or 1b*; \$0	
<i>opcicon one-step oral tablet</i>	1 or 1b*; \$0	
<i>option 2 oral tablet</i>	1 or 1b*; \$0	
<i>preventeza oral tablet</i>	1 or 1b*; \$0	
<i>react oral tablet</i>	1 or 1b*; \$0	
<i>take action oral tablet</i>	1 or 1b*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth est & eth est oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet)	1 or 1b*; \$0	
*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
NATAZIA ORAL TABLET (<i>estradiol valerate-dienogest</i>)	2; \$0	
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	2; \$0	
<i>medroxyprogesterone acetate intramuscular suspension</i>	1 or 1b*; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1 or 1b*; \$0	
*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>norethindrone</i> (Camila Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Deblitane Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Errin Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Heather Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Incassia Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Jencycla Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Lyza Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Nora-Be Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone oral tablet</i>	1 or 1b*; \$0	
<i>norethindrone</i> (Norlyda Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Norlyroc Oral Tablet)	1 or 1b*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone</i> (Sharobel Oral Tablet)	1 or 1b*; \$0	
SLYND ORAL TABLET (<i>drospirenone</i>)	2; \$0	
<i>norethindrone</i> (Tulana Oral Tablet)	1 or 1b*; \$0	
*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet)	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet)	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	1 or 1a*; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	1 or 1b*; \$0	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet)	1 or 1b*; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet)	1 or 1b*; \$0	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet)	1 or 1a*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet)	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet)	1 or 1a*; \$0	
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
<i>budesonide er oral tablet extended release 24 hour</i>	2	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles</i>	2	QL (3 capsule per 1 day)
<i>cortisone acetate oral tablet</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexamethasone</i> (Decadron Oral Tablet)	1 or 1a*	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (<i>dexamethasone</i>)	2	
<i>dexamethasone oral elixir</i>	1 or 1a*	
<i>dexamethasone oral solution</i>	1 or 1a*	
<i>dexamethasone oral tablet</i>	1 or 1a*	
<i>dexamethasone oral tablet therapy pack</i>	1 or 1b*	
<i>dexamethasone sod phosphate pf injection solution</i>	1 or 1b*	
<i>dexamethasone sodium phosphate injection solution</i>	1 or 1b*	
<i>hydrocortisone oral tablet</i>	1 or 1b*	
<i>methylprednisolone acetate injection suspension</i>	1 or 1b*	
<i>methylprednisolone oral tablet</i>	1 or 1a*	
<i>methylprednisolone oral tablet therapy pack</i>	1 or 1a*	
<i>methylprednisolone sodium succ injection solution reconstituted</i>	1 or 1b*	
<i>prednisolone oral solution</i>	1 or 1a*	
<i>prednisolone sodium phosphate oral solution</i>	1 or 1a*	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>prednisolone sodium phosphate oral tablet dispersible 15 mg</i>	1 or 1a*	
<i>prednisone oral solution</i>	1 or 1a*	
<i>prednisone oral tablet</i>	1 or 1a*	
<i>prednisone oral tablet therapy pack</i>	1 or 1a*	
<i>taperdex 12-day oral tablet therapy pack</i>	1 or 1b*	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack)	1 or 1b*	
<i>taperdex 7-day oral tablet therapy pack</i>	1 or 1b*	
*MINERALOCORTICOID*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	1 or 1b*	
*STEROID COMBINATIONS*** - DRUGS FOR INFLAMMATION		
<i>betamethasone sod phos & acet injection suspension</i>	1 or 1b*	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule</i>	1 or 1b*	
*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD		
<i>hydrocodone-homatropine oral syrup</i>	1 or 1a*	
<i>hydrocodone-homatropine oral tablet</i>	1 or 1a*	
<i>hydromet oral syrup</i>	1 or 1a*	
*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
<i>cheratussin ac oral syrup</i>	1 or 1a*	
<i>g tussin ac oral solution</i>	1 or 1a*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>guaiaatussin ac oral syrup</i>	1 or 1a*	
<i>guaifenesin ac oral syrup</i>	1 or 1a*	
<i>trymine cg oral liquid</i>	1 or 1a*	
<i>virtussin a/c oral solution</i>	1 or 1a*	
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT*** - DRUGS FOR COUGH AND COLD		
<i>virtussin dac oral solution</i>	1 or 1b*	
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-phenylephrine oral syrup</i>	1 or 1b*	QL (120 mL per 1 fill)
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
<i>sodium chloride inhalation nebulization solution</i>	2	
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	2	
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral syrup</i>	1 or 1a*	QL (120 mL per 1 fill)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup)</i>	1 or 1b*	
<i>pseudoeph-bromphen-dm oral syrup</i>	1 or 1b*	
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	1 or 1b*	QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	1 or 1a*	QL (120 mL per 1 fill)
<i>promethazine-codeine oral syrup</i>	1 or 1a*	QL (120 mL per 1 fill)
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR <i>(hydrocod polst-chlorphen polst)</i>	2	
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
POLY-TUSSIN AC ORAL LIQUID	2	
<i>promethazine vc/codeine oral syrup</i>	1 or 1b*	QL (120 mL per 1 fill)
<i>promethazine-phenyleph-codeine oral syrup</i>	1 or 1b*	QL (120 mL per 1 fill)
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE (<i>palbociclib</i>)	4; OC	PA; LD; SP; QL (1 capsule per 1 day)
IBRANCE ORAL TABLET (<i>palbociclib</i>)	4; OC	PA; LD; SP; QL (1 tablet per 1 day)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	4; OC	PA; SP; QL (3 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	4; OC	PA; SP; QL (3 tablets per 1 day)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	4; OC	PA; SP; QL (3 tablets per 1 day)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
<i>clindamycin phosphate</i> (Clindacin Etz External Swab)	1 or 1b*	QL (2 pads per 1 day)
<i>clindamycin phosphate</i> (Clindacin-P External Swab)	1 or 1b*	QL (2 pads per 1 day)
<i>clindamycin phosphate external foam</i>	1 or 1b*	
<i>clindamycin phosphate external lotion</i>	1 or 1b*	QL (4 mL per 1 day)
<i>clindamycin phosphate external solution</i>	1 or 1b*	QL (4 mL per 1 day)
<i>clindamycin phosphate external swab</i>	1 or 1b*	QL (2 pads per 1 day)
<i>dapsone external gel</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>ery external pad</i>	1 or 1b*	QL (2 pads per 1 day)
<i>erythromycin external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>erythromycin external solution</i>	1 or 1b*	
<i>sulfacetamide sodium (acne) external lotion</i>	1 or 1b*	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>adapalene-benzoyl peroxide external gel</i>	1 or 1b*	QL (45 grams per 30 days)
<i>benzoyl perox-hydrocortisone external lotion</i>	1 or 1b*	
<i>benzoyl peroxide-erythromycin external gel</i>	1 or 1b*	QL (2 packets per 1 day)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1 or 1b*	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	1 or 1b*	QL (50 grams per 30 days)
<i>clindamycin-tretinoin external gel</i>	1 or 1b*	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel)	1 or 1b*	QL (45 grams per 30 days)
<i>sulfacetamide sodium-sulfur external pad</i>	1 or 1b*	
<i>sulfamez wash external emulsion</i>	1 or 1b*	
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
<i>adapalene external cream</i>	1 or 1b*	PA
<i>adapalene external gel</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>adapalene external pad</i>	1 or 1b*	PA
<i>isotretinoin</i> (Amnesteem Oral Capsule)	2	PA
<i>tretinoin</i> (Avita External Cream)	1 or 1b*	PA; QL (45 grams per 30 days)
<i>tretinoin</i> (Avita External Gel)	1 or 1b*	PA; QL (45 grams per 30 days)
<i>benzoyl peroxide external foam</i>	1 or 1b*	
<i>benzoyl peroxide external gel</i>	1 or 1b*	PA; QL (42.5 grams per 30 days)
<i>bp wash external liquid</i>	1 or 1b*	
<i>isotretinoin</i> (Claravis Oral Capsule)	2	PA
<i>isotretinoin oral capsule</i>	2	PA

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isotretinoin</i> (Myorisan Oral Capsule)	2	PA
<i>tretinoin external cream</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>tretinoin external gel</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>tretinoin microsphere external gel</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>isotretinoin</i> (Zenatane Oral Capsule)	2	PA
*AGENTS FOR FACIAL WRINKLES - RETINOIDS*** - DRUGS FOR THE SKIN		
<i>refissa external cream</i>	1 or 1b*	PA; QL (40 grams per 30 days)
<i>tretinoin (emollient) external cream</i>	1 or 1b*	PA; QL (40 grams per 30 days)
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
ALTABAX EXTERNAL OINTMENT (<i>retapamulin</i>)	2	QL (30 grams per 1 fill)
<i>gentamicin sulfate external cream</i>	1 or 1b*	
<i>gentamicin sulfate external ointment</i>	1 or 1b*	
<i>mupirocin calcium external cream</i>	1 or 1b*	QL (30 grams per 30 days)
<i>mupirocin external ointment</i>	1 or 1b*	QL (30 grams per 1 fill)
*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>clotrimazole-betamethasone external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	1 or 1b*	QL (120 mL per 30 days)
<i>iodoquimez-hc external cream</i>	1 or 1b*	
<i>iodoquinol-hc-aloe polysacch external gel</i>	2	
<i>nystatin-triamcinolone external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin-triamcinolone external ointment</i>	1 or 1b*	
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ciclopirox external gel</i>	1 or 1b*	
<i>ciclopirox external shampoo</i>	1 or 1b*	
<i>ciclopirox external solution</i>	1 or 1b*	QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	1 or 1b*	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	1 or 1b*	
<i>naftifine hcl external cream</i>	2	ST
<i>naftifine hcl external gel</i>	1 or 1b*	ST
<i>nystatin</i> (Nyamyc External Powder)	1 or 1b*	QL (30 grams per 30 days)
<i>nystatin external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin external powder</i>	1 or 1b*	QL (30 grams per 30 days)
<i>nystatin</i> (Nystop External Powder)	1 or 1b*	QL (30 grams per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium transdermal gel</i>	2	QL (1000 gm per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>fluorouracil external cream 0.5 %</i>	1 or 1b*	ST; QL (30 gm per 365 days)
<i>fluorouracil external cream 5 %</i>	1 or 1b*	QL (40 gm per 365 days)
<i>fluorouracil external solution</i>	1 or 1b*	QL (10 mL per 365 days)
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium transdermal gel</i>	2	PA; QL (300 gm per 365 days)
*ANTIPRURITICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>doxepin hcl external cream</i>	2	PA; QL (1 tube per 1 fill)
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule</i>	2	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	4	PA; LD; SP; QL (2 syringes per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	4	PA; LD; SP; QL (2 pens per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	4	PA; LD; SP; QL (2 pens per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	4	PA; LD; SP; QL (2 syringes per 28 days)
<i>methoxsalen rapid oral capsule</i>	4; OC	SP
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (2 syringes per 84 days)
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	4	PA; SP; QL (1 vial per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ustekinumab</i>)	4	PA; SP; QL (1 syringe per 84 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>guselkumab</i>)	4	PA; SP; QL (1 syringe per 47 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>guselkumab</i>)	4	PA; SP; QL (1 syringe per 47 days)
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>calcipotriene external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>calcipotriene (Calcitrene External Ointment)</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcitriol external ointment</i>	1 or 1b*	QL (800 grams per 28 days)
<i>tazarotene external cream</i>	1 or 1b*	QL (30 grams per 30 days)
TAZORAC EXTERNAL CREAM (<i>tazarotene</i>)	2	QL (30 grams per 30 days)
TAZORAC EXTERNAL GEL 0.05 % (<i>tazarotene</i>)	2	QL (30 grams per 30 days)
TAZORAC EXTERNAL GEL 0.1 % (<i>tazarotene</i>)	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
<i>selenium sulfide external lotion</i>	1 or 1a*	QL (120 mL per 30 days)
<i>sodium sulfacetamide external shampoo</i>	1 or 1b*	
*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>acyclovir external cream</i>	1 or 1b*	PA; QL (5 gm per 30 days)
<i>acyclovir external ointment</i>	1 or 1b*	QL (30 gm per 30 days)
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>mafenide acetate external packet</i>	2	
<i>silver sulfadiazine external cream</i>	1 or 1a*	
<i>silver sulfadiazine (Ssd External Cream)</i>	1 or 1a*	
*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ala-cort external cream</i>	1 or 1a*	QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	1 or 1b*	QL (2 grams per 1 day)
<i>amcinonide external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>amcinonide external lotion</i>	1 or 1b*	ST; QL (60 mL per 30 days)
<i>fluticasone propionate (Beser External Lotion)</i>	1 or 1b*	QL (120 mL per 30 days)
<i>betamethasone dipropionate aug external cream</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone valerate external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone valerate external foam</i>	1 or 1b*	ST; QL (100 grams per 30 days)
<i>betamethasone valerate external lotion</i>	1 or 1b*	ST; QL (60 mL per 30 days)
<i>betamethasone valerate external ointment</i>	1 or 1b*	QL (45 grams per 30 days)
<i>clobetasol prop emollient base external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate e external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion external foam</i>	1 or 1b*	QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	1 or 1b*	QL (100 mL per 30 days)
<i>clobetasol propionate external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external liquid</i>	1 or 1b*	QL (125 mL per 30 days)
<i>clobetasol propionate external lotion</i>	1 or 1b*	QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol propionate external solution</i>	1 or 1b*	QL (50 mL per 30 days)
<i>clocortolone pivalate external cream</i>	1 or 1b*	ST; QL (90 grams per 30 days)
<i>clobetasol propionate (Clodan External Shampoo)</i>	1 or 1b*	
<i>desonide external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>desonide external gel</i>	1 or 1b*	
<i>desonide external lotion</i>	1 or 1b*	QL (118 mL per 30 days)
<i>desonide external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>desoximetasone external cream</i>	1 or 1b*	ST; QL (100 grams per 30 days)
<i>desoximetasone external gel</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>desoximetasone external liquid</i>	1 or 1b*	ST; QL (100 mL per 30 days)
<i>desoximetasone external ointment</i>	1 or 1b*	ST; QL (100 grams per 30 days)
<i>diflorasone diacetate external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>diflorasone diacetate external ointment</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>fluocinolone acetonide body external oil</i>	1 or 1b*	ST; QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	1 or 1b*	QL (90 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	1 or 1b*	
<i>fluocinonide external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinonide external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>flurandrenolide external cream</i>	1 or 1b*	ST; QL (120 grams per 30 days)
<i>flurandrenolide external lotion</i>	1 or 1b*	ST; QL (120 mL per 30 days)
<i>flurandrenolide external ointment</i>	1 or 1b*	ST; QL (120 grams per 30 days)
<i>fluticasone propionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluticasone propionate external lotion</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluticasone propionate external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>halcinonide external cream</i>	2	ST; QL (216 grams per 30 days)
<i>halobetasol propionate external cream</i>	1 or 1b*	QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>hydrocortisone butyr lipo base external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external lotion</i>	1 or 1b*	ST
<i>hydrocortisone butyrate external ointment</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external solution</i>	1 or 1b*	ST; QL (60 mL per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone external cream</i>	1 or 1a*	QL (454 grams per 30 days)
<i>hydrocortisone external lotion</i>	1 or 1a*	QL (118 mL per 30 days)
<i>hydrocortisone external ointment</i>	1 or 1a*	QL (454 grams per 30 days)
<i>hydrocortisone valerate external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>hydrocortisone valerate external ointment</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>mometasone furoate external cream</i>	1 or 1b*	QL (50 grams per 30 days)
<i>mometasone furoate external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>mometasone furoate external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>flurandrenolide (Nolix External Lotion)</i>	1 or 1b*	ST; QL (120 mL per 30 days)
<i>prednicarbate external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion (Tovet External Foam)</i>	1 or 1b*	QL (100 grams per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	1 or 1a*	ST; QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	1 or 1a*	QL (454 grams per 30 days)
<i>triamcinolone acetonide external lotion</i>	1 or 1a*	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	1 or 1a*	QL (454 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	1 or 1a*	ST; QL (430 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	1 or 1a*	QL (30 grams per 30 days)
<i>triamcinolone acetonide (Trianex External Ointment)</i>	1 or 1a*	ST; QL (430 grams per 30 days)
<i>triamcinolone acetonide (Triderm External Cream)</i>	1 or 1a*	QL (454 grams per 30 days)
*DEPIGMENTING AGENTS*** - DRUGS FOR THE SKIN		
<i>hydroquinone (Blanche External Cream)</i>	1 or 1b*	
<i>melpaque hp external cream</i>	1 or 1b*	
<i>hydroquinone (Remergent Hq External Cream)</i>	1 or 1b*	
<i>tl hydroquinone external cream</i>	1 or 1b*	
*EMOLLIENT COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lactic acid e external cream</i>	1 or 1b*	
*EMOLLIENT/KERATOLYTIC AGENTS*** - DRUGS FOR THE SKIN		
<i>urea (Cerovel External Lotion)</i>	1 or 1b*	
<i>urea external cream</i>	1 or 1b*	QL (30 grams per 30 days)
<i>urea external suspension</i>	1 or 1b*	
<i>urea nail external gel</i>	1 or 1b*	
<i>urea-c40 external lotion</i>	1 or 1b*	
<i>urea (Uredeb External Cream)</i>	1 or 1b*	
<i>uremez-40 external cream</i>	1 or 1b*	QL (30 grams per 30 days)
*EMOLLIENTS*** - DRUGS FOR THE SKIN		
<i>ammonium lactate external cream</i>	1 or 1b*	QL (450 grams per 30 days)
<i>ammonium lactate external lotion</i>	1 or 1b*	
<i>lactic acid external lotion</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium hyaluronate external gel</i>	1 or 1b*	
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>clotrimazole external solution</i>	1 or 1b*	
<i>econazole nitrate external cream</i>	1 or 1b*	
<i>ketoconazole external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>ketoconazole external foam</i>	1 or 1b*	
<i>ketoconazole external shampoo</i>	1 or 1b*	QL (120 mL per 30 days)
<i>luliconazole external cream</i>	1 or 1b*	ST
<i>oxiconazole nitrate external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>sulconazole nitrate external cream</i>	1 or 1b*	ST
<i>sulconazole nitrate external solution</i>	1 or 1b*	ST
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>imiquimod external cream</i>	1 or 1b*	QL (48 packet per 365 days)
<i>imiquimod pump external cream</i>	1 or 1b*	ST; QL (2 bottle per 365 days)
*KERATOLYTIC/ANTIMITOTIC AGENTS*** - DRUGS FOR THE SKIN		
<i>podofilox external solution</i>	1 or 1b*	
<i>salicylic acid external lotion</i>	1 or 1b*	
*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>lidocaine hcl (Glydo External Prefilled Syringe)</i>	2	
<i>lidocaine external ointment</i>	2	QL (5 grams per 1 day)
<i>lidocaine external patch</i>	2	QL (3 patches per 1 day)
<i>lidocaine hcl external lotion</i>	2	
<i>lidocaine hcl external solution</i>	2	QL (10 mL per 1 day)
<i>lidocaine hcl urethral/mucosal external gel</i>	2	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	2	
<i>zidonil 100 external lotion</i>	2	
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>pimecrolimus external cream</i>	1 or 1b*	ST; QL (100 grams per 90 days)
<i>tacrolimus external ointment</i>	1 or 1b*	ST; QL (100 grams per 90 days)
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>azelaic acid external gel</i>	1 or 1b*	QL (50 grams per 30 days)
<i>metronidazole external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	1 or 1b*	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	1 or 1b*	QL (55 grams per 30 days)
<i>metronidazole external lotion</i>	1 or 1b*	QL (59 mL per 30 days)
<i>metronidazole (Rosadan External Cream)</i>	1 or 1b*	QL (45 grams per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole</i> (Rosadan External Gel)	1 or 1b*	QL (45 grams per 30 days)
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
<i>crotan external lotion</i>	2	QL (60 mL per 30 days)
<i>lindane external shampoo</i>	1 or 1b*	QL (60 mL per 30 days)
<i>malathion external lotion</i>	1 or 1b*	
<i>permethrin external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>spinosad external suspension</i>	1 or 1b*	QL (120 mL per 7 days)
*SKIN PROTECTANTS*** - DRUGS FOR THE SKIN		
<i>benzoin compound external tincture</i>	1 or 1b*	
*STEROID-LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
PRAMOSONE EXTERNAL CREAM (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL LOTION (<i>pramoxine-hc</i>)	2	
*TAR PRODUCTS*** - DRUGS FOR THE SKIN		
<i>coal tar external solution</i>	1 or 1b*	
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lidocaine-prilocaine external cream</i>	2	QL (30 grams per 30 days)
<i>lidocaine-prilocaine external kit</i>	2	QL (1 kit per 30 days)
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR THE SKIN		
TARGRETIN EXTERNAL GEL (<i>bexarotene</i>)	4	PA; SP
*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	1 or 1b*	QL (400 grams per 28 days)
<i>calcipotriene-betameth diprop external suspension</i>	2	QL (420 grams per 28 days)
*TYPE II 5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE SKIN		
<i>finasteride oral tablet</i>	1 or 1b*	
*WOUND DRESSINGS*** - DRUGS FOR THE SKIN		
ACTICOAT 7 EXTERNAL PAD (<i>silver</i>)	2	
ACTICOAT 7 EXTERNAL SHEET (<i>silver</i>)	2	
ACTICOAT ANTIMICROBIAL EXTERNAL PAD (<i>silver</i>)	2	
ACTICOAT EXTERNAL SHEET (<i>silver</i>)	2	
ACTICOAT FLEX 3 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	2	
ACTICOAT FLEX 3 EXTERNAL SHEET (<i>silver</i>)	2	
ACTICOAT FLEX 7 EXTERNAL SHEET (<i>silver</i>)	2	
ALLEVYN AG ADHESIVE EXTERNAL PAD (<i>silver</i>)	2	
ALLEVYN AG GENTLE BORDER EXTERNAL PAD (<i>silver</i>)	2	
BIOSTEP AG EXTERNAL SHEET (<i>collagen matrix-silver</i>)	2	
BIOSTEP EXTERNAL SHEET (<i>collagen matrix (porcine)</i>)	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYDROFERA BLUE 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	2	
HYDROFERA BLUE 6"X6" EXTERNAL PAD (<i>wound dressings</i>)	2	
HYDROFERA BLUE FOAM/TUNNELING EXTERNAL PAD (<i>wound dressings</i>)	2	
HYDROFERA BLUE MRF DRESSING EXTERNAL PAD (<i>wound dressings</i>)	2	
RESTORE SILVER DRESSING EXTERNAL PAD (<i>calcium alginate-silver</i>)	2	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	2	ST; QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	QL (25 capsules per 1 day)
VIKACE ORAL TABLET (<i>pancrelipase (lip-prot-amyl)</i>)	3	QL (25 tablets per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	QL (25 capsules per 1 day)
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET (<i>ticagrelor</i>)	2	QL (2 tablets per 1 day)
DIURETICS - DRUGS FOR THE HEART		
*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acetazolamide er oral capsule extended release 12 hour</i>	1 or 1b*	
<i>acetazolamide oral tablet</i>	1 or 1b*	
<i>acetazolamide sodium injection solution reconstituted</i>	1 or 1b*	
<i>methazolamide oral tablet</i>	2	
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride-hydrochlorothiazide oral tablet</i>	1 or 1b*	
<i>spironolactone-hctz oral tablet</i>	1 or 1b*	
<i>triamterene-hctz oral capsule</i>	1 or 1a*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamterene-hctz oral tablet</i>	1 or 1a*	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide injection solution</i>	1 or 1b*	
<i>bumetanide oral tablet</i>	1 or 1b*	
<i>ethacrynic acid oral tablet</i>	2	
<i>furosemide injection solution</i>	1 or 1a*	
<i>furosemide oral solution</i>	1 or 1a*	
<i>furosemide oral tablet</i>	1 or 1a*	
<i>toremide oral tablet</i>	1 or 1b*	
*OSMOTIC DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>mannitol intravenous solution</i>	1 or 1b*	
<i>osmitrol intravenous solution</i>	1 or 1b*	
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride hcl oral tablet</i>	2	
<i>spironolactone oral tablet</i>	1 or 1a*	
<i>triamterene oral capsule</i>	2	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorothiazide sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>chlorthalidone oral tablet</i>	1 or 1a*	
<i>hydrochlorothiazide oral capsule</i>	1 or 1a*	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg</i>	1 or 1a*	
<i>hydrochlorothiazide oral tablet 50 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>indapamide oral tablet</i>	1 or 1b*	
<i>metolazone oral tablet</i>	1 or 1b*	
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR WOMEN		
<i>mifepristone oral tablet</i>	1 or 1a*	
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>alendronate sodium oral solution</i>	1 or 1b*	QL (10.72 mg per 1 day)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1 or 1b*	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET (<i>alendronate-cholecalciferol</i>)	2	QL (4 tablets per 28 days)
<i>ibandronate sodium oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 150 mg</i>	1 or 1b*	QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	1 or 1b*	QL (4 tablets per 28 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risedronate sodium oral tablet delayed release</i>	1 or 1b*	QL (4 tablets per 28 days)
*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	4	PA; QL (4 tablets per 1 day)
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) nasal solution</i>	2	QL (1 bottle per 30 days)
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>levocarnitine oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>levocarnitine sf oral solution</i>	2	
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	1 or 1b*	QL (16 tablets per 30 days)
*GROWTH HORMONE RECEPTOR ANTAGONISTS*** - DRUGS FOR GROWTH		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED <i>(pegvisomant)</i>	4	PA; LD; SP; QL (1 vial per 1 day)
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 5 MG, 6 MG <i>(somatropin)</i>	4	PA; SP; QL (1 vial per 1 day)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 24 MG <i>(somatropin)</i>	4	PA; SP; QL (1 injection per 1 day)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR <i>(somatropin)</i>	4	PA; LD; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR <i>(somatropin)</i>	4	PA; LD; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR <i>(somatropin)</i>	4	PA; LD; SP; QL (1 vial per 1 day)
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>nitisinone oral capsule</i>	4	PA; LD
ORFADIN ORAL CAPSULE <i>(nitisinone)</i>	4	PA; LD
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CYSTADANE ORAL POWDER <i>(betaine)</i>	4	LD
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitriol intravenous solution</i>	1 or 1b*	PA
<i>calcitriol oral capsule</i>	1 or 1b*	PA
<i>calcitriol oral solution</i>	2	PA
<i>doxercalciferol intravenous solution</i>	2	PA

