

Medicaid-Approved Drug List

Drug list — Two 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).

The following is a list of plan names to which this formulary may apply. Additional plans may be applicable. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Pharmacy Member Services number on your ID card.

Anthem Blue Cross of California Medicaid Health Plan

Anthem Blue Cross of California LA Care Partnership Health Plan (Los Angeles County)

Here are a few things to remember:

- You can view and search our current drug lists when you visit anthem.com/ca and choose Prescription Benefits. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.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.
- 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.

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Select Drug List – Informational Section

Definitions

“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.

“Copayment” means a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Deductible” means the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

“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” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

“Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

“Exigent circumstances” 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”** is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

“Generic drug” is the same drug as its BRAND name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in **bold** and *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.

“Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.

“Out-of-pocket costs” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“Prior Authorization (PA)” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“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)” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

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 ***bold and italicized lowercase*** letters;

PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE - DRUGS FOR SEVERE MENTAL DISORDERS
NUDEXTA ORAL CAPSULE (<i>dextromethorphan</i>)

- 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 ***bold and italicized lowercase letters***; and

AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS
<i>amoxicillin oral capsule</i>

- 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.

<i>levonorgestrel-ethynodiol dihydrogesterone</i> (Portia 28 Oral Tablet)

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 833-203-1739. 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 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.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 and faxes the form to us at 844-474-3347.
3. Calling 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.

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 are the drugs preferred by your health plan. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Tier 1 drugs generally do not require your doctor to ask us to review the coverage. This process is called preapproval or prior authorization.
- Tier 2 drugs are the drugs not preferred by your health plan. They may be generic or 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 2 drugs may require your doctor to ask us to review the coverage. This process is called preapproval or prior authorization.

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.

You do not have a copay or deductible for prescription drugs. We will cover your drugs if they are:

- Ordered by a doctor.
- For the care and treatment of an injury or an illness.
- Approved by us when the drug is not on the Preferred Drug List (PDL).

When you get your prescription filled, you will not get more than a 30 day supply, unless it is for contraceptives. Anthem covers up to a 12 month supply of contraceptives. Your doctor may write that you can get refills. The pharmacy staff can call your doctor to check if you can get refills.

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, plain type.

***generic* drugs are in lower case, italic bold type.**

AL = age limitation restriction. These drugs may be covered based on member age.

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.

MB = medical benefit. These drugs are covered under the members medical benefit.

OTC = over the counter. These drugs are over the counter medications and may be available with a prescription.

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.

SCO = state carve-out. The Department of Health Services, through the Medi-Cal FFS program, has assumed responsibility for this medication. Pharmacies must bill directly to Medi-Cal Fee-For-Service (FFS). For questions about benefit or services, please call Medi-Cal Support at 1-800-541-5555.

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

Tier 1 = drugs preferred by your health plan. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 2 = drugs non-preferred by your health plan. They may be generic or 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.

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>	Tier 1	AL; QL (4 tablets per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG (<i>guanfacine hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 4 MG (<i>guanfacine hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>clonidine hcl</i>)	Tier 2	PA; QL (4 tablets 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>	Tier 1	DO; AL; QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 1	DO; AL; QL (1 capsule per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	Tier 2	PA; DO; QL (2 capsules per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)

BRAND=Brand drug *generic*=generic drug **Tier 1**=Preferred Drugs **Tier 2**=No-Preferred Drugs
AL=Age Limit Restriction **DO**=Dose Optimization **MB**=Medical Benefit **OTC**=Over The Counter
PA=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **SCO**=State Carve-out **ST**=Step Therapy

Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA; DO; QL (3 tablets per 1 day)
ADDERALL ORAL TABLET 20 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA; QL (1 capsule per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA; QL (30 capsules per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	DO; AL; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg</i>	Tier 1	AL; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 25 mg, 30 mg</i>	Tier 1	AL; QL (30 capsules per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 1	DO; AL; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg</i>	Tier 1	AL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA; QL (1 capsule per 1 day)
*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE (<i>amphetamine</i>)	Tier 2	PA; QL (15 mL per 1 day)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (<i>amphetamine</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>amphetamine er oral suspension extended release</i>	Tier 2	PA; QL (15 mL per 1 day)
<i>amphetamine sulfate oral tablet 10 mg</i>	Tier 2	PA; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amphetamine sulfate oral tablet 5 mg	Tier 2	PA; DO; QL (3 tablets per 1 day)
DESOXYN ORAL TABLET (methamphetamine hcl)	Tier 2	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG (dextroamphetamine sulfate)	Tier 2	PA; QL (4 capsules per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG (dextroamphetamine sulfate)	Tier 2	PA; QL (1 capsule per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	Tier 1	AL; QL (4 capsules per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	Tier 1	AL; QL (1 capsule per 1 day)
dextroamphetamine sulfate oral solution	Tier 2	PA
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	AL; QL (6 tablets per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	DO; AL; QL (3 tablets per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE (amphetamine)	Tier 2	PA; QL (8 mL per 1 day)
EVEKEO ODT ORAL TABLET DISPERSIBLE (amphetamine sulfate)	Tier 2	PA
EVEKEO ORAL TABLET 10 MG (amphetamine sulfate)	Tier 2	PA; QL (6 tablets per 1 day)
EVEKEO ORAL TABLET 5 MG (amphetamine sulfate)	Tier 2	PA; DO; QL (3 tablets per 1 day)
methamphetamine hcl oral tablet	Tier 2	PA
dextroamphetamine sulfate (Procentra Oral Solution)	Tier 2	PA
VYVANSE ORAL CAPSULE 10 MG (lisdexamfetamine dimesylate)	Tier 2	PA; DO; QL (1 tablet per 1 day)
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG (lisdexamfetamine dimesylate)	Tier 2	PA; DO; QL (1 capsule per 1 day)
VYVANSE ORAL CAPSULE 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	Tier 2	PA; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG (lisdexamfetamine dimesylate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL TABLET CHEWABLE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamphetamine dimesylate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 10 Mg)	Tier 2	PA; QL (6 tablets per 1 day)
ZENZEDI ORAL TABLET 15 MG (<i>dextroamphetamine sulfate</i>)	Tier 2	PA; QL (3 tablets per 1 day)
ZENZEDI ORAL TABLET 2.5 MG (<i>dextroamphetamine sulfate</i>)	Tier 2	PA; DO; QL (3 tablets per 1 day)
ZENZEDI ORAL TABLET 20 MG, 30 MG (<i>dextroamphetamine sulfate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 5 Mg)	Tier 2	PA; DO; QL (3 tablets per 1 day)
ZENZEDI ORAL TABLET 7.5 MG (<i>dextroamphetamine sulfate</i>)	Tier 2	PA; QL (6 tablets per 1 day)
*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
CAFCIT INTRAVENOUS SOLUTION (<i>caffeine citrate</i>)	Tier 2	MB
<i>caffeine citrate intravenous solution</i>	Tier 1	MB
<i>caffeine citrate oral solution</i>	Tier 1	
<i>caffeine citrated powder</i>	Tier 2	
<i>caffeine powder</i>	Tier 2	
DOPRAM INTRAVENOUS SOLUTION (<i>doxapram hcl</i>)	Tier 2	MB
*ANOREXANT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>phentermine-topiramate</i>)	Tier 2	PA
*ANOREXIANTS NON-AMPHETAMINE*** - DRUGS FOR THE NERVOUS SYSTEM		
ADIPEX-P ORAL CAPSULE (<i>phentermine hcl</i>)	Tier 2	PA
ADIPEX-P ORAL TABLET (<i>phentermine hcl</i>)	Tier 2	PA
<i>benzphetamine hcl oral tablet</i>	Tier 2	PA
<i>diethylpropion hcl er oral tablet extended release 24 hour</i>	Tier 2	PA

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<i>diethylpropion hcl oral tablet</i>	Tier 2	PA
LOMAIRA ORAL TABLET (<i>phentermine hcl</i>)	Tier 2	PA
<i>phendimetrazine tartrate er oral capsule extended release 24 hour</i>	Tier 2	PA
<i>phendimetrazine tartrate oral tablet</i>	Tier 2	PA
<i>phentermine hcl oral capsule</i>	Tier 2	PA
<i>phentermine hcl oral tablet</i>	Tier 2	PA
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide -weight management</i>)	Tier 2	PA
*ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR THE NERVOUS SYSTEM		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>naltrexone-bupropion hcl</i>)	Tier 2	PA
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR SLEEP DISORDER		
SUNOSI ORAL TABLET 150 MG (<i>solriamfetol hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
SUNOSI ORAL TABLET 75 MG (<i>solriamfetol hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR SLEEP DISORDER		
WAKIX ORAL TABLET 17.8 MG (<i>pitolisant hcl</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
WAKIX ORAL TABLET 4.45 MG (<i>pitolisant hcl</i>)	Tier 2	PA; SP; DO; QL (2 tablets per 1 day)
*LIPASE INHIBITORS*** - DRUGS FOR THE NERVOUS SYSTEM		
XENICAL ORAL CAPSULE (<i>orlistat</i>)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
IMCIVREE SUBCUTANEOUS SOLUTION (<i>setmelanotide acetate</i>)	Tier 2	
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 tablets per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (30 tablets per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (<i>methylphenidate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR (<i>methylphenidate</i>)	Tier 2	PA; DO; QL (1 patch per 1 day)
DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	Tier 2	PA
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	DO; AL; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	Tier 1	AL; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	Tier 1	AL; QL (2 tablets per 1 day)

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<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	Tier 1	DO; AL; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	Tier 1	PA; DO; AL; QL (2 tablets per 1 day)
FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	Tier 2	PA; DO; QL (2 tablets per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (<i>dexmethylphenidate hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
<i>methylphenidate hcl</i> (Metadata Er Oral Tablet Extended Release)	Tier 1	AL; QL (3 tablets per 1 day)
METHYLIN ORAL SOLUTION (<i>methylphenidate hcl</i>)	Tier 2	PA
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg</i>	Tier 1	DO; AL; QL (1 capsules per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg</i>	Tier 1	DO; AL; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	Tier 1	AL; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	Tier 1	DO; AL; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Tier 1	AL; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	Tier 1	AL; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier 2	PA; DO; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	Tier 2	PA; QL (1 capsule per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	Tier 1	DO; AL; QL (3 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg	Tier 1	DO; AL; QL (1 tablet per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	Tier 1	AL; QL (3 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg	Tier 1	DO; AL; QL (1 tablet per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	Tier 1	AL; QL (2 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	Tier 1	AL; QL (30 tablets per 30 days)
methylphenidate hcl er oral tablet extended release 36 mg	Tier 1	AL; QL (2 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 54 mg	Tier 1	AL; QL (30 tablets per 30 days)
methylphenidate hcl er oral tablet extended release 72 mg	Tier 2	PA; QL (1 tablet per 1 day)
methylphenidate hcl oral solution	Tier 1	AL
methylphenidate hcl oral tablet 10 mg, 5 mg	Tier 1	DO; AL; QL (3 tablets per 1 day)
methylphenidate hcl oral tablet 20 mg	Tier 1	AL
methylphenidate hcl oral tablet chewable 10 mg	Tier 2	PA; QL (6 tablets per 1 day)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	Tier 2	PA; DO; QL (3 tablets per 1 day)
modafinil oral tablet 100 mg	Tier 2	PA; DO; QL (1 tablet per 1 day)
modafinil oral tablet 200 mg	Tier 2	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil)	Tier 2	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVIGIL ORAL TABLET 50 MG (<i>armodafinil</i>)	Tier 2	PA; QL (2 tablets per 1 day)
PROVIGIL ORAL TABLET 100 MG (<i>modafinil</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
PROVIGIL ORAL TABLET 200 MG (<i>modafinil</i>)	Tier 2	PA; QL (1 tablet per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER (<i>methylphenidate hcl</i>)	Tier 2	PA
RELEXXII ORAL TABLET EXTENDED RELEASE (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (2 capsules per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (3 tablets per 1 day)
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	Tier 2	PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS		
*ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
<i>acacia subcutaneous solution</i>	Tier 2	MB
<i>acremonium subcutaneous solution</i>	Tier 2	MB
<i>alder subcutaneous solution</i>	Tier 2	MB
<i>alternaria subcutaneous solution</i>	Tier 2	MB
<i>american beech subcutaneous solution</i>	Tier 2	MB

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<i>american cockroach subcutaneous solution</i>	Tier 2	MB
<i>american elm subcutaneous solution</i>	Tier 2	MB
<i>arizona cypress subcutaneous solution</i>	Tier 2	MB
<i>aspergillus fumigatus injection solution</i>	Tier 2	MB
<i>aureobasidium pullulans injection solution</i>	Tier 2	MB
<i>aureobasidium subcutaneous solution</i>	Tier 2	MB
<i>australian pine subcutaneous solution</i>	Tier 2	MB
<i>bahia subcutaneous solution</i>	Tier 2	MB
<i>bald cypress subcutaneous solution</i>	Tier 2	MB
<i>bayberry (wax myrtle) subcutaneous solution</i>	Tier 2	MB
<i>bermuda grass injection solution</i>	Tier 2	MB
<i>bermuda grass subcutaneous solution</i>	Tier 2	MB
<i>black willow subcutaneous solution</i>	Tier 2	MB
<i>botrytis injection solution</i>	Tier 2	MB
<i>botrytis subcutaneous solution</i>	Tier 2	MB
<i>brome subcutaneous solution</i>	Tier 2	MB
<i>california pepper tree subcutaneous solution</i>	Tier 2	MB
<i>candida albicans extract injection solution</i>	Tier 2	MB
<i>candida albicans extract subcutaneous solution</i>	Tier 2	MB
<i>cat hair extract injection solution</i>	Tier 2	MB
<i>cat hair extract subcutaneous solution</i>	Tier 2	MB
<i>cattle epithelium subcutaneous solution</i>	Tier 2	MB
<i>cedar elm subcutaneous solution</i>	Tier 2	MB
<i>cladosporium cladosporioides injection solution</i>	Tier 2	MB
<i>cladosporium cladosporioides intradermal solution</i>	Tier 2	MB
<i>cladosporium cladosporioides subcutaneous solution</i>	Tier 2	MB
<i>cladosporium sphaerospermum subcutaneous solution</i>	Tier 2	MB
<i>cocklebur subcutaneous solution</i>	Tier 2	MB
<i>corn pollen subcutaneous solution</i>	Tier 2	MB
<i>curvularia subcutaneous solution</i>	Tier 2	MB
<i>dandelion subcutaneous solution</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dog epithelium subcutaneous solution</i>	Tier 2	MB
<i>dog fennel subcutaneous solution</i>	Tier 2	MB
<i>drechslera subcutaneous solution</i>	Tier 2	MB
<i>eastern cottonwood subcutaneous solution</i>	Tier 2	MB
<i>epicoccum nigrum injection solution</i>	Tier 2	MB
<i>epicoccum subcutaneous solution</i>	Tier 2	MB
<i>fire ant subcutaneous solution</i>	Tier 2	MB
<i>fusarium subcutaneous solution</i>	Tier 2	MB
<i>german cockroach subcutaneous solution</i>	Tier 2	MB
<i>goldenrod subcutaneous solution</i>	Tier 2	MB
<i>grass pollen(k-o-r-t-swt vern) injection solution</i>	Tier 2	MB
GRASTEK SUBLINGUAL TABLET SUBLINGUAL (<i>timothy grass pollen allergen</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>hackberry subcutaneous solution</i>	Tier 2	MB
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG (<i>honey bee venom</i>)	Tier 2	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG (<i>honey bee venom</i>)	Tier 2	MB
<i>honey bee venom subcutaneous solution reconstituted</i>	Tier 2	MB
<i>horse epithelium subcutaneous solution</i>	Tier 2	MB
<i>johnson grass subcutaneous solution</i>	Tier 2	MB
<i>june grass pollen standardized subcutaneous solution</i>	Tier 2	MB
<i>kapok subcutaneous solution</i>	Tier 2	MB
<i>kochia subcutaneous solution</i>	Tier 2	MB
<i>lenscale subcutaneous solution</i>	Tier 2	
<i>meadow fescue grass pollen subcutaneous solution</i>	Tier 2	MB
<i>melaleuca subcutaneous solution</i>	Tier 2	MB
<i>mesquite subcutaneous solution</i>	Tier 2	MB
<i>mite (d. farinae) injection solution</i>	Tier 2	MB
<i>mite (d. farinae) subcutaneous solution</i>	Tier 2	MB
<i>mite (d. pteronyssinus) injection solution</i>	Tier 2	MB

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<i>mite (d. pteronyssinus) subcutaneous solution</i>	Tier 2	MB
<i>mixed ragweed subcutaneous solution</i>	Tier 2	MB
<i>mixed vespid venom protein injection solution reconstituted 1300-1300-1300 mcg</i>	Tier 2	
<i>mixed vespid venom protein injection solution reconstituted 550-550-550 mcg</i>	Tier 2	MB
<i>mixed vespid venom protein subcutaneous solution reconstituted</i>	Tier 2	MB
<i>mountain cedar subcutaneous solution</i>	Tier 2	MB
<i>mouse epithelium subcutaneous solution</i>	Tier 2	MB
<i>mucor injection solution</i>	Tier 2	MB
<i>mucor intradermal solution</i>	Tier 2	MB
<i>mucor subcutaneous solution</i>	Tier 2	MB
<i>mugwort subcutaneous solution</i>	Tier 2	MB
<i>olive tree subcutaneous solution</i>	Tier 2	MB
<i>orchard grass pollen subcutaneous solution</i>	Tier 2	MB
PALFORZIA (12 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (120 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (160 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (20 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (200 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (240 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (3 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (300 MG TITRATION) ORAL PACKET (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (40 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (6 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (80 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA INITIAL ESCALATION ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
<i>penicillium notatum injection solution</i>	Tier 2	MB
<i>penicillium notatum subcutaneous solution</i>	Tier 2	MB
<i>perennial rye grass pollen injection solution</i>	Tier 2	MB
<i>phoma exigua subcutaneous solution</i>	Tier 2	MB
<i>privet subcutaneous solution</i>	Tier 2	MB
<i>queen palm subcutaneous solution</i>	Tier 2	MB
<i>rabbit epithelium subcutaneous solution</i>	Tier 2	MB
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL (<i>short ragweed pollen ext</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>red maple subcutaneous solution</i>	Tier 2	MB
<i>red mulberry subcutaneous solution</i>	Tier 2	MB
<i>red top grass pollen subcutaneous solution</i>	Tier 2	MB
<i>rhizopus subcutaneous solution</i>	Tier 2	MB
<i>rough marsh elder subcutaneous solution</i>	Tier 2	MB
<i>russian thistle subcutaneous solution</i>	Tier 2	MB
<i>saccharomyces cerevisiae injection solution</i>	Tier 2	MB
<i>saccharomyces cerevisiae subcutaneous solution</i>	Tier 2	MB
<i>shagbark hickory subcutaneous solution</i>	Tier 2	MB
<i>sheep sorrel subcutaneous solution</i>	Tier 2	MB
<i>short ragweed pollen ext subcutaneous solution</i>	Tier 2	MB
<i>spiny pigweed subcutaneous solution</i>	Tier 2	MB
<i>stemphylium subcutaneous solution</i>	Tier 2	

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<i>sweet gum subcutaneous solution</i>	Tier 2	MB
<i>sweet vernal grass pollen subcutaneous solution</i>	Tier 2	MB
<i>tall ragweed subcutaneous solution</i>	Tier 2	MB
<i>timothy grass pollen allergen injection solution</i>	Tier 2	MB
<i>timothy grass pollen allergen subcutaneous solution</i>	Tier 2	MB
<i>trichophyton mentagrophytes subcutaneous solution</i>	Tier 2	
<i>trichophyton subcutaneous solution</i>	Tier 2	MB
VENOMIL HONEY BEE VENOM INJECTION KIT (<i>honey bee venom</i>)	Tier 2	
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED (<i>mixed vespid venom</i>)	Tier 2	MB
VENOMIL WASP VENOM INJECTION KIT (<i>wasp venom</i>)	Tier 2	
VENOMIL WHITE FACED HORNET INJECTION KIT (<i>white faced hornet venom</i>)	Tier 2	
VENOMIL YELLOW HORNET VENOM INJECTION KIT (<i>yellow hornet venom</i>)	Tier 2	
VENOMIL YELLOW JACKET VENOM INJECTION KIT (<i>yellow jacket venom</i>)	Tier 2	
<i>wasp venom protein injection solution reconstituted 1300 mcg</i>	Tier 2	
<i>wasp venom protein injection solution reconstituted 550 mcg</i>	Tier 2	MB
<i>wasp venom protein subcutaneous solution reconstituted</i>	Tier 2	MB
<i>western juniper subcutaneous solution</i>	Tier 2	MB
<i>white birch subcutaneous solution</i>	Tier 2	MB
<i>white faced hornet venom subcutaneous solution reconstituted</i>	Tier 2	MB
<i>white mulberry subcutaneous solution</i>	Tier 2	MB
<i>white oak subcutaneous solution</i>	Tier 2	MB
<i>white pine subcutaneous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 1300 MCG (<i>white faced hornet venom</i>)	Tier 2	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 550 MCG (<i>white faced hornet venom</i>)	Tier 2	MB
<i>yellow dock subcutaneous solution</i>	Tier 2	MB
<i>yellow hornet venom protein injection solution reconstituted</i>	Tier 2	MB
<i>yellow hornet venom protein subcutaneous solution reconstituted</i>	Tier 2	MB
<i>yellow jacket venom protein injection solution reconstituted 1300 mcg</i>	Tier 2	
<i>yellow jacket venom protein injection solution reconstituted 550 mcg</i>	Tier 2	MB
<i>yellow jacket venom protein subcutaneous solution reconstituted</i>	Tier 2	MB
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
<i>dust mite mixed allergen ext injection solution</i>	Tier 2	MB
<i>dust mite mixed allergen ext subcutaneous solution</i>	Tier 2	MB
<i>mixed aspergillus subcutaneous solution</i>	Tier 2	MB
<i>mixed feathers subcutaneous solution</i>	Tier 2	MB
ODACTRA SUBLINGUAL TABLET SUBLINGUAL (<i>dust mite mixed allergen ext</i>)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL (<i>grass mix pollens allergen ext</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>sorrel/dock mix subcutaneous solution</i>	Tier 2	MB
ALTERNATIVE MEDICINES - VITAMINS AND MINERALS		
*ALTERNATIVE MEDICINE COMBINATIONS - FOUR INGREDIENTS*** - VITAMINS AND MINERALS		
<i>glucosamine chondroitin complx oral capsule</i>	Tier 1	OTC

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AMEBICIDES - DRUGS FOR INFECTIONS		
*AMEBICIDES*** - DRUGS FOR PARASITES		
<i>iodoquinol powder</i>	Tier 2	
SOLOSEC ORAL PACKET (<i>secnidazole</i>)	Tier 2	PA; QL (2 grams per 1 fill)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>amikacin sulfate injection solution</i>	Tier 2	MB
<i>amikacin sulfate powder</i>	Tier 2	
ARIKAYCE INHALATION SUSPENSION (<i>amikacin sulfate liposome</i>)	Tier 2	PA; SP; QL (1 kit per 28 days)
BETHKIS INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	Tier 2	SP
<i>gentamicin in saline intravenous solution</i>	Tier 2	MB
<i>gentamicin sulfate injection solution</i>	Tier 2	MB
KITABIS PAK INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	Tier 2	SP; QL (280 mL per 30 days)
<i>neomycin sulfate oral tablet</i>	Tier 1	
<i>paromomycin sulfate oral capsule</i>	Tier 1	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	Tier 2	MB
<i>streptomycin sulfate powder</i>	Tier 2	
TOBI INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	Tier 2	SP; QL (280 mL per 50 days)
TOBI PODHALER INHALATION CAPSULE (<i>tobramycin</i>)	Tier 2	SP
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	Tier 2	SP
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 1	SP; QL (280 mL per 30 days)
<i>tobramycin sulfate injection solution</i>	Tier 2	MB
<i>tobramycin sulfate injection solution reconstituted</i>	Tier 2	MB
<i>tobramycin sulfate powder</i>	Tier 2	
ZEMDRI INTRAVENOUS SOLUTION (<i>plazomicin sulfate</i>)	Tier 2	MB

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ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OLUMIANT ORAL TABLET (<i>baricitinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>upadacitinib</i>)	Tier 2	PA; SP
XELJANZ ORAL TABLET (<i>tofacitinib citrate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	Tier 2	PA; SP; QL (2 tablet per 1 day)
*ANTIRHEUMATIC ANTIMETABOLITES*** - ARTHRITIS AND PAIN DRUGS		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-Injector (<i>methotrexate (anti-rheumatic)</i>)	Tier 2	PA; SP; QL (4 auto-injectors per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>methotrexate (anti-rheumatic)</i>)	Tier 2	PA; SP; QL (4 auto-injectors per 30 days)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>methotrexate (anti-rheumatic)</i>)	Tier 2	PA; SP; QL (4 auto-injectors per 28 days)
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 kit per 1 year)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	Tier 1	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 pack per 1 time fill)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 kit per 1 year)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 pack per 1 time fill)

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HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 kit per 1 year)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 pack per 1 time fill)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab</i>)	Tier 1	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	Tier 2	MB
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	Tier 2	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	Tier 2	PA; SP; QL (1 injection per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG (<i>celecoxib</i>)	Tier 2	PA; QL (2 capsules per 1 day)
CELEBREX ORAL CAPSULE 400 MG (<i>celecoxib</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS		
RIDAURA ORAL CAPSULE (<i>auranofin</i>)	Tier 1	
*INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)*** - ARTHRITIS AND PAIN DRUGS		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>anakinra</i>)	Tier 2	PA; SP; QL (1 injection per 1 day)
*INTERLEUKIN-1BETA BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ILARIS SUBCUTANEOUS SOLUTION (<i>canakinumab</i>)	Tier 2	PA; SP; QL (2 vials per 28 days)

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*INTERLEUKIN-6 RECEPTOR INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tocilizumab</i>)	Tier 2	PA; SP; QL (4 syringes per 30 days)
ACTEMRA INTRAVENOUS SOLUTION (<i>tocilizumab</i>)	Tier 2	MB
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tocilizumab</i>)	Tier 2	PA; SP; QL (4 syringes per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>sarilumab</i>)	Tier 2	PA; SP; QL (2 units per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>sarilumab</i>)	Tier 2	PA; SP; QL (2 syringes per 30 days)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
ARTHROTEC ORAL TABLET DELAYED RELEASE (<i>diclofenac-misoprostol</i>)	Tier 2	PA
<i>diclofenac-misoprostol oral tablet delayed release</i>	Tier 2	PA
DUEXIS ORAL TABLET (<i>ibuprofen-famotidine</i>)	Tier 2	PA; QL (3 tablets per 1 day)
<i>naproxen-esomeprazole oral tablet delayed release</i>	Tier 2	PA
VIMOVO ORAL TABLET DELAYED RELEASE (<i>naproxen-esomeprazole</i>)	Tier 2	PA
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
ADDAPRIN ORAL TABLET (<i>ibuprofen</i>)	Tier 1	PA; OTC; QL (100 tablets per 30 days)
ADVIL LIQUI-GELS MINIS ORAL CAPSULE (<i>ibuprofen</i>)	Tier 1	OTC
ANAPROX DS ORAL TABLET (<i>naproxen sodium</i>)	Tier 2	QL (2 tablets per 1 day)
ANJESO INTRAVENOUS INJECTABLE (<i>meloxicam</i>)	Tier 2	MB
CALDOLOR INTRAVENOUS SOLUTION (<i>ibuprofen</i>)	Tier 2	MB
<i>childrens ibuprofen 100 oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)

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CHILDRENS MEDI-PROFEN ORAL SUSPENSION <i>(ibuprofen)</i>	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>cvs childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>cvs ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
DAYPRO ORAL TABLET (<i>oxaprozin</i>)	Tier 2	QL (2 tablets per 1 day)
<i>diclofenac oral capsule</i>	Tier 2	PA; QL (3 capsules per 1 day)
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	Tier 1	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>dyspel oral tablet</i>	Tier 1	PA; OTC; QL (100 tablets per 30 days)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE <i>(naproxen)</i>	Tier 2	PA
<i>ec-naproxen oral tablet delayed release</i>	Tier 2	
<i>eq all day pain relief oral tablet</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>eq ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>eq naproxen sodium oral capsule</i>	Tier 1	OTC
<i>eql childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>etodolac er oral tablet extended release 24 hour 600 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>etodolac oral capsule 200 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>etodolac oral tablet</i>	Tier 1	QL (2 tablets per 1 day)

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FELDENE ORAL CAPSULE (<i>piroxicam</i>)	Tier 2	QL (1 capsule per 1 day)
<i>fenoprofen calcium oral capsule 200 mg</i>	Tier 2	
<i>fenoprofen calcium oral capsule 400 mg</i>	Tier 1	PA
<i>fenoprofen calcium oral tablet</i>	Tier 1	
<i>fenoprofen calcium powder</i>	Tier 2	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>flurbiprofen oral tablet 50 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>flurbiprofen powder</i>	Tier 2	
<i>gnp childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>gnp ibuprofen childrens oral tablet chewable</i>	Tier 1	OTC
<i>goodsense ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>hm ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>hy-vee all day relief oral tablet</i>	Tier 1	OTC; QL (100 tablets per 90 days)
HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION (<i>ibuprofen</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>ibuprofen</i> (Ibu Oral Tablet)	Tier 1	QL (4 tablets per 1 day)
<i>ibuprofen 100 junior strength oral tablet chewable</i>	Tier 1	OTC
<i>ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>ibuprofen infants drops oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>ibuprofen lysine intravenous solution</i>	Tier 2	MB
<i>ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>ibuprofen oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>ibuprofen powder</i>	Tier 2	
INDOCIN ORAL SUSPENSION (<i>indomethacin</i>)	Tier 2	PA
INDOCIN RECTAL SUPPOSITORY (<i>indomethacin</i>)	Tier 2	PA
<i>indomethacin er oral capsule extended release</i>	Tier 1	

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<i>indomethacin oral capsule 20 mg</i>	Tier 2	PA; QL (3 capsules per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin powder</i>	Tier 2	
<i>indomethacin sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>ketoprofen er oral capsule extended release 24 hour</i>	Tier 1	QL (1 capsule per 1 day)
<i>ketoprofen oral capsule 25 mg</i>	Tier 1	QL (8 capsules per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	Tier 1	
<i>ketoprofen oral capsule 75 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	Tier 2	MB; QL (4 injections per 30 days)
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	Tier 2	MB; QL (2 injections per 30 days)
<i>ketorolac tromethamine intramuscular solution</i>	Tier 2	MB; QL (1 injection per 30 days)
<i>ketorolac tromethamine nasal solution</i>	Tier 2	PA
<i>keto</i> <i>tromethamine oral tablet</i>	Tier 1	QL (20 tablets per 30 days)
<i>kls ibuprofen ib oral tablet</i>	Tier 1	OTC; QL (100 tablets per 30 days)
<i>LODINE ORAL TABLET (etodolac)</i>	Tier 2	QL (2 tablets per 1 day)
<i>meclofenamate sodium oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>meclofenamate sodium powder</i>	Tier 2	
<i>MEDI-PROFEN ORAL CAPSULE (ibuprofen)</i>	Tier 1	OTC
<i>MEDI-PROFEN ORAL SUSPENSION (ibuprofen)</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>MEDI-PROFEN ORAL TABLET (ibuprofen)</i>	Tier 1	PA; OTC; QL (100 tablets per 30 days)
<i>mefenamic acid oral capsule</i>	Tier 1	PA; QL (29 capsules per 1 fill)
<i>mefenamic acid powder</i>	Tier 2	
<i>meloxicam oral capsule</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>meloxicam oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOBIC ORAL TABLET (<i>meloxicam</i>)	Tier 2	
MOTRIN IB ORAL CAPSULE (<i>ibuprofen</i>)	Tier 1	OTC
<i>nabumetone oral tablet 500 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	Tier 1	
NALFON ORAL CAPSULE (<i>fenoprofen calcium</i>)	Tier 2	PA
NALFON ORAL TABLET (<i>fenoprofen calcium</i>)	Tier 2	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>naproxen sodium</i>)	Tier 2	PA; QL (2 tablets per 1 day)
NAPROSYN ORAL SUSPENSION (<i>naproxen</i>)	Tier 2	
<i>naproxen oral suspension</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen oral tablet delayed release</i>	Tier 2	
<i>naproxen powder</i>	Tier 2	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>naproxen sodium powder</i>	Tier 2	
NEOPROFEN INTRAVENOUS SOLUTION (<i>ibuprofen lysine</i>)	Tier 2	MB
<i>oxaprozin oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET (<i>naproxen sodium</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
<i>piroxicam oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>piroxicam powder</i>	Tier 2	
<i>px childrens profen ib oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>qc childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>qc ibuprofen oral capsule</i>	Tier 1	OTC
QMIIZ ODT ORAL TABLET DISPERSIBLE (<i>meloxicam</i>)	Tier 2	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>ra ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
RELAFEN DS ORAL TABLET (<i>nabumetone</i>)	Tier 2	
<i>nabumetone</i> (Relafen Oral Tablet 500 Mg)	Tier 1	QL (4 tablets per 1 day)
<i>nabumetone</i> (Relafen Oral Tablet 750 Mg)	Tier 1	
<i>sm childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
SPRIX NASAL SOLUTION (<i>ketorolac tromethamine</i>)	Tier 2	PA
<i>sulindac oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>sulindac powder</i>	Tier 2	
TIVORBEX ORAL CAPSULE (<i>indomethacin</i>)	Tier 2	PA; QL (3 capsules per 1 day)
<i>tolmetin sodium oral capsule</i>	Tier 1	QL (3 tablets per 1 day)
<i>tolmetin sodium oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
VIVLODEX ORAL CAPSULE (<i>meloxicam</i>)	Tier 2	PA; QL (1 capsule per 1 day)
ZIPSOR ORAL CAPSULE (<i>diclofenac potassium</i>)	Tier 2	PA
ZORVOLEX ORAL CAPSULE (<i>diclofenac</i>)	Tier 2	PA; QL (3 capsules per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OTEZLA ORAL TABLET (<i>apremilast</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (<i>apremilast</i>)	Tier 2	PA; SP; QL (1 pack per 1 year)
*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
ARAVA ORAL TABLET (<i>leflunomide</i>)	Tier 2	
<i>leflunomide oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SELECTIVE COSTIMULATION MODULATORS*** - ARTHRITIS AND PAIN DRUGS		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>abatacept</i>)	Tier 2	PA; SP; QL (4 auto-injectors per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (<i>abatacept</i>)	Tier 2	PA; MB; QL (4 injections per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	Tier 2	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	Tier 2	PA; SP; QL (4 units per 30 days)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>etanercept</i>)	Tier 1	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	Tier 1	PA; SP; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	Tier 1	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	Tier 1	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>etanercept</i>)	Tier 1	PA; SP; QL (4 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	Tier 1	PA; SP; QL (4 pens per 28 days)
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESIC COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>added strength headache relief oral tablet</i>	Tier 1	OTC
<i>cvs menstrual relief oral tablet</i>	Tier 1	OTC
<i>eq headache relief oral tablet</i>	Tier 1	OTC
<i>eq menstrual complete oral tablet</i>	Tier 1	OTC
<i>eq migraine relief oral tablet</i>	Tier 1	OTC

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<i>goodsense headache relief oral tablet</i>	Tier 1	OTC
<i>headache formula oral tablet</i>	Tier 1	OTC
<i>headrin ex strength pain rel oral tablet</i>	Tier 1	OTC
<i>meijer migraine formula oral tablet</i>	Tier 1	OTC
<i>menstrual relief max strength oral tablet</i>	Tier 1	OTC
<i>px headache relief added st oral tablet</i>	Tier 1	OTC
<i>qc menstrual complete max st oral tablet</i>	Tier 1	OTC
<i>ra headache formula ex st oral tablet</i>	Tier 1	OTC
<i>ra headache formula oral tablet</i>	Tier 1	OTC
*ANALGESICS OTHER*** - ARTHRITIS AND PAIN DRUGS		
<i>8 hour pain reliever oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>8 hr arthritis pain relief oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>acetaminophen 8 hour oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>acetaminophen childrens oral solution</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>acetaminophen childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>acetaminophen infants oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>acetaminophen intravenous solution</i>	Tier 2	MB
<i>acetaminophen junior strength oral tablet dispersible</i>	Tier 1	OTC
<i>acetaminophen oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>acetaminophen oral solution</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>acetaminophen oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>acetaminophen rapid tabs child oral tablet dispersible</i>	Tier 1	OTC
<i>acetaminophen rectal suppository</i>	Tier 1	OTC
<i>aminofen oral tablet 325 mg</i>	Tier 1	OTC
<i>aminofen oral tablet 500 mg</i>	Tier 1	OTC; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APHEN ORAL TABLET (<i>acetaminophen</i>)	Tier 1	OTC
<i>apra oral elixir</i>	Tier 1	OTC
<i>aurophen childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>betatemp childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>childrens acetaminophen oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>childrens aspirin free oral elixir</i>	Tier 1	OTC
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE (<i>acetaminophen</i>)	Tier 1	OTC
<i>childrens non-aspirin oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>childrens pain reliever oral tablet chewable</i>	Tier 1	OTC
<i>childrens silapap oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>clonidine hcl (analgesia) epidural solution</i>	Tier 2	MB
<i>cvs acetaminophen ex st oral liquid</i>	Tier 1	OTC
<i>cvs acetaminophen oral liquid</i>	Tier 1	OTC
<i>cvs acetaminophen oral tablet</i>	Tier 1	OTC
<i>cvs fever reducing childrens rectal suppository</i>	Tier 1	OTC
<i>cvs infants pain relief drops oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>cvs pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>cvs pain & fever infants oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>cvs pain relief childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
DURACLON EPIDURAL SOLUTION (<i>clonidine hcl (analgesia)</i>)	Tier 2	MB
<i>ed-apap oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>eq childrens pain reliever oral tablet chewable</i>	Tier 1	OTC
<i>eq pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>eq pain & fever infants oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>eq pain relief/rapid burst oral liquid</i>	Tier 1	OTC
<i>eq pain reliever junior oral tablet chewable</i>	Tier 1	OTC
<i>eql acetaminophen childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>eql acetaminophen infants oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>eql acetaminophen oral tablet</i>	Tier 1	OTC

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FEVERALL ADULTS RECTAL SUPPOSITORY <i>(acetaminophen)</i>	Tier 1	OTC
FEVERALL CHILDRENS RECTAL SUPPOSITORY <i>(acetaminophen)</i>	Tier 1	OTC
FEVERALL INFANTS RECTAL SUPPOSITORY <i>(acetaminophen)</i>	Tier 1	OTC
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY <i>(acetaminophen)</i>	Tier 1	OTC
<i>gnp 8 hour arthritis relief oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>gnp acetaminophen oral tablet chewable</i>	Tier 1	OTC
<i>gnp infants pain relief oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>gnp infants pain/fever oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>gnp pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>gnp pain & fever infants oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>goodsense pain & fever child oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>goodsense pain & fever infants oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>goodsense pain relief oral tablet</i>	Tier 1	OTC
<i>hm pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>hm pain & fever infants oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>hm pain relief oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>infants pain & fever oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>liquid acetaminophen oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>liquid pain relief oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
LITTLE REMEDIES FOR FEVER ORAL LIQUID <i>(acetaminophen)</i>	Tier 1	OTC; QL (4 mL per 1 day)
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID <i>(acetaminophen)</i>	Tier 1	OTC
<i>mapap oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
MEDI-TABS CHILDRENS ORAL ELIXIR <i>(acetaminophen)</i>	Tier 1	OTC
MEDI-TABS EXTRA STRENGTH ORAL TABLET <i>(acetaminophen)</i>	Tier 1	OTC; QL (4 tablets per 1 day)

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MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE (<i>acetaminophen</i>)	Tier 1	OTC
<i>meijer aspirin free oral tablet 325 mg</i>	Tier 1	OTC
<i>meijer aspirin free oral tablet 500 mg</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>meijer jr st aspirin free oral tablet chewable</i>	Tier 1	OTC
MIDOL ORAL TABLET EXTENDED RELEASE (<i>acetaminophen</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
<i>mm arthritis pain oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>m-pap oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>non-aspirin childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>non-aspirin jr strength oral tablet chewable</i>	Tier 1	OTC
OFIRMEV INTRAVENOUS SOLUTION (<i>acetaminophen</i>)	Tier 2	MB
<i>pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>pain & fever childrens oral tablet chewable</i>	Tier 1	OTC
<i>pain & fever infants oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>pain relief childrens oral elixir</i>	Tier 1	OTC
<i>pain relief childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>pain relief extra strength oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>pain relief oral liquid</i>	Tier 1	OTC
<i>pain relief regular strength oral tablet</i>	Tier 1	OTC
<i>pain reliever oral liquid</i>	Tier 1	OTC
<i>pain reliever/fever reducer rectal suppository</i>	Tier 1	OTC
PANADOL CHILDRENS ORAL SUSPENSION (<i>acetaminophen</i>)	Tier 1	OTC; QL (4 mL per 1 day)
PANADOL EXTRA STRENGTH ORAL TABLET (<i>acetaminophen</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
PANADOL INFANTS ORAL SUSPENSION (<i>acetaminophen</i>)	Tier 1	OTC; QL (4 mL per 1 day)
PEDIACARE CHILDREN ORAL SUSPENSION (<i>acetaminophen</i>)	Tier 1	OTC; QL (4 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION (<i>acetaminophen</i>)	Tier 1	OTC; QL (4 mL per 1 day)
PEDIACARE INFANTS ORAL SUSPENSION (<i>acetaminophen</i>)	Tier 1	OTC; QL (4 mL per 1 day)
<i>px childrens pain relief oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>qc acetaminophen 8hr arth pain oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc acetaminophen 8hr musc ache oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc non-aspirin 8 hour oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc non-aspirin childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>qc non-aspirin childrens oral tablet chewable</i>	Tier 1	OTC
<i>qc pain relief childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>qc pain relief infants oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>ra childrens fever/pain oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>ra fever reducer/pain reliever oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>ra pain reliever ex st oral liquid</i>	Tier 1	OTC
<i>sb arthritis pain relief oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sb childrens non-aspirin oral tablet dispersible</i>	Tier 1	OTC
<i>sb non-aspirin jr strength oral tablet dispersible</i>	Tier 1	OTC
<i>sb non-aspirin oral tablet chewable</i>	Tier 1	OTC
<i>sb pain reliever childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>sm pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>sm pain & fever infants oral suspension</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>sm pain relief extra strength oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>sm rapid melts junior oral tablet dispersible</i>	Tier 1	OTC
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
ALLZITAL ORAL TABLET (<i>butilbital-acetaminophen</i>)	Tier 2	QL (12 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	Tier 2	QL (12 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule)	Tier 2	QL (6 capsules per 1 day)
ESGIC ORAL TABLET (<i>butalbital-apap-caffeine</i>)	Tier 2	QL (6 tablets per 1 day)
FIORICET ORAL CAPSULE (<i>butalbital-apap-caffeine</i>)	Tier 2	QL (6 capsules per 1 day)
TENCON ORAL TABLET (<i>butalbital-acetaminophen</i>)	Tier 1	QL (6 tablets per 1 day)
VTOL LQ ORAL SOLUTION (<i>butalbital-apap-caffeine</i>)	Tier 2	QL (90 mL per 1 day)
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule)	Tier 2	QL (6 capsules per 1 day)
*SALICYLATE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
BUFFERIN ORAL TABLET (<i>aspirin buf(cacarb-mgcarb-mgo)</i>)	Tier 1	OTC
<i>cvs antacid & pain reliever oral tablet effervescent</i>	Tier 1	OTC
<i>effervescent antacid/pain oral tablet effervescent</i>	Tier 1	OTC
<i>effervescent pain relief oral tablet effervescent</i>	Tier 1	OTC
<i>eq buffered aspirin oral tablet</i>	Tier 1	OTC
<i>gnp effervescent antacid/pain oral tablet effervescent</i>	Tier 1	OTC
<i>goodsense antacid/pain relief oral tablet effervescent</i>	Tier 1	OTC
<i>medi-seltzer oral tablet effervescent</i>	Tier 1	OTC
<i>neutralin oral tablet effervescent</i>	Tier 1	OTC
<i>px effervescent oral tablet effervescent</i>	Tier 1	OTC
<i>ra antacid pain relief oral tablet effervescent</i>	Tier 1	OTC
<i>ra tri-buffered aspirin oral tablet</i>	Tier 1	OTC

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sb effervescent pain relief oral tablet effervescent</i>	Tier 1	OTC
<i>sm aspirin tri-buffered oral tablet</i>	Tier 1	OTC
<i>sm effervescent pain relief oral tablet effervescent</i>	Tier 1	OTC
<i>tri-buffered aspirin oral tablet</i>	Tier 1	OTC
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
<i>acetyl salicylic acid powder</i>	Tier 2	
<i>adult aspirin regimen oral tablet delayed release</i>	Tier 1	OTC
<i>aspirin 81 oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin 81 oral tablet delayed release</i>	Tier 1	OTC
<i>aspirin adult low dose oral tablet delayed release</i>	Tier 1	OTC
<i>aspirin adult low strength oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin adult low strength oral tablet delayed release</i>	Tier 1	OTC
<i>aspirin adult oral tablet</i>	Tier 1	OTC
<i>aspirin childrens oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin ec adult low strength oral tablet delayed release</i>	Tier 1	OTC
<i>aspirin ec low dose oral tablet delayed release</i>	Tier 1	OTC
<i>aspirin ec low strength oral tablet delayed release</i>	Tier 1	OTC
<i>aspirin ec oral tablet delayed release</i>	Tier 1	OTC
<i>aspirin low dose oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin low dose oral tablet delayed release</i>	Tier 1	OTC
<i>aspirin low strength oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin oral tablet</i>	Tier 1	OTC
<i>aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin oral tablet delayed release</i>	Tier 1	OTC
ASPIR-LOW ORAL TABLET DELAYED RELEASE <i>(aspirin)</i>	Tier 1	OTC

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aspirtab maximum strength oral tablet	Tier 1	OTC
aspirtab oral tablet delayed release	Tier 1	OTC
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET (aspirin)	Tier 1	OTC
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE (aspirin)	Tier 1	OTC
BAYER ASPIRIN ORAL TABLET (aspirin)	Tier 1	OTC
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (aspirin)	Tier 1	OTC
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE (aspirin)	Tier 1	OTC
childrens aspirin low strength oral tablet chewable	Tier 1	OTC; QL (100 tablets per 90 days)
childrens aspirin oral tablet chewable	Tier 1	OTC; QL (100 tablets per 90 days)
cvs aspirin adult low dose oral tablet chewable	Tier 1	OTC; QL (100 tablets per 90 days)
cvs aspirin adult low strength oral tablet delayed release	Tier 1	OTC
cvs aspirin ec oral tablet delayed release	Tier 1	OTC
cvs aspirin low dose oral tablet delayed release	Tier 1	OTC
cvs aspirin low strength oral tablet delayed release	Tier 1	OTC
cvs aspirin oral tablet	Tier 1	OTC
diflunisal oral tablet	Tier 1	
diflunisal powder	Tier 2	
ECPIRIN ORAL TABLET DELAYED RELEASE (aspirin)	Tier 1	OTC
eq adult aspirin low strength oral tablet delayed release	Tier 1	OTC
eq aspirin adult low dose oral tablet delayed release	Tier 1	OTC
eq aspirin low dose oral tablet chewable	Tier 1	OTC; QL (100 tablets per 90 days)
eq aspirin low dose oral tablet delayed release	Tier 1	OTC
eq aspirin oral tablet	Tier 1	OTC
eq aspirin oral tablet delayed release	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq childrens aspirin oral tablet chewable	Tier 1	OTC; QL (100 tablets per 90 days)
eql aspirin ec oral tablet delayed release	Tier 1	OTC
eql aspirin low dose oral tablet chewable	Tier 1	OTC; QL (100 tablets per 90 days)
eql aspirin low dose oral tablet delayed release	Tier 1	OTC
gnp adult aspirin low strength oral tablet chewable	Tier 1	OTC; QL (100 tablets per 90 days)
gnp aspirin low dose oral tablet delayed release	Tier 1	OTC
gnp aspirin oral tablet	Tier 1	OTC
gnp aspirin oral tablet delayed release	Tier 1	OTC
goodsense aspirin adult low st oral tablet chewable	Tier 1	OTC; QL (100 tablets per 90 days)
goodsense aspirin low dose oral tablet delayed release	Tier 1	OTC
goodsense aspirin oral tablet	Tier 1	OTC
goodsense aspirin oral tablet chewable	Tier 1	OTC; QL (100 tablets per 90 days)
goodsense aspirin oral tablet delayed release	Tier 1	OTC
h-e-b aspirin oral tablet delayed release	Tier 1	OTC
hm adult aspirin oral tablet	Tier 1	OTC
hm aspirin ec low dose oral tablet delayed release	Tier 1	OTC
hm aspirin ec oral tablet delayed release	Tier 1	OTC
hm aspirin oral tablet	Tier 1	OTC
hm aspirin oral tablet chewable	Tier 1	OTC; QL (100 tablets per 90 days)
hm aspirin oral tablet delayed release	Tier 1	OTC
kls aspirin ec oral tablet delayed release	Tier 1	OTC
kls aspirin low dose oral tablet delayed release	Tier 1	OTC
kp aspirin oral tablet delayed release	Tier 1	OTC
meijer aspirin ec oral tablet delayed release	Tier 1	OTC
mm aspirin oral tablet	Tier 1	OTC
px aspirin oral tablet	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>px aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>px enteric aspirin oral tablet delayed release</i>	Tier 1	OTC
<i>qc aspirin low dose oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc aspirin low dose oral tablet delayed release</i>	Tier 1	OTC
<i>qc aspirin oral tablet</i>	Tier 1	OTC
<i>qc aspirin oral tablet delayed release</i>	Tier 1	OTC
<i>qc enteric aspirin oral tablet delayed release</i>	Tier 1	OTC
<i>ra aspirin adult low dose oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>ra aspirin adult low strength oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>ra aspirin adult low strength oral tablet delayed release</i>	Tier 1	OTC
<i>ra aspirin childrens oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>ra aspirin ec adult low st oral tablet delayed release</i>	Tier 1	OTC
<i>ra aspirin ec oral tablet delayed release</i>	Tier 1	OTC
<i>ra aspirin oral tablet</i>	Tier 1	OTC
<i>ra pain relief aspirin oral tablet</i>	Tier 1	OTC
<i>sb aspirin adult low strength oral tablet delayed release</i>	Tier 1	OTC
<i>sb aspirin ec oral tablet delayed release</i>	Tier 1	OTC
<i>sb aspirin oral tablet</i>	Tier 1	OTC
<i>sb aspirin oral tablet delayed release</i>	Tier 1	OTC
<i>sb childrens aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sb low dose asa ec oral tablet delayed release</i>	Tier 1	OTC
<i>sm aspirin adult low strength oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sm aspirin adult low strength oral tablet delayed release</i>	Tier 1	OTC
<i>sm aspirin ec low strength oral tablet delayed release</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm aspirin ec oral tablet delayed release</i>	Tier 1	OTC
<i>sm aspirin low dose oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sm aspirin oral tablet</i>	Tier 1	OTC
<i>sm childrens aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sodium salicylate crystals</i>	Tier 2	
<i>sodium salicylate powder</i>	Tier 2	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (<i>aspirin</i>)	Tier 1	OTC
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (<i>aspirin</i>)	Tier 1	OTC
*SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
PRIALT INTRATHECAL SOLUTION (<i>ziconotide acetate</i>)	Tier 2	MB
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine #2 oral tablet</i>	Tier 1	AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet</i>	Tier 1	PA; AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet</i>	Tier 1	PA; AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; AL; QL (90 mL per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier 1	AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	Tier 1	PA; AL; QL (6 tablets per 1 day)
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule)	Tier 1	PA; AL; QL (6 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	Tier 1	PA; AL; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA; AL; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	Tier 1	PA; AL; QL (6 capsules per 1 day)
FIORICET/CODEINE ORAL CAPSULE (<i>butalbital-apap-caff-cod</i>)	Tier 2	PA; AL; QL (6 capsules per 1 day)
*DIHYDROCODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>apap-caff-dihydrocodeine oral capsule</i>	Tier 2	PA; QL (6 capsules per 1 day)
<i>apap-caff-dihydrocodeine oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)
TREZIX ORAL CAPSULE (<i>apap-caff-dihydrocodeine</i>)	Tier 2	PA; QL (6 capsules per 1 day)
*FENTANYL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>fentanyl cit-ropivacaine-nacl epidural solution</i>	Tier 2	MB
<i>fentanyl-bupivacaine-nacl epidural solution</i>	Tier 2	MB
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	Tier 1	PA; QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>	Tier 2	PA; QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 2	PA; QL (5 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 tablets per 1 day)
LORTAB ORAL ELIXIR (<i>hydrocodone-acetaminophen</i>)	Tier 2	PA; QL (67.5 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XODOL ORAL TABLET (<i>hydrocodone-acetaminophen</i>)	Tier 2	PA; QL (6 tablets per 1 day)
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
ACTIQ BUCCAL LOZENGE ON A HANDLE (<i>fentanyl citrate</i>)	Tier 2	PA; QL (4 lozenges per 1 day)
<i>alfentanil hcl intravenous solution</i>	Tier 2	MB
<i>codeine phosphate powder</i>	Tier 2	
<i>codeine sulfate oral tablet</i>	Tier 1	PA; AL; QL (6 tablets per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tramadol hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
DEMEROL INJECTION SOLUTION (<i>meperidine hcl</i>)	Tier 2	PA; MB; QL (4 mL per 1 day)
DILAUDID INJECTION SOLUTION 0.2 MG/ML (<i>hydromorphone hcl</i>)	Tier 2	QL (6 mL per 1 day)
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML (<i>hydromorphone hcl</i>)	Tier 2	PA; MB; QL (6 mL per 1 day)
DILAUDID ORAL LIQUID (<i>hydromorphone hcl</i>)	Tier 2	PA; QL (24 mL per 1 day)
DILAUDID ORAL TABLET (<i>hydromorphone hcl</i>)	Tier 2	PA; QL (6 tablets per 1 day)
DSUVIA SUBLINGUAL TABLET SUBLINGUAL (<i>sufentanil citrate</i>)	Tier 2	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR (<i>fentanyl</i>)	Tier 2	PA; QL (15 patches per 30 days)
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR (<i>fentanyl</i>)	Tier 2	PA; QL (15 patches per 30 days)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR (<i>fentanyl</i>)	Tier 2	PA; QL (15 patches per 30 days)
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR (<i>fentanyl</i>)	Tier 2	PA; QL (15 patches per 30 days)
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR (<i>fentanyl</i>)	Tier 2	PA; QL (15 patches per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>duramorph injection solution</i>	Tier 2	PA; MB; QL (6 mL per 1 day)
<i>fentanyl citrate (pf) injection solution</i>	Tier 2	MB
<i>fentanyl citrate (pf) injection solution cartridge</i>	Tier 2	MB
<i>fentanyl citrate buccal lozenge on a handle</i>	Tier 1	PA; QL (4 lozenges per 1 day)
<i>fentanyl citrate buccal tablet</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>fentanyl citrate intravenous solution prefilled syringe</i>	Tier 2	MB
<i>fentanyl citrate powder</i>	Tier 2	
<i>fentanyl citrate-nacl intravenous solution</i>	Tier 2	MB
<i>fentanyl citrate-nacl intravenous solution prefilled syringe</i>	Tier 2	MB
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (15 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	Tier 2	PA; QL (15 patches per 30 days)
FENTORA BUCCAL TABLET (<i>fentanyl citrate</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml</i>	Tier 2	PA; MB; QL (6 mL per 1 day)
<i>hydromorphone hcl injection solution 4 mg/ml</i>	Tier 2	PA; MB; QL (2 mL per 1 day)
<i>hydromorphone hcl oral liquid</i>	Tier 1	PA; QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>hydromorphone hcl pf injection solution 1 mg/ml</i>	Tier 2	MB; QL (6 mL per 1 day)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	Tier 2	PA; MB; QL (1 vial per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl pf injection solution 2 mg/ml</i>	Tier 2	PA; MB; QL (6 mL per 1 day)
<i>hydromorphone hcl pf injection solution 4 mg/ml</i>	Tier 2	MB; QL (2 mL per 1 day)
<i>hydromorphone hcl powder</i>	Tier 2	
<i>hydromorphone hcl-nacl intravenous solution</i>	Tier 2	MB
<i>hydromorphone hcl-nacl intravenous solution prefilled syringe</i>	Tier 2	MB
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (<i>hydrocodone bitartrate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
INFUMORPH 200 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	Tier 2	MB; QL (2 vials per 1 month)
INFUMORPH 500 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	Tier 2	MB; QL (2 vials per 1 month)
LAZANDA NASAL SOLUTION (<i>fentanyl citrate</i>)	Tier 2	PA; QL (30 bottles per 30 days)
<i>levorphanol tartrate oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>meperidine hcl injection solution</i>	Tier 2	PA; MB; QL (4 mL per 1 day)
<i>meperidine hcl oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>meperidine hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>meperidine hcl powder</i>	Tier 2	
<i>methadone hcl injection solution</i>	Tier 2	PA; MB; QL (1 mL per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate)	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	Tier 1	QL (1 tablet per 1 day)
<i>methadone hcl powder</i>	Tier 2	
METHADOSE ORAL CONCENTRATE (<i>methadone hcl</i>)	Tier 1	PA; QL (6 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone hcl</i> (Methadose Oral Tablet Soluble)	Tier 1	PA; QL (1 tablet per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE (<i>methadone hcl</i>)	Tier 1	PA; QL (6 ML per 1 day)
<i>morphine sulfate microinfusion</i> (Mitigo Injection Solution)	Tier 2	MB; QL (2 vials per 1 month)
<i>morphine sulfate (concentrate) oral solution</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 5 mg/ml</i>	Tier 2	PA; MB; QL (6 mL per 1 day)
<i>morphine sulfate (pf) injection solution 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	Tier 2	MB; QL (6 mL per 1 day)
<i>morphine sulfate (pf) intravenous solution</i>	Tier 2	MB
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>morphine sulfate injection solution</i>	Tier 2	PA; MB; QL (6 mL per 1 day)
<i>morphine sulfate oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>morphine sulfate powder</i>	Tier 2	
<i>morphine sulfate-nacl intravenous solution</i>	Tier 2	MB
<i>morphine sulfate-nacl intravenous solution prefilled syringe</i>	Tier 2	MB
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG (<i>morphine sulfate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	Tier 2	PA; QL (3 tablets per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>tapentadol hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	Tier 2	PA; QL (180 tablets per 30 days)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	Tier 2	PA; QL (181 tablets per 30 days)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	Tier 2	PA; QL (242 tablets per 30 days)
OLINVKYK INTRAVENOUS SOLUTION (<i>oliceridine fumarate</i>)	Tier 2	MB
OPANA ORAL TABLET (<i>oxymorphone hcl</i>)	Tier 2	PA; QL (6 tablets per 1 day)
OXAYDO ORAL TABLET (<i>oxycodone hcl</i>)	Tier 2	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrant</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>oxycodone hcl oral capsule</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral concentrate</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl powder</i>	Tier 2	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (<i>oxycodone hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 40 mg, 5 mg, 7.5 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>oxymorphone hcl oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)
QDOLO ORAL SOLUTION (<i>tramadol hcl</i>)	Tier 2	PA; AL; QL (80 mL per 1 day)
<i>remifentanil hcl intravenous solution reconstituted</i>	Tier 2	MB
ROXICODONE ORAL TABLET (<i>oxycodone hcl</i>)	Tier 2	PA; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUBSYS SUBLINGUAL LIQUID (fentanyl)	Tier 2	PA; QL (4 units per 1 day)
sufentanil citrate intravenous solution	Tier 2	MB
tramadol hcl er (biphasic) oral tablet extended release 24 hour	Tier 2	PA; QL (1 tablet per 1 day)
tramadol hcl er oral tablet extended release 24 hour	Tier 2	PA; QL (1 tablet per 1 day)
tramadol hcl oral tablet 100 mg	Tier 2	QL (4 tablets per 1 day)
tramadol hcl oral tablet 50 mg	Tier 1	PA; AL; QL (8 tablets per 1 day)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED (remifentanil hcl)	Tier 2	MB
ULTRAM ORAL TABLET (tramadol hcl)	Tier 2	PA; AL; QL (8 tablets per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT (oxycodone)	Tier 2	PA; QL (2 capsules per 1 day)
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR (hydrocodone bitartrate)	Tier 2	PA; QL (2 capsules per 1 day)
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
APADAZ ORAL TABLET (benzhydrocodone-acetaminophen)	Tier 2	PA; QL (6 tablets per 1 day)
benzhydrocodone-acetaminophen oral tablet	Tier 2	PA; QL (6 tablets per 1 day)
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	PA; QL (6 tablets per 1 day)
oxycodone-acetaminophen (Endocet Oral Tablet 2.5-325 Mg)	Tier 2	PA; QL (6 tablets per 1 day)
nalocet oral tablet	Tier 2	QL (6 tablets per 1 day)
oxycodone-acetaminophen oral solution	Tier 2	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	PA; QL (6 tablets per 1 day)
oxycodone-acetaminophen oral tablet 2.5-300 mg	Tier 2	QL (6 tablets per 1 day)
oxycodone-aspirin oral tablet	Tier 1	PA; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERCOCET ORAL TABLET (<i>oxycodone-acetaminophen</i>)	Tier 2	PA; QL (6 tablets per 1 day)
PROLATE ORAL SOLUTION (<i>oxycodone-acetaminophen</i>)	Tier 2	
PROLATE ORAL TABLET (<i>oxycodone-acetaminophen</i>)	Tier 2	PA; QL (6 tablets per 1 day)
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
BELBUCA Buccal Film (<i>buprenorphine hcl</i>)	State Carve-out	SCO
BUNAVAIL Buccal Film (<i>buprenorphine hcl-naloxone hcl</i>)	State Carve-out	SCO
BUPRENEX INJECTION SOLUTION (<i>buprenorphine hcl</i>)	State Carve-out	SCO
<i>buprenorphine hcl injection solution</i>	State Carve-out	SCO
<i>buprenorphine hcl sublingual tablet sublingual</i>	State Carve-out	SCO
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	State Carve-out	SCO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	State Carve-out	SCO
<i>buprenorphine transdermal patch weekly</i>	State Carve-out	SCO
<i>butorphanol tartrate injection solution 1 mg/ml</i>	Tier 2	PA; MB; QL (8 mL per 1 day)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	Tier 2	PA; MB; QL (4 mL per 1 day)
<i>butorphanol tartrate nasal solution</i>	Tier 1	PA; QL (2 bottles per 30 days)
BUTTRANS TRANSDERMAL PATCH WEEKLY (<i>buprenorphine</i>)	State Carve-out	SCO
<i>nalbuphine hcl injection solution</i>	Tier 2	MB; QL (2 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pentazocine-naloxone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT (<i>buprenorphine hcl</i>)	State Carve-out	SCO
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	State Carve-out	SCO
SUBOXONE SUBLINGUAL FILM (<i>buprenorphine hcl-naloxone hcl</i>)	State Carve-out	SCO
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	State Carve-out	SCO
*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>tramadol-acetaminophen oral tablet</i>	Tier 1	PA; AL; QL (8 tablets per 1 day)
ULTRACET ORAL TABLET (<i>tramadol-acetaminophen</i>)	Tier 2	PA; AL; QL (8 tablets per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
*ANABOLIC STEROIDS*** - DRUGS FOR MEN		
ANADROL-50 ORAL TABLET (<i>oxymetholone</i>)	Tier 2	
<i>oxandrolone oral tablet</i>	Tier 2	PA
*ANDROGENS*** - DRUGS FOR MEN		
ANDRODERM TRANSDERMAL PATCH 24 HOUR (<i>testosterone</i>)	Tier 2	PA; QL (1 patch per 1 day)
ANDROGEL PUMP TRANSDERMAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (1 bottle per 30 days)
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) (<i>testosterone</i>)	Tier 2	PA; QL (1 packet per 1 day)
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) (<i>testosterone</i>)	Tier 2	PA; QL (2 packets per 1 day)
AVEED INTRAMUSCULAR SOLUTION (<i>testosterone undecanoate</i>)	Tier 2	PA; MB
<i>danazol oral capsule</i>	Tier 2	PA
<i>danazol powder</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (<i>testosterone cypionate</i>)	Tier 2	PA
FORTESTA TRANSDERMAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (1 bottle per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG (<i>testosterone undecanoate</i>)	Tier 2	PA; QL (4 capsules per 1 day)
JATENZO ORAL CAPSULE 237 MG (<i>testosterone undecanoate</i>)	Tier 2	PA; QL (2 capsules per 1 day)
<i>methitest oral tablet</i>	Tier 2	PA
<i>methyltestosterone oral capsule</i>	Tier 2	PA
<i>methyltestosterone powder</i>	Tier 2	
NATESTO NASAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (3 bottles per 30 days)
TESTIM TRANSDERMAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (1 packet per 1 day)
TESTOPEL IMPLANT PELLET (<i>testosterone</i>)	Tier 2	MB
<i>testosterone cypionate intramuscular solution</i>	Tier 1	PA
<i>testosterone enanthate intramuscular solution</i>	Tier 1	PA
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/act (1.62%)</i>	Tier 2	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	Tier 1	PA; QL (2 bottles per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 1	PA; QL (2 packets per 1 day)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Tier 1	PA; QL (1 packet per 1 day)
<i>testosterone transdermal solution</i>	Tier 2	PA; QL (1 bottle per 30 days)
VOGELXO PUMP TRANSDERMAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (2 bottles per 30 days)
VOGELXO TRANSDERMAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (1 packet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>testosterone enanthate</i>)	Tier 2	PA; MB
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS		
CORTENEMA RECTAL ENEMA (<i>hydrocortisone</i>)	Tier 2	
CORTIFOAM EXTERNAL FOAM (<i>hydrocortisone acetate</i>)	Tier 2	PA; QL (4 containers per 28 days)
<i>hydrocortisone rectal enema</i>	Tier 1	
UCERIS RECTAL FOAM (<i>budesonide</i>)	Tier 2	PA; QL (2 kits per 28 days)
*NITRATE VASODILATING AGENTS*** - RECTAL PREPARATIONS		
RECTIV RECTAL OINTMENT (<i>nitroglycerin</i>)	Tier 2	QL (1 tube per 30 days)
*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS		
ANALPRAM-HC EXTERNAL CREAM (<i>hydrocortisone ace-pramoxine</i>)	Tier 2	
ANALPRAM-HC EXTERNAL LOTION (<i>hydrocortisone ace-pramoxine</i>)	Tier 2	
<i>hydrocortisone ace-pramoxine external cream</i>	Tier 2	
PROCTOFOAM HC EXTERNAL FOAM (<i>hydrocortisone ace-pramoxine</i>)	Tier 2	
*RECTAL COMBINATIONS - MISC.*** - RECTAL PREPARATIONS		
<i>eql hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>gnp hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>gnp hemorrhoidal rectal suppository</i>	Tier 1	OTC
<i>goodsense hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>hemorrhoidal rectal suppository</i>	Tier 1	OTC
<i>hm hemorrhoidal rectal ointment</i>	Tier 1	OTC

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<i>px hemorrhoidal rectal suppository</i>	Tier 1	OTC
<i>qc hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>rectacaine rectal suppository</i>	Tier 1	OTC
<i>sb hemorrhoid rectal ointment</i>	Tier 1	OTC
<i>sm hemorrhoidal rectal ointment</i>	Tier 1	OTC
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
ANUSOL-HC EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 2	QL (180 grams per 30 days)
<i>hydrocortisone (perianal) external cream 1 %</i>	Tier 2	QL (30 grams per 30 days)
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Tier 1	QL (180 grams per 30 days)
PROCTOCORT EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 2	QL (30 grams per 30 days)
<i>hydrocortisone</i> (Procto-Med Hc External Cream)	Tier 1	QL (180 grams per 30 days)
<i>hydrocortisone</i> (Procto-Pak External Cream)	Tier 2	QL (30 grams per 30 days)
<i>hydrocortisone</i> (Proctozone-Hc External Cream)	Tier 1	QL (180 grams per 30 days)
ANTACIDS - DRUGS FOR THE STOMACH		
*ANTACID & SIMETHICONE*** - DRUGS FOR ULCERS AND STOMACH ACID		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC
<i>alum & mag hydroxide-simeth oral suspension</i>	Tier 1	OTC
<i>alumina-magnesia-simethicone oral suspension</i>	Tier 1	OTC
<i>antacid & antigas oral suspension</i>	Tier 1	OTC
<i>antacid advanced oral suspension</i>	Tier 1	OTC
<i>antacid anti-gas max strength oral suspension</i>	Tier 1	OTC
<i>antacid anti-gas oral suspension</i>	Tier 1	OTC
<i>antacid anti-gas reg strength oral suspension</i>	Tier 1	OTC
<i>antacid extra strength oral suspension</i>	Tier 1	OTC
<i>antacid fast relief oral suspension</i>	Tier 1	OTC
<i>antacid i oral suspension</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>antacid iii oral suspension</i>	Tier 1	OTC
<i>antacid liquid oral suspension</i>	Tier 1	OTC
<i>antacid m oral suspension</i>	Tier 1	OTC
<i>antacid maximum strength oral suspension</i>	Tier 1	OTC
<i>antacid oral suspension</i>	Tier 1	OTC
<i>antacid plus anti-gas relief oral suspension</i>	Tier 1	OTC
<i>antacid regular strength oral suspension</i>	Tier 1	OTC
<i>antacid/anti-gas oral suspension</i>	Tier 1	OTC
<i>antacid/simethicone ds oral suspension</i>	Tier 1	OTC
<i>comfort gel antacid & anti-gas oral suspension</i>	Tier 1	OTC
<i>comfort gel antacid anti-gas oral suspension</i>	Tier 1	OTC
<i>comfort gel oral suspension</i>	Tier 1	OTC
<i>cvs antacid plus antigas oral suspension</i>	Tier 1	OTC
<i>cvs antacid/anti-gas oral suspension</i>	Tier 1	OTC
<i>eq antacid maximum strength oral suspension</i>	Tier 1	OTC
<i>eq antacid oral suspension</i>	Tier 1	OTC
<i>eq antacid/anti-gas oral suspension</i>	Tier 1	OTC
<i>eql antacid advanced max st oral suspension</i>	Tier 1	OTC
<i>eql antacid/anti-gas oral suspension</i>	Tier 1	OTC
<i>geri-lanta oral suspension</i>	Tier 1	OTC
<i>geri-mox oral suspension</i>	Tier 1	OTC
<i>gnp antacid & anti-gas oral suspension</i>	Tier 1	OTC
<i>gnp antacid regular strength oral suspension</i>	Tier 1	OTC
<i>hm advanced antacid max st oral suspension</i>	Tier 1	OTC
<i>hm antacid anti-gas ex st oral suspension</i>	Tier 1	OTC
<i>hm antacid oral suspension</i>	Tier 1	OTC
<i>hm antacid/antigas oral suspension</i>	Tier 1	OTC
MAALOX MAX ORAL SUSPENSION (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC

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<i>mag-al plus oral liquid</i>	Tier 1	OTC
<i>mag-al plus xs oral liquid</i>	Tier 1	OTC
<i>meijer antacid anti-gas oral suspension</i>	Tier 1	OTC
<i>meijer antacid oral suspension</i>	Tier 1	OTC
MI-ACID ORAL SUSPENSION (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC
<i>milantex extra strength oral suspension</i>	Tier 1	OTC
<i>milantex oral suspension</i>	Tier 1	OTC
<i>mintox maximum strength oral suspension</i>	Tier 1	OTC
MINTOX ORAL SUSPENSION (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC
MINTOX PLUS ORAL TABLET CHEWABLE (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC
<i>px antacid maximum strength oral suspension</i>	Tier 1	OTC
<i>px antacid regular strength oral suspension</i>	Tier 1	OTC
<i>qc antacid oral suspension</i>	Tier 1	OTC
<i>qc antacid/anti-gas oral suspension</i>	Tier 1	OTC
<i>ra antacid/anti-gas max st oral suspension</i>	Tier 1	OTC
<i>ra antacid/anti-gas oral suspension</i>	Tier 1	OTC
<i>ra antacid/gas relief max st oral suspension</i>	Tier 1	OTC
<i>ra liquid antacid oral suspension</i>	Tier 1	OTC
<i>sb antacid anti-gas oral suspension</i>	Tier 1	OTC
<i>sm antacid advanced max st oral suspension</i>	Tier 1	OTC
<i>sm antacid advanced oral suspension</i>	Tier 1	OTC
<i>sm antacid anti-gas oral suspension</i>	Tier 1	OTC
<i>sm antacid maximum strength oral suspension</i>	Tier 1	OTC
<i>sm antacid/antigas oral suspension</i>	Tier 1	OTC
*ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>antacid extra strength oral tablet chewable</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>antacid oral tablet chewable</i>	Tier 1	OTC
<i>cvs antacid supreme oral suspension</i>	Tier 1	OTC
<i>eq antacid extra strength oral tablet chewable</i>	Tier 1	OTC
<i>geri-lanta supreme oral suspension</i>	Tier 1	OTC
<i>gnp foaming antacid oral tablet chewable</i>	Tier 1	OTC
*ANTACIDS - ALUMINUM SALTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>aluminum hydroxide gel oral suspension</i>	Tier 1	OTC
*ANTACIDS - CALCIUM SALTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>antacid calcium rich oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>antacid regular strength oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>antacid ultra strength oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>calcium carbonate antacid oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>calcium carbonate oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>eq antacid oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>goodsense antacid oral tablet chewable 1000 mg, 500 mg</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>goodsense antacid oral tablet chewable 750 mg</i>	Tier 1	OTC
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE (<i>calcium carbonate antacid</i>)	Tier 1	OTC; QL (150 tablets per 30 days)
<i>hm calcium antacid ultra st oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>long lasting antacid oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
MAALOX CHILDRENS ORAL TABLET CHEWABLE (<i>calcium carbonate antacid</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>qc antacid ultra strength oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>ra stomach relief kids oral tablet chewable</i>	Tier 1	OTC
<i>sm antacid oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
TITRALAC ORAL TABLET CHEWABLE (<i>calcium carbonate antacid</i>)	Tier 1	OTC
*ANTACIDS - MAGNESIUM SALTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>hm magnesium oral tablet</i>	Tier 1	OTC
<i>magnesium trisilicate powder</i>	Tier 2	
MAOX ORAL TABLET (<i>magnesium oxide</i>)	Tier 1	OTC
<i>qc magnesium oral tablet</i>	Tier 1	OTC
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>albendazole oral tablet</i>	Tier 2	PA; QL (4 tablets per 1 day)
ALBENZA ORAL TABLET (<i>albendazole</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>benznidazole oral tablet</i>	Tier 2	
BILTRICIDE ORAL TABLET (<i>praziquantel</i>)	Tier 2	
EMVERM ORAL TABLET CHEWABLE (<i>mebendazole</i>)	Tier 2	
<i>ivermectin oral tablet</i>	Tier 1	
<i>piperazine citrate powder</i>	Tier 2	
<i>praziquantel oral tablet</i>	Tier 1	
<i>reeses pinworm medicine oral suspension</i>	Tier 1	OTC
STROMECTOL ORAL TABLET (<i>ivermectin</i>)	Tier 2	
<i>thiabendazole powder</i>	Tier 2	

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ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR <i>(ranolazine)</i>	Tier 2	PA
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier 2	PA
*NITRATES*** - DRUGS FOR ANGINA		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE <i>(isosorbide dinitrate)</i>	Tier 2	
GONITRO SUBLINGUAL PACKET (<i>nitroglycerin</i>)	Tier 2	
ISORDIL TITRADOSE ORAL TABLET (<i>isosorbide dinitrate</i>)	Tier 2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	Tier 2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 1	
<i>isosorbide mononitrate oral tablet</i>	Tier 1	
<i>nitroglycerin</i> (Minitran Transdermal Patch 24 Hour)	Tier 2	
NITRO-BID TRANSDERMAL OINTMENT (<i>nitroglycerin</i>)	Tier 1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR <i>(nitroglycerin)</i>	Tier 1	
<i>nitroglycerin in d5w intravenous solution</i>	Tier 2	MB
<i>nitroglycerin intravenous solution</i>	Tier 2	MB
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 1	
<i>nitroglycerin translingual solution</i>	Tier 2	
NITROLINGUAL TRANSLINGUAL SOLUTION <i>(nitroglycerin)</i>	Tier 2	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION <i>(nitroglycerin)</i>	Tier 2	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL <i>(nitroglycerin)</i>	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>buspirone hcl oral tablet 30 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>droperidol injection solution</i>	Tier 2	MB
<i>droperidol powder</i>	Tier 2	
<i>hydroxyzine hcl intramuscular solution</i>	Tier 2	MB
<i>hydroxyzine hcl oral syrup</i>	Tier 1	DO; QL (100 mL per 1 day)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>hydroxyzine hcl oral tablet 50 mg</i>	Tier 1	DO; QL (8 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>hydroxyzine pamoate powder</i>	Tier 2	
<i>meprobamate oral tablet</i>	Tier 2	DO; QL (4 tablets per 1 day)
VISTARIL ORAL CAPSULE (<i>hydroxyzine pamoate</i>)	Tier 2	DO; QL (4 capsules per 1 day)
*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam er oral tablet extended release 24 hour</i>	Tier 2	DO; QL (1 tablet per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE (<i>alprazolam</i>)	Tier 1	DO; QL (4 mL per 1 day)
<i>alprazolam oral tablet</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>alprazolam oral tablet dispersible</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour</i>	Tier 2	DO; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATIVAN INJECTION SOLUTION (<i>lorazepam</i>)	Tier 2	MB
ATIVAN ORAL TABLET (<i>lorazepam</i>)	Tier 2	QL (3 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>clorazepate dipotassium oral tablet</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>diazepam injection solution</i>	Tier 2	MB
<i>diazepam</i> (Diazepam Intensol Oral Concentrate)	Tier 1	DO; QL (8 mL per 1 day)
<i>diazepam intramuscular solution auto-injector</i>	Tier 2	MB
<i>diazepam oral concentrate</i>	Tier 1	DO; QL (8 mL per 1 day)
<i>diazepam oral solution</i>	Tier 1	
<i>diazepam oral tablet</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>lorazepam injection solution</i>	Tier 2	MB
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate)	Tier 2	QL (3 mL per 1 day)
<i>lorazepam oral concentrate</i>	Tier 2	QL (3 mL per 1 day)
<i>lorazepam oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>oxazepam oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
TRANXENE-T ORAL TABLET (<i>clorazepate dipotassium</i>)	Tier 2	DO; QL (4 tablets per 1 day)
VALIUM ORAL TABLET (<i>diazepam</i>)	Tier 2	DO; QL (4 tablets per 1 day)
XANAX ORAL TABLET (<i>alprazolam</i>)	Tier 2	DO; QL (3 tablets per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>alprazolam</i>)	Tier 2	DO; QL (1 tablet per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS - MISC.*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
ADENOCARD INTRAVENOUS SOLUTION (<i>adenosine</i>)	Tier 2	MB
<i>adenosine intravenous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	Tier 1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>disopyramide phosphate</i>)	Tier 2	
NORPACE ORAL CAPSULE (<i>disopyramide phosphate</i>)	Tier 2	
<i>procainamide hcl injection solution</i>	Tier 2	MB
<i>procainamide hcl powder</i>	Tier 2	
<i>quinidine gluconate er oral tablet extended release</i>	Tier 1	
<i>quinidine sulfate oral tablet</i>	Tier 1	
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe</i>	Tier 2	MB
<i>lidocaine hcl (cardiac) pf intravenous solution</i>	Tier 2	MB
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe</i>	Tier 2	MB
<i>lidocaine in d5w intravenous solution</i>	Tier 2	MB
<i>mexiletine hcl oral capsule</i>	Tier 1	
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 1	
<i>propafenone hcl oral tablet</i>	Tier 1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>propafenone hcl</i>)	Tier 2	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl intravenous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amiodarone hcl oral tablet 100 mg</i>	Tier 2	
<i>amiodarone hcl oral tablet 200 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>amiodarone hcl oral tablet 400 mg</i>	Tier 1	
<i>bretylium tosylate injection solution</i>	Tier 2	
CORVERT INTRAVENOUS SOLUTION (<i>ibutilide fumarate</i>)	Tier 2	MB
<i>dofetilide oral capsule</i>	Tier 2	SP
<i>ibutilide fumarate intravenous solution</i>	Tier 2	MB
MULTAQ ORAL TABLET (<i>dronedarone hcl</i>)	Tier 2	
NEXTERONE INTRAVENOUS SOLUTION (<i>amiodarone hcl in dextrose</i>)	Tier 2	MB
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg)	Tier 2	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 200 Mg)	Tier 1	QL (3 tablets per 1 day)
<i>amiodarone hcl</i> (Pacerone Oral Tablet 400 Mg)	Tier 1	
TIKOSYN ORAL CAPSULE (<i>dofetilide</i>)	Tier 2	SP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*5-LIPOXYGENASE INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
<i>zileuton er oral tablet extended release 12 hour</i>	Tier 2	PA
ZYFLO ORAL TABLET (<i>zileuton</i>)	Tier 2	PA
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	Tier 2	PA; AL; QL (1 inhaler per 30 days)
ADVAIR HFA INHALATION AEROSOL (<i>fluticasone-salmeterol</i>)	Tier 2	PA; AL; QL (1 inhaler per 30 days)
AIRDUO DIGITALIZER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium-vilanterol</i>)	Tier 1	
BEVESPI AEROSPHERE INHALATION AEROSOL (<i>glycopyrrolate-formoterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate-vilanterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL (<i>budeson-glycopyrrol-formoterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	Tier 1	QL (1 inhaler per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (<i>ipratropium-albuterol</i>)	Tier 1	QL (2 inhalers per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>aclidinium br-formoterol fum</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
DULERA INHALATION AEROSOL (<i>mometasone furo-formoterol fum</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	Tier 1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	Tier 1	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide-olodaterol</i>)	Tier 1	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL (<i>budesonide-formoterol fumarate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-umeclidin-vilant</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE (<i>indacaterol-glycopyrrolate</i>)	Tier 2	PA; QL (60 units per 30 days)
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated)	Tier 1	QL (1 inhaler per 30 days)
*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>omalizumab</i>)	Tier 1	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>omalizumab</i>)	Tier 1	MB
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 1	
<i>cromolyn sodium powder</i>	Tier 2	
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	Tier 1	
<i>albuterol sulfate hfa inhalation aerosol solution</i>	Tier 1	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>	Tier 1	QL (360 mL per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	Tier 1	QL (60 mL per 30 days)
<i>albuterol sulfate oral syrup</i>	Tier 1	
<i>albuterol sulfate oral tablet</i>	Tier 1	
<i>albuterol sulfate powder</i>	Tier 2	
ARCAPTA NEOHALER INHALATION CAPSULE (<i>indacaterol maleate</i>)	Tier 2	QL (1 capsule per 1 day)
BROVANA INHALATION NEBULIZATION SOLUTION (<i>arformoterol tartrate</i>)	Tier 2	QL (2 vials per 1 day)
<i>isoproterenol hcl injection solution</i>	Tier 2	MB
<i>isoproterenol-sodium chloride intravenous solution</i>	Tier 2	MB
ISUPREL INJECTION SOLUTION (<i>isoproterenol hcl</i>)	Tier 2	MB
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier 2	QL (90 vials per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	PA; QL (2 inhalers per 30 days)
<i>metaproterenol sulfate powder</i>	Tier 2	
PERFOROMIST INHALATION NEBULIZATION SOLUTION (<i>formoterol fumarate</i>)	Tier 2	QL (120 mL per 30 days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>albuterol sulfate</i>)	Tier 2	PA; QL (2 inhalers per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROAIR HFA INHALATION AEROSOL SOLUTION <i>(albuterol sulfate)</i>	Tier 2	PA; QL (2 inhalers per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED <i>(albuterol sulfate)</i>	Tier 2	PA; QL (2 inhalers per 30 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION <i>(albuterol sulfate)</i>	Tier 2	PA; QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED <i>(salmeterol xinafoate)</i>	Tier 1	QL (2 inhalers per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION <i>(olodaterol hcl)</i>	Tier 2	QL (1 inhaler per 30 days)
<i>terbutaline sulfate injection solution</i>	Tier 2	MB
<i>terbutaline sulfate oral tablet</i>	Tier 1	
<i>terbutaline sulfate powder</i>	Tier 2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION <i>(albuterol sulfate)</i>	Tier 2	PA; QL (2 inhalers per 30 days)
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION <i>(levalbuterol hcl)</i>	Tier 2	PA; QL (90 vials per 30 days)
XOPENEX HFA INHALATION AEROSOL <i>(levalbuterol tartrate)</i>	Tier 2	PA; QL (2 inhalers per 30 days)
XOPENEX INHALATION NEBULIZATION SOLUTION <i>(levalbuterol hcl)</i>	Tier 2	PA; QL (90 vials per 30 days)
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION <i>(ipratropium bromide hfa)</i>	Tier 1	QL (2 inhalers per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED <i>(umeclidinium bromide)</i>	Tier 2	PA; QL (1 inhaler per 30 days)
<i>ipratropium bromide inhalation solution</i>	Tier 1	QL (300 mL per 30 days)
<i>ipratropium bromide powder</i>	Tier 2	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION <i>(glycopyrrolate)</i>	Tier 2	PA; QL (1 kit per 30 days)
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION <i>(glycopyrrolate)</i>	Tier 2	PA; QL (1 kit per 1 time fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEEBRI NEOHALER INHALATION CAPSULE (<i>glycopyrrrolate</i>)	Tier 2	PA; QL (60 capsules per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE (<i>tiotropium bromide monohydrate</i>)	Tier 2	PA; QL (1 inhaler per 90 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide monohydrate</i>)	Tier 1	QL (1 inhaler per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>aclidinium bromide</i>)	Tier 2	PA
YUPELRI INHALATION SOLUTION (<i>revefenacin</i>)	Tier 2	PA; QL (1 vial per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>benralizumab</i>)	Tier 2	PA; SP; QL (1 autoinjectors per 8 weekss)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>benralizumab</i>)	Tier 2	PA; SP; QL (1 syringes per 8 weekss)
NUCALA SUBCUTANEOUS SOLUTION AUTO-Injector (<i>mepolizumab</i>)	Tier 2	PA; MB; QL (1 autoinjector per 4 weekss)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>mepolizumab</i>)	Tier 2	PA; MB; QL (1 syringes per 4 weekss)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>mepolizumab</i>)	Tier 2	PA; MB
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
CINQAIR INTRAVENOUS SOLUTION (<i>reslizumab</i>)	Tier 2	PA; MB
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
ACCOLATE ORAL TABLET (<i>zafirlukast</i>)	Tier 2	QL (2 tablets per 1 day)
<i>montelukast sodium oral packet</i>	Tier 1	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	Tier 1	
<i>montelukast sodium oral tablet chewable</i>	Tier 1	
SINGULAIR ORAL PACKET (<i>montelukast sodium</i>)	Tier 2	QL (1 packet per 1 day)
SINGULAIR ORAL TABLET (<i>montelukast sodium</i>)	Tier 2	

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SINGULAIR ORAL TABLET CHEWABLE (<i>montelukast sodium</i>)	Tier 2	
<i>zafirlukast oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*MIXED ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>ephedrine hcl powder</i>	Tier 2	
<i>ephedrine sulfate powder</i>	Tier 2	
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
DALIRESP ORAL TABLET (<i>roflumilast</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT (<i>ciclesonide</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT (<i>ciclesonide</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ARMONAIR DIGITALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone propionate (inhal)</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate</i>)	Tier 1	QL (1 inhaler per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ASMANEX HFA INHALATION AEROSOL (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 1	QL (120 mL per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	Tier 1	QL (2 mL per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	Tier 1	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	Tier 1	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION AEROSOL (<i>fluticasone propionate hfa</i>)	Tier 1	QL (1 inhaler per 30 days)
<i>flunisolide powder</i>	Tier 2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>budesonide</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML (<i>budesonide</i>)	Tier 2	QL (120 mL per 30 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML (<i>budesonide</i>)	Tier 2	QL (2 mL per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
<i>aminophylline anhydrous powder</i>	Tier 2	
<i>aminophylline intravenous solution</i>	Tier 2	MB
<i>aminophylline powder</i>	Tier 2	
ELIXOPHYLLIN ORAL ELIXIR (<i>theophylline</i>)	Tier 2	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>theophylline</i>)	Tier 2	QL (2 capsules per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline er oral tablet extended release 12 hour</i>	Tier 1	
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 1	
<i>theophylline in d5w intravenous solution</i>	Tier 2	MB
<i>theophylline oral solution</i>	Tier 1	
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*ANTICOAGULANTS - MISC.*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>sodium citrate lock flush intravenous solution</i>	Tier 2	MB
<i>sodium citrate lock flush intravenous solution prefilled syringe</i>	Tier 2	
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>warfarin sodium</i> (Jantoven Oral Tablet)	Tier 1	
<i>warfarin sodium oral tablet</i>	Tier 1	
<i>warfarin sodium powder</i>	Tier 2	
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (apixaban)</i>	Tier 1	QL (1 pack per 1 year)
<i>ELIQUIS ORAL TABLET 2.5 MG (apixaban)</i>	Tier 1	QL (2 tablets per 1 day)
<i>ELIQUIS ORAL TABLET 5 MG (apixaban)</i>	Tier 1	QL (74 tablets per 30 days)
*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 utl/500ml-%, 12500-0.45 utl/250ml-%, 25000-0.45 utl/250ml-%, 25000-0.45 utl/500ml-%</i>	Tier 2	MB
<i>heparin (porcine) in nacl intravenous solution 2000-0.9 unit/l-%</i>	Tier 2	
<i>heparin (porcine) in nacl intravenous solution 2500-0.9 utl/500ml-%, 30000-0.9 unit/l-%, 500-0.9 utl/500ml-%, 5000-0.9 unit/l-%, 5000-0.9 utl/500ml-%</i>	Tier 2	MB
<i>heparin lock flush intravenous solution</i>	Tier 2	MB
<i>heparin sod (porcine) in d5w intravenous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
heparin sodium (porcine) injection solution	Tier 1	
heparin sodium (porcine) injection solution prefilled syringe	Tier 2	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	Tier 1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	Tier 2	
heparin sodium lock flush intravenous solution	Tier 2	MB
*IN VITRO/LOCK ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
acd formula a in vitro solution	Tier 2	MB
ACD-A NOCLOT-50 IN VITRO SOLUTION (anticoagulant cit dext soln a)	Tier 2	MB
anticoagulant sodium citrate in vitro solution	Tier 2	
TRICITRASOL IN VITRO CONCENTRATE (anticoagulant sodium citrate)	Tier 2	MB
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
enoxaparin sodium injection solution	Tier 1	SP; QL (30 syringes per 30 days)
enoxaparin sodium subcutaneous solution	Tier 1	SP; QL (30 syringes per 30 days)
LOVENOX INJECTION SOLUTION (enoxaparin sodium)	Tier 2	SP; QL (30 syringes per 30 days)
LOVENOX SUBCUTANEOUS SOLUTION (enoxaparin sodium)	Tier 2	SP; QL (30 syringes per 30 days)
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
ARIXTRA SUBCUTANEOUS SOLUTION (fondaparinux sodium)	Tier 2	SP; QL (30 syringes per 30 days)
*THROMBIN INHIBITORS - HIRUDIN TYPE*** - DRUGS TO PREVENT BLOOD CLOTS		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED (<i>bivalirudin trifluoroacetate</i>)	Tier 2	MB

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<i>bivalirudin rtu intravenous solution</i>	Tier 2	MB
<i>bivalirudin trifluoroacetate intravenous solution reconstituted</i>	Tier 2	MB
<i>bivalirudin-sodium chloride intravenous solution</i>	Tier 2	MB
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>argatroban in sodium chloride intravenous solution</i>	Tier 2	MB
<i>argatroban intravenous solution</i>	Tier 2	MB
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*AMPA GLUTAMATE RECEPTOR ANTAGONISTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>FYCOMPA ORAL SUSPENSION (perampanel)</i>	Tier 2	PA
<i>FYCOMPA ORAL TABLET (perampanel)</i>	Tier 2	PA
*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clobazam oral suspension</i>	Tier 2	PA; QL (16 mL per 1 day)
<i>clobazam oral tablet 10 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>clobazam oral tablet 20 mg</i>	Tier 2	PA; QL (3 tablets per 1 day)
<i>clonazepam oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	Tier 1	QL (3 tablets per 1 day)
<i>DIASTAT ACUDIAL RECTAL GEL (diazepam)</i>	Tier 2	QL (2 syringes per 1 fill)
<i>DIASTAT PEDIATRIC RECTAL GEL (diazepam)</i>	Tier 2	QL (2 syringes per 1 fill)
<i>diazepam rectal gel</i>	Tier 1	QL (2 syringes per 1 fill)
<i>KLONOPIN ORAL TABLET (clonazepam)</i>	Tier 2	QL (3 tablets per 1 day)
<i>NAYZILAM NASAL SOLUTION (midazolam (anticonvulsant))</i>	Tier 2	PA; QL (50 mg per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONFI ORAL SUSPENSION (<i>clobazam</i>)	Tier 2	PA; QL (16 mL per 1 day)
ONFI ORAL TABLET 10 MG (<i>clobazam</i>)	Tier 2	PA; QL (2 tablets per 1 day)
ONFI ORAL TABLET 20 MG (<i>clobazam</i>)	Tier 2	PA; QL (3 tablets per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG (<i>clobazam</i>)	Tier 2	PA; QL (2 strips per 1 day)
SYMPAZAN ORAL FILM 5 MG (<i>clobazam</i>)	Tier 2	PA; QL (1 strip per 1 day)
VALTOCO 10 MG DOSE NASAL LIQUID (<i>diazepam</i>)	Tier 2	PA; QL (10 cartons per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	Tier 2	PA; QL (10 cartons per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	Tier 2	PA; QL (10 cartons per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID (<i>diazepam</i>)	Tier 2	PA; QL (10 cartons per 30 days)
*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
APTIOM ORAL TABLET 200 MG, 400 MG (<i>eslicarbazepine acetate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
BANZEL ORAL SUSPENSION (<i>rufinamide</i>)	Tier 2	PA
BANZEL ORAL TABLET (<i>rufinamide</i>)	Tier 2	PA
BRIVIACT INTRAVENOUS SOLUTION (<i>brivaracetam</i>)	Tier 2	PA; MB
BRIVIACT ORAL SOLUTION (<i>brivaracetam</i>)	Tier 2	PA; QL (20 mL per 1 day)
BRIVIACT ORAL TABLET 10 MG, 25 MG, 50 MG (<i>brivaracetam</i>)	Tier 2	PA; DO
BRIVIACT ORAL TABLET 100 MG, 75 MG (<i>brivaracetam</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 200 mg</i>	Tier 1	QL (8 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine er oral capsule extended release 12 hour 300 mg	Tier 1	QL (5 capsules per 1 day)
carbamazepine er oral tablet extended release 12 hour	Tier 1	DO; QL (2 tablets per 1 day)
carbamazepine oral suspension	Tier 1	DO; QL (40 mL per 1 day)
carbamazepine oral tablet	Tier 1	DO; QL (8 tablets per 1 day)
carbamazepine oral tablet chewable	Tier 1	DO; QL (8 tablets per 1 day)
carbamazepine powder	Tier 2	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG (carbamazepine)	Tier 2	QL (2 capsules per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG (carbamazepine)	Tier 2	QL (8 capsules per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (carbamazepine)	Tier 2	QL (5 capsules per 1 day)
DIACOMIT ORAL CAPSULE 250 MG (stiripentol)	Tier 2	PA; SP; QL (12 capsules per 1 day)
DIACOMIT ORAL CAPSULE 500 MG (stiripentol)	Tier 2	PA; SP; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (stiripentol)	Tier 2	PA; SP; QL (12 packets per 1 day)
DIACOMIT ORAL PACKET 500 MG (stiripentol)	Tier 2	PA; SP; QL (6 packets per 1 day)
EPIDIOLEX ORAL SOLUTION (cannabidiol)	Tier 2	PA; SP
carbamazepine (Epitol Oral Tablet)	Tier 1	DO; QL (8 tablets per 1 day)
FINTEPLA ORAL SOLUTION (fenfluramine hcl)	Tier 2	PA; SP; QL (26 mg per 1 day)
gabapentin oral capsule 100 mg, 400 mg	Tier 1	QL (6 capsules per 1 day)
gabapentin oral capsule 300 mg	Tier 1	QL (9 capsules per 1 day)
gabapentin oral solution	Tier 1	QL (72 mL per 1 day)
gabapentin oral tablet 600 mg	Tier 1	QL (6 tablets per 1 day)
gabapentin oral tablet 800 mg	Tier 1	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEPPRA INTRAVENOUS SOLUTION (<i>levetiracetam</i>)	Tier 2	PA; MB
KEPPRA ORAL SOLUTION (<i>levetiracetam</i>)	Tier 2	PA
KEPPRA ORAL TABLET 1000 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (3 tablets per 1 day)
KEPPRA ORAL TABLET 250 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (2 tablets per 1 day)
KEPPRA ORAL TABLET 500 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (6 tablets per 1 day)
KEPPRA ORAL TABLET 750 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (4 tablets per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (6 tablets per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (120 tablets per 30 days)
LAMICTAL ODT ORAL KIT (<i>lamotrigine</i>)	Tier 2	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (2 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG, 25 MG (<i>lamotrigine</i>)	Tier 2	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (120 tablets per 30 days)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG (<i>lamotrigine</i>)	Tier 2	PA
LAMICTAL ORAL TABLET 25 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (2 tablets per 1 day)
LAMICTAL ORAL TABLET CHEWABLE (<i>lamotrigine</i>)	Tier 2	PA
LAMICTAL STARTER ORAL KIT 35 X 25 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (1 kit per 28 days)
LAMICTAL STARTER ORAL KIT 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (1 kit per 35 days)
LAMICTAL XR ORAL KIT (<i>lamotrigine</i>)	Tier 2	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>lamotrigine</i>)	Tier 2	PA
<i>lamotrigine er oral tablet extended release 24 hour</i>	Tier 1	
<i>lamotrigine oral kit</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	Tier 1	
<i>lamotrigine oral tablet 25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable</i>	Tier 1	
<i>lamotrigine oral tablet dispersible 100 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet dispersible 50 mg</i>	Tier 1	QL (120 tablets per 30 days)
<i>lamotrigine starter kit-blue oral kit</i>	Tier 1	QL (1 kit per 28 days)
<i>lamotrigine starter kit-green oral kit</i>	Tier 1	QL (1 kit per 35 days)
<i>lamotrigine starter kit-orange oral kit</i>	Tier 1	QL (1 kit per 35 days)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Tier 1	QL (120 tablets per 30 days)
<i>levetiracetam in nacl intravenous solution</i>	Tier 2	MB
<i>levetiracetam intravenous solution</i>	Tier 2	MB
<i>levetiracetam oral solution</i>	Tier 1	
<i>levetiracetam oral tablet 1000 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>levetiracetam oral tablet 500 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (pregabalin)</i>	Tier 2	QL (3 capsules per 1 day)
<i>LYRICA ORAL CAPSULE 225 MG, 300 MG, 75 MG (pregabalin)</i>	Tier 2	QL (2 capsules per 1 day)
<i>LYRICA ORAL SOLUTION (pregabalin)</i>	Tier 2	QL (30 mL per 1 day)
<i>MYSOLINE ORAL TABLET (primidone)</i>	Tier 2	
<i>NEURONTIN ORAL CAPSULE 100 MG, 400 MG (gabapentin)</i>	Tier 2	QL (6 capsules per 1 day)
<i>NEURONTIN ORAL CAPSULE 300 MG (gabapentin)</i>	Tier 2	QL (9 capsules per 1 day)
<i>NEURONTIN ORAL SOLUTION (gabapentin)</i>	Tier 2	QL (72 mL per 1 day)
<i>NEURONTIN ORAL TABLET 600 MG (gabapentin)</i>	Tier 2	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEURONTIN ORAL TABLET 800 MG (<i> gabapentin</i>)	Tier 2	QL (4 tablets per 1 day)
<i>oxcarbazepine oral suspension</i>	Tier 1	DO; QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>oxcarbazepine oral tablet 600 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (<i> oxcarbazepine</i>)	Tier 2	PA; QL (3 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 600 MG (<i> oxcarbazepine</i>)	Tier 2	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg, 75 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>pregabalin oral solution</i>	Tier 1	QL (30 mL per 1 day)
<i>primidone oral tablet</i>	Tier 1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG (<i> topiramate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG (<i> topiramate</i>)	Tier 2	PA; QL (2 capsules per 1 day)
<i>levetiracetam</i> (Roweepra Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
<i>rufinamide oral suspension</i>	Tier 2	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG (<i> levetiracetam</i>)	Tier 2	PA; QL (2 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG (<i> levetiracetam</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg)	Tier 1	
<i>lamotrigine</i> (Subvenite Oral Tablet 25 Mg)	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine</i> (Subvenite Starter Kit-Blue Oral Kit)	Tier 1	QL (1 kit per 28 days)
<i>lamotrigine</i> (Subvenite Starter Kit-Green Oral Kit)	Tier 1	QL (1 kit per 35 days)
<i>lamotrigine</i> (Subvenite Starter Kit-Orange Oral Kit)	Tier 1	QL (1 kit per 35 days)
TEGRETOL ORAL SUSPENSION (<i> carbamazepine</i>)	Tier 2	DO; QL (40 mL per 1 day)
TEGRETOL ORAL TABLET (<i> carbamazepine</i>)	Tier 2	DO; QL (8 tablets per 1 day)

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TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>carbamazepine</i>)	Tier 2	DO; QL (2 tablets per 1 day)
TOPAMAX ORAL TABLET (<i>topiramate</i>)	Tier 2	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE (<i>topiramate</i>)	Tier 2	PA
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>topiramate oral capsule sprinkle</i>	Tier 1	
<i>topiramate oral tablet</i>	Tier 1	
TRILEPTAL ORAL SUSPENSION (<i>oxcarbazepine</i>)	Tier 2	PA; DO; QL (40 mL per 1 day)
TRILEPTAL ORAL TABLET 150 MG, 300 MG (<i>oxcarbazepine</i>)	Tier 2	PA
TRILEPTAL ORAL TABLET 600 MG (<i>oxcarbazepine</i>)	Tier 2	PA; DO; QL (4 tablets per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>topiramate</i>)	Tier 2	PA
VIMPAT INTRAVENOUS SOLUTION (<i>lacosamide</i>)	Tier 2	PA; MB
VIMPAT ORAL SOLUTION (<i>lacosamide</i>)	Tier 2	PA
VIMPAT ORAL TABLET (<i>lacosamide</i>)	Tier 2	PA
ZONEGRAN ORAL CAPSULE (<i>zonisamide</i>)	Tier 2	PA; QL (6 capsules per 1 day)
<i>zonisamide oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	Tier 1	
<i>felbamate oral tablet</i>	Tier 1	
FELBATOL ORAL SUSPENSION (<i>felbamate</i>)	Tier 2	PA
FELBATOL ORAL TABLET (<i>felbamate</i>)	Tier 2	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	Tier 2	PA; QL (1 pack per 28 days)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	Tier 2	PA; QL (1 pack per 28 years)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG (<i>cenobamate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
XCOPRI ORAL TABLET 200 MG (<i>cenobamate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
XCOPRI ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	Tier 2	PA; QL (1 pack per 28 years)
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
GABITRIL ORAL TABLET (<i>tiagabine hcl</i>)	Tier 2	PA
SABRIL ORAL PACKET (<i>vigabatrin</i>)	Tier 2	PA; SP
SABRIL ORAL TABLET (<i>vigabatrin</i>)	Tier 2	PA; SP
<i>tiagabine hcl oral tablet</i>	Tier 1	
<i>vigabatrin oral packet</i>	Tier 2	PA; SP
<i>vigabatrin oral tablet</i>	Tier 2	PA; SP
<i>vigabatrin</i> (Vigadron Oral Packet)	Tier 2	PA; SP
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CEREBYX INJECTION SOLUTION (<i>fosphenytoin sodium</i>)	Tier 2	MB
DILANTIN INFATABS ORAL TABLET CHEWABLE (<i>phenytoin</i>)	Tier 2	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	Tier 2	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	Tier 2	PA
DILANTIN ORAL SUSPENSION (<i>phenytoin</i>)	Tier 2	
<i>fosphenytoin sodium injection solution</i>	Tier 2	MB
PHENYTEK ORAL CAPSULE (<i>phenytoin sodium extended</i>)	Tier 2	
<i>phenytoin</i> (Phenytoin Infatabs Oral Tablet Chewable)	Tier 1	
<i>phenytoin oral suspension</i>	Tier 1	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenytoin oral tablet chewable</i>	Tier 1	
<i>phenytoin sodium extended oral capsule</i>	Tier 1	
<i>phenytoin sodium injection solution</i>	Tier 2	MB
<i>phenytoin sodium powder</i>	Tier 2	
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CELONTIN ORAL CAPSULE (<i>methsuximide</i>)	Tier 2	PA
<i>ethosuximide oral capsule</i>	Tier 1	
<i>ethosuximide oral solution</i>	Tier 1	
ZARONTIN ORAL CAPSULE (<i>ethosuximide</i>)	Tier 2	PA
ZARONTIN ORAL SOLUTION (<i>ethosuximide</i>)	Tier 2	PA
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG (<i>divalproex sodium</i>)	Tier 2	DO; QL (2 tablets per 1 day)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>divalproex sodium</i>)	Tier 2	DO; QL (7 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG (<i>divalproex sodium</i>)	Tier 2	DO; QL (2 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG (<i>divalproex sodium</i>)	Tier 2	DO; QL (3 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE (<i>divalproex sodium</i>)	Tier 2	DO; QL (8 capsules per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	Tier 1	DO; QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 1	DO; QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>divalproex sodium oral tablet delayed release 250 mg</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	Tier 1	
<i>valproate sodium intravenous solution</i>	Tier 2	MB
<i>valproic acid oral capsule</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	Tier 1	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>mirtazapine oral tablet dispersible</i>	Tier 1	DO; QL (1 tablet per 1 day)
REMERON ORAL TABLET (<i>mirtazapine</i>)	Tier 2	DO; QL (1 tablet per 1 day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE (<i>mirtazapine</i>)	Tier 2	DO; QL (1 tablet per 1 day)
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG (<i>bupropion hbr</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG (<i>bupropion hbr</i>)	Tier 2	PA
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Tier 1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bupropion hcl oral tablet 75 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>bupropion hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>maprotiline hcl oral tablet</i>	Tier 1	DO; QL (3 tablets per 1 day)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG (<i>bupropion hcl</i>)	Tier 2	DO; QL (2 tablets per 1 day)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG (<i>bupropion hcl</i>)	Tier 2	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (<i>bupropion hcl</i>)	Tier 2	DO; QL (1 tablet per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG (<i>bupropion hcl</i>)	Tier 2	QL (1 tablet per 1 day)
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** - DRUGS FOR DEPRESSION		
ZULRESSO INTRAVENOUS SOLUTION (<i>brexanolone</i>)	Tier 2	MB
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
EMSAM TRANSDERMAL PATCH 24 HOUR (<i>selegiline</i>)	State Carve-out	SCO
MARPLAN ORAL TABLET (<i>isocarboxazid</i>)	State Carve-out	SCO
NARDIL ORAL TABLET (<i>phenelzine sulfate</i>)	State Carve-out	SCO
PARNATE ORAL TABLET (<i>tranylcypromine sulfate</i>)	State Carve-out	SCO
<i>phenelzine sulfate oral tablet</i>	State Carve-out	SCO
<i>tranylcypromine sulfate oral tablet</i>	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR DEPRESSION		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	Tier 2	PA; SP; QL (4 kits per 28 days)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	Tier 2	PA; SP; QL (4 kits per 28 days)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
CELEXA ORAL TABLET 10 MG, 20 MG (<i>citalopram hydrobromide</i>)	Tier 2	DO; QL (1.5 tablets per 1 day)
CELEXA ORAL TABLET 40 MG (<i>citalopram hydrobromide</i>)	Tier 2	
<i>citalopram hydrobromide oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Tier 1	DO; QL (1.5 tablets per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	DO; QL (1.5 tablets per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 1	
<i>fluoxetine hcl oral solution</i>	Tier 1	
<i>fluoxetine hcl oral tablet 10 mg</i>	Tier 2	DO; QL (1.5 tablets per 1 day)
<i>fluoxetine hcl oral tablet 20 mg</i>	Tier 2	DO; QL (4 tablets per 1 day)
<i>fluoxetine hcl oral tablet 60 mg</i>	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluvoxamine maleate er oral capsule extended release 24 hour	Tier 2	PA
fluvoxamine maleate oral tablet 100 mg	Tier 1	
fluvoxamine maleate oral tablet 25 mg, 50 mg	Tier 1	DO; QL (1 tablet per 1 day)
LEXAPRO ORAL TABLET 10 MG, 5 MG (escitalopram oxalate)	Tier 2	DO; QL (1.5 tablets per 1 day)
LEXAPRO ORAL TABLET 20 MG (escitalopram oxalate)	Tier 2	QL (1 tablet per 1 day)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	Tier 1	DO; QL (1 tablet per 1 day)
paroxetine hcl er oral tablet extended release 24 hour 25 mg	Tier 1	QL (2 tablets per 1 day)
paroxetine hcl er oral tablet extended release 24 hour 37.5 mg	Tier 1	
paroxetine hcl oral tablet 10 mg	Tier 1	DO; QL (1.5 tablets per 1 day)
paroxetine hcl oral tablet 20 mg	Tier 1	DO; QL (1 tablet per 1 day)
paroxetine hcl oral tablet 30 mg	Tier 1	QL (2 tablets per 1 day)
paroxetine hcl oral tablet 40 mg	Tier 1	QL (1.5 tablets per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG (paroxetine hcl)	Tier 2	DO; QL (1 tablet per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (paroxetine hcl)	Tier 2	QL (2 tablets per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 37.5 MG (paroxetine hcl)	Tier 2	
PAXIL ORAL SUSPENSION (paroxetine hcl)	Tier 2	PA
PAXIL ORAL TABLET 10 MG (paroxetine hcl)	Tier 2	DO; QL (1.5 tablets per 1 day)
PAXIL ORAL TABLET 20 MG (paroxetine hcl)	Tier 2	DO; QL (1 tablet per 1 day)
PAXIL ORAL TABLET 30 MG (paroxetine hcl)	Tier 2	QL (2 tablets per 1 day)
PAXIL ORAL TABLET 40 MG (paroxetine hcl)	Tier 2	QL (1.5 tablets per 1 day)
PEXEVA ORAL TABLET 10 MG (paroxetine mesylate)	Tier 2	PA; DO; QL (1.5 tablets per 1 day)

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PEXEVA ORAL TABLET 20 MG (<i>paroxetine mesylate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
PEXEVA ORAL TABLET 30 MG, 40 MG (<i>paroxetine mesylate</i>)	Tier 2	PA
PROZAC ORAL CAPSULE 10 MG (<i>fluoxetine hcl</i>)	Tier 2	DO; QL (1 capsule per 1 day)
PROZAC ORAL CAPSULE 20 MG (<i>fluoxetine hcl</i>)	Tier 2	DO; QL (4 capsules per 1 day)
PROZAC ORAL CAPSULE 40 MG (<i>fluoxetine hcl</i>)	Tier 2	QL (2 capsules per 1 day)
<i>sertraline hcl oral concentrate</i>	Tier 1	QL (1 mL per 1 day)
<i>sertraline hcl oral tablet 100 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	Tier 1	DO; QL (1.5 tablets per 1 day)
ZOLOFT ORAL CONCENTRATE (<i>sertraline hcl</i>)	Tier 2	QL (1 mL per 1 day)
ZOLOFT ORAL TABLET 100 MG (<i>sertraline hcl</i>)	Tier 2	QL (2 tablets per 1 day)
ZOLOFT ORAL TABLET 25 MG, 50 MG (<i>sertraline hcl</i>)	Tier 2	DO; QL (1.5 tablets per 1 day)
*SEROTONIN MODULATORS*** - DRUGS FOR DEPRESSION		
<i>nefazodone hcl oral tablet</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>trazodone hcl oral tablet 300 mg, 50 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>trazodone hcl powder</i>	Tier 2	
TRINTELLIX ORAL TABLET 10 MG, 5 MG (<i>vortioxetine hbr</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
TRINTELLIX ORAL TABLET 20 MG (<i>vortioxetine hbr</i>)	Tier 2	PA; QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG (<i>vilazodone hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 40 MG (<i>vilazodone hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
VIIBRYD STARTER PACK ORAL KIT (<i>vilazodone hcl</i>)	Tier 2	PA; QL (1 pack per 1 year)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG (<i>duloxetine hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG (<i>duloxetine hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG (<i>duloxetine hcl</i>)	Tier 2	PA; QL (2 capsules per 1 day)
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG (<i>duloxetine hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG (<i>duloxetine hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Tier 2	PA; DO; QL (1 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 2	PA; DO; QL (3 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	Tier 2	PA; QL (2 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG (<i>venlafaxine hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>levomilnacipran hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>levomilnacipran hcl</i>)	Tier 2	PA; QL (1 pack per 1 year)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG (<i>desvenlafaxine succinate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>amitriptyline hcl oral tablet</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>amoxapine oral tablet</i>	Tier 1	
ANAFRANIL ORAL CAPSULE 25 MG (<i>clomipramine hcl</i>)	Tier 2	DO; QL (2 capsules per 1 day)
ANAFRANIL ORAL CAPSULE 50 MG (<i>clomipramine hcl</i>)	Tier 2	DO; QL (5 capsules per 1 day)
ANAFRANIL ORAL CAPSULE 75 MG (<i>clomipramine hcl</i>)	Tier 2	DO; QL (3 capsules per 1 day)
<i>clomipramine hcl oral capsule 25 mg</i>	Tier 1	DO; QL (2 capsules per 1 day)
<i>clomipramine hcl oral capsule 50 mg</i>	Tier 1	DO; QL (5 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	Tier 1	DO; QL (3 capsules per 1 day)
<i>desipramine hcl oral tablet 10 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desipramine hcl oral tablet 100 mg</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>desipramine hcl powder</i>	Tier 2	
<i>doxepin hcl oral capsule 10 mg</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	DO; QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate</i>	Tier 1	DO; QL (30 mL per 1 day)
<i>imipramine hcl oral tablet 10 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>imipramine hcl oral tablet 25 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>imipramine hcl oral tablet 50 mg</i>	Tier 1	DO; QL (6 tablets per 1 day)
<i>imipramine hcl powder</i>	Tier 2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>	Tier 1	DO; QL (2 capsules per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
NORPRAMIN ORAL TABLET 10 MG (<i>desipramine hcl</i>)	Tier 2	DO; QL (4 tablets per 1 day)
NORPRAMIN ORAL TABLET 25 MG (<i>desipramine hcl</i>)	Tier 2	DO; QL (2 tablets per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>nortriptyline hcl oral capsule 50 mg</i>	Tier 1	DO; QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	Tier 1	DO; QL (2 capsules per 1 day)
<i>nortriptyline hcl oral solution</i>	Tier 1	DO; QL (20 mL per 1 day)
<i>nortriptyline hcl powder</i>	Tier 2	
PAMELOR ORAL CAPSULE 10 MG, 25 MG (<i>nortriptyline hcl</i>)	Tier 2	DO; QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAMELOR ORAL CAPSULE 50 MG (<i>nortriptyline hcl</i>)	Tier 2	DO; QL (3 capsules per 1 day)
PAMELOR ORAL CAPSULE 75 MG (<i>nortriptyline hcl</i>)	Tier 2	DO; QL (2 capsules per 1 day)
<i>protriptyline hcl oral tablet</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>trimipramine maleate oral capsule</i>	Tier 1	
<i>trimipramine maleate powder</i>	Tier 2	
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
<i>acarbose oral tablet 100 mg</i>	Tier 1	
<i>acarbose oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>miglitol oral tablet</i>	Tier 2	
PRECOSE ORAL TABLET 100 MG (<i>acarbose</i>)	Tier 2	
PRECOSE ORAL TABLET 25 MG, 50 MG (<i>acarbose</i>)	Tier 2	QL (3 tablets per 1 day)
*ANTIDIABETIC - AMYLIN ANALOGS*** - DRUGS FOR DIABETES		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	Tier 1	PA; QL (0.36 mL per 1 day)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	Tier 1	PA
*BIGUANIDES*** - DRUGS FOR DIABETES		
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG (<i>metformin hcl</i>)	Tier 2	PA
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>metformin hcl</i>)	Tier 2	PA; QL (4 tablets per 1 day)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>metformin hcl</i>)	Tier 2	PA
<i>metformin hcl er (mod) oral tablet extended release 24 hour</i>	Tier 2	PA
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	
<i>metformin hcl oral solution</i>	Tier 2	PA
<i>metformin hcl oral tablet</i>	Tier 1	
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER (<i>metformin hcl</i>)	Tier 2	PA; QL (2 bottles per 30 days)
RIOMET ORAL SOLUTION (<i>metformin hcl</i>)	Tier 2	PA
*DIABETIC OTHER - COMBINATIONS*** - DRUGS FOR DIABETES		
<i>cvs glucose oral tablet chewable</i>	Tier 1	OTC
DEX4 GLUCOSE ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
DEX4 NATURALS ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
DEX4 ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
DEX4 POUCH PACK ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
<i>glucose instant energy oral tablet chewable</i>	Tier 1	OTC
<i>glucose oral tablet chewable</i>	Tier 1	OTC
<i>glucose-vitamin c oral tablet chewable</i>	Tier 1	OTC
<i>gnp glucose oral tablet chewable</i>	Tier 1	OTC
<i>goodsense glucose oral tablet chewable</i>	Tier 1	OTC
<i>hm glucose oral tablet chewable</i>	Tier 1	OTC
<i>hy-vee glucose oral tablet chewable</i>	Tier 1	OTC
<i>kroger glucose oral tablet chewable</i>	Tier 1	OTC
<i>leader glucose oral tablet chewable</i>	Tier 1	OTC
<i>longs glucose oral tablet chewable</i>	Tier 1	OTC
<i>meijer glucose oral tablet chewable</i>	Tier 1	OTC
<i>preferred plus glucose oral tablet chewable</i>	Tier 1	OTC
<i>px glucose oral tablet chewable</i>	Tier 1	OTC
<i>ra glucose oral tablet chewable</i>	Tier 1	OTC

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RELION GLUCOSE ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
<i>sm glucose oral tablet chewable</i>	Tier 1	OTC
SMART SENSE GLUCOSE ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
<i>tgt glucose oral tablet chewable</i>	Tier 1	OTC
<i>up & up glucose oral tablet chewable</i>	Tier 1	OTC
<i>value plus glucose oral tablet chewable</i>	Tier 1	OTC
<i>walgreens glucose oral tablet chewable</i>	Tier 1	OTC
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
BAQSIMI ONE PACK NASAL POWDER (<i>glucagon</i>)	Tier 2	QL (2 packs per 30 days)
BAQSIMI TWO PACK NASAL POWDER (<i>glucagon</i>)	Tier 2	QL (1 pack per 30 days)
<i>cvs glucose bits oral tablet chewable</i>	Tier 1	OTC
<i>cvs glucose oral gel</i>	Tier 1	OTC
<i>cvs glucose oral tablet chewable</i>	Tier 1	OTC
<i>cvs soft glucose oral tablet chewable</i>	Tier 1	OTC
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
<i>diazoxide oral suspension</i>	Tier 2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED (<i>glucagon hcl (rdna)</i>)	Tier 1	QL (2 kits per 30 days)
<i>glucagon emergency injection kit</i>	Tier 1	QL (2 kits per 30 days)
<i>glucagon emergency injection solution reconstituted</i>	Tier 2	MB
GLUCO BURST ORAL GEL (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
<i>glucose oral gel</i>	Tier 1	OTC
<i>glucose oral tablet chewable</i>	Tier 1	OTC
<i>gnp glucose oral tablet chewable</i>	Tier 1	OTC
<i>gnp quick dissolve glucose oral tablet chewable</i>	Tier 1	OTC
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	Tier 2	QL (0.2 mL per 30 days)
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	Tier 2	QL (0.4 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GVOKE HYPOOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>glucagon</i>)	Tier 2	QL (2 packs per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>glucagon</i>)	Tier 2	QL (2 packs per 30 days)
<i>leader quick dissolve glucose oral tablet chewable</i>	Tier 1	OTC
PROGLYCEM ORAL SUSPENSION (<i>diazoxide</i>)	Tier 2	
RELION GLUCOSE ORAL GEL (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
<i>sm glucose oral tablet chewable</i>	Tier 1	OTC
<i>value plus glucose oral gel</i>	Tier 1	OTC
<i>walgreens glucose oral tablet chewable</i>	Tier 1	OTC
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***		
- DRUGS FOR DIABETES		
<i>alogliptin benzoate oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (<i>sitagliptin phosphate</i>)	Tier 1	PA; QL (1 tablet per 1 day)
NESINA ORAL TABLET (<i>alogliptin benzoate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ONGLYZA ORAL TABLET (<i>saxagliptin hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
TRADJENTA ORAL TABLET (<i>linagliptin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-metformin hcl oral tablet</i>	Tier 2	PA; QL (2 tablets per 1 day)
JANUMET ORAL TABLET (<i>sitagliptin-metformin hcl</i>)	Tier 1	PA; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin-metformin hcl</i>)	Tier 1	PA; 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>)	Tier 1	PA; QL (2 tablets per 1 day)
JENTADUETO ORAL TABLET (<i>linagliptin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)

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JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
KAZANO ORAL TABLET (<i>alogliptin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>saxagliptin-metformin</i>)	Tier 2	PA; QL (2 tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES*** - DRUGS FOR DIABETES		
CYCLOSET ORAL TABLET (<i>bromocriptine mesylate</i>)	Tier 2	PA
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-pioglitazone oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
OSENI ORAL TABLET (<i>alogliptin-pioglitazone</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Tier 1	QL (30 mL per 30 days)
ADMELOG SUBCUTANEOUS SOLUTION (<i>insulin lispro</i>)	Tier 1	QL (30 mL per 30 days)
AFREZZA INHALATION POWDER 12 UNIT, 90 X 4 UNIT & 90X8 UNIT (<i>insulin regular human</i>)	Tier 2	PA; QL (3 boxes per 30 days)
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	Tier 2	PA; QL (2 boxes per 30 days)
AFREZZA INHALATION POWDER 4 UNIT (<i>insulin regular human</i>)	Tier 2	PA; QL (6 boxes per 30 days)
AFREZZA INHALATION POWDER 8 UNIT (<i>insulin regular human</i>)	Tier 2	PA; QL (4 boxes per 30 days)
APIDRA INJECTION SOLUTION (<i>insulin glulisine</i>)	Tier 2	PA; QL (30 mL per 30 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glulisine</i>)	Tier 2	PA; QL (30 mL per 30 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 1	QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart (w/niacinamide)</i>)	Tier 2	PA; QL (30 mL per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart (w/niacinamide)</i>)	Tier 2	PA; QL (30 mL per 30 days)
FIASP SUBCUTANEOUS SOLUTION (<i>insulin aspart (w/niacinamide)</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	Tier 1	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	Tier 1	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	Tier 1	PA; QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION (<i>insulin lispro</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (<i>insulin regular human</i>)	Tier 1	OTC; QL (30 mL per 30 days)

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HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	Tier 1	PA; QL (21 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 1	PA; QL (21 mL per 30 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin aspart flexpen subcutaneous solution pen-injector</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin aspart penfill subcutaneous solution cartridge</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin aspart prot & aspart subcutaneous suspension</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin aspart subcutaneous solution</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin lispro subcutaneous solution</i>	Tier 1	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 2	PA; QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	Tier 2	PA; QL (30 mL per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin detemir</i>)	Tier 2	PA; QL (30 mL per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION (<i>insulin detemir</i>)	Tier 2	PA; QL (30 mL per 30 days)
LYUMJEV INJECTION SOLUTION (<i>insulin lispro-aabc</i>)	Tier 2	PA; QL (30 mL per 30 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro-aabc</i>)	Tier 2	PA; QL (30 mL per 30 days)
MYXREDLIN INTRAVENOUS SOLUTION (<i>insulin regular(human) in nacl</i>)	Tier 2	MB

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NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN R INJECTION SOLUTION (<i>insulin regular human</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN R RELION INJECTION SOLUTION (<i>insulin regular human</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin aspart prot & aspart</i>)	Tier 2	QL (30 mL per 30 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin aspart prot & aspart</i>)	Tier 2	QL (30 mL per 30 days)

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NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)
NOVOLOG SUBCUTANEOUS SOLUTION (<i>insulin aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)
SEMLEE SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	Tier 1	QL (30 mL per 30 days)
SEMLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 1	QL (30 mL per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 2	PA; QL (12 mL per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 2	PA; QL (13.5 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin degludec</i>)	Tier 2	PA; QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin degludec</i>)	Tier 2	PA; QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (<i>insulin degludec</i>)	Tier 2	PA; QL (18 mL per 30 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT (<i>ixi senatide</i>)	Tier 2	PA; QL (2 pens per 1 time fill)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>ixi senatide</i>)	Tier 2	PA; QL (2 pens per 28 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR (<i>exenatide</i>)	Tier 2	PA; QL (4 injections per 30 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR (<i>exenatide</i>)	Tier 2	PA; QL (4 injections per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	Tier 2	PA; QL (1 pen per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	Tier 2	PA; QL (1 pen per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	Tier 1	PA; QL (1 pen per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	Tier 1	PA; QL (2 pens per 30 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	Tier 2	PA; QL (30 tablets per 30 days)
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	Tier 2	PA; QL (30 tablets per 1 fill)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>dulaglutide</i>)	Tier 2	PA; QL (4 pens per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide</i>)	Tier 1	PA; QL (1 box per 30 days)
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - DRUGS FOR DIABETES		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine-lixisenatide</i>)	Tier 2	PA; QL (5 pens per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin degludec-liraglutide</i>)	Tier 2	PA; QL (5 pens per 25 days)
*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES		
<i>nateglinide oral tablet</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>repaglinide oral tablet</i>	Tier 1	PA
STARLIX ORAL TABLET (<i>nateglinide</i>)	Tier 2	PA; QL (3 tablets per 1 day)
*PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR DIABETES		
KORLYM ORAL TABLET (<i>mifepristone</i>)	Tier 2	PA; SP
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** - DRUGS FOR DIABETES		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metform</i>)	Tier 2	PA; QL (1 tablet per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metform</i>)	Tier 2	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - DRUGS FOR DIABETES		
GLYXAMBI ORAL TABLET (<i>empagliflozin-linagliptin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
QTERN ORAL TABLET (<i>dapagliflozin-saxagliptin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET (<i>ertugliflozin-sitagliptin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
FARXIGA ORAL TABLET (<i>dapagliflozin propanediol</i>)	Tier 2	PA; QL (1 tablet per 1 day)
INVOKANA ORAL TABLET (<i>canagliflozin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	Tier 1	PA; QL (1 tablet per 1 day)
STEGLATRO ORAL TABLET (<i>ertugliflozin I-pyroglutamicac</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - DRUGS FOR DIABETES		
INVOKAMET ORAL TABLET (<i>canagliflozin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>canagliflozin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET (<i>ertugliflozin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
SYNJARDY ORAL TABLET (<i>empagliflozin-metformin hcl</i>)	Tier 1	PA; 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>)	Tier 1	PA; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	Tier 1	PA; 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>)	Tier 2	PA; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	PA; QL (2 tablet per 1 day)

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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>)	Tier 2	PA; QL (2 tablets per 1 day)
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glipizide-metformin hcl oral tablet</i>	Tier 1	PA
<i>glyburide-metformin oral tablet</i>	Tier 1	PA
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
AMARYL ORAL TABLET (<i>glimepiride</i>)	Tier 2	PA
<i>glimepiride oral tablet</i>	Tier 1	PA
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	PA
<i>glipizide oral tablet</i>	Tier 1	PA
<i>glipizide powder</i>	Tier 2	
<i>glipizide xl oral tablet extended release 24 hour</i>	Tier 1	PA
GLUCOTROL ORAL TABLET (<i>glipizide</i>)	Tier 2	PA
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>glipizide</i>)	Tier 2	PA
<i>glyburide micronized oral tablet</i>	Tier 1	PA
<i>glyburide oral tablet</i>	Tier 1	PA
<i>glyburide powder</i>	Tier 2	
GLYNASE ORAL TABLET (<i>glyburide micronized</i>)	Tier 2	PA
<i>tolbutamide oral tablet</i>	Tier 2	PA
*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
DUETACT ORAL TABLET (<i>pioglitazone hcl-glimepiride</i>)	Tier 2	PA
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier 1	PA
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
ACTOPLUS MET ORAL TABLET (<i>pioglitazone hcl-metformin hcl</i>)	Tier 2	PA
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier 1	PA

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*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
ACTOS ORAL TABLET (<i>pioglitazone hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
AVANDIA ORAL TABLET (<i>rosiglitazone maleate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>pioglitazone hcl oral tablet</i>	Tier 1	PA; QL (1 tablet per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
*ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS*** - DRUGS FOR DIARRHEA		
MYTESI ORAL TABLET DELAYED RELEASE (<i>crofelemer</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** - DRUGS FOR DIARRHEA		
<i>bismatrol maximum strength oral suspension</i>	Tier 1	OTC
<i>bismatrol oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>bismatrol oral tablet chewable</i>	Tier 1	OTC
<i>bismuth oral tablet chewable</i>	Tier 1	OTC
<i>bismuth subsalicylate oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>bismuth subsalicylate oral tablet chewable</i>	Tier 1	OTC
<i>cvs anti-diarrheal oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>cvs bismuth oral tablet chewable</i>	Tier 1	OTC
<i>cvs stomach relief max st oral suspension</i>	Tier 1	OTC
<i>cvs stomach relief oral suspension 525 mg/15ml</i>	Tier 1	OTC
<i>cvs stomach relief oral suspension 525 mg/30ml</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>cvs stomach relief oral tablet</i>	Tier 1	OTC
<i>cvs stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>diarrhea oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)

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<i>diotame instydose oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>eq pink-bismuth oral tablet chewable</i>	Tier 1	OTC
<i>eq stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>eq stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>eql stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>eql stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>geri-pectate oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>gnp k-pec oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>gnp pink bismuth oral tablet</i>	Tier 1	OTC
<i>gnp pink bismuth oral tablet chewable</i>	Tier 1	OTC
<i>gnp stomach relief max st oral suspension</i>	Tier 1	OTC
<i>gnp stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>goodsense stomach relief oral suspension 1050 mg/30ml</i>	Tier 1	OTC
<i>goodsense stomach relief oral suspension 525 mg/30ml</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>goodsense stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>hm stomach relief max strength oral suspension</i>	Tier 1	OTC
<i>hm stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>hm stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>hm stomach relief ultra oral suspension</i>	Tier 1	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION (<i>bismuth subsalicylate</i>)	Tier 1	OTC
KAOPECTATE ORAL SUSPENSION (<i>bismuth subsalicylate</i>)	Tier 1	OTC; QL (80 mL per 30 days)
KAOPECTATE ORAL TABLET (<i>bismuth subsalicylate</i>)	Tier 1	OTC

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<i>medi-bismuth oral tablet chewable</i>	Tier 1	OTC
<i>peptic relief oral tablet chewable</i>	Tier 1	OTC
PEPTO-BISMOL ORAL TABLET CHEWABLE (<i>bismuth subsalicylate</i>)	Tier 1	OTC
PEPTO-BISMOL TO-GO ORAL TABLET CHEWABLE (<i>bismuth subsalicylate</i>)	Tier 1	OTC
<i>pink bismuth maximum strength oral suspension</i>	Tier 1	OTC
<i>pink bismuth oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>px stomach relief max st oral suspension</i>	Tier 1	OTC
<i>px stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>px stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>qc diarrhea relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>qc pink bismuth oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>qc pink bismuth oral tablet</i>	Tier 1	OTC
<i>qc pink bismuth oral tablet chewable</i>	Tier 1	OTC
<i>ra k-pec oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>ra pink bismuth oral tablet</i>	Tier 1	OTC
<i>ra pink bismuth oral tablet chewable</i>	Tier 1	OTC
<i>ra stomach relief max st oral suspension</i>	Tier 1	OTC
<i>ra stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>ra stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>sb bismuth oral tablet</i>	Tier 1	OTC
<i>sm stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>sm stomach relief oral tablet</i>	Tier 1	OTC
<i>sm stomach relief oral tablet chewable</i>	Tier 1	OTC

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SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION (<i>bismuth subsalicylate</i>)	Tier 1	OTC
SOOTHE ORAL SUSPENSION (<i>bismuth subsalicylate</i>)	Tier 1	OTC; QL (80 mL per 30 days)
SOOTHE ORAL TABLET (<i>bismuth subsalicylate</i>)	Tier 1	OTC
SOOTHE ORAL TABLET CHEWABLE (<i>bismuth subsalicylate</i>)	Tier 1	OTC
<i>stomach relief extra strength oral suspension</i>	Tier 1	OTC
<i>stomach relief oral suspension 525 mg/15ml</i>	Tier 1	OTC
<i>stomach relief oral suspension 525 mg/30ml, 527 mg/30ml</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>stomach relief plus oral suspension</i>	Tier 1	OTC
<i>stomach relief ultra oral suspension</i>	Tier 1	OTC
*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS*** - DRUGS FOR DIARRHEA		
RESTORA RX ORAL CAPSULE (<i>lactobacillus casei-folic acid</i>)	Tier 2	
*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA		
<i>anti-diarrheal oral liquid</i>	Tier 1	OTC; QL (80 mL per 1 day)
<i>diphenoxylate-atropine oral liquid</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
<i>eq anti-diarrheal oral liquid</i>	Tier 1	OTC; QL (80 mL per 1 day)
<i>hm anti-diarrheal oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
LOMOTIL ORAL TABLET (<i>diphenoxylate-atropine</i>)	Tier 2	
<i>loperamide hcl oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>loperamide hcl oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>loperamide hcl powder</i>	Tier 2	
MOTOFEN ORAL TABLET (<i>difenoxin-atropine</i>)	Tier 2	

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<i>px anti-diarrheal oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>ra anti-diarrheal oral liquid</i>	Tier 1	OTC; QL (80 mL per 1 day)
*DIARRHEA COMBINATIONS - OPIATES*** - DRUGS FOR DIARRHEA		
<i>goodsense anti-diarrant-gas oral tablet</i>	Tier 1	OTC
<i>hm anti-diarrheal anti-gas oral tablet</i>	Tier 1	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTE COMBINATIONS*** - DRUGS FOR OVERDOSE OR POISONING		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR (<i>atropine-pralidoxime chloride</i>)	Tier 2	MB
NITHIODOTE INTRAVENOUS KIT (<i>sodium nitrite-sod thiosulfate</i>)	Tier 2	MB
*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>CHEMET ORAL CAPSULE (succimer)</i>	Tier 2	
<i>deferasirox granules oral packet</i>	Tier 2	PA; SP
<i>deferasirox oral tablet</i>	Tier 2	PA; SP
<i>deferasirox oral tablet soluble</i>	Tier 2	PA; SP
<i>deferiprone oral tablet</i>	Tier 2	PA; SP
EXJADE ORAL TABLET SOLUBLE (<i>deferasirox</i>)	Tier 2	PA; SP
FERRIPROX ORAL SOLUTION (<i>deferiprone</i>)	Tier 2	SP
FERRIPROX ORAL TABLET (<i>deferiprone</i>)	Tier 2	PA; SP
FERRIPROX TWICE-A-DAY ORAL TABLET (<i>deferiprone</i>)	Tier 2	PA; SP
JADENU ORAL TABLET (<i>deferasirox</i>)	Tier 2	PA; SP
JADENU SPRINKLE ORAL PACKET (<i>deferasirox</i>)	Tier 2	PA; SP
<i>pentetate calcium trisodium combination solution</i>	Tier 2	MB
<i>pentetate zinc trisodium combination solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIDOTES AND SPECIFIC ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
ACETADOTE INTRAVENOUS SOLUTION <i>(acetylcysteine)</i>	Tier 2	MB
<i>acetylcysteine intravenous solution</i>	Tier 2	MB
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED <i>(coag fact xa inactivated-zhzo)</i>	Tier 2	MB
<i>bal in oil intramuscular solution</i>	Tier 2	MB
BRIDION INTRAVENOUS SOLUTION (<i>sugammadex sodium</i>)	Tier 2	MB
<i>calcium disodium versenate injection solution</i>	Tier 2	MB
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED (<i>hydroxocobalamin</i>)	Tier 2	MB
<i>deferoxamine mesylate injection solution reconstituted</i>	Tier 1	MB
DESFERAL INJECTION SOLUTION RECONSTITUTED <i>(deferoxamine mesylate)</i>	Tier 2	MB
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED <i>(digoxin immune fab)</i>	Tier 2	MB
<i>edetate calcium disodium powder</i>	Tier 2	
<i>fomepizole intravenous solution</i>	Tier 2	MB
PAXBIND INTRAVENOUS SOLUTION (<i>idarucizumab</i>)	Tier 2	MB
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED (<i>pralidoxime chloride</i>)	Tier 2	MB
PROVAYBLUE INTRAVENOUS SOLUTION (<i>methylene blue (antidote)</i>)	Tier 2	MB
RADIOGARDASE ORAL CAPSULE (<i>prussian blue insoluble</i>)	Tier 2	
<i>sodium nitrite intravenous solution</i>	Tier 2	MB
VISTOGARD ORAL PACKET (<i>uridine triacetate</i>)	Tier 2	PA; SP; QL (4 packets per 1 day)
*BENZODIAZEPINE ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>flumazenil intravenous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>naloxone hcl injection solution</i>	State Carve-out	SCO
<i>naloxone hcl injection solution cartridge</i>	State Carve-out	SCO
<i>naloxone hcl injection solution prefilled syringe</i>	State Carve-out	SCO
<i>naltrexone hcl oral tablet</i>	State Carve-out	SCO
NARCAN NASAL LIQUID (<i>naloxone hcl</i>)	State Carve-out	SCO
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>naltrexone</i>)	State Carve-out	SCO
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
ALOXI INTRAVENOUS SOLUTION (<i>palonosetron hcl</i>)	Tier 2	MB
ANZEMET ORAL TABLET (<i>dolasetron mesylate</i>)	Tier 2	PA; QL (5 tablets per 30 days)
<i>gransetron hcl intravenous solution</i>	Tier 2	PA; MB
<i>gransetron hcl oral tablet</i>	Tier 2	PA; QL (10 tablets per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 2	MB
<i>ondansetron hcl injection solution 40 mg/20ml</i>	Tier 2	PA; MB
<i>ondansetron hcl oral solution</i>	Tier 2	PA; QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 1	QL (8 tablets per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	Tier 1	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	Tier 1	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	Tier 1	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	Tier 1	QL (24 tablets per 30 days)
<i>palonosetron hcl intravenous solution</i>	Tier 2	MB
<i>palonosetron hcl intravenous solution prefilled syringe</i>	Tier 2	MB

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SANCUSO TRANSDERMAL PATCH (<i>granisetron</i>)	Tier 2	PA; QL (4 patches per 28 days)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE (<i>granisetron</i>)	Tier 2	MB
ZOFRAN ORAL TABLET (<i>ondansetron hcl</i>)	Tier 2	PA; QL (48 tablets per 30 days)
ZUPLENZ ORAL FILM 4 MG (<i>ondansetron</i>)	Tier 2	PA; QL (48 films per 30 days)
ZUPLENZ ORAL FILM 8 MG (<i>ondansetron</i>)	Tier 2	PA; QL (24 films per 30 days)
*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA		
AKYNZEO INTRAVENOUS SOLUTION (<i>fosnetupitant-palonosetron</i>)	Tier 2	PA; MB; QL (5 vials per 30 days)
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosnetupitant-palonosetron</i>)	Tier 2	PA; MB; QL (5 vials per 30 days)
AKYNZEO ORAL CAPSULE (<i>netupitant-palonosetron</i>)	Tier 2	QL (5 capsules per 30 days)
<i>anti-nausea/rekemadol oral solution</i>	Tier 1	OTC
BONJESTA ORAL TABLET EXTENDED RELEASE (<i>doxylamine-pyridoxine</i>)	Tier 2	PA
DICLEGIS ORAL TABLET DELAYED RELEASE (<i>doxylamine-pyridoxine</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>doxylamine-pyridoxine oral tablet delayed release</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>goodsense nausea relief oral solution</i>	Tier 1	OTC
<i>nausea relief oral solution</i>	Tier 1	OTC
<i>sb anti-nausea oral solution</i>	Tier 1	OTC
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
<i>cvs motion sickness ii oral tablet</i>	Tier 1	OTC
<i>cvs motion sickness relief oral tablet chewable</i>	Tier 1	OTC
<i>dimenhydrinate injection solution</i>	Tier 2	MB

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<i>dimenhydrinate oral tablet</i>	Tier 1	OTC
<i>eq motion sickness oral tablet</i>	Tier 1	OTC
<i>eq motion sickness relief oral tablet</i>	Tier 1	OTC
<i>eql motion sickness relief oral tablet</i>	Tier 1	OTC
<i>gnp motion sickness relief oral tablet</i>	Tier 1	OTC
<i>goodsense motion sickness oral tablet</i>	Tier 1	OTC
<i>hm motion sickness oral tablet</i>	Tier 1	OTC
<i>hm motion sickness relief oral tablet</i>	Tier 1	OTC
<i>meclizine hcl oral tablet 12.5 mg</i>	Tier 1	OTC
<i>meclizine hcl oral tablet 25 mg</i>	Tier 1	
<i>meclizine hcl oral tablet 50 mg</i>	Tier 2	
<i>meclizine hcl oral tablet chewable</i>	Tier 1	OTC
<i>meclizine hcl powder</i>	Tier 2	
<i>motion sickness relief oral tablet chewable</i>	Tier 1	OTC
<i>qc motion sickness relief oral tablet</i>	Tier 1	OTC
<i>ra motion sickness relief oral tablet chewable</i>	Tier 1	OTC
<i>scopolamine transdermal patch 72 hour</i>	Tier 2	
<i>sm motion sickness oral tablet</i>	Tier 1	OTC
TIGAN INTRAMUSCULAR SOLUTION (<i>trimethobenzamide hcl</i>)	Tier 2	MB
TIGAN ORAL CAPSULE (<i>trimethobenzamide hcl</i>)	Tier 2	
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR (<i>scopolamine base</i>)	Tier 2	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR (<i>scopolamine base</i>)	Tier 2	
<i>travel sickness oral tablet chewable</i>	Tier 1	OTC
<i>trav-tabs oral tablet</i>	Tier 1	OTC
<i>trimethobenzamide hcl oral capsule</i>	Tier 1	
*ANTIEMETICS - ANTIDOPAMINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
BARHEMSYS INTRAVENOUS SOLUTION (<i>amisulpride (antiemetic)</i>)	Tier 2	MB

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*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>dronabinol oral capsule</i>	Tier 2	PA
MARINOL ORAL CAPSULE (<i>dronabinol</i>)	Tier 2	PA
SYNDROS ORAL SOLUTION (<i>dronabinol</i>)	Tier 2	PA
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>aprepitant oral capsule 125 mg</i>	Tier 2	PA; QL (5 capsules per 30 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 2	PA; QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	Tier 2	PA; QL (15 capsules per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 2	PA; QL (10 capsules per 30 days)
CINVANTI INTRAVENOUS EMULSION (<i>aprepitant</i>)	Tier 2	MB; QL (5 vials per 30 days)
EMEND INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosaprepitant dimeglumine</i>)	Tier 2	MB; QL (5 vials per 30 days)
EMEND ORAL CAPSULE (<i>aprepitant</i>)	Tier 2	PA; QL (10 capsules per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED (<i>aprepitant</i>)	Tier 2	PA; QL (15 kits per 30 days)
EMEND TRI-PACK ORAL CAPSULE (<i>aprepitant</i>)	Tier 2	PA; QL (15 capsules per 30 days)
<i>fosaprepitant dimeglumine intravenous solution reconstituted</i>	Tier 2	MB; QL (5 vials per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK (<i>rolapitant hcl</i>)	Tier 2	PA; QL (4 tablets per 28 days)
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)** - DRUGS FOR FUNGUS		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED (<i>caspofungin acetate</i>)	Tier 2	MB