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxercalciferol oral capsule</i>	2	PA
<i>paricalcitol oral capsule</i>	2	PA
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN		
SYNAREL NASAL SOLUTION (<i>nafarelin acetate</i>)	4	PA; SP; QL (5 bottle per 30 days)
*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN		
GONAL-F INJECTION SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	4	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION (<i>follitropin alfa</i>)	4	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	4	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	4	PA; SP
*OVULATION STIMULANTS-SYNTHETIC*** - DRUGS FOR WOMEN		
<i>clomiphene citrate oral tablet</i>	1 or 1b*	PA
*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>teriparatide (recombinant)</i>)	4	PA; SP; QL (1 pen per 28 days)
*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
KUVAN ORAL TABLET SOLUBLE (<i>sapropterin dihydrochloride</i>)	4	PA; LD; SP
<i>sapropterin dihydrochloride oral packet</i>	4	PA; SP
<i>sapropterin dihydrochloride oral tablet soluble</i>	4	PA; SP
*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>denosumab</i>)	4	PA; SP; QL (2 injections per 365 days)
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>raloxifene hcl oral tablet</i>	1 or 1b*; \$0	
*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** - HORMONES		
<i>tolvaptan oral tablet</i>	4	PA; QL (2 tablets per 1 day)
*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION (<i>lanreotide acetate</i>)	4	PA; LD; SP; QL (1 syringe/vial per 28 days)
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sodium phenylbutyrate oral powder</i>	4	PA; QL (25 GM per 1 day)
<i>sodium phenylbutyrate oral tablet</i>	4	PA; QL (40 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*VASOPRESSIN*** - HORMONES		
<i>desmopressin ace spray refrig nasal solution</i>	1 or 1b*	
<i>desmopressin acetate injection solution</i>	1 or 1b*	
<i>desmopressin acetate oral tablet 0.1 mg</i>	1 or 1b*	
<i>desmopressin acetate oral tablet 0.2 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>desmopressin acetate spray nasal solution</i>	1 or 1b*	
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
<i>estradiol-norethindrone acet (Amabelz Oral Tablet)</i>	1 or 1b*	
BIJUVA ORAL CAPSULE (<i>estradiol-progesterone</i>)	2	QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY (<i>estradiol-levonorgestrel</i>)	2	QL (4 patch per 28 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol-norethindrone acet</i>)	2	QL (8 patch per 28 days)
<i>estradiol-norethindrone acet oral tablet</i>	1 or 1b*	
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet)</i>	1 or 1b*	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet)</i>	1 or 1b*	
<i>estradiol-norethindrone acet (Lopreeza Oral Tablet)</i>	1 or 1b*	
<i>estradiol-norethindrone acet (Mimvey Oral Tablet)</i>	1 or 1b*	
<i>norethindrone-eth estradiol oral tablet</i>	1 or 1b*	
PREMPHASE ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	2	
PREMPRO ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	2	
*ESTROGENS*** - DRUGS FOR WOMEN		
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (<i>estradiol</i>)	2	QL (1 packet per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (<i>estradiol</i>)	2	QL (30 packets per 30 days)
<i>estradiol (Dotti Transdermal Patch Twice Weekly)</i>	1 or 1b*	QL (8 patch per 28 days)
<i>estradiol oral tablet</i>	1 or 1b*	
<i>estradiol transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)
<i>estradiol transdermal patch weekly</i>	1 or 1b*	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil</i>	1 or 1b*	
EVAMIST TRANSDERMAL SOLUTION (<i>estradiol</i>)	2	QL (2 bottles per 30 days)
MENEST ORAL TABLET (<i>esterified estrogens</i>)	2	
PREMARIN INJECTION SOLUTION RECONSTITUTED (<i>estrogens conjugated</i>)	2	
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	2	QL (1 tablet per 1 day)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl oral tablet</i>	1 or 1b*	QL (28 tablets per 30 days)
<i>ciprofloxacin in d5w intravenous solution</i>	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levofloxacin in d5w intravenous solution</i>	2	
<i>levofloxacin intravenous solution</i>	2	
<i>levofloxacin oral solution</i>	2	QL (480 mL per 30 days)
<i>levofloxacin oral tablet</i>	1 or 1b*	QL (14 tablets per 30 days)
<i>moxifloxacin hcl oral tablet</i>	2	QL (21 tablet per 30 days)
<i>ofloxacin oral tablet</i>	1 or 1b*	QL (28 tablet per 30 days)
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
<i>ursodiol oral capsule</i>	2	
<i>ursodiol oral tablet</i>	2	
*GASTROINTESTINAL ANTIALLERGY AGENTS*** - DRUGS FOR THE STOMACH		
<i>cromolyn sodium oral concentrate</i>	1 or 1b*	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
AMITIZA ORAL CAPSULE (<i>lubiprostone</i>)	2	QL (2 capsules per 1 day)
*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
<i>metoclopramide hcl injection solution</i>	1 or 1a*	
<i>metoclopramide hcl oral solution</i>	1 or 1a*	
<i>metoclopramide hcl oral tablet</i>	1 or 1a*	
<i>metoclopramide hcl oral tablet dispersible</i>	1 or 1a*	
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
LINZESS ORAL CAPSULE (<i>linaclotide</i>)	2	QL (1 capsule per 1 day)
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>alosetron hcl oral tablet</i>	2	PA; QL (2 tablets per 1 day)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium oral capsule</i>	1 or 1b*	QL (9 capsule per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	2	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>	2	QL (6 tablets per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	2	QL (6 tablet per 1 day)
<i>mesalamine rectal enema</i>	2	QL (60 mL per 1 day)
<i>mesalamine rectal suppository</i>	2	QL (1 suppository per 1 day)
<i>mesalamine-cleanser rectal kit</i>	2	QL (1 kit per 28 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (mesalamine)	2	QL (16 capsule per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (mesalamine)	2	QL (8 capsule per 1 day)
sulfasalazine oral tablet	1 or 1b*	QL (8 tablet per 1 day)
sulfasalazine oral tablet delayed release	1 or 1b*	QL (8 tablet per 1 day)
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
enulose oral solution	1 or 1b*	
generlac oral solution	1 or 1b*	
lactulose encephalopathy oral solution	1 or 1b*	
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
calcium acetate (phos binder) oral capsule	2	QL (12 capsules per 1 day)
calcium acetate (phos binder) oral tablet	2	QL (12 tablets per 1 day)
calcium acetate oral tablet	2	QL (12 tablets per 1 day)
lanthanum carbonate oral tablet chewable	2	QL (3 tablets per 1 day)
sevelamer carbonate oral packet 0.8 gm	2	QL (6 packets per 1 day)
sevelamer carbonate oral packet 2.4 gm	2	QL (3 packets per 1 day)
sevelamer carbonate oral tablet	2	QL (9 tablets per 1 day)
sevelamer hcl oral tablet 400 mg	2	QL (15 tablets per 1 day)
sevelamer hcl oral tablet 800 mg	2	QL (9 tablets per 1 day)
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (infliximab)	4	PA; SP
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER		
*ANESTHETICS - MISC.*** - DRUGS FOR SEDATION		
etomidate intravenous solution	1 or 1b*	
fresenius propoven intravenous emulsion	1 or 1b*	
ketamine hcl injection solution	1 or 1b*	
propofol intravenous emulsion	1 or 1b*	
*VOLATILE ANESTHETICS*** - DRUGS FOR SEDATION		
desflurane inhalation solution	1 or 1b*	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
isoflurane (Terrell Inhalation Solution)	1 or 1b*	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
dutasteride oral capsule	1 or 1b*	QL (1 capsule per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>finasteride oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>silodosin oral capsule</i>	2	QL (1 capsule per 1 day)
<i>tamsulosin hcl oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)
*ANTI-INFECTIVE GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>pot & sod cit-cit ac oral solution</i>	1 or 1b*	
<i>potassium citrate er oral tablet extended release</i>	1 or 1b*	
<i>potassium citrate-citric acid oral solution</i>	1 or 1b*	
<i>sod citrate-citric acid oral solution</i>	1 or 1b*	
<i>potassium citrate-citric acid (Taron-Crystals Oral Packet)</i>	1 or 1b*	
<i>tricitrates oral solution</i>	1 or 1b*	
*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution</i>	1 or 1b*	
<i>aminoacetic acid irrigation solution</i>	1 or 1b*	
<i>sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution)</i>	2	
<i>glycine irrigation solution</i>	1 or 1b*	
<i>glycine urologic irrigation solution</i>	1 or 1b*	
<i>sodium chloride irrigation solution</i>	2	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride-tamsulosin hcl oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
*URINARY ANALGESICS*** - DRUGS FOR INFECTIONS		
<i>phenazopyridine hcl (Phenazo Oral Tablet)</i>	1 or 1a*	
<i>phenazopyridine hcl oral tablet</i>	1 or 1a*	
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS		
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS		
<i>vancomycin hcl intravenous solution reconstituted 1 gm</i>	2	QL (2 grams per 1 day)
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 100 gm, 5 gm, 750 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 500 mg</i>	2	QL (2 mL per 1 day)
<i>vancomycin hcl oral capsule</i>	2	PA
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet</i>	1 or 1a*	
<i>allopurinol sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>colchicine oral tablet</i>	2	QL (2.3 tablet per 1 day)
<i>febuxostat oral tablet</i>	2	ST; QL (1 tablet per 1 day)
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet</i>	1 or 1b*	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
*BRADYKININ B2 RECEPTOR ANTAGONISTS*** - DRUGS FOR THE BLOOD		
<i>icatibant acetate subcutaneous solution</i>	4	PA; SP; QL (24 syringes per 30 days)
*C1 INHIBITORS*** - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; LD; SP; QL (24 vials per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; LD; SP; QL (24 vials per 28 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; LD; SP; QL (16 vials per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (recomb)</i>)	4	PA; LD; SP; QL (16 vials per 30 days)
*CYCLOPENTYLTRIAZOLOPYRIMIDINE (CPTP) DERIVATIVES*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET (<i>ticagrelor</i>)	2	QL (2 tablets per 1 day)
*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>eptifibatid intravenous solution</i>	2	
*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	1 or 1b*	
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	2	
*PLASMA EXPANDERS*** - DRUGS FOR THE BLOOD		
<i>hetastarch-nacl intravenous solution</i>	1 or 1b*	
<i>lmd in d5w intravenous solution</i>	1 or 1b*	
<i>lmd in nacl intravenous solution</i>	1 or 1b*	
*PLASMA KALLIKREIN INHIBITORS*** - DRUGS FOR THE BLOOD		
KALBITOR SUBCUTANEOUS SOLUTION (<i>ecallantide</i>)	4	PA; LD; SP; QL (48 vials per 30 days)
*PLASMA PROTEINS*** - DRUGS FOR THE BLOOD		
<i>albumin human</i> (Albuked 25 Intravenous Solution)	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>albumin human</i> (Albuked 5 Intravenous Solution)	1 or 1b*	
<i>albumin human intravenous solution</i>	1 or 1b*	
<i>albumin-zlb intravenous solution</i>	1 or 1b*	
<i>alburx intravenous solution</i>	1 or 1b*	
<i>albumin human</i> (Albutein Intravenous Solution)	1 or 1b*	
<i>albumin human</i> (Flexbumin Intravenous Solution)	1 or 1b*	
<i>albumin human</i> (Human Albumin Grifols Intravenous Solution)	1 or 1b*	
<i>kedbumin intravenous solution</i>	1 or 1b*	
<i>albumin human</i> (Plasbumin-25 Intravenous Solution)	1 or 1b*	
<i>albumin human</i> (Plasbumin-5 Intravenous Solution)	1 or 1b*	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1 or 1b*	QL (2 capsules per 1 day)
*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	2	
*PROTAMINE*** - DRUGS FOR THE BLOOD		
<i>protamine sulfate intravenous solution</i>	1 or 1b*	
*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
<i>anagrelide hcl oral capsule</i>	1 or 1b*	
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1 or 1b*	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet 10 mg</i>	2	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet 5 mg</i>	2	
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*AGENTS FOR GAUCHER DISEASE*** - DRUGS FOR NUTRITION		
<i>miglustat oral capsule</i>	4	PA; SP
*COBALAMINS*** - DRUGS FOR NUTRITION		
<i>cyanocobalamin injection solution</i>	1 or 1a*	
<i>hydroxocobalamin acetate intramuscular solution</i>	1 or 1b*	
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE (<i>hydroxyurea</i>)	2	
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	4	PA; SP; QL (4 vials per 28 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	4	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	4	PA; SP; QL (4 syringes per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	4	PA; SP; QL (12 mL per 28 days)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa</i>)	4	PA; SP; QL (24 vials per 28 days)
RETACRIT INJECTION SOLUTION (<i>epoetin alfa-epbx</i>)	4	PA; SP; QL (12 mL per 28 days)
*ERYTHROPOIETINS*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	4	PA; SP; QL (4 vials per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	4	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	4	PA; SP; QL (4 syringes per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	4	PA; SP; QL (12 mL per 28 days)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa</i>)	4	PA; SP; QL (24 vials per 28 days)
RETACRIT INJECTION SOLUTION (<i>epoetin alfa-epbx</i>)	4	PA; SP; QL (12 mL per 28 days)
*FOLIC ACID/FOLATE COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>folic acid-vit b6-vit b12</i> (Airavite Oral Tablet)	1 or 1b*	
BP VIT 3 ORAL CAPSULE	2	
<i>fabb oral tablet</i>	1 or 1b*	
<i>fa-vitamin b-6-vitamin b-12 oral tablet</i>	1 or 1b*	
<i>folbee oral tablet</i>	1 or 1b*	
<i>folplex 2.2 oral tablet</i>	1 or 1b*	
<i>foltabs 800 oral tablet</i>	1 or 1b*; \$0	
<i>millguard oral tablet</i>	1 or 1b*; \$0	
<i>folic acid-vit b6-vit b12</i> (Nufol Oral Tablet)	1 or 1b*	
<i>folic acid-vit b6-vit b12</i> (Virt-Gard Oral Tablet)	1 or 1b*	
VITAMEZ ORAL CAPSULE (<i>fa-b6-b12-omega 3-phytosterols</i>)	2	
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>cvs folic acid oral tablet</i>	1 or 1a*; \$0	
<i>fa-8 oral capsule</i>	1 or 1b*; \$0	
<i>fa-8 oral tablet</i>	1 or 1a*; \$0	
<i>folate oral tablet</i>	1 or 1a*; \$0	
<i>folic acid injection solution</i>	1 or 1a*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>folic acid oral capsule</i>	1 or 1b*; \$0	
<i>folic acid oral tablet 1 mg</i>	1 or 1a*	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1 or 1a*; \$0	
<i>gnp folic acid oral tablet</i>	1 or 1a*; \$0	
<i>hm folic acid oral tablet</i>	1 or 1a*; \$0	
<i>kp folic acid oral tablet</i>	1 or 1a*; \$0	
<i>px folic acid oral tablet</i>	1 or 1a*; \$0	
<i>qc folic acid oral tablet</i>	1 or 1a*; \$0	
<i>ra folic acid oral tablet</i>	1 or 1a*; \$0	
<i>sm folic acid oral tablet</i>	1 or 1a*; \$0	
<i>yl folic acid oral tablet</i>	1 or 1a*; \$0	
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <i>(pegfilgrastim-jmdb)</i>	4	PA; SP; QL (2 syringes per 30 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT <i>(pegfilgrastim)</i>	4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <i>(pegfilgrastim)</i>	4	PA; SP; QL (2 syringes per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE <i>(filgrastim-sndz)</i>	4	PA; SP
*IRON COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>iron-folic acid-c-b6-b12-zinc</i> (Corvita 150 Oral Tablet)	1 or 1b*	
<i>ferocon oral capsule</i>	1 or 1b*	
<i>ferottrinsic oral capsule</i>	1 or 1b*	
<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> (Ferrocite Plus Oral Tablet)	1 or 1b*	
<i>foltrin oral capsule</i>	1 or 1b*	
<i>hematinic plus vit/minerals oral tablet</i>	1 or 1b*	
<i>hemocyte-plus oral tablet</i>	1 or 1b*	
<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i> (K-Tan Plus Oral Capsule)	1 or 1b*	
<i>polysaccharide iron forte oral capsule</i>	1 or 1b*	
<i>purevit dualfe plus oral capsule</i>	1 or 1b*	
<i>tl-hem 150 oral tablet</i>	1 or 1b*	
<i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon Oral Capsule)	1 or 1b*	
<i>trigels-f forte oral capsule</i>	1 or 1b*	
*IRON W/ FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>hematinic/folic acid oral tablet</i>	1 or 1b*	
<i>ferrous fumarate-folic acid</i> (Hemocyte-F Oral Tablet)	1 or 1b*	
*IRON*** - DRUGS FOR NUTRITION		
<i>na ferric gluc cplx in sucrose intravenous solution</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION		
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	4	PA; LD; SP
PROMACTA ORAL TABLET 50 MG (<i>eltrombopag olamine</i>)	4	PA; LD; SP; QL (3 tablets per 1 day)
PROMACTA ORAL TABLET 75 MG (<i>eltrombopag olamine</i>)	4	PA; LD; SP; QL (1 tablet per 1 day)
HEMOSTATICS - DRUGS FOR THE BLOOD		
*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING		
<i>aminocaproic acid intravenous solution</i>	1 or 1b*	
<i>aminocaproic acid oral solution</i>	2	QL (120 mL per 1 day)
<i>aminocaproic acid oral tablet 1000 mg</i>	2	
<i>aminocaproic acid oral tablet 500 mg</i>	2	QL (60 tablets per 1 day)
<i>tranexamic acid intravenous solution</i>	2	
<i>tranexamic acid oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS		
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS		
EPCLUSA ORAL TABLET (<i>sofosbuvir-velpatasvir</i>)	4	PA; SP; QL (1 tablet per 1 day)
VOSEVI ORAL TABLET (<i>sofosbuv-velpatasv-voxilaprev</i>)	4	PA; SP; QL (1 tablet per 1 day)
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM		
*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>pentobarbital sodium injection solution</i>	1 or 1b*	
<i>phenobarbital oral elixir</i>	1 or 1b*	QL (100 mL per 1 day)
<i>phenobarbital oral solution</i>	1 or 1b*	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>phenobarbital oral tablet 15 mg</i>	1 or 1b*	QL (800 tablets per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	1 or 1b*	QL (741 tablets per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1 or 1b*	QL (400 tablets per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	1 or 1b*	QL (370 tablets per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	1 or 1b*	QL (200 tablets per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	1 or 1b*	QL (185 tablets per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	1 or 1b*	QL (123 tablets per 30 days)
<i>phenobarbital sodium injection solution</i>	1 or 1b*	
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>estazolam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>midazolam hcl (pf) injection solution</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>midazolam hcl injection solution</i>	1 or 1b*	
<i>midazolam hcl oral syrup</i>	1 or 1b*	
<i>quazepam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>temazepam oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA		
<i>doxepin hcl oral tablet</i>	2	ST; QL (1 tablet per 1 day)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
<i>eszopiclone oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zaleplon oral capsule</i>	1 or 1b*	ST; QL (1 capsule per 1 day)
<i>zolpidem tartrate oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	2	ST; QL (1 tablet per 1 day)
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES*** - DRUGS FOR INSOMNIA		
<i>dexmedetomidine hcl in nacl intravenous solution</i>	1 or 1b*	
<i>dexmedetomidine hcl intravenous solution</i>	1 or 1b*	
*SELECTIVE MELATONIN RECEPTOR AGONISTS*** - DRUGS FOR INSOMNIA		
<i>ramelteon oral tablet</i>	2	ST; QL (1 tablet per 1 day)
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>vedolizumab</i>)	4	PA; SP; QL (1 vial per 56 days)
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH		
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH		
STELARA INTRAVENOUS SOLUTION (<i>ustekinumab</i>)	4	PA; LD; SP; QL (4 vial per 365 days)
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
<i>gavilyte-c oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted)	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit)	1 or 1b*; \$0	
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	1 or 1b*; \$0	QL (1 gram per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	1 or 1b*; \$0	QL (1 gram per 30 days)
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Peg-Prep Oral Kit)	1 or 1b*; \$0	
SUPREP BOWEL PREP KIT ORAL SOLUTION (<i>na sulfate-k sulfate-mg sulf</i>)	2	QL (1 kit per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted)	1 or 1a*; \$0	QL (4000 grams per 30 days)
*LAXATIVES - MISCELLANEOUS**** - DRUGS TO PREVENT CONSTIPATION		
<i>clearlax oral powder</i>	1 or 1b*; \$0	
<i>constulose oral solution</i>	1 or 1b*	
<i>cvs purelax oral packet</i>	1 or 1b*; \$0	
<i>cvs purelax oral powder</i>	1 or 1b*; \$0	
<i>eq clearlax oral powder</i>	1 or 1b*; \$0	
<i>eql clearlax oral powder</i>	1 or 1b*; \$0	
<i>gavilax oral powder</i>	1 or 1b*; \$0	
<i>gentlelax oral powder</i>	1 or 1b*; \$0	
<i>glycolax oral powder</i>	1 or 1b*; \$0	
<i>gnp clearlax oral packet</i>	1 or 1b*; \$0	
<i>gnp clearlax oral powder</i>	1 or 1b*; \$0	
<i>goodsense clearlax oral powder</i>	1 or 1b*; \$0	
<i>healthylax oral packet</i>	1 or 1b*; \$0	
<i>hm clearlax oral packet</i>	1 or 1b*; \$0	
<i>hm clearlax oral powder</i>	1 or 1b*; \$0	
<i>kls laxaclear oral powder</i>	1 or 1b*; \$0	
LACTULOSE ORAL PACKET	2	
<i>lactulose oral solution</i>	1 or 1b*	
<i>peg 3350 oral packet</i>	1 or 1b*; \$0	
<i>peg 3350 oral powder</i>	1 or 1b*; \$0	
<i>polyethylene glycol 3350 oral packet</i>	1 or 1b*; \$0	
<i>qc natura-lax oral powder</i>	1 or 1b*; \$0	
<i>ra laxative oral packet</i>	1 or 1b*; \$0	
<i>ra laxative oral powder</i>	1 or 1b*; \$0	
<i>sb polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
<i>sm clearlax oral powder</i>	1 or 1b*; \$0	
<i>smooth lax oral packet</i>	1 or 1b*; \$0	
<i>smooth lax oral powder</i>	1 or 1b*; \$0	
*SALINE LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>citrate of magnesia oral solution</i>	1 or 1a*; \$0	
<i>citroma oral solution</i>	1 or 1a*; \$0	
<i>cvs citrate of magnesia oral solution</i>	1 or 1a*; \$0	

BRAND=Brand drug *generic*=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>cvs milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>eq magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>eql magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>eql milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>gnp magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>gnp milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>goodsense magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>hm magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>hm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>milk of magnesia concentrate oral suspension</i>	1 or 1b*; \$0	
<i>milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>phillips milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>px milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>qc magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>qc milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>ra magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>ra milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sb magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>sb milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sm magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>sm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>alophen oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative womens oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ducodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp bisa-lax oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp womens gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	