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<i>caspofungin acetate intravenous solution reconstituted</i>	Tier 2	MB
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>anidulafungin</i>)	Tier 2	PA; MB
<i>micafungin sodium intravenous solution reconstituted</i>	Tier 2	MB
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>micafungin sodium</i>)	Tier 2	MB
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
ABELCET INTRAVENOUS SUSPENSION (<i>amphotericin b lipid</i>)	Tier 2	MB
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED (<i>amphotericin b liposome</i>)	Tier 2	MB
ANCOBON ORAL CAPSULE (<i>flucytosine</i>)	Tier 2	PA
<i>bio-statin oral capsule</i>	Tier 2	
<i>flucytosine oral capsule</i>	Tier 1	PA
<i>griseofulvin microsize oral suspension</i>	Tier 1	
<i>griseofulvin microsize oral tablet</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier 1	
LAMISIL ORAL TABLET (<i>terbinafine hcl</i>)	Tier 2	QL (1 tablet per 1 day)
<i>nystatin oral tablet</i>	Tier 1	
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet</i>	Tier 1	
<i>miconazole powder</i>	Tier 2	
*TRIAZOLES*** - DRUGS FOR FUNGUS		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>isavuconazonium sulfate</i>)	Tier 2	PA; MB; QL (1 injection per 1 day)
CRESEMBA ORAL CAPSULE (<i>isavuconazonium sulfate</i>)	Tier 2	PA; QL (2 capsules per 1 day)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>fluconazole</i>)	Tier 2	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fluconazole</i>)	Tier 2	QL (10 mL per 1 day)

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DIFLUCAN ORAL TABLET 100 MG, 150 MG, 50 MG <i>(fluconazole)</i>	Tier 2	
DIFLUCAN ORAL TABLET 200 MG (<i>fluconazole</i>)	Tier 2	QL (2 tablets per 1 day)
<i>fluconazole in sodium chloride intravenous solution</i>	Tier 2	MB
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	Tier 1	
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>fluconazole oral tablet 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>itraconazole oral capsule</i>	Tier 1	PA
<i>itraconazole oral solution</i>	Tier 2	PA; QL (20 mL per 1 day)
NOXAFL INTRAVENOUS SOLUTION (<i>posaconazole</i>)	Tier 2	MB
NOXAFL ORAL SUSPENSION (<i>posaconazole</i>)	Tier 2	PA; QL (20 mL per 1 day)
NOXAFL ORAL TABLET DELAYED RELEASE (<i>posaconazole</i>)	Tier 2	PA
<i>posaconazole oral tablet delayed release</i>	Tier 2	PA
SPORANOX ORAL CAPSULE (<i>itraconazole</i>)	Tier 2	PA
SPORANOX ORAL SOLUTION (<i>itraconazole</i>)	Tier 2	PA; QL (20 mL per 1 day)
SPORANOX PULSEPAK ORAL CAPSULE (<i>itraconazole</i>)	Tier 2	PA
<i>tolsura oral capsule</i>	Tier 2	PA; QL (126 capsules per 30 days)
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED (<i>voriconazole</i>)	Tier 2	PA; MB
VFEND ORAL SUSPENSION RECONSTITUTED (<i>voriconazole</i>)	Tier 2	PA
VFEND ORAL TABLET (<i>voriconazole</i>)	Tier 2	PA
<i>voriconazole intravenous solution reconstituted</i>	Tier 1	PA; MB
<i>voriconazole oral suspension reconstituted</i>	Tier 1	PA
<i>voriconazole oral tablet</i>	Tier 1	PA
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
*ANTIHISTAMINES - ALKYLAMINES*** - DRUGS FOR ALLERGIES		
<i>aller-chlor oral tablet</i>	Tier 1	OTC

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<i>allergy oral tablet</i>	Tier 1	OTC
<i>allergy oral tablet extended release</i>	Tier 1	OTC
<i>allergy relief oral tablet</i>	Tier 1	OTC
<i>brompheniramine maleate powder</i>	Tier 2	
<i>chlorhist oral tablet</i>	Tier 1	OTC
<i>chlorpheniramine maleate er oral tablet extended release</i>	Tier 1	OTC
<i>chlorpheniramine maleate oral tablet</i>	Tier 1	OTC
<i>chlorpheniramine maleate powder</i>	Tier 2	
<i>cvs allergy relief oral tablet</i>	Tier 1	OTC
<i>cvs allergy relief oral tablet extended release</i>	Tier 1	OTC
<i>dexchlorpheniramine maleate oral solution</i>	Tier 2	
DIABETIC TUSSIN ALLERGY ORAL SYRUP <i>(chlorpheniramine maleate)</i>	Tier 1	OTC
<i>ed chlorped jr oral syrup</i>	Tier 1	OTC
<i>eq chlortabs oral tablet</i>	Tier 1	OTC
<i>eql allergy oral tablet</i>	Tier 1	OTC
<i>hm allergy relief oral tablet</i>	Tier 1	OTC
<i>pharbechlor oral tablet</i>	Tier 1	OTC
<i>qc allergy relief 4-hour oral tablet</i>	Tier 1	OTC
<i>qc chlor-pheniramine oral tablet</i>	Tier 1	OTC
<i>ra allergy relief oral tablet</i>	Tier 1	OTC
<i>ra chlorpheniramine maleate oral tablet</i>	Tier 1	OTC
RYCLORA ORAL SOLUTION (<i>dexchlorpheniramine maleate</i>)	Tier 2	
<i>sb chlorpheniramine oral tablet</i>	Tier 1	OTC
<i>sm allergy 4 hour oral tablet</i>	Tier 1	OTC
WAL-FINATE ORAL TABLET (<i>chlorpheniramine maleate</i>)	Tier 1	OTC
*ANTIHISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>aler-cap oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)

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<i>alertab oral tablet</i>	Tier 1	OTC
<i>allergy childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>allergy relief childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>allergy relief childrens oral tablet dispersible</i>	Tier 1	OTC
<i>allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>allergy relief oral tablet</i>	Tier 1	OTC
<i>anti-hist allergy oral tablet</i>	Tier 1	OTC
<i>aurodryl allergy childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
BANOPHEN ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 capsules per 1 day)
BANOPHEN ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	OTC
BANOPHEN ORAL LIQUID (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 mL per 1 day)
BANOPHEN ORAL TABLET (<i>diphenhydramine hcl</i>)	Tier 1	OTC
<i>carbinoxamine maleate oral solution</i>	Tier 1	AL
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	AL
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>clemastine fumarate oral tablet</i>	Tier 2	
<i>clemastine fumarate powder</i>	Tier 2	
<i>complete allergy medicine oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>complete allergy medicine oral tablet</i>	Tier 1	OTC
<i>complete allergy relief oral tablet</i>	Tier 1	OTC
<i>cvs allergy oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>cvs allergy relief adult oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>cvs allergy relief childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>cvs allergy relief childrens oral tablet dispersible</i>	Tier 1	OTC
<i>cvs allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>cvs allergy relief oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)

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<i>cvs allergy relief oral tablet</i>	Tier 1	OTC
<i>cvs childrens allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>diphen oral elixir</i>	Tier 1	QL (120 mL per 30 days)
<i>di-phen oral liquid</i>	Tier 1	QL (4 mL per 1 day)
<i>diphen oral tablet</i>	Tier 1	OTC
<i>diphenhist oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>diphenhydramine hcl injection solution</i>	Tier 2	MB
<i>diphenhydramine hcl oral capsule 25 mg</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl oral elixir</i>	Tier 1	QL (120 mL per 30 days)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>diphenhydramine hcl oral liquid 6.25 mg/ml</i>	Tier 1	OTC
<i>diphenhydramine hcl oral tablet</i>	Tier 1	OTC
<i>diphenhydramine hcl powder</i>	Tier 2	
<i>dye-free allergy relief oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>eq allergy oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>eq allergy relief childrens oral elixir</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>eq allergy relief childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>eq allergy relief childrens oral tablet dispersible</i>	Tier 1	OTC
<i>eq allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>eq allergy relief oral tablet</i>	Tier 1	OTC
<i>eql allergy oral tablet</i>	Tier 1	OTC
<i>eql allergy relief childrens oral tablet dispersible</i>	Tier 1	OTC
<i>eql allergy relief oral tablet</i>	Tier 1	OTC
<i>eql childrens allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>geri-dryl oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>geri-dryl oral tablet</i>	Tier 1	OTC

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<i>gnp allergy antihistamine oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>gnp allergy oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>gnp allergy oral tablet</i>	Tier 1	OTC
<i>gnp allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>gnp allergy relief oral tablet</i>	Tier 1	OTC
<i>gnp allergy relief oral tablet chewable</i>	Tier 1	OTC
<i>gnp childrens allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>h-e-b childrens allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>hm allergy relief childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>hm allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>hm allergy relief oral tablet</i>	Tier 1	OTC
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE (<i>carbinoxamine maleate</i>)	Tier 2	AL; QL (40 mL per 1 day)
<i>kls allergy medicine oral tablet</i>	Tier 1	OTC
<i>kp diphenhydramine hcl oral capsule</i>	Tier 1	OTC
<i>liquid allergy relief oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>m-dryl oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
MEDI-PHEDRYL ORAL CAPSULE (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 capsules per 1 day)
<i>meijer antihistamine allergy oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
NARAMIN ORAL LIQUID (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 mL per 1 day)
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 mL per 1 day)
<i>pharbedryl oral capsule 25 mg</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>pharbedryl oral capsule 50 mg</i>	Tier 1	OTC
<i>px allergy oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>px allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)

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px allergy oral tablet	Tier 1	OTC
qc allergy childrens oral liquid	Tier 1	OTC; QL (4 mL per 1 day)
qc allergy relief oral tablet	Tier 1	OTC
qc complete allergy medicine oral tablet	Tier 1	OTC
ra allergy medication oral capsule	Tier 1	OTC; QL (4 capsules per 1 day)
ra allergy medication oral liquid	Tier 1	OTC; QL (4 mL per 1 day)
ra allergy medication oral tablet	Tier 1	OTC
ra allergy oral liquid	Tier 1	OTC; QL (4 mL per 1 day)
ra allergy oral tablet	Tier 1	OTC
ra allergy relief childrens oral liquid	Tier 1	OTC; QL (4 mL per 1 day)
ra allergy relief childrens oral tablet dispersible	Tier 1	OTC
ra allergy relief oral capsule	Tier 1	OTC; QL (4 capsules per 1 day)
ra allergy relief oral tablet	Tier 1	OTC
ra complete allergy oral tablet	Tier 1	OTC
RA DIPHEDRYL ALLERGY ORAL LIQUID (diphenhydramine hcl)	Tier 1	OTC; QL (4 mL per 1 day)
RYVENT ORAL TABLET (carbinoxamine maleate)	Tier 2	QL (4 tablets per 1 day)
sb allergy medicine oral liquid	Tier 1	OTC; QL (4 mL per 1 day)
sb allergy medicine oral tablet	Tier 1	OTC
sb allergy oral capsule	Tier 1	OTC; QL (4 capsules per 1 day)
siladryl allergy oral liquid	Tier 1	OTC; QL (4 mL per 1 day)
sm allergy relief childrens oral liquid	Tier 1	OTC; QL (4 mL per 1 day)
sm allergy relief oral capsule	Tier 1	OTC; QL (4 capsules per 1 day)
sm allergy relief oral liquid	Tier 1	OTC; QL (4 mL per 1 day)
sm allergy relief oral tablet	Tier 1	OTC
TOTAL ALLERGY MEDICINE ORAL LIQUID (diphenhydramine hcl)	Tier 1	OTC; QL (4 mL per 1 day)
total allergy oral tablet	Tier 1	OTC

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WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 mL per 1 day)
WAL-DRYL ALLERGY ORAL CAPSULE (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 capsules per 1 day)
WAL-DRYL ALLERGY ORAL LIQUID (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 mL per 1 day)
WAL-DRYL ALLERGY ORAL TABLET (<i>diphenhydramine hcl</i>)	Tier 1	OTC
WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE (<i>diphenhydramine hcl</i>)	Tier 1	OTC
*ANTIHISTAMINES - ETHYLEDIAMINES*** - DRUGS FOR ALLERGIES		
<i>pyrilamine maleate crystals</i>	Tier 2	
<i>pyrilamine maleate powder</i>	Tier 2	
<i>tripelennamine hcl powder</i>	Tier 2	
*ANTIHISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
ALAVERT ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>allergy childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>allergy rel child (loratadine) oral solution</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>allergy relief child oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>allergy relief childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>allergy relief loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>allergy relief/indoor/outdoor oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cetirizine hcl oral solution</i>	Tier 2	PA; QL (10 mL per 1 day)
<i>childrens loratadine oral solution</i>	Tier 1	OTC; QL (10 mL per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
childrens loratadine oral syrup	Tier 1	OTC; QL (10 mL per 1 day)
CLARINEX ORAL TABLET (desloratadine)	Tier 2	PA; QL (1 tablet per 1 day)
cvs allergy relief childrens oral syrup	Tier 1	OTC; QL (10 mL per 1 day)
cvs allergy relief childrens oral tablet chewable	Tier 1	PA; OTC
cvs allergy relief oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
cvs allergy relief oral tablet dispersible	Tier 1	OTC; QL (1 tablet per 1 day)
desloratadine oral tablet	Tier 2	PA; QL (1 tablet per 1 day)
desloratadine oral tablet dispersible	Tier 2	PA; QL (1 tablet per 1 day)
eq allergy childrens oral syrup	Tier 1	OTC; QL (10 mL per 1 day)
eq allergy relief childrens oral syrup	Tier 1	OTC; QL (10 mL per 1 day)
eq allergy relief oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
eq childrens loratadine oral syrup	Tier 1	OTC; QL (10 mL per 1 day)
eq loratadine childrens oral tablet chewable	Tier 1	PA; OTC
eq loratadine oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
eq loratadine oral tablet dispersible	Tier 1	OTC; QL (1 tablet per 1 day)
eql allergy relief oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp allergy relief oral tablet dispersible	Tier 1	OTC; QL (1 tablet per 1 day)
gnp loratadine childrens oral solution	Tier 1	OTC; QL (10 mL per 1 day)
gnp loratadine childrens oral tablet chewable	Tier 1	PA; OTC
gnp loratadine oral syrup	Tier 1	OTC; QL (10 mL per 1 day)
gnp loratadine oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp loratadine oral tablet dispersible	Tier 1	OTC; QL (1 tablet per 1 day)
goodsense allergy relief oral capsule	Tier 1	OTC

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>goodsense allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hm allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hm loratadine childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>hm loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
KLS ALLERCLEAR ORAL TABLET (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kp fexofenadine hcl oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>levocetirizine dihydrochloride oral solution</i>	Tier 2	PA
<i>loradamed oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>loratadine childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>loratadine childrens oral tablet chewable</i>	Tier 1	PA; OTC
<i>loratadine oral capsule</i>	Tier 1	OTC
<i>loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>meijer allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>meijer allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>meijer loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>mm fexofenadine hcl oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>px allergy relief loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>px allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc allergy relief childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>qc allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>qc allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc loratadine allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
QUZYTIR INTRAVENOUS SOLUTION (<i>cetirizine hcl</i>)	Tier 2	MB
<i>ra allergy relief (loratadine) oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra allergy relief childrens oral tablet chewable</i>	Tier 1	PA; OTC
<i>ra allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra loratadine childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>ra loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>ra loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra loratadine oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sb allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sb loratadine allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sb loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>sb loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm allergy childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>sm allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm childrens loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>sm loratadine allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>sm loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-FEX ORAL TABLET (<i>fexofenadine hcl</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
WAL-ITIN ALLERGY CHILDRENS ORAL TABLET CHEWABLE (<i>loratadine</i>)	Tier 1	PA; OTC
WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
WAL-ITIN CHILDRENS ORAL SOLUTION (<i>loratadine</i>)	Tier 1	OTC; QL (10 mL per 1 day)
WAL-ITIN ORAL SYRUP (<i>loratadine</i>)	Tier 1	OTC; QL (10 mL per 1 day)
WAL-ITIN ORAL TABLET (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
WAL-ITIN ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
WAL-VERT ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
PHENERGAN INJECTION SOLUTION (<i>promethazine hcl</i>)	Tier 2	MB
<i>promethazine hcl injection solution</i>	Tier 2	MB
<i>promethazine hcl oral solution</i>	Tier 1	AL
<i>promethazine hcl oral syrup</i>	Tier 1	AL
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl oral tablet 25 mg</i>	Tier 1	QL (120 tablets per 30 days)
<i>promethazine hcl rectal suppository</i>	Tier 1	AL
PROMETHEGAN RECTAL SUPPOSITORY (<i>promethazine hcl</i>)	Tier 1	AL
*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>ciproheptadine hcl oral syrup</i>	Tier 1	
<i>ciproheptadine hcl oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB*** - DRUGS FOR CHOLESTEROL		
NEXLIZET ORAL TABLET (<i>bempedoic acid-ezetimibe</i>)	Tier 2	PA; QL (1 tablets per 1 day)
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
NEXLETOL ORAL TABLET (<i>bempedoic acid</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*ANTIHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
<i>icosapent ethyl oral capsule</i>	Tier 2	PA; QL (4 capsules per 1 day)
LOVAZA ORAL CAPSULE (<i>omega-3-acid ethyl esters</i>)	Tier 2	PA; QL (4 capsules per 1 day)
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 2	PA; QL (4 capsules per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	Tier 2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	Tier 2	PA; QL (4 capsules per 1 day)
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine light oral packet</i>	Tier 1	
<i>cholestyramine light oral powder</i>	Tier 1	
<i>cholestyramine oral packet</i>	Tier 1	
<i>cholestyramine oral powder</i>	Tier 1	
<i>colesevelam hcl oral packet</i>	Tier 2	
<i>colesevelam hcl oral tablet</i>	Tier 2	
COLESTID FLAVORED ORAL GRANULES (<i>colestipol hcl</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLESTID FLAVORED ORAL PACKET (<i>colestipol hcl</i>)	Tier 2	
COLESTID ORAL GRANULES (<i>colestipol hcl</i>)	Tier 2	
COLESTID ORAL PACKET (<i>colestipol hcl</i>)	Tier 2	
COLESTID ORAL TABLET (<i>colestipol hcl</i>)	Tier 2	
<i>colestipol hcl oral granules</i>	Tier 1	
<i>colestipol hcl oral packet</i>	Tier 1	
<i>colestipol hcl oral tablet</i>	Tier 1	
<i>cholestyramine light</i> (Prevalite Oral Packet)	Tier 1	
<i>cholestyramine light</i> (Prevalite Oral Powder)	Tier 1	
QUESTRAN LIGHT ORAL POWDER (<i>cholestyramine light</i>)	Tier 2	
QUESTRAN ORAL PACKET (<i>cholestyramine</i>)	Tier 2	
QUESTRAN ORAL POWDER (<i>cholestyramine</i>)	Tier 2	
WELCHOL ORAL PACKET (<i>colesevelam hcl</i>)	Tier 2	
WELCHOL ORAL TABLET (<i>colesevelam hcl</i>)	Tier 2	
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
ANTARA ORAL CAPSULE 30 MG (<i>fenofibrate micronized</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ANTARA ORAL CAPSULE 90 MG (<i>fenofibrate micronized</i>)	Tier 2	PA
<i>fenofibrate micronized oral capsule 130 mg</i>	Tier 2	QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 134 mg</i>	Tier 1	
<i>fenofibrate micronized oral capsule 200 mg, 43 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 134 mg</i>	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 200 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 145 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 160 mg, 48 mg, 54 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibric acid oral capsule delayed release 135 mg</i>	Tier 2	QL (1 capsule per 1 day)
<i>fenofibric acid oral capsule delayed release 45 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
FENOGLIDE ORAL TABLET (<i>fenofibrate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
FIBRICOR ORAL TABLET (<i>fenofibric acid</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	Tier 1	
<i>gemfibrozil powder</i>	Tier 2	
LIPOFEN ORAL CAPSULE (<i>fenofibrate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
LOPID ORAL TABLET (<i>gemfibrozil</i>)	Tier 2	PA
TRICOR ORAL TABLET (<i>fenofibrate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
TRILIPIX ORAL CAPSULE DELAYED RELEASE (<i>choline fenofibrate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (<i>lovastatin</i>)	Tier 2	PA; DO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (<i>lovastatin</i>)	Tier 2	PA
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG (<i>rosuvastatin calcium</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
CRESTOR ORAL TABLET 40 MG (<i>rosuvastatin calcium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG (<i>rosuvastatin calcium</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG (<i>rosuvastatin calcium</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>flolipid oral suspension</i>	Tier 2	PA; QL (5 mL per 1 day)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2	PA
<i>fluvastatin sodium oral capsule</i>	Tier 2	PA; DO; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>fluvastatin sodium</i>)	Tier 2	PA
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>atorvastatin calcium</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
LIPITOR ORAL TABLET 80 MG (<i>atorvastatin calcium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG (<i>pitavastatin calcium</i>)	Tier 2	PA; DO
LIVALO ORAL TABLET 4 MG (<i>pitavastatin calcium</i>)	Tier 2	PA
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>lovastatin oral tablet 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
PRAVACHOL ORAL TABLET (<i>pravastatin sodium</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 40 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 80 MG (<i>simvastatin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ZYPITAMAG ORAL TABLET 2 MG (<i>pitavastatin magnesium</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
ZYPITAMAG ORAL TABLET 4 MG (<i>pitavastatin magnesium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*INTEST CHOLEST ABSОРР INHIB-HMG COA REDUCTASE INHIB COMB*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet</i>	Tier 2	PA
VYTORIN ORAL TABLET (<i>ezetimibe-simvastatin</i>)	Tier 2	PA

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*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
ZETIA ORAL TABLET (<i>ezetimibe</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS*** - DRUGS FOR CHOLESTEROL		
JUXTAPID ORAL CAPSULE (<i>lomitapide mesylate</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	Tier 2	
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 2	QL (1 tablet per 1 day)
NIACOR ORAL TABLET (<i>niacin (antihyperlipidemic)</i>)	Tier 2	PA; QL (12 tablets per 1 day)
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 750 MG (<i>niacin (antihyperlipidemic)</i>)	Tier 2	PA
NIASPAN ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacin (antihyperlipidemic)</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>alirocumab</i>)	Tier 2	PA; QL (2 injections per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (<i>evolocumab</i>)	Tier 1	PA; QL (1 injector per 30 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>evolocumab</i>)	Tier 1	PA; QL (2 syringes per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>evolocumab</i>)	Tier 1	PA; QL (2 syringes per 28 days)

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ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
LOTREL ORAL CAPSULE (<i>amlodipine besy-benazepril hcl</i>)	Tier 2	QL (1 capsule per 1 day)
PRESTALIA ORAL TABLET 14-10 MG (<i>perindopril arg-amlodipine</i>)	Tier 2	QL (1 tablet per 1 day)
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	Tier 2	DO; QL (1 tablet per 1 day)
TARKA ORAL TABLET EXTENDED RELEASE (<i>trandolapril-verapamil hcl</i>)	Tier 2	QL (1 tablet per 1 day)
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 2	QL (1 tablet per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
ACCURETIC ORAL TABLET (<i>quinapril-hydrochlorothiazide</i>)	Tier 2	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>captopril-hydrochlorothiazide oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>fosinopril sodium-hctz oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (4 tablets per 1 day)
LOTENSIN HCT ORAL TABLET (<i>benazepril-hydrochlorothiazide</i>)	Tier 2	QL (1 tablet per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
VASERETIC ORAL TABLET (<i>enalapril-hydrochlorothiazide</i>)	Tier 2	QL (2 tablets per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZESTORETIC ORAL TABLET 10-12.5 MG (<i>lisinopril-hydrochlorothiazide</i>)	Tier 2	DO; QL (4 tablet per 1 day)
ZESTORETIC ORAL TABLET 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	Tier 2	QL (4 tablets per 1 day)
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ACCUPRIL ORAL TABLET (<i>quinapril hcl</i>)	Tier 2	QL (2 tablets per 1 day)
ALTACE ORAL CAPSULE (<i>ramipril</i>)	Tier 2	QL (2 capsules per 1 day)
<i>benazepril hcl oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>captopril oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>enalapril maleate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>enalaprilat intravenous injectable</i>	Tier 2	MB
EPANED ORAL SOLUTION (<i>enalapril maleate</i>)	Tier 2	PA; QL (40 mL per 1 day)
<i>fosinopril sodium oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
LOTENSIN ORAL TABLET (<i>benazepril hcl</i>)	Tier 2	QL (2 tablets per 1 day)
<i>moexipril hcl oral tablet</i>	Tier 1	
<i>perindopril erbumine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
PRINIVIL ORAL TABLET (<i>lisinopril</i>)	Tier 2	DO; QL (2 tablets per 1 day)
QBRELIS ORAL SOLUTION (<i>lisinopril</i>)	Tier 2	PA; QL (40 mL per 1 day)
<i>quinapril hcl oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>ramipril oral capsule</i>	Tier 1	QL (2 capsules per 1 day)
<i>trandolapril oral tablet</i>	Tier 1	
VASOTEC ORAL TABLET (<i>enalapril maleate</i>)	Tier 2	QL (2 tablets per 1 day)
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>lisinopril</i>)	Tier 2	DO; QL (2 tablets per 1 day)
ZESTRIL ORAL TABLET 30 MG, 40 MG (<i>lisinopril</i>)	Tier 2	QL (2 tablets per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ADRENOLYTICS-CENTRAL & THIAZIDE/THIAZIDE-LIKE COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>methyldopa-hydrochlorothiazide oral tablet</i>	Tier 1	
*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE		
DEMSER ORAL CAPSULE (<i>metyrosine</i>)	Tier 2	PA; QL (16 capsules per 1 day)
DIBENZYLINE ORAL CAPSULE (<i>phenoxybenzamine hcl</i>)	Tier 2	PA; QL (12 capsules per 1 day)
<i>metyrosine oral capsule</i>	Tier 2	PA; QL (16 capsules per 1 day)
<i>phenoxybenzamine hcl oral capsule</i>	Tier 2	PA; QL (12 capsules per 1 day)
<i>phentolamine mesylate injection solution reconstituted</i>	Tier 2	MB
*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>	Tier 2	
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	Tier 2	DO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	Tier 2	
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	Tier 2	DO
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	Tier 2	
AZOR ORAL TABLET 5-20 MG (<i>amlodipine-olmesartan</i>)	Tier 2	DO
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	Tier 2	
EXFORGE ORAL TABLET 5-160 MG (<i>amlodipine besylate-valsartan</i>)	Tier 2	DO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg</i>	Tier 2	
<i>telmisartan-amlodipine oral tablet 40-5 mg</i>	Tier 2	DO

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWYNSTA ORAL TABLET 40-10 MG, 80-10 MG, 80-5 MG (<i>telmisartan-amldipine</i>)	Tier 2	
TWYNSTA ORAL TABLET 40-5 MG (<i>telmisartan-amldipine</i>)	Tier 2	DO
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
ATACAND HCT ORAL TABLET 16-12.5 MG (<i>candesartan cilexetil-hctz</i>)	Tier 2	PA
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	Tier 2	PA; QL (1 tablet per 1 day)
AVALIDE ORAL TABLET 150-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	Tier 2	PA; QL (2 tablets per 1 day)
AVALIDE ORAL TABLET 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	Tier 2	PA; QL (1 tablet per 1 day)
BENICAR HCT ORAL TABLET 20-12.5 MG (<i>olmesartan medoxomil-hctz</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG (<i>valsartan-hydrochlorothiazide</i>)	Tier 2	PA; QL (1 tablet per 1 day)
EDARBYCLOL ORAL TABLET (<i>azilsartan-chlorthalidone</i>)	Tier 2	PA
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG (<i>losartan potassium-hctz</i>)	Tier 2	PA; QL (1 tablet per 1 day)
HYZAAR ORAL TABLET 50-12.5 MG (<i>losartan potassium-hctz</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
MICARDIS HCT ORAL TABLET 40-12.5 MG (<i>telmisartan-hctz</i>)	Tier 2	PA; DO
MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	Tier 2	PA
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg</i>	Tier 2	PA; DO
<i>telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg</i>	Tier 2	PA
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET (<i>candesartan cilexetil</i>)	Tier 2	PA
AVAPRO ORAL TABLET 150 MG, 75 MG (<i>irbesartan</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
AVAPRO ORAL TABLET 300 MG (<i>irbesartan</i>)	Tier 2	PA; QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG (<i>olmesartan medoxomil</i>)	Tier 2	PA; DO
BENICAR ORAL TABLET 40 MG (<i>olmesartan medoxomil</i>)	Tier 2	PA
BENICAR ORAL TABLET 5 MG (<i>olmesartan medoxomil</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>candesartan cilexetil oral tablet</i>	Tier 1	
COZAAR ORAL TABLET (<i>losartan potassium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
DIOVAN ORAL TABLET 160 MG (<i>valsartan</i>)	Tier 2	PA; QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 320 MG (<i>valsartan</i>)	Tier 2	PA; QL (1 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIOVAN ORAL TABLET 40 MG, 80 MG (<i>valsartan</i>)	Tier 2	PA; QL (3 tablets per 1 day)
EDARBI ORAL TABLET 40 MG (<i>azilsartan medoxomil</i>)	Tier 2	PA; DO
EDARBI ORAL TABLET 80 MG (<i>azilsartan medoxomil</i>)	Tier 2	PA
<i>irbesartan oral tablet 150 mg, 75 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>irbesartan oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
MICARDIS ORAL TABLET 20 MG (<i>telmisartan</i>)	Tier 2	PA; DO
MICARDIS ORAL TABLET 40 MG (<i>telmisartan</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
MICARDIS ORAL TABLET 80 MG (<i>telmisartan</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg</i>	Tier 2	PA; DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	Tier 2	PA
<i>olmesartan medoxomil oral tablet 5 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>telmisartan oral tablet 20 mg</i>	Tier 2	PA; DO
<i>telmisartan oral tablet 40 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>telmisartan oral tablet 80 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>valsartan oral tablet 160 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	Tier 1	QL (1 tablets per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	Tier 1	QL (3 tablets per 1 day)
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	Tier 2	
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	Tier 2	DO
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXFORGE HCT ORAL TABLET 5-160-12.5 MG (<i>amlodipine-valsartan-hctz</i>)	Tier 2	DO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 2	QL (1 tablet per 1 day)
TRIBENZOR ORAL TABLET 20-5-12.5 MG (<i>olmesartan-amlodipine-hctz</i>)	Tier 2	DO; QL (1 tablet per 1 day)
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	Tier 2	QL (1 tablet per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	Tier 2	DO; QL (8 patch per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	Tier 2	DO; QL (8 patch per 28 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	Tier 2	QL (8 patch per 28 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	DO; QL (10 tablets per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	DO; QL (8 tablet per 1 day)
<i>clonidine hcl powder</i>	Tier 2	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	Tier 2	DO; QL (8 patch per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Tier 2	QL (8 patch per 28 days)
<i>guanfacine hcl oral tablet 1 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>	Tier 1	QL (1 tablets per 1 day)
<i>methyldopa oral tablet</i>	Tier 1	
*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	Tier 2	QL (1 tablet per 1 day)
CARDURA ORAL TABLET 8 MG (<i>doxazosin mesylate</i>)	Tier 2	QL (2 tablets per 1 day)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxazosin mesylate oral tablet 8 mg</i>	Tier 1	QL (2 tablets per 1 day)
MINIPRESS ORAL CAPSULE (<i>prazosin hcl</i>)	Tier 2	
<i>prazosin hcl oral capsule</i>	Tier 1	
<i>prazosin hcl powder</i>	Tier 2	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	Tier 1	QL (2 capsules per 1 day)
*ANTIHYPERTENSIVES - MISC.*** - DRUGS FOR HIGH BLOOD PRESSURE		
VECAMYL ORAL TABLET (<i>mecamylamine hcl</i>)	Tier 2	
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>metoprolol-hydrochlorothiazide</i>)	Tier 2	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>propranolol-hctz oral tablet</i>	Tier 1	
TENORETIC 100 ORAL TABLET (<i>atenolol-chlorthalidone</i>)	Tier 2	
TENORETIC 50 ORAL TABLET (<i>atenolol-chlorthalidone</i>)	Tier 2	
ZIAC ORAL TABLET (<i>bisoprolol-hydrochlorothiazide</i>)	Tier 2	
*DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE-LIKE COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
TEKTURNA HCT ORAL TABLET 150-12.5 MG (<i>aliskiren-hydrochlorothiazide</i>)	Tier 2	DO; QL (1 tablet per 1 day)
TEKTURNA HCT ORAL TABLET 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	Tier 2	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIRECT RENIN INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>aliskiren fumarate oral tablet 150 mg</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>aliskiren fumarate oral tablet 300 mg</i>	Tier 2	QL (1 tablet per 1 day)
TEKTURN A ORAL TABLET 150 MG (<i>aliskiren fumarate</i>)	Tier 2	DO; QL (1 tablet per 1 day)
TEKTURN A ORAL TABLET 300 MG (<i>aliskiren fumarate</i>)	Tier 2	QL (1 tablet per 1 day)
*DOPAMINE D1 RECEPTOR AGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLOPAM INTRAVENOUS SOLUTION (<i>fenoldopam mesylate</i>)	Tier 2	MB
*RESERPINE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>reserpine powder</i>	Tier 2	
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet</i>	Tier 2	
INSPRA ORAL TABLET (<i>eplerenone</i>)	Tier 2	
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl injection solution</i>	Tier 2	MB
<i>hydralazine hcl oral tablet</i>	Tier 1	
<i>minoxidil oral tablet</i>	Tier 1	
NIPRIDE RTU INTRAVENOUS SOLUTION (<i>nitroprusside sodium-nacl</i>)	Tier 2	MB
<i>nitroprusside sodium intravenous solution</i>	Tier 2	MB
<i>sodium nitroprusside intravenous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
AEMCOLO ORAL TABLET DELAYED RELEASE (<i>rifamycin sodium</i>)	Tier 2	PA; QL (12 tablets per 30 days)
<i>bacitracin intramuscular solution reconstituted</i>	Tier 2	MB
FLAGYL ORAL CAPSULE (<i>metronidazole</i>)	Tier 2	
FLAGYL ORAL TABLET (<i>metronidazole</i>)	Tier 2	
IMPAVIDO ORAL CAPSULE (<i>miltefosine</i>)	Tier 2	QL (84 capsules per 1 fill)
<i>metronidazole in nacl intravenous solution</i>	Tier 2	MB
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet</i>	Tier 1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	Tier 2	
PENTAM INJECTION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	Tier 2	MB
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier 2	
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 2	MB
PRIMSOL ORAL SOLUTION (<i>trimethoprim hcl</i>)	Tier 2	
<i>tinidazole oral tablet 250 mg</i>	Tier 1	QL (20 tablets per 30 days)
<i>tinidazole oral tablet 500 mg</i>	Tier 1	QL (20 tablets per 1 fill)
<i>trimethoprim oral tablet</i>	Tier 1	
<i>trimethoprim powder</i>	Tier 2	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	Tier 2	PA; QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Tier 2	PA; QL (126 tablets per 36 weekss)
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
BACTRIM DS ORAL TABLET (<i>sulfamethoxazole-trimethoprim</i>)	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BACTRIM ORAL TABLET (<i>sulfamethoxazole-trimethoprim</i>)	Tier 2	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	Tier 2	MB
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension)	Tier 1	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
ALINIA ORAL SUSPENSION RECONSTITUTED (<i>nitazoxanide</i>)	Tier 2	
ALINIA ORAL TABLET (<i>nitazoxanide</i>)	Tier 2	
<i>atovaquone oral suspension</i>	Tier 2	
LAMPIT ORAL TABLET (<i>nifurtimox</i>)	Tier 2	
MEPRON ORAL SUSPENSION (<i>atovaquone</i>)	Tier 2	
<i>nitazoxanide oral tablet</i>	Tier 2	
*CARBAPENEM COMBINATIONS*** - ANTIBIOTICS		
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Tier 2	MB
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED (<i>imipenem-cilastatin</i>)	Tier 2	MB
RECARBRIOS INTRAVENOUS SOLUTION RECONSTITUTED (<i>imipenem-cilastatin-relebactam</i>)	Tier 2	MB
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED (<i>meropenem-vaborbactam</i>)	Tier 2	MB
*CARBAPENEMS*** - ANTIBIOTICS		
<i>ertapenem sodium injection solution reconstituted</i>	Tier 2	MB
INVANZ INJECTION SOLUTION RECONSTITUTED (<i>ertapenem sodium</i>)	Tier 2	MB
<i>meropenem intravenous solution reconstituted</i>	Tier 2	MB
<i>meropenem-sodium chloride intravenous solution reconstituted</i>	Tier 2	MB
MERREM INTRAVENOUS SOLUTION RECONSTITUTED (<i>meropenem</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CHLORAMPHENICALS*** - ANTIBIOTICS		
<i>chloramphenicol sod succinate intravenous solution reconstituted</i>	Tier 2	MB
*CYCLIC LIPOPEPTIDES*** - ANTIBIOTICS		
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>daptomycin</i>)	Tier 2	MB
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED (<i>daptomycin</i>)	Tier 2	MB
*GLYCOPEPTIDES*** - ANTIBIOTICS		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED (<i>dalbavancin hcl</i>)	Tier 2	MB
FIRVANQ ORAL SOLUTION RECONSTITUTED (<i>vancomycin hcl</i>)	Tier 2	PA
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>oritavancin diphosphate</i>)	Tier 2	MB
VANCOCIN HCL ORAL CAPSULE (<i>vancomycin hcl</i>)	Tier 2	PA
VANCOCIN ORAL CAPSULE (<i>vancomycin hcl</i>)	Tier 2	PA
<i>vancomycin hcl in dextrose intravenous solution</i>	Tier 2	MB
<i>vancomycin hcl in nacl intravenous solution</i>	Tier 2	MB
<i>vancomycin hcl intravenous solution</i>	Tier 2	MB
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 500 mg</i>	Tier 2	MB; QL (2 vials per 1 day)
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 100 gm, 250 mg, 5 gm, 750 mg</i>	Tier 2	MB
<i>vancomycin hcl oral capsule</i>	Tier 1	PA
<i>vancomycin hcl oral solution reconstituted</i>	Tier 2	PA
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>telavancin hcl</i>)	Tier 2	MB
*LEPROSTATICSS*** - ANTIBIOTICS		
<i>dapsone oral tablet</i>	Tier 1	
*LINCOSAMIDES*** - ANTIBIOTICS		
CLEOCIN ORAL CAPSULE (<i>clindamycin hcl</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEOCIN ORAL SOLUTION RECONSTITUTED <i>(clindamycin palmitate hcl)</i>	Tier 2	
CLEOCIN PHOSPHATE INJECTION SOLUTION <i>(clindamycin phosphate)</i>	Tier 2	MB
<i>clindamycin hcl oral capsule</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 1	
<i>clindamycin phosphate in d5w intravenous solution</i>	Tier 2	MB
<i>clindamycin phosphate in nacl intravenous solution</i>	Tier 2	MB
<i>clindamycin phosphate injection solution</i>	Tier 2	MB
LINCOCIN INJECTION SOLUTION (<i>lincomycin hcl</i>)	Tier 2	MB
<i>lincomycin hcl injection solution</i>	Tier 2	MB
*MONOBACTAMS*** - ANTIBIOTICS		
AZACTAM INJECTION SOLUTION RECONSTITUTED <i>(aztreonam)</i>	Tier 2	MB
<i>aztreonam injection solution reconstituted</i>	Tier 2	MB
CAYSTON INHALATION SOLUTION RECONSTITUTED <i>(aztreonam lysine)</i>	Tier 2	SP
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid in sodium chloride intravenous solution</i>	Tier 2	MB
<i>linezolid intravenous solution</i>	Tier 2	MB
<i>linezolid oral suspension reconstituted</i>	Tier 1	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	Tier 1	PA; QL (28 tablets per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED (<i>tedizolid phosphate</i>)	Tier 2	MB
SIVEXTRO ORAL TABLET (<i>tedizolid phosphate</i>)	Tier 2	PA; QL (6 tablets per 30 days)
ZYVOX INTRAVENOUS SOLUTION (<i>linezolid</i>)	Tier 2	MB
ZYVOX ORAL SUSPENSION RECONSTITUTED (<i>linezolid</i>)	Tier 2	PA; QL (900 mL per 30 days)
ZYVOX ORAL TABLET (<i>linezolid</i>)	Tier 2	PA; QL (28 tablets per 30 days)

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*PLEUROMUTILINS*** - ANTIBIOTICS		
XENLETA INTRAVENOUS SOLUTION (<i>lefamulin acetate</i>)	Tier 2	MB
XENLETA ORAL TABLET (<i>lefamulin acetate</i>)	Tier 2	PA; QL (10 tablets per 30 days)
*POLYMYXINS*** - ANTIBIOTICS		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier 2	MB
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED (<i>colistimethate sodium</i>)	Tier 2	MB
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier 2	MB
<i>polymyxin b sulfate powder</i>	Tier 2	
*STREPTOGRAMIN COMBINATIONS*** - ANTIBIOTICS		
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED (<i>quinupristin-dalfopristin</i>)	Tier 2	MB
*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>fosfomycin tromethamine oral packet</i>	Tier 2	QL (1 packet per 30 days)
HIPREX ORAL TABLET (<i>methenamine hippurate</i>)	Tier 2	
MACROBID ORAL CAPSULE (<i>nitrofurantoin monohyd macro</i>)	Tier 2	
MACRODANTIN ORAL CAPSULE (<i>nitrofurantoin macrocrystal</i>)	Tier 2	
<i>methenamine hippurate oral tablet</i>	Tier 1	
MONUROL ORAL PACKET (<i>fosfomycin tromethamine</i>)	Tier 2	QL (1 packet per 30 days)
<i>nalidixic acid powder</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule</i>	Tier 1	
<i>nitrofurantoin macrocrystal powder</i>	Tier 2	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier 1	
<i>nitrofurantoin oral suspension</i>	Tier 2	

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ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 1	
COARTEM ORAL TABLET (<i>artemether-lumefantrine</i>)	Tier 2	
MALARONE ORAL TABLET (<i>atovaquone-proguanil hcl</i>)	Tier 2	
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
ARAKODA ORAL TABLET (<i>tafenoquine succinate</i>)	Tier 2	QL (64 tablets per 1 year)
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (16 tablets per 1 fill)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (8 tablets per 1 fill)
<i>chloroquine phosphate powder</i>	Tier 2	
DARAPRIM ORAL TABLET (<i>pyrimethamine</i>)	Tier 2	PA; QL (3 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet</i>	Tier 1	QL (90 tablets per 30 fills)
KRINTAFEL ORAL TABLET (<i>tafenoquine succinate</i>)	Tier 2	QL (2 tablets per 1 fill)
<i>mefloquine hcl oral tablet</i>	Tier 1	QL (5 tablets per 30 days)
PLAQUENIL ORAL TABLET (<i>hydroxychloroquine sulfate</i>)	Tier 2	QL (90 tablets per 30 fills)
<i>primaquine phosphate oral tablet</i>	Tier 1	
<i>pyrimethamine oral tablet</i>	Tier 2	PA; QL (3 tablets per 1 day)
QUALAQUIN ORAL CAPSULE (<i>quinine sulfate</i>)	Tier 2	PA; QL (60 capsules per 1 year)
<i>quinacrine hcl powder</i>	Tier 2	
<i>quinine sulfate dihydrate powder</i>	Tier 2	
<i>quinine sulfate oral capsule</i>	Tier 2	PA; QL (60 capsules per 1 year)
<i>quinine sulfate powder</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
BLOXIVERZ INTRAVENOUS SOLUTION (<i>neostigmine methylsulfate</i>)	Tier 2	MB
FIRDAPSE ORAL TABLET (<i>amifampridine phosphate</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet</i>	Tier 2	
MESTINON ORAL SOLUTION (<i>pyridostigmine bromide</i>)	Tier 2	
MESTINON ORAL TABLET (<i>pyridostigmine bromide</i>)	Tier 2	
MESTINON ORAL TABLET EXTENDED RELEASE (<i>pyridostigmine bromide</i>)	Tier 2	
<i>neostigmine methylsulfate intravenous solution</i>	Tier 2	MB
<i>neostigmine methylsulfate intravenous solution prefilled syringe</i>	Tier 2	MB
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier 1	
<i>pyridostigmine bromide oral solution</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
REGONOL INTRAVENOUS SOLUTION (<i>pyridostigmine bromide</i>)	Tier 2	MB
RUZURGI ORAL TABLET (<i>amifampridine</i>)	Tier 2	PA; SP; QL (10 tablets per 1 day)
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
<i>aminosalicylic acid-4 powder</i>	Tier 2	
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED (<i>capreomycin sulfate</i>)	Tier 2	MB
<i>cycloserine oral capsule</i>	Tier 2	PA
<i>ethambutol hcl oral tablet</i>	Tier 1	
<i>ethambutol hcl powder</i>	Tier 2	

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<i>isoniazid injection solution</i>	Tier 2	MB
<i>isoniazid oral syrup</i>	Tier 1	
<i>isoniazid oral tablet</i>	Tier 1	
<i>isoniazid powder</i>	Tier 2	
MYAMBUTOL ORAL TABLET (<i>ethambutol hcl</i>)	Tier 2	
MYCOBUTIN ORAL CAPSULE (<i>rifabutin</i>)	Tier 2	
PASER ORAL PACKET (<i>aminosalicylic acid</i>)	Tier 2	
<i>pretomanid oral tablet</i>	Tier 2	PA
PRIFTIN ORAL TABLET (<i>rifapentine</i>)	Tier 1	
<i>pyrazinamide oral tablet</i>	Tier 1	
<i>rifabutin oral capsule</i>	Tier 1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>rifampin</i>)	Tier 2	MB
<i>rifampin intravenous solution reconstituted</i>	Tier 2	MB
<i>rifampin oral capsule</i>	Tier 1	
SIRTURO ORAL TABLET (<i>bedaquiline fumarate</i>)	Tier 2	PA
TRECATOR ORAL TABLET (<i>ethionamide</i>)	Tier 2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
BELRAPZO INTRAVENOUS SOLUTION (<i>bendamustine hcl</i>)	Tier 2	MB
BENDEKA INTRAVENOUS SOLUTION (<i>bendamustine hcl</i>)	Tier 2	MB
<i>busulfan intravenous solution</i>	Tier 2	MB
BUSULFEX INTRAVENOUS SOLUTION (<i>busulfan</i>)	Tier 2	MB
<i>cisplatin intravenous solution reconstituted</i>	Tier 2	
MYLERAN ORAL TABLET (<i>busulfan</i>)	Tier 1	SP
<i>oxaliplatin intravenous solution</i>	Tier 2	SP
PARAPLATIN INTRAVENOUS SOLUTION (<i>carboplatin</i>)	Tier 2	MB
TEPADINA INJECTION SOLUTION RECONSTITUTED (<i>thiotepa</i>)	Tier 2	MB

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<i>thiotepa injection solution reconstituted</i>	Tier 2	MB
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED (<i>lurbinectedin</i>)	Tier 2	MB
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet</i>	Tier 2	PA; SP; QL (4 tablets per 1 day)
YONSA ORAL TABLET (<i>abiraterone acetate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
ZYTIGA ORAL TABLET (<i>abiraterone acetate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	Tier 2	SP; QL (38 tablets per 1 day)
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	Tier 1	
CASODEX ORAL TABLET (<i>bicalutamide</i>)	Tier 2	
ERLEADA ORAL TABLET (<i>apalutamide</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
<i>flutamide oral capsule</i>	Tier 1	
NILANDRON ORAL TABLET (<i>nilutamide</i>)	Tier 2	SP; QL (1 tablet per 1 day)
<i>nilutamide oral tablet</i>	Tier 2	SP; QL (1 tablet per 1 day)
NUBEQA ORAL TABLET (<i>darolutamide</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
*ANTIESTROGENS*** - DRUGS FOR CANCER		
FARESTON ORAL TABLET (<i>toremifene citrate</i>)	Tier 2	SP; QL (1 tablet per 1 day)
SOLTAMOX ORAL SOLUTION (<i>tamoxifen citrate</i>)	Tier 2	
<i>tamoxifen citrate oral tablet</i>	Tier 1	
<i>toremifene citrate oral tablet</i>	Tier 2	SP; QL (1 tablet per 1 day)

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*ANTIMETABOLITES*** - DRUGS FOR CANCER		
ARRANON INTRAVENOUS SOLUTION (<i>nelarabine</i>)	Tier 2	MB
<i>azacitidine injection suspension reconstituted</i>	Tier 2	MB
<i>cladribine intravenous solution</i>	Tier 2	MB
<i>clofarabine intravenous solution</i>	Tier 2	MB
CLOLAR INTRAVENOUS SOLUTION (<i>clofarabine</i>)	Tier 2	MB
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>decitabine</i>)	Tier 2	MB
<i>flouxuridine injection solution reconstituted</i>	Tier 2	MB
FOLOTYN INTRAVENOUS SOLUTION (<i>pralatrexate</i>)	Tier 2	MB
<i>gemcitabine hcl intravenous solution</i>	Tier 2	MB
INFUGEM INTRAVENOUS SOLUTION (<i>gemcitabine hcl-nacl</i>)	Tier 2	MB
<i>mercaptopurine oral tablet</i>	Tier 1	
<i>methotrexate oral tablet</i>	Tier 1	
<i>methotrexate powder</i>	Tier 2	
<i>methotrexate sodium (pf) injection solution</i>	Tier 1	MB
<i>methotrexate sodium injection solution</i>	Tier 1	MB
<i>methotrexate sodium injection solution reconstituted</i>	Tier 1	MB
<i>methotrexate sodium oral tablet</i>	Tier 1	
ONUREG ORAL TABLET (<i>azacitidine</i>)	Tier 2	PA; QL (14 tablets per 28 days)
PURIXAN ORAL SUSPENSION (<i>mercaptopurine</i>)	Tier 2	PA
TABLOID ORAL TABLET (<i>thioguanine</i>)	Tier 1	
TREXALL ORAL TABLET (<i>methotrexate sodium</i>)	Tier 1	
VIDAZA INJECTION SUSPENSION RECONSTITUTED (<i>azacitidine</i>)	Tier 2	MB
XATMEP ORAL SOLUTION (<i>methotrexate</i>)	Tier 2	PA; SP
XELODA ORAL TABLET (<i>capecitabine</i>)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY*** - DRUGS FOR CANCER		
KYMRIAH INTRAVENOUS SUSPENSION <i>(tisagenlecleucel)</i>	Tier 1	MB
PROVENGE INTRAVENOUS SUSPENSION (<i>sipuleucel-t</i>)	Tier 2	MB
TECARTUS INTRAVENOUS SUSPENSION <i>(brexucabtagene autoleucel)</i>	Tier 2	MB
YESCARTA INTRAVENOUS SUSPENSION <i>(axicabtagene ciloleucel)</i>	Tier 2	MB
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG (<i>venetoclax</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK (<i>venetoclax</i>)	Tier 2	PA; SP; QL (1 pack per 1 year)
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS*** - DRUGS FOR CANCER		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED (<i>blinatumomab</i>)	Tier 2	MB
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
BRAFTOVI ORAL CAPSULE (<i>encorafenib</i>)	Tier 2	PA; SP; QL (6 capsules per 1 day)
TAFINLAR ORAL CAPSULE (<i>dabrafenib mesylate</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
PEMAZYRE ORAL TABLET (<i>pemigatinib</i>)	Tier 2	PA; SP; QL (14 tablets per 21 days)
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
DAURISMO ORAL TABLET 100 MG (<i>glasdegib maleate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
DAURISMO ORAL TABLET 25 MG (<i>glasdegib maleate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
ODOMZO ORAL CAPSULE (<i>sonidegib phosphate</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
FARYDAK ORAL CAPSULE (<i>panobinostat lactate</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED (<i>romidepsin</i>)	Tier 2	MB
<i>romidepsin intravenous solution</i>	Tier 2	MB
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS*** - DRUGS FOR CANCER		
<i>leuprolide acetate-bupivacaine intramuscular solution</i>	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
<i>levamisole hcl powder</i>	Tier 2	
POMALYST ORAL CAPSULE 1 MG (<i>pomalidomide</i>)	Tier 2	PA; SP; QL (5 capsules per 1 day)
POMALYST ORAL CAPSULE 2 MG (<i>pomalidomide</i>)	Tier 2	PA; SP; QL (1 capsules per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG (<i>pomalidomide</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER		
COTELLIC ORAL TABLET (<i>cobimetinib fumarate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
MEKTOVI ORAL TABLET (<i>binimetonib</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER		
TAZVERIK ORAL TABLET (<i>tazemetostat hbr</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)
*ANTINEOPLASTIC - MONOCLONAL ANTIBODIES*** - DRUGS FOR CANCER		
ARZERRA INTRAVENOUS CONCENTRATE (<i>ofatumumab</i>)	Tier 2	MB
BAVENCIO INTRAVENOUS SOLUTION (<i>avelumab</i>)	Tier 2	MB
CAMPATH INTRAVENOUS SOLUTION (<i>alemtuzumab</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DANYELZA INTRAVENOUS SOLUTION (<i>naxitamab-gqgk</i>)	Tier 2	MB
DARZALEX INTRAVENOUS SOLUTION (<i>daratumumab</i>)	Tier 2	MB
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>elotuzumab</i>)	Tier 2	MB
GAZYVA INTRAVENOUS SOLUTION (<i>obinutuzumab</i>)	Tier 2	MB
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-pkrb</i>)	Tier 2	MB
IMFINZI INTRAVENOUS SOLUTION (<i>durvalumab</i>)	Tier 2	MB
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-anns</i>)	Tier 2	MB
KEYTRUDA INTRAVENOUS SOLUTION (<i>pembrolizumab</i>)	Tier 2	MB
LIBTAYO INTRAVENOUS SOLUTION (<i>cemiplimab-rwlc</i>)	Tier 2	PA; MB
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>moxetumomab pasudotox-tdfk</i>)	Tier 2	MB
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>tafasitamab-cxix</i>)	Tier 2	MB
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-dkst</i>)	Tier 2	MB
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-dttb</i>)	Tier 2	MB
OPDIVO INTRAVENOUS SOLUTION (<i>nivolumab</i>)	Tier 2	MB
PORTRAZZA INTRAVENOUS SOLUTION (<i>necitumumab</i>)	Tier 2	MB
POTELIGEO INTRAVENOUS SOLUTION (<i>mogamulizumab-kpkc</i>)	Tier 2	MB
RIABNI INTRAVENOUS SOLUTION (<i>rituximab-arrx</i>)	Tier 2	MB
RUXIENCE INTRAVENOUS SOLUTION (<i>rituximab-pvvr</i>)	Tier 2	MB
SARCLISA INTRAVENOUS SOLUTION (<i>isatuximab-irfc</i>)	Tier 2	MB
TECENTRIQ INTRAVENOUS SOLUTION (<i>atezolizumab</i>)	Tier 2	MB
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-qyyp</i>)	Tier 2	MB
TRUXIMA INTRAVENOUS SOLUTION (<i>rituximab-abbs</i>)	Tier 2	MB

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNITUXIN INTRAVENOUS SOLUTION (<i>dinutuximab</i>)	Tier 2	MB
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS***		
- DRUGS FOR CANCER		
AFINITOR DISPERZ ORAL TABLET SOLUBLE (<i>everolimus</i>)	Tier 2	PA; SP
AFINITOR ORAL TABLET (<i>everolimus</i>)	Tier 2	PA; SP
<i>everolimus oral tablet</i>	Tier 2	PA; SP
TORISEL INTRAVENOUS SOLUTION (<i>temsirolimus</i>)	Tier 2	MB
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***		
- DRUGS FOR CANCER		
NEXAVAR ORAL TABLET (<i>sorafenib tosylate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
RYDAPT ORAL CAPSULE (<i>midostaurin</i>)	Tier 2	PA; SP; QL (8 capsules per 1 day)
STIVARGA ORAL TABLET (<i>regorafenib</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
SUTENT ORAL CAPSULE 12.5 MG (<i>sunitinib malate</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - PROTEASOME INHIBITORS***		
- DRUGS FOR CANCER		
<i>bortezomib intravenous solution reconstituted</i>	Tier 2	MB
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>carfilzomib</i>)	Tier 2	MB
NINLARO ORAL CAPSULE (<i>ixazomib citrate</i>)	Tier 2	PA; SP; QL (3 capsules per 28 days)
VELCADE INJECTION SOLUTION RECONSTITUTED (<i>bortezomib</i>)	Tier 2	MB
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
VITRAKVI ORAL SOLUTION (<i>larotrectinib sulfate</i>)	Tier 2	PA; SP; QL (10 mL per 1 day)
*ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS*** - DRUGS FOR CANCER		
ALECensa ORAL CAPSULE (<i>alectinib hcl</i>)	Tier 2	PA; SP; QL (8 capsules per 1 day)
ALUNBRIG ORAL TABLET 180 MG (<i>brigatinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
ALUNBRIG ORAL TABLET 90 MG (<i>brigatinib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK (<i>brigatinib</i>)	Tier 2	PA; SP; QL (1 pack per 30 days)
AYVAKIT ORAL TABLET (<i>avapritinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
BRUKINSA ORAL CAPSULE (<i>zanubrutinib</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
CABOMETYX ORAL TABLET (<i>cabozantinib s-malate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
CALQUENCE ORAL CAPSULE (<i>acalabrutinib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Tier 2	PA; SP; QL (1 dose pack per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Tier 2	PA; SP; QL (1 dose pack per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Tier 2	PA; SP; QL (1 dose pack per 28 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 2	PA; SP; QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 2	PA; SP; QL (3 tablets per 1 day)
GAVRETO ORAL CAPSULE (<i>pralsetinib</i>)	Tier 2	PA; QL (4 capsules per 1 day)
GILOTRIF ORAL TABLET (<i>afatinib dimaleate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
GLEEVEC ORAL TABLET 100 MG (<i>imatinib mesylate</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)
GLEEVEC ORAL TABLET 400 MG (<i>imatinib mesylate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 1	PA; SP; QL (8 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 1	PA; SP; QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INLYTA ORAL TABLET 1 MG (axitinib)	Tier 2	PA; SP; QL (8 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (axitinib)	Tier 2	PA; SP; QL (4 tablets per 1 day)
IRESSA ORAL TABLET (gefitinib)	Tier 1	PA; SP; QL (1 tablet per 1 day)
lapatinib ditosylate oral tablet	Tier 2	PA; SP; QL (6 tablets per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	Tier 2	PA; SP; QL (30 capsules per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	Tier 2	PA; SP; QL (1 pack per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	Tier 2	PA; SP; QL (60 capsules per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	Tier 2	PA; SP; QL (90 capsules per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	Tier 2	PA; SP; QL (60 capsules per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	Tier 2	PA; SP; QL (90 capsules per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	Tier 2	PA; SP; QL (1 pack per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	Tier 2	PA; SP; QL (60 capsules per 30 days)
LORBRENA ORAL TABLET 100 MG (lorlatinib)	Tier 2	PA; SP; QL (1 tablet per 1 day)
LORBRENA ORAL TABLET 25 MG (lorlatinib)	Tier 2	PA; SP; QL (3 tablets per 1 day)
NERLYNX ORAL TABLET (neratinib maleate)	Tier 2	PA; SP; QL (6 tablets per 1 day)
QINLOCK ORAL TABLET (ripretinib)	Tier 2	PA; SP; QL (3 tablets per 1 day)
RETEVMO ORAL CAPSULE 40 MG (selpercatinib)	Tier 2	PA; SP; QL (6 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETEVMO ORAL CAPSULE 80 MG (<i>selpercatinib</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
SPRYCEL ORAL TABLET (<i>dasatinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
TABRECTA ORAL TABLET (<i>capmatinib hcl</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
TAGRISSO ORAL TABLET 40 MG (<i>osimertinib mesylate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
TAGRISSO ORAL TABLET 80 MG (<i>osimertinib mesylate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
TASIGNA ORAL CAPSULE (<i>nilotinib hcl</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
TUKYSA ORAL TABLET (<i>tucatinib</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
TURALIO ORAL CAPSULE (<i>pexidartinib hcl</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
TYKERB ORAL TABLET (<i>lapatinib ditosylate</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
VIZIMPRO ORAL TABLET (<i>dacomitinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
VOTRIENT ORAL TABLET (<i>pazopanib hcl</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	Tier 2	PA; SP; QL (2 capsules per 1 day)
XOSPATA ORAL TABLET (<i>gilteritinib fumarate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
ZYKADIA ORAL TABLET (<i>ceritinib</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (8 tablets per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (24 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
*ANTINEOPLASTIC ANTIBIOTICS*** - DRUGS FOR CANCER		
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>dactinomycin</i>)	Tier 2	MB
<i>dactinomycin intravenous solution reconstituted</i>	Tier 2	MB
<i>daunorubicin hcl intravenous solution</i>	Tier 2	MB
DOXIL INTRAVENOUS INJECTABLE (<i>doxorubicin hcl liposomal</i>)	Tier 2	MB
ELLENCE INTRAVENOUS SOLUTION (<i>epirubicin hcl</i>)	Tier 2	MB
IDAMYCIN PFS INTRAVENOUS SOLUTION (<i>idarubicin hcl</i>)	Tier 2	MB
<i>idarubicin hcl intravenous solution</i>	Tier 2	MB
JELMYTO SOLUTION RECONSTITUTED (<i>mitomycin</i>)	Tier 2	PA; MB
VALSTAR INTRAVESICAL SOLUTION (<i>valrubicin</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC -ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY*** - DRUGS FOR CANCER		
ZEVALIN Y-90 INTRAVENOUS KIT (<i>ibritumomab tiuxetan for y-90</i>)	Tier 2	MB
*ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES*** - DRUGS FOR CANCER		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>brentuximab vedotin</i>)	Tier 2	MB
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED (<i>inotuzumab ozogamicin</i>)	Tier 2	MB
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED (<i>belantamab mafodotin-blmf</i>)	Tier 2	MB
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED (<i>fam-trastuzumab deruxtecan-nxki</i>)	Tier 2	PA; MB
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED (<i>gemtuzumab ozogamicin</i>)	Tier 2	MB
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED (<i>enfortumab vedotin-ejfv</i>)	Tier 2	PA; MB
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>polatuzumab vedotin-piiq</i>)	Tier 2	MB
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>sacituzumab govitecan-hziy</i>)	Tier 2	MB
*ANTINEOPLASTIC COMBINATIONS*** - DRUGS FOR CANCER		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION (<i>daratumumab-hyaluronidase-fihj</i>)	Tier 2	SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION (<i>trastuzumab-hyaluronidase-oysk</i>)	Tier 2	PA; MB
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrazole</i>)	Tier 2	PA; SP; QL (1 carton per 30 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrazole</i>)	Tier 2	PA; SP; QL (1 carton per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrozole</i>)	Tier 2	PA; SP; QL (1 carton per 30 days)
LONSURF ORAL TABLET (<i>trifluridine-tipiracil</i>)	Tier 2	PA; SP
PHESGO SUBCUTANEOUS SOLUTION (<i>pertuz-trastuz-hyaluron-zzxf</i>)	Tier 2	SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION (<i>rituximab-hyaluronidase human</i>)	Tier 2	MB
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED (<i>daunorubicin-cytarabine lipo</i>)	Tier 2	MB
*ANTINEOPLASTIC ENZYMES*** - DRUGS FOR CANCER		
ASPARLAS INTRAVENOUS SOLUTION (<i>calaspargase pegol-mknl</i>)	Tier 2	MB
ERWINAZE INJECTION SOLUTION RECONSTITUTED (<i>asparaginase erwinia chrysanth</i>)	Tier 2	MB
ONCASPAR INJECTION SOLUTION (<i>pegaspargase</i>)	Tier 2	MB
*ANTINEOPLASTIC RADIOPHARMACEUTICALS*** - DRUGS FOR CANCER		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION (<i>iobenguane i 131</i>)	Tier 2	MB
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION (<i>iobenguane i 131</i>)	Tier 2	MB
LUTATHERA INTRAVENOUS SOLUTION (<i>lutetium lu 177 dotatate</i>)	Tier 2	MB
QUADRAMET INTRAVENOUS SOLUTION (<i>samarium sm 153 lexidronam</i>)	Tier 2	MB
<i>strontium chloride sr-89 intravenous solution</i>	Tier 2	MB
XOFIGO INTRAVENOUS SOLUTION (<i>radium ra 223 dichloride</i>)	Tier 2	MB
*ANTINEOPLASTICS - INTERLEUKINS*** - DRUGS FOR CANCER		
ELZONRIS INTRAVENOUS SOLUTION (<i>tagraxofusp-erzs</i>)	Tier 2	MB

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PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>aldesleukin</i>)	Tier 2	PA; MB
*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS*** - DRUGS FOR CANCER		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>porfimer sodium</i>)	Tier 2	MB
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
<i>arsenic trioxide intravenous solution</i>	Tier 2	MB
HYDREA ORAL CAPSULE (<i>hydroxyurea</i>)	Tier 2	
<i>hydroxyurea oral capsule</i>	Tier 1	
MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>)	Tier 2	SP
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED (<i>pentostatin</i>)	Tier 2	MB
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED (<i>bcg live</i>)	Tier 2	MB
TRISENOX INTRAVENOUS SOLUTION (<i>arsenic trioxide</i>)	Tier 2	MB
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
ARIMIDEX ORAL TABLET (<i>anastrozole</i>)	Tier 2	QL (1 tablet per 1 day)
AROMASIN ORAL TABLET (<i>exemestane</i>)	Tier 2	QL (2 tablets per 1 day)
<i>exemestane oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
FEMARA ORAL TABLET (<i>letrozole</i>)	Tier 2	QL (1 tablet per 1 day)
<i>letrozole oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
*CARBOXYPEPTIDASE ENZYME AGENTS*** - DRUGS FOR CANCER		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED (<i>glucarpidase</i>)	Tier 2	MB
*CARDIAC PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
<i>dexrazoxane hcl intravenous solution reconstituted</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED (<i>dexrazoxane hcl</i>)	Tier 2	MB
*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS*** - DRUGS FOR CANCER		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED (<i>rasburicase</i>)	Tier 2	MB
*CHEMOTHERAPY ADJUNCTS - KERATINOCTYE GROWTH FACTORS*** - DRUGS FOR CANCER		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED (<i>palifermin</i>)	Tier 2	MB
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE (<i>palbociclib</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
IBRANCE ORAL TABLET (<i>palbociclib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
VERZENIO ORAL TABLET (<i>abemaciclib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*ESTROGEN RECEPTOR ANTAGONIST*** - DRUGS FOR CANCER		
FASLODEX INTRAMUSCULAR SOLUTION (<i>fulvestrant</i>)	Tier 2	MB
*ESTROGENS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
EMCYT ORAL CAPSULE (<i>estramustine phosphate sodium</i>)	Tier 1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED (<i>levoleucovorin</i>)	Tier 2	MB
<i>leucovorin calcium injection solution</i>	Tier 2	MB
<i>leucovorin calcium injection solution reconstituted</i>	Tier 2	MB
<i>leucovorin calcium oral tablet</i>	Tier 1	
<i>levoleucovorin calcium intravenous solution reconstituted</i>	Tier 2	MB
<i>levoleucovorin calcium pf intravenous solution</i>	Tier 2	MB
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** - DRUGS FOR CANCER		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	Tier 2	MB
ORGOVYX ORAL TABLET (<i>relugolix</i>)	Tier 2	
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	Tier 2	PA; SP; QL (2 capsules per 1 day)
TEMODAR ORAL CAPSULE 20 MG (<i>temozolomide</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
TIBSOVO ORAL TABLET (<i>ivosidenib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA ORAL TABLET 100 MG (<i>enasidenib mesylate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
IDHIFA ORAL TABLET 50 MG (<i>enasidenib mesylate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
INREBIC ORAL CAPSULE (<i>fedratinib hcl</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
JAKAFI ORAL TABLET 10 MG (<i>ruxolitinib phosphate</i>)	Tier 2	PA; SP; QL (5 tablets per 1 day)
JAKAFI ORAL TABLET 15 MG (<i>ruxolitinib phosphate</i>)	Tier 2	PA; SP; QL (3.34 tablets per 1 day)
JAKAFI ORAL TABLET 20 MG (<i>ruxolitinib phosphate</i>)	Tier 2	PA; SP; QL (2.5 tablets per 1 day)
JAKAFI ORAL TABLET 25 MG (<i>ruxolitinib phosphate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
JAKAFI ORAL TABLET 5 MG (<i>ruxolitinib phosphate</i>)	Tier 2	PA; SP; QL (10 tablets per 1 day)
*LHRH ANALOGS*** - DRUGS FOR CANCER		
VANTAS SUBCUTANEOUS KIT (<i>histrelin acetate</i>)	Tier 2	MB; QL (1 implant per 365 days)
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED (<i>etoposide phosphate</i>)	Tier 2	MB
<i>etoposide oral capsule</i>	Tier 1	SP
MARQIBO INTRAVENOUS SUSPENSION (<i>vincristine sulfate liposome</i>)	Tier 2	MB
NAVELBINE INTRAVENOUS SOLUTION (<i>vinorelbine tartrate</i>)	Tier 2	MB
<i>paclitaxel intravenous concentrate</i>	Tier 2	MB
<i>teniposide intravenous solution</i>	Tier 2	MB
<i>vinorelbine tartrate intravenous solution</i>	Tier 2	MB
*NITROGEN MUSTARDS*** - DRUGS FOR CANCER		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>melphalan hcl</i>)	Tier 2	MB
ALKERAN ORAL TABLET (<i>melphalan</i>)	Tier 2	SP
<i>cyclophosphamide intravenous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclophosphamide oral capsule	Tier 1	SP
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>melphalan hcl</i>)	Tier 2	MB
IFEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>ifosfamide</i>)	Tier 2	MB
<i>ifosfamide intravenous solution</i>	Tier 2	MB
<i>ifosfamide intravenous solution reconstituted</i>	Tier 2	MB
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	Tier 1	
<i>melphalan hcl intravenous solution reconstituted</i>	Tier 2	MB
*NITROSOUreas*** - DRUGS FOR CANCER		
BICNU INTRAVENOUS SOLUTION RECONSTITUTED (<i>carmustine</i>)	Tier 2	MB
<i>carmustine intravenous solution reconstituted</i>	Tier 2	MB
GLEOSTINE ORAL CAPSULE (<i>lomustine</i>)	Tier 2	PA
GLIADEL WAFER IMPLANT WAFER (<i>carmustine in polifeprosan</i>)	Tier 2	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>streptozocin</i>)	Tier 2	MB
*ONCOLYTIC VIRAL AGENTS - HSV1*** - DRUGS FOR CANCER		
IMLYGIC INTRALESIONAL SUSPENSION (<i>talimogene laherparepvec</i>)	Tier 2	MB
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED (<i>copanlisib hcl</i>)	Tier 2	MB
COPIKTRA ORAL CAPSULE (<i>duvelisib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	Tier 2	PA; SP; QL (1 pack per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	Tier 2	PA; SP; QL (1 pack per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	Tier 2	PA; SP; QL (1 pack per 28 days)
ZYDELIG ORAL TABLET (<i>idelalisib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET (<i>olaparib</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
RUBRACA ORAL TABLET (<i>rucaparib camsylate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
TALZENNA ORAL CAPSULE (<i>talazoparib tosylate</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
ZEJULA ORAL CAPSULE (<i>niraparib tosylate</i>)	Tier 2	PA; SP
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
<i>hydroxyprogesterone caproate intramuscular solution</i>	Tier 1	SP; QL (25 ML per 132 days)
<i>megestrol acetate oral suspension</i>	Tier 1	PA
<i>megestrol acetate oral tablet</i>	Tier 1	PA
<i>megestrol acetate powder</i>	Tier 2	
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	Tier 1	
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	Tier 2	PA; SP; QL (10 capsules per 1 day)
TARGRETIN ORAL CAPSULE (<i>bexarotene</i>)	Tier 2	PA; SP; QL (10 capsules per 1 day)
*TETRAHYDROISOQUINOLINES*** - DRUGS FOR CANCER		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>trabectedin</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
CAMPTOSAR INTRAVENOUS SOLUTION (<i>irinotecan hcl</i>)	Tier 2	MB
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>topotecan hcl</i>)	Tier 2	MB
<i>irinotecan hcl intravenous solution</i>	Tier 2	MB
ONIVYDE INTRAVENOUS INJECTABLE (<i>irinotecan hcl liposome</i>)	Tier 2	MB
*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED (<i>amifostine</i>)	Tier 2	MB
<i>mesna intravenous solution</i>	Tier 2	MB
MESNEX INTRAVENOUS SOLUTION (<i>mesna</i>)	Tier 2	MB
MESNEX ORAL TABLET (<i>mesna</i>)	Tier 1	PA
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER		
CYRAMZA INTRAVENOUS SOLUTION (<i>ramucirumab</i>)	Tier 2	MB
MVASI INTRAVENOUS SOLUTION (<i>bevacizumab-awwb</i>)	Tier 2	MB
ZIRABEV INTRAVENOUS SOLUTION (<i>bevacizumab-bvzr</i>)	Tier 2	MB
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR PARKINSON		
NOURIANZ ORAL TABLET (<i>istradefylline</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON		
<i>benztropine mesylate injection solution</i>	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benztropine mesylate oral tablet</i>	State Carve-out	SCO
COGENTIN INJECTION SOLUTION (<i>benztropine mesylate</i>)	State Carve-out	SCO
<i>trihexyphenidyl hcl oral solution</i>	State Carve-out	SCO
<i>trihexyphenidyl hcl oral tablet</i>	State Carve-out	SCO
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule</i>	State Carve-out	SCO
<i>amantadine hcl oral syrup</i>	State Carve-out	SCO
<i>amantadine hcl oral tablet</i>	State Carve-out	SCO
<i>bromocriptine mesylate oral capsule</i>	Tier 1	
<i>bromocriptine mesylate oral tablet</i>	Tier 1	
<i>bromocriptine mesylate powder</i>	Tier 2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>amantadine hcl</i>)	State Carve-out	SCO
INBRIJA INHALATION CAPSULE (<i>levodopa</i>)	Tier 2	PA; SP; QL (5 kits per 30 days)
<i>levodopa powder</i>	Tier 2	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK (<i>amantadine hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>amantadine hcl</i>)	State Carve-out	SCO
PARLODEL ORAL CAPSULE (<i>bromocriptine mesylate</i>)	Tier 2	
PARLODEL ORAL TABLET (<i>bromocriptine mesylate</i>)	Tier 2	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
AZILECT ORAL TABLET (<i>rasagiline mesylate</i>)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rasagiline mesylate oral tablet</i>	Tier 2	
<i>selegiline hcl oral capsule</i>	Tier 1	
<i>selegiline hcl oral tablet</i>	Tier 1	
<i>selegiline hcl powder</i>	Tier 2	
XADAGO ORAL TABLET (<i>safinamide mesylate</i>)	Tier 2	PA
ZELAPAR ORAL TABLET DISPERSIBLE (<i>selegiline hcl</i>)	Tier 2	PA
*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
TASMAR ORAL TABLET (<i>tolcapone</i>)	Tier 2	PA
<i>tolcapone oral tablet</i>	Tier 2	PA
*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet</i>	Tier 2	
LODOSYN ORAL TABLET (<i>carbidopa</i>)	Tier 2	
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release</i>	Tier 1	
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier 1	
DUOPA ENTERAL SUSPENSION (<i>carbidopa-levodopa</i>)	Tier 2	SP
RYTARY ORAL CAPSULE EXTENDED RELEASE (<i>carbidopa-levodopa</i>)	Tier 2	PA
SINEMET ORAL TABLET (<i>carbidopa-levodopa</i>)	Tier 2	
STALEVO 100 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	
STALEVO 125 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	
STALEVO 150 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	
STALEVO 200 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	

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STALEVO 50 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	
STALEVO 75 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
KYNMOBI SUBLINGUAL FILM (<i>apomorphine hcl</i>)	Tier 2	PA; QL (5 films per 1 day)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>pramipexole dihydrochloride</i>)	Tier 2	PA
MIRAPEX ORAL TABLET (<i>pramipexole dihydrochloride</i>)	Tier 2	QL (3 tablets per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR (<i>rotigotine</i>)	Tier 2	PA
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	Tier 2	
<i>pramipexole dihydrochloride oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	
<i>ropinirole hcl oral tablet</i>	Tier 1	
*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
COMTAN ORAL TABLET (<i>entacapone</i>)	Tier 2	
<i>entacapone oral tablet</i>	Tier 1	
ONGENTYS ORAL CAPSULE (<i>opicapone</i>)	Tier 2	PA; QL (1 capsule 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>	State Carve-out	SCO
<i>lithium carbonate oral capsule</i>	State Carve-out	SCO
<i>lithium carbonate oral tablet</i>	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lithium carbonate powder</i>	State Carve-out	SCO
<i>lithium oral solution</i>	State Carve-out	SCO
LITHOBID ORAL TABLET EXTENDED RELEASE (<i>lithium carbonate</i>)	State Carve-out	SCO
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
CAPLYTA ORAL CAPSULE (<i>ilumateperone tosylate</i>)	State Carve-out	SCO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG (<i>carbamazepine (antipsychotic)</i>)	Tier 2	PA; QL (2 capsules per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG (<i>carbamazepine (antipsychotic)</i>)	Tier 2	PA; QL (8 capsules per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (<i>carbamazepine (antipsychotic)</i>)	Tier 2	PA; DO; QL (6 capsules per 1 day)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>ziprasidone mesylate</i>)	State Carve-out	SCO
GEODON ORAL CAPSULE (<i>ziprasidone hcl</i>)	State Carve-out	SCO
LATUDA ORAL TABLET (<i>lurasidone hcl</i>)	State Carve-out	SCO
NUPLAZID ORAL CAPSULE (<i>pimavanserin tartrate</i>)	State Carve-out	SCO
NUPLAZID ORAL TABLET (<i>pimavanserin tartrate</i>)	State Carve-out	SCO
VRAYLAR ORAL CAPSULE (<i>cariprazine hcl</i>)	State Carve-out	SCO
VRAYLAR ORAL CAPSULE THERAPY PACK (<i>cariprazine hcl</i>)	State Carve-out	SCO
<i>ziprasidone hcl oral capsule</i>	State Carve-out	SCO
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
FANAPT ORAL TABLET (<i>iloperidone</i>)	State Carve-out	SCO
FANAPT TITRATION PACK ORAL TABLET (<i>iloperidone</i>)	State Carve-out	SCO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>paliperidone</i>)	State Carve-out	SCO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	State Carve-out	SCO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	State Carve-out	SCO
<i>paliperidone er oral tablet extended release 24 hour</i>	State Carve-out	SCO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE (<i>risperidone</i>)	State Carve-out	SCO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>risperidone microspheres</i>)	State Carve-out	SCO
RISPERDAL ORAL SOLUTION (<i>risperidone</i>)	State Carve-out	SCO
RISPERDAL ORAL TABLET (<i>risperidone</i>)	State Carve-out	SCO
<i>risperidone oral solution</i>	State Carve-out	SCO
<i>risperidone oral tablet</i>	State Carve-out	SCO
<i>risperidone oral tablet dispersible</i>	State Carve-out	SCO
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION (<i>haloperidol decanoate</i>)	State Carve-out	SCO
HALDOL INJECTION SOLUTION (<i>haloperidol lactate</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>haloperidol decanoate intramuscular solution</i>	State Carve-out	SCO
<i>haloperidol lactate injection solution</i>	State Carve-out	SCO
<i>haloperidol lactate oral concentrate</i>	State Carve-out	SCO
<i>haloperidol oral tablet</i>	State Carve-out	SCO
*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>clozapine oral tablet</i>	State Carve-out	SCO
<i>clozapine oral tablet dispersible</i>	State Carve-out	SCO
CLOZARIL ORAL TABLET (<i>clozapine</i>)	State Carve-out	SCO
VERSACLOZ ORAL SUSPENSION (<i>clozapine</i>)	State Carve-out	SCO
*DIBENZO-OXEPINO PYRROLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>asenapine maleate sublingual tablet sublingual</i>	State Carve-out	SCO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL (<i>asenapine maleate</i>)	State Carve-out	SCO
SECUADO TRANSDERMAL PATCH 24 HOUR (<i>asenapine</i>)	State Carve-out	SCO
*DIBENZOTIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	State Carve-out	SCO
<i>quetiapine fumarate oral tablet</i>	State Carve-out	SCO
SEROQUEL ORAL TABLET (<i>quetiapine fumarate</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>quetiapine fumarate</i>)	State Carve-out	SCO
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>loxapine</i>)	State Carve-out	SCO
<i>loxapine succinate oral capsule</i>	State Carve-out	SCO
*DIHYDROINDOLONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>molindone hcl oral tablet</i>	State Carve-out	SCO
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>chlorpromazine hcl injection solution</i>	State Carve-out	SCO
<i>chlorpromazine hcl oral tablet</i>	State Carve-out	SCO
<i>prochlorperazine</i> (Compro Rectal Suppository)	Tier 1	
<i>fluphenazine decanoate injection solution</i>	State Carve-out	SCO
<i>fluphenazine hcl injection solution</i>	State Carve-out	SCO
<i>fluphenazine hcl oral concentrate</i>	State Carve-out	SCO
<i>fluphenazine hcl oral elixir</i>	State Carve-out	SCO
<i>fluphenazine hcl oral tablet</i>	State Carve-out	SCO
<i>perphenazine oral tablet</i>	State Carve-out	SCO
<i>prochlorperazine edisylate injection solution</i>	Tier 1	MB
<i>prochlorperazine maleate oral tablet</i>	Tier 1	
<i>prochlorperazine maleate powder</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prochlorperazine rectal suppository</i>	Tier 1	
<i>thioridazine hcl oral tablet</i>	State Carve-out	SCO
<i>trifluoperazine hcl oral tablet</i>	State Carve-out	SCO
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole</i>)	State Carve-out	SCO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>aripiprazole</i>)	State Carve-out	SCO
ABILIFY MYCITE ORAL TABLET (<i>aripiprazole</i>)	State Carve-out	SCO
ABILIFY ORAL TABLET (<i>aripiprazole</i>)	State Carve-out	SCO
<i>aripiprazole oral solution</i>	State Carve-out	SCO
<i>aripiprazole oral tablet</i>	State Carve-out	SCO
<i>aripiprazole oral tablet dispersible</i>	State Carve-out	SCO
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole lauroxil</i>)	State Carve-out	SCO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole lauroxil</i>)	State Carve-out	SCO
REXULTI ORAL TABLET (<i>brexpiprazole</i>)	State Carve-out	SCO
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine intramuscular solution reconstituted</i>	State Carve-out	SCO
<i>olanzapine oral tablet</i>	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olanzapine oral tablet dispersible</i>	State Carve-out	SCO
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>olanzapine</i>)	State Carve-out	SCO
ZYPREXA ORAL TABLET (<i>olanzapine</i>)	State Carve-out	SCO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>olanzapine pamoate</i>)	State Carve-out	SCO
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE (<i>olanzapine</i>)	State Carve-out	SCO
*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule</i>	State Carve-out	SCO
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
*ANTISEPTICS & DISINFECTANTS*** - ANTISEPTICS AND DISINFECTANTS		
CETYLCIDE-G CONCENTRATE (<i>glutaral</i>)	Tier 2	
<i>eq hydrogen peroxide external solution</i>	Tier 1	OTC
<i>glutaraldehyde external solution</i>	Tier 2	
<i>goodsense hydrogen peroxide external solution</i>	Tier 1	OTC
<i>hydrogen peroxide solution</i>	Tier 2	
<i>meijer hydrogen peroxide external solution</i>	Tier 1	OTC
<i>phenol crystals</i>	Tier 2	
<i>phenol liquid</i>	Tier 2	
*CHLORINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
<i>benzalkonium chloride external solution</i>	Tier 2	
<i>chlorhexidine gluconate solution</i>	Tier 2	
*IODINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
<i>iodoflex external pad (<i>cadexomer iodine</i>)</i>	Tier 2	

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IODOSORB EXTERNAL GEL (<i>cadexomer iodine</i>)	Tier 2	
*MERCURY ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
<i>thimerosal powder</i>	Tier 2	
*SILVER ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
<i>silver protein mild powder</i>	Tier 2	
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet</i>	State Carve-out	SCO
<i>abacavir-lamivudine-zidovudine oral tablet</i>	State Carve-out	SCO
<i>ATRIPLA ORAL TABLET (efavirenz-emtricitab-tenofovir)</i>	State Carve-out	SCO
<i>BIKTARVY ORAL TABLET (bictegravir-emtricitab-tenofov)</i>	State Carve-out	SCO
<i>CIMDUO ORAL TABLET (lamivudine-tenofovir)</i>	State Carve-out	SCO
<i>COMPLERA ORAL TABLET (emtricitab-rilpivir-tenofovir)</i>	State Carve-out	SCO
<i>DELSTRIGO ORAL TABLET (doravirin-lamivudin-tenofov df)</i>	State Carve-out	SCO
<i>DESCOVY ORAL TABLET (emtricitabine-tenofovir af)</i>	State Carve-out	SCO
<i>DOVATO ORAL TABLET (dolutegravir-lamivudine)</i>	State Carve-out	SCO
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	State Carve-out	SP; SCO
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	State Carve-out	SCO
<i>emtricitabine-tenofovir df oral tablet</i>	State Carve-out	SP; SCO

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EPZICOM ORAL TABLET (<i>abacavir sulfate-lamivudine</i>)	State Carve-out	SCO
EVOTAZ ORAL TABLET (<i>atazanavir-cobicistat</i>)	State Carve-out	SCO
GENVOYA ORAL TABLET (<i>elviteg-cobic-emtricit-tenofaf</i>)	State Carve-out	SCO
JULUCA ORAL TABLET (<i>dolutegravir-rilpivirine</i>)	State Carve-out	SCO
KALETRA ORAL SOLUTION (<i>lopinavir-ritonavir</i>)	State Carve-out	SCO
KALETRA ORAL TABLET (<i>lopinavir-ritonavir</i>)	State Carve-out	SCO
<i>lamivudine-zidovudine oral tablet</i>	State Carve-out	SCO
<i>lopinavir-ritonavir oral solution</i>	State Carve-out	SCO
ODEFSEY ORAL TABLET (<i>emtricitab-rilpivir-tenofovir af</i>)	State Carve-out	SCO
PREZCOBIX ORAL TABLET (<i>darunavir-cobicistat</i>)	State Carve-out	SCO
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	State Carve-out	SCO
SYMFI LO ORAL TABLET (<i>efavirenz-lamivudine-tenofovir</i>)	State Carve-out	SCO
SYMFI ORAL TABLET (<i>efavirenz-lamivudine-tenofovir</i>)	State Carve-out	SCO
SYMTUZA ORAL TABLET (<i>darun-cobic-emtricit-tenofaf</i>)	State Carve-out	SCO
TEMIXYS ORAL TABLET (<i>lamivudine-tenofovir</i>)	State Carve-out	SCO
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	State Carve-out	SCO
TRIZIVIR ORAL TABLET (<i>abacavir-lamivudine-zidovudine</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUVADA ORAL TABLET (<i>emtricitabine-tenofovir df</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
SELZENTRY ORAL SOLUTION (<i>maraviroc</i>)	State Carve-out	SCO
SELZENTRY ORAL TABLET (<i>maraviroc</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
TROGARZO INTRAVENOUS SOLUTION (<i>ibalizumab-uiyk</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
<i>rukobia oral tablet extended release 12 hour</i>	State Carve-out	SCO
*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
ISENTRESS HD ORAL TABLET (<i>raltegravir potassium</i>)	State Carve-out	SCO
ISENTRESS ORAL PACKET (<i>raltegravir potassium</i>)	State Carve-out	SCO
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	State Carve-out	SCO
ISENTRESS ORAL TABLET CHEWABLE (<i>raltegravir potassium</i>)	State Carve-out	SCO

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TIVICAY ORAL TABLET (<i>dolutegravir sodium</i>)	State Carve-out	SCO
TIVICAY PD ORAL TABLET SOLUBLE (<i>dolutegravir sodium</i>)	Tier 2	SP; QL (12 tablets per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	State Carve-out	SCO
APTIVUS ORAL SOLUTION (<i>tipranavir</i>)	State Carve-out	SCO
<i>atazanavir sulfate oral capsule</i>	State Carve-out	SCO
CRIXIVAN ORAL CAPSULE (<i>indinavir sulfate</i>)	State Carve-out	SCO
<i>fosamprenavir calcium oral tablet</i>	State Carve-out	SCO
INVIRASE ORAL TABLET (<i>saquinavir mesylate</i>)	State Carve-out	SCO
LEXIVA ORAL SUSPENSION (<i>fosamprenavir calcium</i>)	State Carve-out	SCO
LEXIVA ORAL TABLET (<i>fosamprenavir calcium</i>)	State Carve-out	SCO
NORVIR ORAL PACKET (<i>ritonavir</i>)	State Carve-out	SCO
NORVIR ORAL SOLUTION (<i>ritonavir</i>)	State Carve-out	SCO
NORVIR ORAL TABLET (<i>ritonavir</i>)	State Carve-out	SCO
PREZISTA ORAL SUSPENSION (<i>darunavir ethanolate</i>)	State Carve-out	SCO
PREZISTA ORAL TABLET (<i>darunavir ethanolate</i>)	State Carve-out	SCO
REYATAZ ORAL CAPSULE (<i>atazanavir sulfate</i>)	State Carve-out	SCO

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REYATAZ ORAL PACKET (<i>atazanavir sulfate</i>)	State Carve-out	SCO
<i>ritonavir oral tablet</i>	State Carve-out	SCO
VIRACEPT ORAL TABLET (<i>nelfinavir mesylate</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET (<i>rilpivirine hcl</i>)	State Carve-out	SCO
<i>efavirenz oral capsule</i>	State Carve-out	SCO
<i>efavirenz oral tablet</i>	State Carve-out	SCO
INTELENCE ORAL TABLET (<i>etravirine</i>)	State Carve-out	SCO
<i>nevirapine er oral tablet extended release 24 hour</i>	State Carve-out	SCO
<i>nevirapine oral suspension</i>	State Carve-out	SCO
<i>nevirapine oral tablet</i>	State Carve-out	SCO
PIFELTRO ORAL TABLET (<i>doravirine</i>)	State Carve-out	SCO
SUSTIVA ORAL CAPSULE (<i>efavirenz</i>)	State Carve-out	SCO
SUSTIVA ORAL TABLET (<i>efavirenz</i>)	State Carve-out	SCO
VIRAMUNE ORAL SUSPENSION (<i>nevirapine</i>)	State Carve-out	SCO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>nevirapine</i>)	State Carve-out	SCO

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*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	State Carve-out	SCO
<i>abacavir sulfate oral tablet</i>	State Carve-out	SCO
<i>didanosine oral capsule delayed release 200 mg</i>	Tier 1	SP; QL (2 capsules per 1 day)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	Tier 1	SP; QL (1 capsule per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	State Carve-out	SCO
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	State Carve-out	SCO
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	State Carve-out	SCO
<i>lamivudine oral solution</i>	State Carve-out	SCO
<i>lamivudine oral tablet</i>	State Carve-out	SCO
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
RETROVIR INTRAVENOUS SOLUTION (<i>zidovudine</i>)	Tier 1	MB
RETROVIR ORAL CAPSULE (<i>zidovudine</i>)	Tier 2	SP; QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP (<i>zidovudine</i>)	Tier 2	SP; QL (64 mL per 1 day)
<i>stavudine oral capsule</i>	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZERIT ORAL CAPSULE (<i>stavudine</i>)	State Carve-out	SCO
<i>zidovudine oral capsule</i>	Tier 1	SP; QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	Tier 1	SP; QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	Tier 1	SP
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	State Carve-out	SCO
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	State Carve-out	SCO
VIREAD ORAL TABLET (<i>tenofovir disoproxil fumarate</i>)	State Carve-out	SCO
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS FOR VIRAL INFECTIONS		
TYBOST ORAL TABLET (<i>cobicistat</i>)	State Carve-out	SCO
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>cidofovir intravenous solution</i>	Tier 2	MB
FOSCAVIR INTRAVENOUS SOLUTION (<i>foscarnet sodium</i>)	Tier 2	MB
<i>ganciclovir intravenous solution</i>	Tier 2	MB
<i>ganciclovir sodium intravenous solution</i>	Tier 2	MB
<i>ganciclovir sodium intravenous solution reconstituted</i>	Tier 2	MB
PREVYMIS INTRAVENOUS SOLUTION (<i>letermovir</i>)	Tier 2	MB; QL (1 vial per 1 day)
PREVYMIS ORAL TABLET (<i>letermovir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
VALCYTE ORAL SOLUTION RECONSTITUTED (<i>valganciclovir hcl</i>)	Tier 2	SP
VALCYTE ORAL TABLET (<i>valganciclovir hcl</i>)	Tier 2	SP
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 1	SP

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<i>valganciclovir hcl oral tablet</i>	Tier 1	SP
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	Tier 1	PA; SP
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	Tier 1	PA; SP
BARACLUDE ORAL TABLET (<i>entecavir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
<i>entecavir oral tablet</i>	Tier 1	PA; SP; QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION (<i>lamivudine</i>)	State Carve-out	SCO
EPIVIR HBV ORAL TABLET (<i>lamivudine</i>)	State Carve-out	SCO
HEPSERA ORAL TABLET (<i>adefovir dipivoxil</i>)	Tier 2	PA; SP
<i>lamivudine oral tablet</i>	State Carve-out	SCO
VEMLIDY ORAL TABLET (<i>tenofovir alafenamide fumarate</i>)	State Carve-out	SCO
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
EPCLUSA ORAL TABLET (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA; QL (1 packet per 1 day)
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA; QL (2 packets per 1 day)
HARVONI ORAL TABLET (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
<i>ledipasvir-sofosbuvir oral tablet</i>	Tier 2	PA; SP; QL (1 tablet per 1 day)
Mavyret ORAL TABLET (<i>glecaprevir-pibrentasvir</i>)	Tier 1	PA; SP; QL (3 tablets per 1 day)
<i>sofosbuvir-velpatasvir oral tablet</i>	Tier 1	PA; SP; QL (1 tablet per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIEKIRA PAK ORAL TABLET THERAPY PACK (<i>ombitas-paritapre-ritona-dasab</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
VOSEVI ORAL TABLET (<i>sofosbuv-velpatasv-voxilaprev</i>)	Tier 2	PA; SP
ZEPATIER ORAL TABLET (<i>elbasvir-grazoprevir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	Tier 1	SP; QL (2 injections per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 1	SP; QL (4 injections per 28 days)
PEGINTRON SUBCUTANEOUS KIT (<i>peginterferon alfa-2b</i>)	Tier 1	SP
<i>ribavirin oral capsule</i>	Tier 1	SP
<i>ribavirin oral tablet</i>	Tier 1	SP; QL (6 tablets per 1 day)
SOVALDI ORAL PACKET 150 MG (<i>sofosbuvir</i>)	Tier 2	PA; QL (1 packet per 1 day)
SOVALDI ORAL PACKET 200 MG (<i>sofosbuvir</i>)	Tier 2	PA; QL (2 packets per 1 day)
SOVALDI ORAL TABLET (<i>sofosbuvir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>acyclovir sodium intravenous solution</i>	Tier 2	MB
SITAVIG BUCCAL TABLET (<i>acyclovir</i>)	Tier 2	PA; QL (1 tablet per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	Tier 1	QL (30 tablets per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Tier 1	QL (60 tablets per 1 fill)
VALTREX ORAL TABLET 1 GM (<i>valacyclovir hcl</i>)	Tier 2	QL (30 tablets per 30 days)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALTREX ORAL TABLET 500 MG (<i>valacyclovir hcl</i>)	Tier 2	QL (60 tablets per 1 fill)
ZOVIRAX ORAL SUSPENSION (<i>acyclovir</i>)	Tier 2	
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	Tier 1	QL (60 tablets per 30 days)
<i>famciclovir oral tablet 500 mg</i>	Tier 1	QL (21 tablets per 30 days)
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet</i>	Tier 1	
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 1	QL (20 capsules per 30 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 1	QL (10 capsules per 30 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 1	QL (180 ML per 90 days)
RAPIVAB INTRAVENOUS SOLUTION (<i>peramivir</i>)	Tier 2	MB
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	Tier 1	QL (1 fill per 90 days)
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	Tier 2	QL (20 capsules per 90 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	Tier 2	QL (10 capsules per 90 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED (<i>oseltamivir phosphate</i>)	Tier 2	QL (180 mL per 90 days)
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	Tier 1	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	Tier 1	QL (1 dose pack per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*RSV AGENTS - NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin inhalation solution reconstituted</i>	Tier 2	PA; MB
VIRAZOLE INHALATION SOLUTION RECONSTITUTED (<i>ribavirin</i>)	Tier 2	PA; MB
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>	Tier 1	QL (2 tablets per 1 day)
<i>carvedilol oral tablet 25 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier 2	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>carvedilol phosphate</i>)	Tier 2	
COREG ORAL TABLET 12.5 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	Tier 2	QL (2 tablets per 1 day)
COREG ORAL TABLET 25 MG (<i>carvedilol</i>)	Tier 2	QL (4 tablets per 1 day)
<i>labetalol hcl intravenous solution</i>	Tier 2	MB
<i>labetalol hcl intravenous solution prefilled syringe</i>	Tier 2	MB
<i>labetalol hcl oral tablet</i>	Tier 1	
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule</i>	Tier 1	
<i>acebutolol hcl powder</i>	Tier 2	
<i>atenolol oral tablet</i>	Tier 1	
<i>atenolol powder</i>	Tier 2	
<i>betaxolol hcl oral tablet</i>	Tier 1	
<i>bisoprolol fumarate oral tablet</i>	Tier 1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	Tier 2	MB
BREVIBLOC INTRAVENOUS SOLUTION (<i>esmolol hcl</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	Tier 2	MB
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	Tier 2	MB
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
BYSTOLIC ORAL TABLET 20 MG (<i>nebivolol hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>esmolol hcl intravenous solution</i>	Tier 2	MB
<i>esmolol hcl-sodium chloride intravenous solution</i>	Tier 2	MB
FIRST - METOPROLOL ORAL SOLUTION (<i>metoprolol tartrate</i>)	Tier 2	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 200 MG (<i>metoprolol succinate</i>)	Tier 2	PA; QL (2 capsules per 1 day)
LOPRESSOR ORAL TABLET 100 MG (<i>metoprolol tartrate</i>)	Tier 2	PA; QL (4 tablets per 1 day)
LOPRESSOR ORAL TABLET 50 MG (<i>metoprolol tartrate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier 1	
<i>metoprolol tartrate intravenous solution</i>	Tier 2	MB
<i>metoprolol tartrate oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol tartrate powder</i>	Tier 2	
TENORMIN ORAL TABLET (<i>atenolol</i>)	Tier 2	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>metoprolol succinate</i>)	Tier 2	PA
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
BETAPACE AF ORAL TABLET (<i>sotalol hcl af</i>)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETAPACE ORAL TABLET (<i>sotalol hcl</i>)	Tier 2	PA
CORGARD ORAL TABLET (<i>nadolol</i>)	Tier 2	PA
HEMANGEOL ORAL SOLUTION (<i>propranolol hcl</i>)	Tier 2	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>propranolol hcl</i>)	Tier 2	PA
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>propranolol hcl sr beads</i>)	Tier 2	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>propranolol hcl sr beads</i>)	Tier 2	PA
<i>nadolol oral tablet</i>	Tier 1	
<i>nadolol powder</i>	Tier 2	
<i>pindolol oral tablet</i>	Tier 1	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier 1	
<i>propranolol hcl intravenous solution</i>	Tier 2	MB
<i>propranolol hcl oral solution</i>	Tier 1	
<i>propranolol hcl oral tablet</i>	Tier 1	
<i>propranolol hcl powder</i>	Tier 2	
<i>sotalol hcl</i> (Sorine Oral Tablet)	Tier 1	
<i>sotalol hcl (af) oral tablet</i>	Tier 1	
<i>sotalol hcl intravenous solution</i>	Tier 2	MB
<i>sotalol hcl oral tablet</i>	Tier 1	
SOTYLIZE ORAL SOLUTION (<i>sotalol hcl</i>)	Tier 2	
<i>timolol maleate oral tablet</i>	Tier 1	
<i>timolol maleate powder</i>	Tier 2	
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER-NSAID COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
CONSENSI ORAL TABLET (<i>amlodipine besylate-celecoxib</i>)	Tier 2	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 1	DO; QL (1 tablet per 1 day)
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 5 mg</i>	Tier 1	DO; QL (1.5 tablets per 1 day)
CALAN SR ORAL TABLET EXTENDED RELEASE (<i>verapamil hcl</i>)	Tier 2	QL (2 tablets per 1 day)
CARDENE IV INTRAVENOUS SOLUTION (<i>nicardipine hcl in nacl</i>)	Tier 2	MB
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG (<i>diltiazem hcl coated beads</i>)	Tier 2	DO; QL (1 capsule per 1 day)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	Tier 2	QL (1 capsule per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG (<i>diltiazem hcl coated beads</i>)	Tier 2	DO; QL (1 tablet per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (<i>diltiazem hcl coated beads</i>)	Tier 2	QL (1 tablet per 1 day)
CARDIZEM ORAL TABLET 120 MG (<i>diltiazem hcl</i>)	Tier 2	QL (3 tablets per 1 day)
CARDIZEM ORAL TABLET 30 MG, 60 MG (<i>diltiazem hcl</i>)	Tier 2	DO; QL (4 tablets per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg)	Tier 1	DO; QL (1 capsule per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 300 Mg)	Tier 1	QL (1 capsule per 1 day)
CLEVIPREX INTRAVENOUS EMULSION (<i>clevidipine</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONJUPRI ORAL TABLET 2.5 MG (<i>levamlodipine maleate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
CONJUPRI ORAL TABLET 5 MG (<i>levamlodipine maleate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier 2	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl intravenous solution</i>	Tier 2	MB
<i>diltiazem hcl intravenous solution reconstituted</i>	Tier 2	MB
<i>diltiazem hcl oral tablet 120 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>diltiazem hcl-dextrose intravenous solution</i>	Tier 2	MB
<i>diltiazem hcl-sodium chloride intravenous solution</i>	Tier 2	MB
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>isradipine oral capsule 2.5 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>isradipine oral capsule 5 mg</i>	Tier 1	QL (4 capsules per 1 day)
KATERZIA ORAL SUSPENSION (<i>amlodipine benzoate</i>)	Tier 2	PA; QL (2 bottles per 30 days)
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg)	Tier 2	DO; QL (1 tablet per 1 day)
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	Tier 2	QL (1 tablet per 1 day)
<i>nicardipine hcl in nacl intravenous solution</i>	Tier 2	MB
<i>nicardipine hcl in nacl intravenous solution prefilled syringe</i>	Tier 2	MB
<i>nicardipine hcl intravenous solution</i>	Tier 2	MB
<i>nicardipine hcl oral capsule 20 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>nimodipine oral capsule</i>	Tier 2	QL (12 capsules per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 8.5 mg</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
NORVASC ORAL TABLET 10 MG (<i>amlodipine besylate</i>)	Tier 2	QL (1 tablet per 1 day)
NORVASC ORAL TABLET 2.5 MG (<i>amlodipine besylate</i>)	Tier 2	DO; QL (1 tablet per 1 day)
NORVASC ORAL TABLET 5 MG (<i>amlodipine besylate</i>)	Tier 2	DO; QL (1.5 tablets per 1 day)

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NYMALIZE ORAL SOLUTION (<i>nimodipine</i>)	Tier 2	
PROCARDIA ORAL CAPSULE (<i>nifedipine</i>)	Tier 2	QL (4 tablets per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>nifedipine</i>)	Tier 2	DO; QL (1 tablet per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG (<i>nifedipine</i>)	Tier 2	QL (1 tablet per 1 day)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>nisoldipine</i>)	Tier 2	DO; QL (1 tablet per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg)	Tier 1	DO; QL (1 capsule per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg)	Tier 1	DO; QL (1 capsule per 1 day)
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	Tier 1	QL (1 capsule per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG (<i>diltiazem hcl er beads</i>)	Tier 2	DO; QL (1 capsule per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	Tier 2	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>verapamil hcl er oral tablet extended release</i>	Tier 1	QL (2 tablets per 1 day)
<i>verapamil hcl intravenous solution</i>	Tier 2	MB
<i>verapamil hcl oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>verapamil hcl powder</i>	Tier 2	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG (<i>verapamil hcl</i>)	Tier 2	DO; QL (1 capsule per 1 day)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (<i>verapamil hcl</i>)	Tier 2	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG (<i>verapamil hcl</i>)	Tier 2	QL (1 capsule per 1 day)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>verapamil hcl</i>)	Tier 2	DO; QL (1 capsule per 1 day)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>verapamil hcl</i>)	Tier 2	QL (1 capsule per 1 day)
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin</i> (Digitek Oral Tablet)	Tier 1	
<i>digoxin</i> (Digox Oral Tablet)	Tier 1	
<i>digoxin injection solution</i>	Tier 2	MB
<i>digoxin oral solution</i>	Tier 1	
<i>digoxin oral tablet</i>	Tier 1	
LANOXIN INJECTION SOLUTION (<i>digoxin</i>)	Tier 2	MB
LANOXIN ORAL TABLET (<i>digoxin</i>)	Tier 2	
LANOXIN PEDIATRIC INJECTION SOLUTION (<i>digoxin</i>)	Tier 2	MB
*PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR THE HEART		
<i>milrinone lactate in dextrose intravenous solution</i>	Tier 2	MB
<i>milrinone lactate intravenous solution</i>	Tier 2	MB
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>	Tier 2	
<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>	Tier 2	DO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG <i>(amlodipine-atorvastatin)</i>	Tier 2	DO
*CARDIOPLEGIC SOLUTIONS*** - DRUGS FOR THE HEART		
PLEGISOL PERFUSION SOLUTION (<i>cardioplegic soln</i>)	Tier 2	
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
ENTRESTO ORAL TABLET 24-26 MG (<i>sacubitril-valsartan</i>)	Tier 2	PA; QL (6 tablets per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG <i>(sacubitril-valsartan)</i>	Tier 2	PA; QL (2 tablets per 1 day)
*NITRATE & VASODILATOR COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
BIDIL ORAL TABLET (<i>isosorb dinitrate-hydralazine</i>)	Tier 2	
*PERIPHERAL VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eqi niacin flush free oral capsule</i>	Tier 1	OTC
<i>niacin flush free oral capsule</i>	Tier 1	OTC
<i>nylidrin hcl powder</i>	Tier 2	
<i>papaverine hcl powder</i>	Tier 2	
<i>qc niacin oral capsule</i>	Tier 1	OTC
*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>epoprostenol sodium intravenous solution reconstituted</i>	Tier 2	MB
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED <i>(epoprostenol sodium)</i>	Tier 2	MB
ORENITRAM ORAL TABLET EXTENDED RELEASE <i>(treprostинil diolamine)</i>	Tier 2	PA; SP
REMODULIN INJECTION SOLUTION (<i>treprostинil</i>)	Tier 2	MB
<i>treprostинil injection solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO INHALATION SOLUTION (<i>treprostинil</i>)	Tier 2	PA; SP; QL (1 ampule per 1 day)
TYVASO REFILL INHALATION SOLUTION (<i>treprostинil</i>)	Tier 2	PA; SP; QL (1 kit per 28 days)
TYVASO STARTER INHALATION SOLUTION (<i>treprostинil</i>)	Tier 2	PA; SP; QL (1 kit per 1 time fill)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	Tier 2	MB
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	Tier 2	PA; SP; QL (9 ampules per 1 day)
*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADEMPAS ORAL TABLET (<i>riociguat</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	Tier 1	PA; SP; QL (1 tablet per 1 day)
<i>bosentan oral tablet</i>	Tier 2	PA; SP; QL (2 tablets per 1 day)
LETAIRIS ORAL TABLET (<i>ambrisentan</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
OPSUMIT ORAL TABLET (<i>macitentan</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET (<i>bosentan</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
TRACLEER ORAL TABLET SOLUBLE (<i>bosentan</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADCIRCA ORAL TABLET (<i>tadalafil (pah)</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tadalafil (pah)</i> (Alyq Oral Tablet)	Tier 1	PA; SP; QL (2 tablets per 1 day)
REVATIO INTRAVENOUS SOLUTION (<i>sildenafil citrate</i>)	Tier 2	PA; MB; QL (3 vials per 1 day)
REVATIO ORAL SUSPENSION RECONSTITUTED (<i>sildenafil citrate</i>)	Tier 2	PA; SP; QL (6 mL per 1 day)
REVATIO ORAL TABLET (<i>sildenafil citrate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
<i>sildenafil citrate intravenous solution</i>	Tier 2	PA; MB; QL (3 vials per 1 day)
<i>sildenafil citrate oral suspension reconstituted</i>	Tier 2	PA; SP; QL (6 mL per 1 day)
<i>sildenafil citrate oral tablet</i>	Tier 1	PA; SP; QL (3 tablets per 1 day)
<i>tadalafil (pah) oral tablet</i>	Tier 1	PA; SP; QL (2 tablets per 1 day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR HIGH BLOOD PRESSURE		
UPTRAVI ORAL TABLET (<i>selexipag</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLET THERAPY PACK (<i>selexipag</i>)	Tier 2	PA; SP; QL (200 tablets per 720 days)
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
CIALIS ORAL TABLET 2.5 MG (<i>tadalafil</i>)	Tier 2	PA
CIALIS ORAL TABLET 5 MG (<i>tadalafil</i>)	Tier 2	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 2	PA
<i>vardenafil hcl oral tablet</i>	Tier 2	
<i>vardenafil hcl oral tablet dispersible</i>	Tier 2	
VIAGRA ORAL TABLET (<i>sildenafil citrate</i>)	Tier 2	

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*SEPTAL AGENTS - ABLATION** - DRUGS FOR THE HEART		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	Tier 2	MB
*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	Tier 2	PA; QL (4 ampules per 1 day)
CORLANOR ORAL TABLET (<i>ivabradine hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*TRANSTHYRETIN STABILIZERS*** - DRUGS FOR THE HEART		
VYNDAMAX ORAL CAPSULE (<i>tafamidis</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
VYNDAQEL ORAL CAPSULE (<i>tafamidis meglumine (cardiac)</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORIN COMBINATIONS*** - ANTIBIOTICS		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftazidime-avibactam</i>)	Tier 2	MB
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftolozane-tazobactam</i>)	Tier 2	MB
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted</i>	Tier 1	
<i>cefadroxil oral tablet</i>	Tier 1	
<i>cefazolin in sodium chloride intravenous solution</i>	Tier 2	MB
<i>cefazolin sodium injection solution reconstituted</i>	Tier 2	MB
<i>cefazolin sodium intravenous solution prefilled syringe</i>	Tier 2	MB
<i>cefazolin sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>cefazolin sodium-dextrose intravenous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cefazolin sodium-dextrose intravenous solution reconstituted	Tier 2	MB
cephalexin oral capsule	Tier 1	
cephalexin oral suspension reconstituted	Tier 1	
cephalexin oral tablet	Tier 1	
KEFLEX ORAL CAPSULE (cephalexin)	Tier 2	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
cefaclor er oral tablet extended release 12 hour	Tier 1	
cefaclor oral capsule	Tier 1	
cefaclor oral suspension reconstituted	Tier 1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED (cefotetan disodium)	Tier 2	MB
cefotetan disodium injection solution reconstituted	Tier 2	MB
cefotetan disodium-dextrose intravenous solution reconstituted	Tier 2	MB
cefoxitin sodium injection solution reconstituted	Tier 2	MB
cefoxitin sodium intravenous solution reconstituted	Tier 2	MB
cefoxitin sodium-dextrose intravenous solution reconstituted	Tier 2	MB
cefprozil oral suspension reconstituted	Tier 1	
cefprozil oral tablet	Tier 1	
cefuroxime axetil oral tablet	Tier 1	
cefuroxime sodium injection solution reconstituted	Tier 2	MB
cefuroxime sodium intravenous solution reconstituted	Tier 2	MB
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
cefdinir oral capsule	Tier 1	QL (20 capsules per 30 days)
cefdinir oral suspension reconstituted 125 mg/5ml	Tier 1	QL (240 mL per 30 days)
cefdinir oral suspension reconstituted 250 mg/5ml	Tier 1	QL (120 mL per 1 fill)
cefixime oral capsule	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefixime oral suspension reconstituted 100 mg/5ml</i>	Tier 2	QL (200 mL per 30 days)
<i>cefixime oral suspension reconstituted 200 mg/5ml</i>	Tier 2	QL (100 mL per 30 days)
<i>cefotaxime sodium injection solution reconstituted</i>	Tier 2	MB
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier 1	
<i>cefpodoxime proxetil oral tablet</i>	Tier 1	
<i>ceftazidime and dextrose intravenous solution reconstituted</i>	Tier 2	MB
<i>ceftazidime injection solution reconstituted</i>	Tier 2	MB
<i>ceftriaxone sodium in dextrose intravenous solution</i>	Tier 2	MB
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Tier 1	MB; QL (1 injection per 1 fill)
<i>ceftriaxone sodium injection solution reconstituted 100 gm</i>	Tier 2	MB
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	Tier 2	MB
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	Tier 1	MB
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted</i>	Tier 2	MB
FORTAZ INJECTION SOLUTION RECONSTITUTED (<i>ceftazidime</i>)	Tier 2	MB
FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftazidime</i>)	Tier 2	MB
SUPRAX ORAL CAPSULE (<i>cefixime</i>)	Tier 2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>cefixime</i>)	Tier 2	QL (200 mL per 30 days)
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>cefixime</i>)	Tier 2	QL (100 mL per 30 days)
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (<i>cefixime</i>)	Tier 2	QL (40 mL per 1 fill)
SUPRAX ORAL TABLET CHEWABLE 100 MG (<i>cefixime</i>)	Tier 2	QL (40 tablets per 30 days)
SUPRAX ORAL TABLET CHEWABLE 200 MG (<i>cefixime</i>)	Tier 2	QL (20 tablets per 30 days)
<i>ceftazidime</i> (Tazicef Injection Solution Reconstituted)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAZICEF INTRAVENOUS SOLUTION (<i>ceftazidime sodium in dextrose</i>)	Tier 2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftazidime</i>)	Tier 2	MB
*CEPHALOSPORINS - 4TH GENERATION*** - ANTIBIOTICS		
<i>cefepime hcl injection solution reconstituted</i>	Tier 2	MB
<i>cefepime hcl intravenous solution</i>	Tier 2	MB
<i>cefepime hcl intravenous solution reconstituted</i>	Tier 2	MB
<i>cefepime-dextrose intravenous solution reconstituted</i>	Tier 2	MB
*CEPHALOSPORINS - 5TH GENERATION*** - ANTIBIOTICS		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftaroline fosamil</i>)	Tier 2	MB
*CEPHALOSPORINS - SIDEROPHORES*** - ANTIBIOTICS		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED (<i>cefiderocol sulfate tosylate</i>)	Tier 2	MB
CHEMICALS		
*ACIDS***		
<i>acetic acid solution</i>	Tier 2	
<i>fumaric acid powder</i>	Tier 2	
<i>glycolic acid granules</i>	Tier 2	
<i>hydrochloric acid liquid</i>	Tier 2	
<i>lactic acid solution</i>	Tier 2	
<i>nitric acid liquid</i>	Tier 2	
<i>oxalic acid dihydrate powder</i>	Tier 2	
<i>phosphoric acid solution</i>	Tier 2	
<i>sulfuric acid solution</i>	Tier 2	
*ADDITIONAL SOLIDS***		
<i>5-hydroxy-l-tryptophan powder</i>	Tier 2	
<i>alprostadil powder</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aluminum hydroxide dried gel powder</i>	Tier 2	
<i>capsicum oleoresin liquid</i>	Tier 2	
<i>carbidopa anhydrous powder</i>	Tier 2	
<i>carbidopa powder</i>	Tier 2	
<i>dimenhydrinate powder</i>	Tier 2	
<i>dimercaptopropane-sulfonate na powder</i>	Tier 2	
<i>edetate acid powder</i>	Tier 2	
<i>edetate disodium powder</i>	Tier 2	
<i>edetate sodium powder</i>	Tier 2	
<i>edetic acid powder</i>	Tier 2	
<i>epinephrine base powder</i>	Tier 2	
<i>epinephrine powder</i>	Tier 2	
<i>fluorescein powder</i>	Tier 2	
<i>fluorescein sodium powder</i>	Tier 2	
<i>homatropine methylbromide powder</i>	Tier 2	
<i>hydroxytryptophan I-5 powder</i>	Tier 2	
<i>hydroxytryptophan powder</i>	Tier 2	
<i>ketoconazole powder</i>	Tier 2	
<i>menadione sodium bisulfite crystals</i>	Tier 2	
<i>methylene blue powder</i>	Tier 2	
<i>minoxidil powder</i>	Tier 2	
<i>oxybenzone powder</i>	Tier 2	
<i>prostaglandin e1 powder</i>	Tier 2	
<i>pyruvic acid powder</i>	Tier 2	
<i>tinidazole powder</i>	Tier 2	
<i>ubidecarenone powder</i>	Tier 2	
*BASES***		
<i>potassium hydroxide solution</i>	Tier 2	
*BUFFERS***		
<i>sodium carbonate anhydrous powder</i>	Tier 2	

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<i>sodium carbonate monohydrate powder</i>	Tier 2	
<i>tartaric acid powder</i>	Tier 2	
*BULK CHEMICALS - CE'S***		
<i>celecoxib powder</i>	Tier 2	PA
*BULK CHEMICALS - CI***		
<i>ciclopirox powder</i>	Tier 2	
*BULK CHEMICALS - HY'S***		
<i>hydroxychloroquine sulfate powder</i>	Tier 2	
<i>hydroxyprogesterone caproate powder</i>	Tier 2	
*BULK CHEMICALS - ME'S***		
<i>medroxyprogesterone ace micro powder</i>	Tier 2	
<i>medroxyprogesterone acetate powder</i>	Tier 2	
<i>medroxyprogesterone micronized powder</i>	Tier 2	
<i>methylphenidate hcl powder</i>	Tier 2	PA
*BULK CHEMICALS - NI'S***		
<i>nifedipine micronized powder</i>	Tier 2	
<i>nifedipine powder</i>	Tier 2	
*BULK CHEMICALS - PR'S***		
<i>progesterone cream</i>	Tier 2	
<i>progesterone micronized powder</i>	Tier 2	PA
<i>progesterone milled powder</i>	Tier 2	PA
<i>progesterone powder</i>	Tier 2	PA
<i>progesterone ultra micronized powder</i>	Tier 2	PA
<i>progesterone wettable powder</i>	Tier 2	PA
*ESSENTIAL OILS***		
<i>ACTIPHYTE OF LEMONGRASS LIQUID (lemongrass)</i>	Tier 2	
<i>bay oil oil</i>	Tier 2	
<i>cedar leaf oil oil</i>	Tier 2	
<i>juniper tar oil</i>	Tier 2	
<i>niaouli oil</i>	Tier 2	

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<i>pine oil oil</i>	Tier 2	
<i>sassafras oil oil</i>	Tier 2	
*FIXED OILS***		
<i>base g almond oil (sweet) oil</i>	Tier 2	
<i>glycine soya protein solution</i>	Tier 2	
<i>linseed oil oil</i>	Tier 2	
<i>macadamia nut oil oil</i>	Tier 2	
*LIQUIDS***		
<i>ammonium lactate solution</i>	Tier 2	
<i>chlorhexidine gluconate solution</i>	Tier 2	
<i>CRYOSERV SOLUTION (dimethyl sulfoxide)</i>	Tier 2	
<i>dimethyl sulfoxide solution</i>	Tier 2	
<i>glycerin solution</i>	Tier 1	
<i>glycerine liquid</i>	Tier 2	
<i>glycerol formal liquid</i>	Tier 2	
<i>guaiacol solution</i>	Tier 2	
<i>pine tar liquid</i>	Tier 2	
<i>polysorbate 40 solution</i>	Tier 2	
<i>polysorbate 60 liquid</i>	Tier 2	
*SEMI-SOLIDS***		
<i>coal tar extract solution</i>	Tier 2	
<i>coal tar solution</i>	Tier 2	
<i>coal tar tar</i>	Tier 2	
<i>peruvian balsam</i>	Tier 2	
<i>peruvian balsam powder</i>	Tier 2	
*SOLID COMBINATIONS***		
<i>docusate sodium-sod benzoate powder</i>	Tier 2	
<i>sodium bicarbonate-nacl powder</i>	Tier 2	
*SOLIDS***		
<i>aluminum potassium sulfate powder</i>	Tier 2	

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ammonium bromide granules	Tier 2	
ammonium bromide powder	Tier 2	
ammonium phosphate dibasic granules	Tier 2	
ammonium sulfate granules	Tier 2	
bht granules	Tier 2	
boric acid crystals	Tier 2	
butylated hydroxytoluene granules	Tier 2	
butylated hydroxytoluene powder	Tier 2	
calcium sulfate hemihydrate powder	Tier 2	
citric acid monohydrate powder	Tier 2	
citric acid powder	Tier 2	
dehydroepiandrosterone micro powder	Tier 2	
dhea micronized powder	Tier 2	
dhea powder	Tier 2	
dinitrochlorobenzene crystals	Tier 2	
germanium sesquioxide powder	Tier 2	
ginger root powder	Tier 2	
lead acetate trihydrate powder	Tier 2	
licorice root powder	Tier 2	
methenamine mandelate powder	Tier 2	
methenamine powder	Tier 2	
phenylmercuric acetate powder	Tier 2	
phenylmercuric nitrate powder	Tier 2	
pilocarpine hcl powder	Tier 2	
pilocarpine nitrate crystals	Tier 2	
pilocarpine nitrate powder	Tier 2	
potash sulfurated lump	Tier 2	
potassium bromide granules	Tier 2	
potassium bromide powder	Tier 2	
potassium carbonate granules	Tier 2	
potassium nitrate crystals	Tier 2	

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<i>potassium nitrate powder</i>	Tier 2	
<i>potassium perchlorate crystals</i>	Tier 2	
<i>prasterone micronized powder</i>	Tier 2	
<i>pregnenolone micronized powder</i>	Tier 2	
<i>pregnenolone powder</i>	Tier 2	
<i>pumice (flour) powder</i>	Tier 2	
<i>pyrogallol crystals</i>	Tier 2	
<i>quinidine sulfate dihydrate crystals</i>	Tier 2	
<i>rosin</i>	Tier 2	
SILICON DIOXIDE (SYLOID 244FP) POWDER (<i>silica</i>)	Tier 2	
<i>silicon dioxide powder</i>	Tier 2	
<i>sodium cacodylate powder</i>	Tier 2	
<i>sodium sulfate powder</i>	Tier 2	
<i>sorbitol powder</i>	Tier 2	
<i>stannous fluoride powder</i>	Tier 2	
<i>starch rice powder</i>	Tier 2	
<i>strontium nitrate crystals</i>	Tier 2	
<i>sucrose powder</i>	Tier 2	
<i>sulfanilamide powder</i>	Tier 2	
<i>thymol iodide powder</i>	Tier 2	
*SOLVENTS***		
<i>alcohol (rubbing) solution</i>	Tier 1	OTC
<i>alcohol, usp solution</i>	Tier 2	
<i>cvs ethyl alcohol solution</i>	Tier 1	OTC
<i>eql ethyl alcohol (rubbing) solution</i>	Tier 1	OTC
<i>ether solution</i>	Tier 2	
<i>ethyl alcohol (rubbing) solution</i>	Tier 1	OTC
<i>gnp ethyl rubbing alcohol solution</i>	Tier 1	OTC
<i>gnp rubbing alcohol solution</i>	Tier 1	OTC
<i>goodsense isopropyl alcohol solution</i>	Tier 1	OTC
<i>hm ethyl rubbing alcohol solution</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isopropyl alcohol solution</i>	Tier 2	
<i>isopropyl alcohol, rubbing solution</i>	Tier 1	OTC
<i>methanol solution</i>	Tier 2	
<i>ra ethyl alcohol solution</i>	Tier 1	OTC
<i>ra ethyl rubbing alcohol solution</i>	Tier 1	OTC
<i>rubbing alcohol solution</i>	Tier 1	OTC
<i>sm alcohol solution</i>	Tier 1	OTC
<i>sm ethyl alcohol (rubbing) solution</i>	Tier 1	OTC
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphas</i>)	Tier 2	AL; QL (1 tablet per 1 day)
MIRCETTE ORAL TABLET (<i>desogestrel-ethinyl estradiol</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>viorele oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>alyacen 1/35 oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
BALCOLTRA ORAL TABLET (<i>levonorgest-eth estrad-fe bisg</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
BEYAZ ORAL TABLET (<i>drospiren-eth estrad-levomefol</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>briellyn oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>drospiren-eth estrad-levomefol oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)

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<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
FALESSA ORAL KIT (<i>levonorgestrel-eth estrad & fa</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule)	Tier 1	AL; QL (1 capsule per 1 day)
GENERESS FE ORAL TABLET CHEWABLE (<i>norethin-eth estradiol-fe</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)

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norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
levonorgestrel-ethinyl estrad (Larissa Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin-eth estradiol-fe (Layolis Fe Oral Tablet Chewable)	Tier 1	AL; QL (1 tablet per 1 day)
levonorgestrel-ethinyl estrad (Lessina Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
levonorgestrel-ethinyl estrad oral tablet	Tier 1	AL; QL (1 tablet per 1 day)
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
levonorgestrel-ethinyl estrad (Lillow Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
drospirenone-ethinyl estradiol (Loryna Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
levonorgestrel-ethinyl estrad (Lutera Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
marlissa oral tablet	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe (Melodetta 24 Fe Oral Tablet Chewable)	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable)	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe (Microgestin 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)

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norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norgestimate-eth estradiol (Mili Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
MINASTRIN 24 FE ORAL TABLET CHEWABLE (norethin ace-eth estrad-fe)	Tier 2	AL; QL (1 tablet per 1 day)
norgestimate-eth estradiol (Mono-Linyah Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
drospirenone-ethynodiol estradiol (Nikki Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe oral capsule	Tier 1	AL; QL (1 capsule per 1 day)
norethin ace-eth estrad-fe oral tablet	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe oral tablet chewable	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone acet-ethynodiol est oral tablet	Tier 1	AL; QL (1 tablet per 1 day)
norethin-eth estradiol-fe oral tablet chewable	Tier 1	AL; QL (1 tablet per 1 day)
norgestimate-eth estradiol oral tablet	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norgestimate-eth estradiol (Nympo Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
drospirenone-ethynodiol estradiol (Ocella Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
levonorgestrel-ethynodiol estrad (Orsythia Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone-eth estradiol (Philith Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone-eth estradiol (Pirmella 1/35 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
levonorgestrel-ethynodiol estrad (Portia-28 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norgestimate-eth estradiol (Previfem Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
desogestrel-ethynodiol estradiol (Reclipsen Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
SAFYRAL ORAL TABLET (drospirenone-ethynodiol-levomefol)	Tier 2	AL; QL (1 tablet per 1 day)

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norgestimate-eth estradiol (Sprintec 28 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
drospirenone-ethinyl estradiol (Syeda Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin ace-eth estrad-fe (Tarina Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
TAYTULLA ORAL CAPSULE (norethin ace-eth estrad-fe)	Tier 2	AL; QL (1 capsule per 1 day)
TYBLUME ORAL TABLET (levonorgestrel-ethinyl estrad)	Tier 2	AL; QL (1 tablet per 1 day)
drospiren-eth estrad-levomefol (Tydemy Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
levonorgestrel-ethinyl estrad (Vienna Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone-eth estradiol (Vyfemla Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norgestimate-eth estradiol (Vylibra Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethindrone-eth estradiol (Wera Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable)	Tier 1	AL; QL (1 tablet per 1 day)
YASMIN 28 ORAL TABLET (drospirenone-ethinyl estradiol)	Tier 2	AL; QL (1 tablet per 1 day)
YAZ ORAL TABLET (drospirenone-ethinyl estradiol)	Tier 2	AL; QL (1 tablet per 1 day)
drospirenone-ethinyl estradiol (Zarah Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
ethynodiol diac-eth estradiol (Zovia 1/35E (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
TWIRLA TRANSDERMAL PATCH WEEKLY (levonorgestrel-eth estradiol)	Tier 2	AL; QL (3 patches per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY (norelgestromin-eth estradiol)	Tier 1	AL; QL (3 patches per 30 days)

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*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
ANNOVERA VAGINAL RING (<i>segesterone-ethinyl estradiol</i>)	Tier 2	QL (1 ring per 1 year)
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring)	Tier 1	AL; QL (1 ring per 30 days)
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 1	AL; QL (1 ring per 30 days)
NUVARING VAGINAL RING (<i>etonogestrel-ethinyl estradiol</i>)	Tier 2	AL; QL (1 ring per 30 days)
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
*COPPER CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	Tier 2	MB
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
AFTERA ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
ECONTRA EZ ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
ECONTRA ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
ELLA ORAL TABLET (<i>ulipristal acetate</i>)	Tier 1	QL (1 tablet per 30 days)
<i>levonorgestrel oral tablet</i>	Tier 1	OTC; QL (1 tablet per 30 days)
MY CHOICE ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
MY WAY ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
NEW DAY ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPCICON ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
OPTION 2 ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
PREVENTEZA ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
REACT ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
TAKE ACTION ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***		
- BIRTH CONTROL PILLS		
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet)	Tier 1	AL; QL (1 tablet per 30 days)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth est & eth est oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
LOSEASONIQUE ORAL TABLET (<i>levonorgest-eth estrad 91-day</i>)	Tier 2	AL; QL (1 tablet per 1 day)
QUARTETTE ORAL TABLET (<i>levonorgest-eth estrad 91-day</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEASONIQUE ORAL TABLET (<i>levonorgestrel estradiol 91-day</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>levonorgestrel estradiol 91-day</i> (Setlakin Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel estradiol 91-day</i> (Simpesse Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
NATAZIA ORAL TABLET (<i>estradiol valerate-dienogest</i>)	Tier 2	AL; QL (1 tablet per 1 day)
*PROGESTIN CONTRACEPTIVES - IMPLANTS*** - BIRTH CONTROL PILLS		
NEXPLANON SUBCUTANEOUS IMPLANT (<i>etonogestrel</i>)	Tier 2	MB
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (<i>medroxyprogesterone acetate</i>)	Tier 2	AL; QL (1 injection per 12 weekss)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	Tier 2	AL; QL (1 injection per 1 fill)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	Tier 1	AL; QL (1 injection per 12 weekss)
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 1	AL; QL (1 injection per 1 fill)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier 1	AL; QL (1 injection per 1 fill)
*PROGESTIN CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	Tier 2	MB
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	Tier 2	MB
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	Tier 2	MB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	Tier 2	MB

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*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>norethindrone</i> (Camila Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Deblitane Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Errin Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Heather Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Incassia Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Jencycla Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Lyza Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Nora-Be Oral Tablet)	Tier 1	AL
<i>norethindrone oral tablet</i>	Tier 1	AL
<i>norethindrone</i> (Norlyda Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Norlyroc Oral Tablet)	Tier 1	AL
ORTHO MICRONOR ORAL TABLET (<i>norethindrone</i>)	Tier 2	AL
<i>norethindrone</i> (Sharobel Oral Tablet)	Tier 1	AL
SLYND ORAL TABLET (<i>drospirenone</i>)	Tier 2	QL (1 tablet per 1 day)
<i>norethindrone</i> (Tulana Oral Tablet)	Tier 1	AL
*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethynodiol estradiol</i> (Caziant Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
ESTROSTEP FE ORAL TABLET (<i>norethindron-ethynodiol estrad-fe</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorg-eth estrad triphasic oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)

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<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
ORTHO TRI-CYCLEN LO ORAL TABLET (<i>norgestim-eth estrad triphasic</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Velvet Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE (<i>hydrocortisone</i>)	Tier 2	
<i>betamethasone sodium phosphate powder</i>	Tier 2	
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles</i>	Tier 1	QL (3 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTEF ORAL TABLET (<i>hydrocortisone</i>)	Tier 2	
<i>cortisone acetate powder</i>	Tier 2	
<i>dexamethasone</i> (Decadron Oral Tablet)	Tier 1	
DEPO-MEDROL INJECTION SUSPENSION (<i>methylprednisolone acetate</i>)	Tier 2	MB
<i>dexabliss oral tablet therapy pack</i>	Tier 2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (<i>dexamethasone</i>)	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>dexamethasone oral tablet therapy pack</i>	Tier 1	
<i>dexamethasone sod phosphate pf injection solution</i>	Tier 1	MB
<i>dexamethasone sod phosphate pf injection solution prefilled syringe</i>	Tier 2	MB
<i>dexamethasone sodium phosphate injection solution</i>	Tier 1	MB
DXEVO 11-DAY ORAL TABLET THERAPY PACK (<i>dexamethasone</i>)	Tier 2	
EMFLAZA ORAL SUSPENSION (<i>deflazacort</i>)	Tier 2	PA; SP
EMFLAZA ORAL TABLET (<i>deflazacort</i>)	Tier 2	PA; SP
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>budesonide</i>)	Tier 2	QL (3 capsules per 1 day)
HEMADY ORAL TABLET (<i>dexamethasone</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>hydrocortisone oral tablet</i>	Tier 1	
KENALOG INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	Tier 2	MB
KENALOG-80 INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	Tier 2	
MEDROL ORAL TABLET (<i>methylprednisolone</i>)	Tier 2	
MEDROL ORAL TABLET THERAPY PACK (<i>methylprednisolone</i>)	Tier 2	
<i>methylprednisolone acetate injection suspension</i>	Tier 1	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylprednisolone acetate powder</i>	Tier 2	
<i>methylprednisolone oral tablet</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 1	
<i>methylprednisolone powder</i>	Tier 2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	Tier 1	MB
<i>methylprednisolone sodium succ injection solution reconstituted 500 mg</i>	Tier 2	MB
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK (<i>prednisolone</i>)	Tier 1	
MILLIPRED ORAL TABLET (<i>prednisolone</i>)	Tier 1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	Tier 2	QL (2 tablets per 1 day)
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG (<i>prednisolone sodium phosphate</i>)	Tier 2	QL (1 tablet per 1 day)
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>budesonide</i>)	Tier 2	PA; QL (1 capsule per 1 day)
PEDIAPRED ORAL SOLUTION (<i>prednisolone sodium phosphate</i>)	Tier 2	
<i>prednisolone acetate powder</i>	Tier 2	
<i>prednisolone anhydrous powder</i>	Tier 2	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone oral syrup</i>	Tier 1	
<i>prednisolone powder</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>prednisolone sodium phosphate oral tablet dispersible 15 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>prednisolone sodium phosphate powder</i>	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE (<i>prednisone</i>)	Tier 1	
<i>prednisone oral solution</i>	Tier 1	

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<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 1	
<i>prednisone powder</i>	Tier 2	
RAYOS ORAL TABLET DELAYED RELEASE <i>(prednisone)</i>	Tier 2	PA
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED (<i>hydrocortisone sod succinate</i>)	Tier 2	MB
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED (<i>methylprednisolone sodium succ</i>)	Tier 2	MB
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK <i>(dexamethasone)</i>	Tier 2	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack)	Tier 1	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK <i>(dexamethasone)</i>	Tier 2	
<i>triamcinolone acetonide injection suspension</i>	Tier 1	MB
<i>triamcinolone diacet micronize powder</i>	Tier 2	
<i>triamcinolone diacetate powder</i>	Tier 2	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR <i>(budesonide)</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>zcort 7-day oral tablet therapy pack</i>	Tier 2	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER (<i>triamcinolone acetonide</i>)	Tier 2	MB
*MINERALOCORTICOIDS*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	Tier 1	
<i>fludrocortisone acetate powder</i>	Tier 2	
*STEROID COMBINATIONS*** - DRUGS FOR INFLAMMATION		
<i>betamethasone sod phos & acet injection suspension</i>	Tier 1	MB
<i>bsp 0820 injection kit</i>	Tier 2	MB
CELESTONE SOLUSPAN INJECTION SUSPENSION <i>(betamethasone sod phos & acet)</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	AL
<i>benzonatate oral capsule 150 mg</i>	Tier 2	AL
<i>daytime cough oral liquid</i>	Tier 1	OTC
<i>dextromethorphan hbr monohyd crystals</i>	Tier 2	
<i>dextromethorphan hbr monohyd powder</i>	Tier 2	
<i>dextromethorphan hbr powder</i>	Tier 2	
<i>hm cough relief oral liquid</i>	Tier 1	OTC
<i>px tussin max oral syrup</i>	Tier 1	OTC
TESSALON PERLES ORAL CAPSULE (<i>benzonatate</i>)	Tier 2	AL
VICKS DAYQUIL COUGH ORAL LIQUID (<i>dextromethorphan hbr</i>)	Tier 1	OTC
*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD		
<i>HYCODAN ORAL SYRUP (<i>hydrocodone-homatropine</i>)</i>	Tier 2	AL
<i>hydrocodone-homatropine oral syrup</i>	Tier 1	AL
<i>hydrocodone-homatropine oral tablet</i>	Tier 1	AL
<i>hydromet oral syrup</i>	Tier 1	AL
*ANTITUSSIVE-EXPECTORANT - DECONGEST- ANALGESIC*** - DRUGS FOR COUGH AND COLD		
<i>eq cold flu & sore throat oral tablet</i>	Tier 1	AL; OTC
<i>gnp cold severe congestion day oral tablet</i>	Tier 1	AL; OTC
<i>gnp cold/flu severe oral tablet</i>	Tier 1	AL; OTC
<i>goodsense cold & flu oral tablet</i>	Tier 1	AL; OTC
<i>hm daytime cold & flu oral tablet</i>	Tier 1	AL; OTC
<i>hm mucus relief fm cold/flu oral tablet</i>	Tier 1	AL; OTC
<i>hm mucus relief fm severe oral tablet</i>	Tier 1	AL; OTC

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MUCINEX FAST-MAX CLD FLU THRT ORAL TABLET (<i>phenylephrine-dm-gg-apap</i>)	Tier 1	AL; OTC
MUCINEX FAST-MAX COLD/FLU ORAL TABLET (<i>phenylephrine-dm-gg-apap</i>)	Tier 1	AL; OTC
MUCINEX SINUS-MAX ORAL TABLET (<i>phenylephrine-dm-gg-apap</i>)	Tier 1	AL; OTC
<i>mucus relief plus oral tablet</i>	Tier 1	AL; OTC
<i>mucus relief severe cong/cold oral tablet</i>	Tier 1	AL; OTC
<i>qc cold multi-symptom daytime oral tablet</i>	Tier 1	AL; OTC
<i>ra head congest cold daytime oral tablet</i>	Tier 1	AL; OTC
THERAFLU EXPRESSMAX SEV CLD/FL ORAL TABLET (<i>phenylephrine-dm-gg-apap</i>)	Tier 1	AL; OTC
*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
<i>altarussin dm oral syrup</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>cheratussin ac oral syrup</i>	Tier 1	AL; QL (120 mL per 1 fill)
<i>chest congestion relief dm oral syrup</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>cvs tussin dm max st oral liquid</i>	Tier 1	AL; OTC
<i>dextromethorphan-guaifenesin oral liquid</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
DIABETIC TUSSIN FOR CHILDREN ORAL LIQUID (<i>dextromethorphan-guaifenesin</i>)	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>eq mucus relief dm oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>eq tussin dm max adult oral liquid</i>	Tier 1	AL; OTC
<i>eq tussin dm max daytime oral liquid</i>	Tier 1	AL; OTC
<i>eql mucus-dm oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>g tussin ac oral solution</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>geri-tussin dm oral syrup</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)

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GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID <i>(dextromethorphan-guaifenesin)</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
GILTUSS COUGH & CHEST ORAL LIQUID <i>(dextromethorphan-guaifenesin)</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
GILTUSS DIABETIC COUGH & COLD ORAL LIQUID <i>(dextromethorphan-guaifenesin)</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID <i>(dextromethorphan-guaifenesin)</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID <i>(dextromethorphan-guaifenesin)</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
gnp tussin dm max oral liquid	Tier 1	AL; OTC
goodsense tussin dm max oral liquid	Tier 1	AL; OTC
guaiasorb dm oral liquid	Tier 1	AL; OTC; QL (120 mL per 1 fill)
guaiatussin ac oral syrup	Tier 1	AL; QL (120 mL per 1 fill)
guaicon dms oral syrup	Tier 1	AL; OTC; QL (120 mL per 1 fill)
guaifenesin ac oral syrup	Tier 1	AL; OTC; QL (120 mL per 1 fill)
guaifenesin-codeine oral solution	Tier 1	AL; OTC; QL (120 mL per 1 fill)
hm adult tussin cough & chest oral liquid	Tier 1	AL; OTC
hm mucus relief cough children oral liquid	Tier 1	AL; OTC
intense cough reliever oral liquid	Tier 1	AL; OTC
maxi-tuss ac oral solution	Tier 1	AL; OTC; QL (120 mL per 1 fill)
maxi-tuss g oral liquid	Tier 1	AL; OTC; QL (120 mL per 1 fill)
m-clear wc oral solution	Tier 1	AL; OTC
medi-tussin dm double strength oral liquid	Tier 1	AL; OTC
medi-tussin dm oral syrup	Tier 1	AL; OTC; QL (120 mL per 1 fill)
MUCINEX CHILDRENS FREEFROM ORAL LIQUID <i>(dextromethorphan-guaifenesin)</i>	Tier 1	AL; OTC

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mucus dm oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>mucus relief dm oral liquid</i>	Tier 1	AL; OTC
PEDIACARE COUGH/CONGESTION ORAL LIQUID <i>(dextromethorphan-guaifenesin)</i>	Tier 1	AL; OTC
<i>pediatric formula cough/congst oral liquid</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>qc mucus & cough relief child oral liquid</i>	Tier 1	AL; OTC
<i>qc mucus relief dm max oral liquid</i>	Tier 1	AL; OTC
<i>ra mucus relief dm oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>ra tussin cough dm sugar free oral syrup</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>recofen d oral liquid</i>	Tier 1	AL; OTC
ROBAFEN DM PEAK COLD CGH/CONG ORAL LIQUID <i>(dextromethorphan-guaifenesin)</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>trymine cg oral liquid</i>	Tier 1	AL; OTC
<i>tussin dm max oral liquid</i>	Tier 1	AL; OTC
<i>virtussin alc oral solution</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>virtussin ac w/alc oral liquid</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
*ANTITUSSIVE-EXPECTORANTS- DECONGESTANT*** - DRUGS FOR COUGH AND COLD		
GILTUSS COUGH & COLD CHILDRENS ORAL LIQUID <i>(phenylephrine-dm-gg)</i>	Tier 1	AL; OTC
GILTUSS COUGH & COLD ORAL LIQUID <i>(phenylephrine-dm-gg)</i>	Tier 1	AL; OTC
<i>sm tussin cf oral liquid</i>	Tier 1	AL; OTC
TUSNEL C ORAL SYRUP (<i>pseudoephedrine-codeine-gg</i>)	Tier 1	AL; OTC
<i>wal-tussin cf oral liquid</i>	Tier 1	AL; OTC