BRAND=Brand drug *generic*=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>hm laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>px laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb bisacodyl laxative ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb gentle lax-women oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womans laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC*** - DRUGS FOR SEDATION		
<i>bupivacaine-epinephrine (pf) injection solution</i>	1 or 1b*	
<i>bupivacaine-epinephrine injection solution</i>	1 or 1b*	
<i>lidocaine-epinephrine injection solution</i>	1 or 1b*	
<i>bupivacaine-epinephrine (Sensorcaine/Epinephrine Injection Solution)</i>	1 or 1b*	
<i>bupivacaine-epinephrine (Sensorcaine-Mpf/Epinephrine Injection Solution)</i>	1 or 1b*	
<i>lidocaine-epinephrine (Xylocaine Dental Injection Solution)</i>	1 or 1b*	
*LOCAL ANESTHETICS - AMIDES*** - DRUGS FOR SEDATION		
<i>bupivacaine hcl (pf) injection solution</i>	1 or 1b*	
<i>bupivacaine hcl injection solution</i>	1 or 1b*	
<i>bupivacaine in dextrose intrathecal solution</i>	1 or 1b*	
<i>bupivacaine spinal intrathecal solution</i>	1 or 1b*	
<i>lidocaine hcl (pf) injection solution</i>	1 or 1b*	
<i>lidocaine hcl injection solution</i>	1 or 1b*	
<i>lidocaine hcl intradermal jet-injector</i>	1 or 1b*	
<i>mepivacaine hcl (Polocaine Injection Solution)</i>	1 or 1b*	
<i>mepivacaine hcl (Polocaine-Mpf Injection Solution)</i>	1 or 1b*	
<i>ropivacaine hcl injection solution</i>	1 or 1b*	
<i>bupivacaine hcl (Sensorcaine Injection Solution)</i>	1 or 1b*	
<i>bupivacaine hcl (Sensorcaine-Mpf Injection Solution)</i>	1 or 1b*	
*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION		
<i>chloroprocaine hcl (pf) injection solution</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tetracaine hcl injection solution</i>	1 or 1b*	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE		
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE		
XIIDRA OPTHALMIC SOLUTION (<i>lifitegrast</i>)	3	PA; QL (2 vial per 1 day)
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin intravenous solution reconstituted</i>	2	
<i>azithromycin oral packet</i>	1 or 1b*	QL (2 packets per 30 days)
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	1 or 1b*	QL (15 ML per 30 days)
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	1 or 1b*	QL (15 mL per 30 days)
<i>azithromycin oral tablet 250 mg</i>	1 or 1b*	QL (6 tablets per 30 days)
<i>azithromycin oral tablet 500 mg</i>	1 or 1b*	QL (3 tablets per 30 days)
<i>azithromycin oral tablet 600 mg</i>	1 or 1b*	QL (8 tablet per 28 days)
*CLARITHROMYCIN*** - ANTIBIOTICS		
<i>clarithromycin er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>clarithromycin oral suspension reconstituted</i>	1 or 1b*	
<i>clarithromycin oral tablet</i>	1 or 1b*	
*ERYTHROMYCINS*** - ANTIBIOTICS		
<i>e.e.s. 400 oral tablet</i>	1 or 1b*	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release)	1 or 1b*	
<i>erythrocin stearate oral tablet</i>	1 or 1b*	
<i>erythromycin base oral capsule delayed release particles</i>	1 or 1b*	
<i>erythromycin base oral tablet</i>	1 or 1b*	
<i>erythromycin base oral tablet delayed release</i>	1 or 1b*	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	1 or 1b*	
<i>erythromycin oral tablet delayed release</i>	1 or 1b*	
MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FEMCAP VAGINAL DEVICE (<i>cervical caps</i>)	2; \$0	
*CONDOMS - FEMALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FC FEMALE CONDOM (<i>condoms - female</i>)	2; \$0	
FC2 FEMALE CONDOM (<i>condoms - female</i>)	2; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	2	QL (200 lancets per 30 days)
ACCU-CHEK MULTICLIX LANCET DEV KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
ACCU-CHEK MULTICLIX LANCETS (<i>lancets</i>)	2	QL (200 lancets per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	2	QL (200 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	2	QL (200 lancets per 30 days)
COAGUCHEK LANCETS (<i>lancets</i>)	2	QL (200 lancets per 30 days)
LIFESCAN UNISTIK 2 (<i>lancets</i>)	2	QL (200 lancets per 30 days)
LIFESCAN UNISTIK II LANCETS (<i>lancets</i>)	2	QL (200 lancets per 30 days)
ONETOUCH CLUB LANCETS FINE PT (<i>lancets</i>)	2	QL (200 lancets per 30 days)
ONETOUCH DELICA LANCETS 30G (<i>lancets</i>)	2	QL (200 lancets per 30 days)
ONETOUCH DELICA LANCETS 33G (<i>lancets</i>)	2	QL (200 lancets per 30 days)
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	2	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	2	QL (200 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	2	QL (200 lancets per 30 days)
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	2	
ONETOUCH FINEPOINT LANCETS (<i>lancets</i>)	2	QL (200 lancets per 30 days)
ONETOUCH SURESOFT LANCING DEV (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	2	QL (200 lancets per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENLET II BLOOD SAMPLER KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
PENLET II REPLACEMENT CAP (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
*MISC. DEVICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>folding paddle walker</i>	1 or 1b*; \$0	
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
1ST TIER UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ABOUTTIME PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ASSURE ID INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ASSURE ID SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
AURORA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
AURORA UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
BD AUTOSHIELD (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD INSULIN SYR ULTRAFINE II (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD SAFETY-LOK INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CAREONE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
CAREONE UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CLEVER CHOICE COMFORT EZ (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
DROPLET MICRON (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
DROPLET PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
EASY COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
EASY COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ELITE-THIN INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
ELITE-THIN INSULIN SYRINGE 28G X 5/16" 0.5 ML, 29G X 5/16" 0.5 ML	3	QL (200 syringes per 30 days)
EQL INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
EXEL COMFORT POINT INSULIN SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EXEL COMFORT POINT PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIFTY50 PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
FREDS PHARMACY UNIFINE PENTIP+	3	ST; QL (200 needles per 30 days)
FREDS PHARMACY UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
FREESTYLE PRECISION INS SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML	3	ST; QL (200 syringes per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	3	QL (200 syringes per 30 days)
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL (200 syringes per 30 days)
GLOBAL INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
GNP CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GNP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GNP ULTRA COM INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
HEALTHWISE INSULIN SYR/NEEDLE	3	ST; QL (200 syringes per 30 days)
HEALTHWISE MICRON PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
HEALTHY ACCENTS UNIFINE PENTIP	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL PEN NEEDLES	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
HM ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
INSULIN SYRINGE 29G X 1" 0.3 ML	3	QL (200 syringes per 30 days)
INSULIN SYRINGE/NEEDLE	3	ST; QL (200 syringes per 30 days)
INSULIN SYRINGE-NEEDLE U-100	3	ST; QL (200 syringes per 30 days)
INSUPEN PEN NEEDLES	3	ST; QL (200 needles per 30 days)
INSUPEN SENSITIVE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
INSUPEN ULTRAFIN (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KINRAY INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 29G	3	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 30G	3	ST; QL (200 syringes per 30 days)
KROGER INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KROGER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
LEADER INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
LONGS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MEDIC INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MEIJER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MM INSULIN SYRINGE/NEEDLE	3	ST; QL (200 syringes per 30 days)
MM PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
NOVOFINE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
NOVOFINE AUTOCOVER (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
NOVOFINE PLUS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
NOVOTWIST (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PEN NEEDLES 1/2"	3	ST; QL (200 needles per 30 days)
PEN NEEDLES 3/16"	3	ST; QL (200 needles per 30 days)
PEN NEEDLES 5/16"	3	ST; QL (200 needles per 30 days)
PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PRECISION SUREDOSE PLUS SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
PREFERRED PLUS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PRO COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PURE COMFORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
PX EXTRA SHORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PX MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PX PEN NEEDLE	3	ST; QL (200 needles per 30 days)
PX SHORTLENGTH PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
RA INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
RA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
REALITY INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
RELI-ON INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
RELION PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
RELION SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
SAFESNAP INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
SAFETY INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
SB INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SECURESAFE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
SHOPKO UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
SHOPKO UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
SURE COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SURE COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
SURE-FINE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
SURE-JECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
TECHLITE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TODAYS HEALTH PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
TOPCARE CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TOPCARE ULTRA COMFORT INS SYR	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE	3	ST; QL (200 needles per 30 days)
ULTILET INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTILET INSULIN SYRINGE SHORT (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRACARE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ULTRACARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
ULTRA-COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
VALUE HEALTH INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
VALUMARK PEN NEEDLES	3	ST; QL (200 needles per 30 days)
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
VIDA MIA UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
VP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>ergotamine-caffeine oral tablet</i>	1 or 1b*	
<i>migergot rectal suppository</i>	1 or 1b*	
*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>dihydroergotamine mesylate injection solution</i>	1 or 1b*	PA
*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>sumatriptan-naproxen sodium oral tablet</i>	2	ST; QL (9 tablets per 30 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>almotriptan malate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet</i>	1 or 1b*	ST; QL (9 tablets per 30 days)
<i>naratriptan hcl oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution</i>	1 or 1b*	QL (6 nasal inhalers per 30 days)
<i>sumatriptan succinate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	QL (5 vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	2	QL (6 syringes (2 ML) per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	2	QL (6 cartridges (2ml) per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	2	QL (2 syringes per 30 days)
<i>zolmitriptan oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*BICARBONATES*** - DRUGS FOR NUTRITION		
<i>sodium acetate intravenous solution</i>	1 or 1b*	
<i>sodium bicarbonate intravenous solution</i>	2	
SODIUM BICARBONATE-DEXTROSE INTRAVENOUS SOLUTION	2	
*CALCIUM*** - DRUGS FOR NUTRITION		
<i>calcium chloride intravenous solution</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ELECTROLYTES & DEXTROSE*** - DRUGS FOR NUTRITION		
<i>dextrose in lactated ringers intravenous solution</i>	1 or 1b*	
<i>dextrose-nacl intravenous solution</i>	1 or 1b*	
<i>dextrose-sodium chloride intravenous solution</i>	1 or 1b*	
<i>kcl in dextrose-nacl intravenous solution</i>	1 or 1b*	
<i>potassium chloride in dextrose intravenous solution</i>	1 or 1b*	
*ELECTROLYTES PARENTERAL*** - DRUGS FOR NUTRITION		
<i>lactated ringers intravenous solution</i>	1 or 1b*	
<i>potassium chloride in nacl intravenous solution</i>	1 or 1b*	
<i>ringers intravenous solution</i>	1 or 1b*	
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>fluoritab oral solution</i>	1 or 1a*; \$0	
<i>fluoritab oral tablet chewable</i>	1 or 1a*; \$0	
<i>flura-drops oral solution</i>	1 or 1a*; \$0	
<i>sodium fluoride (Nafrinse Drops Oral Solution)</i>	1 or 1a*; \$0	
<i>sodium fluoride (Nafrinse Oral Tablet Chewable)</i>	1 or 1a*; \$0	
<i>sodium fluoride oral solution</i>	1 or 1a*; \$0	QL (2 mL per 1 day)
<i>sodium fluoride oral tablet</i>	1 or 1a*; \$0	
<i>sodium fluoride oral tablet chewable</i>	1 or 1a*; \$0	
*MAGNESIUM*** - DRUGS FOR NUTRITION		
<i>magnesium sulfate injection solution</i>	2	
*MANGANESE*** - DRUGS FOR NUTRITION		
<i>manganese chloride intravenous solution</i>	1 or 1b*	
*PHOSPHATE*** - DRUGS FOR NUTRITION		
K-PHOS ORAL TABLET (<i>potassium phosphate monobasic</i>)	2	
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral Oral Tablet)	1 or 1b*	
<i>phosphorous oral tablet</i>	1 or 1b*	
<i>potassium phosphates intravenous solution</i>	1 or 1b*	
<i>sodium phosphates intravenous solution</i>	1 or 1b*	
<i>virt-phos 250 neutral oral tablet</i>	1 or 1b*	
*POTASSIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>pot bicarb-pot chloride oral tablet effervescent</i>	1 or 1b*	
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent)	1 or 1b*	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release)	1 or 1b*	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release)	1 or 1a*	
<i>klor-con m15 oral tablet extended release</i>	1 or 1a*	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release)	1 or 1a*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride</i> (Klor-Con Oral Packet)	1 or 1b*	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release)	1 or 1b*	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release)	1 or 1b*	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent)	1 or 1b*	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent)	1 or 1b*	
<i>potassium acetate intravenous solution</i>	1 or 1b*	
<i>potassium bicarbonate oral tablet effervescent</i>	1 or 1b*	
<i>potassium chloride crys er oral tablet extended release</i>	1 or 1a*	
<i>potassium chloride er oral capsule extended release</i>	1 or 1b*	
<i>potassium chloride er oral tablet extended release</i>	1 or 1b*	
<i>potassium chloride intravenous solution</i>	1 or 1b*	
<i>potassium chloride oral packet</i>	1 or 1b*	
<i>potassium chloride oral solution</i>	1 or 1b*	
*SODIUM*** - DRUGS FOR NUTRITION		
<i>sodium chloride flush</i> (Monoject Flush Syringe Intravenous Solution)	2	
<i>sodium chloride flush</i> (Monoject Sodium Chloride Flush Intravenous Solution)	2	
<i>normal saline flush intravenous solution</i>	2	
<i>saline flush intravenous solution</i>	2	
<i>sodium chloride flush</i> (Saline Flush Zr Intravenous Solution)	2	
<i>sodium chloride (pf) injection solution</i>	2	
<i>sodium chloride flush intravenous solution</i>	2	
<i>sodium chloride injection solution</i>	2	
<i>sodium chloride intravenous solution</i>	2	
<i>sodium chloride flush</i> (Swabflush Saline Flush Intravenous Solution)	2	
*TRACE MINERALS*** - DRUGS FOR NUTRITION		
<i>chromic chloride intravenous solution</i>	1 or 1b*	
<i>cupric chloride intravenous solution</i>	1 or 1b*	
*ZINC*** - DRUGS FOR NUTRITION		
<i>zinc chloride intravenous solution</i>	1 or 1b*	
<i>zinc sulfate intravenous solution</i>	1 or 1b*	
*MONOBACTAMS*** - DRUGS FOR INFECTIONS		
*MONOBACTAMS*** - DRUGS FOR INFECTIONS		
<i>aztreonam injection solution reconstituted</i>	2	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)
<i>lidocaine viscous hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat troche</i>	1 or 1b*	QL (5 tablet per 1 day)
<i>nystatin mouth/throat suspension</i>	1 or 1b*	
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	1 or 1a*	QL (480 mL per 30 days)
<i>chlorhexidine gluconate (Paroex Mouth/Throat Solution)</i>	1 or 1a*	QL (480 mL per 30 days)
<i>chlorhexidine gluconate (Periogard Mouth/Throat Solution)</i>	1 or 1a*	QL (480 mL per 30 days)
*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sod fluoride-potassium nitrate (Fluoridex Sensitivity Relief Dental Paste)</i>	1 or 1b*	
<i>sodium fluoride 5000 sensitive dental paste</i>	1 or 1b*	
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sodium fluoride (Cavarest Dental Gel)</i>	1 or 1b*	
<i>sodium fluoride (Clinpro 5000 Dental Paste)</i>	1 or 1b*	
<i>sodium fluoride (Denta 5000 Plus Dental Cream)</i>	1 or 1b*	
<i>sodium fluoride (Dentagel Dental Gel)</i>	1 or 1a*	
<i>easygel dental gel</i>	1 or 1b*	
<i>sodium fluoride (Fluoridex Dental Paste)</i>	1 or 1b*	
<i>sodium fluoride (Fluoridex Enhanced Whitening Dental Paste)</i>	1 or 1b*	
<i>sf 5000 plus dental cream</i>	1 or 1b*	
<i>sf dental gel</i>	1 or 1a*	
<i>sodium fluoride 5000 plus dental cream</i>	1 or 1b*	
<i>sodium fluoride 5000 ppm dental cream</i>	1 or 1b*	
<i>sodium fluoride 5000 ppm dental paste</i>	1 or 1b*	
<i>sodium fluoride dental cream</i>	1 or 1b*	
<i>sodium fluoride dental gel</i>	1 or 1b*	
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	2	
<i>pilocarpine hcl oral tablet</i>	2	QL (4 tablets per 1 day)
*STEROIDS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide (Oralene Mouth/Throat Paste)</i>	1 or 1b*	
<i>triamcinolone acetonide mouth/throat paste</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM		
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK (cladribine)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (cladribine)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (cladribine)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (cladribine)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (cladribine)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (cladribine)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (cladribine)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MULTIVITAMINS - DRUGS FOR NUTRITION		
*B-COMPLEX VITAMINS*** - DRUGS FOR NUTRITION		
<i>b complex oral tablet</i>	1 or 1b*; \$0	
<i>b complex-b12 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/b-12 oral tablet</i>	1 or 1b*; \$0	
<i>pa b-complex with b-12 oral tablet</i>	1 or 1b*; \$0	
<i>ra b-complex oral tablet</i>	1 or 1b*; \$0	
<i>ra b-complex with b-12 oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b complex oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b-complex oral tablet</i>	1 or 1b*; \$0	
<i>vitamin-b complex oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C & CALCIUM*** - DRUGS FOR NUTRITION		
<i>gnp b-complex plus vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>qc b-complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex-c-folic acid oral tablet</i>	1 or 1b*; \$0	
<i>b-complex balanced oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>b-plex oral tablet</i>	1 or 1b*; \$0	
<i>b complex-c-folic acid (Dexifol Oral Tablet)</i>	1 or 1b*	
<i>dialyvite 800 oral tablet</i>	1 or 1b*; \$0	
<i>eql super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>folbee plus oral tablet</i>	1 or 1b*	

BRAND=Brand drug *generic*=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FULL SPECTRUM B/VITAMIN C ORAL TABLET	2; \$0	
<i>hm super vitamin b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>hm vitamin b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>hylavite oral tablet</i>	1 or 1b*; \$0	
<i>kp b complex-c oral tablet</i>	1 or 1b*; \$0	
<i>nephro vitamins oral tablet</i>	1 or 1b*; \$0	
<i>px b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>renal multivitamin formula oral tablet</i>	1 or 1b*; \$0	
<i>renal vitamin oral tablet</i>	1 or 1b*; \$0	
<i>renal-vite oral tablet</i>	1 or 1b*; \$0	
<i>rena-vite oral tablet</i>	1 or 1b*; \$0	
<i>reno caps oral capsule</i>	1 or 1b*	
<i>sm b super vitamin complex oral tablet</i>	1 or 1b*; \$0	
SM B-COMPLEX/VITAMIN C ORAL TABLET	2; \$0	
<i>stress formula oral tablet</i>	1 or 1b*; \$0	
<i>super b complex/fa/vit c oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex/vit c/fa oral tablet</i>	1 or 1b*; \$0	
<i>triphrocaps oral capsule</i>	1 or 1b*	
<i>virt-caps oral capsule</i>	1 or 1b*	
*B-COMPLEX W/ C*** - DRUGS FOR NUTRITION		
<i>allbee/c oral tablet</i>	1 or 1b*; \$0	
<i>b complex-c oral tablet</i>	1 or 1b*; \$0	
<i>b-complex-c oral tablet</i>	1 or 1b*; \$0	
<i>better b complex oral tablet</i>	1 or 1b*; \$0	
<i>cvs b complex plus c oral tablet</i>	1 or 1b*; \$0	
<i>cvs super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>hm b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm vitamin b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex + vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b + c complex oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID*** - DRUGS FOR NUTRITION		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2; \$0	
*B-COMPLEX W/ FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex formula 1 oral tablet</i>	1 or 1b*; \$0	
<i>b complex plus oral tablet</i>	1 or 1b*; \$0	
<i>kobee oral tablet</i>	1 or 1b*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>sm balanced b-50 oral tablet</i>	1 or 1b*; \$0	
<i>super b complex maxi oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/BIOTIN & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complete oral tablet</i>	1 or 1b*; \$0	
<i>b complex 100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b complex-biotin-fa oral tablet</i>	1 or 1b*; \$0	
<i>b-100 b-complex oral tablet</i>	1 or 1b*; \$0	
<i>b-100 complex cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-50 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>b50 complex tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>balance b-50 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b complex oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-100 oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-compleet-100 oral tablet</i>	1 or 1b*; \$0	
<i>b-compleet-50 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex oral tablet</i>	1 or 1b*; \$0	
<i>big 100 oral tablet</i>	1 or 1b*; \$0	
<i>complex b-50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
<i>endur-b oral tablet extended release</i>	1 or 1b*; \$0	
<i>eql b complex 50 oral tablet</i>	1 or 1b*; \$0	
<i>eql b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>extress oral tablet</i>	1 or 1b*; \$0	
<i>extress-super oral tablet</i>	1 or 1b*; \$0	
<i>gnp b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>gnp b-50 balanced oral tablet</i>	1 or 1b*; \$0	
<i>gnp b-50 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>hm vitamin b100 complex oral tablet</i>	1 or 1b*; \$0	
<i>hm vitamin b50 complex oral tablet</i>	1 or 1b*; \$0	
<i>poten b-150 cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>qc b50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
<i>quin b strong b-25 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-100 cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>ra balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>sm b100 complex oral tablet</i>	1 or 1b*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm b-complex oral tablet</i>	1 or 1b*; \$0	
<i>super b-100 oral tablet</i>	1 or 1b*; \$0	
<i>super b-50 oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex oral tablet</i>	1 or 1b*; \$0	
<i>super dec b-100 oral tablet</i>	1 or 1b*; \$0	
<i>super quints b-50 oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b50 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>yl balanced b-100 oral tablet</i>	1 or 1b*; \$0	
*MULTIPLE VITAMINS W/ MINERALS & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>corvita oral tablet</i>	1 or 1b*	
THRIVITE 19 ORAL TABLET	2	
*MULTIPLE VITAMINS W/ MINERALS*** - DRUGS FOR NUTRITION		
<i>biocel oral tablet</i>	1 or 1b*	
<i>b-plex plus oral tablet</i>	1 or 1b*	
<i>multiple vitamins-minerals (Lysiplex Plus Oral Tablet)</i>	1 or 1b*	
NICAZEL FORTE ORAL TABLET (multiple vitamins-minerals)	2	
NICAZEL ORAL TABLET (multiple vitamins-minerals)	2	
<i>multiple vitamins-minerals (Nutrifac Zx Oral Tablet)</i>	1 or 1b*	
<i>v-c forte oral capsule</i>	1 or 1b*	
<i>multiple vitamins-minerals (Vic-Forte Oral Capsule)</i>	1 or 1b*	
<i>multiple vitamins-minerals (Vita S Forte Oral Tablet)</i>	1 or 1b*	
<i>vita-min oral capsule</i>	1 or 1b*	
*PED MULTI VITAMINS W/FL & FE*** - DRUGS FOR NUTRITION		
<i>multi-vit/iron/fluoride oral solution</i>	1 or 1b*	
<i>multi-vitamin/fluoride/iron oral solution</i>	1 or 1b*	
*PED MULTIPLE VITAMINS W/ MINERALS & C*** - DRUGS FOR NUTRITION		
<i>pediatric multivit-minerals-c (Vitamax Pediatric Oral Solution)</i>	1 or 1b*	
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>multivitamin/fluoride oral solution</i>	1 or 1b*; \$0	
<i>multi-vitamin/fluoride oral solution</i>	1 or 1b*; \$0	
<i>multivitamin/fluoride oral tablet chewable</i>	1 or 1b*; \$0	
<i>multivitamins/fluoride oral tablet chewable</i>	1 or 1b*; \$0	
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>adc/f (0.5mg/ml) oral solution</i>	1 or 1b*; \$0	
<i>tri-vitamin/fluoride oral solution</i>	1 or 1b*; \$0	
<i>tri-vite/fluoride oral solution</i>	1 or 1b*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamins acd-fluoride oral solution</i>	1 or 1b*; \$0	
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
CLASSIC PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
COMPLETENATE ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
<i>elite-ob oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
EQL PRENATAL FORMULA ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
GNP PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
HM PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
<i>inatal gt oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
MYNATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
MYNATAL-Z ORAL TABLET	2	QL (1 tablet per 1 day)
PERRY PRENATAL ORAL CAPSULE (<i>prenatal vit-fe fumarate-fa</i>)	2; \$0	QL (1 capsule per 1 day)
PNV PRENATAL PLUS MULTIVITAMIN ORAL TABLET	2	
PNV TABS 29-1 ORAL TABLET	2	QL (1 tablet per 1 day)
<i>prenatabs rx oral tablet</i>	1 or 1a*	QL (1 tablet per 1 day)
PRENATAL COMPLETE ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
PRENATAL LOW IRON ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
PRENATAL ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL PLUS IRON ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL VITAMINS ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE (<i>prenatal w/o a vit-fe fum-fa</i>)	2	QL (1 capsule per 1 day)
PREPLUS ORAL TABLET	2	QL (1 tablet per 1 day)
PRETAB ORAL TABLET	2	QL (1 tablet per 1 day)
QC PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
RA PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
SM PRENATAL VITAMINS ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
TRINATAL RX 1 ORAL TABLET	2	QL (1 tablet per 1 day)
<i>trinate oral tablet</i>	1 or 1a*	QL (1 tablet per 1 day)
VINATE II ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	2	QL (1 tablet per 1 day)
VINATE ONE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
VOL-PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
VOL-TAB RX ORAL TABLET	2	QL (1 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION		
PR NATAL 400 EC ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	2	
PR NATAL 400 ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	2	
PR NATAL 430 EC ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	2	
PR NATAL 430 ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	2	
TRIVEEN-DUO DHA ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	2	
*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION		
ENFAMIL EXPECTA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	2; \$0	
PRENATAL MULTIVITAMIN + DHA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	2; \$0	QL (1 EA per 1 day)
*PRENATAL VITAMINS*** - DRUGS FOR NUTRITION		
PREMESISRX ORAL TABLET (<i>prenatal ca-b6-b12-fa-ginger</i>)	2	ST; QL (1 tablet per 1 day)
PRENA1 ORAL TABLET CHEWABLE	2	ST; QL (1 tablet per 1 day)
*VITAMINS W/ LIPOTROPICS*** - DRUGS FOR NUTRITION		
<i>b-100 complex oral tablet</i>	1 or 1b*; \$0	
<i>balance b-100 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-50 complex oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-50 oral tablet</i>	1 or 1b*; \$0	
<i>complex b-100 oral tablet extended release</i>	1 or 1b*; \$0	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>baclofen intrathecal solution</i>	4	
<i>baclofen oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carisoprodol oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 5 mg, 7.5 mg</i>	1 or 1b*	
<i>fexmid oral tablet</i>	1 or 1b*	ST
<i>chlorzoxazone (Lorzone Oral Tablet)</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>metaxalone oral tablet</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>methocarbamol injection solution</i>	1 or 1b*	
<i>methocarbamol oral tablet 500 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	1 or 1b*	QL (6 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>orphenadrine citrate injection solution</i>	1 or 1b*	
<i>tizanidine hcl oral capsule 2 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>tizanidine hcl oral capsule 4 mg</i>	1 or 1b*	QL (9 capsules per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	1 or 1b*	QL (9 tablets per 1 day)
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>dantrolene sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>dantrolene sodium oral capsule</i>	2	
<i>dantrolene sodium (Revonto Intravenous Solution Reconstituted)</i>	1 or 1b*	
*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>carisoprodol-aspirin-codeine oral tablet</i>	1 or 1b*	QL (40 tablets per 30 days)
<i>orphenadrine-asa-caffeine oral tablet</i>	1 or 1b*	ST
<i>orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet)</i>	1 or 1b*	ST
*VISCOSUPPLEMENTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hyaluronan)	4	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hyaluronan)	4	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hylan)	4	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hylan)	4	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*ANTIHISTAMINE-STEROID*** - ALLERGY		
<i>azelastine-fluticasone nasal suspension</i>	1 or 1b*	QL (1 bottle per 30 days)
DYMISTA NASAL SUSPENSION (azelastine-fluticasone)	3	QL (1 bottle per 30 days)
*NASAL ANTICHOLINERGICS*** - ALLERGY		
<i>ipratropium bromide nasal solution 0.03 %</i>	1 or 1b*	QL (2 bottles per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1 or 1b*	QL (1 mL per 1 day)
*NASAL ANTIHISTAMINES*** - ALLERGY		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1 or 1b*	QL (1 package per 25 days)
<i>azelastine hcl nasal solution 0.15 %</i>	1 or 1b*	QL (1 bottle per 25 days)
<i>olopatadine hcl nasal solution</i>	1 or 1b*	QL (1 bottle per 30 days)
*NASAL STEROIDS*** - ALLERGY		
<i>fluticasone propionate nasal suspension</i>	1 or 1a*	QL (1 bottle per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone furoate nasal suspension</i>	3	ST; QL (1 bottle per 30 days)
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART		
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART		
ENTRESTO ORAL TABLET 24-26 MG (<i>sacubitril-valsartan</i>)	3	PA; QL (6 tablets per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	3	PA; QL (2 tablets per 1 day)
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES		
<i>riluzole oral tablet</i>	4	SP; QL (4 tablets per 1 day)
*NONDEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>atracurium besylate intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate (pf) intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate intravenous solution</i>	1 or 1b*	
<i>pancuronium bromide intravenous solution</i>	1 or 1b*	
<i>rocuronium bromide intravenous solution</i>	1 or 1b*	
<i>vecuronium bromide intravenous solution reconstituted</i>	1 or 1b*	
NUTRIENTS - DRUGS FOR NUTRITION		
*AMINO ACID MIXTURES*** - DRUGS FOR NUTRITION		
<i>amino acids</i> (Aminoamrms Oral Capsule)	1 or 1b*	
<i>amino acids</i> (Aminoreliefrms Oral Capsule)	1 or 1b*	
<i>amino acid infusion</i> (Clinisol Sf Intravenous Solution)	1 or 1b*	
<i>hepatamine intravenous solution</i>	1 or 1b*	
<i>amino acid infusion</i> (Plenamaine Intravenous Solution)	1 or 1b*	
*AMINO ACIDS-SINGLE*** - DRUGS FOR NUTRITION		
<i>n-acetyl-l-cysteine oral capsule</i>	1 or 1b*	
*CARBOHYDRATES*** - DRUGS FOR NUTRITION		
<i>dehydrated alcohol injection solution</i>	1 or 1b*	
<i>dextrose intravenous solution</i>	1 or 1b*	
*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS*** - DRUGS FOR NUTRITION		
CARDIOVID PLUS ORAL CAPSULE (<i>dha-epa-vit b6-b12-folic acid</i>)	2	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB*** - DRUGS FOR GLAUCOMA		
SIMBRINZA OPTHALMIC SUSPENSION (<i>brinzolamide-brimonidine</i>)	2	QL (8 mL per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
COMBIGAN OPHTHALMIC SOLUTION (<i>brimonidine tartrate-timolol</i>)	2	QL (15 mL per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1 or 1b*	QL (12 mL per 30 days)
*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	1 or 1b*	QL (0.5 mL per 1 day)
BETOPTIC-S OPHTHALMIC SUSPENSION (<i>betaxolol hcl</i>)	2	QL (15 mL per 30 days)
<i>carteolol hcl ophthalmic solution</i>	1 or 1a*	
<i>levobunolol hcl ophthalmic solution</i>	1 or 1b*	
<i>timolol maleate ophthalmic gel forming solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %</i>	1 or 1b*	QL (20 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.5 %</i>	1 or 1b*	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	1 or 1b*	QL (5 mL per 30 days)
*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
<i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution)	1 or 1b*	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 2 %</i>	1 or 1b*	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1 or 1b*	QL (15 mL per 30 days)
<i>phenylephrine hcl ophthalmic solution</i>	1 or 1b*	
<i>tropicamide ophthalmic solution</i>	1 or 1b*	
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
<i>pilocarpine hcl ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
<i>azelastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 24 days)
<i>cromolyn sodium ophthalmic solution</i>	1 or 1a*	QL (1 bottle per 30 days)
<i>epinastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 30 days)
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin ophthalmic ointment</i>	1 or 1b*	QL (7 grams per 30 days)
<i>ciprofloxacin hcl ophthalmic solution</i>	1 or 1a*	
<i>erythromycin ophthalmic ointment</i>	1 or 1a*	
<i>gatifloxacin ophthalmic solution</i>	1 or 1b*	
<i>gentak ophthalmic ointment</i>	1 or 1a*	QL (7 grams per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	1 or 1b*	
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	1 or 1b*	QL (3 mL per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	2	QL (1 vial per 30 days)
<i>ofloxacin ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	1 or 1a*	QL (20 mL per 30 days)