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
12hr allergy & congestion oral tablet extended release 12 hour	Tier 1	OTC; QL (2 tablets per 1 day)
allergy relief d-12 oral tablet extended release 12 hour	Tier 1	AL; OTC; QL (2 tablets per 1 day)
allergy relief-d oral tablet extended release 12 hour	Tier 1	AL; OTC; QL (2 tablets per 1 day)
antihistamine & nasal deconges oral tablet extended release 12 hour	Tier 1	OTC; QL (2 tablets per 1 day)
APRODINE ORAL TABLET (<i>triprolidine-pseudoephedrine</i>)	Tier 1	AL; OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>desloratadine-pseudoephedrine</i>)	Tier 2	PA; AL; QL (2 tablets per 1 day)
eq cold/allergy childrens oral elixir	Tier 1	AL; OTC
fexofenadine-pseudoephed er oral tablet extended release 24 hour	Tier 1	OTC; QL (1 tablet per 1 day)
gnp allergy-d allergy & conges oral tablet extended release 12 hour	Tier 1	OTC; QL (2 tablets per 1 day)
gnp fexofenadine/pse er oral tablet extended release 12 hour	Tier 1	OTC; QL (2 tablets per 1 day)
LOHIST-D ORAL LIQUID (<i>chlorpheniramine-pseudoeph</i>)	Tier 1	AL; OTC
mm loratadine-d 24 hour oral tablet extended release 24 hour	Tier 1	AL; OTC; QL (1 tablet per 1 day)
promethazine-phenylephrine oral syrup	Tier 1	AL; QL (240 mL per 30 days)
ra allergy rlef & nasal decong oral tablet extended release 24 hour	Tier 1	AL; OTC; QL (1 tablet per 1 day)
ra allergy/congestion oral tablet extended release 12 hour	Tier 1	OTC; QL (2 tablets per 1 day)
rynex pse oral liquid	Tier 1	AL; OTC
sb allergy relief/nasal decong oral tablet extended release 24 hour	Tier 1	AL; OTC; QL (1 tablet per 1 day)
sm cold & allergy childrens oral elixir	Tier 1	AL; OTC

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WAL-ACT ORAL TABLET (<i>triprolidine-pseudoephedrine</i>)	Tier 1	AL; OTC
wal-tap cold/allergy oral elixir	Tier 1	AL; OTC
*DECONGESTANT W/ EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
GILPHEX TR ORAL TABLET (<i>phenylephrine-guaifenesin</i>)	Tier 2	AL
*EXPECTORANTS*** - DRUGS FOR COUGH AND COLD		
<i>altarussin oral syrup</i>	Tier 1	OTC
<i>bromhexine hcl powder</i>	Tier 2	
BUCKLEY'S CHEST CONGESTION ORAL LIQUID (<i>guaifenesin</i>)	Tier 1	OTC
<i>chest congestion relief oral syrup</i>	Tier 1	OTC
<i>cvs mucus extended release oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
DIABETIC TUSSIN EX ORAL SYRUP (<i>guaifenesin</i>)	Tier 1	OTC
<i>eq 12 hour mucus relief oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>guaifenesin</i>)	Tier 1	AL; OTC
<i>geri-tussin oral liquid</i>	Tier 1	OTC
<i>gnp mucus er oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>gnp mucus relief childrens oral liquid</i>	Tier 1	OTC
<i>guaifenesin er oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>guaifenesin oral syrup</i>	Tier 1	OTC
<i>guaifenesin powder</i>	Tier 2	
<i>hm mucus er oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>hm mucus relief max st oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>liquibid oral tablet</i>	Tier 1	OTC
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID (<i>guaifenesin</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mucus relief chest congestion oral liquid</i>	Tier 1	OTC
<i>mucus relief er oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>mucus relief max st oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>mucus+chest congestion oral liquid</i>	Tier 1	OTC
<i>pharbinex oral tablet</i>	Tier 1	OTC
<i>qc medifin mucus relief child oral liquid</i>	Tier 1	OTC
<i>qc mucus relief childrens oral liquid</i>	Tier 1	OTC
<i>qc mucus relief er oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>qc mucus relief max st oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>ra mucus relief chest oral tablet</i>	Tier 1	OTC
<i>ra mucus relief max st oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>ra tussin chest congestion oral syrup</i>	Tier 1	OTC
<i>sb mucus relief oral tablet</i>	Tier 1	OTC
<i>siltussin das oral liquid</i>	Tier 1	OTC
<i>sm mucus relief childrens oral liquid</i>	Tier 1	OTC
<i>sm mucus relief max strength oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>terpin hydrate monohydrate powder</i>	Tier 2	
<i>terpin hydrate powder</i>	Tier 2	
<i>TUSNEL-EX ORAL LIQUID (guaifenesin)</i>	Tier 1	OTC
<i>XPECT ORAL TABLET (guaifenesin)</i>	Tier 1	OTC
*IODINE EXPECTORANTS*** - DRUGS FOR COUGH AND COLD		
<i>SSKI ORAL SOLUTION (potassium iodide (expectorant))</i>	Tier 2	
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
<i>HYPERSAL INHALATION NEBULIZATION SOLUTION (sodium chloride)</i>	Tier 2	
<i>nasal mist inhalation aerosol solution</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPLY SALINE BABY INHALATION AEROSOL SOLUTION (<i>sodium chloride</i>)	Tier 1	OTC
<i>sodium chloride inhalation nebulization solution</i>	Tier 1	
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	Tier 1	
<i>acetylcysteine powder</i>	Tier 2	
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral syrup</i>	Tier 1	AL; QL (120 mL per 1 fill)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm</i> (Bromfed Dm Oral Syrup)	Tier 2	AL
<i>pseudoeph-bromphen-dm oral syrup</i>	Tier 2	AL
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	Tier 2	AL; QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	Tier 1	AL; QL (120 mL per 1 fill)
<i>promethazine-codeine oral syrup</i>	Tier 1	AL; QL (120 mL per 1 fill)
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>hydrocod polst-chlorphen polst</i>)	Tier 2	AL
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>chlorpheniramine-codeine</i>)	Tier 2	AL
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE (<i>codeine polst-chlorphen polst</i>)	Tier 2	AL
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine vc/codeine oral syrup</i>	Tier 1	AL; QL (120 mL per 1 fill)
<i>promethazine-phenyleph-codeine oral syrup</i>	Tier 1	AL; QL (120 mL per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
ACZONE EXTERNAL GEL (<i>dapsone</i>)	Tier 2	PA; QL (60 grams per 30 days)
AMZEEQ EXTERNAL FOAM (<i>minocycline hcl micronized</i>)	Tier 2	PA; QL (30 grams per 30 days)
CLEOCIN-T EXTERNAL LOTION (<i>clindamycin phosphate</i>)	Tier 2	QL (4 mL per 1 day)
<i>clindamycin phosphate</i> (Clindacin Etz External Swab)	Tier 1	QL (2 units per 1 day)
<i>clindamycin phosphate</i> (Clindacin-P External Swab)	Tier 1	QL (2 units per 1 day)
CLINDAGEL EXTERNAL GEL (<i>clindamycin phosphate</i>)	Tier 2	QL (60 grams per 30 days)
<i>clindamycin phosphate external foam</i>	Tier 2	
<i>clindamycin phosphate external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>clindamycin phosphate external lotion</i>	Tier 2	QL (4 mL per 1 day)
<i>clindamycin phosphate external solution</i>	Tier 1	QL (120 mL per 30 days)
<i>clindamycin phosphate external swab</i>	Tier 1	QL (2 units per 1 day)
<i>dapsone external gel</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>ery external pad</i>	Tier 1	QL (2 units per 1 day)
ERYGEL EXTERNAL GEL (<i>erythromycin</i>)	Tier 2	QL (60 grams per 30 days)
<i>erythromycin external gel</i>	Tier 2	QL (60 grams per 30 days)
<i>erythromycin external solution</i>	Tier 1	QL (60 mL per 1 day)
EVOCLIN EXTERNAL FOAM (<i>clindamycin phosphate</i>)	Tier 2	
KLARON EXTERNAL LOTION (<i>sulfacetamide sodium (acne)</i>)	Tier 2	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 2	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
ACANYA EXTERNAL GEL (<i>clindamycin phos-benzoyl peroxy</i>)	Tier 2	PA
<i>adapalene-benzoyl peroxide external gel</i>	Tier 2	PA; QL (45 grams per 30 days)

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BENZACLIN EXTERNAL GEL (<i>clindamycin phos-benzoyl peroxy</i>)	Tier 2	PA; QL (50 grams per 30 days)
BENZACLIN WITH PUMP EXTERNAL GEL (<i>clindamycin phos-benzoyl peroxy</i>)	Tier 2	PA; QL (50 grams per 30 days)
BENZAMYCIN EXTERNAL GEL (<i>benzoyl peroxide-erythromycin</i>)	Tier 2	PA; QL (47 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	Tier 2	PA; QL (47 grams per 30 days)
<i>clindamycin phos-benzoyl peroxy external gel 1.2-2.5 %</i>	Tier 2	PA
<i>clindamycin phos-benzoyl peroxy external gel 1.2-5 %</i>	Tier 1	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl peroxy external gel 1-5 %</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>clindamycin-tretinoin external gel</i>	Tier 2	PA
EPIDUO EXTERNAL GEL (<i>adapalene-benzoyl peroxide</i>)	Tier 2	PA; QL (45 grams per 30 days)
EPIDUO FORTE EXTERNAL GEL (<i>adapalene-benzoyl peroxide</i>)	Tier 2	PA; QL (45 grams per 30 days)
<i>clindamycin-benzoyl per (refr) (Neuac External Gel)</i>	Tier 2	PA; QL (45 grams per 30 days)
ONEXTON EXTERNAL GEL (<i>clindamycin phos-benzoyl peroxy</i>)	Tier 2	PA
<i>sulfacetamide sod-sulfur wash external liquid</i>	Tier 2	
VELTIN EXTERNAL GEL (<i>clindamycin-tretinoin</i>)	Tier 2	PA
ZIANA EXTERNAL GEL (<i>clindamycin-tretinoin</i>)	Tier 2	PA
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
ABSORICA LD ORAL CAPSULE (<i>isotretinoin micronized</i>)	Tier 2	PA
ABSORICA ORAL CAPSULE (<i>isotretinoin</i>)	Tier 2	PA
<i>acne foaming wash external liquid</i>	Tier 1	OTC
<i>acne maximum strength external cream</i>	Tier 1	OTC
<i>acne medication 10 external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>acne medication 10 external lotion</i>	Tier 1	OTC; QL (177 mL per 30 days)

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<i>acne medication 2.5 external gel</i>	Tier 1	OTC
<i>acne medication 5 external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>acne medication 5 external lotion</i>	Tier 1	OTC; QL (177 mL per 30 days)
<i>acne treatment external bar</i>	Tier 1	OTC
<i>acne treatment external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>acne-clear external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>adapalene external cream</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>adapalene external gel 0.3 %</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>adapalene external pad</i>	Tier 2	PA; QL (1 swab per 1 day)
<i>adapalene external solution</i>	Tier 2	PA
<i>adapalene gel 0.1 % external (otc)</i>	Tier 1	OTC; QL (45 grams per 30 days)
<i>adapalene gel 0.1 % external (rx)</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>AKLIEF EXTERNAL CREAM (trifarotene)</i>	Tier 2	PA; QL (1 pump per 1 day)
<i>ALTRENO EXTERNAL LOTION (tretinoin)</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>isotretinoin</i> (Amnesteem Oral Capsule)	Tier 1	PA
<i>ARAZLO EXTERNAL LOTION (tazarotene)</i>	Tier 2	PA
<i>ATRALIN EXTERNAL GEL (tretinoin)</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>tretinoin</i> (Avita External Cream)	Tier 2	PA; QL (45 grams per 30 days)
<i>tretinoin</i> (Avita External Gel)	Tier 1	PA; QL (45 grams per 30 days)
<i>AZELEX EXTERNAL CREAM (azelaic acid)</i>	Tier 2	PA; QL (30 grams per 30 days)

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<i>benzoyl peroxide cleanser external liquid</i>	Tier 1	OTC; QL (171 grams per 30 days)
<i>benzoyl peroxide external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>benzoyl peroxide hydrous powder</i>	Tier 2	
<i>benzoyl peroxide powder</i>	Tier 2	
<i>benzoyl peroxide wash external liquid</i>	Tier 1	OTC
<i>bp gel external gel 10 %</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>bp gel external gel 5 %</i>	Tier 1	OTC
<i>bp wash external liquid</i>	Tier 1	OTC
<i>bpo foaming cloths external</i>	Tier 1	OTC
CERAVE ACNE FOAMING CREAM EXTERNAL LIQUID <i>(benzoyl peroxide)</i>	Tier 1	OTC
<i>isotretinoin</i> (Claravis Oral Capsule)	Tier 1	PA
CLEAN & CLEAR CONTINUOUS EXTERNAL CREAM <i>(benzoyl peroxide)</i>	Tier 1	OTC
CLEAN & CLEAR PERSA-GEL MAX ST EXTERNAL GEL <i>(benzoyl peroxide)</i>	Tier 1	OTC; QL (180 grams per 30 days)
CLEARASIL DAILY CLEAR ACNE EXTERNAL CREAM <i>(benzoyl peroxide)</i>	Tier 1	OTC
CLEARSKIN EXTERNAL CREAM (<i>benzoyl peroxide</i>)	Tier 1	OTC
<i>cvs acne cleansing external bar</i>	Tier 1	OTC
<i>cvs acne control cleanser external cream</i>	Tier 1	OTC
<i>cvs acne external cream</i>	Tier 1	OTC
<i>cvs acne foaming face wash external liquid</i>	Tier 1	OTC
<i>cvs acne treatment external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>cvs advanced 3-in-1 cleanser external liquid</i>	Tier 1	OTC
<i>cvs foaming acne face wash external liquid</i>	Tier 1	OTC
DIFFERIN EXTERNAL CREAM (<i>adapalene</i>)	Tier 2	PA; QL (45 grams per 30 days)

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DIFFERIN EXTERNAL GEL (<i>adapalene</i>)	Tier 2	PA; QL (45 grams per 30 days)
DIFFERIN EXTERNAL LOTION (<i>adapalene</i>)	Tier 2	PA; QL (59 mL per 30 days)
FABIOR EXTERNAL FOAM (<i>tazarotene</i>)	Tier 2	PA; QL (50 grams per 30 days)
<i>gnp acne treatment external cream</i>	Tier 1	OTC
<i>isotretinoin oral capsule</i>	Tier 1	PA
<i>isotretinoin</i> (Myorisan Oral Capsule)	Tier 1	PA
PANOXYL CREAMY WASH EXTERNAL LIQUID (<i>benzoyl peroxide</i>)	Tier 1	OTC
PANOXYL EXTERNAL LIQUID (<i>benzoyl peroxide</i>)	Tier 1	OTC
PANOXYL FOAMING WASH EXTERNAL LIQUID (<i>benzoyl peroxide</i>)	Tier 1	OTC
<i>ra acne treatment external cream</i>	Tier 1	OTC
RA RENEWAL ACNE TREATMENT EXTERNAL GEL (<i>benzoyl peroxide</i>)	Tier 1	OTC; QL (180 grams per 30 days)
<i>ra vanishing acne treatment external cream</i>	Tier 1	OTC
RETIN-A EXTERNAL CREAM (<i>tretinoi</i> n)	Tier 2	PA; QL (45 grams per 30 days)
RETIN-A EXTERNAL GEL (<i>tretinoi</i> n)	Tier 2	PA; QL (45 grams per 30 days)
RETIN-A MICRO EXTERNAL GEL (<i>tretinoi</i> n <i>microsphere</i>)	Tier 2	PA; QL (45 grams per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.08 %, 0.1 % (<i>tretinoi</i> n <i>microsphere</i>)	Tier 2	PA; QL (50 grams per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % (<i>tretinoi</i> n <i>microsphere</i>)	Tier 2	QL (50 grams per 30 days)
<i>retinoic acid powder</i>	Tier 2	PA
<i>spot acne treatment external cream</i>	Tier 1	OTC
<i>tretinoi</i> n EXTERNAL CREAM	Tier 1	PA; QL (45 grams per 30 days)
<i>tretinoi</i> n EXTERNAL GEL 0.01 %, 0.025 %	Tier 1	PA; QL (45 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin external gel 0.05 %</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>tretinoin microsphere external gel 0.04 %</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>tretinoin microsphere external gel 0.1 %</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>tretinoin microsphere pump external gel 0.1 %</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>tretinoin powder</i>	Tier 2	PA
WINLEVI EXTERNAL CREAM (clascoterone)	Tier 2	PA; QL (60 grams per 30 days)
<i>isotretinoin</i> (Zenatane Oral Capsule)	Tier 1	PA
*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS*** - DRUGS FOR THE SKIN		
VEREGEN EXTERNAL OINTMENT (<i>sinecatechins</i>)	Tier 2	PA
*AGENTS FOR FACIAL WRINKLES - RETINOIDS*** - DRUGS FOR THE SKIN		
REFISSA EXTERNAL CREAM (<i>tretinoin (facial wrinkles)</i>)	Tier 2	PA; QL (40 grams per 30 days)
RENOVA EXTERNAL CREAM (<i>tretinoin (facial wrinkles)</i>)	Tier 2	PA; QL (40 grams per 30 days)
RENOVA PUMP EXTERNAL CREAM (<i>tretinoin (facial wrinkles)</i>)	Tier 2	PA; QL (44 grams per 30 days)
<i>tretinoin (emollient) external cream</i>	Tier 1	QL (40 grams per 30 days)
*ANTIBIOTIC MIXTURES TOPICAL*** - DRUGS FOR THE SKIN		
<i>cvs antibiotic pain/scar external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>cvs poly bacitracin external ointment</i>	Tier 1	OTC
<i>first aid antibiotic external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hm double antibiotic external ointment</i>	Tier 1	OTC

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<i>kp double antibiotic external ointment</i>	Tier 1	OTC
LANABIOTIC EXTERNAL OINTMENT (<i>neomycin-bacitracin-polymyxin</i>)	Tier 1	OTC; QL (30 grams per 30 days)
<i>meijer triple antibiotic external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT (<i>neomy-bacit-polymyx-pramoxine</i>)	Tier 1	OTC; QL (30 grams per 30 days)
NEOSPORIN EXTERNAL OINTMENT (<i>bacitracin-polymyxin b</i>)	Tier 1	OTC
NEOSPORIN/BURN RELIEF EXTERNAL OINTMENT (<i>neomy-bacit-polymyx-pramoxine</i>)	Tier 1	OTC; QL (30 grams per 30 days)
<i>poly bacitracin external ointment</i>	Tier 1	OTC
<i>qc triple antibiotic max st external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra antibiotic + pain relief external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra double antibiotic external ointment</i>	Tier 1	OTC
<i>sm double antibiotic external ointment</i>	Tier 1	OTC
<i>triple antibiotic external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>triple antibiotic plus max st external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>triple antibiotic+pain relief external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>wal-sporin external ointment</i>	Tier 1	OTC
*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN		
CORTISPORIN EXTERNAL CREAM (<i>neomycin-polymyxin-hc</i>)	Tier 2	
CORTISPORIN EXTERNAL OINTMENT (<i>bacit-poly-neo hc</i>)	Tier 2	
NEO-SYNALAR EXTERNAL CREAM (<i>neomycin-fluocinolone</i>)	Tier 2	

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*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
ALTABAX EXTERNAL OINTMENT (<i>retapamulin</i>)	Tier 2	QL (30 grams per 1 fill)
<i>bacitracin external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>bacitracin powder</i>	Tier 2	
<i>bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>bacitracin zinc powder</i>	Tier 2	
BACITRAYCIN PLUS EXTERNAL OINTMENT (<i>bacitracin</i>)	Tier 1	OTC; QL (30 grams per 30 days)
CENTANY EXTERNAL OINTMENT (<i>mupirocin</i>)	Tier 2	QL (120 grams per 30 days)
<i>cvs bacitracin external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>cvs bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>eq bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>eql bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>gentamicin sulfate external cream</i>	Tier 1	
<i>gentamicin sulfate external ointment</i>	Tier 1	
<i>gentamicin sulfate powder</i>	Tier 2	
<i>gnp bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hm bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>kp bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>mupirocin calcium external cream</i>	Tier 2	QL (30 grams per 30 days)
<i>mupirocin external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>neomycin sulfate powder</i>	Tier 2	

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<i>qc bacitracin external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra bacitracin external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra bacitracin zinc first aid external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sb bacitracin external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sm antibiotic external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>tetracycline hcl powder</i>	Tier 2	
XEPI EXTERNAL CREAM (<i>ozenoxacin</i>)	Tier 2	QL (45 grams per 30 days)
*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>clotrimazole-betamethasone external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Tier 1	QL (120 mL per 30 days)
<i>g-myco nail external solution</i>	Tier 1	OTC
<i>miconazole-zinc oxide-petrolat external ointment</i>	Tier 2	QL (50 grams per 30 days)
MYCO NAIL EXTERNAL SOLUTION (<i>misc antifungal combo products</i>)	Tier 1	OTC
<i>nystatin-triamcinolone external cream</i>	Tier 2	PA; QL (120 grams per 30 days)
<i>nystatin-triamcinolone external ointment</i>	Tier 2	PA
VUSION EXTERNAL OINTMENT (<i>miconazole-zinc oxide-petrolat</i>)	Tier 2	QL (50 grams per 30 days)
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>antifungal external cream</i>	Tier 1	OTC
<i>anti-fungal external powder</i>	Tier 1	OTC
<i>athletes foot powder spray external aerosol powder</i>	Tier 1	OTC
<i>athletes foot spray external aerosol</i>	Tier 1	OTC
<i>benzoic acid powder</i>	Tier 2	

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BLIS-TO-SOL EXTERNAL LIQUID (<i>tolnaftate</i>)	Tier 1	OTC
<i>ciclopirox external gel</i>	Tier 2	PA
<i>ciclopirox external shampoo</i>	Tier 2	PA
<i>ciclopirox external solution</i>	Tier 1	PA; QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	Tier 1	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 1	
<i>ciclopirox olamine powder</i>	Tier 2	
<i>cvs af spray powder external aerosol powder</i>	Tier 1	OTC
<i>cvs antifungal external cream</i>	Tier 1	OTC
<i>cvs foot & sneaker external aerosol powder</i>	Tier 1	OTC
<i>eq athletes foot (tolnaftate) external cream</i>	Tier 1	OTC
<i>eq athletes foot external aerosol powder</i>	Tier 1	OTC
<i>eq tolnaftate external aerosol</i>	Tier 1	OTC
<i>eql antifungal (tolnaftate) external cream</i>	Tier 1	OTC
<i>fungi-guard external cream</i>	Tier 1	OTC
<i>gentian violet powder</i>	Tier 2	
<i>gnp tolnaftate external cream</i>	Tier 1	OTC
<i>jock itch spray external aerosol powder</i>	Tier 1	OTC
<i>jock itch spray powder external aerosol powder</i>	Tier 1	OTC
<i>kp tolnaftate external cream</i>	Tier 1	OTC
LAMISIL AT JOCK ITCH EXTERNAL CREAM (<i>terbinafine hcl</i>)	Tier 1	OTC
LOPROX EXTERNAL CREAM (<i>ciclopirox olamine</i>)	Tier 2	PA; QL (90 grams per 30 days)
LOPROX EXTERNAL SHAMPOO (<i>ciclopirox</i>)	Tier 2	PA
LOPROX EXTERNAL SUSPENSION (<i>ciclopirox olamine</i>)	Tier 2	PA
<i>medicated anti-fungal external solution</i>	Tier 1	OTC
MENTAX EXTERNAL CREAM (<i>butenafine hcl</i>)	Tier 2	PA; QL (30 grams per 30 days)
<i>naftifine hcl external cream</i>	Tier 2	PA
<i>naftifine hcl external gel</i>	Tier 2	PA

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NAFTIN EXTERNAL CREAM (<i>naftifine hcl</i>)	Tier 2	PA
NAFTIN EXTERNAL GEL (<i>naftifine hcl</i>)	Tier 2	PA
<i>nystatin</i> (Nyamyc External Powder)	Tier 1	QL (30 grams per 30 days)
<i>nystatin external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin external powder</i>	Tier 1	QL (30 grams per 30 days)
<i>nystatin</i> (Nystop External Powder)	Tier 1	QL (30 grams per 30 days)
<i>odor control foot & sneaker external aerosol powder</i>	Tier 1	OTC
ODOR EATERS ANTIFUNGAL EXTERNAL POWDER (<i>tolnaftate</i>)	Tier 1	OTC
ODOR EATERS FOOT/SNEAKER SPRAY EXTERNAL AEROSOL POWDER (<i>tolnaftate</i>)	Tier 1	OTC
<i>podactin external powder</i>	Tier 1	OTC
<i>qc athletes foot external cream</i>	Tier 1	OTC
<i>qc tolnaftate external cream</i>	Tier 1	OTC
<i>ra antifungal external aerosol</i>	Tier 1	OTC
<i>ra antifungal foot care external cream</i>	Tier 1	OTC
<i>ra athletes foot (tolnaftate) external cream</i>	Tier 1	OTC
<i>ra foot care (terbinafine) external cream</i>	Tier 1	OTC
<i>ra foot care (tolnaftate) external cream</i>	Tier 1	OTC
<i>ra jock itch max st external aerosol powder</i>	Tier 1	OTC
<i>sb anti-fungal external cream</i>	Tier 1	OTC
<i>sm antifungal tolnaftate external cream</i>	Tier 1	OTC
TINACTIN DEODORANT EXTERNAL AEROSOL POWDER (<i>tolnaftate</i>)	Tier 1	OTC
TINACTIN EXTERNAL AEROSOL (<i>tolnaftate</i>)	Tier 1	OTC
TINACTIN EXTERNAL AEROSOL POWDER (<i>tolnaftate</i>)	Tier 1	OTC
TINACTIN EXTERNAL CREAM (<i>tolnaftate</i>)	Tier 1	OTC
TINACTIN JOCK ITCH EXTERNAL AEROSOL POWDER (<i>tolnaftate</i>)	Tier 1	OTC

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<i>tolnaftate antifungal external cream</i>	Tier 1	OTC
<i>tolnaftate external aerosol powder</i>	Tier 1	OTC
<i>tolnaftate external cream</i>	Tier 1	OTC
<i>tolnaftate external powder</i>	Tier 1	OTC
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>arthritis pain reliever external gel</i>	Tier 1	OTC; QL (1000 grams per 30 days)
<i>diclofenac epolamine external patch</i>	Tier 2	PA; QL (2 patches per 1 day)
<i>diclofenac sodium external gel</i>	Tier 1	PA; QL (1000 grams per 30 days)
<i>diclofenac sodium external solution</i>	Tier 1	PA; QL (10 mL per 1 day)
FLECTOR EXTERNAL PATCH (<i>diclofenac epolamine</i>)	Tier 2	PA; QL (2 patches per 1 day)
<i>gnp arthritis pain external gel</i>	Tier 1	PA; OTC; QL (1000 grams per 30 days)
<i>goodsense arthritis pain external gel</i>	Tier 1	PA; OTC; QL (1000 grams per 30 days)
LICART EXTERNAL PATCH 24 HOUR (<i>diclofenac epolamine</i>)	Tier 2	PA; QL (1 patch per 1 day)
PENNSAID EXTERNAL SOLUTION (<i>diclofenac sodium</i>)	Tier 2	PA; QL (224 grams per 28 days)
<i>qc diclofenac sodium external gel</i>	Tier 1	OTC; QL (1000 grams per 30 days)
*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
VALCHLOR EXTERNAL GEL (<i>mechlorethamine hcl (topical)</i>)	Tier 2	PA; SP; QL (60 grams per 30 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
CARAC EXTERNAL CREAM (<i>fluorouracil</i>)	Tier 2	PA; QL (30 grams per 1 year)

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EFUDEX EXTERNAL CREAM (<i>fluorouracil</i>)	Tier 2	PA; QL (40 grams per 1 year)
FLUOROPLEX EXTERNAL CREAM (<i>fluorouracil</i>)	Tier 2	PA; QL (30 grams per 1 year)
<i>fluorouracil external cream 0.5 %</i>	Tier 2	PA; QL (30 grams per 1 year)
<i>fluorouracil external cream 5 %</i>	Tier 1	QL (40 grams per 1 year)
<i>fluorouracil external solution</i>	Tier 1	PA; QL (10 mL per 1 year)
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL MISC.*** - DRUGS FOR THE SKIN		
PICATO EXTERNAL GEL 0.015 % (<i>ingenol mebutate</i>)	Tier 2	PA; QL (3 tubes per 1 year)
PICATO EXTERNAL GEL 0.05 % (<i>ingenol mebutate</i>)	Tier 2	PA; QL (2 tubes per 1 year)
*ANTINEOPLASTIC RETINOIDS - TOPICAL*** - DRUGS FOR THE SKIN		
PANRETIN EXTERNAL GEL (<i>alitretinoin</i>)	Tier 2	SP
*ANTIPRURITICS - TOPICAL*** - DRUGS FOR THE SKIN		
PRUDOXIN EXTERNAL CREAM (<i>doxepin hcl (antipruritic)</i>)	Tier 2	PA; QL (1 tube per 1 fill)
ZONALON EXTERNAL CREAM (<i>doxepin hcl (antipruritic)</i>)	Tier 2	PA; QL (1 tube per 1 fill)
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule</i>	Tier 2	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	Tier 2	PA; SP; QL (2 pens per 30 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	Tier 2	PA; SP; QL (2 pens per 30 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	Tier 2	PA; SP; QL (1 pen per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	Tier 2	PA; SP; QL (2 syringes per 28 days)

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ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tildrakizumab-asmn</i>)	Tier 2	PA; MB; QL (1 syringe per 12 weekss)
<i>methoxsalen rapid oral capsule</i>	Tier 2	PA; SP
OXSORALEN ULTRA ORAL CAPSULE (<i>methoxsalen rapid</i>)	Tier 2	PA; SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>brodalumab</i>)	Tier 2	PA; SP; QL (2 syringes per 30 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>risankizumab-rzaa</i>)	Tier 2	PA; SP; QL (2 syringes per 12 weekss)
SORIATANE ORAL CAPSULE (<i>acitretin</i>)	Tier 2	
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	Tier 2	PA; SP; QL (1 vial per 12 weekss)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ustekinumab</i>)	Tier 2	PA; SP; QL (1 syringe per 12 weekss)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ixekizumab</i>)	Tier 2	PA; SP; QL (1 auto-injector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ixekizumab</i>)	Tier 2	PA; SP; QL (1 injection per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>guselkumab</i>)	Tier 2	PA; SP; QL (1 mL per 50 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>guselkumab</i>)	Tier 2	PA; SP; QL (1 mL per 50 days)
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>anthralin powder</i>	Tier 2	
<i>calcipotriene external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>calcipotriene external foam</i>	Tier 2	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>calcipotriene</i> (Calcitrene External Ointment)	Tier 1	QL (120 grams per 30 days)

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<i>calcitriol external ointment</i>	Tier 2	QL (800 grams per 28 days)
DOVONEX EXTERNAL CREAM (<i>calcipotriene</i>)	Tier 2	QL (120 grams per 30 days)
SORILUX EXTERNAL FOAM (<i>calcipotriene</i>)	Tier 2	QL (120 grams per 30 days)
<i>tazarotene external cream</i>	Tier 2	PA; QL (30 grams per 30 days)
TAZORAC EXTERNAL CREAM (<i>tazarotene</i>)	Tier 2	PA; QL (30 grams per 30 days)
TAZORAC EXTERNAL GEL (<i>tazarotene</i>)	Tier 2	PA; QL (30 grams per 30 days)
VECTICAL EXTERNAL OINTMENT (<i>calcitriol</i>)	Tier 2	QL (800 grams per 28 days)
*ANTISEBORRHEIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>sodium sulfacetamide-bakuchiol external liquid</i>	Tier 2	
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
<i>selenium sulfide external lotion</i>	Tier 1	QL (120 mL per 30 days)
<i>sulfacetamide sodium powder</i>	Tier 2	
*ANTIVIRAL TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
XERESE EXTERNAL CREAM (<i>acyclovir-hydrocortisone</i>)	Tier 2	PA; QL (5 grams per 30 days)
*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>acyclovir external cream</i>	Tier 1	PA; QL (5 grams per 30 days)
<i>acyclovir external ointment</i>	Tier 1	PA; QL (30 grams per 30 days)
DENAVIR EXTERNAL CREAM (<i>penciclovir</i>)	Tier 2	PA; QL (5 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOVIRAX EXTERNAL CREAM (<i>acyclovir</i>)	Tier 2	PA; QL (5 grams per 30 days)
ZOVIRAX EXTERNAL OINTMENT (<i>acyclovir</i>)	Tier 2	PA; QL (30 grams per 30 days)
*ASTRINGENTS*** - DRUGS FOR THE SKIN		
<i>meijer calamine external lotion</i>	Tier 1	OTC
<i>meijer zinc oxide external ointment</i>	Tier 1	OTC; QL (480 grams per 30 days)
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>dupilumab</i>)	Tier 2	PA; SP; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	Tier 2	PA; SP; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	Tier 2	PA; SP; QL (2 injections per 28 days)
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>mafenide acetate external packet</i>	Tier 2	
<i>nitrofurazone powder</i>	Tier 2	
SILVADENE EXTERNAL CREAM (<i>silver sulfadiazine</i>)	Tier 2	
<i>silver sulfadiazine external cream</i>	Tier 1	
<i>silver sulfadiazine</i> (Ssd External Cream)	Tier 1	
SULFAMYLYON EXTERNAL CREAM (<i>mafenide acetate</i>)	Tier 2	
SULFAMYLYON EXTERNAL PACKET (<i>mafenide acetate</i>)	Tier 2	
*CAUTERIZING AGENTS*** - DRUGS FOR THE SKIN		
<i>chloroacetic acid powder</i>	Tier 2	
*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN		
ALA SCALP EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 2	PA; QL (60 gm/mL per 30 days)
<i>ala-cort external cream 1 %</i>	Tier 1	QL (30 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ala-cort external cream 2.5 %</i>	Tier 1	PA; QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>amcinonide external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>amcinonide external lotion</i>	Tier 2	PA; QL (60 mL per 30 days)
<i>amcinonide external ointment</i>	Tier 1	PA; QL (60 grams per 30 days)
<i>anti-itch maximum strength external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
APEXICON E EXTERNAL CREAM (<i>diflorasone diacet emoll base</i>)	Tier 2	PA; QL (60 grams per 30 days)
AQUANIL HC EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (30 grams per 30 days)
<i>fluticasone propionate</i> (Beser External Lotion)	Tier 2	PA; QL (120 mL per 30 days)
<i>beta hc external lotion</i>	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 2	PA; QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 1	QL (60 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone dipropionate external ointment</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>betamethasone dipropionate powder</i>	Tier 2	
<i>betamethasone valerate external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>betamethasone valerate external foam</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 2	QL (120 mL per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>betamethasone valerate powder</i>	Tier 2	
BRYHALI EXTERNAL LOTION (<i>halobetasol propionate</i>)	Tier 2	PA; QL (100 grams per 30 days)
CAPEX EXTERNAL SHAMPOO (<i>fluocinolone acetonide</i>)	Tier 2	PA; QL (120 mL per 30 days)
<i>clobetasol 17 propionate powder</i>	Tier 2	
<i>clobetasol prop emollient base external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>clobetasol propionate external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external liquid</i>	Tier 2	PA
<i>clobetasol propionate external lotion</i>	Tier 2	PA; QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 2	PA; QL (118 mL per 30 days)
<i>clobetasol propionate external solution</i>	Tier 1	QL (50 mL per 30 days)
<i>clobetasol propionate powder</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLOBEX EXTERNAL LOTION (<i>clobetasol propionate</i>)	Tier 2	PA; QL (118 mL per 30 days)
CLOBEX EXTERNAL SHAMPOO (<i>clobetasol propionate</i>)	Tier 2	PA; QL (118 mL per 30 days)
CLOBEX SPRAY EXTERNAL LIQUID (<i>clobetasol propionate</i>)	Tier 2	PA
<i>clocortolone pivalate external cream</i>	Tier 2	PA; QL (90 grams per 30 days)
<i>clobetasol propionate</i> (Clodan External Shampoo)	Tier 2	PA; QL (118 mL per 30 days)
CLODERM EXTERNAL CREAM (<i>clocortolone pivalate</i>)	Tier 2	PA; QL (90 grams per 30 days)
CORDRAN EXTERNAL CREAM 0.025 % (<i>flurandrenolide</i>)	Tier 2	PA
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	Tier 2	PA; QL (120 grams per 30 days)
CORDRAN EXTERNAL LOTION (<i>flurandrenolide</i>)	Tier 2	PA; QL (120 mL per 30 days)
CORDRAN EXTERNAL OINTMENT (<i>flurandrenolide</i>)	Tier 2	PA; QL (120 grams per 30 days)
CORDRAN EXTERNAL TAPE (<i>flurandrenolide</i>)	Tier 2	PA; QL (1 box per 30 days)
CORTAID MAXIMUM STRENGTH EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (30 grams per 30 days)
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
CORTIZONE-10 ECZEMA EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
CORTIZONE-10 EXTERNAL GEL (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (60 grams per 30 days)
CORTIZONE-10 EXTERNAL OINTMENT (<i>hydrocortisone</i>)	Tier 1	PA; OTC
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
CURAD HYDROCORTISONE EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 1	OTC; QL (30 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUTIVATE EXTERNAL LOTION (<i>fluticasone propionate</i>)	Tier 2	PA; QL (120 mL per 30 days)
cvs anti-itch maximum strength external cream	Tier 1	OTC; QL (30 grams per 30 days)
cvs cortisone intense healing external cream	Tier 1	OTC; QL (30 grams per 30 days)
cvs cortisone maximum strength external cream	Tier 1	OTC; QL (30 grams per 30 days)
cvs cortisone maximum strength external gel	Tier 1	PA; OTC; QL (60 grams per 30 days)
cvs cortisone maximum strength external lotion	Tier 1	PA; OTC; QL (120 mL per 30 days)
cvs cortisone maximum strength external ointment	Tier 1	PA; OTC
cvs eczema anti-itch external cream	Tier 1	OTC; QL (30 grams per 30 days)
cvs hydrocortisone anti-itch external cream 0.5 %	Tier 1	OTC; QL (100 grams per 30 days)
cvs hydrocortisone anti-itch external cream 1 %	Tier 1	OTC; QL (30 grams per 30 days)
cvs hydrocortisone max st external cream	Tier 1	OTC; QL (30 grams per 30 days)
DERMAREST ECZEMA EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
DERMA-SMOOTH/FS BODY EXTERNAL OIL (<i>fluocinolone acetonide</i>)	Tier 2	PA; QL (120 mL per 30 days)
DESONATE EXTERNAL GEL (<i>desonide</i>)	Tier 2	QL (60 grams per 30 days)
desonide external cream	Tier 2	PA; QL (60 grams per 30 days)
desonide external gel	Tier 1	QL (60 grams per 30 days)
desonide external lotion	Tier 2	PA; QL (118 mL per 30 days)
desonide external ointment	Tier 2	PA; QL (60 grams per 30 days)
desonide powder	Tier 2	

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DESOWEN EXTERNAL CREAM (<i>desonide</i>)	Tier 2	PA; QL (60 grams per 30 days)
<i>desoximetasone external cream</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>desoximetasone external gel</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>desoximetasone external liquid</i>	Tier 2	PA; QL (100 mL per 30 days)
<i>desoximetasone external ointment</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>diflorasone diacetate external cream</i>	Tier 2	QL (60 grams per 30 days)
<i>diflorasone diacetate external ointment</i>	Tier 2	PA; QL (60 grams per 30 days)
DIPROLENE AF EXTERNAL CREAM (betamethasone dipropionate aug)	Tier 2	PA; QL (50 grams per 30 days)
DIPROLENE EXTERNAL OINTMENT (betamethasone dipropionate aug)	Tier 2	PA; QL (50 grams per 30 days)
<i>eq hydrocortisone external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>eq hydrocortisone max st external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>eq hydrocortisone plus external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>eql anti-itch intensive heal external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>eql anti-itch maximum strength external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>eql anti-itch maximum strength external ointment</i>	Tier 1	OTC
<i>fluocinolone acetonide body external oil</i>	Tier 2	PA; QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream</i>	Tier 2	PA; QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 2	PA; QL (120 grams per 30 days)

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fluocinolone acetonide external solution	Tier 2	PA; QL (120 mL per 30 days)
fluocinolone acetonide powder	Tier 2	
fluocinolone acetonide scalp external oil	Tier 2	PA; QL (120 mL per 30 days)
fluocinonide emulsified base external cream	Tier 1	
fluocinonide external cream 0.05 %	Tier 2	QL (120 grams per 30 days)
fluocinonide external cream 0.1 %	Tier 1	PA; QL (120 grams per 30 days)
fluocinonide external gel	Tier 1	QL (240 grams per 30 days)
fluocinonide external ointment	Tier 1	QL (240 grams per 30 days)
fluocinonide external solution	Tier 1	QL (240 mL per 30 days)
fluocinonide powder	Tier 2	
flurandrenolide external cream	Tier 2	PA; QL (120 grams per 30 days)
flurandrenolide external lotion	Tier 2	PA; QL (120 mL per 30 days)
flurandrenolide external ointment	Tier 2	PA; QL (120 grams per 30 days)
fluticasone propionate external cream	Tier 1	QL (60 grams per 30 days)
fluticasone propionate external lotion	Tier 2	PA; QL (120 mL per 30 days)
fluticasone propionate external ointment	Tier 1	QL (60 grams per 30 days)
gnp hydrocortisone external cream	Tier 1	OTC; QL (100 grams per 30 days)
gnp hydrocortisone max st external ointment	Tier 1	OTC
gnp hydrocortisone plus external cream	Tier 1	OTC; QL (30 grams per 30 days)
GYNECORT 10 EXTERNAL CREAM (<i>hydrocortisone acetate</i>)	Tier 1	OTC; QL (30 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halcinonide external cream</i>	Tier 2	PA; QL (216 grams per 30 days)
<i>halobetasol propionate external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>halobetasol propionate external foam</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 1	QL (50 grams per 30 days)
HALOG EXTERNAL CREAM (<i>halcinonide</i>)	Tier 2	PA; QL (216 grams per 30 days)
HALOG EXTERNAL OINTMENT (<i>halcinonide</i>)	Tier 2	PA; QL (60 grams per 30 days)
HALOG EXTERNAL SOLUTION (<i>halcinonide</i>)	Tier 2	PA; QL (120 mL per 30 days)
<i>hydrocortisone acetate external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hydrocortisone acetate powder</i>	Tier 2	
<i>hydrocortisone anti-itch external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hydrocortisone butyryl lipo base external cream</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>hydrocortisone butyrate external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external lotion</i>	Tier 2	PA; QL (118 mL per 30 days)
<i>hydrocortisone butyrate external ointment</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external solution</i>	Tier 2	PA; QL (60 mL per 30 days)
<i>hydrocortisone external cream 0.5 %</i>	Tier 1	OTC; QL (100 grams per 30 days)
<i>hydrocortisone external cream 1 %</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	Tier 1	QL (454 grams per 30 days)

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<i>hydrocortisone external lotion 1 %</i>	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	PA; QL (118 mL per 30 days)
<i>hydrocortisone external ointment 0.5 %</i>	Tier 1	OTC; QL (100 grams per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Tier 1	OTC
<i>hydrocortisone external ointment 2.5 %</i>	Tier 1	QL (454 grams per 30 days)
<i>hydrocortisone max st external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hydrocortisone max st/12 moist external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hydrocortisone micronized powder</i>	Tier 2	
<i>hydrocortisone plus external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hydrocortisone powder</i>	Tier 2	
<i>hydrocortisone valerate external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 2	PA; QL (60 grams per 30 days)
IMPEKLO EXTERNAL LOTION (<i>clobetasol propionate</i>)	Tier 2	PA
IMPOYZ EXTERNAL CREAM (<i>clobetasol propionate</i>)	Tier 2	PA; QL (112 grams per 30 days)
<i>instacort 5 external cream</i>	Tier 1	OTC; QL (100 grams per 30 days)
KENALOG EXTERNAL AEROSOL SOLUTION (<i>triamcinolone acetonide</i>)	Tier 2	PA; QL (100 grams per 30 days)
KERICORT 10 EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (30 grams per 30 days)
<i>kp hydrocortisone external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>kp hydrocortisone max st external ointment</i>	Tier 1	OTC

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LANACORT 10 EXTERNAL CREAM (<i>hydrocortisone acetate</i>)	Tier 1	OTC; QL (30 grams per 30 days)
LEXETTE EXTERNAL FOAM (<i>halobetasol propionate</i>)	Tier 2	PA; QL (50 grams per 30 days)
LOCOID EXTERNAL LOTION (<i>hydrocortisone butyrate</i>)	Tier 2	PA; QL (118 mL per 30 days)
LOCOID LIPOCREAM EXTERNAL CREAM (<i>hydrocortisone butyr lipo base</i>)	Tier 2	PA; QL (45 grams per 30 days)
LUXIQ EXTERNAL FOAM (<i>betamethasone valerate</i>)	Tier 2	PA; QL (100 grams per 30 days)
<i>meijer hydrocortisone external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
MG217 PSORIASIS ANIT-ITCH EXTERNAL GEL (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (60 grams per 30 days)
<i>mometasone furoate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>mometasone furoate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>mometasone furoate external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>flurandrenolide</i> (Nolix External Lotion)	Tier 2	PA; QL (120 mL per 30 days)
OLUX EXTERNAL FOAM (<i>clobetasol propionate</i>)	Tier 2	PA; QL (100 grams per 30 days)
OLUX-E EXTERNAL FOAM (<i>clobetasol propionate emulsion</i>)	Tier 2	PA; QL (100 grams per 30 days)
PANDEL EXTERNAL CREAM (<i>hydrocortisone probutate</i>)	Tier 2	PA; QL (80 grams per 30 days)
<i>prednicarbate external cream</i>	Tier 2	PA; QL (90 grams per 30 days)
<i>prednicarbate external ointment</i>	Tier 2	PA; QL (90 grams per 30 days)
PREPARATION H EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (30 grams per 30 days)
<i>psorcon external cream</i>	Tier 2	PA; QL (60 grams per 30 days)

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<i>px hydrocream external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra anti-itch maximum strength external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra anti-itch maximum strength external ointment</i>	Tier 1	OTC
<i>ra first aid anti-itch spray external solution</i>	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>ra hydrocortisone max st external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra hydrocortisone plus 12 external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>recort plus external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
SARNOL-HC EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>sb hydrocortisone external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sb hydrocortisone max st external ointment</i>	Tier 1	OTC
SERNIVO EXTERNAL EMULSION (<i>betamethasone dipropionate</i>)	Tier 2	PA
<i>sm hydrocortisone external cream 0.5 %</i>	Tier 1	OTC; QL (100 grams per 30 days)
<i>sm hydrocortisone external cream 1 %</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sm hydrocortisone external ointment</i>	Tier 1	OTC; QL (100 grams per 30 days)
<i>sm hydrocortisone max st external ointment</i>	Tier 1	OTC
SYNALAR EXTERNAL CREAM (<i>fluocinolone acetonide</i>)	Tier 2	PA; QL (120 grams per 30 days)
SYNALAR EXTERNAL OINTMENT (<i>fluocinolone acetonide</i>)	Tier 2	PA; QL (120 grams per 30 days)
SYNALAR EXTERNAL SOLUTION (<i>fluocinolone acetonide</i>)	Tier 2	PA; QL (120 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMOVATE EXTERNAL CREAM (<i>clobetasol propionate</i>)	Tier 2	PA; QL (60 grams per 30 days)
TEMOVATE EXTERNAL OINTMENT (<i>clobetasol propionate</i>)	Tier 2	PA; QL (60 grams per 30 days)
TEXACORT EXTERNAL SOLUTION (<i>hydrocortisone</i>)	Tier 2	PA; QL (30 mL per 30 days)
TOPICORT EXTERNAL CREAM (<i>desoximetasone</i>)	Tier 2	PA; QL (100 grams per 30 days)
TOPICORT EXTERNAL GEL (<i>desoximetasone</i>)	Tier 2	PA; QL (60 grams per 30 days)
TOPICORT EXTERNAL OINTMENT (<i>desoximetasone</i>)	Tier 2	PA; QL (100 grams per 30 days)
TOPICORT SPRAY EXTERNAL LIQUID (<i>desoximetasone</i>)	Tier 2	PA; QL (100 mL per 30 days)
<i>clobetasol propionate emulsion</i> (Tovet External Foam)	Tier 2	PA; QL (100 grams per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %</i>	Tier 1	PA; QL (60 mL per 30 days)
<i>triamcinolone acetonide external lotion 0.1 %</i>	Tier 1	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	Tier 2	PA; QL (430 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	QL (30 grams per 30 days)
<i>triamcinolone acetonide powder</i>	Tier 2	
<i>triamcinolone acetonide</i> (Triderm External Cream 0.1 %)	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide</i> (Triderm External Cream 0.5 %)	Tier 2	PA; QL (454 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIDESILON EXTERNAL CREAM (<i>desonide</i>)	Tier 2	PA; QL (60 grams per 30 days)
ULTRAVATE EXTERNAL LOTION (<i>halobetasol propionate</i>)	Tier 2	PA; QL (60 mL per 30 days)
VAGISIL EXTERNAL CREAM (<i>hydrocortisone acetate</i>)	Tier 1	OTC; QL (30 grams per 30 days)
VANOS EXTERNAL CREAM (<i>fluocinonide</i>)	Tier 2	PA; QL (120 grams per 30 days)
VERDESO EXTERNAL FOAM (<i>desonide</i>)	Tier 2	PA
*DEPIGMENTING AGENTS*** - DRUGS FOR THE SKIN		
<i>hydroquinone</i> (Blanche External Cream)	Tier 2	
<i>hydroquinone powder</i>	Tier 2	
<i>hydroquinone</i> (Remergent Hq External Cream)	Tier 2	
*DEPIGMENTING COMBINATIONS*** - DRUGS FOR THE SKIN		
TRI-LUMA EXTERNAL CREAM (<i>fluocin-hydroquinone-tretinoin</i>)	Tier 2	
*EMOLLIENT COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lactic acid e external cream</i>	Tier 2	
*EMOLLIENT/KERATOLYTIC AGENTS*** - DRUGS FOR THE SKIN		
CEROVEL EXTERNAL LOTION (<i>urea</i>)	Tier 2	
*EMOLLIENTS*** - DRUGS FOR THE SKIN		
AL12 EXTERNAL LOTION (<i>ammonium lactate</i>)	Tier 1	OTC
<i>alph-e-cream external cream</i>	Tier 1	OTC
AMLACTION DAILY EXTERNAL LOTION (<i>ammonium lactate</i>)	Tier 1	OTC
<i>cvs hydrating skin treatment external lotion</i>	Tier 1	OTC
<i>e-cream complex external cream</i>	Tier 1	OTC
<i>lactic acid external lotion</i>	Tier 2	

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PENTRAVAN EXTERNAL CREAM (<i>emollient</i>)	Tier 1	OTC
<i>ra vitamin e-vit a & d external cream</i>	Tier 1	OTC
<i>vitamin a&d external ointment</i>	Tier 1	OTC
<i>vitamin e-vit a & d external cream</i>	Tier 1	OTC
*ENZYMES - TOPICAL *** - DRUGS FOR THE SKIN		
<i>collagenase powder</i>	Tier 2	
SANTYL EXTERNAL OINTMENT (<i>collagenase</i>)	Tier 2	PA; QL (30 grams per 30 days)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL *** - DRUGS FOR THE SKIN		
<i>antifungal clotrimazole external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>antifungal external cream</i>	Tier 1	OTC
<i>anti-fungal external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>antifungal external powder</i>	Tier 1	OTC
<i>athletes foot (clotrimazole) external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>athletes foot external powder</i>	Tier 1	OTC
<i>athletes foot powder spray external aerosol powder</i>	Tier 1	OTC
AZOLEN TINCTURE EXTERNAL SOLUTION (<i>miconazole nitrate</i>)	Tier 1	OTC
CARRINGTON ANTIFUNGAL EXTERNAL CREAM (<i>miconazole nitrate</i>)	Tier 1	OTC
CAVILON EXTERNAL CREAM (<i>miconazole nitrate</i>)	Tier 1	OTC
<i>clotrimazole af external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>clotrimazole anti-fungal external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>clotrimazole athletes foot external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>clotrimazole crystals</i>	Tier 2	

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<i>clotrimazole external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>clotrimazole external solution</i>	Tier 1	OTC
<i>clotrimazole powder</i>	Tier 2	
CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC
<i>cvs athletes foot external aerosol powder</i>	Tier 1	OTC
<i>cvs athletes foot spray external aerosol</i>	Tier 1	OTC
<i>cvs clotrimazole external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>cvs clotrimazole external solution</i>	Tier 1	OTC
<i>cvs itch relief external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>cvs ringworm external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
DERMAFUNGAL EXTERNAL OINTMENT (<i>miconazole nitrate</i>)	Tier 1	OTC
DESENEX EXTERNAL CREAM (<i>clotrimazole</i>)	Tier 1	OTC; QL (30 grams per 30 days)
DESENEX EXTERNAL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC
DESENEX JOCK ITCH EXTERNAL AEROSOL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC
<i>econazole nitrate external cream</i>	Tier 2	PA
ECOZA EXTERNAL FOAM (<i>econazole nitrate</i>)	Tier 2	PA
<i>eq antifungal external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>eq athletes foot external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>eq athletes foot spray external aerosol powder</i>	Tier 1	OTC
<i>eq jock itch external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>eql antifungal external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)

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<i>eqI athletes foot external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
ERTACZO EXTERNAL CREAM (<i>sertaconazole nitrate</i>)	Tier 2	PA
EXELDERM EXTERNAL CREAM (<i>sulconazole nitrate</i>)	Tier 2	PA
EXELDERM EXTERNAL SOLUTION (<i>sulconazole nitrate</i>)	Tier 2	PA
EXTINA EXTERNAL FOAM (<i>ketoconazole</i>)	Tier 2	PA
FUNGOID TINCTURE EXTERNAL SOLUTION (<i>miconazole nitrate</i>)	Tier 1	OTC
<i>gnp athletes foot external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>gnp miconazole nitrate external aerosol powder</i>	Tier 1	OTC
<i>gnp miconazorb af external powder</i>	Tier 1	OTC
<i>jock itch external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>jock itch relief external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
JUBLIA EXTERNAL SOLUTION (<i>efinaconazole</i>)	Tier 2	PA; QL (8 mL per 30 days)
<i>ketoconazole external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>ketoconazole external foam</i>	Tier 2	PA
<i>ketoconazole external shampoo</i>	Tier 1	QL (120 mL per 30 days)
<i>kp miconazole nitrate external cream</i>	Tier 1	OTC
LOTRIMIN AF DEODORANT POWDER EXTERNAL AEROSOL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC
LOTRIMIN AF EXTERNAL CREAM (<i>clotrimazole</i>)	Tier 1	OTC; QL (30 grams per 30 days)
LOTRIMIN AF EXTERNAL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC
LOTRIMIN AF JOCK ITCH EXTERNAL CREAM (<i>clotrimazole</i>)	Tier 1	OTC; QL (30 grams per 30 days)
LOTRIMIN AF JOCK ITCH POWDER EXTERNAL AEROSOL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC
LOTRIMIN AF POWDER EXTERNAL AEROSOL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC

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<i>luliconazole external cream</i>	Tier 2	PA
LUZU EXTERNAL CREAM (<i>luliconazole</i>)	Tier 2	PA
<i>micaderm external cream</i>	Tier 1	OTC
MICATIN EXTERNAL CREAM (<i>miconazole nitrate</i>)	Tier 1	OTC
<i>miconazole antifungal external cream</i>	Tier 1	OTC
<i>miconazole nitrate external cream</i>	Tier 1	OTC
<i>miconazole nitrate powder</i>	Tier 2	
MICRO GUARD EXTERNAL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC
NIZORAL A-D EXTERNAL SHAMPOO (<i>ketoconazole</i>)	Tier 1	OTC
<i>oxiconazole nitrate external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
OXISTAT EXTERNAL CREAM (<i>oxiconazole nitrate</i>)	Tier 2	PA; QL (60 grams per 30 days)
OXISTAT EXTERNAL LOTION (<i>oxiconazole nitrate</i>)	Tier 2	PA; QL (60 mL per 30 days)
<i>podactin external cream</i>	Tier 1	OTC
<i>pro-ex antifungal external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>px athletic foot external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>qc clotrimazole external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra antifungal external cream</i>	Tier 1	OTC
<i>ra athletes foot external aerosol powder</i>	Tier 1	OTC
<i>ra athletes foot external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra clotrimazole external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra jock itch external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
REMEDY ANTIFUNGAL EXTERNAL CREAM (<i>miconazole nitrate</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REMEDY PHYTOPLEX ANTIFUNGAL EXTERNAL OINTMENT (<i>miconazole nitrate</i>)	Tier 1	OTC
REMEDY PHYTOPLEX ANTIFUNGAL EXTERNAL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC
<i>sb clotrimazole foot external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sm antifungal clotrimazole external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sm antifungal miconazole external cream</i>	Tier 1	OTC
SOOTHE & COOL INZO ANTIFUNGAL EXTERNAL CREAM (<i>miconazole nitrate</i>)	Tier 1	OTC
<i>sulconazole nitrate external cream</i>	Tier 2	PA
<i>sulconazole nitrate external solution</i>	Tier 2	PA
TINEACIDE EXTERNAL CREAM (<i>miconazole nitrate</i>)	Tier 1	OTC
<i>triple paste af external ointment</i>	Tier 1	OTC
XOLEGEL EXTERNAL GEL (<i>ketoconazole</i>)	Tier 2	
ZEASORB-AF EXTERNAL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC
*IMMUNOMODULATORS		
IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
ALDARA EXTERNAL CREAM (<i>imiquimod</i>)	Tier 2	PA; QL (48 packets per 1 year)
<i>imiquimod external cream</i>	Tier 1	PA; QL (48 packets per 1 year)
<i>imiquimod pump external cream</i>	Tier 2	PA; QL (1 pump bottle per 28 years)
ZYCLARA EXTERNAL CREAM (<i>imiquimod</i>)	Tier 2	PA; QL (28 packets per 1 year)
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (<i>imiquimod</i>)	Tier 2	PA; QL (16 grams per 1 year)
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	Tier 2	PA; QL (1 pump bottle per 28 years)

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*KERATOLYTIC/ANTIMITOTIC AGENTS*** - DRUGS FOR THE SKIN		
<i>cantharidin powder</i>	Tier 2	
CLEARASIL RAPID RESCUE DEEP EXTERNAL PAD (<i>salicylic acid</i>)	Tier 1	OTC
CONDYLOX EXTERNAL GEL (<i>podofilox</i>)	Tier 2	PA
<i>cvs corn/callus remover external kit</i>	Tier 1	OTC
DR SCHOLLS CALLUS REM/DURAGEL EXTERNAL PAD (<i>salicylic acid</i>)	Tier 1	OTC
<i>eq wart remover external liquid</i>	Tier 1	OTC
GETS-IT CORN/CALLUS REMOVER EXTERNAL LIQUID (<i>salicylic acid</i>)	Tier 1	OTC
<i>salicylic acid</i> (Keralyt External Shampoo)	Tier 2	
<i>liquid wart remover external liquid</i>	Tier 1	OTC
<i>podofilox external solution</i>	Tier 1	PA
<i>ra wart remover external solution</i>	Tier 1	OTC
*LINIMENT COMBINATIONS*** - DRUGS FOR THE SKIN		
DOULEURIN EXTERNAL LOTION (<i>capsaicin-menthol-methyl sal</i>)	Tier 1	AL; OTC
MENTHOZEN EXTERNAL CREAM (<i>capsaicin-menthol-methyl sal</i>)	Tier 1	OTC
XOTEN-C EXTERNAL LOTION (<i>capsaicin-menthol-methyl sal</i>)	Tier 1	OTC
*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>afterburn external gel</i>	Tier 1	OTC
ALOCANE EMERGENCY BURN MAX STR EXTERNAL AEROSOL (<i>lidocaine</i>)	Tier 1	OTC
<i>aloe vera burn relief external aerosol</i>	Tier 1	OTC
<i>aloe/lidocaine pain reliever external gel</i>	Tier 1	OTC
ASPERCREME LIDOCAINE ESSENTIAL EXTERNAL LIQUID (<i>lidocaine hcl</i>)	Tier 1	OTC

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ASPERCREME LIDOCAINE EXTERNAL LIQUID <i>(lidocaine hcl)</i>	Tier 1	OTC
ASPERCREME LIDOCAINE EXTERNAL PATCH <i>(lidocaine)</i>	Tier 1	OTC
ASPERCREME MAX STRENGTH EXTERNAL AEROSOL <i>(lidocaine)</i>	Tier 1	OTC
ASPERCREME PAIN RELIEF PATCH EXTERNAL PAD <i>(capsaicin)</i>	Tier 1	OTC
ASPERCREME W/LIDOCAINE EXTERNAL CREAM <i>(lidocaine hcl)</i>	Tier 1	OTC
asperflex max st external patch	Tier 1	OTC
BENGAY LIDOCAINE EXTERNAL CREAM (<i>lidocaine hcl</i>)	Tier 1	OTC
blue tube/ aloe external cream	Tier 1	OTC
BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH <i>(lidocaine)</i>	Tier 1	OTC
burn relief external aerosol	Tier 1	OTC
burn relief external gel	Tier 1	OTC
capsaicin external cream	Tier 1	OTC
capsaicin external pad	Tier 1	OTC
capsaicin hot patch external pad	Tier 1	OTC
capsaicin hp external cream	Tier 1	OTC
capsaicin powder	Tier 2	
capzix external cream	Tier 1	OTC
cocaine hcl powder	Tier 2	
cooling external gel	Tier 1	OTC
cvs aftersun aloe/lidocaine external gel	Tier 1	OTC
cvs capsaicin hp external cream	Tier 1	OTC
cvs instant burn relief external aerosol	Tier 1	OTC
cvs lidocaine maximum strength external cream	Tier 1	OTC
cvs lidocaine pain relief maxs external aerosol	Tier 1	OTC
cvs medicated heat patch external pad	Tier 1	OTC
cvs pain relief external cream	Tier 1	OTC

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cvs pain relief external patch	Tier 1	OTC
DERMACINRX PENETRAL EXTERNAL CREAM <i>(capsaicin)</i>	Tier 1	OTC
DOLOGESIC PAIN RELIEF ROLL-ON EXTERNAL LIQUID <i>(lidocaine hcl)</i>	Tier 1	OTC
eq capsaicin patch external pad	Tier 1	OTC
eq lidocaine pain relieving external patch	Tier 1	OTC
eq pain relieving external cream	Tier 1	OTC
FIRST CARE PAIN RELIEF EXTERNAL PATCH <i>(lidocaine)</i>	Tier 1	OTC
lidocaine hcl (Glydo External Prefilled Syringe)	Tier 2	PA
gnp burn relief external aerosol	Tier 1	OTC
gnp burn relief spray external aerosol	Tier 1	OTC
gnp capsaicin external cream	Tier 1	OTC
gnp lidocaine pain relief external patch	Tier 1	OTC
gnp lidocaine pain relieving external cream	Tier 1	OTC
GOLD BOND MULTI-SYMPMOM EXTERNAL CREAM <i>(lidocaine hcl)</i>	Tier 1	OTC
hm lidocaine patch external patch	Tier 1	OTC
LIDO KING EXTERNAL PATCH (<i>lidocaine</i>)	Tier 1	OTC
lidocaine external patch 4 %	Tier 1	OTC
lidocaine external patch 5 %	Tier 1	PA; QL (3 patches per 1 day)
lidocaine hcl external cream	Tier 1	OTC
lidocaine hcl external solution	Tier 1	PA; QL (300 mL per 30 days)
lidocaine hcl urethral/mucosal external gel	Tier 1	
lidocaine hcl urethral/mucosal external prefilled syringe	Tier 2	
lidocaine max st 24 hours external patch	Tier 1	OTC
lidocaine pain relief external patch	Tier 1	OTC
lidocaine plus external cream	Tier 1	OTC

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LIDODERM EXTERNAL PATCH (<i>lidocaine</i>)	Tier 2	PA; QL (3 patches per 1 day)
LIDODOSE EXTERNAL GEL (<i>lidocaine hcl</i>)	Tier 1	OTC
LIDODOSE PEDIATRIC BULK PACK EXTERNAL GEL (<i>lidocaine hcl</i>)	Tier 1	OTC
LIPOCAINE 5 EXTERNAL CREAM (<i>lidocaine</i>)	Tier 1	OTC
pain relief maximum strength external patch	Tier 1	OTC
pain relief roll-on external liquid	Tier 1	OTC
pain relieving external cream	Tier 1	OTC
pain relieving lidocaine external patch	Tier 1	OTC
pramoxine hcl powder	Tier 2	
qc lidocaine pain relief external patch	Tier 1	OTC
ra aloe vera/lidocaine external gel	Tier 1	OTC
ra burn relief aloe extra external aerosol	Tier 1	OTC
ra capsicum hot patch external pad	Tier 1	OTC
ra lidocaine pain relieving external patch	Tier 1	OTC
ra pain relief external cream	Tier 1	OTC
ra pain relieving external patch	Tier 1	OTC
REGENECARE HA EXTERNAL GEL (<i>lidocaine hcl</i>)	Tier 1	OTC
REGENECARE HA EXTERNAL LIQUID (<i>lidocaine hcl</i>)	Tier 1	OTC
RE-LIEVED MAXIMUM STRENGTH EXTERNAL PATCH (<i>lidocaine</i>)	Tier 1	OTC
SALONPAS PAIN RELIEVING EXTERNAL PATCH (<i>lidocaine</i>)	Tier 1	OTC
SOLARCAINE COOL ALOE EXTERNAL AEROSOL (<i>lidocaine</i>)	Tier 1	OTC
SUN BURNT PLUS EXTERNAL GEL (<i>lidocaine hcl</i>)	Tier 1	OTC
sure result sr relief external cream	Tier 1	OTC
theracare pain relief external patch	Tier 1	OTC
xolido external cream	Tier 1	OTC
xolido xp external cream	Tier 1	OTC
ZOSTRIX HP EXTERNAL CREAM (<i>capsaicin</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZTLIDO EXTERNAL PATCH (<i>lidocaine</i>)	Tier 2	PA; QL (3 patches per 1 day)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN		
ELIDEL EXTERNAL CREAM (<i>pimecrolimus</i>)	Tier 2	PA; AL; QL (100 grams per 90 days)
<i>pimecrolimus external cream</i>	Tier 1	PA; AL; QL (100 grams per 90 days)
PROTOPIC EXTERNAL OINTMENT (<i>tacrolimus</i>)	Tier 2	PA; AL; QL (100 grams per 90 days)
<i>tacrolimus external ointment</i>	Tier 1	PA; AL; QL (100 grams per 90 days)
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** - DRUGS FOR THE SKIN		
SCENESSE SUBCUTANEOUS IMPLANT (<i>afamelanotide acetate</i>)	Tier 2	PA; SP; QL (1 implant per 2 monthss)
*MISC. DERMATOLOGICAL PRODUCTS*** - DRUGS FOR THE SKIN		
<i>iliderm external emulsion</i>	Tier 2	
*MISC. TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>eq calamine external suspension</i>	Tier 1	OTC
*MISC. TOPICAL*** - DRUGS FOR THE SKIN		
<i>aluminum chloride anhydrous powder</i>	Tier 2	
<i>aluminum chloride hexahydrate crystals</i>	Tier 2	
<i>arnica flower tincture</i>	Tier 2	
<i>ichthammol powder</i>	Tier 2	
QBREXZA EXTERNAL PAD (<i>glycopyrronium tosylate</i>)	Tier 2	PA; QL (1 cloth per 1 day)
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
KERYDIN EXTERNAL SOLUTION (<i>tavaborole</i>)	Tier 2	PA; QL (1 bottle per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tavaborole external solution</i>	Tier 2	PA; QL (1 bottle per 30 days)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT (<i>crisaborole</i>)	Tier 2	PA
*PHOTODYNAMIC THERAPY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
AMELUZ EXTERNAL GEL (<i>aminolevulinic acid hcl</i>)	Tier 2	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED (<i>aminolevulinic acid hcl</i>)	Tier 2	
*PIGMENTING AGENTS*** - DRUGS FOR THE SKIN		
<i>methoxsalen powder</i>	Tier 2	
*PROSTAGLANDINS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>bimatoprost external solution</i>	Tier 2	
LATISSE EXTERNAL SOLUTION (<i>bimatoprost</i>)	Tier 2	
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>azelaic acid external gel</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>doxycycline oral capsule delayed release</i>	Tier 2	PA; QL (1 capsule per 1 day)
FINACEA EXTERNAL FOAM (<i>azelaic acid</i>)	Tier 2	PA; QL (50 grams per 30 days)
FINACEA EXTERNAL GEL (<i>azelaic acid</i>)	Tier 2	PA; QL (50 grams per 30 days)
METROCREAM EXTERNAL CREAM (<i>metronidazole</i>)	Tier 2	QL (45 grams per 30 days)
METROGEL EXTERNAL GEL (<i>metronidazole</i>)	Tier 2	QL (60 grams per 30 days)
METROLOTION EXTERNAL LOTION (<i>metronidazole</i>)	Tier 2	QL (59 mL per 30 days)
<i>metronidazole external cream</i>	Tier 1	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	Tier 1	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	Tier 1	QL (55 grams per 30 days)
<i>metronidazole external lotion</i>	Tier 1	QL (59 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRVASO EXTERNAL GEL (<i>brimonidine tartrate</i>)	Tier 2	
NORITATE EXTERNAL CREAM (<i>metronidazole</i>)	Tier 2	PA; QL (60 grams per 30 days)
ORACEA ORAL CAPSULE DELAYED RELEASE (<i>doxycycline</i>)	Tier 2	PA; QL (1 capsule per 1 day)
RHOFADE EXTERNAL CREAM (<i>oxymetazoline hcl</i>)	Tier 2	
<i>metronidazole</i> (Rosadan External Cream)	Tier 1	QL (45 grams per 30 days)
<i>metronidazole</i> (Rosadan External Gel)	Tier 1	QL (45 grams per 30 days)
SOOLANTRA EXTERNAL CREAM (<i>ivermectin</i>)	Tier 2	PA; QL (30 grams per 30 days)
ZILXI EXTERNAL FOAM (<i>minocycline hcl micronized</i>)	Tier 2	PA; QL (30 grams per 30 days)
*SCABICIDE COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>cvs lice killing external shampoo</i>	Tier 1	OTC
CVS LICE SOLUTION COMBINATION KIT (<i>pyreth-pip butox-permeth-nitre</i>)	Tier 1	OTC; QL (1 kit per 30 days)
<i>eq lice killing max st external shampoo</i>	Tier 1	OTC
<i>eql lice killing max st external shampoo</i>	Tier 1	OTC
<i>gnp lice treatment external shampoo</i>	Tier 1	OTC
<i>hm lice killing max st external shampoo</i>	Tier 1	OTC
<i>lice killing external shampoo</i>	Tier 1	OTC
<i>lice killing maximum strength external shampoo</i>	Tier 1	OTC
LICIDE COMPLETE LICE TREATMENT COMBINATION KIT (<i>pyreth-pip butox-permeth-nitre</i>)	Tier 1	OTC; QL (1 kit per 30 days)
LICIDE MAXIMUM STRENGTH EXTERNAL LIQUID (<i>pyrethrins-piperonyl butoxide</i>)	Tier 1	OTC; QL (60 mL per 30 days)
<i>ra lice maximum strength external shampoo</i>	Tier 1	OTC
<i>ra lice solution combination kit</i>	Tier 1	OTC; QL (1 kit per 30 days)
RID COMPLETE LICE ELIMINATION COMBINATION KIT (<i>pyreth-pip butox-permeth-nitre</i>)	Tier 1	OTC; QL (1 kit per 30 days)
<i>sb lice killing max st external shampoo</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm lice killing external shampoo</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>sm lice killing max strength external shampoo</i>	Tier 1	OTC
<i>sm lice solution kit combination kit</i>	Tier 1	OTC; QL (1 kit per 30 days)
<i>stop lice complete treatment combination kit</i>	Tier 1	OTC; QL (1 kit per 30 days)
<i>stop lice maximum strength external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
CROTAN EXTERNAL LOTION (<i>crotamiton</i>)	Tier 2	QL (60 grams per 30 days)
<i>cvs lice treatment external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
ELIMITE EXTERNAL CREAM (<i>permethrin</i>)	Tier 2	QL (120 grams per 30 days)
<i>gnp lice treatment external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>hm lice treatment external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>ivermectin external lotion</i>	Tier 2	PA
<i>lice treatment external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>lice treatment external lotion</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>lindane external shampoo</i>	Tier 2	QL (60 mL per 30 days)
<i>malathion external lotion</i>	Tier 2	PA
NATROBA EXTERNAL SUSPENSION (<i>spinosad</i>)	Tier 2	
OVIDE EXTERNAL LOTION (<i>malathion</i>)	Tier 2	PA
<i>permethrin external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>ra lice treatment external lotion</i>	Tier 1	OTC; QL (60 mL per 30 days)