BRAND=Brand drug *generic*=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>ak-poly-bac ophthalmic ointment</i>	1 or 1a*	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1 or 1a*	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	1 or 1b*	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment)</i>	1 or 1b*	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment)</i>	1 or 1a*	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>trifluridine ophthalmic solution</i>	1 or 1b*	QL (7.5 mL per 30 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION (<i>brinzolamide</i>)	2	QL (15 mL per 30 days)
<i>dorzolamide hcl ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
*OPHTHALMIC DIAGNOSTIC PRODUCTS*** - DRUGS FOR THE EYE		
<i>ak-fluor intravenous solution</i>	1 or 1b*	
<i>altafluor benox ophthalmic solution</i>	1 or 1b*	
<i>fluorescein-benoxinate ophthalmic solution</i>	1 or 1b*	
<i>fluorescein sodium</i> (Fluor-I-Strips A.T. Ophthalmic Strip)	1 or 1b*	
<i>lissamine green ophthalmic strip</i>	1 or 1b*	
<i>proparacaine-fluorescein ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
RESTASIS OPHTHALMIC EMULSION (<i>cyclosporine</i>)	3	PA; QL (2 vials per 1 day)
*OPHTHALMIC IRRIGATION SOLUTIONS*** - DRUGS FOR THE EYE		
<i>balanced salt intraocular solution</i>	1 or 1b*	
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
<i>proparacaine hcl ophthalmic solution</i>	1 or 1b*	
<i>tetracaine hcl ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	QL (1.7 mL per 30 days)
<i>diclofenac sodium ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>flurbiprofen sodium ophthalmic solution</i>	1 or 1b*	QL (2.5 mL per 30 days)
ILEVRO OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	2	QL (3 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION (<i>brimonidine tartrate</i>)	2	QL (15 mL per 30 days)
<i>apraclonidine hcl ophthalmic solution</i>	1 or 1b*	
<i>brimonidine tartrate ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI- INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1 or 1b*	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1 or 1a*	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	1 or 1a*	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	1 or 1b*	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment)	1 or 1b*	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1 or 1a*	QL (15 mL per 30 days)
TOBRADEX OPHTHALMIC OINTMENT (<i>tobramycin-dexamethasone</i>)	2	QL (3.5 grams per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1 or 1b*	QL (10 mL per 30 days)
ZYLET OPHTHALMIC SUSPENSION (<i>loteprednol-tobramycin</i>)	2	
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI- INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1 or 1b*	
DUREZOL OPHTHALMIC EMULSION (<i>difluprednate</i>)	2	QL (10 mL per 30 days)
<i>fluorometholone ophthalmic suspension</i>	1 or 1b*	
LOTEMAX OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	2	
LOTEMAX OPHTHALMIC OINTMENT (<i>loteprednol etabonate</i>)	3	
<i>loteprednol etabonate ophthalmic suspension</i>	1 or 1b*	
<i>prednisolone acetate ophthalmic suspension</i>	1 or 1b*	
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI- INFLAMMATORIES		
<i>sulfacetamide sodium ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
*OPHTHALMIC SURGICAL AIDS*** - DRUGS FOR THE EYE		
<i>hypromellose</i> (Ocucoat Viscoadherent Intraocular Solution)	1 or 1b*	
*OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE		
CYSTARAN OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	4	PA; LD; QL (60 mL per 28 days)
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	2	
<i>latanoprost ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (<i>bimatoprost</i>)	2	QL (7.5 mL per 30 days)
TRAVATAN Z OPHTHALMIC SOLUTION (<i>travoprost</i>)	2	QL (5 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution</i>	1 or 1b*	
*OTIC ANALGESIC COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>pramoxine-hc-chloroxylonol (Cortic-Nd Otic Solution)</i>	1 or 1b*	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl otic solution</i>	1 or 1b*	QL (28 containers per 1 fill)
<i>ofloxacin otic solution</i>	1 or 1b*	QL (10 mL per 1 fill)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CIPRODEX OTIC SUSPENSION (<i>ciprofloxacin-dexamethasone</i>)	2	QL (7.5 mL per 1 fill)
<i>ciprofloxacin-dexamethasone otic suspension</i>	1 or 1b*	QL (7.5 mL per 1 fill)
<i>ciprofloxacin-fluocinolone pf otic solution</i>	1 or 1b*	QL (28 vials per 1 fill)
<i>neomycin-polymyxin-hc otic solution</i>	1 or 1b*	
<i>neomycin-polymyxin-hc otic suspension</i>	1 or 1b*	
OTOVEL OTIC SOLUTION (<i>ciprofloxacin-fluocinolone</i>)	2	QL (28 vials per 1 fill)
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>fluocinolone acetonide (Flac Otic Oil)</i>	1 or 1b*	
<i>fluocinolone acetonide otic oil</i>	1 or 1b*	
<i>hydrocortisone-acetic acid otic solution</i>	1 or 1b*	QL (10 mL per 1 fill)
OXYTOCICS - HORMONES		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS*** - DRUGS FOR WOMEN		
<i>carboprost tromethamine intramuscular solution</i>	1 or 1b*	
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methylergonovine maleate (Methergine Oral Tablet)</i>	1 or 1b*	
<i>methylergonovine maleate injection solution</i>	1 or 1b*	
<i>methylergonovine maleate oral tablet</i>	1 or 1b*	
<i>oxytocin injection solution</i>	1 or 1b*	
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS		
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS		
*ANTITOXINS-ANTIVENINS*** - BIOLOGICAL AGENTS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (<i>centruroides (scorpion) im fab</i>)	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	2	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	2	
*IMMUNE SERUMS*** - BIOLOGICAL AGENTS		
GAMUNEX-C INJECTION SOLUTION (<i>immune globulin (human)</i>)	4	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	4	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (<i>immune globulin (human)</i>)	4	PA
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART		
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>alirocumab</i>)	3	PA; QL (2 injection per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (<i>evolocumab</i>)	3	PA; QL (1 injector per 30 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>evolocumab</i>)	3	PA; QL (2 syringe per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>evolocumab</i>)	3	PA; QL (2 syringe per 28 days)
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	1 or 1a*	
<i>amoxicillin oral suspension reconstituted</i>	1 or 1a*	QL (500 mL per 1 fill)
<i>amoxicillin oral tablet</i>	1 or 1a*	
<i>amoxicillin oral tablet chewable</i>	1 or 1a*	
<i>ampicillin oral capsule</i>	1 or 1a*	
<i>ampicillin sodium injection solution reconstituted</i>	2	
<i>ampicillin sodium intravenous solution reconstituted</i>	2	
*NATURAL PENICILLINS*** - ANTIBIOTICS		
<i>penicillin g potassium injection solution reconstituted</i>	2	
<i>penicillin g sodium injection solution reconstituted</i>	2	
<i>penicillin v potassium oral solution reconstituted</i>	1 or 1b*	
<i>penicillin v potassium oral tablet</i>	1 or 1b*	
<i>pfizerpen injection solution reconstituted</i>	2	
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	1 or 1b*	QL (40 tablets per 1 fill)
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral tablet</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	1 or 1b*	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED (<i>amoxicillin-pot clavulanate</i>)	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	2	
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	1 or 1b*	
<i>nafcillin sodium injection solution reconstituted</i>	2	
<i>nafcillin sodium intravenous solution reconstituted</i>	2	
<i>oxacillin sodium injection solution reconstituted</i>	2	
<i>oxacillin sodium intravenous solution reconstituted</i>	2	
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART		
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART		
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>lanadelumab-flyo</i>)	4	PA; LD; SP; QL (2 syringes per 30 days)
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION		
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml</i>	2	
<i>sodium polystyrene sulfonate rectal suspension 50 gm/200ml</i>	1 or 1b*	
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension)	2	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
<i>hydroxyprogesterone caproate intramuscular oil</i>	4	PA; SP; QL (25 mL per 21 weekss)
<i>medroxyprogesterone acetate oral tablet</i>	1 or 1a*	QL (1 tablet per 1 day)
<i>megestrol acetate oral suspension</i>	1 or 1b*; OC	
<i>norethindrone acetate oral tablet</i>	1 or 1b*	
<i>progesterone intramuscular oil</i>	1 or 1b*	
<i>progesterone micronized oral capsule 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>progesterone micronized oral capsule 200 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release</i>	2	QL (6 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>disulfiram oral tablet</i>	1 or 1b*	
*BENZODIAZEPINES & TRICYCLIC AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	1 or 1b*	
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet 10 mg, 23 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 5 mg</i>	1 or 1b*	
<i>donepezil hcl oral tablet dispersible</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	2	QL (1 capsule per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	2	
<i>galantamine hydrobromide oral solution</i>	2	
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	2	QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	2	
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	2	QL (2 capsules per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr</i>	2	QL (1 patch per 1 day)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</i>	2	QL (1 gram per 1 day)
*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>tetrabenazine oral tablet</i>	4	PA; SP
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET (<i>teriflunomide</i>)	4	PA; LD; SP; QL (1 tablet per 1 day)
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	4	PA; SP; QL (4 kits per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	4	PA; SP; QL (4 kits per 28 days)
BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	4	PA; SP; QL (15 kits per 30 days)
EXTAVIA SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	4	PA; SP; QL (15 kits per 30 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	4	PA; LD; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	4	PA; LD; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	4	PA; LD; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	4	PA; LD; SP

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	4	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	4	PA; SP
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	4	PA; SP; QL (14 capsules per 365 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	4	PA; SP; QL (2 capsules per 1 day)
<i>dimethyl fumarate starter pack oral</i>	4	PA; SP; QL (1 kit per 365 days)
TECFIDERA ORAL (<i>dimethyl fumarate</i>)	4	PA; LD; SP; QL (1 kit per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (<i>dimethyl fumarate</i>)	4	PA; LD; SP; QL (14 capsules per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (<i>dimethyl fumarate</i>)	4	PA; LD; SP; QL (2 capsules per 1 day)
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS**** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dalfampridine er oral tablet extended release 12 hour</i>	4	PA; SP; QL (2 tablets per 1 day)
*MULTIPLE SCLEROSIS AGENTS**** - DRUGS FOR MULTIPLE SCLEROSIS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	4	PA; SP; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	4	PA; SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; SP
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	4	PA; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)	4	PA; SP
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg</i>	2	
<i>memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg</i>	2	QL (1 capsule per 1 day)
<i>memantine hcl oral solution</i>	2	QL (10 mL per 1 day)
<i>memantine hcl oral tablet 10 mg</i>	2	QL (2 tablets per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	QL (1 tablet per 1 day)
<i>memantine hcl oral tablet 5 mg</i>	2	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl</i>)	2	QL (1 pack per 1 fill)
*PHENOTHIAZINES & TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>perphenazine-amitriptyline oral tablet</i>	1 or 1b*	
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** - DRUGS FOR DEPRESSION		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	1 or 1b*	
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ergoloid mesylates oral tablet</i>	2	QL (3 tablets per 1 day)
<i>pimozide oral tablet</i>	1 or 1b*	
*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1 or 1b*; \$0	PA; QL (2 tablets per 1 day)
CHANTIX CONTINUING MONTH PAK ORAL TABLET (<i>varenicline tartrate</i>)	2; \$0	PA; QL (60 tablet per 30 days)
CHANTIX ORAL TABLET 0.5 MG (<i>varenicline tartrate</i>)	2; \$0	PA; QL (2 tablets per 1 day)
CHANTIX ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	2; \$0	PA; QL (2 tablet per 1 day)
CHANTIX STARTING MONTH PAK ORAL TABLET (<i>varenicline tartrate</i>)	2; \$0	PA; QL (1 starting month pack per 365 days)
<i>cvs nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>eq nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eql nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>eql nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>hm nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>kls quit2 mouth/throat gum</i>	1 or 1b*; \$0	
<i>kls quit2 mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>kls quit4 mouth/throat gum</i>	1 or 1b*; \$0	
<i>kls quit4 mouth/throat lozenge</i>	1 or 1b*; \$0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (nicotine)	2; \$0	
<i>nicorelief mouth/throat gum</i>	1 or 1b*; \$0	
NICORETTE MINI MOUTH/THROAT LOZENGE (nicotine polacrilex)	2; \$0	
NICORETTE MOUTH/THROAT GUM (nicotine polacrilex)	2; \$0	
NICORETTE MOUTH/THROAT LOZENGE (nicotine polacrilex)	2; \$0	
NICORETTE STARTER KIT MOUTH/THROAT GUM (nicotine polacrilex)	2; \$0	
<i>nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine step 1 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 2 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTINE TRANSDERMAL KIT	2; \$0	
<i>nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTROL INHALATION INHALER (nicotine)	2; \$0	PA
NICOTROL NS NASAL SOLUTION (nicotine)	2; \$0	PA
<i>px stop smoking aid mouth/throat gum</i>	1 or 1b*; \$0	
<i>px stop smoking aid mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra mini nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine gum mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>sm nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>sr nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>thrive mouth/throat gum</i>	1 or 1b*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
GILENYA ORAL CAPSULE (<i> fingolimod hcl </i>)	4	PA; SP; QL (1 capsule per 1 day)
MAYZENT ORAL TABLET 0.25 MG (<i> siponimod fumarate </i>)	4	PA; LD; SP; QL (4 tablets per 1 day)
MAYZENT ORAL TABLET 2 MG (<i> siponimod fumarate </i>)	4	PA; LD; SP; QL (1 tablet per 1 day)
*THIENBENZODIAZEPINES & SSRIS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i> olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg </i>	1 or 1b*	QL (1 capsule per 1 day)
<i> olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg </i>	1 or 1b*	
*VASOMOTOR SYMPTOM AGENTS - SSRIS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i> paroxetine mesylate oral capsule </i>	1 or 1b*	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER		
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER		
OFEV ORAL CAPSULE (<i> nintedanib esylate </i>)	4	PA; LD; SP; QL (2 capsules per 1 day)
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION (<i> dornase alfa </i>)	4	SP; QL (150 mL per 30 days)
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM		
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i> nefazodone hcl oral tablet </i>	1 or 1b*	
<i> trazodone hcl oral tablet </i>	1 or 1a*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG (<i> vortioxetine hbr </i>)	3	
TRINTELLIX ORAL TABLET 20 MG (<i> vortioxetine hbr </i>)	3	QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES		
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES		
SYNJARDY ORAL TABLET (<i> empagliflozin-metformin hcl </i>)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (<i> empagliflozin-metformin hcl </i>)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i> empagliflozin-metformin hcl </i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i> dapagliflozin-metformin hcl </i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i> dapagliflozin-metformin hcl </i>)	2	ST; QL (2 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste)	1 or 1b*	
<i>triamcinolone acetonide mouth/throat paste</i>	1 or 1b*	
TETRACYCLINES - DRUGS FOR INFECTIONS		
*TETRACYCLINES*** - ANTIBIOTICS		
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour)	1 or 1b*	ST
<i>demeclocycline hcl oral tablet</i>	2	
<i>doxycycline hyclate</i> (Doxy 100 Intravenous Solution Reconstituted)	2	
<i>doxycycline hyclate intravenous solution reconstituted</i>	2	
<i>doxycycline hyclate oral capsule</i>	1 or 1b*	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1 or 1b*	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	1 or 1b*	ST
<i>doxycycline hyclate oral tablet delayed release</i>	1 or 1b*	ST
<i>doxycycline monohydrate oral capsule</i>	1 or 1b*	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1 or 1b*	
<i>doxycycline monohydrate oral tablet</i>	1 or 1b*	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	1 or 1b*	ST
<i>minocycline hcl oral capsule</i>	1 or 1b*	
<i>minocycline hcl oral tablet</i>	1 or 1b*	
<i>doxycycline monohydrate</i> (Mondoxylene NI Oral Capsule)	1 or 1b*	
<i>doxycycline hyclate</i> (Morgidox Oral Capsule)	1 or 1b*	
<i>tetracycline hcl oral capsule</i>	1 or 1b*	
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
<i>methimazole oral tablet</i>	1 or 1a*	
<i>propylthiouracil oral tablet</i>	1 or 1b*	
*THYROID HORMONES*** - DRUGS FOR THYROID		
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet)	1 or 1b*	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet)	1 or 1b*	
<i>levothyroxine sodium intravenous solution reconstituted</i>	1 or 1a*	
<i>levothyroxine sodium oral tablet</i>	1 or 1a*	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet)	1 or 1a*	
<i>liothyronine sodium intravenous solution</i>	1 or 1b*	
<i>liothyronine sodium oral tablet</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>np thyroid oral tablet</i>	1 or 1a*	
<i>levothyroxine sodium (Unithroid Oral Tablet)</i>	1 or 1a*	
TOXOIDS - BIOLOGICAL AGENTS		
*TOXOID COMBINATIONS*** - VACCINES		
ADACEL INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	2; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	2; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	2; \$0	
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	2; \$0	
INFANRIX INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	2; \$0	
KINRIX INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	2; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION (<i>dtap-hepatitis b recomb-ipv</i>)	2; \$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	2; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	2; \$0	
TDVAX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphtheria toxoids td</i>)	2; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE (<i>tetanus-diphtheria toxoids td</i>)	2; \$0	
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2; \$0	
ULCER DRUGS - DRUGS FOR THE STOMACH		
*ANTICHOLINERGIC COMBINATIONS*** - DRUGS FOR STOMACH CRAMPS		
<i>chlordiazepoxide-clidinium oral capsule</i>	1 or 1b*	
<i>phenobarbital-belladonna alk oral elixir</i>	1 or 1b*	
<i>pb-hyoscy-atropine-scopolamine (Phenohydro Oral Elixir)</i>	1 or 1b*	
<i>pb-hyoscy-atropine-scopolamine (Phenohydro Oral Tablet)</i>	1 or 1b*	
*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS		
<i>dicyclomine hcl intramuscular solution</i>	2	
<i>dicyclomine hcl oral capsule</i>	1 or 1a*	
<i>dicyclomine hcl oral solution</i>	1 or 1a*	
<i>dicyclomine hcl oral tablet</i>	1 or 1a*	
*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS		
<i>atropine sulfate injection solution prefilled syringe</i>	2	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	1 or 1b*	
<i>hyoscyamine sulfate oral tablet</i>	1 or 1b*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hyoscyamine sulfate oral tablet dispersible</i>	1 or 1b*	
<i>hyoscyamine sulfate sl sublingual tablet sublingual</i>	1 or 1b*	
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	1 or 1b*	
*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution</i>	1 or 1b*	
<i>cimetidine oral tablet 300 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>cimetidine oral tablet 400 mg</i>	1 or 1b*	
<i>cimetidine oral tablet 800 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>famotidine intravenous solution</i>	1 or 1b*	
<i>famotidine oral suspension reconstituted</i>	1 or 1b*	
<i>famotidine oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>famotidine oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>famotidine premixed intravenous solution</i>	1 or 1b*	
<i>nizatidine oral capsule</i>	1 or 1b*	
<i>nizatidine oral solution</i>	1 or 1b*	
*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1 or 1b*	
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
DEXILANT ORAL CAPSULE DELAYED RELEASE (<i>dexlansoprazole</i>)	2	ST; QL (1 capsule per 1 day)
<i>omeprazole oral capsule delayed release</i>	1 or 1b*	
<i>pantoprazole sodium oral tablet delayed release</i>	1 or 1b*	
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
<i>glycopyrrolate injection solution</i>	1 or 1b*	
<i>glycopyrrolate oral tablet</i>	1 or 1b*	
<i>methscopolamine bromide oral tablet</i>	1 or 1b*	
<i>propantheline bromide oral tablet</i>	1 or 1b*	
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>misoprostol oral tablet</i>	1 or 1a*	
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
<i>methenamine hippurate oral tablet</i>	2	
<i>methenamine mandelate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitrofurantoin monohyd macro oral capsule</i>	1 or 1b*	QL (14 capsules per 1 fill)
<i>nitrofurantoin oral suspension</i>	1 or 1b*	QL (80 mL per 1 day)
*URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS*** - DRUGS FOR INFECTIONS		
<i>methen-hyosc-meth blue-na phos</i> (Uryl Oral Tablet)	1 or 1b*	
<i>uticap oral capsule</i>	1 or 1b*	
<i>meth-hyo-m bl-na phos-ph sal</i> (Utrona-C Oral Tablet)	1 or 1b*	
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>mirabegron</i>)	3	QL (1 tablet per 1 day)
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg</i>	2	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg</i>	2	QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	1 or 1b*	
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup</i>	1 or 1b*	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>solifenacin succinate oral tablet</i>	2	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>fesoterodine fumarate</i>)	3	QL (1 tablet per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour</i>	2	QL (1 capsule per 1 day)
<i>tropium chloride oral tablet</i>	2	QL (2 tablets per 1 day)
*URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOL)***(NEW) - DRUGS FOR THE BLADDER		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg</i>	2	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg</i>	2	QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	1 or 1b*	
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup</i>	1 or 1b*	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>solifenacin succinate oral tablet</i>	2	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tolterodine tartrate oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>fesoterodine fumarate</i>)	3	QL (1 tablet per 1 day)
<i>trospium chloride er oral capsule extended release 24 hour</i>	2	QL (1 capsule per 1 day)
<i>trospium chloride oral tablet</i>	2	QL (2 tablets per 1 day)
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>mirabegron</i>)	3	QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	2	
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** (NEW) - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	2	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet</i>	1 or 1b*	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** (NEW) - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet</i>	1 or 1b*	
VACCINES - BIOLOGICAL AGENTS		
*BACTERIAL VACCINES*** - VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	2; \$0	
BCG VACCINE INJECTION INJECTABLE	2; \$0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	2; \$0	
BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	2	
HIBERIX INJECTION SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	2; \$0	
MENACTRA INTRAMUSCULAR INJECTABLE (<i>meningococcal a c y&w-135 conj</i>)	2; \$0	
MENQUADFI INTRAMUSCULAR INJECTABLE (<i>meningococcal a c y&w-135 conj</i>)	2; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	2; \$0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (<i>haemophilus b polysac conj vac</i>)	2; \$0	
PNEUMOVAX 23 INJECTION INJECTABLE (<i>pneumococcal vac polyvalent</i>)	2; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVNAR 13 INTRAMUSCULAR SUSPENSION (<i>pneumococcal 13-val conj vacc</i>)	2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	2; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION (<i>typhoid vi polysaccharide vacc</i>)	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (<i>cholera vac live attenuated</i>)	2	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	2	
*VIRAL VACCINE COMBINATIONS*** - VACCINES		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	2; \$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	2; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a-hep b recomb vac</i>)	2; \$0	
*VIRAL VACCINES*** - VACCINES		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
ENGERIX-B INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	2; \$0	
ENGERIX-B INTRAMUSCULAR INJECTABLE (<i>hepatitis b vac recombinant</i>)	2; \$0	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac a&b surf ant adj</i>)	2; \$0	QL (1 fill per 180 days)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE (<i>influenza vac a&b sa adj quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>influenza vac recomb ha quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac subunit quad</i>)	2; \$0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION (<i>influenza virus vac live quad</i>)	2; \$0	QL (2 fills per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac high-dose quad</i>)	2	QL (0.7 mL per 1 fill)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	2; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b vac recomb adj</i>)	2; \$0	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE (<i>rabies virus vaccine, hdc</i>)	2	
IPOLE INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	2; \$0	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	2	
RECOMBIVAX HB INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	2; \$0	
ROTARIX ORAL SUSPENSION RECONSTITUTED (<i>rotavirus vaccine live oral</i>)	2; \$0	
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	2; \$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>zoster vac recomb adjuvanted</i>)	2; \$0	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	2	
VAQTA INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	2; \$0	
VARIVAX SUBCUTANEOUS INJECTABLE (<i>varicella virus vaccine live</i>)	2; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	2	
VAGINAL PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
<i>miconazole 3 vaginal suppository</i>	1 or 1b*	
<i>terconazole vaginal cream 0.4 %</i>	1 or 1b*	QL (90 grams per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	1 or 1b*	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	1 or 1b*	QL (6 suppositories per 30 days)
*SPERMICIDES*** - BIRTH CONTROL PILLS		
ENCARE VAGINAL SUPPOSITORY (<i>nonoxynol-9</i>)	2; \$0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL (<i>nonoxynol-9</i>)	2; \$0	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL (<i>nonoxynol-9</i>)	2; \$0	
TODAY SPONGE VAGINAL (<i>nonoxynol-9</i>)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM (<i>nonoxynol-9</i>)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM (<i>nonoxynol-9</i>)	2; \$0	
<i>vcf vaginal contraceptive vaginal gel</i>	1 or 1b*; \$0	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY (<i>clindamycin phosphate</i>)	2	
<i>clindamycin phosphate vaginal cream</i>	1 or 1b*	
<i>metronidazole vaginal gel</i>	1 or 1b*	
<i>metronidazole</i> (Vandazole Vaginal Gel)	1 or 1b*	
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
<i>estradiol vaginal cream</i>	1 or 1b*	
<i>estradiol vaginal tablet</i>	1 or 1b*	QL (18 tablet per 28 days)
PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>)	2	QL (1 gm per 1 day)
<i>estradiol</i> (Yuvaferm Vaginal Tablet)	1 or 1b*	QL (18 tablet per 28 days)
*VAGINAL PROGESTINS*** - DRUGS FOR WOMEN		
ENDOMETRIN VAGINAL INSERT (<i>progesterone</i>)	2	PA
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>epinephrine injection solution auto-injector</i>	1 or 1b*	QL (2 pens per 1 fill)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE (<i>epinephrine</i>)	2	QL (2 syringes per 1 fill)
*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>dobutamine hcl intravenous solution</i>	1 or 1b*	
<i>dobutamine in d5w intravenous solution</i>	1 or 1b*	
<i>dopamine hcl intravenous solution</i>	1 or 1b*	
<i>dopamine in d5w intravenous solution</i>	1 or 1b*	
<i>epinephrine injection solution</i>	1 or 1b*	
<i>epinephrine injection solution prefilled syringe</i>	1 or 1b*	
<i>midodrine hcl oral tablet</i>	2	
<i>norepinephrine bitartrate intravenous solution</i>	1 or 1b*	
VITAMINS - DRUGS FOR NUTRITION		
*PABA*** - DRUGS FOR NUTRITION		
<i>aminobenzoate potassium oral packet</i>	1 or 1b*	
*VITAMIN B-1*** - DRUGS FOR NUTRITION		
<i>thiamine hcl injection solution</i>	1 or 1b*	
*VITAMIN B-6*** - DRUGS FOR NUTRITION		
<i>pyridoxine hcl injection solution</i>	1 or 1b*	
*VITAMIN C*** - DRUGS FOR NUTRITION		
<i>ascorbic acid injection solution</i>	1 or 1b*	
*VITAMIN D*** - DRUGS FOR NUTRITION		
<i>ergocalciferol oral capsule</i>	1 or 1a*	

BRAND=Brand drug **generic**=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a**=Drugs with the lowest cost share **Tier 1 or 1b**=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin d (ergocalciferol) oral capsule</i>	1 or 1a*	
*VITAMIN K*** - DRUGS FOR NUTRITION		
<i>phytonadione injection solution</i>	1 or 1b*	
<i>phytonadione oral tablet</i>	2	
<i>vitamin k1 injection solution</i>	1 or 1b*	

BRAND=Brand drug *generic*=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 11/01/2020

Index

1ST TIER UNIFINE PENTIPS	98	AFINITOR DISPERZ	47	<i>amiodarone hcl</i>	25
1ST TIER UNIFINE PENTIPS PLUS	98	Afirmelle.....	63	AMITIZA	84
<i>abacavir sulfate</i>	54	AFLURIA QUADRIVALENT	132	<i>amitriptyline hcl</i>	32
<i>abacavir sulfate-lamivudine</i>	53	<i>aftera</i>	66	<i>amlodipine besy-benazepril hcl</i>	40
<i>abacavir-lamivudine-zidovudine</i>	53	AIMOVIG	58, 62	<i>amlodipine besylate</i>	58
<i>abiraterone acetate</i>	45	Airavite.....	89	<i>amlodipine besylate-valsartan</i>	41
ABOUTTIME PEN NEEDLE	98	<i>ak-fluor</i>	117	<i>amlodipine-atorvastatin</i>	60
<i>acamprosate calcium</i>	121	<i>ak-poly-bac</i>	117	<i>amlodipine-olmesartan</i>	41
<i>acarbose</i>	33	<i>ala-cort</i>	74	<i>amlodipine-valsartan-hctz</i>	42
ACCU-CHEK AVIVA PLUS	79	<i>albendazole</i>	23	<i>ammonium lactate</i>	76
ACCU-CHEK COMPACT PLUS	79	Albuked 25.....	87	Amnesteem.....	71
ACCU-CHEK FASTCLIX LANCET	97	Albuked 5.....	88	<i>amoxapine</i>	32
ACCU-CHEK FASTCLIX LANCETS	97	<i>albumin human</i>	88	<i>amoxicillin</i>	120
ACCU-CHEK GUIDE	79	<i>albumin-zlb</i>	88	<i>amoxicillin-pot clavulanate</i>	120, 121
ACCU-CHEK MULTICLIX LANCET DEV	97	<i>alburx</i>	88	<i>amoxicillin-pot clavulanate er</i>	120
ACCU-CHEK MULTICLIX LANCETS	97	Albutein.....	88	<i>amphetamine er</i>	11
ACCU-CHEK MULTICLIX LANCET DEV	97	<i>albuterol sulfate</i>	26	<i>amphetamine sulfate</i>	11
ACCU-CHEK MULTICLIX LANCETS	97	<i>albuterol sulfate er</i>	26	<i>amphetamine-dextroamphet er</i>	11
ACCU-CHEK SAFE-T PRO LANCETS	97	<i>albuterol sulfate hfa</i>	26	<i>amphetamine-dextroamphetamine</i>	11
ACCU-CHEK SMARTVIEW	79	<i>alclometasone dipropionate</i>	74	<i>amphotericin b</i>	37
ACCU-CHEK SOFTCLIX LANCET DEV	97	<i>alendronate sodium</i>	80	<i>ampicillin</i>	120
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alfuzosin hcl er</i>	86	<i>ampicillin sodium</i>	120
ACCU-CHEK SOFTCLIX LANCETS	97	<i>aliskiren fumarate</i>	43	<i>ampicillin-sulbactam sodium</i>	121
ACCU-CHEK SOFTCLIX LANCETS	97	<i>allbee/c</i>	109	<i>anagrelide hcl</i>	88
ACCU-CHEK SOFTCLIX LANCETS	97	ALLEVYN AG ADHESIVE	78	ANASCORP	119
ACCU-CHEK SOFTCLIX LANCETS	97	ALLEVYN AG GENTLE BORDER	78	<i>anastrozole</i>	48
ACCU-CHEK SOFTCLIX LANCETS	97	<i>allopurinol</i>	87	ANNOVERA	66
ACCU-CHEK SOFTCLIX LANCETS	97	<i>allopurinol sodium</i>	87	ANORO ELLIPTA	25
ACCU-CHEK SOFTCLIX LANCETS	97	<i>almotriptan malate</i>	104	ANTIVENIN LATRODECTUS MACTANS	120
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alogliptin benzoate</i>	33	ANTIVENIN MICRURUS FULVIUS	120
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alogliptin-metformin hcl</i>	33	<i>apap-caff-dihydrocodeine</i>	20
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alogliptin-pioglitazone</i>	33	<i>apraclonidine hcl</i>	118
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alophen</i>	94	<i>aprepitant</i>	37
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alose tron hcl</i>	84	Apri.....	63
ACCU-CHEK SOFTCLIX LANCETS	97	ALPHAGAN P	118	APTIVUS	54
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alprazolam</i>	24	Aranelle.....	68
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alprazolam er</i>	24	ARANESP (ALBUMIN FREE)	88, 89
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alprazolam xr</i>	24	<i>aripiprazole</i>	52
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alprostadil</i>	57	<i>armodafinil</i>	12
ACCU-CHEK SOFTCLIX LANCETS	97	ALTABAX	72	ARNUNITY ELLIPTA	27
ACCU-CHEK SOFTCLIX LANCETS	97	<i>altafluor benox</i>	117	<i>Ascomp-Codeine</i>	20
ACCU-CHEK SOFTCLIX LANCETS	97	Altafrin.....	116	<i>ascorbic acid</i>	134
ACCU-CHEK SOFTCLIX LANCETS	97	Altavera.....	63	Ashlyna.....	67
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alyacen 1/35</i>	63	<i>aspirin</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	<i>alyacen 7/7/7</i>	68	<i>aspirin 81</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	Alyq.....	61	<i>aspirin adult</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	Amabelz.....	83	<i>aspirin adult low dose</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	<i>amantadine hcl</i>	50	<i>aspirin adult low strength</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	<i>ambri sentan</i>	61	<i>aspirin childrens</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	<i>amcinonide</i>	74	<i>aspirin ec</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	Amethia.....	67	<i>aspirin ec adult low strength</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	Amethia Lo.....	67	<i>aspirin ec low dose</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	Amethyst.....	66	<i>aspirin ec low strength</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	<i>amikacin sulfate</i>	13	<i>aspirin low dose</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	<i>amiloride hcl</i>	80	<i>aspirin low strength</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	<i>amiloride-hydrochlorothiazide</i>	79	<i>aspirin-dipyridamole er</i>	88
ACCU-CHEK SOFTCLIX LANCETS	97	<i>aminoacetic acid</i>	86	<i>aspir-low</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	Aminoamrms.....	115	<i>aspirtab</i>	17
ACCU-CHEK SOFTCLIX LANCETS	97	<i>aminobenzoate potassium</i>	134	ASSURE ID INSULIN SAFETY SYR	98
ACCU-CHEK SOFTCLIX LANCETS	97	<i>aminocaproic acid</i>	91		
ACCU-CHEK SOFTCLIX LANCETS	97	<i>aminophylline</i>	27		
ACCU-CHEK SOFTCLIX LANCETS	97	Aminoreliefrms.....	115		

ASSURE ID SAFETY PEN			
NEEDLES	98	<i>balanced salt</i>	117
<i>atazanavir sulfate</i>	54	BALCOLTRA	63
<i>atenolol</i>	57	<i>balsalazide disodium</i>	84
<i>atenolol-chlorthalidone</i>	43	Balziva	63
<i>atomoxetine hcl</i>	11	BARACLUDE	55
<i>atorvastatin calcium</i>	39	<i>bayer advanced aspirin reg st</i>	17
<i>atovaquone</i>	43	<i>bayer aspirin</i>	18
<i>atovaquone-proguanil hcl</i>	44	<i>bayer aspirin ec low dose</i>	18
<i>atracurium besylate</i>	115	<i>bayer low dose</i>	18
<i>atropine sulfate</i>	128	BCG VACCINE	131
ATROVENT HFA	26	<i>b-compleet-100</i>	110
AUBAGIO	122	<i>b-compleet-50</i>	110
Aubra	63	<i>b-complex</i>	110
Aubra Eq	63	<i>b-complex balanced</i>	108
AUGMENTIN	121	<i>b-complex/b-12</i>	108
AURORA PEN NEEDLES	98	<i>b-complex/vitamin c</i>	108
AURORA UNIFINE PENTIPS	98	<i>b-complex-c</i>	109
Aurovela 1.5/30	63	BD AUTOSHIELD	98
Aurovela 1/20	63	BD AUTOSHIELD DUO	98
Aurovela 24 Fe	63	BD INSULIN SYR ULTRAFINE II	98
Aurovela Fe 1.5/30	63	BD INSULIN SYRINGE	98
Aurovela Fe 1/20	63	MICROFINE	98
Aviane	63	BD INSULIN SYRINGE U/F	98
Avita	71	BD INSULIN SYRINGE U/F	
AVONEX PEN	122	1/2UNIT	98
AVONEX PREFILLED	122	BD INSULIN SYRINGE U-500	98
Ayuna	63	BD INSULIN SYRINGE	
<i>azathioprine</i>	57	ULTRAFINE	98
<i>azelaic acid</i>	77	BD PEN NEEDLE MICRO U/F	98
<i>azelastine hcl</i>	114, 116	BD PEN NEEDLE MINI U/F	98
<i>azelastine-fluticasone</i>	114	BD PEN NEEDLE NANO 2ND GEN	98
<i>azithromycin</i>	96	BD PEN NEEDLE NANO U/F	98
AZOPT	117	BD PEN NEEDLE ORIGINAL U/F	98
<i>aztreonam</i>	106	BD PEN NEEDLE SHORT U/F	98
Azurette	63	BD SAFETYGLIDE INSULIN	
<i>b complete</i>	110	SYRINGE	98
<i>b complex</i>	108	BD SAFETY-LOK INSULIN	
<i>b complex 100 tr</i>	110	SYRINGE	98
<i>b complex formula 1</i>	109	BD VEO INSULIN SYR U/F	
<i>b complex plus</i>	109	1/2UNIT	98
<i>b complex-b12</i>	108	BD VEO INSULIN SYRINGE U/F	98
<i>b complex-biotin-fa</i>	110	Bekyree	63
<i>b complex-c</i>	109	<i>benazepril hcl</i>	40
B COMPLEX-C-BIOTIN-E-FA	109	<i>benazepril-hydrochlorothiazide</i>	40
<i>b complex-c-folic acid</i>	108	<i>benzoin compound</i>	78
<i>b-100 b-complex</i>	110	<i>benzonatate</i>	69
<i>b-100 complex</i>	113	<i>benzoyl perox-hydrocortisone</i>	71
<i>b-100 complex cr</i>	110	<i>benzoyl peroxide</i>	71
<i>b-100 tr</i>	110	<i>benzoyl peroxide-erythromycin</i>	71
<i>b-50 complex</i>	110	<i>benzphetamine hcl</i>	12
<i>b50 complex tr</i>	110	<i>benztropine mesylate</i>	49
<i>baciiim</i>	43	BERINERT	87
<i>bacitracin</i>	43, 116	Beser	74
<i>bacitracin-polymyxin b</i>	117	<i>betamethasone dipropionate</i>	74
<i>bacitra-neomycin-polymyxin-hc</i>	118	<i>betamethasone dipropionate aug</i>	74
<i>baclofen</i>	113	<i>betamethasone sod phos & acet</i>	69
<i>balance b-100</i>	113	<i>betamethasone valerate</i>	74
<i>balance b-50</i>	110	BETASERON	122
<i>balanced b complex</i>	110	<i>betaxolol hcl</i>	57, 116
<i>balanced b-100</i>	110, 113	<i>bethanechol chloride</i>	131
<i>balanced b-50</i>	113	BETOPTIC-S	116
<i>balanced b-50 complex</i>	113	<i>better b complex</i>	109
		<i>bexarotene</i>	49
		BEXSERO	131
		<i>bicalutamide</i>	45
		BIDIL	60
		<i>big 100</i>	110
		BIJUVA	83
		BIKTARVY	53
		<i>bimatoprost</i>	118
		<i>biocel</i>	111
		BIOSTEP	78
		BIOSTEP AG	78
		BIOTHRAX	131
		<i>bisacodyl ec</i>	94
		<i>bisoprolol fumarate</i>	57
		<i>bisoprolol-hydrochlorothiazide</i>	43
		Blanche	76
		Blisovi 24 Fe	63
		Blisovi Fe 1.5/30	63
		Blisovi Fe 1/20	63
		BOOSTRIX	128
		<i>bosentan</i>	61
		BOSULIF	47
		BP VIT 3	89
		<i>bp wash</i>	71
		<i>b-plex</i>	108
		<i>b-plex plus</i>	111
		BREO ELLIPTA	25
		<i>briellyn</i>	63
		BRILINTA	79, 87
		<i>brimonidine tartrate</i>	118
		Bromfed Dm	70
		<i>bromfenac sodium (once-daily)</i>	117
		<i>bromocriptine mesylate</i>	50
		<i>budesonide</i>	27, 68
		<i>budesonide er</i>	68
		<i>budesonide-formoterol fumarate</i>	25
		<i>bumetanide</i>	80
		<i>bupivacaine hcl</i>	95
		<i>bupivacaine hcl (pf)</i>	95
		<i>bupivacaine in dextrose</i>	95
		<i>bupivacaine spinal</i>	95
		<i>bupivacaine-epinephrine</i>	95
		<i>bupivacaine-epinephrine (pf)</i>	95
		<i>buprenorphine</i>	22
		<i>buprenorphine hcl</i>	22
		<i>buprenorphine hcl-naloxone hcl</i>	22
		<i>bupropion hcl</i>	31
		<i>bupropion hcl er (smoking det)</i>	124
		<i>bupropion hcl er (sr)</i>	31
		<i>bupropion hcl er (xl)</i>	31
		<i>buspirone hcl</i>	24
		<i>butalbital-acetaminophen</i>	17
		<i>butalbital-apap-caff-cod</i>	20
		<i>butalbital-apap-caffeine</i>	17
		<i>butalbital-asa-caff-codeine</i>	20
		<i>butalbital-aspirin-caffeine</i>	17
		<i>butorphanol tartrate</i>	22
		BYSTOLIC	57
		<i>cabergoline</i>	81
		<i>caffeine citrate</i>	12
		<i>calcipotriene</i>	73
		<i>calcipotriene-betameth diprop</i>	78
		<i>calcitonin (salmon)</i>	81

Calcitrene	73	CHANTIX STARTING MONTH	<i>clobetasol propionate emulsion</i>	74
<i>calcitriol</i>	73, 81	PAK	<i>clocortolone pivalate</i>	75
<i>calcium acetate</i>	85	Charlotte 24 Fe	Clodan	75
<i>calcium acetate (phos binder)</i>	85	Chateal	<i>clomiphene citrate</i>	82
<i>calcium chloride</i>	104	Chateal Eq	<i>clomipramine hcl</i>	32
Camila	67	<i>cheratussin ac</i>	<i>clonazepam</i>	28
Camrese	67	<i>childrens aspirin</i>	<i>clonidine</i>	42
Camrese Lo	67	<i>childrens aspirin low strength</i>	<i>clonidine hcl</i>	42
<i>candesartan cilexetil</i>	42	<i>chloramphenicol sod succinate</i>	<i>clonidine hcl (analgesia)</i>	17
<i>candesartan cilexetil-hctz</i>	41	<i>chlordiazepoxide hcl</i>	<i>clonidine hcl er</i>	11
<i>capecitabine</i>	46	<i>chlordiazepoxide-amitriptyline</i>	<i>clopidogrel bisulfate</i>	88
CAPRELSA	47	<i>chlordiazepoxide-clidinium</i>	<i>clorazepate dipotassium</i>	24
<i>captopril</i>	40	<i>chlorhexidine gluconate</i>	<i>clotrimazole</i>	77, 107
<i>captopril-hydrochlorothiazide</i>	40	<i>chlorprocaine hcl (pf)</i>	<i>clotrimazole-betamethasone</i>	72
<i>carbamazepine</i>	29	<i>chloroquine phosphate</i>	Clovique	56
<i>carbamazepine er</i>	28, 29	<i>chlorothiazide sodium</i>	<i>clozapine</i>	51
<i>carbidopa</i>	50	<i>chlorpromazine hcl</i>	COAGUCHEK LANCETS	97
<i>carbidopa-levodopa</i>	50	<i>chlorthalidone</i>	<i>coal tar</i>	78
<i>carbidopa-levodopa er</i>	50	<i>chlorzoxazone</i>	<i>codeine sulfate</i>	20
<i>carbidopa-levodopa-entacapone</i>	50	<i>cholestyramine</i>	<i>colchicine</i>	87
<i>carbinoxamine maleate</i>	38	<i>cholestyramine light</i>	<i>colchicine-probenecid</i>	86
<i>carboprost tromethamine</i>	119	<i>chromic chloride</i>	<i>colesevelam hcl</i>	39
CARDIOVID PLUS	115	<i>ciclopirox</i>	<i>colestipol hcl</i>	39
CAREFINE PEN NEEDLES	98	<i>ciclopirox olamine</i>	<i>colistimethate sodium (cba)</i>	44
CAREONE INSULIN SYRINGE	98	<i>cilostazol</i>	COMBIGAN	116
CAREONE UNIFINE PENTIPS	98	CIMDUO	COMBIPATCH	83
CAREONE UNIFINE PENTIPS		<i>cimetidine</i>	COMBIVENT RESPIMAT	25
PLUS	98	<i>cimetidine hcl</i>	COMETRIQ (100 MG DAILY	
CARETOUCH INSULIN SYRINGE	99	<i>cinacalcet hcl</i>	DOSE)	47
CARETOUCH PEN NEEDLES	99	CIPRODEX	COMETRIQ (140 MG DAILY	
<i>carisoprodol</i>	113	<i>ciprofloxacin hcl</i>	DOSE)	47
<i>carisoprodol-aspirin-codeine</i>	114	<i>ciprofloxacin in d5w</i>	COMETRIQ (60 MG DAILY	
<i>carteolol hcl</i>	116	<i>ciprofloxacin-dexamethasone</i>	DOSE)	47
Cartia Xt	58, 59	<i>ciprofloxacin-fluocinolone pf</i>	COMFORT ASSIST INSULIN	
<i>carvedilol</i>	57	<i>cisatracurium besylate</i>	SYRINGE	99
<i>carvedilol phosphate er</i>	57	<i>cisatracurium besylate (pf)</i>	COMFORT EZ INSULIN	
Cavarest	107	<i>citalopram hydrobromide</i>	SYRINGE	99
CAYA	97	<i>citrate of magnesia</i>	COMFORT EZ MICRO PEN	
Caziant	68	<i>citroma</i>	NEEDLES	99
<i>cefaclor</i>	61	Claravis	COMFORT EZ PEN NEEDLES	99
CEFACTOR ER	61	<i>clarithromycin</i>	COMFORT EZ SHORT PEN	
<i>cefadroxil</i>	61	<i>clarithromycin er</i>	NEEDLES	99
<i>cefazolin sodium</i>	61	CLASSIC PRENATAL	COMPLETENATE	112
<i>cefdinir</i>	62	<i>clearlax</i>	<i>complex b-100</i>	113
<i>cefepime hcl</i>	62	<i>clemastine fumarate</i>	<i>complex b-50 prolonged release</i>	110
<i>cefixime</i>	62	CLEOCIN	Compro	52
<i>cefotaxime sodium</i>	62	CLEVER CHOICE COMFORT EZ	<i>constulose</i>	93
<i>cefotetan disodium</i>	61	CLICKFINE PEN NEEDLES	COPAXONE	123
<i>cefoxitin sodium</i>	62	CLIMARA PRO	Coremino	127
<i>cefpodoxime proxetil</i>	62	Clindacin Etz	Cortic-Nd	119
<i>cefprozil</i>	62	Clindacin-P	<i>cortisone acetate</i>	68
<i>ceftazidime</i>	62	<i>clindamycin hcl</i>	<i>corvita</i>	111
<i>ceftriaxone sodium</i>	62	<i>clindamycin palmitate hcl</i>	Corvita 150	90
<i>ceftriaxone sodium in dextrose</i>	62	<i>clindamycin phos-benzoyl perox</i>	COSENTYX	73
<i>cefuroxime axetil</i>	62	<i>clindamycin phosphate</i>	COSENTYX (300 MG DOSE)	73
<i>cefuroxime sodium</i>	62	<i>clindamycin phosphate in d5w</i>	COSENTYX SENSOREADY (300	
<i>celecoxib</i>	15	<i>clindamycin-tretinoin</i>	MG)	73
<i>cephalexin</i>	61	Clinisol Sf	COSENTYX SENSOREADY PEN ...	73
Cerovel	76	Clinpro 5000	CREON	79
<i>cevimeline hcl</i>	107	<i>clobazam</i>	CROFAB	120
CHANTIX	124	<i>clobetasol prop emollient base</i>	<i>cromolyn sodium</i>	26, 84, 116
CHANTIX CONTINUING MONTH		<i>clobetasol propionate</i>	<i>crotan</i>	78
PAK	124	<i>clobetasol propionate e</i>	Cryselle-28	63