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<i>sb lice treatment external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
SKLICE EXTERNAL LOTION (<i>ivermectin</i>)	Tier 2	PA
<i>sm lice treatment external lotion</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>spinosad external suspension</i>	Tier 1	
<i>sulfurated lime external solution</i>	Tier 2	
*SEBORRHEIC KERATOSIS PRODUCTS** - DRUGS FOR THE SKIN		
ESKATA EXTERNAL SOLUTION (<i>hydrogen peroxide</i>)	Tier 2	
*SKIN CLEANSERS*** - DRUGS FOR THE SKIN		
<i>advanced hand sanil/aloel/vit e external liquid</i>	Tier 1	OTC
<i>advanced hand sanitizer external gel</i>	Tier 1	OTC
<i>advanced hand sanitizer external liquid</i>	Tier 1	OTC
<i>advanced hand sanitizer/aloe external gel</i>	Tier 1	OTC
<i>advanced hand sanitizer/aloe external liquid</i>	Tier 1	OTC
<i>advanced hand sanitizer/vit e external liquid</i>	Tier 1	OTC
<i>alcohol wipes external</i>	Tier 1	OTC
CLEVER CHOICE HAND SANITIZER EXTERNAL GEL (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
<i>cvs instant hand sanitizer external liquid</i>	Tier 1	OTC
<i>cvs isopropyl alcohol wipes external</i>	Tier 1	OTC
ENOVATIZER GEL EXTERNAL GEL (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
<i>eql hand sanitizer advanced external liquid</i>	Tier 1	OTC
<i>eql hand sanitizer external liquid</i>	Tier 1	OTC
<i>eql hand sanitizer/aloe external liquid</i>	Tier 1	OTC
<i>essentra wipes 9x9" external</i>	Tier 2	
GELRITE HAND SANITIZER EXTERNAL LIQUID (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
GERM-X CITRUS HAND SANITIZER EXTERNAL LIQUID (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GERM-X ORIGINAL HAND SANITIZER EXTERNAL LIQUID (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
HANDCLEAN HAND SANITIZER EXTERNAL GEL (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
<i>instant hand sanitizer external liquid</i>	Tier 1	OTC
<i>isopropyl alcohol external liquid</i>	Tier 1	OTC
MEDI-FIRST ANTISEPTIC CLEANER EXTERNAL GEL (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
NOZIN NASAL SANITIZER EXTERNAL LIQUID (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
PREVACARE ANTIMICROBIAL EXTERNAL GEL (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
PROTECTEAV EXTERNAL LIQUID (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
RA GERM DEFENSE EXTERNAL LIQUID (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
<i>ra instant hand sanitizer external liquid</i>	Tier 1	OTC
<i>ra instant hand sanitizer/loe external liquid</i>	Tier 1	OTC
<i>ra isopropyl alcohol wipes external</i>	Tier 1	OTC
<i>ra renewal hand sanitizer external liquid</i>	Tier 1	OTC
<i>sm advanced hand sanitizer external liquid</i>	Tier 1	OTC
*SKIN PROTECTANTS*** - DRUGS FOR THE SKIN		
AMEDA TRIPLE ZERO LANOLIN EXTERNAL CREAM (<i>lanolin</i>)	Tier 1	OTC
<i>benzoin external tincture</i>	Tier 2	
HPA LANOLIN EXTERNAL CREAM (<i>lanolin</i>)	Tier 1	OTC
LANSINOH LANOLIN EXTERNAL CREAM (<i>lanolin</i>)	Tier 1	OTC
LANSINOH LANOLIN MINIS NIPPLE EXTERNAL CREAM (<i>lanolin</i>)	Tier 1	OTC
LANSINOH LANOLIN NIPPLE EXTERNAL CREAM (<i>lanolin</i>)	Tier 1	OTC
MEDELA TENDER CARE LANOLIN EXTERNAL CREAM (<i>lanolin</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*STEROID-LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
EPIFOAM EXTERNAL FOAM (<i>pramoxine-hc</i>)	Tier 2	
PRAMOSONE EXTERNAL CREAM (<i>pramoxine-hc</i>)	Tier 2	
PRAMOSONE EXTERNAL LOTION (<i>pramoxine-hc</i>)	Tier 2	
*TAR PRODUCTS*** - DRUGS FOR THE SKIN		
<i>coal tar external solution</i>	Tier 2	
*TISSUE REPLACEMENTS*** - DRUGS FOR THE SKIN		
AFFINITY EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED (<i>amniotic membrane allograft</i>)	Tier 2	
<i>amphenol-40 injection suspension reconstituted</i>	Tier 2	
BIOVANCE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
EPICORD EXTERNAL SHEET (<i>umbilical cord allograft</i>)	Tier 2	
EPIFIX EXTERNAL DISK (<i>amniotic membrane allograft</i>)	Tier 2	
EPIFIX EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED (<i>amniotic membrane allograft</i>)	Tier 2	
KARDIAMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
NEOX 100 EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
NEOX CORD 1K EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
NOVACHOR EXTERNAL SHEET (<i>chorion membrane allograft</i>)	Tier 2	
NUSHIELD EXTERNAL DISK (<i>amniotic membrane allograft</i>)	Tier 2	

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NUSHIELD EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
PALINGEN FLOW INJECTION INJECTABLE (<i>amniotic memb-fluid allograft</i>)	Tier 2	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
PALINGEN INOVOFLO INJECTION INJECTABLE (<i>amniotic fluid allograft</i>)	Tier 2	
PALINGEN MEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
STRAVIX EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>allevess external patch</i>	Tier 1	OTC
<i>cbd4 freeze pump maximum str external cream</i>	Tier 2	
<i>flexin external patch</i>	Tier 2	
<i>lidocaine-prilocaine external cream</i>	Tier 1	QL (30 grams per 30 days)
<i>lidocaine-prilocaine external kit</i>	Tier 2	QL (5 kits per 30 days)
<i>lidocaine-tetracaine external cream</i>	Tier 2	PA; QL (30 grams per 30 days)
PLIAGLIS EXTERNAL CREAM (<i>lidocaine-tetracaine</i>)	Tier 2	PA; QL (30 grams per 30 days)
PLIAGLIS EXTERNAL KIT (<i>lidocaine-tetracaine</i>)	Tier 2	PA; QL (30 grams per 30 days)
<i>prepiv supply combination kit</i>	Tier 2	
PRILO PATCH II EXTERNAL KIT (<i>lidocaine-prilocaine</i>)	Tier 2	
<i>reliever external patch</i>	Tier 1	OTC
SYNERA EXTERNAL PATCH (<i>lidocaine-tetracaine</i>)	Tier 2	PA; QL (2 patches per 30 days)

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VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT <i>(lidocaine hcl-blood collection)</i>	Tier 2	
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR THE SKIN		
TARGRETIN EXTERNAL GEL (<i>bexarotene</i>)	Tier 2	PA; SP
*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	Tier 2	QL (420 grams per 28 days)
<i>calcipotriene-betameth diprop external suspension</i>	Tier 2	QL (420 grams per 28 days)
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM (<i>hydrocortisone-aloe vera</i>)	Tier 1	PA; OTC; QL (30 grams per 30 days)
CORTIZONE-10 PLUS EXTERNAL CREAM (<i>hydrocortisone-aloe vera</i>)	Tier 1	PA; OTC; QL (30 grams per 30 days)
CORTIZONE-10/ALOE EXTERNAL CREAM (<i>hydrocortisone-aloe vera</i>)	Tier 1	PA; OTC; QL (30 grams per 30 days)
DUOBRII EXTERNAL LOTION (<i>halobetasol prop-tazarotene</i>)	Tier 2	PA; QL (200 grams per 30 days)
ENSTILAR EXTERNAL FOAM (<i>calcipotriene-betameth diprop</i>)	Tier 2	QL (420 grams per 28 days)
<i>gnp hydrocortisone/aloe external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hm hydrocortisone plus external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hm hydrocortisone-aloe max st external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hydrocortisone/aloe max str external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hydrocortisone-aloe external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>kls hydrocortisone plus external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)

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<i>kp hydrocortisone-aloe external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra hydrocortisone plus external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sm hydrocortisone plus external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sm hydrocortisone-aloe max st external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
TACLONEX EXTERNAL OINTMENT (<i>calcipotriene-betameth diprop</i>)	Tier 2	QL (420 grams per 28 days)
TACLONEX EXTERNAL SUSPENSION (<i>calcipotriene-betameth diprop</i>)	Tier 2	QL (420 grams per 28 days)
WYNZORA EXTERNAL CREAM (<i>calcipotriene-betameth diprop</i>)	Tier 2	QL (420 grams per 28 days)
*WOUND DRESSINGS*** - DRUGS FOR THE SKIN		
CARRASYN HYDROGEL WOUND DRESS EXTERNAL GEL (<i>wound dressings</i>)	Tier 2	
KENDALL HYDROGEL WOUND DRESS EXTERNAL (<i>hydroactive dressings</i>)	Tier 2	
TEGADERM AG MESH EXTERNAL PAD (<i>silver</i>)	Tier 2	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC BIOLOGICALS***		
<i>almond (diagnostic) injection solution</i>	Tier 2	MB
APLISOL INTRADERMAL SOLUTION (<i>tuberculin ppd</i>)	Tier 2	MB
<i>apple (diagnostic) injection solution</i>	Tier 2	MB
<i>aspergillus fumigatus intradermal solution</i>	Tier 2	MB
<i>aureobasidium pullulans intradermal solution</i>	Tier 2	MB
<i>avocado (diagnostic) injection solution</i>	Tier 2	MB
<i>banana (diagnostic) injection solution</i>	Tier 2	MB
<i>beef (diagnostic) injection solution</i>	Tier 2	MB
<i>botrytis cinerea intradermal solution</i>	Tier 2	MB
<i>candida albicans skn tst antgn intradermal solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CANDIN INTRADERMAL SOLUTION (<i>candida albicans skn tst antgn</i>)	Tier 2	MB
<i>cantaloupe (diagnostic) injection solution</i>	Tier 2	MB
<i>casein (diagnostic) injection solution</i>	Tier 2	MB
<i>chicken meat (diagnostic) injection solution</i>	Tier 2	MB
<i>cocoa bean (diagnostic) injection solution</i>	Tier 2	MB
<i>crab (diagnostic) injection solution</i>	Tier 2	MB
<i>egg white (diagnostic) injection solution</i>	Tier 2	MB
<i>mosquito (diagnostic) intradermal solution</i>	Tier 2	MB
<i>oat grain (diagnostic) injection solution</i>	Tier 2	MB
<i>orange (diagnostic) injection solution</i>	Tier 2	MB
<i>peanut (diagnostic) injection solution</i>	Tier 2	MB
<i>pecan nut (diagnostic) injection solution</i>	Tier 2	MB
<i>penicillium notatum intradermal solution</i>	Tier 2	MB
<i>pistachio nut (diagnostic) injection solution</i>	Tier 2	MB
<i>pork (diagnostic) injection solution</i>	Tier 2	MB
<i>rice (diagnostic) injection solution</i>	Tier 2	MB
<i>saccharomyces cerevisiae intradermal solution</i>	Tier 2	MB
<i>sesame seed (diagnostic) injection solution</i>	Tier 2	MB
<i>shrimp (diagnostic) injection solution</i>	Tier 2	MB
<i>soybean (diagnostic) injection solution</i>	Tier 2	MB
SPHERUSOL INTRADERMAL SOLUTION (<i>coccidioides immitis</i>)	Tier 2	MB
<i>strawberry (diagnostic) injection solution</i>	Tier 2	MB
<i>sweet corn (diagnostic) injection solution</i>	Tier 2	MB
<i>tomato (diagnostic) injection solution</i>	Tier 2	
<i>trichophyton mentag (diagnost) subcutaneous solution</i>	Tier 2	
TUBERSOL INTRADERMAL SOLUTION (<i>tuberculin ppd</i>)	Tier 2	MB
<i>whole egg (diagnostic) injection solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIAGNOSTIC DRUGS***		
ACTHREL INTRAVENOUS SOLUTION RECONSTITUTED (<i>corticorelin ovine triflutate</i>)	Tier 2	MB
<i>adenosine (diagnostic) intravenous solution</i>	Tier 2	MB
<i>adenosine intravenous solution</i>	Tier 2	MB
ARIDOL INHALATION KIT (<i>mannitol</i>)	Tier 2	
CHIRHOSTIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>secretin acetate (human)</i>)	Tier 2	MB
CORTROSYN INJECTION SOLUTION RECONSTITUTED (<i>cosyntropin</i>)	Tier 2	MB
<i>cosyntropin injection solution reconstituted</i>	Tier 1	MB
CYSVIEW INTRAVESICAL SOLUTION RECONSTITUTED (<i>hexaminolevulinate hcl</i>)	Tier 2	MB
<i>dipyridamole intravenous solution</i>	Tier 2	MB
GLEOLAN ORAL SOLUTION RECONSTITUTED (<i>aminolevulinic acid hcl</i>)	Tier 2	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED (<i>glucagon hcl rdna (diagnostic)</i>)	Tier 1	
<i>glucagon hcl (diagnostic) injection solution reconstituted</i>	Tier 2	MB
HISTATROL INJECTION SOLUTION (<i>histamine phosphate</i>)	Tier 2	MB
HISTATROL INTRADERMAL SOLUTION (<i>histamine phosphate</i>)	Tier 2	MB
IC GREEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>indocyanine green</i>)	Tier 2	MB
<i>indocyanine green intravenous solution reconstituted</i>	Tier 2	MB
<i>inulin intravenous solution</i>	Tier 2	
<i>isosulfan blue subcutaneous solution</i>	Tier 2	MB
KINEVAC INJECTION SOLUTION RECONSTITUTED (<i>sincalide</i>)	Tier 2	MB
LEXISCAN INTRAVENOUS SOLUTION (<i>regadenoson</i>)	Tier 2	MB
MACRILEN ORAL PACKET (<i>macimorelin acetate</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METOPIRONE ORAL CAPSULE (<i>metyrapone</i>)	Tier 2	
PRE-PEN INTRADERMAL SOLUTION (<i>benzylpenicilloyl polylysine</i>)	Tier 2	MB
PROVOCHOLINE INHALATION SOLUTION RECONSTITUTED (<i>methacholine chloride</i>)	Tier 2	MB
R-GENE 10 INTRAVENOUS SOLUTION (<i>arginine hcl (diagnostic)</i>)	Tier 2	MB
SECREFLO INTRAVENOUS SOLUTION RECONSTITUTED (<i>secretin acetate</i>)	Tier 2	
*DIAGNOSTIC INFECTION TEST COMBINATIONS***		
SOFIA2 FLU+SARS ANTIGEN FIA IN VITRO KIT (<i>influenza-sars antigen test</i>)	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS - BRAIN***		
AMYVID INTRAVENOUS SOLUTION (<i>florbetapir f 18</i>)	Tier 2	MB
DATSCAN INTRAVENOUS SOLUTION (<i>ioflupane i 123</i>)	Tier 2	MB
VIZAMYL INTRAVENOUS SOLUTION (<i>flutemetamol f 18</i>)	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS - CARDIAC***		
<i>ammonia n 13 intravenous solution</i>	Tier 2	
MYOVIEW 30ML INTRAVENOUS KIT (<i>technetium tc 99m tetrofosmin</i>)	Tier 2	MB
<i>technetium tc 99m sestamibi intravenous kit</i>	Tier 2	MB
<i>thallous chloride tl 201 intravenous solution</i>	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS - ENDOCRINE***		
ADREVIEW INTRAVENOUS SOLUTION (<i>iobenguane sulfate i 123</i>)	Tier 2	MB
DETECTNET INTRAVENOUS SOLUTION (<i>copper cu 64 dotatate</i>)	Tier 2	MB
DOTATOC GA 68 INTRAVENOUS SOLUTION (<i>gallium ga 68 dotatoc</i>)	Tier 2	MB
<i>indium in 111 dtpa intrathecal solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NETSPOT INTRAVENOUS KIT (<i>gallium ga 68 dotatate</i>)	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS - GASES***		
<i>xenon xe 133 inhalation gas</i>	Tier 2	
*DIAGNOSTIC RADIOPHARMACEUTICALS - HEPATOBILIARY***		
CHOLETEC INTRAVENOUS KIT (<i>technetium tc 99m mebrofenin</i>)	Tier 2	MB
<i>technetium tc 99m mebrofenin intravenous kit</i>	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS - MISCELLANEOUS***		
CERIANNA INTRAVENOUS SOLUTION (<i>fluoroestradiol f 18</i>)	Tier 2	MB
<i>fludeoxyglucose f 18 intravenous solution</i>	Tier 2	
<i>gallium citrate ga 67 intravenous solution</i>	Tier 2	
LEU TECHNELITE COMBINATION KIT (<i>technet tc 99m pertechnetate</i>)	Tier 2	
TECHNELITE COMBINATION KIT (<i>technet tc 99m pertechnetate</i>)	Tier 2	
<i>technet tc 99m sulfur colloid combination kit</i>	Tier 2	
<i>technetium tc 99m pyrophos intravenous kit</i>	Tier 2	MB
<i>volumex intravenous solution prefilled syringe</i>	Tier 2	
*DIAGNOSTIC RADIOPHARMACEUTICALS - PROSTATIC***		
AXUMIN INTRAVENOUS SOLUTION (<i>fluciclovine f 18</i>)	Tier 2	MB
<i>gallium ga 68 psma-11 intravenous solution</i>	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS - RENAL***		
<i>dmsa intravenous kit</i>	Tier 2	
*DIAGNOSTIC RADIOPHARMACEUTICALS - SKELETAL***		
<i>technetium tc 99m medronate intravenous kit</i>	Tier 2	MB

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*DIAGNOSTIC RADIOPHARMACEUTICALS- IMMUNE CELL RADIOLABELING**		
CERETEC INTRAVENOUS KIT (<i>technetium tc 99m exametazime</i>)	Tier 2	MB
<i>indium in 111 oxyquinoline intravenous solution</i>	Tier 2	MB
*DIAGNOSTIC TESTS***		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT (<i>drug assay (urine)</i>)	Tier 2	
AZO TEST IN VITRO STRIP (<i>leukocyte test</i>)	Tier 1	OTC
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 1	OTC; QL (50 strips per 30 days)
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	PA; QL (50 strips per 30 days)
DX1 ORAGENOMIC DNA SCREEN COMBINATION KIT (<i>dna collection product</i>)	Tier 2	
DX2 ORAGENOMIC DNA SCREEN COMBINATION KIT (<i>dna collection product</i>)	Tier 2	
<i>home pap kit in vitro kit</i>	Tier 2	
<i>ketone test in vitro strip</i>	Tier 1	OTC; QL (50 strips per 30 days)
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 1	OTC; QL (50 strips per 30 days)
<i>medicated dna collection 2 combination kit</i>	Tier 2	
<i>medicated dna collection combination kit</i>	Tier 2	
<i>ph strips in vitro diagnostic test</i>	Tier 2	
RA TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 1	OTC; QL (50 strips per 30 days)
RELION KETONE IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 1	OTC; QL (50 strips per 30 days)
RELION KETONE TEST IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 1	OTC; QL (50 strips per 30 days)
<i>rx-specimen collection combination kit</i>	Tier 2	

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TOXICOLOGY MED COLLECTION SYS IN VITRO KIT (<i>drug assay (urine)</i>)	Tier 2	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 1	OTC; QL (50 strips per 30 days)
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 1	OTC; QL (50 strips per 30 days)
*INFECTION TESTS***		
SOFIA SARS ANTIGEN FIA IN VITRO KIT (<i>covid-19 antigen test</i>)	Tier 2	MB
<i>urinary tract infection test in vitro strip</i>	Tier 1	OTC
XPERT XPRESS SARS-COV-2 IN VITRO KIT (<i>covid-19 test</i>)	Tier 2	MB
*MISCELLANEOUS CONTRAST MEDIA***		
<i>gadoterate meglumine</i> (Clariscan Intravenous Solution)	Tier 2	MB
DEFINITY INTRAVENOUS SUSPENSION (<i>perflutren lipid microsphere</i>)	Tier 2	MB
DOTAREM INTRAVENOUS SOLUTION (<i>gadoterate meglumine</i>)	Tier 2	MB
DOTAREM INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>gadoterate meglumine</i>)	Tier 2	MB
EOVIST INTRAVENOUS SOLUTION (<i>gadoxetate disodium</i>)	Tier 2	MB
GADAVIST INTRAVENOUS SOLUTION (<i>gadobutrol</i>)	Tier 2	MB
LUMASON INTRAVENOUS SUSPENSION RECONSTITUTED (<i>sulfur hexafluoride microsph</i>)	Tier 2	MB
MULTIHANCE INTRAVENOUS SOLUTION (<i>gadobenate dimeglumine</i>)	Tier 2	MB
OMNISCAN INJECTION INJECTABLE (<i>gadodiamide</i>)	Tier 2	MB
OMNISCAN INTRAVENOUS SOLUTION (<i>gadodiamide</i>)	Tier 2	MB
OPTION INTRAVENOUS SUSPENSION (<i>perflutren protein a microsph</i>)	Tier 2	MB
PROHANCE INTRAVENOUS SOLUTION (<i>gadoteridol</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MULTIPLE URINE TESTS***		
CVS KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	Tier 1	OTC
*RADIOGRAPHIC CONTRAST MEDIA - BARIUM***		
<i>barium sulfate powder</i>	Tier 2	
E-Z-HD ORAL SUSPENSION RECONSTITUTED (<i>barium sulfate</i>)	Tier 2	
E-Z-PAQUE ORAL SUSPENSION RECONSTITUTED (<i>barium sulfate</i>)	Tier 2	
LIQUID E-Z-PAQUE ORAL SUSPENSION (<i>barium sulfate</i>)	Tier 2	
READI-CAT 2 ORAL SUSPENSION (<i>barium sulfate</i>)	Tier 2	
TAGITOL V ORAL SUSPENSION (<i>barium sulfate</i>)	Tier 2	
VARIBAR NECTAR ORAL SUSPENSION (<i>barium sulfate</i>)	Tier 2	
VARIBAR PUDDING ORAL PASTE (<i>barium sulfate</i>)	Tier 2	
*RADIOGRAPHIC CONTRAST MEDIA - IODINATED***		
CONRAY INJECTION SOLUTION (<i>iothalamate meglumine</i>)	Tier 2	MB
CYSTO-CONRAY II URETHRAL SOLUTION (<i>iothalamate meglumine</i>)	Tier 2	
CYSTOGRAFIN URETHRAL SOLUTION (<i>diatrizoate meglumine</i>)	Tier 2	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION (<i>diatrizoate meglumine</i>)	Tier 2	
GASTROGRAFIN ORAL SOLUTION (<i>diatrizoate meglumine & sodium</i>)	Tier 2	
GLOFIL-125 INTRAVENOUS SOLUTION (<i>iothalamate sodium</i>)	Tier 2	
ISOVUE-200 INTRAVENOUS SOLUTION (<i>iopamidol</i>)	Tier 2	MB
ISOVUE-250 INTRAVENOUS SOLUTION (<i>iopamidol</i>)	Tier 2	MB
ISOVUE-300 INTRAVENOUS SOLUTION (<i>iopamidol</i>)	Tier 2	MB
ISOVUE-370 INTRAVENOUS SOLUTION (<i>iopamidol</i>)	Tier 2	MB

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ISOVUE-M 200 INJECTION SOLUTION (<i>iopamidol</i>)	Tier 2	MB
ISOVUE-M 300 INJECTION SOLUTION (<i>iopamidol</i>)	Tier 2	MB
LIPIODOL INJECTION OIL (<i>ethiodized oil</i>)	Tier 2	MB
<i>diatrizoate meglumine & sodium</i> (Md-Gastroview Oral Solution)	Tier 2	
OMNIPAQUE INJECTION SOLUTION (<i>iohexol</i>)	Tier 2	MB
OMNIPAQUE INTRAVENOUS SOLUTION (<i>iohexol</i>)	Tier 2	MB
OMNIPAQUE ORAL SOLUTION (<i>iohexol</i>)	Tier 2	
OPTIRAY 240 INJECTION SOLUTION (<i>ioversol</i>)	Tier 2	MB
OPTIRAY 300 INJECTION SOLUTION (<i>ioversol</i>)	Tier 2	MB
OPTIRAY 320 INJECTION SOLUTION (<i>ioversol</i>)	Tier 2	MB
OPTIRAY 350 INJECTION SOLUTION (<i>ioversol</i>)	Tier 2	MB
ULTRAVIST INJECTION SOLUTION (<i>iopromide</i>)	Tier 2	MB
VISIPAQUE INTRAVENOUS SOLUTION (<i>iodixanol</i>)	Tier 2	MB
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
*DIETARY MANAGEMENT PRODUCT COMBINATIONS*** - DRUGS FOR NUTRITION		
LIMBREL250 ORAL CAPSULE (<i>flavocoxid-cit zn bisglcinate</i>)	Tier 2	
LIMBREL500 ORAL CAPSULE (<i>flavocoxid-cit zn bisglcinate</i>)	Tier 2	
*DIETARY MANAGEMENT PRODUCTS*** - DRUGS FOR NUTRITION		
AVAILNEX ORAL TABLET CHEWABLE (<i>carbocysteine</i>)	Tier 2	
ENTERAGAM ORAL PACKET (<i>sbil/protein isolate</i>)	Tier 2	
LIMBREL ORAL CAPSULE (<i>flavocoxid</i>)	Tier 2	
*NUTRITIONAL SUPPLEMENTS*** - DRUGS FOR NUTRITION		
AMINOPMRMS ORAL CAPSULE (<i>nutritional supplements</i>)	Tier 2	
<i>nutritional supplements</i> (Asilnasalrms Oral Capsule)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN BUILD 10PE ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN BUILD 20/20 PKU ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN COMPLETE 10PE ORAL BAR (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN RESTORE 5 ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN RESTORE LITE 10PE ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN RTD LITE 15 ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN SWIRL 15PE ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
HCU EASY ORAL TABLET (<i>nutritional supplements</i>)	Tier 2	
HOMACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
ISOVACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
KETOVIEW ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
KETOVIEW PEPTIDE ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
MSUD EASY ORAL TABLET (<i>nutritional supplements</i>)	Tier 2	
NOURISH ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
PHENACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
PKU EASY ORAL TABLET (<i>nutritional supplements</i>)	Tier 2	
TYLACTIN BUILD 20PE TYR ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	

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TYLACTIN RESTORE 10 ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
TYLACTIN RESTORE 5PE ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
TYLACTIN RTD 15 ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
TYR COOLER ORAL LIQUID (<i>nutritional supplements</i>)	Tier 1	OTC
TYR EASY ORAL TABLET (<i>nutritional supplements</i>)	Tier 2	
VILACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
*SWEETENERS*** - DRUGS FOR NUTRITION		
ASPARTAME (NUTRASWEET) POWDER (<i>aspartame</i>)	Tier 2	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 6000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 1	PA; QL (25 capsules per 1 day)
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT, 36000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 1	PA
<i>dairy digestive oral tablet</i>	Tier 1	OTC
<i>lactase oral tablet</i>	Tier 1	OTC
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	PA; QL (25 capsules per 1 day)
<i>pepsin powder</i>	Tier 2	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	PA; QL (25 capsules per 1 day)
<i>sb lactase oral tablet</i>	Tier 1	OTC
SUCRAID ORAL SOLUTION (<i>sacrosidase</i>)	Tier 2	PA; SP
<i>surelac oral tablet</i>	Tier 1	OTC
VIOKACE ORAL TABLET (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	PA; QL (25 tablets per 1 day)

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ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	PA; QL (25 capsules per 1 day)
*GASTRIC ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>l-glutamic acid hcl powder</i>	Tier 2	
DIURETICS - DRUGS FOR THE HEART		
*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 1	
<i>acetazolamide oral tablet</i>	Tier 1	
<i>acetazolamide sodium injection solution reconstituted</i>	Tier 2	MB
KEVEYIS ORAL TABLET (<i>dichlorphenamide</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
<i>methazolamide oral tablet</i>	Tier 1	
<i>methazolamide powder</i>	Tier 2	
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ALDACTAZIDE ORAL TABLET (<i>spironolactone-hctz</i>)	Tier 2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 1	
MAXZIDE ORAL TABLET (<i>triamterene-hctz</i>)	Tier 2	
MAXZIDE-25 ORAL TABLET (<i>triamterene-hctz</i>)	Tier 2	
<i>spironolactone-hctz oral tablet</i>	Tier 1	
<i>triamterene-hctz oral capsule</i>	Tier 1	
<i>triamterene-hctz oral tablet</i>	Tier 1	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide injection solution</i>	Tier 2	MB
<i>bumetanide oral tablet</i>	Tier 1	
BUMEX ORAL TABLET (<i>bumetanide</i>)	Tier 2	
EDECRIN ORAL TABLET (<i>ethacrynic acid</i>)	Tier 2	
<i>ethacrynatate sodium intravenous solution reconstituted</i>	Tier 2	MB

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<i>ethacrynic acid oral tablet</i>	Tier 2	
<i>furosemide in sodium chloride intravenous solution</i>	Tier 2	MB
<i>furosemide injection solution</i>	Tier 2	MB
<i>furosemide oral solution</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>furosemide powder</i>	Tier 2	
LASIX ORAL TABLET (<i>furosemide</i>)	Tier 2	
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>ethacrynat e sodium</i>)	Tier 2	MB
<i>torsemide oral tablet</i>	Tier 1	
*OSMOTIC DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>mannitol intravenous solution</i>	Tier 2	MB
OSMITROL INTRAVENOUS SOLUTION (<i>mannitol</i>)	Tier 2	MB
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ALDACTONE ORAL TABLET (<i>spironolactone</i>)	Tier 2	
<i>amiloride hcl oral tablet</i>	Tier 1	
<i>amiloride hcl powder</i>	Tier 2	
CAROSPIR ORAL SUSPENSION (<i>spironolactone</i>)	Tier 2	PA; QL (20 mL per 1 day)
DYRENIUM ORAL CAPSULE (<i>triamterene</i>)	Tier 2	
<i>spironolactone oral tablet</i>	Tier 1	
<i>spironolactone powder</i>	Tier 2	
<i>triamterene oral capsule</i>	Tier 2	
<i>triamterene powder</i>	Tier 2	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorothiazide sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>chlorthalidone oral tablet</i>	Tier 1	
DIURIL ORAL SUSPENSION (<i>chlorothiazide</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrochlorothiazide oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>hydrochlorothiazide powder</i>	Tier 2	
<i>indapamide oral tablet</i>	Tier 1	
<i>metolazone oral tablet</i>	Tier 1	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED (<i>chlorothiazide sodium</i>)	Tier 2	MB
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR WOMEN		
MIFEPREX ORAL TABLET (<i>mifepristone</i>)	Tier 2	
<i>mifepristone oral tablet</i>	Tier 2	
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
REVCovi INTRAMUSCULAR SOLUTION (<i>elapegademase-lvlr</i>)	Tier 2	PA; MB
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	Tier 2	
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	Tier 2	QL (4 tablets per 30 days)
<i>alendronate sodium oral solution</i>	Tier 1	QL (300 mL per 30 days)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 tablets per 30 days)
ATELVIA ORAL TABLET DELAYED RELEASE (<i>risedronate sodium</i>)	Tier 2	
BINOSTO ORAL TABLET EFFERVESCENT (<i>alendronate sodium</i>)	Tier 2	
BONIVA INTRAVENOUS SOLUTION (<i>ibandronate sodium</i>)	Tier 2	MB

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BONIVA ORAL TABLET (<i>ibandronate sodium</i>)	Tier 2	
FOSAMAX ORAL TABLET (<i>alendronate sodium</i>)	Tier 2	QL (4 tablets per 30 days)
FOSAMAX PLUS D ORAL TABLET (<i>alendronate-cholecalciferol</i>)	Tier 2	QL (4 tablets per 30 days)
<i>ibandronate sodium intravenous solution</i>	Tier 2	MB
<i>ibandronate sodium oral tablet</i>	Tier 2	
<i>pamidronate disodium intravenous solution</i>	Tier 2	MB
<i>pamidronate disodium intravenous solution reconstituted</i>	Tier 2	MB
RECLAST INTRAVENOUS SOLUTION (<i>zoledronic acid</i>)	Tier 2	MB; QL (100 mL per 273 days)
<i>risedronate sodium oral tablet 150 mg</i>	Tier 2	
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 2	QL (4 tablets per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	Tier 2	
<i>zoledronic acid intravenous concentrate</i>	Tier 2	MB
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	Tier 2	MB
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	Tier 2	MB; QL (100 mL per 273 days)
*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 2	PA; SP; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 2	PA; SP; QL (4 tablets per 1 day)
PARSABIV INTRAVENOUS SOLUTION (<i>etelcalcetide hcl</i>)	Tier 2	MB
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) nasal solution</i>	Tier 1	

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MIACALCIN INJECTION SOLUTION (<i>calcitonin (salmon)</i>)	Tier 2	MB
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARNITOR INTRAVENOUS SOLUTION (<i>levocarnitine</i>)	Tier 2	MB
CARNITOR ORAL SOLUTION (<i>levocarnitine</i>)	Tier 2	
CARNITOR ORAL TABLET (<i>levocarnitine</i>)	Tier 2	
CARNITOR SF ORAL SOLUTION (<i>levocarnitine</i>)	Tier 2	
<i>levocarnitine oral tablet</i>	Tier 1	
<i>levocarnitine sf oral solution</i>	Tier 2	
*CORTICOTROPIN*** - HORMONES		
ACTHAR INJECTION GEL (<i>corticotropin</i>)	Tier 2	PA; MB
*CORTISOL SYNTHESIS INHIBITORS*** - HORMONES		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
ISTURISA ORAL TABLET 10 MG (<i>osilodrostat phosphate</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	Tier 1	QL (16 tablets per 30 days)
*FABRY DISEASE - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>agalsidase beta</i>)	Tier 2	MB
GALAFOLD ORAL CAPSULE (<i>migalastat hcl</i>)	Tier 2	PA; SP; QL (14 capsules per 28 days)
*GAA DEFICIENCY TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>alglucosidase alfa</i>)	Tier 2	MB

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*GNRH/LHRH ANTAGONISTS*** - DRUGS FOR WOMEN		
CETROTIDE SUBCUTANEOUS KIT (<i>cetorelix acetate</i>)	Tier 2	MB
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	Tier 2	MB
ORILISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ORILISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*GROWTH HORMONE RECEPTOR ANTAGONISTS*** - DRUGS FOR GROWTH		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	Tier 2	PA; SP; QL (1 injection per 1 day)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG (<i>pegvisomant</i>)	Tier 2	PA; SP; QL (1 vials per 1 day)
*GROWTH HORMONE RELEASING HORMONES (GHRH)*** - DRUGS FOR GROWTH		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>tesamorelin acetate</i>)	Tier 2	PA; SP
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
HUMATROPE INJECTION SOLUTION RECONSTITUTED (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)

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OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
SAIZEN INJECTION SOLUTION RECONSTITUTED (<i>somatropin (non-refrigerated)</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
SAIZENPREP INJECTION SOLUTION RECONSTITUTED (<i>somatropin (non-refrigerated)</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin (non-refrigerated)</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	Tier 1	PA; SP; QL (28 injections per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	Tier 1	PA; SP; QL (28 injections per 28 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin (non-refrigerated)</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS FOR MENOPAUSE AND BONE LOSS		
XURIDEN ORAL PACKET (<i>uridine triacetate</i>)	Tier 2	PA; SP; QL (4 packets per 1 day)
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>nitisinone oral capsule</i>	Tier 2	PA; SP
NITYR ORAL TABLET (<i>nitisinone</i>)	Tier 2	PA; SP
ORFADIN ORAL CAPSULE (<i>nitisinone</i>)	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION (<i>nitisinone</i>)	Tier 2	PA; SP
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CYSTADANE ORAL POWDER (<i>betaine</i>)	Tier 2	SP
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARBAGLU ORAL TABLET (<i>carglumic acid</i>)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitriol intravenous solution</i>	Tier 2	PA; MB
<i>calcitriol oral capsule</i>	Tier 1	PA
<i>calcitriol oral solution</i>	Tier 1	PA
<i>doxercalciferol intravenous solution</i>	Tier 2	PA; MB
<i>doxercalciferol oral capsule</i>	Tier 2	PA
HECTOROL INTRAVENOUS SOLUTION (<i>doxercalciferol</i>)	Tier 2	PA; MB
<i>paricalcitol intravenous solution</i>	Tier 2	PA; MB
<i>paricalcitol oral capsule</i>	Tier 2	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE (<i>calcifediol</i>)	Tier 2	PA; QL (2 capsules per 1 day)
ROCALTROL ORAL CAPSULE (<i>calcitriol</i>)	Tier 2	PA
ROCALTROL ORAL SOLUTION (<i>calcitriol</i>)	Tier 2	PA
ZEMPLAR INTRAVENOUS SOLUTION (<i>paricalcitol</i>)	Tier 2	PA; MB
ZEMPLAR ORAL CAPSULE (<i>paricalcitol</i>)	Tier 2	PA
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
STRENSIQ SUBCUTANEOUS SOLUTION (<i>asfotase alfa</i>)	Tier 2	PA; SP
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** - DRUGS FOR THYROID		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED (<i>teprotumumab-trbw</i>)	Tier 2	PA; MB
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** - HORMONES		
INCRELEX SUBCUTANEOUS SOLUTION (<i>mecasermin</i>)	Tier 2	PA; SP
*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>metreleptin</i>)	Tier 2	PA; MB

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*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - DRUGS FOR WOMEN		
LUPANETA PACK COMBINATION KIT (<i>leuprolide & norethindrone</i>)	Tier 2	SP
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT (<i>leuprolide acetate (6 month)</i>)	Tier 2	PA; SP; QL (1 injection per 24 weekss)
SUPPRELIN LA SUBCUTANEOUS KIT (<i>histrelin acetate (cpp)</i>)	Tier 2	MB; QL (1 implant per 1 year)
SYNAREL NASAL SOLUTION (<i>nafarelin acetate</i>)	Tier 2	PA; SP; QL (5 bottles per 30 days)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>triptorelin pamoate</i>)	Tier 2	MB; QL (1 kit per 24 weeks)
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
KANUMA INTRAVENOUS SOLUTION (<i>sebelipase alfa</i>)	Tier 2	MB
*MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ALDURAZYME INTRAVENOUS SOLUTION (<i>laronidase</i>)	Tier 2	MB
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ELAPRASE INTRAVENOUS SOLUTION (<i>idursulfase</i>)	Tier 2	MB
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
VIMIZIM INTRAVENOUS SOLUTION (<i>elosulfase alfa</i>)	Tier 2	MB

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*MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
NAGLAZYME INTRAVENOUS SOLUTION (<i>galsulfase</i>)	Tier 2	MB
*MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
MEPSEVII INTRAVENOUS SOLUTION (<i>vestronidase alfa-vjbk</i>)	Tier 2	MB
*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN		
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	Tier 2	PA; MB
FOLLISTIM AQ SUBCUTANEOUS SOLUTION (<i>follitropin beta</i>)	Tier 2	MB
GONAL-F INJECTION SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	Tier 2	MB
GONAL-F RFF REDIRECT SUBCUTANEOUS SOLUTION (<i>follitropin alfa</i>)	Tier 2	MB
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	Tier 2	MB
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>menotropins</i>)	Tier 2	MB
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	Tier 2	PA; MB
OIDREL SUBCUTANEOUS INJECTABLE (<i>choriogonadotropin alfa</i>)	Tier 2	PA; MB
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	Tier 2	PA; MB
*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>teriparatide (recombinant)</i>)	Tier 2	PA; SP; QL (1 pen per 28 days)

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NATPARA SUBCUTANEOUS CARTRIDGE (<i>parathyroid hormone (recomb)</i>)	Tier 2	PA; SP; QL (2 cartridges per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	Tier 2	SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>abaloparatide</i>)	Tier 2	PA; SP; QL (1 pen per 30 days)
*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
KUVAN ORAL PACKET (<i>sapropterin dihydrochloride</i>)	Tier 2	PA; SP
KUVAN ORAL TABLET SOLUBLE (<i>sapropterin dihydrochloride</i>)	Tier 2	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML (<i>pegvaliase-pqpz</i>)	Tier 2	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>pegvaliase-pqpz</i>)	Tier 2	PA; SP; QL (1 syringe per 1 day)
<i>sapropterin dihydrochloride oral packet</i>	Tier 2	PA; SP
<i>sapropterin dihydrochloride oral tablet soluble</i>	Tier 2	PA; SP
*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>denosumab</i>)	Tier 2	PA; SP; QL (2 injections per 1 year)
XGEVA SUBCUTANEOUS SOLUTION (<i>denosumab</i>)	Tier 2	PA; SP; QL (1 vial per 28 days)
*SCLEROSTIN INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>romosozumab-aqqg</i>)	Tier 2	PA; MB; QL (2 syringes per 30 days)
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
EVISTA ORAL TABLET (<i>raloxifene hcl</i>)	Tier 2	
OSPHENA ORAL TABLET (<i>ospemifene</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>raloxifene hcl oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** - HORMONES		
JYNARQUE ORAL TABLET (<i>tolvaptan</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG (<i>tolvaptan</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
<i>tolvaptan oral tablet 15 mg</i>	Tier 2	PA; SP; QL (1 tablet per 1 day)
<i>tolvaptan oral tablet 30 mg</i>	Tier 2	PA; SP; QL (2 tablets per 1 day)
*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>octreotide acetate</i>)	Tier 2	PA; SP; QL (1 kit per 14 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE (<i>octreotide acetate</i>)	Tier 2	PA; SP; QL (1 blister pack per 7 days)
SANDOSTATIN INJECTION SOLUTION (<i>octreotide acetate</i>)	Tier 2	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>pasireotide pamoate</i>)	Tier 2	MB; QL (1 kit per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION (<i>pasireotide diaspartate</i>)	Tier 2	PA; SP; QL (2 ampules per 1 day)
*TRIPEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
BRINEURA KIT (<i>cerliponase alfa</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
AMMONUL INTRAVENOUS SOLUTION (<i>sod benz-sod phenylacet</i>)	Tier 2	MB
BUPHENYL ORAL POWDER (<i>sodium phenylbutyrate</i>)	Tier 2	PA; SP; QL (750 grams per 30 days)
BUPHENYL ORAL TABLET (<i>sodium phenylbutyrate</i>)	Tier 2	PA; SP; QL (40 tablets per 1 day)
RAVICTI ORAL LIQUID (<i>glycerol phenylbutyrate</i>)	Tier 2	PA; SP; QL (17.5 mL per 1 day)
<i>sod benz-sod phenylacet intravenous solution</i>	Tier 2	MB
<i>sodium phenylbutyrate oral powder</i>	Tier 1	PA; SP; QL (750 grams per 30 days)
<i>sodium phenylbutyrate oral tablet</i>	Tier 1	PA; SP; QL (40 tablets per 1 day)
*V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS*** - HORMONES		
VAPRISOL INTRAVENOUS SOLUTION (<i>conivaptan hcl in dextrose</i>)	Tier 2	MB
*VASOPRESSIN*** - HORMONES		
DDAVP INJECTION SOLUTION (<i>desmopressin acetate</i>)	Tier 2	MB
DDAVP ORAL TABLET 0.1 MG (<i>desmopressin acetate</i>)	Tier 2	QL (3 tablets per 1 day)
DDAVP ORAL TABLET 0.2 MG (<i>desmopressin acetate</i>)	Tier 2	QL (6 tablets per 1 day)
DDAVP RHINAL TUBE NASAL SOLUTION (<i>desmopressin ace refrigerated</i>)	Tier 2	
<i>desmopressin ace spray refrig nasal solution</i>	Tier 1	
<i>desmopressin acetate injection solution</i>	Tier 2	MB
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>desmopressin acetate spray nasal solution</i>	Tier 1	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL (<i>desmopressin acetate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
STIMATE NASAL SOLUTION (<i>desmopressin acetate</i>)	Tier 2	PA; QL (5 mL per 30 days)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASOSTRICT INTRAVENOUS SOLUTION (<i>vasopressin</i>)	Tier 2	MB
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CRYSVITA SUBCUTANEOUS SOLUTION (<i>burosumab-twza</i>)	Tier 2	MB
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
ACTIVELLA ORAL TABLET (<i>estradiol-norethindrone acet</i>)	Tier 2	
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet)	Tier 1	
ANGELIQ ORAL TABLET (<i>drospirenone-estradiol</i>)	Tier 2	
BIJUVA ORAL CAPSULE (<i>estradiol-progesterone</i>)	Tier 2	PA; QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY (<i>estradiol-levonorgestrel</i>)	Tier 2	QL (4 patches per 30 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol-norethindrone acet</i>)	Tier 2	QL (8 patches per 30 days)
<i>estradiol-norethindrone acet oral tablet</i>	Tier 1	
FEMHRT LOW DOSE ORAL TABLET (<i>norethindrone-eth estradiol</i>)	Tier 2	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet)	Tier 1	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet)	Tier 1	
<i>norethindrone-eth estradiol oral tablet</i>	Tier 1	
PREFEST ORAL TABLET (<i>estradiol-norgestimate</i>)	Tier 2	
PREMPHASE ORAL TABLET (<i>conj estrog-medroxyprogester ace</i>)	Tier 2	
PREMPRO ORAL TABLET (<i>conj estrog-medroxyprogester ace</i>)	Tier 2	

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*ESTROGEN-PROGESTIN-GNRH ANTAGONIST*** - DRUGS FOR WOMAN		
ORIAHNN ORAL CAPSULE THERAPY PACK (<i>elagolix-estradiol-norethind</i>)	Tier 2	
*ESTROGENS*** - DRUGS FOR WOMEN		
ALORA TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	Tier 2	PA; QL (8 patches per 30 days)
CLIMARA TRANSDERMAL PATCH WEEKLY (<i>estradiol</i>)	Tier 2	PA; QL (4 patches per 30 days)
DELESTROGEN INTRAMUSCULAR OIL (<i>estradiol valerate</i>)	Tier 2	
DEPO-ESTRADIOL INTRAMUSCULAR OIL (<i>estradiol cypionate</i>)	Tier 2	PA
DIVIGEL TRANSDERMAL GEL (<i>estradiol</i>)	Tier 2	PA; QL (1 packet per 1 day)
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly)	Tier 2	PA; QL (8 patches per 30 days)
ELESTRIN TRANSDERMAL GEL (<i>estradiol</i>)	Tier 2	PA; QL (1 bottle per 30 days)
ESTRACE ORAL TABLET (<i>estradiol</i>)	Tier 2	
<i>estradiol oral tablet</i>	Tier 1	
<i>estradiol transdermal patch twice weekly</i>	Tier 2	PA; QL (8 patches per 30 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (4 patches per 30 days)
<i>estradiol valerate intramuscular oil</i>	Tier 1	
ESTROGEL TRANSDERMAL GEL (<i>estradiol</i>)	Tier 2	PA; QL (1 bottle per 30 days)
<i>ethinyl estradiol powder</i>	Tier 2	
EVAMIST TRANSDERMAL SOLUTION (<i>estradiol</i>)	Tier 2	PA
<i>estradiol</i> (Lyllana Transdermal Patch Twice Weekly)	Tier 2	PA; QL (8 patches per 30 days)
MENEST ORAL TABLET (<i>esterified estrogens</i>)	Tier 2	

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MENOSTAR TRANSDERMAL PATCH WEEKLY (<i>estradiol</i>)	Tier 2	PA; QL (4 patches per 30 days)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	Tier 2	PA; QL (8 patches per 30 days)
PREMARIN INJECTION SOLUTION RECONSTITUTED (<i>estrogens conjugated</i>)	Tier 2	MB
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	Tier 2	QL (1 tablet per 1 day)
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	Tier 2	PA; QL (8 patches per 30 days)
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - DRUGS FOR WOMEN		
DUAVEE ORAL TABLET (<i>conj estrogens-bazedoxifene</i>)	Tier 2	PA
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>delafloxacin meglumine</i>)	Tier 2	MB
BAXDELA ORAL TABLET (<i>delafloxacin meglumine</i>)	Tier 2	PA; QL (28 tablets per 1 fill)
CIPRO ORAL SUSPENSION RECONSTITUTED (<i>ciprofloxacin</i>)	Tier 2	QL (3 bottles per 30 days)
CIPRO ORAL TABLET (<i>ciprofloxacin hcl</i>)	Tier 2	QL (28 tablets per 30 days)
<i>ciprofloxacin hcl oral tablet</i>	Tier 1	QL (28 tablets per 30 days)
<i>ciprofloxacin in d5w intravenous solution</i>	Tier 2	MB
LEVAQUIN ORAL TABLET (<i>levofloxacin</i>)	Tier 2	QL (14 tablets per 30 days)
<i>levofloxacin in d5w intravenous solution</i>	Tier 2	MB
<i>levofloxacin intravenous solution</i>	Tier 2	MB
<i>levofloxacin oral solution</i>	Tier 1	QL (480 mL per 30 days)
<i>levofloxacin oral tablet</i>	Tier 1	QL (14 tablets per 30 days)
<i>moxifloxacin hcl in nacl intravenous solution</i>	Tier 2	MB
<i>moxifloxacin hcl intravenous solution</i>	Tier 2	MB
<i>moxifloxacin hcl oral tablet</i>	Tier 2	QL (21 tablets per 1 fill)

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<i>ofloxacin oral tablet</i>	Tier 1	QL (28 tablets per 1 fill)
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
MOTEGRITY ORAL TABLET (<i>prucalopride succinate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*ANTIFLATULENTS*** - DRUGS FOR THE STOMACH		
<i>drxchoice gas relief oral tablet chewable</i>	Tier 1	OTC
<i>eq gas relief extra strength oral tablet chewable</i>	Tier 1	OTC
<i>eq gas relief oral tablet chewable</i>	Tier 1	OTC
<i>eql gas gone oral tablet chewable</i>	Tier 1	OTC
<i>gas relief drops infants oral suspension</i>	Tier 1	OTC
<i>gas relief infants oral liquid</i>	Tier 1	OTC
GAS-X INFANT DROPS ORAL LIQUID (<i>simethicone</i>)	Tier 1	OTC
<i>gnp gas relief max st oral tablet chewable</i>	Tier 1	OTC
<i>gnp infant gas relief oral suspension</i>	Tier 1	OTC
<i>hm gas relief oral tablet chewable</i>	Tier 1	OTC
<i>infants gas relief oral suspension</i>	Tier 1	OTC
MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION (<i>simethicone</i>)	Tier 1	OTC
PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION (<i>simethicone</i>)	Tier 1	OTC
PHAZYME ORAL TABLET CHEWABLE (<i>simethicone</i>)	Tier 1	OTC
<i>qc gas relief extra strength oral capsule</i>	Tier 1	OTC
<i>qc gas relief extra strength oral tablet chewable</i>	Tier 1	OTC
<i>qc gas relief oral tablet chewable</i>	Tier 1	OTC
<i>ra gas relief maximum strength oral tablet chewable</i>	Tier 1	OTC
<i>ra gas relief oral suspension</i>	Tier 1	OTC
<i>ra gas relief infants oral suspension</i>	Tier 1	OTC
<i>sb gas relief oral suspension</i>	Tier 1	OTC

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<i>sb gas relief oral tablet chewable</i>	Tier 1	OTC
<i>simeped oral suspension</i>	Tier 1	OTC
<i>simethicone extra strength oral capsule</i>	Tier 1	OTC
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM ORAL CAPSULE (<i>cholic acid</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
TRULANCE ORAL TABLET (<i>plecanatide</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE STOMACH		
OCALIVA ORAL TABLET (<i>obeticholic acid</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
CHENODAL ORAL TABLET (<i>chenodiol</i>)	Tier 2	PA; SP; QL (7 tablets per 1 day)
RELTONE ORAL CAPSULE (<i>ursodiol</i>)	Tier 2	
URSO 250 ORAL TABLET (<i>ursodiol</i>)	Tier 2	
URSO FORTE ORAL TABLET (<i>ursodiol</i>)	Tier 2	
<i>ursodiol oral capsule</i>	Tier 1	
<i>ursodiol oral tablet</i>	Tier 1	
*GASTROINTESTINAL ANTIALLERGY AGENTS*** - DRUGS FOR THE STOMACH		
<i>cromolyn sodium oral concentrate</i>	Tier 2	
GASTROCROM ORAL CONCENTRATE (<i>cromolyn sodium</i>)	Tier 2	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
AMITIZA ORAL CAPSULE (<i>lubiprostone</i>)	Tier 2	PA; QL (2 capsules per 1 day)

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*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
<i>dexpanthenol injection solution</i>	Tier 2	
GIMOTI NASAL SOLUTION (<i>metoclopramide hcl</i>)	Tier 2	
<i>metoclopramide hcl injection solution</i>	Tier 2	MB
<i>metoclopramide hcl monohydrate powder</i>	Tier 2	
<i>metoclopramide hcl oral solution</i>	Tier 1	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
<i>metoclopramide hcl oral tablet dispersible</i>	Tier 2	
<i>metoclopramide hcl powder</i>	Tier 2	
REGLAN ORAL TABLET (<i>metoclopramide hcl</i>)	Tier 2	
*GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS*** - DRUGS FOR THE STOMACH		
GATTEX SUBCUTANEOUS KIT (<i>teduglutide (rdna)</i>)	Tier 2	PA; SP
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
ZELNORM ORAL TABLET (<i>tegaserod maleate</i>)	Tier 2	PA
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
LINZESS ORAL CAPSULE (<i>linaclotide</i>)	Tier 2	PA; QL (1 capsule per 1 day)
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
VIBERZI ORAL TABLET (<i>eluxadoline</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>alosetron hcl oral tablet</i>	Tier 2	PA; QL (2 tablets per 1 day)

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LOTRONEX ORAL TABLET (<i>alosetron hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>mesalamine</i>)	Tier 2	QL (4 capsules per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE (<i>mesalamine</i>)	Tier 2	PA; QL (6 tablets per 1 day)
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE (<i>sulfasalazine</i>)	Tier 2	PA; QL (8 tablets per 1 day)
AZULFIDINE ORAL TABLET (<i>sulfasalazine</i>)	Tier 2	PA; QL (8 tablets per 1 day)
<i>balsalazide disodium oral capsule</i>	Tier 1	QL (9 capsules per 1 day)
CANASA RECTAL SUPPOSITORY (<i>mesalamine</i>)	Tier 2	QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE (<i>balsalazide disodium</i>)	Tier 2	PA; QL (9 capsules per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE (<i>mesalamine</i>)	Tier 2	PA; QL (6 capsules per 1 day)
DIPENTUM ORAL CAPSULE (<i>olsalazine sodium</i>)	Tier 2	PA; QL (4 capsules per 1 day)
LIALDA ORAL TABLET DELAYED RELEASE (<i>mesalamine</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	Tier 1	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>	Tier 2	PA; QL (6 capsules per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>mesalamine powder</i>	Tier 2	
<i>mesalamine rectal enema</i>	Tier 1	QL (1680 mL per 28 days)
<i>mesalamine rectal suppository</i>	Tier 2	QL (1 suppository per 1 day)

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<i>mesalamine-cleanser rectal kit</i>	Tier 1	QL (1680 mL per 28 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	Tier 2	PA; QL (16 capsules per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	Tier 2	PA; QL (8 capsules per 1 day)
ROWASA RECTAL KIT (<i>mesalamine-cleanser</i>)	Tier 2	QL (1680 mL per 28 days)
SFROWASA RECTAL ENEMA (<i>mesalamine</i>)	Tier 2	QL (1680 mL per 28 days)
<i>sulfasalazine oral tablet</i>	Tier 1	QL (8 tablets per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	Tier 1	QL (8 tablets per 1 day)
<i>sulfasalazine powder</i>	Tier 2	
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>vedolizumab</i>)	Tier 2	MB; QL (1 vial per 56 days)
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
STELARA INTRAVENOUS SOLUTION (<i>ustekinumab</i>)	Tier 2	PA; SP; QL (4 vials per 1 time fill)
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>enulose oral solution</i>	Tier 1	QL (4800 mL per 30 days)
<i>generlac oral solution</i>	Tier 1	QL (4800 mL per 30 days)
<i>lactulose encephalopathy oral solution</i>	Tier 1	QL (4800 mL per 30 days)
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
<i>alvimopan oral capsule</i>	Tier 2	
ENTEREG ORAL CAPSULE (<i>alvimopan</i>)	Tier 2	
MOVANTIK ORAL TABLET (<i>naloxegol oxalate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
RELISTOR ORAL TABLET (<i>methylNaltrexone bromide</i>)	Tier 2	PA; QL (3 tablets per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION (<i>methylNaltrexone bromide</i>)	Tier 2	PA

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SYMPROIC ORAL TABLET (<i>naldemedine tosylate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
AURYXIA ORAL TABLET (<i>ferric citrate</i>)	Tier 2	PA
<i>calcium acetate (phos binder) oral capsule</i>	Tier 1	
<i>calcium acetate (phos binder) oral tablet</i>	Tier 1	
<i>calcium acetate oral tablet</i>	Tier 1	
CALPHRON ORAL TABLET (<i>calcium acetate (phos binder)</i>)	Tier 1	PA; OTC
FOSRENOL ORAL PACKET (<i>lanthanum carbonate</i>)	Tier 2	PA
FOSRENOL ORAL TABLET CHEWABLE (<i>lanthanum carbonate</i>)	Tier 2	PA
<i>lanthanum carbonate oral tablet chewable</i>	Tier 1	
PHOSLYRA ORAL SOLUTION (<i>calcium acetate (phos binder)</i>)	Tier 2	PA; QL (1892 mL per 30 days)
RENAGEL ORAL TABLET (<i>sevelamer hcl</i>)	Tier 2	PA; QL (17 tablets per 1 day)
RENELA ORAL PACKET (<i>sevelamer carbonate</i>)	Tier 2	PA
RENELA ORAL TABLET (<i>sevelamer carbonate</i>)	Tier 2	PA; QL (9 tablets per 1 day)
<i>sevelamer carbonate oral packet</i>	Tier 1	
<i>sevelamer carbonate oral tablet</i>	Tier 1	QL (9 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 2	QL (15 tablets per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 2	QL (17 tablets per 1 day)
VELPHORO ORAL TABLET CHEWABLE (<i>sucroferric oxyhydroxide</i>)	Tier 2	PA
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR DIARRHEA		
XERMELO ORAL TABLET (<i>telotristat etiprate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-axxq</i>)	Tier 1	PA; MB
CIMZIA PREFILLED SUBCUTANEOUS KIT (<i>certolizumab pegol</i>)	Tier 2	PA; SP; QL (1 kit per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT (<i>certolizumab pegol</i>)	Tier 2	PA; SP; QL (1 kit per 28 days)
CIMZIA SUBCUTANEOUS KIT (<i>certolizumab pegol</i>)	Tier 2	PA; SP; QL (1 kit per 30 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-dyyb</i>)	Tier 2	MB
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab</i>)	Tier 2	MB
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-abda</i>)	Tier 2	MB
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER		
*ANESTHETICS - MISC.*** - DRUGS FOR SEDATION		
AMIDATE INTRAVENOUS SOLUTION (<i>etomidate</i>)	Tier 2	MB
<i>anesthesia sli-40a intravenous kit</i>	Tier 2	MB
<i>anesthesia sli-40h intravenous kit</i>	Tier 2	MB
<i>anesthesia sli-40s intravenous kit</i>	Tier 2	MB
DIPRIVAN INTRAVENOUS EMULSION (<i>propofol</i>)	Tier 2	MB
<i>etomidate intravenous solution</i>	Tier 2	MB
<i>fresenius propoven intravenous emulsion</i>	Tier 2	MB
KETALAR INJECTION SOLUTION (<i>ketamine hcl</i>)	Tier 2	MB
<i>ketamine hcl injection solution</i>	Tier 2	MB
<i>ketamine hcl intravenous solution prefilled syringe</i>	Tier 2	MB
<i>ketamine hcl-sodium chloride intravenous solution prefilled syringe</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propofol intravenous emulsion</i>	Tier 2	MB
*BARBITURATE ANESTHETICS*** - DRUGS FOR SEDATION		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED (<i>methohexital sodium</i>)	Tier 2	MB
<i>methohexital sodium intravenous solution prefilled syringe</i>	Tier 2	MB
*VOLATILE ANESTHETICS*** - DRUGS FOR SEDATION		
<i>desflurane inhalation solution</i>	Tier 2	
FORANE INHALATION SOLUTION (<i>isoflurane</i>)	Tier 2	
<i>isoflurane inhalation solution</i>	Tier 2	
<i>sevoflurane inhalation solution</i>	Tier 2	
SUPRANE INHALATION SOLUTION (<i>desflurane</i>)	Tier 2	
<i>isoflurane</i> (Terrell Inhalation Solution)	Tier 2	
ULTANE INHALATION SOLUTION (<i>sevoflurane</i>)	Tier 2	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
AVODART ORAL CAPSULE (<i>dutasteride</i>)	Tier 2	
<i>dutasteride oral capsule</i>	Tier 2	
<i>finasteride oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
PROSCAR ORAL TABLET (<i>finasteride</i>)	Tier 2	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>	Tier 1	QL (1 tablet per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>doxazosin mesylate</i>)	Tier 2	
FLOMAX ORAL CAPSULE (<i>tamsulosin hcl</i>)	Tier 2	QL (2 capsules per 1 day)
RAPAFLO ORAL CAPSULE (<i>silodosin</i>)	Tier 2	
<i>silodosin oral capsule</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tamsulosin hcl oral capsule</i>	Tier 1	QL (2 capsules per 1 day)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>alfuzosin hcl</i>)	Tier 2	QL (1 tablet per 1 day)
*ANTI-INFECTIVE GENITOURINARY IRRIGANTS***		
- DRUGS FOR THE URINARY SYSTEM		
<i>neomycin-polymyxin b gu irrigation solution</i>	Tier 2	MB
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>pot & sod cit-cit ac oral solution</i>	Tier 1	
<i>potassium citrate er oral tablet extended release</i>	Tier 1	
<i>potassium citrate monohydrate granules</i>	Tier 2	
<i>potassium citrate powder</i>	Tier 2	
<i>sodium citrate anhydrous powder</i>	Tier 2	
<i>sodium citrate crystals</i>	Tier 2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	Tier 2	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	Tier 2	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	Tier 2	
*CYSTINOSIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>CYSTAGON ORAL CAPSULE (cysteamine bitartrate)</i>	Tier 2	SP
<i>PROCYSB1 ORAL CAPSULE DELAYED RELEASE (cysteamine bitartrate)</i>	Tier 2	PA; SP
<i>PROCYSB1 ORAL PACKET (cysteamine bitartrate)</i>	Tier 2	PA; SP
*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution</i>	Tier 2	
<i>aminoacetic acid irrigation solution</i>	Tier 2	
<i>sodium chloride (gu irrigant)</i> (Argyle Sterile Saline Irrigation Solution)	Tier 1	
<i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution)	Tier 2	

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<i>glycine irrigation solution</i>	Tier 2	
<i>glycine urologic irrigation solution</i>	Tier 2	
RENACIDIN IRRIGATION SOLUTION (<i>citric acid-gluconolact-mg carb</i>)	Tier 2	
RESECTISOL IRRIGATION SOLUTION (<i>mannitol (gu irrigant)</i>)	Tier 2	
<i>sodium chloride irrigation solution</i>	Tier 1	
<i>sorbitol irrigation solution</i>	Tier 2	
<i>sorbitol-mannitol irrigation solution</i>	Tier 2	
*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
ELMIRON ORAL CAPSULE (<i>pentosan polysulfate sodium</i>)	Tier 2	QL (3 capsules per 1 day)
RIMSO-50 INTRAVESICAL SOLUTION (<i>dimethyl sulfoxide</i>)	Tier 2	
*PROSTATIC HYPERPLASIA AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 2	
JALYN ORAL CAPSULE (<i>dutasteride-tamsulosin hcl</i>)	Tier 2	
*SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)*** - DRUGS FOR THE URINARY SYSTEM		
OXLUMO SUBCUTANEOUS SOLUTION (<i>lumasiran sodium</i>)	Tier 2	SP
*URINARY ANALGESICS*** - DRUGS FOR INFECTIONS		
<i>azo tabs oral tablet</i>	Tier 1	OTC
<i>cvs urinary pain relief max st oral tablet</i>	Tier 1	OTC
<i>eq urinary pain relief max st oral tablet</i>	Tier 1	OTC
<i>gnp urinary pain relief oral tablet</i>	Tier 1	OTC
PHENAZO ORAL TABLET (<i>phenazopyridine hcl</i>)	Tier 1	OTC
<i>phenazopyridine hcl powder</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>qc azo oral tablet</i>	Tier 1	OTC
<i>qc urinary pain relief max st oral tablet</i>	Tier 1	OTC
<i>qc urinary pain relief oral tablet</i>	Tier 1	OTC
<i>ra urinary pain relief max st oral tablet</i>	Tier 1	OTC
<i>ra urinary tract pain relief oral tablet</i>	Tier 1	OTC
<i>sb urinary pain relief max st oral tablet</i>	Tier 1	OTC
<i>sb urinary pain relief oral tablet</i>	Tier 1	OTC
<i>sm urinary pain relief max st oral tablet</i>	Tier 1	OTC
<i>urinary pain relief max st oral tablet</i>	Tier 1	OTC
*URINARY STONE AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
LITHOSTAT ORAL TABLET (<i>acetohydroxamic acid</i>)	Tier 2	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG (<i>tiopronin</i>)	Tier 2	PA; QL (10 tablets per 1 day)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG (<i>tiopronin</i>)	Tier 2	PA; QL (3 tablets per 1 day)
*VESICOURETERAL REFLUX (VUR) AGENT COMBINATIONS*** - DRUGS FOR THE URINARY SYSTEM		
DEFLUX INJECTION PREFILLED SYRINGE (<i>dextranomer-hyaluronic acid</i>)	Tier 2	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	Tier 1	
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet</i>	Tier 1	
<i>allopurinol sodium intravenous solution reconstituted</i>	Tier 2	MB
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>allopurinol sodium</i>)	Tier 2	MB
<i>colchicine oral capsule</i>	Tier 2	PA; QL (2 capsules per 1 day)

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<i>colchicine oral tablet</i>	Tier 2	PA; QL (69 tablets per 30 days)
<i>colchicine powder</i>	Tier 2	
COLCRY'S ORAL TABLET (<i>colchicine</i>)	Tier 2	PA; QL (69 tablets per 30 days)
<i>febuxostat oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
GLOPERBA ORAL SOLUTION (<i>colchicine</i>)	Tier 2	PA; QL (2 bottles per 30 days)
KRYSTEXXA INTRAVENOUS SOLUTION (<i>pegloticase</i>)	Tier 2	MB; QL (2 vials per 30 days)
MITIGARE ORAL CAPSULE (<i>colchicine</i>)	Tier 2	PA; QL (2 capsules per 1 day)
ULORIC ORAL TABLET (<i>febuxostat</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ZYLOPRIM ORAL TABLET (<i>allopurinol</i>)	Tier 2	
*URICOSURICS*** - GOUT DRUGS		
<i>probencid oral tablet</i>	Tier 1	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** - DRUGS FOR THE BLOOD		
GIVLAARI SUBCUTANEOUS SOLUTION (<i>givosiran sodium</i>)	Tier 2	PA; SP
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
HEMLIBRA SUBCUTANEOUS SOLUTION (<i>emicizumab-kxwh</i>)	State Carve-out	SCO
*ANTIHEMOPHILIC PRODUCTS*** - DRUGS TO PREVENT BLEEDING		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil factor (rahf-pfm)</i>)	State Carve-out	SCO
<i>adynovate intravenous solution reconstituted</i>	State Carve-out	SCO

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AFSTYLA INTRAVENOUS KIT (<i>antihemophilic factor single chain</i>)	State Carve-out	SCO
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	State Carve-out	SCO
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix</i>)	State Carve-out	SCO
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rfixfc)</i>)	State Carve-out	SCO
BENEFIX INTRAVENOUS KIT (<i>coagulation factor ix (recomb)</i>)	State Carve-out	SCO
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor x (human)</i>)	State Carve-out	SCO
CORIFACT INTRAVENOUS KIT (<i>factor xiii concentrate human</i>)	State Carve-out	SCO
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviifc)</i>)	State Carve-out	SCO
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemoph fact rcmb gpeg-exei</i>)	State Carve-out	SCO
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>antiinhibitor coagulant cmplx</i>)	State Carve-out	SCO
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	Tier 2	MB
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	State Carve-out	SCO
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	State Carve-out	SCO
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rix-fp)</i>)	State Carve-out	SCO
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (recomb)</i>)	State Carve-out	SCO
JIVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>ahf (bdd-rfviii peg-auci)</i>)	State Carve-out	SCO
KCENTRA INTRAVENOUS KIT (<i>prothrombin complex conc human</i>)	Tier 2	MB

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KOATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	State Carve-out	SCO
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	State Carve-out	SCO
KOGENATE FS INTRAVENOUS KIT (<i>antihemophilic factor (recomb)</i>)	State Carve-out	SCO
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil factor (rahf-pfm)</i>)	State Carve-out	SCO
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix</i>)	State Carve-out	SCO
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil fact bd truncated</i>)	State Carve-out	SCO
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor viia recomb</i>)	State Carve-out	SCO
NUWIQ INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,sim)</i>)	State Carve-out	SCO
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviii,sim)</i>)	State Carve-out	SCO
<i>obizur intravenous solution reconstituted</i>	State Carve-out	SCO
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>factor ix complex</i>)	State Carve-out	SCO
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix glycopeg</i>)	State Carve-out	SCO
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor (recomb)</i>)	State Carve-out	SCO
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	Tier 2	MB
<i>rixubis intravenous solution reconstituted</i>	State Carve-out	SCO
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor viia-jncw</i>)	Tier 2	MB
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor xiii a-sub</i>)	State Carve-out	SCO

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VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED (<i>von willebrand factor (recomb)</i>)	State Carve-out	SCO
WILATE INTRAVENOUS KIT (<i>antihemophilic factor-vwf</i>)	State Carve-out	SCO
XYNTHA INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,mor)</i>)	State Carve-out	SCO
XYNTHA SOLOFUSE INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,mor)</i>)	State Carve-out	SCO
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
CABLIVI INJECTION KIT (<i>caplacizumab-yhdp</i>)	Tier 2	PA; SP
*BRADYKININ B2 RECEPTOR ANTAGONISTS*** - DRUGS FOR THE BLOOD		
FIRAZYR SUBCUTANEOUS SOLUTION (<i>icatibant acetate</i>)	Tier 2	MB
<i>icatibant acetate subcutaneous solution</i>	Tier 1	MB
*C1 INHIBITORS*** - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (<i>c1 esterase inhibitor (human)</i>)	Tier 1	MB
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (human)</i>)	Tier 2	PA; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	Tier 1	PA; SP; QL (24 vials per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	Tier 1	PA; SP; QL (16 vials per 30 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (recomb)</i>)	Tier 1	MB
*COMPLEMENT INHIBITORS*** - DRUGS FOR THE BLOOD		
SOLIRIS INTRAVENOUS SOLUTION (<i>eculizumab</i>)	Tier 2	MB
ULTOMIRIS INTRAVENOUS SOLUTION (<i>ravulizumab-cwvz</i>)	Tier 2	MB