<i>cupric chloride</i>	106	<i>desoximetasone</i>	75	<i>dopamine in d5w</i>	134
Curity Sterile Saline.....	86	<i>desvenlafaxine succinate er</i>	32	<i>dorzolamide hcl</i>	117
<i>cvs aspirin</i>	18	<i>dexamethasone</i>	69	<i>dorzolamide hcl-timolol mal</i>	116
<i>cvs aspirin adult low dose</i>	18	DEXAMETHASONE INTENSOL	69	<i>dorzolamide hcl-timolol mal pf</i>	116
<i>cvs aspirin adult low strength</i>	18	<i>dexamethasone sod phosphate pf</i>	69	Dotti.....	83
<i>cvs aspirin ec</i>	18	<i>dexamethasone sodium phosphate</i> . 69, 118		<i>doxazosin mesylate</i>	42
<i>cvs aspirin low dose</i>	18	Dexifol.....	108	<i>doxepin hcl</i>	32, 73, 92
<i>cvs aspirin low strength</i>	18	DEXILANT	129	<i>doxercalciferol</i>	81, 82
<i>cvs b complex plus c</i>	109	<i>dexmedetomidine hcl</i>	92	Doxy 100.....	127
<i>cvs bisacodyl</i>	94	<i>dexmedetomidine hcl in nacl</i>	92	<i>doxycycline hyclate</i>	127
<i>cvs citrate of magnesia</i>	93	<i>dexmethylphenidate hcl</i>	12	<i>doxycycline monohydrate</i>	127
<i>cvs folic acid</i>	89	<i>dexmethylphenidate hcl er</i>	12	<i>doxylamine-pyridoxine</i>	37
<i>cvs gentle laxative</i>	94	<i>dextroamphetamine sulfate</i>	11	<i>dronabinol</i>	37
<i>cvs gentle laxative womens</i>	94	<i>dextroamphetamine sulfate er</i>	11	<i>droperidol</i>	24
<i>cvs magnesium citrate</i>	94	<i>dextrose</i>	115	DROPLET INSULIN SYRINGE	99
<i>cvs milk of magnesia</i>	94	<i>dextrose in lactated ringers</i>	105	DROPLET MICRON	99
<i>cvs nicotine</i>	124	<i>dextrose-nacl</i>	105	DROPLET PEN NEEDLES	99
<i>cvs nicotine polacrilex</i>	124	<i>dextrose-sodium chloride</i>	105	DROPSAFE SAFETY PEN	
<i>cvs purelax</i>	93	<i>dialyvite 800</i>	108	NEEDLES	99
<i>cvs super b complex/c</i>	109	DIATHRIVE PEN NEEDLE	99	<i>drosipren-eth estrad-levomefol</i>	64
<i>cyanocobalamin</i>	88	<i>diazepam</i>	24, 28	<i>drosiprenone-ethinyl estradiol</i>	64
Cyclafem 1/35.....	63	Diazepam Intensol.....	24	DROXIA	88
Cyclafem 7/7/7.....	68	<i>diazoxide</i>	33	DRUG MART UNIFINE PENTIPS ... 99	
<i>cyclobenzaprine hcl</i>	113	<i>diclofenac potassium</i>	15	DRUG MART UNIFINE PENTIPS	
<i>cyclopentolate hcl</i>	116	<i>diclofenac sodium</i>	15, 72, 73, 117	PLUS	99
<i>cyclophosphamide</i>	49	<i>diclofenac sodium er</i>	15	<i>ducodyl</i>	94
<i>cycloserine</i>	45	<i>diclofenac-misoprostol</i>	15	<i>duloxetine hcl</i>	32
<i>cyclosporine</i>	56	<i>dicloxacillin sodium</i>	121	<i>duramorph</i>	20
<i>cyclosporine modified</i>	56	<i>dicyclomine hcl</i>	128	DUREZOL	118
<i>cyproheptadine hcl</i>	39	<i>didanosine</i>	54	<i>dutasteride</i>	85
Cyred.....	64	<i>diethylpropion hcl</i>	12	<i>dutasteride-tamsulosin hcl</i>	86
Cyred Eq.....	63	<i>diethylpropion hcl er</i>	12	Dvorah.....	20
CYSTADANE	81	Difil-G Forte.....	27	DYMISTA	114
CYSTARAN	118	<i>diflorasone diacetate</i>	75	<i>e.e.s. 400</i>	96
<i>dalfampridine er</i>	123	<i>diflunisal</i>	18	EASY COMFORT INSULIN	
<i>danazol</i>	22	Digitek.....	60	SYRINGE	99
<i>dantrolene sodium</i>	114	Digox.....	60	EASY COMFORT PEN NEEDLES .. 99	
<i>dapsone</i>	44, 71	<i>digoxin</i>	60	EASY GLIDE PEN NEEDLES	99
DAPTACEL	128	<i>dihydroergotamine mesylate</i>	104	EASY TOUCH FLIPLOCK	
<i>daptomycin</i>	44	DILANTIN	30	INSULIN SY	99
<i>darifenacin hydrobromide er</i>	130	DILATRATE-SR	23	EASY TOUCH INSULIN SAFETY	
Dasetta 1/35.....	64	<i>diltiazem hcl</i>	59	SYR	99
Dasetta 7/7/7.....	68	<i>diltiazem hcl er</i>	59	EASY TOUCH INSULIN SYRINGE .. 99	
Daysee.....	67	<i>diltiazem hcl er beads</i>	59	EASY TOUCH PEN NEEDLES	99
Deblitane.....	67	<i>diltiazem hcl er coated beads</i>	59	EASY TOUCH SAFETY PEN	
Decadron.....	69	<i>dilt-xr</i>	59	NEEDLES	99
<i>deferasirox</i>	36	<i>dimethyl fumarate</i>	123	EASY TOUCH SHEATHLOCK	
<i>deferasirox granules</i>	36	<i>dimethyl fumarate starter pack</i>	123	SYRINGE	99
<i>deferiprone</i>	36	<i>diphenhydramine hcl</i>	38	<i>easygel</i>	107
<i>dehydrated alcohol</i>	115	<i>diphenoxylate-atropine</i>	36	<i>ec-naproxen</i>	15
Delyla.....	64	DIPHThERIA-TETANUS		<i>econazole nitrate</i>	77
<i>demeclocycline hcl</i>	127	TOXOIDS DT	128	<i>econtra ez</i>	66
Denta 5000 Plus.....	107	<i>dipyridamole</i>	88	<i>econtra one-step</i>	66
Dentagel.....	107	<i>disopyramide phosphate</i>	24	<i>ecotrin</i>	18
DEPO-SUBQ PROVERA 104	67	<i>disulfiram</i>	122	<i>ecotrin low strength</i>	18
<i>desflurane</i>	85	<i>divalproex sodium</i>	31	<i>ecpirin</i>	18
<i>desipramine hcl</i>	32	<i>divalproex sodium er</i>	30, 31	EDURANT	54
<i>desloratadine</i>	38	DIVIGEL	83	<i>efavirenz</i>	54
<i>desmopressin ace spray refrig</i>	83	<i>dobutamine hcl</i>	134	<i>efavirenz-lamivudine-tenofovir</i>	53
<i>desmopressin acetate</i>	83	<i>dobutamine in d5w</i>	134	Effer-K.....	105
<i>desmopressin acetate spray</i>	83	<i>dofetilide</i>	25	<i>eletriptan hydrobromide</i>	104
<i>desogestrel-ethinyl estradiol</i>	63, 64	<i>donepezil hcl</i>	122	Elinest.....	64
<i>desonide</i>	75	<i>dopamine hcl</i>	134	ELIQUIS	27, 28

ELIQUIS DVT/PE STARTER			
PACK	27	EQL PRENATAL FORMULA	112
<i>elite-ob</i>	112	<i>eql super b complex/vitamin c</i>	108
ELITE-THIN INSULIN SYRINGE	99	<i>ergocalciferol</i>	134
ELLA	66	<i>ergoloid mesylates</i>	124
Eluryng.....	66	<i>ergotamine-caffeine</i>	104
EMCYT	48	ERIVEDGE	46
EMGALITY	58, 62	ERLEADA	45
EMGALITY (300 MG DOSE)	58, 62	<i>erlotinib hcl</i>	47
Emoquette.....	64	Errin.....	67
<i>emtricitabine</i>	54	<i>ery</i>	71
<i>emtricitabine-tenofovir df</i>	53	Ery-Tab.....	96
EMTRIVA	55	<i>erythrocin stearate</i>	96
<i>enalapril maleate</i>	40	<i>erythromycin</i>	71, 96, 116
<i>enalaprilat</i>	41	<i>erythromycin base</i>	96
<i>enalapril-hydrochlorothiazide</i>	40	<i>erythromycin ethylsuccinate</i>	96
ENBREL	16	<i>escitalopram oxalate</i>	31
ENBREL MINI	16	<i>esmolol hcl</i>	57
ENBREL SURECLICK	16	Estarylla.....	64
ENCARE	133	<i>estazolam</i>	91
Endocet.....	22	<i>estradiol</i>	83, 134
ENDOMETRIN	134	<i>estradiol valerate</i>	83
<i>endur-b</i>	110	<i>estradiol-norethindrone acet</i>	83
ENFAMIL EXPECTA	113	<i>eszopiclone</i>	92
ENGERIX-B	132	<i>ethacrynic acid</i>	80
<i>enoxaparin sodium</i>	28	<i>ethambutol hcl</i>	45
Enpresse-28.....	68	<i>ethosuximide</i>	30
Enskyce.....	64	<i>ethynodiol diac-eth estradiol</i>	64
<i>entacapone</i>	50	<i>etodolac</i>	15
<i>entecavir</i>	55	<i>etodolac er</i>	15
ENTRESTO	115	<i>etomidate</i>	85
ENTYVIO	92	<i>etonogestrel-ethinyl estradiol</i>	66
<i>enulose</i>	85	<i>etoposide</i>	49
EPCLUSA	91	Euthyrox.....	127
<i>epinastine hcl</i>	116	EVAMIST	83
<i>epinephrine</i>	134	<i>everolimus</i>	47, 57
Epitol.....	29	EXEL COMFORT POINT	
<i>eplerenone</i>	43	INSULIN SYR	99
<i>eptifibatide</i>	87	EXEL COMFORT POINT PEN	
<i>eq adult aspirin low strength</i>	18	NEEDLE	99
<i>eq aspirin</i>	18	<i>exemestane</i>	48
<i>eq aspirin adult low dose</i>	18	EXTAVIA	122
<i>eq aspirin low dose</i>	18	<i>extress</i>	110
<i>eq buffered aspirin</i>	17	<i>extress-super</i>	110
<i>eq childrens aspirin</i>	18	<i>ezetimibe</i>	40
<i>eq clearlax</i>	93	<i>ezetimibe-simvastatin</i>	40
<i>eq gentle laxative</i>	94	<i>fa-8</i>	89
<i>eq magnesium citrate</i>	94	<i>fabb</i>	89
<i>eq nicotine</i>	124	Falmina.....	64
<i>eq nicotine polacrilex</i>	124	<i>famciclovir</i>	55
<i>eq nicotine step 3</i>	124	<i>famotidine</i>	129
<i>eq womens laxative</i>	94	<i>famotidine premixed</i>	129
<i>eql aspirin ec</i>	18	FARXIGA	35
<i>eql aspirin low dose</i>	18	<i>fa-vitamin b-6-vitamin b-12</i>	89
<i>eql b complex 50</i>	110	Fayosim.....	67
<i>eql b-100 complex</i>	110	FC FEMALE CONDOM	96
<i>eql clearlax</i>	93	FC2 FEMALE CONDOM	96
<i>eql gentle laxative</i>	94	<i>febuxostat</i>	87
EQL INSULIN SYRINGE	99	<i>felbamate</i>	30
<i>eql laxative</i>	94	<i>felodipine er</i>	59
<i>eql magnesium citrate</i>	94	FEMCAP	96
<i>eql milk of magnesia</i>	94	Femynor.....	64
<i>eql nicotine polacrilex</i>	124	<i>fenofibrate</i>	39
		<i>fenofibrate micronized</i>	39
		<i>fenofibric acid</i>	39
		<i>fenoprofen calcium</i>	15
		<i>fentanyl</i>	20
		<i>fentanyl citrate</i>	20
		<i>fentanyl citrate (pf)</i>	20
		<i>ferocon</i>	90
		<i>ferotransic</i>	90
		Ferrocite Plus.....	90
		<i>fexmid</i>	113
		FIFTY50 PEN NEEDLES	100
		FIFTY50 SUPERIOR COMFORT	
		SYR	100
		<i>finasteride</i>	78, 86
		FIRMAGON	48
		FIRMAGON (240 MG DOSE)	48
		Flac.....	119
		<i>flavoxate hcl</i>	131
		<i>flecainide acetate</i>	25
		Flexbumin.....	88
		FLOVENT DISKUS	27
		FLOVENT HFA	27
		FLUAD	132
		FLUAD QUADRIVALENT	132
		FLUARIX QUADRIVALENT	132
		FLUBLOK QUADRIVALENT	132
		FLUCELVAX QUADRIVALENT	132
		<i>fluconazole</i>	38
		<i>fluconazole in sodium chloride</i>	38
		<i>flucytosine</i>	37
		<i>fludrocortisone acetate</i>	69
		FLULAVAL QUADRIVALENT	132
		<i>flumazenil</i>	36
		FLUMIST QUADRIVALENT	132
		<i>fluocinolone acetonide</i>	75, 119
		<i>fluocinolone acetonide body</i>	75
		<i>fluocinolone acetonide scalp</i>	75
		<i>fluocinonide</i>	75
		<i>fluocinonide emulsified base</i>	75
		<i>fluorescein-benoxinate</i>	117
		Fluoridex.....	107
		Fluoridex Enhanced Whitening.....	107
		Fluoridex Sensitivity Relief.....	107
		Fluor-I-Strips A.T.....	117
		<i>fluoritab</i>	105
		<i>fluorometholone</i>	118
		<i>fluorouracil</i>	73
		<i>fluoxetine hcl</i>	31, 32
		<i>fluoxetine hcl (pmd)</i>	124
		<i>fluphenazine decanoate</i>	52
		<i>fluphenazine hcl</i>	52
		<i>flura-drops</i>	105
		<i>flurandrenolide</i>	75
		<i>flurazepam hcl</i>	91
		<i>flurbiprofen</i>	15
		<i>flurbiprofen sodium</i>	117
		<i>flutamide</i>	45
		<i>fluticasone propionate</i>	75, 114
		<i>fluticasone-salmeterol</i>	25
		<i>fluvastatin sodium</i>	39
		<i>fluvastatin sodium er</i>	39
		<i>fluvoxamine maleate</i>	32
		<i>fluvoxamine maleate er</i>	32

FLUZONE HIGH-DOSE			
QUADRIVALENT	132	<i>glipizide</i>	35
FLUZONE QUADRIVALENT	132, 133	<i>glipizide er</i>	35
<i>folate</i>	89	<i>glipizide xl</i>	35
<i>folbee</i>	89	<i>glipizide-metformin hcl</i>	35
<i>folbee plus</i>	108	GLOBAL EASE INJECT PEN	
<i>folding paddle walker</i>	98	NEEDLES	100
<i>folic acid</i>	89, 90	GLOBAL EASY GLIDE INSULIN	
FOLIVANE-OB	112	SYR	100
<i>folplex 2.2</i>	89	GLOBAL EASY GLIDE PEN	
<i>foltabs 800</i>	89	NEEDLES	100
<i>foltrin</i>	90	GLOBAL INJECT EASE INSULIN	
<i>fomepizole</i>	36	SYR	100
<i>fondaparinux sodium</i>	28	GLOBAL INSULIN SYRINGES	100
FORTEO	82	GLUCAGEN HYPOKIT	33
FOSAMAX PLUS D	80	GLUCAGON EMERGENCY	33
<i>fosamprenavir calcium</i>	54	GLUCOPRO INSULIN SYRINGE ..	100
<i>fosaprepitant dimeglumine</i>	37	<i>glyburide</i>	35
<i>fosinopril sodium</i>	41	<i>glyburide micronized</i>	35
<i>fosinopril sodium-hctz</i>	40	<i>glyburide-metformin</i>	35
<i>fosphenytoin sodium</i>	30	<i>glycine</i>	86
FRAGMIN	28	<i>glycine urologic</i>	86
FREDS PHARMACY UNIFINE		<i>glycolax</i>	93
PENTIP+	100	<i>glycopyrrolate</i>	129
FREDS PHARMACY UNIFINE		Glydo	77
PENTIPS	100	<i>gnp adult aspirin low strength</i>	18
FREESTYLE PRECISION INS SYR		<i>gnp aspirin</i>	18
.....	100	<i>gnp aspirin low dose</i>	18
<i>fresenius propoven</i>	85	<i>gnp b-100 complex</i>	110
<i>frovatriptan succinate</i>	104	<i>gnp b-50 balanced</i>	110
FULL SPECTRUM B/VITAMIN C ..	109	<i>gnp b-50 complex</i>	110
FULPHILA	90	<i>gnp b-complex plus vitamin c</i>	108
<i>furosemide</i>	80	<i>gnp bisa-lax</i>	94
FUZEON	53	<i>gnp clearlax</i>	93
<i>Fyavolv</i>	83	GNP CLICKFINE PEN NEEDLES ..	100
<i>g tussin ac</i>	69	<i>gnp folic acid</i>	90
<i>gabapentin</i>	29	GNP INSULIN SYRINGE	100
<i>galantamine hydrobromide</i>	122	<i>gnp laxative</i>	94
<i>galantamine hydrobromide er</i>	122	<i>gnp magnesium citrate</i>	94
GAMUNEX-C	120	<i>gnp milk of magnesia</i>	94
GARDASIL 9	133	<i>gnp nicotine</i>	124
<i>gatifloxacin</i>	116	<i>gnp nicotine mini</i>	124
<i>gavilax</i>	93	<i>gnp nicotine polacrilex</i>	124
<i>gavilyte-c</i>	92	GNP PRENATAL	112
<i>Gavilyte-G</i>	92	GNP ULTRA COM INSULIN	
<i>Gavilyte-H</i>	92	SYRINGE	100
<i>Gavilyte-N With Flavor Pack</i>	92	<i>gnp womens gentle laxative</i>	94
<i>gemfibrozil</i>	39	<i>gnp womens laxative</i>	95
<i>generlac</i>	85	GONAL-F	82
<i>Gengraf</i>	56	GONAL-F RFF	82
<i>gentak</i>	116	GONAL-F RFF REDJECT	82
<i>gentamicin in saline</i>	13	<i>goodsense aspirin</i>	18
<i>gentamicin sulfate</i>	13, 72, 116	<i>goodsense aspirin adult low st</i>	18
<i>gentle laxative</i>	94	<i>goodsense aspirin low dose</i>	18
<i>gentlelax</i>	93	<i>goodsense bisacodyl ec</i>	95
GENVOYA	53	<i>goodsense clearlax</i>	93
GEODON	51	GOODSENSE CLICKFINE PEN	
<i>Gianvi</i>	64	NEEDLE	100
GILENYA	126	<i>goodsense magnesium citrate</i>	94
GILOTRIF	47	<i>goodsense nicotine</i>	124
<i>glatiramer acetate</i>	123	GOODSENSE PEN NEEDLE	
<i>Glatopa</i>	123	PENFINE	100
<i>glimepiride</i>	35	<i>goodsense womens laxative</i>	95
		<i>granisetron hcl</i>	36, 37
		<i>griseofulvin microsize</i>	37
		<i>griseofulvin ultramicrosize</i>	37
		<i>guaiaatussin ac</i>	70
		<i>guaifenesin ac</i>	70
		<i>guanfacine hcl</i>	42
		<i>guanfacine hcl er</i>	11
		HAEGARDA	87
		<i>Hailey 1.5/30</i>	64
		<i>Hailey 24 Fe</i>	64
		<i>Hailey Fe 1.5/30</i>	64
		<i>Hailey Fe 1/20</i>	64
		<i>halcinonide</i>	75
		<i>halobetasol propionate</i>	75
		<i>haloperidol</i>	51
		<i>haloperidol decanoate</i>	51
		<i>haloperidol lactate</i>	51
		HAVRIX	133
		HEALTHWISE INSULIN	
		SYR/NEEDLE	100
		HEALTHWISE MICRON PEN	
		NEEDLES	100
		HEALTHWISE MINI PEN	
		NEEDLES	100
		HEALTHWISE PEN NEEDLES	100
		HEALTHWISE SHORT PEN	
		NEEDLES	100
		HEALTHWISE UNIFINE PENTIPS	
		100
		HEALTHY ACCENTS UNIFINE	
		PENTIP	100
		<i>healthylax</i>	93
		<i>Heather</i>	67
		<i>h-e-b aspirin</i>	18
		H-E-B INCONTROL PEN	
		NEEDLES	100
		H-E-B INCONTROL UNIFINE	
		PENTIP	100
		<i>hematinic plus vit/minerals</i>	90
		<i>hematinic/folic acid</i>	90
		<i>Hemocyte-F</i>	90
		<i>hemocyte-plus</i>	90
		<i>heparin lock flush</i>	28
		<i>heparin sod (porcine) in d5w</i>	28
		<i>heparin sodium (porcine)</i>	28
		<i>heparin sodium (porcine) pf</i>	28
		<i>heparin sodium lock flush</i>	28
		<i>hepatamine</i>	115
		HEPLISAV-B	133
		<i>hetastarch-nacl</i>	87
		HIBERIX	131
		<i>hm aspirin</i>	19
		<i>hm aspirin ec</i>	19
		<i>hm aspirin ec low dose</i>	18
		<i>hm b complex/c</i>	109
		<i>hm clearlax</i>	93
		<i>hm folic acid</i>	90
		<i>hm laxative</i>	95
		<i>hm magnesium citrate</i>	94
		<i>hm milk of magnesia</i>	94
		<i>hm nicotine</i>	125
		<i>hm nicotine polacrilex</i>	125
		HM PRENATAL	112
		<i>hm super vitamin b complex/c</i>	109

HM ULTICARE INSULIN			
SYRINGE	100		
HM ULTICARE SHORT PEN			
NEEDLES	100		
<i>hm vitamin b complex/vitamin c</i>	109		
<i>hm vitamin b100 complex</i>	110		
<i>hm vitamin b50 complex</i>	110		
HUMALOG	34		
HUMALOG JUNIOR KWIKPEN	33		
HUMALOG KWIKPEN	33		
HUMALOG MIX 50/50	34		
HUMALOG MIX 50/50 KWIKPEN	34		
HUMALOG MIX 75/25	34		
HUMALOG MIX 75/25 KWIKPEN	34		
Human Albumin Grifols.....	88		
HUMATROPE	81		
HUMIRA	14, 15		
HUMIRA PEDIATRIC CROHNS			
START	14		
HUMIRA PEN	14		
HUMIRA PEN-CD/UC/HS			
STARTER	14		
HUMIRA PEN-PS/UV/ADOL HS			
START	14, 15		
HUMULIN 70/30	34		
HUMULIN 70/30 KWIKPEN	34		
HUMULIN N	34		
HUMULIN N KWIKPEN	34		
HUMULIN R	34		
HUMULIN R U-500			
(CONCENTRATED)	34		
HUMULIN R U-500 KWIKPEN	34		
HYCANTIN	49		
<i>hydralazine hcl</i>	43		
<i>hydrochlorothiazide</i>	80		
<i>hydrocod polst-cpm polst er</i>	70		
<i>hydrocodone-acetaminophen</i>	20		
<i>hydrocodone-homatropine</i>	69		
<i>hydrocodone-ibuprofen</i>	20		
<i>hydrocortisone</i>	23, 69, 76		
<i>hydrocortisone (perianal)</i>	23		
<i>hydrocortisone ace-pramoxine</i>	23		
<i>hydrocortisone acetate</i>	23		
<i>hydrocortisone butyr lipo base</i>	75		
<i>hydrocortisone butyrate</i>	75		
<i>hydrocortisone valerate</i>	76		
<i>hydrocortisone-acetic acid</i>	119		
HYDROFERA BLUE 4"X4"	79		
HYDROFERA BLUE 6"X6"	79		
HYDROFERA BLUE			
FOAM/TUNNELING	79		
HYDROFERA BLUE MRF			
DRESSING	79		
<i>hydromet</i>	69		
<i>hydromorphone hcl</i>	21		
<i>hydromorphone hcl er</i>	21		
<i>hydromorphone hcl pf</i>	21		
<i>hydroxocobalamin acetate</i>	88		
<i>hydroxychloroquine sulfate</i>	44		
<i>hydroxyprogesterone caproate</i>	49, 121		
<i>hydroxyurea</i>	48		
<i>hydroxyzine hcl</i>	24		
<i>hydroxyzine pamoate</i>	24		
<i>hylavite</i>	109		
<i>hyoscyamine sulfate</i>	128, 129		
<i>hyoscyamine sulfate er</i>	128		
<i>hyoscyamine sulfate sl</i>	129		
<i>ibandronate sodium</i>	80		
IBRANCE	70		
Ibu.....	15		
<i>ibuprofen</i>	15		
<i>ibutilide fumarate</i>	25		
<i>icatibant acetate</i>	87		
ICLUSIG	47		
ILEVRO	117		
<i>imatinib mesylate</i>	47		
<i>imipenem-cilastatin</i>	43		
<i>imipramine hcl</i>	32		
<i>imipramine pamoate</i>	32		
<i>imiquimod</i>	77		
<i>imiquimod pump</i>	77		
IMOVAX RABIES	133		
<i>inatal gt</i>	112		
Incassia.....	67		
<i>indapamide</i>	80		
<i>indomethacin</i>	15, 16		
<i>indomethacin er</i>	15		
<i>indomethacin sodium</i>	16		
INFANRIX	128		
INLYTA	47		
INSULIN LISPRO	34		
INSULIN LISPRO (1 UNIT DIAL)	34		
INSULIN LISPRO JUNIOR			
KWIKPEN	34		
INSULIN LISPRO PROT &			
LISPRO	34		
INSULIN SYRINGE	100		
INSULIN SYRINGE/NEEDLE	100		
INSULIN SYRINGE-NEEDLE U-			
100	100		
INSUPEN PEN NEEDLES	100		
INSUPEN SENSITIVE	100		
INSUPEN ULTRAFIN	100		
INTELENCE	54		
INTRON A	48		
Introvale.....	67		
<i>iodoquimez-hc</i>	72		
<i>iodoquinol-hc-aloe polysacch</i>	72		
IPOL	133		
<i>ipratropium bromide</i>	26, 114		
<i>ipratropium-albuterol</i>	25		
<i>irbesartan</i>	42		
<i>irbesartan-hydrochlorothiazide</i>	41		
IRESSA	47		
ISENTRESS	53		
Isibloom.....	64		
<i>isoflurane</i>	85		
<i>isoniazid</i>	45		
<i>isosorbide dinitrate</i>	23		
<i>isosorbide mononitrate</i>	23		
<i>isosorbide mononitrate er</i>	23		
<i>isotretinoin</i>	71		
<i>isradipine</i>	59		
<i>itraconazole</i>	38		
<i>ivermectin</i>	23		
IXIARO	133		
Jaimiess.....	67		
JAKAFI	48, 49		
Jantoven.....	27		
JANUMET	33		
JANUMET XR	33		
JANUVIA	33		
JARDIANCE	35		
Jasmiel.....	64		
Jencycla.....	67		
Jinteli.....	83		
Jolessa.....	67		
Juleber.....	64		
Junel 1.5/30.....	64		
Junel 1/20.....	64		
Junel Fe 1.5/30.....	64		
Junel Fe 1/20.....	64		
Junel Fe 24.....	64		
Kaitlib Fe.....	64		
KALBITOR	87		
KALETRA	53		
Kalliga.....	64		
Kariva.....	63		
<i>kcl in dextrose-nacl</i>	105		
<i>kedbumin</i>	88		
Kelnor 1/35.....	64		
Kelnor 1/50.....	64		
<i>ketamine hcl</i>	85		
<i>ketoconazole</i>	38, 77		
<i>ketoprofen</i>	16		
<i>ketoprofen er</i>	16		
<i>ketorolac tromethamine</i>	16, 117		
KINRAY INSULIN SYRINGE	101		
KINRIX	128		
Kionex.....	57, 121		
KISQALI (200 MG DOSE)	70		
KISQALI (400 MG DOSE)	71		
KISQALI (600 MG DOSE)	71		
KISQALI FEMARA (400 MG			
DOSE)	48		
KISQALI FEMARA (600 MG			
DOSE)	48		
KISQALI FEMARA(200 MG			
DOSE)	48		
Klor-Con.....	106		
Klor-Con 10.....	105		
Klor-Con M10.....	105		
<i>klor-con m15</i>	105		
Klor-Con M20.....	105		
Klor-Con Sprinkle.....	106		
Klor-Con/Ef.....	106		
<i>kls aspirin ec</i>	19		
<i>kls aspirin low dose</i>	19		
<i>kls laxaclear</i>	93		
<i>kls quit2</i>	125		
<i>kls quit4</i>	125		
KMART VALU INSULIN			
SYRINGE 29G	101		
KMART VALU INSULIN			
SYRINGE 30G	101		
<i>kobee</i>	109		
<i>kp aspirin</i>	19		
<i>kp b complex-c</i>	109		
<i>kp bisacodyl</i>	95		

<i>kp folic acid</i>	90	<i>levonorgestrel-ethinyl estrad</i>	65, 66	<i>magnesium sulfate</i>	105
K-PHOS	105	<i>levonorg-eth estrad triphasic</i>	68	<i>malathion</i>	78
K-Prime.....	106	Levora 0.15/30 (28).....	65	<i>manganese chloride</i>	105
KROGER INSULIN SYRINGE	101	<i>levorphanol tartrate</i>	21	<i>mannitol</i>	80
KROGER PEN NEEDLES	101	Levo-T.....	127	<i>maprotiline hcl</i>	31
K-Tan Plus.....	90	<i>levothyroxine sodium</i>	127	MARATHON MEDICAL PENTIPS	101
Kurvelo.....	64	Levoxyl.....	127	<i>marlissa</i>	65
KUVAN	82	<i>lidocaine</i>	77	MATULANE	48
<i>labetalol hcl</i>	57	<i>lidocaine hcl</i>	77, 95, 106	Matzim La.....	59
<i>lactated ringers</i>	56, 105	<i>lidocaine hcl (cardiac)</i>	25	MAVENCLAD (10 TABS)	108
<i>lactic acid</i>	76	<i>lidocaine hcl (cardiac) pf</i>	25	MAVENCLAD (4 TABS)	108
<i>lactic acid e</i>	76	<i>lidocaine hcl (pf)</i>	95	MAVENCLAD (5 TABS)	108
LACTULOSE	93	<i>lidocaine hcl urethral/mucosal</i>	77	MAVENCLAD (6 TABS)	108
<i>lactulose</i>	93	<i>lidocaine in d5w</i>	25	MAVENCLAD (7 TABS)	108
<i>lactulose encephalopathy</i>	85	<i>lidocaine viscous hcl</i>	106	MAVENCLAD (8 TABS)	108
<i>lamivudine</i>	55	<i>lidocaine-epinephrine</i>	95	MAVENCLAD (9 TABS)	108
<i>lamivudine-zidovudine</i>	53	<i>lidocaine-prilocaine</i>	78	MAXICOMFORT II PEN NEEDLE	101
<i>lamotrigine</i>	29	LIFESCAN UNISTIK 2	97	MAXI-COMFORT INSULIN	
<i>lamotrigine er</i>	29	LIFESCAN UNISTIK II LANCETS ..	97	SYRINGE	101
<i>lamotrigine starter kit-blue</i>	29	Lillow.....	65	MAXI-COMFORT SAFETY PEN	
<i>lamotrigine starter kit-green</i>	29	<i>lindane</i>	78	NEEDLE	101
<i>lamotrigine starter kit-orange</i>	29	<i>linezolid</i>	44	MAXICOMFORT SYR 27G X 1/2"	101
LANOXIN	60	<i>linezolid in sodium chloride</i>	44	MAYZENT	126
LANOXIN PEDIATRIC	60	LINZESS	84	<i>meclizine hcl</i>	37
<i>lanthanum carbonate</i>	85	<i>liothyronine sodium</i>	127	<i>meclofenamate sodium</i>	16
LANTUS	34	<i>lisinopril</i>	41	MEDIC INSULIN SYRINGE	101
LANTUS SOLOSTAR	34	<i>lisinopril-hydrochlorothiazide</i>	40	MEDICINE SHOPPE PEN	
<i>lapatinib ditosylate</i>	47	<i>lissamine green</i>	117	NEEDLES	101
Larin 1.5/30.....	64	LITETOUCH INSULIN SYRINGE ..	101	<i>medroxyprogesterone acetate</i>	67, 121
Larin 1/20.....	64	LITETOUCH PEN NEEDLES	101	<i>mefenamic acid</i>	16
Larin 24 Fe.....	64	LITHIUM	50	<i>mefloquine hcl</i>	44
Larin Fe 1.5/30.....	64	<i>lithium carbonate</i>	50	<i>megestrol acetate</i>	49, 121
Larin Fe 1/20.....	64	<i>lithium carbonate er</i>	50	<i>meijer aspirin ec</i>	19
Larissia.....	64	<i>lmd in d5w</i>	87	MEIJER PEN NEEDLES	101
<i>latanoprost</i>	118	<i>lmd in nacl</i>	87	MEKINIST	46
<i>laxative</i>	95	LO LOESTRIN FE	63	Melodetta 24 Fe.....	65
Layolis Fe.....	64	Lojaimiess.....	67	<i>meloxicam</i>	16
LEADER INSULIN SYRINGE	101	LONGS INSULIN SYRINGE	101	<i>melpaque hp</i>	76
LEADER UNIFINE PENTIPS	101	<i>loperamide hcl</i>	36	<i>melphalan</i>	49
LEADER UNIFINE PENTIPS PLUS		<i>lopinavir-ritonavir</i>	53	<i>memantine hcl</i>	123
.....	101	Lopreeza.....	83	<i>memantine hcl er</i>	123
Leena.....	68	<i>lorazepam</i>	24	MENACTRA	131
<i>leflunomide</i>	16	Lorazepam Intensol.....	24	MENEST	83
Lessina.....	65	Loryna.....	65	MENQUADFI	131
<i>letrozole</i>	48	Lorzone.....	113	MENVEO	131
<i>leucovorin calcium</i>	48	<i>losartan potassium</i>	42	<i>meperidine hcl</i>	21
LEUKERAN	49	<i>losartan potassium-hctz</i>	41	<i>meprobamate</i>	24
<i>leuprolide acetate</i>	49	LOTEMAX	118	<i>mercaptopurine</i>	46
<i>levabuterol hcl</i>	26	<i>loteprednol etabonate</i>	118	<i>meropenem</i>	44
<i>levabuterol tartrate</i>	26	<i>lovastatin</i>	39	<i>mesalamine</i>	84
LEVEMIR	34	Low-Ogestrel.....	65	<i>mesalamine er</i>	84
LEVEMIR FLEXTOUCH	34	<i>loxapine succinate</i>	52	<i>mesalamine-cleanser</i>	84
<i>levetiracetam</i>	29	Lo-Zumandimine.....	65	<i>mesna</i>	49
<i>levetiracetam er</i>	29	<i>luliconazole</i>	77	Metadate Er.....	12
<i>levobunolol hcl</i>	116	LUMIGAN	118	<i>metaproterenol sulfate</i>	26
<i>levocarnitine</i>	81	Lutera.....	65	<i>metaxalone</i>	113
<i>levocarnitine sf</i>	81	Lysiplex Plus.....	111	<i>metformin hcl</i>	33
<i>levofloxacin</i>	84, 116	LYSODREN	45	<i>metformin hcl er</i>	33
<i>levofloxacin in d5w</i>	84	Lyza.....	67	<i>methadone hcl</i>	21
Levonest.....	68	<i>mafenide acetate</i>	74	Methadone Hcl Intensol.....	21
<i>levonorgest-eth est & eth est</i>	67	MAGELLAN INSULIN SAFETY		Methadose.....	21
<i>levonorgest-eth estrad 91-day</i>	67	SYR	101	<i>methazolamide</i>	79
<i>levonorgestrel</i>	66	<i>magnesium citrate</i>	94	<i>methenamine hippurate</i>	129

<i>methenamine mandelate</i>	129	MM PEN NEEDLES	101	<i>neomycin sulfate</i>	13
Methergine.....	119	M-M-R II	132	<i>neomycin-bacitracin zn-polymyx</i>	117
<i>methimazole</i>	127	<i>modafinil</i>	13	<i>neomycin-polymyxin b gu</i>	86
<i>methocarbamol</i>	113	<i>moexipril hcl</i>	41	<i>neomycin-polymyxin-dexameth</i>	118
<i>methotrexate</i>	46	<i>molindone hcl</i>	52	<i>neomycin-polymyxin-gramicidin</i>	117
METHOTREXATE (ANTI-RHEUMATIC)	14	<i>mometasone furoate</i>	76, 115	<i>neomycin-polymyxin-hc</i>	118, 119
<i>methotrexate sodium</i>	46	Mondoxyne NI.....	127	Neo-Polycin.....	117
<i>methotrexate sodium (pf)</i>	46	Neoject Flush Syringe.....	106	Neo-Polycin Hc.....	118
<i>methoxsalen rapid</i>	73	MONOJECT INSULIN SYRINGE ..	101	<i>nephro vitamins</i>	109
<i>methscopolamine bromide</i>	129	Monoject Sodium Chloride Flush.....	106	Neuac.....	71
<i>methyl dopa</i>	42	MONOJECT ULTRA COMFORT SYRINGE	101	NEULASTA	90
<i>methyl dopa-hydrochlorothiazide</i>	41	Mono-Linyah.....	65	NEULASTA ONPRO	90
<i>methylgonovine maleate</i>	119	Mononessa.....	65	<i>nevirapine</i>	54
<i>methylphenidate hcl</i>	13	MONOVISC	114	<i>nevirapine er</i>	54
<i>methylphenidate hcl er</i>	13	<i>montelukast sodium</i>	26	<i>new day</i>	66
<i>methylphenidate hcl er (cd)</i>	12	Morgidox.....	127	NEXAVAR	47
<i>methylphenidate hcl er (la)</i>	12	<i>morphine sulfate</i>	21	<i>niacin (antihyperlipidemic)</i>	40
<i>methylphenidate hcl er (xr)</i>	13	<i>morphine sulfate (concentrate)</i>	21	<i>niacin er (antihyperlipidemic)</i>	40
<i>methylprednisolone</i>	69	<i>morphine sulfate (pf)</i>	21	<i>niacor</i>	40
<i>methylprednisolone acetate</i>	69	<i>morphine sulfate er</i>	21	<i>nicardipine hcl</i>	59
<i>methylprednisolone sodium succ</i>	69	<i>morphine sulfate er beads</i>	21	NICAZEL	111
<i>metoclopramide hcl</i>	84	<i>moxifloxacin hcl</i>	84, 116	NICAZEL FORTE	111
<i>metolazone</i>	80	<i>moxifloxacin hcl (2x day)</i>	116	NICODERM CQ	125
<i>metoprolol succinate er</i>	58	MS INSULIN SYRINGE	101	<i>nicorelief</i>	125
<i>metoprolol tartrate</i>	58	<i>multi-vit/iron/fluoride</i>	111	NICORETTE	125
<i>metoprolol-hydrochlorothiazide</i>	43	<i>multivitamin/fluoride</i>	111	NICORETTE MINI	125
<i>metronidazole</i>	43, 77, 134	<i>multi-vitamin/fluoride</i>	111	NICORETTE STARTER KIT	125
<i>metronidazole in nacl</i>	43	<i>multi-vitamin/fluoride/iron</i>	111	NICOTINE	125
<i>metryrosine</i>	41	<i>multivitamins/fluoride</i>	111	<i>nicotine</i>	125
<i>mexiletine hcl</i>	25	<i>mupirocin</i>	72	<i>nicotine mini</i>	125
Mibelas 24 Fe.....	65	<i>mupirocin calcium</i>	72	<i>nicotine polacrilex</i>	125
<i>micafungin sodium</i>	37	<i>my choice</i>	66	<i>nicotine step 1</i>	125
<i>miconazole 3</i>	133	<i>my way</i>	66	<i>nicotine step 2</i>	125
MICRODOT PEN NEEDLE	101	<i>mycophenolate mofetil</i>	56	<i>nicotine step 3</i>	125
Microgestin 1.5/30.....	65	<i>mycophenolate sodium</i>	56	NICOTROL	125
Microgestin 1/20.....	65	MYLERAN	45	NICOTROL NS	125
Microgestin Fe 1.5/30.....	65	MYNATAL PLUS	112	<i>nifedipine</i>	59
Microgestin Fe 1/20.....	65	MYNATAL-Z	112	<i>nifedipine er</i>	59
<i>midazolam hcl</i>	92	Myorisan.....	72	<i>nifedipine er osmotic release</i>	59
<i>midazolam hcl (pf)</i>	91	MYRBETRIQ	130, 131	Nikki.....	65
<i>midodrine hcl</i>	134	<i>na ferric gluc cplx in sucrose</i>	90	<i>nilutamide</i>	45
<i>mifepristone</i>	80	<i>nabumetone</i>	16	<i>nimodipine</i>	59
<i>migergot</i>	104	<i>n-acetyl-l-cysteine</i>	115	<i>nisoldipine er</i>	59, 60
<i>miglitol</i>	33	<i>nadolol</i>	58	<i>nitisinone</i>	81
<i>miglustat</i>	88	<i>nafcillin sodium</i>	121	NITRO-DUR	23
Mili.....	65	Nafrinse.....	105	<i>nitrofurantoin</i>	130
<i>milk of magnesia</i>	94	Nafrinse Drops.....	105	<i>nitrofurantoin macrocrystal</i>	129
<i>milk of magnesia concentrate</i>	94	<i>naftifine hcl</i>	72	<i>nitrofurantoin monohyd macro</i>	130
<i>millguard</i>	89	<i>nalbuphine hcl</i>	22	<i>nitroglycerin</i>	23
<i>milrinone lactate</i>	60	<i>naloxone hcl</i>	36	<i>nitroglycerin in d5w</i>	23
<i>milrinone lactate in dextrose</i>	60	<i>naltrexone hcl</i>	36	<i>nitro-time</i>	23
Mimvey.....	83	NAMENDA XR TITRATION PACK	124	<i>nizatidine</i>	129
<i>miniprin low dose</i>	19	<i>naproxen</i>	16	Nolix.....	76
Minitran.....	23	<i>naproxen dr</i>	16	Nora-Be.....	67
<i>minocycline hcl</i>	127	<i>naproxen sodium</i>	16	<i>norepinephrine bitartrate</i>	134
<i>minocycline hcl er</i>	127	<i>naratriptan hcl</i>	104	<i>norethin ace-eth estrad-fe</i>	65
<i>minoxidil</i>	43	NARCAN	36	<i>norethindrone</i>	67
<i>mirtazapine</i>	31	NATAZIA	67	<i>norethindrone acetate</i>	121
<i>misoprostol</i>	129	<i>nateglinide</i>	35	<i>norethindrone acet-ethinyl est</i>	65
Mitigo.....	21	Necon 0.5/35 (28).....	65	<i>norethindrone-eth estradiol</i>	83
<i>mm aspirin</i>	19	<i>nefazodone hcl</i>	31, 126	<i>norethin-eth estradiol-fe</i>	65
MM INSULIN SYRINGE/NEEDLE 101				<i>norgestimate-eth estradiol</i>	65
				<i>norgestim-eth estrad triphasic</i>	68

Norlyda.....	67	ONETOUCH VERIO	79	PENTACEL	128
Norlyroc.....	67	<i>opcicon one-step</i>	66	<i>pentamidine isethionate</i>	43
<i>normal saline flush</i>	106	<i>option 2</i>	66	PENTASA	85
NORPACE CR	24	OPTIONS GYNOL II		<i>pentazocine-naloxone hcl</i>	22
Nortrel 0.5/35 (28).....	65	CONTRACEPTIVE	133	PENTIPS	101
Nortrel 1/35 (21).....	65	Oralone.....	107, 127	<i>pentobarbital sodium</i>	91
Nortrel 1/35 (28).....	65	ORFADIN	81	<i>pentoxifylline er</i>	87
Nortrel 7/7/7.....	68	<i>orphenadrine citrate</i>	114	PERFORMIST	26
<i>nortriptyline hcl</i>	32, 33	<i>orphenadrine citrate er</i>	114	<i>perindopril erbumine</i>	41
NORVIR	54	<i>orphenadrine-asa-caffeine</i>	114	Periogard.....	107
<i>norwich aspirin</i>	19	Orphengesic Forte.....	114	<i>permethrin</i>	78
NOVAREL	82	Orsythia.....	65	<i>perphenazine</i>	52
NOVOFINE	101	ORTHOVISC	114	<i>perphenazine-amitriptyline</i>	124
NOVOFINE AUTOCOVER	101	<i>oseltamivir phosphate</i>	56	PERRY PRENATAL	112
NOVOFINE PLUS	101	<i>osmitrol</i>	80	<i>pfizerpen</i>	120
NOVOTWIST	101	OTOVEL	119	Phenazo.....	86
<i>np thyroid</i>	128	<i>oxacillin sodium</i>	121	<i>phenazopyridine hcl</i>	86
Nufol.....	89	<i>oxandrolone</i>	22	<i>phendimetrazine tartrate</i>	12
NURTEC	58	<i>oxaprozin</i>	16	<i>phendimetrazine tartrate er</i>	12
Nutrifac Zx.....	111	<i>oxazepam</i>	24	<i>phenelzine sulfate</i>	31
NUTROPIN AQ NUSPIN 10	81	<i>oxcarbazepine</i>	29	<i>phenobarbital</i>	91
NUTROPIN AQ NUSPIN 20	81	<i>oxiconazole nitrate</i>	77	<i>phenobarbital sodium</i>	91
NUTROPIN AQ NUSPIN 5	81	<i>oxybutynin chloride</i>	130	<i>phenobarbital-belladonna alk</i>	128
Nyamyc.....	72	<i>oxybutynin chloride er</i>	130	Phenohtro.....	128
<i>nystatin</i>	37, 72, 107	<i>oxycodone hcl</i>	21	<i>phenoxybenzamine hcl</i>	41
<i>nystatin-triamcinolone</i>	72	<i>oxycodone-acetaminophen</i>	22	<i>phentermine hcl</i>	12
Nystop.....	72	<i>oxycodone-aspirin</i>	22	<i>phenolamine mesylate</i>	41
Ocella.....	65	<i>oxymorphone hcl</i>	21	<i>phenylephrine hcl</i>	116
OCTAGAM	120	<i>oxymorphone hcl er</i>	21	<i>phenytoin</i>	30
Ocucoat Viscoadherent.....	118	<i>oxytocin</i>	119	Phenytoin Infatabs.....	30
OFEV	126	OZEMPIC (0.25 OR 0.5 MG/DOSE)	34	<i>phenytoin sodium</i>	30
<i>ofloxacin</i>	84, 116, 119	OZEMPIC (1 MG/DOSE)	35	<i>phenytoin sodium extended</i>	30
<i>olanzapine</i>	52, 53	<i>pa b-complex with b-12</i>	108	Philith.....	65
<i>olanzapine-fluoxetine hcl</i>	126	Pacerone.....	25	<i>phillips milk of magnesia</i>	94
<i>olmesartan medoxomil</i>	42	<i>paliperidone er</i>	51	Phospha 250 Neutral.....	105
<i>olmesartan medoxomil-hctz</i>	41	<i>palonosetron hcl</i>	37	<i>phosphorous</i>	105
<i>olmesartan-amlodipine-hctz</i>	42	<i>pancuronium bromide</i>	115	Physiolyte.....	56
<i>olopatadine hcl</i>	114	<i>pantoprazole sodium</i>	129	Physiosol Irrigation.....	56
<i>omega-3-acid ethyl esters</i>	39	<i>paricalcitol</i>	82	<i>phytonadione</i>	135
<i>omeprazole</i>	129	Paroex.....	107	<i>pilocarpine hcl</i>	107, 116
<i>ondansetron</i>	37	<i>paromomycin sulfate</i>	13	<i>pimecrolimus</i>	77
<i>ondansetron hcl</i>	37	<i>paroxetine hcl</i>	32	<i>pimozide</i>	124
ONETOUCH CLUB LANCETS		<i>paroxetine hcl er</i>	32	Pimtrea.....	63
FINE PT	97	<i>paroxetine mesylate</i>	126	<i>pindolol</i>	58
ONETOUCH DELICA LANCETS		PC UNIFINE PENTIPS	101	<i>pioglitazone hcl</i>	35
30G	97	PEDIARIX	128	<i>pioglitazone hcl-glimepiride</i>	35
ONETOUCH DELICA LANCETS		PEDVAX HIB	131	<i>pioglitazone hcl-metformin hcl</i>	35
33G	97	<i>peg 3350</i>	93	<i>piperacillin sod-tazobactam so</i>	121
ONETOUCH DELICA LANCING		<i>peg 3350-kcl-na bicarb-nacl</i>	92	Pirmella 1/35.....	65
DEV	97	<i>peg-3350/electrolytes</i>	92	Pirmella 7/7/7.....	68
ONETOUCH DELICA PLUS		<i>peg-3350/electrolytes/ascorbat</i>	92	<i>piroxicam</i>	16
LANCET30G	97	<i>peg-kcl-nacl-nasulf-na asc-c</i>	93	Plasbumin-25.....	88
ONETOUCH DELICA PLUS		Peg-Prep.....	93	Plasbumin-5.....	88
LANCET33G	97	PEN NEEDLES	101	PLEGRIDY	122
ONETOUCH DELICA PLUS		PEN NEEDLES 1/2"	101	PLEGRIDY STARTER PACK	122
LANCING	97	PEN NEEDLES 3/16"	101	Plenaminate.....	115
ONETOUCH FINEPOINT		PEN NEEDLES 5/16"	101	PNEUMOVAX 23	131
LANCETS	97	<i>penicillamine</i>	56	PNV PRENATAL PLUS	
ONETOUCH SURESOFT		<i>penicillin g potassium</i>	120	MULTIVITAMIN	112
LANCING DEV	97	<i>penicillin g sodium</i>	120	PNV TABS 29-1	112
ONETOUCH ULTRA	79	<i>penicillin v potassium</i>	120	<i>podofilox</i>	77
ONETOUCH ULTRASOFT		PENLET II BLOOD SAMPLER	98	Polocaine.....	95
LANCETS	97	PENLET II REPLACEMENT CAP	98	Polocaine-Mpf.....	95

Polycin.....	117	PRENATAL VITAMIN PLUS LOW	PX EXTRA SHORT PEN
<i>polyethylene glycol 3350</i>	93	IRON	NEEDLES
<i>polymyxin b sulfate</i>	44	PRENATAL VITAMINS	<i>px folic acid</i>
<i>polymyxin b-trimethoprim</i>	117	PRENATAL-U	PX INSULIN SYRINGE
<i>polysaccharide iron forte</i>	90	PREPLUS	<i>px laxative</i>
POLY-TUSSIN AC	70	PRETAB	<i>px milk of magnesia</i>
POMALYST	46	Prevalite.....	PX MINI PEN NEEDLES
Portia-28.....	65	PREVENT SAFETY PEN	PX PEN NEEDLE
<i>posaconazole</i>	38	NEEDLES	PX SHORTLENGTH PEN
<i>pot & sod cit-cit ac</i>	86	<i>preventeza</i>	NEEDLES
<i>pot bicarb-pot chloride</i>	105	Previfem.....	<i>px stop smoking aid</i>
<i>potassium acetate</i>	106	PREVNAR 13	<i>pyrazinamide</i>
<i>potassium bicarbonate</i>	106	PREZISTA	<i>pyridostigmine bromide</i>
<i>potassium chloride</i>	106	PRIFTIN	<i>pyridostigmine bromide er</i>
<i>potassium chloride crys er</i>	106	<i>primidone</i>	<i>pyridoxine hcl</i>
<i>potassium chloride er</i>	106	PRO COMFORT INSULIN	<i>pyrimethamine</i>
<i>potassium chloride in dextrose</i>	105	SYRINGE	<i>qc aspirin</i>
<i>potassium chloride in nacl</i>	105	PRO COMFORT PEN NEEDLES	<i>qc aspirin low dose</i>
<i>potassium citrate er</i>	86	PROAIR HFA	<i>qc b50 prolonged release</i>
<i>potassium citrate-citric acid</i>	86	PROAIR RESPICLICK	<i>qc b-complex/vitamin c</i>
<i>potassium phosphates</i>	105	<i>probenecid</i>	<i>qc childrens aspirin</i>
<i>poten b-150 cr</i>	110	<i>procainamide hcl</i>	<i>qc enteric aspirin</i>
PR NATAL 400	113	Procentra.....	<i>qc folic acid</i>
PR NATAL 400 EC	113	<i>prochlorperazine</i>	<i>qc magnesium citrate</i>
PR NATAL 430	113	<i>prochlorperazine edisylate</i>	<i>qc milk of magnesia</i>
PR NATAL 430 EC	113	<i>prochlorperazine maleate</i>	<i>qc natura-lax</i>
PRADAXA	28	PROCRT	QC PEN NEEDLES
PRALUENT	120	Procto-Med Hc.....	QC PRENATAL
<i>pramipexole dihydrochloride</i>	50	Procto-Pak.....	QC UNIFINE PENTIPS
<i>pramipexole dihydrochloride er</i>	50	Proctosol Hc.....	QUADRACEL
PRAMOSONE	78	Proctozone-Hc.....	<i>quazepam</i>
<i>prasugrel hcl</i>	88	PRODIGY INSULIN SYRINGE	<i>quetiapine fumarate</i>
<i>pravastatin sodium</i>	39	<i>progesterone</i>	<i>quetiapine fumarate er</i>
<i>praziquantel</i>	23	<i>progesterone micronized</i>	<i>quin b strong b-25</i>
<i>prazosin hcl</i>	42	PROLIA	<i>quinapril hcl</i>
PRECISION SUREDOSE PLUS		PROMACTA	<i>quinapril-hydrochlorothiazide</i>
SYR	101	<i>promethazine hcl</i>	<i>quinidine gluconate er</i>
PRECISION SURE-DOSE		<i>promethazine vc/codeine</i>	<i>quinidine sulfate</i>
SYRINGE	102	<i>promethazine-codeine</i>	<i>quinine sulfate</i>
<i>prednicarbate</i>	76	<i>promethazine-dm</i>	QVAR REDIHALER
<i>prednisolone</i>	69	<i>promethazine-phenyleph-codeine</i>	<i>ra aspirin</i>
<i>prednisolone acetate</i>	118	<i>promethazine-phenylephrine</i>	<i>ra aspirin adult low dose</i>
<i>prednisolone sodium phosphate</i>	69	<i>promethegan</i>	<i>ra aspirin adult low strength</i>
<i>prednisone</i>	69	<i>propafenone hcl</i>	<i>ra aspirin childrens</i>
PREFERRED PLUS INSULIN		<i>propafenone hcl er</i>	<i>ra aspirin ec</i>
SYRINGE	102	<i>propantheline bromide</i>	<i>ra aspirin ec adult low st</i>
PREFERRED PLUS UNIFINE		<i>proparacaine hcl</i>	<i>ra balanced b-100</i>
PENTIPS	102	<i>proparacaine-fluorescein</i>	<i>ra balanced b-100 cr</i>
<i>pregabalin</i>	29	<i>propofol</i>	<i>ra balanced b-50</i>
PREMARIN	83, 134	<i>propranolol hcl</i>	<i>ra balanced b-50 tr</i>
PREMESISRX	113	<i>propranolol hcl er</i>	<i>ra b-complex</i>
PREMPHASE	83	<i>propranolol-htz</i>	<i>ra b-complex with b-12</i>
PREMPRO	83	<i>propylthiouracil</i>	<i>ra childrens aspirin</i>
PRENA1	113	PROQUAD	<i>ra folic acid</i>
<i>prenatabs rx</i>	112	<i>protamine sulfate</i>	RA INSULIN SYRINGE
PRENATAL	112	<i>protriptyline hcl</i>	<i>ra laxative</i>
PRENATAL COMPLETE	112	<i>pseudoeph-bromphen-dm</i>	<i>ra magnesium citrate</i>
PRENATAL LOW IRON	112	PULMOZYME	<i>ra milk of magnesia</i>
PRENATAL MULTIVITAMIN +		PURE COMFORT PEN NEEDLE	<i>ra mini nicotine</i>
DHA	113	<i>purevit dualfe plus</i>	<i>ra nicotine</i>
PRENATAL PLUS IRON	112	<i>px aspirin</i>	<i>ra nicotine gum</i>
PRENATAL VITAMIN AND		<i>px b complex/vitamin c</i>	<i>ra nicotine polacrilex</i>
MINERAL	112	<i>px enteric aspirin</i>	<i>ra pain relief aspirin</i>

RA PEN NEEDLES	102	<i>rizatriptan benzoate</i>	104	SIMPONI	14, 15
RA PRENATAL	112	<i>rocuronium bromide</i>	115	SIMPONI ARIA	14, 15
<i>ra tri-buffered aspirin</i>	17	<i>ropinirole hcl</i>	50	<i>simvastatin</i>	40
<i>ra womens laxative</i>	95	<i>ropinirole hcl er</i>	50	<i>sirolimus</i>	57
RABAVERT	133	<i>ropivacaine hcl</i>	95	SKYRIZI (150 MG DOSE)	73
<i>raloxifene hcl</i>	82	Rosadan.....	77, 78	SLYND	68
<i>ramelteon</i>	92	ROSUVASTATIN calcium	39, 40	<i>sm aspirin</i>	20
<i>ramipril</i>	41	ROTARIX	133	<i>sm aspirin adult low strength</i>	19
<i>ranolazine er</i>	23	ROTATEQ	133	<i>sm aspirin ec</i>	20
<i>rasagiline mesylate</i>	50	Roweepra.....	30	<i>sm aspirin ec low strength</i>	20
RASUVO	14	Roweepra Xr.....	30	<i>sm aspirin low dose</i>	20
<i>react</i>	66	RUCONEST	87	<i>sm aspirin tri-buffered</i>	17
REALITY INSULIN SYRINGE	102	<i>ryclora</i>	38	<i>sm b super vitamin complex</i>	109
REBIF	123	RYVENT	38	<i>sm b100 complex</i>	110
REBIF REBIDOSE	123	SAFESNAP INSULIN SYRINGE	102	<i>sm balanced b-100</i>	110
REBIF REBIDOSE TITRATION		SAFETY INSULIN SYRINGES	102	<i>sm balanced b-50</i>	110
PACK	123	<i>salicylic acid</i>	77	<i>sm b-complex</i>	111
REBIF TITRATION PACK	123	<i>saline flush</i>	106	SM B-COMPLEX/VITAMIN C	109
Reclipsen.....	65	Saline Flush Zr.....	106	<i>sm childrens aspirin</i>	20
RECOMBIVAX HB	133	<i>salsalate</i>	19	<i>sm clearlax</i>	93
<i>refissa</i>	72	<i>sapropterin dihydrochloride</i>	82	<i>sm folic acid</i>	90
Relafen.....	16	<i>sb aspirin</i>	19	<i>sm gentle laxative</i>	95
RELENZA DISKHALER	56	<i>sb aspirin adult low strength</i>	19	<i>sm magnesium citrate</i>	94
RELION INSULIN SYRINGE	102	<i>sb aspirin ec</i>	19	<i>sm milk of magnesia</i>	94
RELI-ON INSULIN SYRINGE	102	<i>sb bisacodyl laxative ec</i>	95	<i>sm nicotine</i>	125
RELIION MINI PEN NEEDLES	102	<i>sb childrens aspirin</i>	19	<i>sm nicotine polacrilex</i>	125
RELIION PEN NEEDLES	102	<i>sb gentle lax-women</i>	95	SM PRENATAL VITAMINS	112
RELIION SHORT PEN NEEDLES	102	SB INSULIN SYRINGE	102	<i>sm super b complex/c</i>	109
Remergent Hq.....	76	<i>sb low dose asa ec</i>	19	<i>sm vitamin b complex/vitamin c</i>	109
REMICADE	85	<i>sb magnesium citrate</i>	94	<i>smooth lax</i>	93
<i>remifentanil hcl</i>	21	<i>sb milk of magnesia</i>	94	<i>sod citrate-citric acid</i>	86
<i>renal multivitamin formula</i>	109	<i>sb polyethylene glycol 3350</i>	93	<i>sodium acetate</i>	104
<i>renal vitamin</i>	109	<i>scopolamine</i>	37	<i>sodium bicarbonate</i>	104
<i>renal-vite</i>	109	SECURESAFE INSULIN SYRINGE		SODIUM BICARBONATE-	
<i>rena-vite</i>	109	102	DEXTROSE	104
<i>reno caps</i>	109	<i>selegiline hcl</i>	50	<i>sodium chloride</i>	70, 86, 106
<i>repaglinide</i>	35	<i>selenium sulfide</i>	74	<i>sodium chloride (pf)</i>	106
REPATHA	120	SELZENTRY	53	<i>sodium chloride flush</i>	106
REPATHA PUSHTRONEX		SE-NATAL 19	112	<i>sodium fluoride</i>	105, 107
SYSTEM	120	Sensorcaine.....	95	<i>sodium fluoride 5000 plus</i>	107
REPATHA SURECLICK	120	Sensorcaine/Epinephrine.....	95	<i>sodium fluoride 5000 ppm</i>	107
RESTASIS	117	Sensorcaine-Mpf.....	95	<i>sodium fluoride 5000 sensitive</i>	107
RESTORE SILVER DRESSING	79	Sensorcaine-Mpf/Epinephrine.....	95	<i>sodium hyaluronate</i>	77
RETACRIT	89	SEREVENT DISKUS	26	<i>sodium phenylbutyrate</i>	82
REVLIMID	56	<i>sertraline hcl</i>	32	<i>sodium phosphates</i>	105
Revonto.....	114	Setlakin.....	67	<i>sodium polystyrene sulfonate</i>	57, 121
REYATAZ	54	<i>sevelamer carbonate</i>	85	<i>sodium sulfacetamide</i>	74
<i>ribavirin</i>	55, 56	<i>sevelamer hcl</i>	85	<i>sodium tetradecyl sulfate</i>	57
RIDAURA	15	<i>sevoflurane</i>	85	<i>sodium thiosulfate</i>	36
<i>rifabutin</i>	45	<i>sf</i>	107	<i>solifenacin succinate</i>	130
<i>rifampin</i>	45	<i>sf 5000 plus</i>	107	SOLTAMOX	46
<i>riluzole</i>	115	Sharobel.....	68	SOMATULINE DEPOT	82
<i>rimantadine hcl</i>	55	SHINGRIX	133	SOMAVERT	81
<i>ringers</i>	105	SHOPKO UNIFINE PENTIPS	102	Sorine.....	58
<i>ringers irrigation</i>	56	SHOPKO UNIFINE PENTIPS		<i>sotalol hcl</i>	58
RINVOQ	13	PLUS	102	<i>sotalol hcl (af)</i>	58
<i>risedronate sodium</i>	80, 81	SHUR-SEAL CONTRACEPTIVE	133	Sotradecol.....	57
RISPERDAL CONSTA	51	<i>sildenafil citrate</i>	61	<i>spinosad</i>	78
<i>risperidone</i>	51	<i>silodosin</i>	86	SPIRIVA HANDHALER	26
<i>ritonavir</i>	54	<i>silver sulfadiazine</i>	74	SPIRIVA RESPIMAT	26
<i>rivastigmine</i>	122	SIMBRINZA	115	<i>spironolactone</i>	80
<i>rivastigmine tartrate</i>	122	Simliya.....	63	<i>spironolactone-hctz</i>	79
Rivelsa.....	67	Simpesse.....	67	Sprintec 28.....	65

SPRYCEL	47	SYNISC	114	Tilia Fe.....	68
Sps.....	57, 121	SYNISC ONE	114	<i>timolol maleate</i>	58, 116
<i>sr nicotine</i>	125	TABLOID	46	<i>tinidazole</i>	43
Sronyx.....	65	<i>tacrolimus</i>	57, 77	Tis-U-Sol.....	57
Ssd.....	74	<i>tadalafil</i>	61	TIVICAY	54
<i>st joseph aspirin</i>	20	<i>tadalafil (pah)</i>	61	TIVICAY PD	54
<i>st joseph low dose</i>	20	TAFINLAR	46	<i>tizanidine hcl</i>	114
STAMARIL	133	<i>take action</i>	66	<i>tl hydroquinone</i>	76
<i>stavudine</i>	55	TAKHZYRO	121	<i>tl-hem 150</i>	90
STELARA	73, 92	<i>tamoxifen citrate</i>	46	TOBRADEX	118
<i>sterile water for irrigation</i>	57	<i>tamsulosin hcl</i>	86	<i>tobramycin</i>	13, 116
STIOLTO RESPIMAT	25	<i>taperdex 12-day</i>	69	<i>tobramycin sulfate</i>	13
STIVARGA	47	Taperdex 6-Day.....	69	<i>tobramycin-dexamethasone</i>	118
<i>streptomycin sulfate</i>	13	<i>taperdex 7-day</i>	69	TODAY SPONGE	133
<i>stress formula</i>	109	TARGRETIN	78	TODAYS HEALTH MINI PEN	
STRIBILD	53	Tarina 24 Fe.....	66	NEEDLES	102
Subvenite.....	30	Tarina Fe 1/20.....	66	TODAYS HEALTH PEN NEEDLES	
Subvenite Starter Kit-Blue.....	30	Tarina Fe 1/20 Eq.....	66	103
Subvenite Starter Kit-Green.....	30	Taron-Crystals.....	86	TODAYS HEALTH SHORT PEN	
Subvenite Starter Kit-Orange.....	30	TASIGNA	47	NEEDLE	103
<i>sucralfate</i>	129	TAYTULLA	66	<i>tolbutamide</i>	35
<i>sulconazole nitrate</i>	77	<i>tazarotene</i>	73	<i>tolcapone</i>	50
<i>sulfacetamide sodium</i>	118	Tazicef.....	62	<i>tolmetin sodium</i>	16
<i>sulfacetamide sodium (acne)</i>	71	<i>tazicef</i>	62	<i>tolterodine tartrate</i>	130, 131
<i>sulfacetamide sodium-sulfur</i>	71	TAZORAC	73	<i>tolterodine tartrate er</i>	130
<i>sulfacetamide-prednisolone</i>	118	Taztia Xt.....	60	<i>tolvaptan</i>	82
<i>sulfamethoxazole-trimethoprim</i>	43	TDVAX	128	TOPCARE CLICKFINE PEN	
<i>sulfamez wash</i>	71	TECFIDERA	123	NEEDLES	103
<i>sulfasalazine</i>	85	TECHLITE INSULIN SYRINGE	102	TOPCARE ULTRA COMFORT	
Sulfatrim Pediatric.....	43	TECHLITE PEN NEEDLES	102	INS SYR	103
<i>sulindac</i>	16	<i>telmisartan</i>	42	<i>topiramate</i>	30
<i>sumatriptan</i>	104	<i>telmisartan-amlodipine</i>	41	<i>topiramate er</i>	30
<i>sumatriptan succinate</i>	104	<i>telmisartan-hctz</i>	41	<i>toremifene citrate</i>	46
<i>sumatriptan succinate refill</i>	104	<i>temazepam</i>	92	<i>torse mide</i>	80
<i>sumatriptan-naproxen sodium</i>	104	TEMIXYS	53	TOUJEO MAX SOLOSTAR	34
<i>super b complex maxi</i>	110	<i>temozolomide</i>	48	TOUJEO SOLOSTAR	34
<i>super b complex/fa/vit c</i>	109	<i>tencon</i>	17	Tovet.....	76
<i>super b complex/vitamin c</i>	109	TENIVAC	128	TOVIAZ	130, 131
<i>super b-100</i>	111	<i>tenofovir disoproxil fumarate</i>	55	TRACLEER	61
<i>super b-50</i>	111	<i>terazosin hcl</i>	42	<i>tramadol hcl</i>	22
<i>super b-complex</i>	111	<i>terbinafine hcl</i>	37	<i>tramadol hcl er</i>	22
<i>super b-complex + vitamin c</i>	109	<i>terbutaline sulfate</i>	26	<i>tramadol hcl er (biphasic)</i>	21
<i>super b-complex/vit c/fa</i>	109	<i>terconazole</i>	133	<i>tramadol-acetaminophen</i>	22
<i>super dec b-100</i>	111	Terrell.....	85	<i>trandolapril</i>	41
<i>super quints b-50</i>	111	<i>testosterone</i>	22, 23	<i>trandolapril-verapamil hcl er</i>	40
SUPREP BOWEL PREP KIT	93	<i>testosterone cypionate</i>	22	<i>tranexamic acid</i>	91
SURE COMFORT INSULIN		<i>testosterone enanthate</i>	22	<i>translycypromine sulfate</i>	31
SYRINGE	102	TETANUS-DIPHThERIA		TRAVATAN Z	118
SURE COMFORT PEN NEEDLES	102	TOXOIDS TD	128	<i>travoprost (bak free)</i>	118
SURE-FINE PEN NEEDLES	102	<i>tetrabenazine</i>	122	<i>trazodone hcl</i>	31, 126
SURE-JECT INSULIN SYRINGE	102	<i>tetracaine hcl</i>	96, 117	TRELEGY ELLIPTA	26
SUTENT	47	<i>tetracycline hcl</i>	127	TRELSTAR MIXJECT	49
Swabflush Saline Flush.....	106	THALOMID	56	TREMFYA	73
Syeda.....	65	THEO-24	27	<i>treprostinil</i>	61
SYMBICORT	25	<i>theophylline</i>	27	<i>tretinoin</i>	49, 72
SYMFI	53	<i>theophylline er</i>	27	<i>tretinoin (emollient)</i>	72
SYMFI LO	53	<i>thiamine hcl</i>	134	<i>tretinoin microsphere</i>	72
SYMJEPI	134	<i>thioridazine hcl</i>	52	TREXALL	46
SYMLINPEN 120	33	<i>thiothixene</i>	53	<i>trezix</i>	20
SYMLINPEN 60	33	<i>thrive</i>	125	Tri Femynor.....	68
SYNAREL	82	THRIVITE 19	111	<i>triamcinolone acetanide</i>	76, 107, 127
SYNJARDY	126	Tiadylt Er.....	60	<i>triamterene</i>	80
SYNJARDY XR	126	<i>tiagabine hcl</i>	30	<i>triamterene-hctz</i>	79, 80

Trianex.....	76	ULTICARE PEN NEEDLES	103	<i>vecuronium bromide</i>	115
<i>triazolam</i>	92	ULTICARE SHORT PEN		Velivet.....	68
<i>tri-buffered aspirin</i>	17	NEEDLES	103	<i>venlafaxine hcl</i>	32
<i>tricitrates</i>	86	ULTIGUARD SAFEPAK PEN		<i>venlafaxine hcl er</i>	32
Tricon.....	90	NEEDLE	103	VENTAVIS	61
Triderm.....	76	ULTILET INSULIN SYRINGE	103	<i>verapamil hcl</i>	60
<i>trientine hcl</i>	56	ULTILET INSULIN SYRINGE		<i>verapamil hcl er</i>	60
Tri-Estarylla.....	68	SHORT	103	Vic-Forte.....	111
<i>trifluoperazine hcl</i>	52	ULTILET PEN NEEDLE	103	VICTOZA	35
<i>trifluridine</i>	117	ULTRA COMFORT INSULIN		VIDA MIA UNIFINE PENTIPS	104
<i>trigels-f forte</i>	90	SYRINGE	103	Vienna.....	66
<i>trihexyphenidyl hcl</i>	49	ULTRA FLO INSULIN PEN		<i>vigabatrin</i>	30
Tri-Legest Fe.....	68	NEEDLES	103	Vigadrone.....	30
Tri-Linyah.....	68	ULTRA FLO INSULIN SYRINGE ..	103	VINATE II	112
Tri-Lo-Estarylla.....	68	ULTRA THIN PEN NEEDLES	103	VINATE ONE	112
Tri-Lo-Marzia.....	68	ULTRACARE INSULIN SYRINGE	103	VIOKACE	79
Tri-Lo-Mili.....	68	ULTRACARE PEN NEEDLES	103	<i>viorele</i>	63
Tri-Lo-Sprintec.....	68	ULTRA-COMFORT INSULIN		VIREAD	55
Trilyte.....	93	SYRINGE	103	<i>virt-caps</i>	109
<i>trimethobenzamide hcl</i>	37	ULTRA-THIN II INS SYR SHORT	103	Virt-Gard.....	89
<i>trimethoprim</i>	43	ULTRA-THIN II INSULIN		<i>virt-phos 250 neutral</i>	105
Tri-Mili.....	68	SYRINGE	103	<i>virtussin a/c</i>	70
<i>trimipramine maleate</i>	33	ULTRA-THIN II MINI PEN		<i>virtussin dac</i>	70
TRINATAL RX 1	112	NEEDLE	103	Vita S Forte.....	111
<i>trinate</i>	112	ULTRA-THIN II PEN NEEDLE		Vitamax Pediatric.....	111
Trinessa (28).....	68	SHORT	103	VITAMEZ	89
TRINTELLIX	31, 126	ULTRA-THIN II PEN NEEDLES	103	<i>vita-min</i>	111
<i>triphrocaps</i>	109	UNIFINE PENTIPS	103	<i>vitamin b + c complex</i>	109
Tri-Previfem.....	68	UNIFINE PENTIPS PLUS	103	<i>vitamin b complex</i>	108
Tri-Sprintec.....	68	UNIFINE SAFECONTROL PEN		<i>vitamin b50 complex</i>	111
TRIUMEQ	53	NEEDLE	103	<i>vitamin b-complex</i>	108
TRIVEEN-DUO DHA	113	Unithroid.....	128	<i>vitamin d (ergocalciferol)</i>	135
<i>tri-vitamin/fluoride</i>	111	<i>urea</i>	76	<i>vitamin k1</i>	135
<i>tri-vite/fluoride</i>	111	<i>urea nail</i>	76	<i>vitamin-b complex</i>	108
Trivora (28).....	68	<i>urea-c40</i>	76	<i>vitamins acd-fluoride</i>	112
Tri-Vylibra.....	68	Uredeb.....	76	VIVOTIF	132
Tri-Vylibra Lo.....	68	<i>uremez-40</i>	76	Volnea.....	63
<i>tropicamide</i>	116	<i>ursodiol</i>	84	VOL-PLUS	112
<i>trospium chloride</i>	130, 131	Uryl.....	130	VOL-TAB RX	112
<i>trospium chloride er</i>	130, 131	<i>uticap</i>	130	<i>voriconazole</i>	38
TRUE COMFORT INSULIN		Utrona-C.....	130	VOSEVI	91
SYRINGE	103	<i>valacyclovir hcl</i>	55	VOTRIENT	47
TRUE COMFORT PEN NEEDLES	103	<i>valganciclovir hcl</i>	55	VP INSULIN SYRINGE	104
TRUEPLUS 5-BEVEL PEN		<i>valproate sodium</i>	31	VSL#3 DS	35, 36
NEEDLES	103	<i>valproic acid</i>	31	Vyfemla.....	66
TRUEPLUS INSULIN SYRINGE	103	<i>valsartan</i>	42	Vylibra.....	66
TRUEPLUS PEN NEEDLES	103	<i>valsartan-hydrochlorothiazide</i>	41, 42	VYVANSE	11, 12
TRULICITY	35	VALUE HEALTH INSULIN		<i>warfarin sodium</i>	27
TRUMENBA	132	SYRINGE	103	<i>water for irrigation, sterile</i>	57
TRUVADA	53	VALUMARK PEN NEEDLES	103	WEGMANS UNIFINE PENTIPS	
<i>trymine cg</i>	70	<i>vancomycin hcl</i>	86	PLUS	104
Tulana.....	68	Vandazole.....	134	Wera.....	66
TUSSICAPS	70	VANISHPOINT INSULIN		WIDE-SEAL DIAPHRAGM 60	97
TWINRIX	132	SYRINGE	103, 104	WIDE-SEAL DIAPHRAGM 65	97
Tydemy.....	66	VAQTA	133	WIDE-SEAL DIAPHRAGM 70	97
TYKERB	47	<i>vardenafil hcl</i>	61	WIDE-SEAL DIAPHRAGM 75	97
TYPHIM VI	132	VARIVAX	133	WIDE-SEAL DIAPHRAGM 80	97
ULTICARE INSULIN SAFETY		VASCEPA	39	WIDE-SEAL DIAPHRAGM 85	97
SYR	103	VAXCHORA	132	WIDE-SEAL DIAPHRAGM 90	97
ULTICARE INSULIN SYRINGE	103	<i>v-c forte</i>	111	WIDE-SEAL DIAPHRAGM 95	97
ULTICARE MICRO PEN		VCF VAGINAL		Wixela Inhub.....	26
NEEDLES	103	CONTRACEPTIVE	133	<i>womans laxative</i>	95
ULTICARE MINI PEN NEEDLES ..	103	<i>vcf vaginal contraceptive</i>	133	<i>womens laxative</i>	95

Wymzya Fe.....	66
XALKORI	47
XARELTO	28
XARELTO STARTER PACK	28
XELJANZ	13
XELJANZ XR	13
XIGDUO XR	126, 127
XIIDRA	96
XOFLUZA (40 MG DOSE)	119
XOFLUZA (80 MG DOSE)	119
XTANDI	46
<i>xulane</i>	66
Xylocaine Dental.....	95
YF-VAX	133
<i>yl balanced b-100</i>	111
<i>yl folic acid</i>	90
Yuvaferm.....	134
<i>zafirlukast</i>	26
<i>zaleplon</i>	92
Zarah.....	66
ZARXIO	90
Zebutal.....	17
ZELBORAF	46
Zenatane.....	72
ZENPEP	79
Zenzedi.....	12
<i>zenzedi</i>	12
<i>zidovudine</i>	55
<i>zinc chloride</i>	106
<i>zinc sulfate</i>	106
<i>zionodil 100</i>	77
<i>ziprasidone hcl</i>	51
<i>ziprasidone mesylate</i>	51
ZOLINZA	46
<i>zolmitriptan</i>	104
<i>zolpidem tartrate</i>	92
<i>zonisamide</i>	30
Zovia 1/35E (28).....	66
Zumandimine.....	66
ZYLET	118
ZYTIGA	45

Most plans include our home delivery program at no extra cost to you. Find out more by going online to [anthem.com/ca](https://www.anthem.com/ca) or call 866-297-1013.

For information about your pharmacy benefit, log in at [anthem.com/ca](https://www.anthem.com/ca).

You'll find the most up-to-date drug list and details about your benefits.
If you still have questions, we're here. Just call the Member Services number on your ID card.

Speech and hearing impaired (TDD/TTY) users
Call 1-800-221-6915, Monday through Friday, 8:30 a.m. to 5 p.m.ET.



Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Express Scripts, Inc. is a separate company that manages the pharmacy benefit services for members of our health plans.
Rev. 11/18