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*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET (<i>ticagrelor</i>)	Tier 2	QL (2 tablets per 1 day)
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED (<i>cangrelor tetrasodium</i>)	Tier 2	MB
*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD		
AGGRASTAT INTRAVENOUS CONCENTRATE (<i>tirofiban hcl</i>)	Tier 2	MB
AGGRASTAT INTRAVENOUS SOLUTION (<i>tirofiban hcl in nacl</i>)	Tier 2	MB
<i>eptifibatide intravenous solution</i>	Tier 2	MB
INTEGRILIN INTRAVENOUS SOLUTION (<i>eptifibatide</i>)	Tier 2	MB
*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	Tier 1	
*HEMIN*** - DRUGS FOR THE BLOOD		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>hemin</i>)	Tier 2	MB
*HUMAN PROTEIN C*** - DRUGS FOR THE BLOOD		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>protein c concentrate (human)</i>)	Tier 2	MB
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	Tier 1	
*PLASMA EXPANDERS*** - DRUGS FOR THE BLOOD		
HESSPAN INTRAVENOUS SOLUTION (<i>hetastarch-nacl</i>)	Tier 2	MB
<i>hetastarch-nacl intravenous solution</i>	Tier 2	MB
HEXTEND INTRAVENOUS SOLUTION (<i>hetastarch in lact electrolyte</i>)	Tier 2	MB
LMD IN D5W INTRAVENOUS SOLUTION (<i>dextran 40 in d5w</i>)	Tier 2	MB

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LMD IN NACL INTRAVENOUS SOLUTION (<i>dextran 40 in saline</i>)	Tier 2	MB
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>Ivanademumab-fyvo</i>)	Tier 1	PA; SP; QL (2 syringes per 30 days)
*PLASMA KALLIKREIN INHIBITORS*** - DRUGS FOR THE BLOOD		
KALBITOR SUBCUTANEOUS SOLUTION (<i>ecallantide</i>)	Tier 1	MB
ORLADEYO ORAL CAPSULE (<i>berotralstat hcl</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
*PLASMA PROTEINS*** - DRUGS FOR THE BLOOD		
<i>albumin human</i> (Albuked 25 Intravenous Solution)	Tier 2	MB
<i>albumin human</i> (Albuked 5 Intravenous Solution)	Tier 2	MB
<i>albumin human intravenous solution</i>	Tier 2	MB
ALBUMINEX INTRAVENOUS SOLUTION (<i>albumin human-kjda</i>)	Tier 2	MB
<i>albumin-zlb intravenous solution</i>	Tier 2	MB
<i>alburx intravenous solution</i>	Tier 2	MB
<i>albumin human</i> (Albutein Intravenous Solution)	Tier 2	MB
<i>albumin human</i> (Flexbumin Intravenous Solution)	Tier 2	MB
<i>albumin human</i> (Human Albumin Grifols Intravenous Solution)	Tier 2	MB
<i>kedbumin intravenous solution</i>	Tier 2	MB
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (<i>plasma human</i>)	Tier 2	MB
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (<i>plasma human</i>)	Tier 2	MB
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (<i>plasma human</i>)	Tier 2	MB
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	Tier 2	MB

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<i>albumin human</i> (Plasbumin-25 Intravenous Solution)	Tier 2	MB
<i>albumin human</i> (Plasbumin-5 Intravenous Solution)	Tier 2	MB
PLASMANATE INTRAVENOUS SOLUTION (<i>plasma protein fraction</i>)	Tier 2	MB
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>antithrombin iii (human)</i>)	Tier 2	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>antithrombin iii (human)</i>)	State Carve-out	SCO
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>aspirin-omeprazole oral tablet delayed release</i>	Tier 2	PA; QL (1 tablet per 1 day)
YOSPRALA ORAL TABLET DELAYED RELEASE (<i>aspirin-omeprazole</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	Tier 1	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>aspirin</i>)	Tier 2	PA; QL (1 capsule per 1 day)
*PROTAMINE*** - DRUGS FOR THE BLOOD		
<i>protamine sulfate intravenous solution</i>	Tier 2	MB
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
ZONTIVITY ORAL TABLET (<i>vorapaxar sulfate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
AGRYLIN ORAL CAPSULE (<i>anagrelide hcl</i>)	Tier 2	
<i>anagrelide hcl oral capsule</i>	Tier 1	
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVALISSE ORAL TABLET (<i>fostamatinib disodium</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	QL (1 tablet per 1 day)
EFFIENT ORAL TABLET 10 MG (<i>prasugrel hcl</i>)	Tier 2	
EFFIENT ORAL TABLET 5 MG (<i>prasugrel hcl</i>)	Tier 2	DO
PLAVIX ORAL TABLET (<i>clopidogrel bisulfate</i>)	Tier 2	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet 10 mg</i>	Tier 2	
<i>prasugrel hcl oral tablet 5 mg</i>	Tier 2	DO
*THROMBOLYTIC AGENT - MISC*** - DRUGS FOR THE BLOOD		
DEFITELIO INTRAVENOUS SOLUTION (<i>defibrotide sodium</i>)	Tier 2	MB
*TISSUE PLASMINOGEN ACTIVATORS*** - DRUGS FOR THE BLOOD		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED (<i>alteplase</i>)	Tier 2	MB
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED (<i>alteplase</i>)	Tier 2	MB
RETAVASE HALF-KIT INTRAVENOUS KIT (<i>reteplase</i>)	Tier 2	MB
RETAVASE INTRAVENOUS KIT (<i>reteplase</i>)	Tier 2	MB
TNKASE INTRAVENOUS KIT (<i>tenecteplase</i>)	Tier 2	MB
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*AGENTS FOR GAUCHER DISEASE*** - DRUGS FOR NUTRITION		
CERDELGA ORAL CAPSULE (<i>eliglustat tartrate</i>)	Tier 2	PA; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>imiglucerase</i>)	Tier 2	MB
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED (<i>taliglucerase alfa</i>)	Tier 2	MB
<i>miglustat oral capsule</i>	Tier 2	PA; SP

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VPRIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>velaglucerase alfa</i>)	Tier 2	MB
ZAVESCA ORAL CAPSULE (<i>miglustat</i>)	Tier 2	PA; SP
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
ENDARI ORAL PACKET (<i>glutamine (sickle cell)</i>)	Tier 2	PA; SP
*COBALAMIN COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>lipo-b intramuscular solution</i>	Tier 2	
<i>neurin-sl sublingual tablet sublingual</i>	Tier 2	
*COBALAMINS*** - DRUGS FOR NUTRITION		
<i>b-12 oral tablet</i>	Tier 1	OTC
<i>b-12-sl sublingual tablet sublingual</i>	Tier 1	OTC
<i>cvs b12 quick dissolve oral lozenge</i>	Tier 1	OTC
<i>cvs b-12 sublingual tablet sublingual</i>	Tier 1	OTC
<i>cvs vitamin b-12 sublingual tablet sublingual</i>	Tier 1	OTC
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	
<i>cyanocobalamin injection solution 2000 mcg/ml</i>	Tier 2	
<i>eqi b-12 oral tablet</i>	Tier 1	OTC
<i>gnp vitamin b-12 tr oral tablet extended release</i>	Tier 1	OTC
<i>hm vitamin b-12 tr oral tablet extended release</i>	Tier 1	OTC
<i>hydroxocobalamin acetate intramuscular solution</i>	Tier 1	MB
<i>methylcobalamin injection solution reconstituted</i>	Tier 2	
<i>NASCOBAL NASAL SOLUTION (<i>cyanocobalamin</i>)</i>	Tier 2	
<i>qc vitamin b12 oral tablet</i>	Tier 1	OTC
<i>qc vitamin b12 oral tablet extended release</i>	Tier 1	OTC
<i>qc vitamin b12 sublingual tablet sublingual</i>	Tier 1	OTC
<i>sv vitamin b-12 er oral tablet extended release</i>	Tier 1	OTC
<i>vitamin b 12 oral tablet</i>	Tier 1	OTC
<i>vitamin b-12 oral tablet</i>	Tier 1	OTC
<i>vitamin b12 oral tablet extended release</i>	Tier 1	OTC
<i>vitamin b12 sublingual liquid</i>	Tier 1	OTC

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vitamin b-12 sublingual liquid	Tier 1	OTC
vitamin b12 tr oral tablet extended release	Tier 1	OTC
*CXCR4 RECEPTOR ANTAGONIST*** - DRUGS FOR NUTRITION		
MOZOBIL SUBCUTANEOUS SOLUTION (<i>plerixafor</i>)	Tier 2	PA; SP
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE (<i>hydroxyurea</i>)	Tier 1	
SIKLOS ORAL TABLET (<i>hydroxyurea</i>)	Tier 2	PA; SP
*ERYTHROID MATURATION AGENTS*** - DRUGS FOR NUTRITION		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>luspatercept-aamt</i>)	Tier 2	PA; SP
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (4 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 200 MCG/0.4ML, 40 MCG/0.4ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (1.6 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (2 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (1.2 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (1.68 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (2.4 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (4 mL per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	Tier 1	PA; SP
EPOGEN INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa</i>)	Tier 1	PA; SP; QL (24 mL per 28 days)

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MIRCERA INJECTION SOLUTION PREFILLED SYRINGE (<i>methoxy peg-epoetin beta</i>)	Tier 2	PA; SP; QL (0.6 mL per 28 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	Tier 2	PA; SP
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	Tier 2	PA; SP; QL (12 mL per 28 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 1	PA; SP; QL (12 mL per 28 days)
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 1	PA; MB; QL (12 mL per 28 days)
*FOLIC ACID/FOLATE COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>fa-vitamin b-6-vitamin b-12 oral tablet</i>	Tier 1	
FOLGARD RX ORAL TABLET (<i>folic acid-vit b6-vit b12</i>)	Tier 2	
FOLTABS 800 ORAL TABLET (<i>folic acid-vit b6-vit b12</i>)	Tier 1	OTC
MILLGUARD ORAL TABLET (<i>folic acid-vit b6-vit b12</i>)	Tier 1	OTC
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
FA-8 ORAL TABLET (<i>folic acid</i>)	Tier 1	OTC
<i>folate oral tablet</i>	Tier 1	OTC
<i>folic acid injection solution</i>	Tier 1	MB
<i>folic acid oral tablet 400 mcg</i>	Tier 1	OTC
<i>folic acid tablet 1 mg oral (rx)</i>	Tier 1	
<i>gnp folic acid oral tablet</i>	Tier 1	OTC
<i>hm folic acid oral tablet</i>	Tier 1	OTC
<i>px folic acid oral tablet</i>	Tier 1	OTC
<i>qc folic acid oral tablet</i>	Tier 1	OTC
<i>ra folic acid oral tablet</i>	Tier 1	OTC
<i>sm folic acid oral tablet</i>	Tier 1	OTC
<i>yl folic acid oral tablet</i>	Tier 1	OTC

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*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-jmdb</i>)	Tier 2	PA; SP; QL (2 units per 30 days)
GRANIX SUBCUTANEOUS SOLUTION (<i>tbo-filgrastim</i>)	Tier 2	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tbo-filgrastim</i>)	Tier 2	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>pegfilgrastim</i>)	Tier 1	PA; SP; QL (2 injectors per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim</i>)	Tier 1	PA; SP; QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION (<i>filgrastim</i>)	Tier 2	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim</i>)	Tier 2	PA; SP
NIVESTYM INJECTION SOLUTION (<i>filgrastim-aafi</i>)	Tier 2	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim-aafi</i>)	Tier 2	PA; SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-apgf</i>)	Tier 2	PA; SP; QL (2 syringes per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-cbqv</i>)	Tier 1	PA; SP; QL (2 syringes per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim-sndz</i>)	Tier 1	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-bmez</i>)	Tier 2	PA; SP; QL (2 syringes per 28 days)
*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)*** - DRUGS FOR NUTRITION		
LEUKINE INJECTION SOLUTION RECONSTITUTED (<i>sargramostim</i>)	Tier 2	PA; SP
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** - DRUGS FOR NUTRITION		
OXBRYTA ORAL TABLET (<i>voxeletor</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*IRON COMBINATIONS*** - DRUGS FOR NUTRITION		
ABATRON AF ORAL TABLET (<i>iron-dss-b12-fa-c-e-cu-biotin</i>)	Tier 1	OTC
<i>foltrin oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>gentle iron oral capsule</i>	Tier 1	OTC
HEMAX ORAL TABLET (<i>iron-dss-b12-fa-c-e-cu-biotin</i>)	Tier 1	OTC
<i>iron complex oral capsule</i>	Tier 1	OTC
*IRON*** - DRUGS FOR NUTRITION		
BPROTECTED PEDIA IRON ORAL SOLUTION (<i>ferrous sulfate</i>)	Tier 1	OTC
<i>cvs iron oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>cvs slow release iron oral tablet extended release</i>	Tier 1	OTC
<i>easy iron oral capsule</i>	Tier 1	OTC
<i>eql carbonyl iron oral tablet</i>	Tier 1	OTC
<i>eql iron supplement therapy oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>fe tabs oral tablet delayed release</i>	Tier 1	OTC; QL (3 tablets per 1 day)
FERAHEME INTRAVENOUS SOLUTION (<i>ferumoxytol</i>)	Tier 2	MB
FERGON ORAL TABLET (<i>ferrous gluconate</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
FEROSUL ORAL TABLET (<i>ferrous sulfate</i>)	Tier 1	OTC; QL (3 tablets per 1 day)
FERRLECIT INTRAVENOUS SOLUTION (<i>na ferric gluc cplx in sucrose</i>)	Tier 2	MB
<i>ferrotabs oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>ferrous gluconate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>ferrous sulfate er oral tablet extended release</i>	Tier 1	OTC
<i>ferrous sulfate oral solution</i>	Tier 1	OTC

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ferrous sulfate oral syrup	Tier 1	OTC
ferrous sulfate oral tablet 27 mg	Tier 1	OTC
ferrous sulfate oral tablet 325 (65 fe) mg	Tier 1	OTC; QL (3 tablets per 1 day)
ferrous sulfate oral tablet delayed release	Tier 1	OTC; QL (3 tablets per 1 day)
gnp iron oral tablet	Tier 1	OTC; QL (3 tablets per 1 day)
gnp slow release iron oral tablet extended release	Tier 1	OTC
GOODSENSE IRON ORAL TABLET (ferrous sulfate)	Tier 1	OTC; QL (3 tablets per 1 day)
hm iron oral tablet	Tier 1	OTC; QL (3 tablets per 1 day)
hm iron slow release oral tablet extended release	Tier 1	OTC
hm slow release iron oral tablet extended release	Tier 1	OTC
INFED INJECTION SOLUTION (iron dextran)	Tier 2	MB
INJECTAFER INTRAVENOUS SOLUTION (ferric carboxymaltose)	Tier 2	MB
iron (ferrous sulfate) oral tablet	Tier 1	OTC; QL (3 tablets per 1 day)
iron high-potency oral tablet	Tier 1	OTC; QL (3 tablets per 1 day)
iron high-potency oral tablet extended release	Tier 1	OTC
iron oral tablet	Tier 1	OTC; QL (3 tablets per 1 day)
iron slow release oral tablet extended release	Tier 1	OTC
iron supplement childrens oral solution	Tier 1	OTC
iron supplement oral elixir	Tier 1	OTC
kp ferrous gluconate oral tablet	Tier 1	OTC; QL (4 tablets per 1 day)
kp ferrous sulfate oral tablet	Tier 1	OTC; QL (3 tablets per 1 day)

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<i>meijer ferrous sulfate oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
MONOFERRIC INTRAVENOUS SOLUTION (ferric derisomaltose)	Tier 2	MB
<i>na ferric gluc cplx in sucrose intravenous solution</i>	Tier 1	MB
<i>nat-rul iron oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>pc pediatric iron drops oral solution</i>	Tier 1	OTC
<i>polysaccharide iron complex oral capsule</i>	Tier 1	OTC
<i>polysaccharide-iron complex oral capsule</i>	Tier 1	OTC
<i>px iron oral tablet 200 (65 fe) mg</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>px iron oral tablet 27 mg</i>	Tier 1	OTC
<i>qc ferrous sulfate oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>ra iron oral tablet 27 mg</i>	Tier 1	OTC
<i>ra iron oral tablet 325 (65 fe) mg</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>slow release iron oral tablet extended release</i>	Tier 1	OTC
<i>sm iron oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>sm slow release iron oral tablet extended release</i>	Tier 1	OTC
TRIFERIC HEMODIALYSIS PACKET (ferric pyrophosphate citrate)	Tier 2	
TRIFERIC HEMODIALYSIS SOLUTION (ferric pyrophosphate citrate)	Tier 2	
VENOFER INTRAVENOUS SOLUTION (<i>iron sucrose</i>)	Tier 2	MB
*SELECTIN BLOCKERS*** - DRUGS FOR NUTRITION		
ADAKVEO INTRAVENOUS SOLUTION (<i>crizanlizumab-tmca</i>)	Tier 2	MB

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*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION		
DOPTELET ORAL TABLET (<i>avatrombopag maleate</i>)	Tier 2	PA; SP; QL (60 tablets per 30 days)
MULPLETA ORAL TABLET (<i>lusutrombopag</i>)	Tier 2	PA; SP; QL (7 tablets per 1 fill)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>romiplostim</i>)	Tier 2	PA; SP
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP; QL (1 pack per 1 day)
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP; QL (3 packs per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP; DO; QL (1 tablet per 1 day)
PROMACTA ORAL TABLET 50 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
PROMACTA ORAL TABLET 75 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
HEMOSTATICS - DRUGS FOR THE BLOOD		
*HEMOSTATIC COMBINATIONS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	Tier 2	
THROMBI-GEL 10 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	Tier 2	
THROMBI-GEL 100 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	Tier 2	
THROMBI-GEL 40 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	Tier 2	
THROMBI-PAD EXTERNAL PAD (<i>thrombin-cmc-cacl</i>)	Tier 2	
TISSEEL EXTERNAL KIT (<i>fibrin sealant component</i>)	Tier 2	
TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	Tier 2	

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*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING		
AMICAR ORAL SOLUTION (<i>aminocaproic acid</i>)	Tier 2	QL (120 mL per 1 day)
AMICAR ORAL TABLET 1000 MG (<i>aminocaproic acid</i>)	Tier 2	
AMICAR ORAL TABLET 500 MG (<i>aminocaproic acid</i>)	Tier 2	QL (60 tablets per 1 day)
<i>aminocaproic acid intravenous solution</i>	Tier 2	MB
<i>aminocaproic acid oral solution</i>	Tier 2	QL (120 ML per 1 day)
<i>aminocaproic acid oral tablet 1000 mg</i>	Tier 2	
<i>aminocaproic acid oral tablet 500 mg</i>	Tier 1	QL (60 tablets per 1 day)
CYKLOKAPRON INTRAVENOUS SOLUTION (<i>tranexamic acid</i>)	Tier 2	MB
LYSTEDA ORAL TABLET (<i>tranexamic acid</i>)	Tier 2	QL (6 tablets per 1 day)
<i>tranexamic acid intravenous solution</i>	Tier 2	MB
<i>tranexamic acid oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>tranexamic acid-nacl intravenous solution</i>	Tier 2	MB
*HEMOSTATICS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ACTIFOAM COLLAGEN SPONGE EXTERNAL (<i>absorbable collagen hemostat</i>)	Tier 2	
AVITENE EXTERNAL PAD (<i>microfibrillar coll hemostat</i>)	Tier 2	
AVITENE FLOUR EXTERNAL POWDER (<i>microfibrillar coll hemostat</i>)	Tier 2	
ENDO AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	Tier 2	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM COMPRESSED SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM MOUTH/THROAT POWDER (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM SPONGE EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	

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GELFOAM SPONGE SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM SPONGE SIZE 200 EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM SPONGE SIZE 50 EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	
INSTAT EXTERNAL PAD (<i>absorbable collagen hemostat</i>)	Tier 2	
INTERCEED (TC7) EXTERNAL PAD (<i>oxidized cellulose</i>)	Tier 2	
INTERCEED EXTERNAL PAD (<i>oxidized cellulose</i>)	Tier 2	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin (recombinant)</i>)	Tier 2	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin (recombinant)</i>)	Tier 2	
SURGICEL FIBRILLAR EXTERNAL PAD (<i>oxidized cellulose</i>)	Tier 2	
SURGICEL NU-KNIT EXTERNAL PAD (<i>oxidized cellulose</i>)	Tier 2	
SYRINGE AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	Tier 2	
TACHOSIL EXTERNAL PATCH (<i>absorbable fibrin sealant</i>)	Tier 2	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT (<i>thrombin</i>)	Tier 2	
THROMBIN-JMI EXTERNAL KIT (<i>thrombin</i>)	Tier 2	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin</i>)	Tier 2	
THROMBOGEN EXTERNAL KIT (<i>thrombin</i>)	Tier 2	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin</i>)	Tier 2	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	Tier 2	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL <i>(microfibrillar coll hemostat)</i>	Tier 2	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL <i>(microfibrillar coll hemostat)</i>	Tier 2	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL <i>(microfibrillar coll hemostat)</i>	Tier 2	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIHISTAMINE HYPNOTIC COMBINATIONS*** - DRUGS FOR INSOMNIA		
<i>cvs non-aspirin headache pm oral tablet</i>	Tier 1	OTC
<i>hm ibuprofen pm oral tablet</i>	Tier 1	OTC
<i>kls rapid release apap pm oral tablet</i>	Tier 1	OTC
MEDI-TABS PM EXTRA STRENGTH ORAL TABLET <i>(diphenhydramine-apap (sleep))</i>	Tier 1	OTC
MOTRIN PM ORAL TABLET (<i>ibuprofen-diphenhydramine cit</i>)	Tier 1	OTC
<i>non-aspirin pm oral tablet</i>	Tier 1	OTC
<i>pain reliever pm oral tablet</i>	Tier 1	OTC
PANDOL PM EXTRA STRENGTH ORAL TABLET <i>(diphenhydramine-apap (sleep))</i>	Tier 1	OTC
<i>qc headache relief pm oral tablet</i>	Tier 1	OTC
<i>qc pain relief pm ext st oral tablet</i>	Tier 1	OTC
<i>ra pain reliever pm oral tablet</i>	Tier 1	OTC
<i>sb non-asa night time oral tablet</i>	Tier 1	OTC
<i>sb pain reliever pm oral tablet</i>	Tier 1	OTC
<i>sm headache relief pm oral tablet</i>	Tier 1	OTC
*ANTIHISTAMINE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>cvs sleepaid (diphenhydramine) oral tablet</i>	Tier 1	OTC
<i>cvs sleep-aid nighttime oral capsule</i>	Tier 1	OTC
<i>diphenhydramine hcl (sleep) oral tablet</i>	Tier 1	OTC

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<i>eq nighttime sleep aid oral tablet</i>	Tier 1	OTC
<i>hm nighttime sleep aid oral tablet</i>	Tier 1	OTC
<i>kls sleep aid oral tablet</i>	Tier 1	OTC
<i>ra night sleep aid oral tablet</i>	Tier 1	OTC
<i>sleep tabs oral tablet</i>	Tier 1	OTC
<i>sleep-aid oral tablet</i>	Tier 1	OTC
<i>sleep-tabs oral tablet</i>	Tier 1	OTC
<i>tetra-formula nighttime sleep oral tablet</i>	Tier 1	OTC
*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>NEMBUTAL INJECTION SOLUTION (pentobarbital sodium)</i>	Tier 2	MB
<i>pentobarbital sodium injection solution</i>	Tier 2	MB
<i>pentobarbital sodium powder</i>	Tier 2	
<i>phenobarbital oral elixir</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 32.4 mg</i>	Tier 1	QL (370 tablets per 30 days)
<i>phenobarbital powder</i>	Tier 2	
<i>phenobarbital sodium injection solution</i>	Tier 2	MB
<i>phenobarbital sodium powder</i>	Tier 2	
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED (remimazolam besylate)</i>	Tier 2	MB
<i>DORAL ORAL TABLET (quazepam)</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>estazolam oral tablet</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>HALCION ORAL TABLET (triazolam)</i>	Tier 2	DO; QL (1 tablet per 1 day)

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<i>midazolam hcl (pf) injection solution</i>	Tier 2	MB
<i>midazolam hcl injection solution</i>	Tier 2	MB
<i>midazolam hcl oral syrup</i>	Tier 2	
<i>midazolam hcl-sodium chloride intravenous solution</i>	Tier 2	MB
<i>midazolam hcl-sodium chloride intravenous solution prefilled syringe</i>	Tier 2	MB
<i>midazolam-sodium chloride intravenous solution</i>	Tier 2	MB
<i>quazepam oral tablet</i>	Tier 2	DO; QL (1 tablet per 1 day)
RESTORIL ORAL CAPSULE (<i>temazepam</i>)	Tier 2	DO; QL (1 capsule per 1 day)
<i>temazepam oral capsule</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	Tier 1	DO; QL (1 tablet per 1 day)
*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA		
<i>doxepin hcl oral tablet 3 mg</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>doxepin hcl oral tablet 6 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
SILENOR ORAL TABLET 3 MG (<i>doxepin hcl</i>)	Tier 2	PA; QL (6 tablets per 1 day)
SILENOR ORAL TABLET 6 MG (<i>doxepin hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*NON-BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>chloral hydrate crystals</i>	Tier 2	
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE (<i>zolpidem tartrate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
AMBIEN ORAL TABLET (<i>zolpidem tartrate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL (<i>zolpidem tartrate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)

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<i>eszopiclone oral tablet</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
LUNESTA ORAL TABLET (<i>eszopiclone</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>zaleplon oral capsule</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier 2	PA
ZOLPIMIST ORAL SOLUTION (<i>zolpidem tartrate</i>)	Tier 2	PA
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INSOMNIA		
BELSOMRA ORAL TABLET (<i>suvorexant</i>)	Tier 2	PA; QL (1 tablet per 1 day)
DAYVIGO ORAL TABLET (<i>lemborexant</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES*** - DRUGS FOR INSOMNIA		
<i>dexmedetomidine hcl in nacl intravenous solution</i>	Tier 2	MB
<i>dexmedetomidine hcl intravenous solution</i>	Tier 2	MB
<i>dexmedetomidine hcl-dextrose intravenous solution</i>	Tier 2	MB
PRECEDEX INTRAVENOUS SOLUTION (<i>dexmedetomidine hcl in nacl</i>)	Tier 2	MB
*SELECTIVE MELATONIN RECEPTOR AGONISTS*** - DRUGS FOR INSOMNIA		
HETLIOZ ORAL CAPSULE (<i>tasimelteon</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
<i>ramelteon oral tablet</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
ROZEREM ORAL TABLET (<i>ramelteon</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
CLENPIQ ORAL SOLUTION (<i>sod picosulfate-mag ox-cit acd</i>)	Tier 2	QL (320 mL per 30 days)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Tier 1	QL (4000 mL per 30 days)
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted)	Tier 1	QL (4000 mL per 30 days)
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit)	Tier 2	
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	Tier 1	QL (4000 mL per 30 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Tier 2	QL (4000 mL per 30 days)
MOVIPREP ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	Tier 2	QL (1 kit per 30 days)
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-na bicarb-nacl</i>)	Tier 2	QL (4000 mL per 30 days)
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-na bicarb-nacl</i>)	Tier 2	QL (4000 mL per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 1	QL (4000 mL per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 1	QL (4000 mL per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 2	QL (1 kit per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 2	QL (1 kit per 30 days)
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Peg-Prep Oral Kit)	Tier 2	
PLENUV ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	Tier 2	QL (1 kit per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION (<i>na sulfate-k sulfate-mg sulf</i>)	Tier 2	QL (1 kit per 30 days)
SUTAB ORAL TABLET (<i>sodium sulfate-mag sulfate-kcl</i>)	Tier 2	
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted)	Tier 1	QL (4000 mL per 30 days)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BULK LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>clear fiber powder oral powder</i>	Tier 1	OTC
<i>daily fiber oral powder</i>	Tier 1	OTC
<i>eq fiber therapy oral powder</i>	Tier 1	OTC
<i>eq fiber therapy oral tablet</i>	Tier 1	OTC
<i>eq natural fiber laxative oral powder</i>	Tier 1	OTC
<i>eql fiber supplement oral powder</i>	Tier 1	OTC
<i>eql fiber therapy oral powder</i>	Tier 1	OTC
<i>eql natural fiber oral powder</i>	Tier 1	OTC
<i>eql smooth texture fiber oral powder</i>	Tier 1	OTC
<i>fiber oral powder</i>	Tier 1	OTC
<i>fiber therapy oral powder</i>	Tier 1	OTC
<i>goodsense fiber oral tablet</i>	Tier 1	OTC
<i>goodsense psyllium fiber oral powder</i>	Tier 1	OTC
<i>hm fiber oral capsule</i>	Tier 1	OTC
<i>hm fiber oral powder</i>	Tier 1	OTC
<i>hm fiber powder oral powder</i>	Tier 1	OTC
<i>MEDI-MUCIL ORAL CAPSULE (psyllium)</i>	Tier 1	OTC
<i>natural fiber laxative oral powder</i>	Tier 1	OTC
<i>natural fiber oral powder</i>	Tier 1	OTC
<i>natural vegetable fiber oral powder</i>	Tier 1	OTC
<i>psyllium fiber oral capsule</i>	Tier 1	OTC
<i>qc fiber therapy oral tablet</i>	Tier 1	OTC
<i>ra fiber laxative oral powder</i>	Tier 1	OTC
<i>ra fiber oral powder</i>	Tier 1	OTC
<i>ra fiber supplement oral powder</i>	Tier 1	OTC
<i>REGULOID ORAL CAPSULE (psyllium)</i>	Tier 1	
<i>REGULOID ORAL POWDER (psyllium)</i>	Tier 1	OTC
<i>sb fiber laxative oral powder</i>	Tier 1	OTC
<i>sm fiber oral powder</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
<i>constulose oral solution</i>	Tier 1	QL (4800 mL per 30 days)
CVS PURELAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
CVS PURELAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
EQ CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
EQL CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
<i>gavilax oral powder</i>	Tier 1	OTC; QL (34 grams per 1 day)
<i>gentlelax oral powder</i>	Tier 1	OTC; QL (34 grams per 1 day)
<i>glycerin adult rectal suppository</i>	Tier 1	OTC
<i>glycerin childrens rectal suppository</i>	Tier 1	OTC
GLYCOLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
GNP CLEARLAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
GNP CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
GOODSENSE CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
HEALTHYLAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
HM CLEARLAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
HM CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)

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KLS LAXACLEAR ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
KRISTALOSE ORAL PACKET (<i>lactulose</i>)	Tier 2	
<i>lactulose oral packet</i>	Tier 2	
<i>lactulose oral solution</i>	Tier 1	QL (4800 mL per 30 days)
<i>peg 3350 oral packet</i>	Tier 1	OTC; QL (34 grams per 1 day)
<i>peg 3350 oral powder</i>	Tier 1	OTC; QL (34 grams per 1 day)
<i>polyethylene glycol 3350 oral packet</i>	Tier 1	OTC; QL (34 grams per 1 day)
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	OTC; QL (34 grams per 1 day)
<i>px glycerin rectal suppository</i>	Tier 1	OTC
<i>ra laxative oral packet</i>	Tier 1	OTC; QL (34 grams per 1 day)
<i>ra laxative oral powder</i>	Tier 1	OTC; QL (34 grams per 1 day)
<i>sb glycerin adult rectal suppository</i>	Tier 1	OTC
SM CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
SMOOTH LAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
SMOOTH LAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
*LAXATIVES & DSS*** - DRUGS TO PREVENT CONSTIPATION		
<i>medi-natural plus oral tablet</i>	Tier 1	OTC
<i>qc stool softener pls laxative oral tablet</i>	Tier 1	OTC
<i>sb docusate sodium/senna oral tablet</i>	Tier 1	OTC
<i>senna plus oral capsule</i>	Tier 1	OTC
<i>stimulant laxative oral tablet</i>	Tier 1	OTC
<i>stool softener laxative oral tablet</i>	Tier 1	OTC

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<i>stool softener plus laxative oral tablet</i>	Tier 1	OTC
<i>stool softener/laxative oral capsule</i>	Tier 1	OTC
<i>vegetable lax+stool softener oral tablet</i>	Tier 1	OTC
*LUBRICANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>hm mineral oil oral oil</i>	Tier 1	OTC
MURI-LUBE OIL (<i>mineral oil light</i>)	Tier 2	
*SALINE LAXATIVE MIXTURES*** - DRUGS TO PREVENT CONSTIPATION		
<i>eq enema rectal enema</i>	Tier 1	OTC
<i>eql ready-to-use enema rectal enema</i>	Tier 1	OTC
<i>goodsense enema rectal enema</i>	Tier 1	OTC
OSMOPREP ORAL TABLET (<i>sod phos mono-sod phos dibasic</i>)	Tier 2	QL (32 tablets per 30 days)
PURE & GENTLE ENEMA RECTAL ENEMA (<i>sodium phosphates</i>)	Tier 1	OTC
<i>ra saline enema rectal enema</i>	Tier 1	OTC
<i>sm enema rectal enema</i>	Tier 1	OTC
*SALINE LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>citrate of magnesia oral solution</i>	Tier 1	OTC
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION (<i>magnesium hydroxide</i>)	Tier 1	OTC
DULCOLAX ORAL SUSPENSION (<i>magnesium hydroxide</i>)	Tier 1	OTC
<i>milk of magnesia oral suspension</i>	Tier 1	OTC
<i>sb magnesium citrate oral solution</i>	Tier 1	OTC
*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>bisacodyl laxative rectal suppository</i>	Tier 1	OTC
<i>bisacodyl powder</i>	Tier 2	
<i>bisacodyl rectal suppository</i>	Tier 1	OTC

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cascara sagrada oral fluid extract	Tier 2	
cvs bisacodyl rectal suppository	Tier 1	OTC
cvs c-lax laxative oral tablet delayed release	Tier 1	OTC; QL (100 tablets per 90 days)
cvs gentle laxative rectal suppository	Tier 1	OTC
DR EDWARDS OLIVE LAXATIVE ORAL TABLET <i>(sennosides)</i>	Tier 1	OTC
eq laxative maximum strength oral tablet	Tier 1	OTC; QL (3 capsules per 1 day)
eq laxative oral tablet chewable	Tier 1	OTC
eq natural vegetable laxative oral tablet	Tier 1	OTC
eq womens laxative oral tablet delayed release	Tier 1	OTC; QL (100 tablets per 90 days)
eql laxative maximum strength oral tablet	Tier 1	OTC; QL (3 capsules per 1 day)
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE <i>(bisacodyl)</i>	Tier 1	OTC; QL (100 tablets per 90 days)
FEENAMINT ORAL TABLET DELAYED RELEASE <i>(bisacodyl)</i>	Tier 1	OTC; QL (100 tablets per 90 days)
gentle laxative rectal suppository	Tier 1	OTC
gnp gentle laxative oral tablet delayed release	Tier 1	OTC; QL (100 tablets per 90 days)
gnp gentle laxative rectal suppository	Tier 1	OTC
gnp laxative rectal suppository	Tier 1	OTC
gnp womens laxative oral tablet delayed release	Tier 1	OTC; QL (100 tablets per 90 days)
goodsense bisacodyl ec oral tablet delayed release	Tier 1	OTC; QL (100 tablets per 90 days)
goodsense laxative pills oral tablet	Tier 1	OTC; QL (3 capsules per 1 day)
goodsense womens laxative oral tablet delayed release	Tier 1	OTC; QL (100 tablets per 90 days)
hm laxative rectal suppository	Tier 1	OTC

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>laxative oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>laxative rectal suppository</i>	Tier 1	OTC
<i>laxative regular strength oral tablet</i>	Tier 1	OTC
MEDI-LAX ORAL TABLET (<i>sennosides</i>)	Tier 1	OTC
<i>medi-natural oral tablet</i>	Tier 1	OTC
<i>px vegetable laxative oral tablet</i>	Tier 1	OTC
<i>qc gentle laxative oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc gentle laxative rectal suppository</i>	Tier 1	OTC
<i>ra fast relief laxative rectal suppository</i>	Tier 1	OTC
<i>ra laxative maximum strength oral tablet</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>ra laxative oral tablet chewable</i>	Tier 1	OTC
<i>ra senna oral capsule</i>	Tier 1	OTC
<i>ra stimulant laxative rectal suppository</i>	Tier 1	OTC
<i>sb gentle lax-women oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sb laxative rectal suppository</i>	Tier 1	OTC
<i>senna oral capsule</i>	Tier 1	OTC
<i>senna oral liquid</i>	Tier 1	OTC
SENNNA SMOOTH ORAL TABLET (<i>sennosides</i>)	Tier 1	OTC
<i>sennazon oral syrup</i>	Tier 1	OTC
<i>sm laxative rectal suppository</i>	Tier 1	OTC
THE MAGIC BULLET RECTAL SUPPOSITORY (<i>bisacodyl</i>)	Tier 1	OTC
<i>veracolate oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>womens laxative oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SURFACTANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
CORRECTOL EXTRA GENTLE ORAL CAPSULE (<i>docusate sodium</i>)	Tier 1	OTC; QL (3 capsules per 1 day)
<i>cvs stool softener oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>cvs stool softener oral capsule 250 mg</i>	Tier 1	OTC
<i>docqlace oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>docusate sodium oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>docusate sodium oral capsule 250 mg</i>	Tier 1	OTC
<i>docusate sodium oral syrup</i>	Tier 1	OTC
<i>docusate sodium powder</i>	Tier 2	
DOCUSIL ORAL CAPSULE (<i>docusate sodium</i>)	Tier 1	OTC; QL (3 capsules per 1 day)
DOK ORAL CAPSULE (<i>docusate sodium</i>)	Tier 1	OTC; QL (3 capsules per 1 day)
<i>dss oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>dss oral capsule 250 mg</i>	Tier 1	OTC
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE (<i>docusate sodium</i>)	Tier 1	OTC; QL (3 capsules per 1 day)
DULCOLAX STOOL SOFTENER ORAL CAPSULE (<i>docusate sodium</i>)	Tier 1	OTC; QL (3 capsules per 1 day)
<i>easy-lax oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>eq stool softener oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>eq stool softener oral capsule 250 mg</i>	Tier 1	OTC
<i>eql stool softener oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>gnp stool softener oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp stool softener oral capsule 250 mg</i>	Tier 1	OTC
<i>hm stool softener oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>kls stool softener oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>laxa basic oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>mm stool softener laxative oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
PHILLIPS STOOL SOFTENER ORAL CAPSULE <i>(docusate sodium)</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>px docusate sodium oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>qc docusate calcium oral capsule</i>	Tier 1	OTC
<i>qc stool softener oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>ra col-rite oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>ra col-rite oral capsule 250 mg, 50 mg</i>	Tier 1	OTC
<i>ra stool softener oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>sb docusate sodium oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>sb stool softener oral capsule</i>	Tier 1	OTC
<i>sm stool softener oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>sm stool softener oral capsule 250 mg</i>	Tier 1	OTC
<i>sm stool softener oral tablet</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>stool softener laxative oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>stool softener laxative oral capsule 250 mg</i>	Tier 1	OTC
<i>stool softener oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>stool softener oral capsule 250 mg</i>	Tier 1	OTC
<i>stool softener oral liquid</i>	Tier 1	OTC
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC*** - DRUGS FOR SEDATION		
<i>articaine-epinephrine</i> (Articadent Dental Injection Solution Cartridge)	Tier 2	MB
<i>bupivacaine-epinephrine (pf) injection solution</i>	Tier 2	MB
<i>bupivacaine-epinephrine injection solution</i>	Tier 2	MB
CITANEST FORTE DENTAL INJECTION SOLUTION (<i>prilocaine-epinephrine</i>)	Tier 2	MB
<i>lidocaine-epinephrine injection solution</i>	Tier 2	MB
MARCAINE/EPINEPHRINE INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	Tier 2	MB
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	Tier 2	MB
ORABLOC INJECTION SOLUTION CARTRIDGE (<i>articaine-epinephrine</i>)	Tier 2	MB
<i>bupivacaine-epinephrine</i> (Sensorcaine/Epinephrine Injection Solution)	Tier 2	MB
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	Tier 2	MB
<i>lidocaine-epinephrine</i> (Xylocaine Dental Injection Solution)	Tier 2	MB
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION (<i>lidocaine-epinephrine</i>)	Tier 2	MB
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (<i>lidocaine-epinephrine</i>)	Tier 2	MB
*LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR SEDATION		
<i>lidocaine-sodium bicarbonate injection solution prefilled syringe</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POINT OF CARE LM-2.5 INJECTION KIT (<i>lidocaine hcl-bupivacaine hcl</i>)	Tier 2	
*LOCAL ANESTHETICS - AMIDES*** - DRUGS FOR SEDATION		
<i>bupivacaine fisiopharma injection solution</i>	Tier 2	MB
<i>bupivacaine hcl (pf) injection solution</i>	Tier 2	MB
<i>bupivacaine hcl injection solution</i>	Tier 2	MB
<i>bupivacaine hcl powder</i>	Tier 2	
<i>bupivacaine hcl-nacl epidural solution prefilled syringe</i>	Tier 2	MB
<i>bupivacaine in dextrose intrathecal solution</i>	Tier 2	MB
<i>bupivacaine spinal intrathecal solution</i>	Tier 2	MB
CARBOCAINE INJECTION SOLUTION (<i>mepivacaine hcl</i>)	Tier 2	MB
CARBOCAINE PRESERVATIVE-FREE INJECTION SOLUTION (<i>mepivacaine hcl</i>)	Tier 2	MB
CITANEST PLAIN DENTAL INJECTION SOLUTION (<i>prilocaine hcl</i>)	Tier 2	MB
EXPAREL INJECTION SUSPENSION (<i>bupivacaine liposome</i>)	Tier 2	MB
<i>lidocaine hcl (pf) injection solution</i>	Tier 2	MB
<i>lidocaine hcl injection solution</i>	Tier 2	MB
<i>lidocaine hcl injection solution prefilled syringe 10 mg/ml, 100 mg/5ml</i>	Tier 2	MB
<i>lidocaine hcl injection solution prefilled syringe 60 mg/3ml</i>	Tier 2	
<i>lidocaine hcl intradermal jet-injector</i>	Tier 2	MB
<i>lidocaine in dextrose solution</i>	Tier 2	MB
MARCAINE INJECTION SOLUTION (<i>bupivacaine hcl</i>)	Tier 2	MB
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION (<i>bupivacaine hcl</i>)	Tier 2	MB
MARCAINE SPINAL INTRATHECAL SOLUTION (<i>bupivacaine in dextrose</i>)	Tier 2	MB
<i>mepivacaine hcl powder</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT BONE MARROW BIOPSY INJECTION KIT (<i>lidocaine hcl</i>)	Tier 2	MB
NAROPIN INJECTION SOLUTION (<i>ropivacaine hcl</i>)	Tier 2	MB
<i>mepivacaine hcl</i> (Polocaine Injection Solution)	Tier 2	MB
<i>mepivacaine hcl</i> (Polocaine-Mpf Injection Solution)	Tier 2	MB
<i>ropivacaine hcl injection solution</i>	Tier 2	MB
<i>ropivacaine hcl injection solution prefilled syringe</i>	Tier 2	MB
<i>ropivacaine hcl-nacl epidural solution</i>	Tier 2	MB
<i>ropivacaine hcl-nacl injection solution</i>	Tier 2	MB
<i>bupivacaine hcl</i> (Sensorcaine Injection Solution)	Tier 2	MB
<i>bupivacaine hcl</i> (Sensorcaine-Mpf Injection Solution)	Tier 2	MB
XARACOLL IMPLANT IMPLANT (<i>bupivacaine hcl</i>)	Tier 2	MB
XYLOCAINE INJECTION SOLUTION (<i>lidocaine hcl</i>)	Tier 2	MB
XYLOCAINE-MPF INJECTION SOLUTION (<i>lidocaine hcl</i>)	Tier 2	MB
ZINGO INTRADERMAL JET-INJECTOR (<i>lidocaine hcl</i>)	Tier 2	MB
*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION		
<i>chloroprocaine hcl (pf) injection solution</i>	Tier 2	MB
CLOROTEKAL INTRATHECAL SOLUTION (<i>chloroprocaine hcl</i>)	Tier 2	MB
NESACAINE INJECTION SOLUTION (<i>chloroprocaine hcl</i>)	Tier 2	MB
NESACAINE-MPF INJECTION SOLUTION (<i>chloroprocaine hcl</i>)	Tier 2	MB
<i>procaine hcl crystals</i>	Tier 2	
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin intravenous solution reconstituted</i>	Tier 2	MB
<i>azithromycin oral packet</i>	Tier 1	QL (2 packets per 1 fill)
<i>azithromycin oral suspension reconstituted</i>	Tier 1	QL (15 mL per 1 fill)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (6 tablets per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (3 tablets per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (8 tablets per 1 fill)
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED (<i>azithromycin</i>)	Tier 2	MB
ZITHROMAX ORAL PACKET (<i>azithromycin</i>)	Tier 2	QL (2 packets per 1 fill)
ZITHROMAX ORAL SUSPENSION RECONSTITUTED (<i>azithromycin</i>)	Tier 2	QL (15 mL per 1 fill)
ZITHROMAX ORAL TABLET 250 MG (<i>azithromycin</i>)	Tier 2	QL (6 tablets per 30 days)
ZITHROMAX ORAL TABLET 500 MG (<i>azithromycin</i>)	Tier 2	QL (3 tablets per 1 fill)
ZITHROMAX TRI-PAK ORAL TABLET (<i>azithromycin</i>)	Tier 2	QL (3 tablets per 1 fill)
ZITHROMAX Z-PAK ORAL TABLET (<i>azithromycin</i>)	Tier 2	QL (6 tablets per 30 days)
*CLARITHROMYCIN*** - ANTIBIOTICS		
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 1	
<i>clarithromycin oral suspension reconstituted</i>	Tier 1	
<i>clarithromycin oral tablet</i>	Tier 1	
*ERYTHROMYCINS*** - ANTIBIOTICS		
E.E.S. 400 ORAL TABLET (<i>erythromycin ethylsuccinate</i>)	Tier 1	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED (<i>erythromycin ethylsuccinate</i>)	Tier 2	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED (<i>erythromycin ethylsuccinate</i>)	Tier 2	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED (<i>erythromycin ethylsuccinate</i>)	Tier 2	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release)	Tier 1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>erythromycin lactobionate</i>)	Tier 2	MB
ERYTHROCIN STEARATE ORAL TABLET (<i>erythromycin stearate</i>)	Tier 1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier 1	
<i>erythromycin base oral tablet</i>	Tier 1	
<i>erythromycin base oral tablet delayed release</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	Tier 2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 1	
<i>erythromycin ethylsuccinate powder</i>	Tier 2	
<i>erythromycin oral tablet delayed release</i>	Tier 1	
<i>erythromycin powder</i>	Tier 2	
*FIDAXOMICIN*** - ANTIBIOTICS		
DIFICID ORAL SUSPENSION RECONSTITUTED (<i>fidaxomicin</i>)	Tier 2	
DIFICID ORAL TABLET (<i>fidaxomicin</i>)	Tier 2	PA
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*APPLICATORS,COTTON BALLS,ETC*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>alcohol prep pad</i>	Tier 1	OTC
<i>alcohol swabs pad</i>	Tier 1	OTC
BD SWABS SINGLE USE BUTTERFLY PAD (<i>alcohol swabs</i>)	Tier 1	OTC
CURITY ALCOHOL PREPS PAD (<i>alcohol swabs</i>)	Tier 1	OTC
cvs <i>alcohol prep pads pad</i>	Tier 1	OTC
<i>cvs prep pad</i>	Tier 1	OTC
EASY TOUCH ALCOHOL PREP MEDIUM PAD (<i>alcohol swabs</i>)	Tier 1	OTC
FIFTY50 ALCOHOL PREP PAD (<i>alcohol swabs</i>)	Tier 1	OTC
<i>gnp alcohol swabs pad</i>	Tier 1	OTC
<i>hm sterile alcohol prep pad</i>	Tier 1	OTC
<i>qc alcohol swabs pad</i>	Tier 1	OTC
RELION ALCOHOL SWABS PAD (<i>alcohol swabs</i>)	Tier 1	OTC
<i>sm alcohol prep pad</i>	Tier 1	OTC
ULTICARE ALCOHOL SWABS PAD (<i>alcohol swabs</i>)	Tier 1	OTC
WEBCOL ALCOHOL PREP LARGE PAD (<i>alcohol swabs</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WEBCOL ALCOHOL PREP MEDIUM PAD (<i>alcohol swabs</i>)	Tier 1	OTC
*BLOOD COAGULATION TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
COAGUCHEK XS SYSTEM KIT (<i>ptl/lnr testing monitor</i>)	Tier 2	
*BLOOD PRESSURE DEVICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
KENDALL SCD EXPRESS FOOT CUFF (<i>blood pressure monitoring</i>)	Tier 2	
*CATHETERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>apogee hc catheter 10fr/10"</i>	Tier 2	
<i>apogee hc catheter 10fr/6"</i>	Tier 2	
<i>apogee hc catheter 12fr/16"</i>	Tier 2	
<i>apogee hc catheter 12fr/6"</i>	Tier 2	
<i>apogee hc catheter 14fr/16"</i>	Tier 2	
<i>apogee hc catheter 14fr/6"</i>	Tier 2	
<i>apogee hc catheter 16fr/16"</i>	Tier 2	
<i>apogee hc catheter 18fr/16"</i>	Tier 2	
<i>apogee hc catheter 8fr/10"</i>	Tier 2	
<i>apogee ic catheter 14fr/6"</i>	Tier 2	
BARD URETHRAL CATHETER 16" (<i>catheters</i>)	Tier 2	
BARDEX I.C. FOLEY CATH 14FR (<i>catheters</i>)	Tier 2	
DOVER CLOSED URETHRAL TRAY KIT (<i>catheters</i>)	Tier 2	
DOVER ELASTOMER FOLEY CATHETER (<i>catheters</i>)	Tier 2	
DOVER FOLEY INSERTION TRAY (<i>catheters</i>)	Tier 2	
DOVER HYDROGEL FOLEY CATH 12FR (<i>catheters</i>)	Tier 2	
DOVER HYDROGEL FOLEY CATH 14FR (<i>catheters</i>)	Tier 2	
DOVER HYDROGEL FOLEY CATH 16FR (<i>catheters</i>)	Tier 2	
DOVER HYDROGEL FOLEY CATH 18FR (<i>catheters</i>)	Tier 2	
DOVER HYDROGEL FOLEY CATH 28FR (<i>catheters</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOVER HYDROGEL FOLEY CATH 30FR (catheters)	Tier 2	
DOVER HYDROGEL FOLEY CATH KIT KIT (catheters)	Tier 2	
DOVER HYDROGEL FOLEY TRAY 14FR KIT (catheters)	Tier 2	
DOVER HYDROGEL FOLEY TRAY 16FR KIT (catheters)	Tier 2	
DOVER HYDROGEL FOLEY TRAY 18FR KIT (catheters)	Tier 2	
DOVER HYDROGEL INSERTION TRAY (catheters)	Tier 2	
DOVER OPEN URETHRAL TRAY 14FR KIT (catheters)	Tier 2	
DOVER PVC URETHRAL CATH 10FR (catheters)	Tier 2	
DOVER PVC URETHRAL CATH 12FR (catheters)	Tier 2	
DOVER PVC URETHRAL CATH 14FR (catheters)	Tier 2	
DOVER PVC URETHRAL CATH 16FR (catheters)	Tier 2	
DOVER SILICONE FOLEY CATH 14FR (catheters)	Tier 2	
DOVER SILICONE FOLEY CATHETER KIT (catheters)	Tier 2	
DOVER SILICONE FOLEY TRAY 18FR KIT (catheters)	Tier 2	
DOVER SILICONE URINE METER KIT (catheters)	Tier 2	
DOVER SILICONE/LATEX CATHETER (catheters)	Tier 2	
DOVER UNI CATHETERIZATION TRAY KIT (catheters)	Tier 2	
DOVER UNIVERSAL TRAY KIT (catheters)	Tier 2	
DOVER URETHRAL PVC CATH 18FR (catheters)	Tier 2	
DOVER URETHRAL UNIVERSAL TRAY KIT (catheters)	Tier 2	
DOVER VINYL CATHETER 14FR KIT (catheters)	Tier 2	
DOVER VINYL URETHRAL CATH 14FR (catheters)	Tier 2	
DOVER VINYL URETHRAL CATH 16FR (catheters)	Tier 2	
DOVER VINYL URETHRAL CATH 8FR (catheters)	Tier 2	
foley catheter 2-way	Tier 2	
intermittent 14fr/40cm	Tier 2	
LOFRIC COUDE URINARY CATHETER (catheters)	Tier 2	
LOFRIC NELATON PAEDIATRIC CATH (catheters)	Tier 2	
LOFRIC NELATON URINARY CATH (catheters)	Tier 2	
LOFRIC ORIGO NELATON CATHETER (catheters)	Tier 2	
LOFRIC ORIGO PAED CATHETER (catheters)	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOFRIC ORIGO URINARY CATHETER (<i>catheters</i>)	Tier 2	
LOFRIC PRIMO NELATON CATHETER (<i>catheters</i>)	Tier 2	
PRECISION 400 CATH TRAY KIT (<i>catheters</i>)	Tier 2	
RUSCH FLOCATH QUICK 16FR (<i>catheters</i>)	Tier 2	
RUSCH MMG CATHETER SYSTEM (<i>catheters</i>)	Tier 2	
RUSCH TIEMANN PVC CATHETER (<i>catheters</i>)	Tier 2	
<i>vapro plus catheter 12fr/8"</i>	Tier 2	
<i>vapro plus catheter 14fr/16"</i>	Tier 2	
<i>vapro plus catheter 14fr/8"</i>	Tier 2	
*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FEMCAP VAGINAL DEVICE (<i>cervical caps</i>)	Tier 2	
*CONCEPTION ASSISTANCE SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>conception kit</i>	Tier 2	
*CONDOMS - FEMALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FC FEMALE CONDOM (<i>condoms - female</i>)	Tier 1	OTC
FC2 FEMALE CONDOM (<i>condoms - female</i>)	Tier 1	OTC
*CONDOMS - MALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>aimsco lubricated</i>	Tier 1	OTC
DUREX EXTRA SENSITIVE DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
FANTASY LUBRICATED (<i>condoms latex lubricated</i>)	Tier 1	OTC
FANTASY LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Tier 1	OTC
KAMELEON LUBRICATED (<i>condoms latex lubricated</i>)	Tier 1	OTC
<i>kimono</i>	Tier 1	OTC
KIMONO COLORS DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
<i>kimono micro thin</i>	Tier 1	OTC

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kimono micro thin plus</i>	Tier 1	OTC
<i>kimono plus</i>	Tier 1	OTC
<i>kimono ps</i>	Tier 1	OTC
<i>kimono ps plus</i>	Tier 1	OTC
<i>kimono sensation</i>	Tier 1	OTC
<i>kimono sensation plus</i>	Tier 1	OTC
KIMONO SPECIAL DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
K-Y ME & YOU EXTRA LUBRICATED DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
K-Y ME & YOU INTENSE DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
<i>maxx</i>	Tier 1	OTC
<i>maxx plus</i>	Tier 1	OTC
<i>premium condoms lubricated</i>	Tier 1	OTC
REALITY LATEX CONDOMS (<i>condoms latex lubricated</i>)	Tier 1	OTC
REALITY LATEX/ULTRA TEXTURED DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
REALITY LATEX/ULTRA THIN DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX COLOR CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUB/RIBBED/STUDDED (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUB/SPERMICIDE EX ST (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUB/SPERMICIDE XL (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUBRICATED (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUBRICATED EX LARGE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUBRICATED EXTRA ST (<i>condoms latex lubricated</i>)	Tier 1	OTC

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX NATURAL CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Tier 1	OTC
TRUSTEX RIA LUB/SPERMICIDE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX RIA LUBRICATED (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Tier 1	OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD (<i>condoms latex lubricated</i>)	Tier 1	OTC
*DENTAL DESENSITIZING PRODUCTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
REMESENSE DENTAL (<i>dental desensitizing product</i>)	Tier 2	
*DENTAL SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>dental needle</i>	Tier 2	
*DENTIFRICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
MI PASTE DENTAL PASTE (<i>dentifrices</i>)	Tier 2	
MI PASTE PLUS DENTAL PASTE (<i>dentifrices</i>)	Tier 2	
*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	Tier 1	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	Tier 1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 1	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 1	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM <i>(diaphragm wide seal)</i>	Tier 1	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM <i>(diaphragm wide seal)</i>	Tier 1	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM <i>(diaphragm wide seal)</i>	Tier 1	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM <i>(diaphragm wide seal)</i>	Tier 1	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM <i>(diaphragm wide seal)</i>	Tier 1	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM <i>(diaphragm wide seal)</i>	Tier 1	
*DISPOSABLE GLOVES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CHEMOPLUS LATEX GLOVES (<i>disposable gloves</i>)	Tier 2	
CHEMOPLUS NEOPRENE GLOVE (<i>disposable gloves</i>)	Tier 2	
CHEMOPLUS NITRILE GLOVES (<i>disposable gloves</i>)	Tier 2	
<i>nitrile gloves large</i>	Tier 2	
<i>nitrile gloves medium</i>	Tier 2	
<i>nitrile gloves small</i>	Tier 2	
<i>nitrile gloves x-large</i>	Tier 2	
<i>nitrile gloves/size 10</i>	Tier 2	
<i>nitrile gloves/size 6</i>	Tier 2	
<i>nitrile gloves/size 6.5</i>	Tier 2	
<i>nitrile gloves/size 7</i>	Tier 2	
<i>nitrile gloves/size 7.5</i>	Tier 2	
<i>nitrile gloves/size 8</i>	Tier 2	
<i>nitrile gloves/size 8.5</i>	Tier 2	
<i>nitrile gloves/size 9</i>	Tier 2	
<i>nitrile gloves/size 9.5 medium</i>	Tier 2	
<i>powder free nitrile gloves sm</i>	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ELASTIC BANDAGES & SUPPORTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>cotton thigh-high</i>	Tier 2	
<i>eversheer pantyhose</i>	Tier 2	
<i>eversheer thigh high</i>	Tier 2	
<i>medical compression pantyhose</i>	Tier 2	
<i>medical compression thigh high</i>	Tier 2	
<i>medical legwear/waist high</i>	Tier 2	
<i>medical therapy socks</i>	Tier 2	
<i>natural rubber pantyhose</i>	Tier 2	
<i>performance socks</i>	Tier 2	
<i>pro comfort lumbar spin orthosis</i>	Tier 2	
<i>select comfort pantyhose</i>	Tier 2	
<i>select comfort thigh high</i>	Tier 2	
T.E.D. BELTED THIGH/L-LONG (<i>elastic bandages & supports</i>)	Tier 2	
T.E.D. BELTED THIGH/M-REGULAR (<i>elastic bandages & supports</i>)	Tier 2	
T.E.D. BELTED THIGH/S-LONG (<i>elastic bandages & supports</i>)	Tier 2	
T.E.D. BELTED THIGH/XL-LONG (<i>elastic bandages & supports</i>)	Tier 2	
<i>truly transparent pantyhose</i>	Tier 2	
<i>truly transparent stockings</i>	Tier 2	
<i>truly transparent thigh high</i>	Tier 2	
*ENTERAL NUTRITION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
KANGAROO STOMA MEASURING DEV (<i>enteral nutrition supplies</i>)	Tier 2	
MONOJECT ENTERAL SYRINGE CAP (<i>enteral nutrition supplies</i>)	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*FEEDING TUBES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
COMPAT GASTROTUBE 14FR/5ML (<i>feeding tubes - tubing</i>)	Tier 2	
COMPAT GASTROTUBE 16FR/10ML (<i>feeding tubes - tubing</i>)	Tier 2	
COMPAT GASTROTUBE 18FR/15ML (<i>feeding tubes - tubing</i>)	Tier 2	
COMPAT GASTROTUBE 20FR/15ML (<i>feeding tubes - tubing</i>)	Tier 2	
COMPAT GASTROTUBE 22FR/15ML (<i>feeding tubes - tubing</i>)	Tier 2	
COMPAT GASTROTUBE 24FR/15ML (<i>feeding tubes - tubing</i>)	Tier 2	
ENTRIFLEX FEEDING TB 10FR/43" (<i>feeding tubes - tubing</i>)	Tier 2	
ENTRIFLEX FEEDING TB 10FR/55" (<i>feeding tubes - tubing</i>)	Tier 2	
ENTRIFLEX FEEDING TB 12FR/36" (<i>feeding tubes - tubing</i>)	Tier 2	
ENTRIFLEX FEEDING TB 12FR/43" (<i>feeding tubes - tubing</i>)	Tier 2	
ENTRIFLEX FEEDING TB 12FR/55" (<i>feeding tubes - tubing</i>)	Tier 2	
ENTRIFLEX FEEDING TUBE 8FR/36" (<i>feeding tubes - tubing</i>)	Tier 2	
ENTRIFLEX FEEDING TUBE 8FR/43" (<i>feeding tubes - tubing</i>)	Tier 2	
ENTRIFLEX FEEDING TUBE 8FR/55" (<i>feeding tubes - tubing</i>)	Tier 2	
ENTRISTAR PEG ENTERAL CONNECT (<i>feeding tubes</i>)	Tier 2	
ENTRISTAR SAFETY PEG KIT 16FR (<i>feeding tubes - sets</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTRISTAR SAFETY PEG KIT 20FR (<i>feeding tubes - sets</i>)	Tier 2	
ENTRISTAR/NUTRIPORT BOLUS FEED (<i>feeding tubes - sets</i>)	Tier 2	
ENTRISTAR/NUTRIPORT CONTINUOUS (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO 924 SAFETY SCREW SET (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 20FR/3.5CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 20FR/3CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 20FR/4.5CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 20FR/4CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 20FR/5CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 24FR/0.8CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 24FR/1.2CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 24FR/1.5CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 24FR/1.7CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 24FR/1CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 24FR/2.3CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 24FR/2.5CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 24FR/2.7CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 24FR/2CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 24FR/3.5CM (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO BALLOON 24FR/3CM (<i>feeding tubes - sets</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANGAROO ENTRIFLUSH PUMP SET (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO EPUMP JOEY BURETTE (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO EPUMP PROXIMAL SET (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO EPUMP PUMP SET/1000ML (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO EPUMP PUMP SET/100ML (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO EPUMP SET 1000ML (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO EPUMP SET 500ML (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO EXTENSION SET (<i>feeding tubes - tubing</i>)	Tier 2	
KANGAROO FEED/IRRIGATION KIT (<i>feeding tubes - sets</i>)	Tier 2	
KANGAROO FEEDING TUBE 10FR/36" (<i>feeding tubes - tubing</i>)	Tier 2	
KANGAROO FEEDING TUBE 10FR/43" (<i>feeding tubes - tubing</i>)	Tier 2	
KANGAROO FEEDING TUBE 12FR/36" (<i>feeding tubes - tubing</i>)	Tier 2	
KANGAROO FEEDING TUBE 12FR/43" (<i>feeding tubes - tubing</i>)	Tier 2	
KANGAROO FEEDING TUBE 14FR/36" (<i>feeding tubes - tubing</i>)	Tier 2	
KANGAROO FEEDING TUBE 6FR/20" (<i>feeding tubes - tubing</i>)	Tier 2	
KANGAROO FEEDING TUBE 6FR/36" (<i>feeding tubes - tubing</i>)	Tier 2	
KANGAROO FEEDING TUBE 8FR/36" (<i>feeding tubes - tubing</i>)	Tier 2	
KANGAROO FEEDING TUBE 8FR/42" (<i>feeding tubes - tubing</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANGAROO FEEDING TUBE 8FR/43" (feeding tubes - tubing)	Tier 2	
KANGAROO FEEDING TUBE 8FR/55" (feeding tubes - tubing)	Tier 2	
KANGAROO GASTROSTOMY TUBE (feeding tubes - tubing)	Tier 2	
KANGAROO GASTROSTOMY TUBE/12FR (feeding tubes - tubing)	Tier 2	
KANGAROO GASTROSTOMY TUBE/14FR (feeding tubes - tubing)	Tier 2	
KANGAROO GASTROSTOMY TUBE/16FR (feeding tubes - tubing)	Tier 2	
KANGAROO GASTROSTOMY TUBE/18FR (feeding tubes - tubing)	Tier 2	
KANGAROO GASTROSTOMY TUBE/20FR (feeding tubes - tubing)	Tier 2	
KANGAROO GASTROSTOMY TUBE/22FR (feeding tubes - tubing)	Tier 2	
KANGAROO GASTROSTOMY TUBE/24FR (feeding tubes - tubing)	Tier 2	
KANGAROO GASTROSTOMY TUBE/26FR (feeding tubes - tubing)	Tier 2	
KANGAROO GASTROSTOMY TUBE/28FR (feeding tubes - tubing)	Tier 2	
KANGAROO GRAVITY FEEDING BAG (feeding tubes - bags)	Tier 2	
KANGAROO GRAVITY FEEDING SET (feeding tubes - sets)	Tier 2	
KANGAROO JEJUNAL FEED TUBE 9FR (feeding tubes - tubing)	Tier 2	
KANGAROO JOEY ENTERAL PUMP (feeding tubes - pump)	Tier 2	
KANGAROO JOEY PUMP SET (feeding tubes - pump)	Tier 2	
KANGAROO JOEY PUMP SET/500ML (feeding tubes - sets)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANGAROO MULTI-FUNCTIONAL PORT (feeding tubes)	Tier 2	
KANGAROO NASO-JEJUNAL TB 12FR (feeding tubes - tubing)	Tier 2	
KANGAROO NASO-JEJUNAL TB 16FR (feeding tubes - tubing)	Tier 2	
KANGAROO PED NG STYLET 20" (feeding tubes - tubing)	Tier 2	
KANGAROO PED NG STYLET 36" (feeding tubes - tubing)	Tier 2	
KANGAROO PROXIMAL SPIKE SET (feeding tubes - sets)	Tier 2	
KANGAROO PUMP SET 1600ML (feeding tubes - sets)	Tier 2	
KANGAROO PUMP SET EXT TUBING (feeding tubes - sets)	Tier 2	
KANGAROO RIGID CONTAINER PUMP (feeding tubes - sets)	Tier 2	
KANGAROO SAFETY PEG KIT 16FR (feeding tubes - sets)	Tier 2	
KANGAROO SAFETY PEG KIT 20FR (feeding tubes - sets)	Tier 2	
KANGAROO Y-SITE EXTENSION (feeding tubes - tubing)	Tier 2	
PATROL PUMP SET/40MM SCREW CAP (feeding tubes - sets)	Tier 2	
SALEM SUMP SILICONE TUBE 10FR (feeding tubes - tubing)	Tier 2	
SALEM SUMP SILICONE TUBE 12FR (feeding tubes - tubing)	Tier 2	
SALEM SUMP SILICONE TUBE 14FR (feeding tubes - tubing)	Tier 2	
SALEM SUMP SILICONE TUBE 16FR (feeding tubes - tubing)	Tier 2	
SALEM SUMP SILICONE TUBE 18FR (feeding tubes - tubing)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SALEM SUMP TUBE 10FR (<i>feeding tubes - tubing</i>)	Tier 2	
SALEM SUMP TUBE 12FR (<i>feeding tubes - tubing</i>)	Tier 2	
SALEM SUMP TUBE 14FR (<i>feeding tubes - tubing</i>)	Tier 2	
SALEM SUMP TUBE 16FR (<i>feeding tubes - tubing</i>)	Tier 2	
SALEM SUMP TUBE 18FR (<i>feeding tubes - tubing</i>)	Tier 2	
*FOOT CARE PRODUCTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
BIOFREQUENCY INSOLES (<i>foot care products</i>)	Tier 2	
JOHNSONS FOOT SPRAY EXTERNAL AEROSOL (<i>foot care products</i>)	Tier 1	OTC
*GAUZE PADS & DRESSINGS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AMD FOAM DRESSING TOPSHEET PAD (<i>gauze pads & dressings</i>)	Tier 2	
*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>1st tier unilet comfortouch</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>acti-lance 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>acti-lance lite lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>acti-lance special lancets 17g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>acti-lance universal 23g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>adjustable lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>advanced mobile lancet</i>	Tier 1	OTC; QL (102 units per 30 days)
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>aimsco twist lancets 32g</i>	Tier 1	OTC; QL (102 units per 30 days)
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>alternate site lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>aqua lance adjustable lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
ASSURE HAEMOLANCE PLUS HIGH (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE HAEMOLANCE PLUS LOW (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE HAEMOLANCE PLUS MICRO (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE HAEMOLANCE PLUS PED (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE LANCE LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE LANCE LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE LANCE PLUS SAFETY 25G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE LANCE PLUS SAFETY 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE LANCE SAFETY LANCET 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>aurora lancet super thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aurora lancet thin 23g</i>	Tier 1	OTC; QL (102 units per 30 days)
AUTO-LANCET (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
AUTO-LANCET MINI (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	Tier 1	OTC
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	Tier 1	OTC
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	Tier 1	OTC
AUTOLET MINI (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
AUTOLET PLATFORMS (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
AUTOLET PLUS (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>careone advanced lancing dev</i>	Tier 1	OTC; QL (1 unit per 135 days)
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>careone lancet thin 23g</i>	Tier 1	OTC; QL (102 units per 30 days)
CARESENS LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
CLEANLET LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>comfort assured lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>comfort assured lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>comfort lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets 21g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets micro thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets original</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets thin 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets ultra thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets ultra-thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>cvs ultra thin lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
D-CARE GLUCOMETER KIT (<i>blood glucose monitoring suppl</i>)	Tier 2	PA
DEXCOM G4 PLAT PED RCV/Sshare DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB
DEXCOM G4 PLAT PED RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB
DEXCOM G4 PLATINUM RCV/Sshare DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB
DEXCOM G4 PLATINUM RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB
DEXCOM G4 PLATINUM TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB
DEXCOM G4 SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB
DEXCOM G5 MOB/G4 PLAT SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB; QL (5 sensors per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G5 MOBILE RECEIVER DEVICE (continuous blood gluc receiver)	Tier 2	PA; MB; QL (1 receiver per 1 year)
DEXCOM G5 MOBILE TRANSMITTER (continuous blood gluc transmit)	Tier 2	PA; MB; QL (1 transmitter per 90 days)
DEXCOM G5 RECEIVER KIT DEVICE (continuous blood gluc receiver)	Tier 2	PA; MB; QL (1 receiver per 1 year)
DEXCOM G6 RECEIVER DEVICE (continuous blood gluc receiver)	Tier 2	PA; MB; QL (1 receiver per 1 year)
DEXCOM G6 SENSOR (continuous blood gluc sensor)	Tier 2	PA; MB; QL (3 sensors per 30 days)
DEXCOM G6 TRANSMITTER (continuous blood gluc transmit)	Tier 2	PA; MB; QL (1 transmitter per 90 days)
DIATHRIVE LANCET ULTRA THIN 30 (lancets)	Tier 1	OTC; QL (102 units per 30 days)
DIATHRIVE LANCETS (lancets)	Tier 1	OTC; QL (102 units per 30 days)
DIATHRIVE LANCING DEVICE (lancet devices)	Tier 1	OTC; QL (1 unit per 135 days)
DROPLET LANCETS ULTRA THIN 30G (lancets)	Tier 1	OTC; QL (102 units per 30 days)
DROPLET LANCING DEVICE (lancet devices)	Tier 1	OTC; QL (1 unit per 135 days)
DROPLET PERSONAL LANCETS 30G (lancets)	Tier 1	OTC; QL (102 units per 30 days)
drug mart lancets thin 26g	Tier 1	OTC; QL (102 units per 30 days)
DRUG MART LANCING DEVICE (lancet devices)	Tier 1	OTC; QL (1 unit per 135 days)
DRUG MART ON-THE-GO LANCET 30G (lancets)	Tier 1	OTC; QL (102 units per 30 days)
DRUG MART UNILET LANCETS 28G (lancets)	Tier 1	OTC; QL (102 units per 30 days)
DRUG MART UNILET LANCETS 30G (lancets)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRUG MART UNILET LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
easy mini eject lancing device	Tier 1	OTC; QL (1 unit per 135 days)
easy mini lancing device	Tier 1	OTC; QL (1 unit per 135 days)
EASY TOUCH LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 23G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 32G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ENLITE GLUCOSE SENSOR (continuous blood gluc sensor)	Tier 2	PA; MB
<i>eql color lancets 21g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>eql color lancets micro 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>eql super thin lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>eql thin lancets 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
EVERSENSE SENSOR/HOLDER (continuous blood gluc sensor)	Tier 2	PA; MB
EVERSENSE SMART TRANSMITTER (continuous blood gluc transmit)	Tier 2	PA; MB; QL (1 transmitter per 1 year)
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
E-Z JECT LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
E-Z JECT LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EZ-LETS LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EZ-LETS LANCETS 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EZ-LETS LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EZ-LETS LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
FINE 30 (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
FORA LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
FORA LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>freds pharmacy autolet lancing</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>freds pharmacy unilet lanc 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>freds pharmacy unilet lanc 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 reader per 1 year)
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 reader per 1 year)
FREESTYLE LIBRE SENSOR SYSTEM (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB; QL (2 sensors per 28 days)
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	Tier 1	OTC
GENTEEL NOZZLES (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL PLUS LANCING (BLACK) (<i>lancet devices</i>)	Tier 1	OTC
GENTEEL PLUS LANCING (PURPLE) (<i>lancet devices</i>)	Tier 1	OTC
GENTEEL PLUS LANCING (WHITE) (<i>lancet devices</i>)	Tier 1	OTC
GENTEEL PLUS LANCING DEV(BLUE) (<i>lancet devices</i>)	Tier 1	OTC
GENTEEL PLUS LANCING DEV(PINK) (<i>lancet devices</i>)	Tier 1	OTC
GENTLE-LET GP LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTLE-LET LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTLE-LET PLATFORMS (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>global lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
GLUCOCOM LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
GLUCOCOM LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
GLUCOCOM LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp lancets 21g</i>	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp lancets micro thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp lancets super thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp lancets thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp lancets thin 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp micro thin lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp super thin lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense color lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense lancets 26g univ</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense lancets 30g univ</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense lancets 33g univ</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
GUARDIAN CONNECT TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB; QL (2 transmitters per 1 year)
GUARDIAN LINK 3 TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB
GUARDIAN REAL-TIME CHARGER (<i>continuous glucose monitor sup</i>)	Tier 2	PA; MB
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB

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GUARDIAN REAL-TIME TEST PLUG (<i>continuous glucose monitor sup</i>)	Tier 2	PA; MB
<i>guardian sensor 3</i>	Tier 2	PA
HAEMOLANCE (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE PLUS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>healthy accents lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>healthy accents unilet lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>h-e-b incontrol adv lancing</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>h-e-b incontrol lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>h-e-b incontrol lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>h-e-b incontrol lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
HYPOLANCE AST LANCING KIT (<i>lancets misc.</i>)	Tier 1	OTC
HY-VEE LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>hy-vee thin lancets</i>	Tier 1	OTC; QL (102 units per 30 days)

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IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>kinney lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kinney thin lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
KROGER AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
KROGER HEALTHPRO LANCET 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets 21g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets micro thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets super thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets thin 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets ultrathin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>lancet device with ejector</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>lancet transporter case</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>lancets micro thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)

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<i>lancets super thin 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>lancets thin</i>	Tier 1	OTC; QL (102 units per 30 days)
LANCETS ULTRA THIN (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>lancets ultra thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
LANZO (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>leader advanced lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
LIBERTY MINI LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>lite touch lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
LITETOUCH LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>live better adv lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>live better lancet super thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>live better lancet ultra thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>longs lancets standard</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>longs lancets thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>longs lancets ultra thin</i>	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medichoice safety lancet</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>medichoice safety lancet extra</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>medichoice safety lancet norm</i>	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE EXTRA 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE LITE 25G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE PLUS LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE UNIVERSAL 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEIJER LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEIJER LANCETS THIN (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Preferred Drugs **Tier 2**=No-Preferred Drugs
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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>mini lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
MM LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
MM TWIST LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MONOLET LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MONOLET OPD LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>mpd safety lancet 21g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>mpd safety lancet 23g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>mpd safety lancet 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>mpd safety lancet 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>multi-lancet device</i>	Tier 1	OTC; QL (1 unit per 135 days)
MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	Tier 1	OTC
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>pc lancets super thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
PERFECT LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
PERFECT LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
PHARMACY COUNTER LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>pip lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>pip lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
PRECISION THINS GP LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>preferred plus lancets colored</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>preferred plus lancets thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>pressure activat safety lancet</i>	Tier 1	OTC; QL (102 units per 30 days)
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
PSS SELECT GP LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
PSS SELECT PLATFORMS (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
PSS SELECT SAFETY LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>push button safety lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>push button safety lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>px advanced lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>px lancets ultra thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>px lancets ultra thin 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>qc advanced lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>qc lancets super thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>qc lancets ultra thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>qc unilet lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>qc unilet lancets micro thin</i>	Tier 1	OTC; QL (102 units per 30 days)
RA E-ZJECT COLOR LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>ra lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
READYLANCE SAFETY LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>reality lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>reality trigger lancets</i>	Tier 1	OTC; QL (102 units per 30 days)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION LANCET DEVICES 30G (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RELION LANCETS STANDARD 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RELION LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
REXALL LANCETS ULTRA THIN 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
RIGHTEST GL300 LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SAFE-T-LANCE (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SAFE-T-LANCE PLUS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>safety lancet 21g/pressure act</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>safety lancet 28g/pressure act</i>	Tier 1	OTC; QL (102 units per 30 days)
SAFETY LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>sb lancets thin</i>	Tier 1	OTC; QL (102 units per 30 days)

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<i>sb lancets ultra thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>select-lite device/lancets kit</i>	Tier 1	OTC
<i>select-lite lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
SHOPKO AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
SHOPKO ON-THE-GO LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SHOPKO UNILET LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SHOPKO UNILET LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>side button safety lancet</i>	Tier 1	OTC; QL (102 units per 30 days)
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>sm lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
SMART DIABETES VANTAGE LANCING (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SMARTTEST LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
STERILANCE PA (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
STERILANCE TL (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>super thin lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>sure comfort lancing pen</i>	Tier 1	OTC; QL (1 unit per 135 days)
SURE-LANCE FLAT LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SURE-LANCE LANCETS 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SURE-LANCE THIN LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SURE-LANCE ULTRA THIN LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SURELITE LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SURE-PEN (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
SURE-TOUCH LANCETS UNIVERSAL (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TECHLITE AST LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TECHLITE LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TECHLITE LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>tgt lancet micro thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>tgt lancet thin 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>tgt lancet ultra thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
THINLETS GP LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>todays health lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>today's health thin lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>today's health thin lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>topcare lancets micro-thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>travel lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TRUE METRIX AIR GLUCOSE METER KIT (<i>blood glucose monitoring suppl</i>)	Tier 1	OTC
TRUEPLUS LANCETS 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TRUEPLUS LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TRUEPLUS LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TRUEPLUS LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ULTI-LANCE AUTOMATIC (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
ULTRA-THIN II LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET EXCELITE (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET EXCELITE II (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET G.P. LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET MICRO-THIN 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET SUPERLITE LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET SUPER-THIN 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET ULTRA-THIN 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 1 (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 COMFORT (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 EXTRA (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 NEONATAL (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 NORMAL (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 SUPER (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 3 (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 3 GENTLE (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 3 NEONATAL (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK PRO SAFETY LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
value plus lancet standard 21g	Tier 1	OTC; QL (102 units per 30 days)
value plus lancets super thin	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
value plus lancets thin 26g	Tier 1	OTC; QL (102 units per 30 days)
value plus lancing device	Tier 1	OTC; QL (1 unit per 135 days)
valumark lancet super thin 30g	Tier 1	OTC; QL (102 units per 30 days)
valumark lancet ultra thin 28g	Tier 1	OTC; QL (102 units per 30 days)
VIDA MIA AUTOLET LANCING DEV (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
VIDA MIA UNILET LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
VIDA MIA UNILET LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
VIVAGUARD LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
walgreens adv travel lancets	Tier 1	OTC; QL (102 units per 30 days)
WALGREENS LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
walgreens lancets micro thin	Tier 1	OTC; QL (102 units per 30 days)
walgreens lancets super thin	Tier 1	OTC; QL (102 units per 30 days)
WALGREENS THIN LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
*IMPOTENCE AIDS - MALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
RAPPORT RLS KIT (<i>impotence aid device</i>)	Tier 2	
RAPPORT VTD KIT (<i>impotence aid device</i>)	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*INCONTINENCE SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
BARD URINARY DRAINAGE BAG (<i>incontinence supplies</i>)	Tier 2	
BARDIA LEG BAG (<i>incontinence supplies</i>)	Tier 2	
DOVER ADVANTAGE URINE METER (<i>incontinence supplies</i>)	Tier 2	
DOVER UNIVERSAL CATH PREP TRAY (<i>incontinence supplies</i>)	Tier 2	
DOVER URINE LEG BAG/EXT TUBE (<i>incontinence supplies</i>)	Tier 2	
*INSULIN ADMINISTRATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK COMBO KIT (<i>insulin infusion pump</i>)	Tier 2	MB
ACCU-CHEK FLEXLINK PLUS 10MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK FLEXLINK PLUS 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK FLEXLINK PLUS 8MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK LINKASSIST (<i>insulin pump accessories</i>)	Tier 2	MB
ACCU-CHEK PLASTIC CARTRIDGE (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK RAPID-D INFUSION SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK RAPID-D LINK (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK SPIRIT BATTERY KIT (<i>insulin pump accessories</i>)	Tier 2	MB
ACCU-CHEK SPIRIT CARTRIDGE (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK SPIRIT INSULIN PUMP KIT (<i>insulin infusion pump</i>)	Tier 2	MB

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK TENDER I SET 24" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK TENDER I SET 31" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK TENDER I SET 43" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK TENDER II SET 24" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK TENDER II SET 31" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK TENDER II SET 43" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ACCU-CHEK ULTRAFLEX-1 INF SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB
AMIGO INSULIN PUMP DEVICE (<i>insulin infusion pump</i>)	Tier 2	MB
AUTOSOFT 30 INFUSION SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB
AUTOSOFT 90 INFUSION SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB
ENLITE SERTER (<i>insulin infusion pump supplies</i>)	Tier 2	MB
GLUCOPRO SYR RES 3ML 22GX3/8" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
MINILINK REAL-TIME TRANSMITTER (<i>insulin pump accessories</i>)	Tier 2	PA; MB
MINIMED 630G GUARDIAN PRESS (<i>insulin pump accessories</i>)	Tier 2	PA; MB
MINIMED 630G INSULIN PUMP KIT (<i>insulin infusion pump</i>)	Tier 2	MB
MINIMED 670G INSULIN PUMP DEVICE (<i>insulin infusion pump</i>)	Tier 2	MB
MINIMED 770G INSULIN PUMP SYS KIT (<i>insulin infusion pump</i>)	Tier 2	MB
MINIMED PUMP RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED RESERVOIR 1.8ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB
MINIMED RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB
MINIMED SILHOUETTE INF SET 32" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
MINIMED SILHOUETTE INF SET 43" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
MIO INFUSION SET 18" 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
MIO INFUSION SET 23" 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
MIO INFUSION SET 32" 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
MIO INFUSION SET 32" 9MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
OMNIPOD 5 PACK (<i>insulin disposable pump</i>)	Tier 2	MB
OMNIPOD DASH 5 PACK PODS (<i>insulin disposable pump</i>)	Tier 2	MB
OMNIPOD STARTER KIT (<i>insulin disposable pump</i>)	Tier 2	MB
PARADIGM PUMP RESERVOIR 1.8ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM PUMP RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM QUICK-SET 18" 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM QUICK-SET 23" 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM QUICK-SET 23" 9MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM QUICK-SET 32" 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM QUICK-SET 32" 9MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARADIGM QUICK-SET 43" 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM QUICK-SET 43" 9MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM REAL-TIME TRANSMITTER (<i>insulin pump accessories</i>)	Tier 2	PA; MB
PARADIGM SILHOUETTE 18" 13MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM SILHOUETTE 32" 17MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM SILHOUETTE COMBO 23" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM SILHOUETTE COMBO 43" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM SILHOUETTE FULL 23" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM SILHOUETTE FULL 43" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM SURE-T 23" 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
PARADIGM SURE-T 23" 8MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
QUICK-SET INFUSION 23" 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
QUICK-SET INFUSION 23" 9MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
QUICK-SET INFUSION 43" 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
QUICK-SET INFUSION 43" 9MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
SILHOUETTE 13MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
SILHOUETTE 17MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
SILHOUETTE INFUSION SET 23" (<i>insulin infusion pump supplies</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILHOUETTE INFUSION SET 43" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
SURE-T INFUSION SET 18" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
SURE-T INFUSION SET 23" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
SURE-T INFUSION SET 32" (<i>insulin infusion pump supplies</i>)	Tier 2	MB
SURE-T INFUSION SET 6MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
SURE-T INFUSION SET 8MM (<i>insulin infusion pump supplies</i>)	Tier 2	MB
T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE (<i>insulin infusion pump</i>)	Tier 2	MB
T:FLEX T:LOCK CARTRIDGE 4.8ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB
T:SLIM T:LOCK INSULIN CART 3ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB
T:SLIM X2 INS PUMP/CONTROL-IQ DEVICE (<i>insulin infusion pump</i>)	Tier 2	MB
T:SLIM X2 INSULIN PMP BASAL IQ DEVICE (<i>insulin infusion pump</i>)	Tier 2	MB
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE (<i>insulin infusion pump</i>)	Tier 2	MB
T:SLIM X2 INSULIN PMP/RFURB IQ DEVICE (<i>insulin infusion pump</i>)	Tier 2	MB
T:SLIM X2/CONTROL-IQ/REFURB DEVICE (<i>insulin infusion pump</i>)	Tier 2	MB
TRUSTEEL INFUSION SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB
VARISOFT INFUSION SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB
V-GO 20 KIT (<i>insulin disposable pump</i>)	Tier 2	MB
V-GO 30 KIT (<i>insulin disposable pump</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
V-GO 40 KIT (<i>insulin disposable pump</i>)	Tier 2	MB
*IV SETS/TUBING*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK TENDER 1 INFUSION KIT (<i>iv sets-tubing</i>)	Tier 2	MB
ARGYLE EXTENSION TUBE 20" (<i>iv sets-tubing</i>)	Tier 2	MB
BD SAFETY-LOK SET (<i>iv sets-tubing</i>)	Tier 2	MB
BD VACUTAINER SET (<i>iv sets-tubing</i>)	Tier 2	MB
<i>fluid administration set</i>	Tier 2	MB
HUBER INFUSION SET (<i>iv sets-tubing</i>)	Tier 2	MB
<i>iv extension set</i>	Tier 2	MB
KANGAROO BURETTE SET (<i>iv sets-tubing</i>)	Tier 2	MB
LTXF PRIM CNV PIN MICRODRIP (<i>iv sets-tubing</i>)	Tier 2	MB
LTXF PRIM IV SET/CNVT PIN (<i>iv sets-tubing</i>)	Tier 2	MB
LTXF SECONDARY/CNV PIN/32INC (<i>iv sets-tubing</i>)	Tier 2	MB
NERIA 29G INFUSION SET 10MM (<i>iv sets-tubing</i>)	Tier 2	MB
NERIA 29G INFUSION SET 6MM (<i>iv sets-tubing</i>)	Tier 2	MB
NERIA 29G INFUSION SET 8MM (<i>iv sets-tubing</i>)	Tier 2	MB
NERIA MULTI 27G 2X10MM (<i>iv sets-tubing</i>)	Tier 2	MB
NERIA MULTI 27G 3X10MM (<i>iv sets-tubing</i>)	Tier 2	MB
NERIA MULTI 27G 4X12MM (<i>iv sets-tubing</i>)	Tier 2	MB
NERIA SOFT 25G INFUSION 13MM (<i>iv sets-tubing</i>)	Tier 2	MB
NERIA SOFT 25G INFUSION 17MM (<i>iv sets-tubing</i>)	Tier 2	MB
SAFELET IV CATHETER (<i>iv sets-tubing</i>)	Tier 2	MB
<i>scalp vein set</i>	Tier 2	MB
*MASKS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>face mask resp n-100 part</i>	Tier 2	
<i>face mask respirator r-95 part</i>	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MEDICAL WASTE DISPOSAL SYSTEMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
MONOJECT SHARPS CONTAINER (<i>sharps container</i>)	Tier 2	
*MISC. DEVICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>2-way foley stabilization dev</i>	Tier 2	
<i>adapter cap</i>	Tier 2	
ADD-VANTAGE ADDAPTOR CONNECTOR (<i>misc. devices</i>)	Tier 2	
ALPHAMOP FOAM REPLACEMENT PADS (<i>misc. devices</i>)	Tier 2	
<i>aluminum flip off seals 20mm</i>	Tier 2	
<i>amber glass vials 2ml</i>	Tier 2	
<i>amber glass vials 2ml/13mm</i>	Tier 2	
<i>amber glass vials 30ml/20mm</i>	Tier 2	
ANGEL WING BLOOD COLLECT SET (<i>misc. devices</i>)	Tier 2	
ANGEL WING LUER ADAPTER/HOLDER (<i>misc. devices</i>)	Tier 2	
ANGEL WING TRANSFER DEVICE (<i>misc. devices</i>)	Tier 2	
ANGEL WING TUBE HOLDER (<i>misc. devices</i>)	Tier 2	
APNEASTRIp (<i>misc. devices</i>)	Tier 2	
ARGYLE SARATOGA SUMP DRAIN (<i>misc. devices</i>)	Tier 2	
<i>autoclave air filter</i>	Tier 2	
<i>autoclave paper 36" x 36"</i>	Tier 2	
<i>autoclave printer paper</i>	Tier 2	
AVOSTARTGRIP (<i>misc. devices</i>)	Tier 2	
<i>bottle amber glass 33oz</i>	Tier 2	
<i>bottle amber graduated 16oz</i>	Tier 2	
<i>bottle amber graduated 8oz</i>	Tier 2	
<i>bottle/white 6oz w/twist top</i>	Tier 2	
<i>bottletop dispenser</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bottletop dispenser adapter</i>	Tier 2	
<i>bubble point tester kit/wizard</i>	Tier 2	
<i>cleanroom tacky mat 18"x36"</i>	Tier 2	
<i>clear glass vial 10ml</i>	Tier 2	
<i>clear glass vials 2ml</i>	Tier 2	
CLEVER CHOICE PULSE OXIMETER (<i>misc. devices</i>)	Tier 2	
COMAR PRESS-IN BOTTLE ADAPTERS (<i>misc. devices</i>)	Tier 2	
<i>coverall boots/disposable/univ</i>	Tier 2	
<i>coverall w/hood/3xl</i>	Tier 2	
<i>coverall w/hood/small</i>	Tier 2	
<i>coverall w/hood/xl</i>	Tier 2	
<i>coverall w/hood/xxl</i>	Tier 2	
<i>coveralls elast back/wrst/lankl</i>	Tier 2	
<i>deodorant tubes 2.65oz-caps</i>	Tier 2	
<i>dial-a-dose syringe 15ml</i>	Tier 2	
<i>dial-a-dose syringe 30ml</i>	Tier 2	
<i>dial-a-dose syringe 60ml</i>	Tier 2	
<i>dispenser 50ml/foamer pump</i>	Tier 2	
<i>dispenser md jar 50ml</i>	Tier 2	
<i>dispenser md pen 6.5ml</i>	Tier 2	
<i>dispenser md pump 0.5ml</i>	Tier 2	
<i>dispenser md pump 1.0ml</i>	Tier 2	
<i>dispenser md pump 1.5ml</i>	Tier 2	
<i>dispenser md pump bottle 100ml</i>	Tier 2	
<i>dispenser md pump bottle 150ml</i>	Tier 2	
<i>dispenser md pump bottle 15ml</i>	Tier 2	
<i>dispenser md pump bottle 200ml</i>	Tier 2	
<i>dispenser md pump bottle 240ml</i>	Tier 2	
<i>dispenser md pump bottle 30ml</i>	Tier 2	
<i>dispenser md pump bottle 50ml</i>	Tier 2	
<i>dispenser md pump bottle 80ml</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dispenser md syringe 10ml</i>	Tier 2	
<i>dispenser md syringe 5ml</i>	Tier 2	
<i>dispenser megapump airless</i>	Tier 2	
<i>dispenser megapump mezzo rnd</i>	Tier 2	
DISPENSER TIP CAP/PRECISEDOSE (<i>misc. devices</i>)	Tier 2	
<i>dispenser/md foamer</i>	Tier 2	
<i>doprtrainers 10ml</i>	Tier 2	
<i>dropper & screw cap 4oz</i>	Tier 2	
<i>dropping bottle 30ml</i>	Tier 2	
<i>droptainers ophthalmic 15ml</i>	Tier 2	
<i>droptainers ophthalmic 3ml</i>	Tier 2	
<i>droptainers ophthalmic 7ml</i>	Tier 2	
<i>earpopper middle ear inflation device</i>	Tier 2	
ECO-SMARTFUNNEL 186ML (<i>misc. devices</i>)	Tier 2	
<i>empty vial 3ml</i>	Tier 2	
<i>filter 0.2 micron/25mm</i>	Tier 2	
<i>filter 0.2 micron/32mm</i>	Tier 2	
<i>filter 0.2 micron/47mm</i>	Tier 2	
<i>filter 0.22 micron/73mm/1000ml</i>	Tier 2	
<i>filter attachment</i>	Tier 2	
<i>filter fluorodyne/0.22 micron</i>	Tier 2	
<i>filter/millex-gp/50mm/clear</i>	Tier 2	
<i>foam ring 2"</i>	Tier 2	
<i>foil wrapper 3" x 3"</i>	Tier 2	
<i>folding paddle walker</i>	Tier 1	OTC
<i>glass bottle 15ml</i>	Tier 2	
<i>glass bottle 30ml</i>	Tier 2	
<i>glass bottle 30ml/brush cap</i>	Tier 2	
<i>glass bottle 30ml/phenolic cap</i>	Tier 2	
<i>glass bottle 60ml</i>	Tier 2	
<i>glass serum bottles 20ml</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glass serum bottles 2ml</i>	Tier 2	
<i>glass serum bottles 30ml</i>	Tier 2	
<i>glass serum bottles 5ml</i>	Tier 2	
<i>glass vial 2ml</i>	Tier 2	
<i>glass vial amber 3ml</i>	Tier 2	
<i>graduated bottle 2oz</i>	Tier 2	
<i>graduated bottle 4oz</i>	Tier 2	
<i>head covers 24"</i>	Tier 2	
<i>illusions aa breast prosthesis</i>	Tier 2	
<i>illusions c breast prosthesis</i>	Tier 2	
<i>indicator/biological test kit</i>	Tier 2	
<i>inhalation vial cap/blue</i>	Tier 2	
<i>inhalation vial cap/green</i>	Tier 2	
<i>inhalation vial cap/orange</i>	Tier 2	
<i>inhalation vial cap/red</i>	Tier 2	
<i>inhalation vial cap/white</i>	Tier 2	
<i>inhalation vial cap/yellow</i>	Tier 2	
<i>inhalation vial wl cap/orange</i>	Tier 2	
<i>inhalation vial w/cap/blue</i>	Tier 2	
<i>inhalation vial w/cap/green</i>	Tier 2	
<i>inhalation vial w/cap/red</i>	Tier 2	
<i>inhalation vial w/cap/white</i>	Tier 2	
<i>inhalation vial w/cap/yellow</i>	Tier 2	
<i>inhalation vial w/o cap/amber</i>	Tier 2	
<i>inhalation work stat/50 holes</i>	Tier 2	
<i>jar/8oz/white lid</i>	Tier 2	
<i>jug amber glass 4l</i>	Tier 2	
<i>lab coat-disposable large</i>	Tier 2	
<i>lab coat-disposable medium</i>	Tier 2	
<i>lab coat-disposable small</i>	Tier 2	
<i>lab coat-disposable xl</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lab coat-disposable xxl</i>	Tier 2	
<i>luer tip cap tray</i>	Tier 2	
MAD NASAL (<i>misc. devices</i>)	Tier 2	
<i>mazerustar mixer/mix container</i>	Tier 2	
<i>medi-rdt blister packs</i>	Tier 2	
<i>metered nasal spray pump 15ml</i>	Tier 2	
<i>mini mallet 3/4" plastic</i>	Tier 2	
<i>mixer/mazerustar emp jar adp</i>	Tier 2	
<i>mixer/mazerustar kk-300ss</i>	Tier 2	
<i>mixer/mazerustar kk-400w</i>	Tier 2	
<i>mixer/mazerustar md pump adp</i>	Tier 2	
<i>mixer/mazerustar/jar adp set</i>	Tier 2	
<i>mixer/mazerustar/jar mxing adp</i>	Tier 2	
MONOJECT BLOOD TUBE HOLDER (<i>misc. devices</i>)	Tier 2	
MONOJECT LUER ADAPTER (<i>misc. devices</i>)	Tier 2	
MONOJECT MULT-SAMP COLLECT SET (<i>misc. devices</i>)	Tier 2	
<i>nail polish bottle/brush 15ml</i>	Tier 2	
<i>nasal spray metered pump</i>	Tier 2	
<i>ointment tube/metal 1oz</i>	Tier 2	
<i>ointment tube/metal 2oz</i>	Tier 2	
<i>ointment tube/metal 4oz</i>	Tier 2	
<i>ointment tube/ophth tip 1/8oz</i>	Tier 2	
<i>ointment tube/plastic 1oz</i>	Tier 2	
<i>ointment tube/plastic 2oz</i>	Tier 2	
<i>ointment tube/plastic 4oz</i>	Tier 2	
<i>ointment tube/plastic 6oz</i>	Tier 2	
<i>ointment tube/plastic 8oz</i>	Tier 2	
<i>pelvic muscle trainer</i>	Tier 2	
<i>ph accessories storage sol</i>	Tier 2	
PILLGUARD DISPENSER (<i>misc. devices</i>)	Tier 2	
PILLGUARD REFILL CARTRIDGE (<i>misc. devices</i>)	Tier 2	

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<i>plastic bottles 30ml</i>	Tier 2	
<i>plastic bottles 90ml</i>	Tier 2	
<i>plastic enema bottle</i>	Tier 2	
<i>plastic jar 6oz</i>	Tier 2	
<i>plastic scoop 1ml</i>	Tier 2	
<i>pocket pro+ replacement sensor</i>	Tier 2	
<i>polypropylene cap-liner</i>	Tier 2	
<i>POSIDYNE ELD FILTER/0.2UM (misc. devices)</i>	Tier 2	
<i>press-in bottle adapters</i>	Tier 2	
<i>reflections c breast prosthes</i>	Tier 2	
<i>SAFE-SENSE HEAD COVER CIRC 21" (misc. devices)</i>	Tier 2	
<i>serum bottle stopper 20mm</i>	Tier 2	
<i>serum bottles/amber glass 20ml</i>	Tier 2	
<i>serum bottles/amber glass 30ml</i>	Tier 2	
<i>settling plate sda/29ml/100x15</i>	Tier 2	
<i>settling plate tsa/25ml/100x15</i>	Tier 2	
<i>shapers layered breast shaper</i>	Tier 2	
<i>snap-on chlorobutyl stopper</i>	Tier 2	
<i>spray bottle/plastic 120ml</i>	Tier 2	
<i>stirring rod/glass 12x1/4"</i>	Tier 2	
<i>strainer/stainless steel/2.5"</i>	Tier 2	
<i>suppository mold/aluminum 2 gm</i>	Tier 2	
<i>suppository shell rack</i>	Tier 2	
<i>suppository shells 2.4ml</i>	Tier 2	
<i>syringe dial-a-dose</i>	Tier 2	
<i>TAP-N-CLICK SILICONE PAD (misc. devices)</i>	Tier 2	
<i>tip rectal/vag w/perforations</i>	Tier 2	
<i>topi-click applicator micro</i>	Tier 2	
<i>TOPI-CLICK NOZZLE (misc. devices)</i>	Tier 2	
<i>TOPI-CLICK PERL APPLICATOR 4ML (misc. devices)</i>	Tier 2	
<i>TOPI-CLICK PERL DOSE LOAD 35ML (misc. devices)</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPI-CCLICK PERL VAGINAL DOSING (<i>misc. devices</i>)	Tier 2	
<i>troche mold 30 cavity</i>	Tier 2	
TYVEK PROTECTIVE SLEEVES (<i>misc. devices</i>)	Tier 2	
UNGUATOR 100/200/57MM (<i>misc. devices</i>)	Tier 2	
UNGUATOR 15/20/30/36MM (<i>misc. devices</i>)	Tier 2	
UNGUATOR 50/43MM/DISP BLADES (<i>misc. devices</i>)	Tier 2	
UNGUATOR APPLICATOR 1"-SHORT (<i>misc. devices</i>)	Tier 2	
UNGUATOR APPLICATOR 2.5"-LONG (<i>misc. devices</i>)	Tier 2	
UNGUATOR EXACTDOSE 0.5ML (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 100/140 BLUE LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 100/140 RED LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 15/20 BLUE LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 15/20 GREEN LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 15/20 RED LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 15/28 BLUE LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 20/33 BLUE (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 20/33 RED LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 20/33 WHITE (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 200/280 BLUE LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 200/280 GREEN LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 200/280 RED LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 200/280 WHITE (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 30/42 BLUE (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 30/42 BLUE LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 30/42 GREEN LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 30/42 RED LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 30/42 TURQUOISE (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 30/42 WHITE LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 30/42 YELLOW (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 50/70 BLUE (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 50/70 BLUE LID (<i>misc. devices</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNGUATOR JAR 50/70 GREEN LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 50/70 PINK (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 50/70 RED LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 50/70 TURQUOISE (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 50/70 WHITE LID (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR 50/70 YELLOW (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR AIRDYNAMIK (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR W/SPINDLE 300/390 (<i>misc. devices</i>)	Tier 2	
UNGUATOR JAR W/SPINDLE 500/600 (<i>misc. devices</i>)	Tier 2	
UNGUATOR LID 1000ML (<i>misc. devices</i>)	Tier 2	
<i>unguator lid 500ml</i>	Tier 2	
UNGUATOR VARIONOZZLE 1MM (<i>misc. devices</i>)	Tier 2	
UNGUATOR VARIONOZZLE 4MM (<i>misc. devices</i>)	Tier 2	
<i>vaginal suppository applicator</i>	Tier 2	
VANISHPOINT BLOOD COLLECT SET (<i>misc. devices</i>)	Tier 2	
VARITHENA ADMINISTRATION PACK (<i>misc. devices</i>)	Tier 2	
VERSAJET EXACT 14MM (<i>misc. devices</i>)	Tier 2	
VERSAJET EXACT 8MM (<i>misc. devices</i>)	Tier 2	
VERSAJET II EXACT 14MM (<i>misc. devices</i>)	Tier 2	
VERSAJET II EXACT 8MM (<i>misc. devices</i>)	Tier 2	
VERSAJET II PLUS 14MM (<i>misc. devices</i>)	Tier 2	
VERSAJET II PLUS 8MM (<i>misc. devices</i>)	Tier 2	
VERSAJET PLUS 14MM (<i>misc. devices</i>)	Tier 2	
VERSAJET PLUS 8MM (<i>misc. devices</i>)	Tier 2	
<i>virage custom breast prosthes</i>	Tier 2	
<i>weigh boat</i>	Tier 2	
*NASAL NEBULIZERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
PARI SINUSTAR DELIVERY SYSTEM (<i>nasal nebulizers</i>)	Tier 2	MB
PARI SINUSTAR NASAL NEBULIZER (<i>nasal nebulizers</i>)	Tier 2	MB

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NEBULIZERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AEROECLIPSE II NEBULIZER (<i>nebulizers</i>)	Tier 2	MB
<i>aura portaneb</i>	Tier 2	MB
<i>bentley the bear ped nebulizer</i>	Tier 2	MB
<i>captain eagle ped nebulizer</i>	Tier 2	MB
CLEVER CHOICE NEBULIZER (<i>nebulizers</i>)	Tier 2	MB
CLEVER CHOICE WHIS AIR PED NEB (<i>nebulizers</i>)	Tier 2	MB
CLEVER CHOICE WHISPER AIRE NEB (<i>nebulizers</i>)	Tier 2	MB
CLEVER CHOICE WHISPER AIRE PED (<i>nebulizers</i>)	Tier 2	MB
COMP AIR COMPRESSOR NEBULIZER (<i>nebulizers</i>)	Tier 2	MB
COMP A-I-R NEBULIZER (<i>nebulizers</i>)	Tier 2	MB
<i>compressor nebulizer</i>	Tier 2	MB
LUMINEB II PISTON NEBULIZER (<i>nebulizers</i>)	Tier 2	MB
MABIS COSMOCOMP NEBULIZER (<i>nebulizers</i>)	Tier 2	MB
MICRONEB (<i>nebulizers</i>)	Tier 2	MB
MINI COMPRESSOR (<i>nebulizers</i>)	Tier 2	MB
<i>neb-rite4</i>	Tier 2	MB
<i>nebulizer ped frog</i>	Tier 2	MB
<i>nebulizer ped frog kit</i>	Tier 2	MB
<i>nebulizer system all-in-one</i>	Tier 2	MB
PARI ALTERA NEBULIZER SYSTEM (<i>nebulizers</i>)	Tier 2	MB
PARI BABY DEVICE (<i>nebulizers</i>)	Tier 2	MB
PARI ERAPID NEBULIZER SYSTEM (<i>nebulizers</i>)	Tier 2	MB
PARI LC PLUS (<i>nebulizers</i>)	Tier 2	MB
PARI LC PLUS NEB SET PED MASK (<i>nebulizers</i>)	Tier 2	MB
PARI LC PLUS NEBULIZER (<i>nebulizers</i>)	Tier 2	MB
PARI LC PLUS VIOS PRO NEB (<i>nebulizers</i>)	Tier 2	MB
PARI LC SPRINT NEBULIZER SET (<i>nebulizers</i>)	Tier 2	MB
PARI LC STAR (<i>nebulizers</i>)	Tier 2	MB
PARI SINUS AEROSOL SYSTEM (<i>nebulizers</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI TREK S W/12V DC ADAPTOR DEVICE (<i>nebulizers</i>)	Tier 2	MB
PARI VIOS PRO LC PLUS SYSTEM (<i>nebulizers</i>)	Tier 2	MB
PARI VIOS PRO LC SPRINT SYSTEM (<i>nebulizers</i>)	Tier 2	MB
PRONEB ULTRA II DELUXE/LC STAR (<i>nebulizers</i>)	Tier 2	MB
PRONEB ULTRA II/LC SPRINT (<i>nebulizers</i>)	Tier 2	MB
PULMONEB LT (<i>nebulizers</i>)	Tier 2	
<i>soothe neb mesh nebulizer</i>	Tier 2	MB
<i>sootheneb compressor nebulizer</i>	Tier 2	MB
<i>sparky the dog ped nebulizer</i>	Tier 2	MB
VIOS AEROSOL DELIVERY SYSTEM (<i>nebulizers</i>)	Tier 2	MB
VIOS LC PLUS (<i>nebulizers</i>)	Tier 2	MB
VIOS LC PLUS DELUXE (<i>nebulizers</i>)	Tier 2	MB
VIOS LC PLUS PEDIATRIC (<i>nebulizers</i>)	Tier 2	MB
VIOS LC SPRINT (<i>nebulizers</i>)	Tier 2	MB
VIOS LC SPRINT PEDIATRIC (<i>nebulizers</i>)	Tier 2	MB
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ADVOCATE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ALLERGIST PACKAGE KIT (<i>tuberculin-allergy syringes</i>)	Tier 2	
ALLERGIST TRAY KIT (<i>tuberculin-allergy syringes</i>)	Tier 2	
<i>allergy syringe</i>	Tier 2	
ASSURE ID INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
BD AUTOSHIELD (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD INSULIN SYR ULTRAFINE II (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)

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BD INSULIN SYRINGE HALF-UNIT (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD LUER-LOK SYRINGE 20G X 1" 1 ML, 25G X 5/8" 1 ML (<i>syringe/needle (disp)</i>)	Tier 1	QL (200 syringes per 30 days)
BD LUER-LOK SYRINGE 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 10 ML, 22G X 1" 5 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML, 26G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Tier 2	
BD PEN NEEDLE MICRO U/F (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD PEN NEEDLE NANO U/F (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD PEN NEEDLE ORIGINAL U/F (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD PEN NEEDLE SHORT U/F (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)

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BD SAFETYGLIDE SHIELDED NEEDLE (<i>syringe/needle (disp)</i>)	Tier 2	
BD SAFETY-LOK INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD SYRINGE/NEEDLE (<i>syringe/needle (disp)</i>)	Tier 2	
BD TB SYRINGE 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
BD TB SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	
BD VEO INSULIN SYR U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	Tier 1	PA; QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
careone insulin syringe	Tier 2	PA; QL (200 syringes per 30 days)
CARETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
CEQUR SIMPLICITY 2U DEVICE (<i>injection device for insulin</i>)	Tier 2	
CEQUR SIMPLICITY INSERTER (<i>injection device for insulin</i>)	Tier 2	
CEQUR SIMPLICITY STARTER KIT (<i>injection device for insulin</i>)	Tier 2	
COMFORT ASSIST INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
crono syringe	Tier 2	
dialysis safety syringe/needle 22g x 1-1/2" 1 ml	Tier 2	PA; QL (200 syringes per 30 days)
dialysis safety syringe/needle 22g x 1-1/2" 3 ml	Tier 2	
DROPLET INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)

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DROPLET PEN NEEDLES (<i>insulin pen needle</i>)	Tier 2	PA; QL (200 units per 30 days)
easy comfort insulin syringe	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH ALLERGY SYRINGE (<i>tuberculin-allergy syringes</i>)	Tier 2	
EASY TOUCH FLIPLOCK INSULIN SY (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML, 18G X 1" 3 ML, 18G X 1" 5 ML, 18G X 1-1/2" 3 ML, 18G X 1.5" 10 ML, 19G X 1" 3 ML, 19G X 1.5" 3 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 10 ML, 25G X 1" 3 ML, 25G X 1" 5 ML, 25G X 5/8" 3 ML, 25G X 5/8" 5 ML (<i>syringe/needle (disp)</i>)	Tier 2	
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH FLURINGE (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH FLURINGE FLIPLOCK (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH FLURINGE SHEATHLOCK (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Tier 2	
EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 25G X 1" 10 ML, 25G X 1" 3 ML, 25G X 1" 5 ML, 25G X 5/8" 3 ML (syringe/needle (disp))	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH TB FLIPLOCK SYRINGE (tuberculin-allergy syringes)	Tier 2	
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML (tuberculin-allergy syringes)	Tier 2	QL (200 syringes per 30 days)
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML (syringe/needle (disp))	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH TB SHEATHLOCK SYR 27G X 1/2" 1 ML, 28G X 1/2" 1 ML (tuberculin-allergy syringes)	Tier 2	
eql insulin syringe	Tier 2	PA; QL (200 syringes per 30 days)
EXEL COMFORT POINT INSULIN SYR (insulin syringe-needle u-100)	Tier 2	PA; QL (200 syringes per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (insulin syringe-needle u-100)	Tier 2	PA; QL (200 syringes per 30 days)
FREESTYLE PRECISION INS SYR (insulin syringe-needle u-100)	Tier 2	PA; QL (200 syringes per 30 days)
global easy glide insulin syr	Tier 2	PA; QL (200 syringes per 30 days)
global inject ease insulin syr	Tier 2	PA; QL (200 syringes per 30 days)
global insulin syringes	Tier 2	PA; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE (insulin syringe-needle u-100)	Tier 2	PA; QL (200 syringes per 30 days)
gnp insulin syringe	Tier 2	PA; QL (200 syringes per 30 days)

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<i>gnp ultra com insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>healthwise insulin syrl/needle</i>	Tier 2	PA; QL (200 syringes per 30 days)
HM ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
HUMATROPEN FOR 12MG DEVICE (<i>injection device</i>)	Tier 2	
HUMATROPEN FOR 24MG DEVICE (<i>injection device</i>)	Tier 2	
HUMATROPEN FOR 6MG DEVICE (<i>injection device</i>)	Tier 2	
INPEN 100-BLUE-LILLY DEVICE (<i>injection device for insulin</i>)	Tier 2	
INPEN 100-BLUE-NOVO DEVICE (<i>injection device for insulin</i>)	Tier 2	
INPEN 100-GRAY-LILLY DEVICE (<i>injection device for insulin</i>)	Tier 2	
INPEN 100-GREY-NOVO DEVICE (<i>injection device for insulin</i>)	Tier 2	
INPEN 100-PINK-LILLY DEVICE (<i>injection device for insulin</i>)	Tier 2	
INPEN 100-PINK-NOVO DEVICE (<i>injection device for insulin</i>)	Tier 2	
<i>insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>insulin syringe/needle</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>insulin syringe-needle u-100</i>	Tier 2	PA; QL (200 syringes per 30 days)
J-TIP KIT W/VIAL ADAPTERS KIT (<i>injection device</i>)	Tier 2	
<i>kinray insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 29g</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 30g</i>	Tier 2	PA; QL (200 syringes per 30 days)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
kroger insulin syringe	Tier 2	PA; QL (200 syringes per 30 days)
leader insulin syringe	Tier 2	PA; QL (200 syringes per 30 days)
LITETOUCH INSULIN SYRINGE (insulin syringe-needle u-100)	Tier 2	PA; QL (200 syringes per 30 days)
longs insulin syringe	Tier 2	PA; QL (200 syringes per 30 days)
LUER LOCK SAFETY SYRINGES (syringe/needle (disp))	Tier 2	
MAGELLAN INSULIN SAFETY SYR (insulin syringe-needle u-100)	Tier 2	PA; QL (200 syringes per 30 days)
MAGELLAN SYRINGE-SAFETY NEEDLE (syringe/needle (disp))	Tier 2	PA; QL (200 syringes per 30 days)
MAGELLAN TUBERCULIN SYRINGE (tuberculin-allergy syringes)	Tier 2	
MARATHON MEDICAL PENTIPS (insulin pen needle)	Tier 2	PA; QL (200 units per 30 days)
MAXI-COMFORT INSULIN SYRINGE (insulin syringe-needle u-100)	Tier 2	PA; QL (200 syringes per 30 days)
MAXICOMFORT SYR 27G X 1/2" (insulin syringe-needle u-100)	Tier 2	PA; QL (200 syringes per 30 days)
medic insulin syringe	Tier 2	PA; QL (200 syringes per 30 days)
mm insulin syringe/needle	Tier 2	PA; QL (200 syringes per 30 days)
MONOJECT ALLERGIST TRAY KIT (tuberculin-allergy syringes)	Tier 2	
MONOJECT BLUNTIP CANNULA (needle (disp))	Tier 2	
MONOJECT BLUNTIP SYR/CANNULA (syringe (disposable))	Tier 2	
MONOJECT CONTROL SYRINGE (syringe (disposable))	Tier 2	
MONOJECT FILTER ASPIRATOR (needles & syringes)	Tier 2	
MONOJECT FILTER NEEDLE (filter needles)	Tier 2	
MONOJECT HYPODERMIC NEEDLE (needle (disp))	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
MONOJECT INTRODUCER NEEDLE (<i>needle (reusable)</i>)	Tier 2	
MONOJECT LIFESHIELD SYRINGE (<i>syringe/needle (disp)</i>)	Tier 2	
MONOJECT MAGELLAN SAFETY NDL (<i>needle (disp)</i>)	Tier 2	
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML, 18G X 1" 6 ML, 20G X 1" 3 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 21G X 1" 12 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1" 3 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Tier 2	
MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML, 25G X 1" 1 ML, 25G X 5/8" 1 ML (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
MONOJECT PHARMACY TRAY (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT PISTON SYRINGE (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE CATH TIP (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE ECC LUER (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE ECCENTRIC TIP (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE LUER LOCK (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE LUER-LOCK TIP (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE PHARMACY TRAY (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE REG LUER (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE REGULAR TIP (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE TOOMEY TYPE (<i>syringe (disposable)</i>)	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
MONOJECT TB SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>ms insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>multi-draw needle</i>	Tier 2	
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	Tier 2	
NORM-JECT LUER SLIP SYRINGE (<i>syringe (disposable)</i>)	Tier 2	
NOVOPEN ECHO DEVICE (<i>injection device for insulin</i>)	Tier 2	
PRECISION SUREDOSE PLUS SYR (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
PRECISION SURE-DOSE SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>preferred plus insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>pro comfort pen needles</i>	Tier 2	PA; QL (200 units per 30 days)
PRODIGY INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>px insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>ra insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>reality insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
RELI-ON INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>safety insulin syringes</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>safety syringe/needle 21g x 1" 3 ml, 21g x 1-1/2" 3 ml, 22g x 1" 3 ml, 22g x 1-1/2" 3 ml, 23g x 1" 3 ml, 25g x 5/8" 3 ml</i>	Tier 2	
<i>safety syringe/needle 25g x 5/8" 1 ml, 27g x 1/2" 1 ml</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>safety syringes/needle</i>	Tier 2	
<i>sb insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
SECURE SAFE ALLERGY TRAY KIT (<i>tuberculin-allergy syringes</i>)	Tier 2	
SECURESAFE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
SECURESAFE SYRINGE/NEEDLE 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Tier 2	
SECURESAFE SYRINGE/NEEDLE 25G X 1" 1 ML, 25G X 1-1/2" 1 ML, 25G X 5/8" 1 ML, 27G X 1/2" 1 ML (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
SECURESAFE TUBERCULIN SYRINGE 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
SECURESAFE TUBERCULIN SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	
<i>sure comfort insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-JECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>syringe</i>	Tier 2	
<i>syringe luer lock</i>	Tier 2	
<i>syringe luer slip</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>syringe/hypodermic safety</i>	Tier 2	
<i>tb syringe 1 ml</i>	Tier 2	
<i>techlite insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>toomey syringe</i>	Tier 2	
<i>topcare ultra comfort ins syr</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>true comfort insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (<i>insulin pen needle</i>)	Tier 2	PA; QL (200 units per 30 days)
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>tuberculin syringe 25g x 5/8" 1 ml</i>	Tier 2	QL (200 syringes per 30 days)
<i>tuberculin syringe 26g x 3/8" 1 ml, 27g x 1/2" 1 ml</i>	Tier 2	
ULTICARE INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ULTICARE SAFETY SYRINGE (<i>syringe/needle (disp)</i>)	Tier 2	
ULTICARE SYRINGE 22G X 1-1/2" 1 ML (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ULTICARE SYRINGE 22G X 1-1/2" 1.5 ML, 22G X 1-1/2" 3 ML (<i>syringe/needle (disp)</i>)	Tier 2	
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE TUBERCULIN SAFETY SYR 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 1 ML (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ULTILET INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ULTILET INSULIN SYRINGE SHORT (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>ultra comfort insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>ultracare insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>ultra-comfort insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>value health insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
VANISHPOINT ALLERGY TRAY KIT (<i>tuberculin-allergy syringes</i>)	Tier 2	
VANISHPOINT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
VANISHPOINT SAFETY SYRINGE (<i>syringe/needle (disp)</i>)	Tier 2	
VANISHPOINT SYRINGE 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Tier 2	
VANISHPOINT SYRINGE 25G X 1" 1 ML (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	
VANISHPOINT TUBERCULIN SYRINGE 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
<i>vp insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
*NERVE STIMULATORS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CEFALY KIT DEVICE (<i>nerve stimulator</i>)	Tier 2	
EMJOI TENS DEVICE (<i>nerve stimulator</i>)	Tier 2	
GAMMACORE DEVICE (<i>nerve stimulator</i>)	Tier 2	
GAMMACORE SAPPHIRE 31-DAY DEVICE (<i>nerve stimulator</i>)	Tier 2	
GAMMACORE SAPPHIRE DEVICE (<i>nerve stimulator</i>)	Tier 2	
GAMMACORE SAPPHIRE REFILL KIT (<i>nerve stimulator</i>)	Tier 2	
<i>pain relief with tens s2000 device</i>	Tier 2	
ZEWA DIGITAL TENS UNIT DEVICE (<i>nerve stimulator</i>)	Tier 2	
ZEWA TENS/EMS COMBO UNIT DEVICE (<i>nerve stimulator</i>)	Tier 2	
*ORAL DOSING DEVICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
MONOJECT MONODOSE ORAL MED SYR (<i>oral syringes</i>)	Tier 2	
<i>syringe precisedose dispenser</i>	Tier 2	
*OSTOMY SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
KANGAROO BALLOON 12FR/0.8CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/1.2CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/1.5CM KIT (<i>ostomy supplies</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANGAROO BALLOON 12FR/1.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/1CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/2.3CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/2.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/2.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/2CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/3.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/3CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/4.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/4CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 12FR/5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/0.8CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/1.2CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/1.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/1.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/1CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/2.3CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/2.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/2.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/2CM KIT (<i>ostomy supplies</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANGAROO BALLOON 14FR/3.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/3CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/4.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/4CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 14FR/5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/0.8CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/1.2CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/1.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/1.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/1CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/2.3CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/2.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/2.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/2CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/3.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/3CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/4.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/4CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 16FR/5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/0.8CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/1.2CM KIT (<i>ostomy supplies</i>)	Tier 2	

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KANGAROO BALLOON 18FR/1.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/1.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/1CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/2.3CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/2.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/2.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/2CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/3.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/3CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/4.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/4CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 18FR/5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 20FR/0.8CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 20FR/1.2CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 20FR/1.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 20FR/1.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 20FR/1CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 20FR/2.3CM KIT (<i>ostomy supplies</i>)	Tier 2	
KANGAROO BALLOON 20FR/2CM KIT (<i>ostomy supplies</i>)	Tier 2	
<i>karaya gum powder</i>	Tier 2	
NUTRIPORT BALLOON 20FR/2.5CM KIT (<i>ostomy supplies</i>)	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTRIPORT BALLOON 20FR/2.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 20FR/3.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 20FR/4.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 20FR/4CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 20FR/5CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/0.8CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/1.2CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/1.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/1.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/1CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/2.3CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/2.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/2.7CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/2CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/3.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/3CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/4.5CM KIT (<i>ostomy supplies</i>)	Tier 2	
NUTRIPORT BALLOON 24FR/4CM KIT (<i>ostomy supplies</i>)	Tier 2	
*PARENTERAL THERAPY SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>clear glass vials 5ml</i>	Tier 2	
I-PORT ADVANCE 6MM (<i>parenteral therapy supplies</i>)	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
I-PORT ADVANCE 9MM (<i>parenteral therapy supplies</i>)	Tier 2	
MONOJECT HYPODERMIC NEEDLE TIP (<i>parenteral therapy supplies</i>)	Tier 2	
MONOJECT LIFESHIELD CANNULA (<i>parenteral therapy supplies</i>)	Tier 2	
MONOJECT MED PREP CANNULA (<i>parenteral therapy supplies</i>)	Tier 2	
MONOJECT SMARTIP SYR/CANNULA (<i>parenteral therapy supplies</i>)	Tier 2	
MONOJECT VIAL ACCESS CANNULA (<i>parenteral therapy supplies</i>)	Tier 2	
<i>needleless prn connectors</i>	Tier 2	
<i>needleless prn port converter</i>	Tier 2	
PHASEAL CAP FOR INJECTOR (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL CONNECTOR LUER LOCK (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL INFUSION ADAPTER (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL INFUSION CLAMP (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL INJECTOR LUER LOCK (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL IV BAG HANGER (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL PROTECTOR 14 (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL PROTECTOR 21 (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL PROTECTOR 28 (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL PROTECTOR 50 (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL SECONDARY SET (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL SYRINGE TRAY (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL Y-SITE CONNECTOR (<i>parenteral therapy supplies</i>)	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
syringe filter 0.2 micron/32mm	Tier 2	
syringe filter 0.45 micron	Tier 2	
syringe filter/0.2 micron/25mm	Tier 2	
syringe filter/0.2 micron/30mm	Tier 2	
syringe filter/millex/25mm	Tier 2	
syringe filter/millex-gs/25mm	Tier 2	
syringe filter/millex-gv/33mm	Tier 2	
vacuum filter 0.20um/150ml	Tier 2	
vial stopper	Tier 2	
*PEAK FLOW METERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AEROGEAR ACTION ASTHMA KIT KIT (peak flow meter-inh assist dev)	Tier 2	
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	OTC
ASSESS PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	OTC
breathe ease peak flow meter device	Tier 1	OTC
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	OTC
lung perform peak flow meter device	Tier 1	OTC
MICROLIFE DIGITAL PEAK FLOW DEVICE (peak flow meter)	Tier 1	PA; OTC
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	OTC
peak a-i-r flow meter device	Tier 1	OTC
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	OTC
peak flow meter universal rang device	Tier 1	OTC
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	Tier 1	OTC
PIKO 1 DEVICE (peak flow meter)	Tier 1	PA; OTC
POCKET PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	PA; OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POCKETPEAK PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	OTC
<i>pure comfort flow meter adult device</i>	Tier 1	OTC
<i>pure comfort flow meter child device</i>	Tier 1	OTC
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	PA
*RESPIRATORY THERAPY SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER (<i>respiratory therapy supplies</i>)	Tier 1	
ACTIVITY POUCH (<i>respiratory therapy supplies</i>)	Tier 2	
<i>adult mask device</i>	Tier 2	MB; QL (2 units per 365 days)
AEROBIKA DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
AEROTRACH PLUS (<i>respiratory therapy supplies</i>)	Tier 1	
AIRS DISPOSABLE NEBULIZER KIT (<i>respiratory therapy supplies</i>)	Tier 2	MB
AIRS PEDIATRIC AEROSOL MASK (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
ALL FLOW 1000 PFT FILTER (<i>respiratory therapy supplies</i>)	Tier 2	MB
ALL FLOW 1000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
ALL FLOW 1000 PFT FILTER KIT (<i>respiratory therapy supplies</i>)	Tier 2	MB
ALL FLOW 2000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
ALL FLOW 3000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
ALL FLOW 3000 PFT FILTER KIT (<i>respiratory therapy supplies</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALL FLOW 4000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
ALL FLOW 4000 PFT FILTER KIT (<i>respiratory therapy supplies</i>)	Tier 2	MB
ALL FLOW 5000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
ALL FLOW 5000 PFT FILTER KIT (<i>respiratory therapy supplies</i>)	Tier 2	MB
ALL FLOW 6000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
ALL FLOW 6000 PFT FILTER KIT (<i>respiratory therapy supplies</i>)	Tier 2	MB
ALL FLOW 7000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
<i>breathe ease neb mask/child</i>	Tier 2	MB
<i>breathe ease neb mask/infant</i>	Tier 2	MB
BREATHERITE VALVED MDI CHAMBER DEVICE (<i>respiratory therapy supplies</i>)	Tier 1	MB; QL (2 units per 365 days)
CARETOUCH 2 CPAP HOSE HANGER (<i>respiratory therapy supplies</i>)	Tier 2	
CARETOUCH CPAP & BIPAP HOSE (<i>respiratory therapy supplies</i>)	Tier 2	
CARETOUCH CPAP MASK WIPES (<i>respiratory therapy supplies</i>)	Tier 2	
CARETOUCH CPAP PRE-WASH SOLN (<i>respiratory therapy supplies</i>)	Tier 2	
CARETOUCH CPAP TUBE BRUSH (<i>respiratory therapy supplies</i>)	Tier 2	
CARETOUCH UNIVERSL CPAP FILTER (<i>respiratory therapy supplies</i>)	Tier 2	
<i>co monitor calibration kit</i>	Tier 2	MB
<i>co monitor device</i>	Tier 2	MB; QL (2 units per 365 days)
<i>co monitor replacement pieces</i>	Tier 2	

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<i>disposable full range</i>	Tier 2	
<i>disposable low range</i>	Tier 2	
<i>disposable low range/pediatric</i>	Tier 2	
<i>disposable universal range</i>	Tier 2	
EBASE CONTROLLER KIT (<i>respiratory therapy supplies</i>)	Tier 2	
<i>filter air pp</i>	Tier 2	
<i>full kit nebulizer set</i>	Tier 2	
HUDSON RCI AEROSOL MASK ADULT (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
IN-CHECK DIAL FLOW TRAINER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
IN-CHECK INSPIRATORY FLOW MTR DEVICE (<i>respiratory therapy supplies</i>)	Tier 1	MB; QL (2 units per 365 days)
LITETOUGH MASK LARGE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
<i>nebulizer air tube/plugs</i>	Tier 2	
<i>nebulizer/pediatric mask kit</i>	Tier 2	MB
<i>nebulizer/tubing/mouthpiece kit</i>	Tier 2	MB
OMBRA TABLE TOP COMPRESSOR DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
ONE FLOW SPIROMETER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
ONE FLOW SPIROMETER KIT (<i>respiratory therapy supplies</i>)	Tier 2	MB
PARI ALTERA NEBULIZER HANDSET (<i>respiratory therapy supplies</i>)	Tier 2	MB
PARI BABY CONVERSION KIT (<i>respiratory therapy supplies</i>)	Tier 2	
PARI ERAPID NEBULIZER HANDSET (<i>respiratory therapy supplies</i>)	Tier 2	MB
PARI EXPIRATORY FILTER SET DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI LC PLUS PEDIATRIC KIT (<i>respiratory therapy supplies</i>)	Tier 2	MB
PARI MANUAL INTERRUPTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
PARI MASK SET (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
PARI SOFT PLASTIC ADULT MASK (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
PARI SOFT PLASTIC PED MASK (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
PARI TREK S COMBO PACK DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	MB; QL (2 units per 365 days)
PARI TREK S PORTABLE POWER KIT (<i>respiratory therapy supplies</i>)	Tier 2	MB
PEDIATRIC COMPRESSOR/NEBULIZER KIT (<i>respiratory therapy supplies</i>)	Tier 2	MB
<i>pillow mask/adult</i>	Tier 2	MB; QL (2 units per 365 days)
<i>pillow mask/child</i>	Tier 2	MB; QL (2 units per 365 days)
<i>pillow mask/pediatric</i>	Tier 2	MB; QL (2 units per 365 days)
<i>replacement air filter</i>	Tier 2	
SIDESTREAM PEDIATRIC FACE MASK (<i>respiratory therapy supplies</i>)	Tier 1	MB; OTC; QL (2 units per 365 days)
<i>silicone mask/adult</i>	Tier 2	MB; QL (2 units per 365 days)
<i>silicone mask/infant</i>	Tier 2	MB; QL (2 units per 365 days)
<i>silicone mask/pediatric</i>	Tier 2	MB; QL (2 units per 365 days)
<i>spiro pd device</i>	Tier 2	MB; QL (2 units per 365 days)
<i>spirometer kit</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VORTEX HOLDING CHAMBER/MASK DEVICE <i>(respiratory therapy supplies)</i>	Tier 1	MB; QL (2 units per 365 days)
WINDMILL TRAINER <i>(respiratory therapy supplies)</i>	Tier 2	
*RUBBER GOODS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>enema bottle</i>	Tier 2	
*SCAR TREATMENTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CICASIL SHEET <i>(occlusive silicone sheets)</i>	Tier 2	
<i>coatamax patch sheet</i>	Tier 2	
*SEIZURE MONITORING PRODUCTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
EMBRACE SEIZURE MONITORING SYS KIT <i>(seizure monitoring device)</i>	Tier 2	
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MINI CHAMBER DEVICE <i>(spacer/aero-holding chambers)</i>	Tier 2	QL (2 units per 365 days)
AEROCHAMBER MV <i>(spacer/aero-holding chambers)</i>	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU <i>(spacer/aero-holding chambers)</i>	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE <i>(spacer/aero-holding chambers)</i>	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM <i>(spacer/aero-holding chambers)</i>	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL <i>(spacer/aero-holding chambers)</i>	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK <i>(spacer/aero-holding chambers)</i>	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLOW VU <i>(spacer/aero-holding chambers)</i>	Tier 2	QL (2 units per 365 days)
AEROCHAMBER W/FLOWSIGNAL <i>(spacer/aero-holding chambers)</i>	Tier 2	QL (2 units per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER Z-STAT PLUS (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROVENT PLUS DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
breathe ease large device	Tier 2	QL (2 units per 365 days)
breathe ease medium device	Tier 2	QL (2 units per 365 days)
breathe ease small device	Tier 2	QL (2 units per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
COMPACT SPACE CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
EASIVENT (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
EASIVENT MASK LARGE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
EASIVENT MASK MEDIUM (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
EASIVENT MASK SMALL (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	Tier 2	QL (2 units per 365 days)
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	Tier 2	QL (2 units per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXICHAMBER CHILD MASK/SMALL (spacer/aero-hold chamber mask)	Tier 2	QL (2 units per 365 days)
FLEXICHAMBER DEVICE (spacer/aero-holding chambers)	Tier 2	QL (2 units per 365 days)
INSPIRACHAMBER/LARGE DEVICE (spacer/aero-holding chambers)	Tier 2	QL (2 units per 365 days)
INSPIRACHAMBER/MEDIUM DEVICE (spacer/aero-holding chambers)	Tier 2	QL (2 units per 365 days)
INSPIRACHAMBER/MOUTHPIECE DEVICE (spacer/aero-holding chambers)	Tier 2	QL (2 units per 365 days)
INSPIRACHAMBER/SMALL DEVICE (spacer/aero-holding chambers)	Tier 2	QL (2 units per 365 days)
INSPIREASE (spacer/aero-holding chambers)	Tier 2	QL (2 units per 365 days)
INSPIREASE RESERVOIR BAGS (spacer/aero-hold chamber bags)	Tier 2	
MICROCHAMBER DEVICE (spacer/aero-holding chambers)	Tier 1	QL (2 units per 365 days)
OPTICHAMBER DIAMOND (spacer/aero-holding chambers)	Tier 1	QL (2 units per 365 days)
PANDA MASK LARGE (spacer/aero-hold chamber mask)	Tier 1	OTC; QL (2 units per 365 days)
PANDA MASK MEDIUM (spacer/aero-hold chamber mask)	Tier 1	OTC; QL (2 units per 365 days)
PANDA MASK SMALL (spacer/aero-hold chamber mask)	Tier 1	OTC; QL (2 units per 365 days)
PEDIATRIC PANDA MASK (spacer/aero-hold chamber mask)	Tier 1	OTC; QL (2 units per 365 days)
POCKET CHAMBER DEVICE (spacer/aero-holding chambers)	Tier 1	QL (2 units per 365 days)
POCKET SPACER DEVICE (spacer/aero-holding chambers)	Tier 2	QL (2 units per 365 days)
RITEFLO DEVICE (spacer/aero-holding chambers)	Tier 1	QL (2 units per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE (spacer/aero-holding chambers)	Tier 1	QL (2 units per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SUBCUTANEOUS ADMINISTRATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*TRACHEOSTOMY CARE & SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ARGYLE TRACHEOSTOMY CARE TRAY KIT <i>(tracheostomy care)</i>	Tier 2	
*TRANSCRANIAL MAGNETIC STIMULATORS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
SAVI DEVICE <i>(transcran magnetic stimulator)</i>	Tier 2	
*URINARY DRAINAGE & IRRIGATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
BARD IRRIGATION SYRINGE/BULB <i>(irrigation supplies)</i>	Tier 2	
KANGAROO IRRIGATION KIT <i>(irrigation supplies)</i>	Tier 2	
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR MIGRAINE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE <i>(rimegeptant sulfate)</i>	Tier 1	PA; QL (15 tablets per 30 days)
UBRELVY ORAL TABLET <i>(ubrogeptant)</i>	Tier 2	PA; QL (16 tablets per 30 days)
*CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES*** - DRUGS FOR MIGRAINE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML <i>(erenumab-aooe)</i>	Tier 1	PA; QL (1 autoinjector per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML <i>(erenumab-aooe)</i>	Tier 1	PA; QL (1 pack per 30 days)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>fremanezumab-vfrm</i>)	Tier 2	PA; QL (3 units per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>fremanezumab-vfrm</i>)	Tier 2	PA; QL (3 syringes per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	Tier 1	PA; QL (1 syringe per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>galcanezumab-gnlm</i>)	Tier 1	PA; QL (1 syringe per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	Tier 1	PA; QL (1 syringe per 30 days)
VYEPTI INTRAVENOUS SOLUTION (<i>eptinezumab-jjmr</i>)	Tier 2	MB
*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
CAFERGOT ORAL TABLET (<i>ergotamine-caffeine</i>)	Tier 2	
<i>ergotamine-caffeine oral tablet</i>	Tier 1	
MIGERGOT RECTAL SUPPOSITORY (<i>ergotamine-caffeine</i>)	Tier 1	
*MIGRAINE PRODUCTS - NSAIDS*** - DRUGS FOR MIGRAINE HEADACHES		
CAMBIA ORAL PACKET (<i>diclofenac potassium(migraine)</i>)	Tier 2	PA; QL (9 packets per 30 days)
*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES		
D.H.E. 45 INJECTION SOLUTION (<i>dihydroergotamine mesylate</i>)	Tier 2	PA
<i>dihydroergotamine mesylate crystals</i>	Tier 2	
<i>dihydroergotamine mesylate injection solution</i>	Tier 2	PA
<i>dihydroergotamine mesylate nasal solution</i>	Tier 2	PA; QL (1 kit per 30 days)
<i>dihydroergotamine mesylate powder</i>	Tier 2	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL (<i>ergotamine tartrate</i>)	Tier 2	
<i>ergotamine tartrate powder</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGRANAL NASAL SOLUTION (<i>dihydroergotamine mesylate</i>)	Tier 2	PA; QL (1 kit per 30 days)
*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>sumatriptan-naproxen sodium oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
TREXIMET ORAL TABLET (<i>sumatriptan-naproxen sodium</i>)	Tier 2	PA; QL (9 tablets per 30 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>almotriptan malate oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
AMERGE ORAL TABLET (<i>naratriptan hcl</i>)	Tier 2	PA; QL (9 tablets per 30 days)
<i>eletiptan hydrobromide oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
FROVA ORAL TABLET (<i>frovatriptan succinate</i>)	Tier 2	PA; QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION (<i>sumatriptan</i>)	Tier 2	PA; QL (6 bottles per 30 days)
IMITREX ORAL TABLET (<i>sumatriptan succinate</i>)	Tier 2	PA; QL (9 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>sumatriptan succinate</i>)	Tier 2	PA; QL (6 injections per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>sumatriptan succinate</i>)	Tier 2	PA; QL (6 injections per 30 days)
IMITREX SUBCUTANEOUS SOLUTION (<i>sumatriptan succinate</i>)	Tier 2	PA; QL (5 syringes per 30 days)
MAXALT ORAL TABLET (<i>rizatriptan benzoate</i>)	Tier 2	PA; QL (9 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE (<i>rizatriptan benzoate</i>)	Tier 2	PA; QL (9 tablets per 30 days)

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<i>naratriptan hcl oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER (<i>sumatriptan succinate</i>)	Tier 2	PA; QL (1 kit per 30 days)
RELPAX ORAL TABLET (<i>eletiptan hydrobromide</i>)	Tier 2	PA; QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	PA; QL (9 tablets per 30 days)
<i>sumatriptan nasal solution</i>	Tier 1	PA; QL (6 bottles per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier 1	PA; QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 1	PA; QL (5 syringes per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	Tier 1	PA; QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	Tier 1	QL (4 packages per 30 days)
TOSYMRA NASAL SOLUTION (<i>sumatriptan</i>)	Tier 2	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>sumatriptan succinate</i>)	Tier 2	PA; QL (8 syringes per 30 days)
<i>zolmitriptan oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	Tier 2	PA; QL (9 tablets per 30 days)
ZOMIG NASAL SOLUTION (<i>zolmitriptan</i>)	Tier 2	PA; QL (6 bottles per 30 days)
ZOMIG ORAL TABLET (<i>zolmitriptan</i>)	Tier 2	PA; QL (9 tablets per 30 days)
ZOMIG ZMT ORAL TABLET DISPERSIBLE (<i>zolmitriptan</i>)	Tier 2	PA; QL (9 tablets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** - DRUGS FOR MIGRAINE HEADACHES		
REYVOW ORAL TABLET 100 MG (<i>lasmiditan succinate</i>)	Tier 2	PA; QL (8 tablets per 30 days)
REYVOW ORAL TABLET 50 MG (<i>lasmiditan succinate</i>)	Tier 2	PA; QL (4 tablets per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*BICARBONATES*** - DRUGS FOR NUTRITION		
<i>sodium acetate crystals</i>	Tier 2	
<i>sodium acetate granules</i>	Tier 2	
<i>sodium acetate intravenous solution</i>	Tier 2	MB
<i>sodium bicarbonate intravenous solution</i>	Tier 2	MB
THAM INTRAVENOUS SOLUTION (<i>tromethamine</i>)	Tier 2	MB
*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>calcitrade plus d oral tablet</i>	Tier 1	OTC
<i>calcium + d oral tablet</i>	Tier 1	OTC
<i>calcium + d3 oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>calcium + vitamin d3 oral tablet</i>	Tier 1	OTC
<i>calcium 500 + d oral tablet</i>	Tier 1	OTC
<i>calcium 500 + d3 oral tablet</i>	Tier 1	OTC
<i>calcium 500 +d oral tablet</i>	Tier 1	OTC
<i>calcium 500/vitamin d oral tablet</i>	Tier 1	OTC
<i>calcium 600 + d oral tablet</i>	Tier 1	OTC
<i>calcium 600 + minerals oral tablet</i>	Tier 1	OTC
<i>calcium 600/vitamin d oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>calcium 600+d plus minerals oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>calcium carb-cholecalciferol oral tablet chewable</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium carbonate-vitamin d oral capsule	Tier 1	OTC; QL (2 capsules per 1 day)
calcium citrate + d3 oral tablet	Tier 1	OTC
calcium citrate + oral tablet	Tier 1	OTC
calcium citrate-vitamin d oral tablet	Tier 1	OTC
calcium creamies oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
calcium extra d3 oral tablet	Tier 1	OTC
calcium gluconate-nacl intravenous solution	Tier 2	MB
calcium plus vitamin d oral tablet	Tier 1	OTC
calcium/cld oral tablet chewable	Tier 1	OTC; QL (4 tablets per 1 day)
calcium/vitamin d oral tablet	Tier 2	
calcium+d3 gradual release oral tablet extended release 24 hour	Tier 1	OTC
calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg	Tier 1	OTC
calcium+d3 oral tablet 600-20 mg-mcg	Tier 1	OTC; QL (2 tablets per 1 day)
calcium-magnesium-zinc oral tablet	Tier 1	OTC
calcium-vitamin d oral tablet	Tier 1	OTC
calcium-vitamin d3 oral capsule	Tier 1	OTC; QL (2 capsules per 1 day)
calcium-vitamin d3 oral tablet	Tier 1	OTC
calcium-vitamin d-minerals oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
CAL-MAG ORAL TABLET (calcium-magnesium)	Tier 1	OTC
cvs calcium + d3 oral tablet	Tier 1	OTC; QL (2 tablets per 1 day)
cvs calcium 600 + d/minerals oral tablet	Tier 1	OTC
cvs oyster shell calcium-vit d oral tablet	Tier 1	OTC
eq calcium 600+d+minerals oral tablet	Tier 1	OTC
gnp calcium 500 +d3 oral tablet	Tier 1	OTC

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gnp calcium 500/d oral tablet	Tier 1	OTC
gnp calcium 600 +d/minerals oral tablet	Tier 1	OTC
gnp calcium 600 plus d/mineral oral tablet	Tier 1	OTC; QL (2 tablets per 1 day)
gnp calcium 600/d oral tablet	Tier 1	OTC; QL (2 tablets per 1 day)
gnp calcium plus 600 +d oral tablet	Tier 1	OTC
gnp calcium/vitamin d/minerals oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
liquid calcium with d3 oral capsule	Tier 1	OTC
nat-rul oyster calcium+vit d oral tablet	Tier 1	OTC
oscal 500/200 d-3 oral tablet	Tier 1	OTC
OS-CAL EXTRA D3 ORAL TABLET (<i>calcium carb-cholecalciferol</i>)	Tier 1	OTC
oyster calcium + d oral tablet 250-125 mg-unit	Tier 1	OTC; QL (4 tablets per 1 day)
oyster calcium + d oral tablet 500-125 mg-unit	Tier 1	OTC
oyster calcium/d3 oral tablet	Tier 1	OTC
oyster shell calcium oral tablet	Tier 1	OTC
oyster shell calcium plus d oral tablet	Tier 1	OTC
oyster shell calcium/vit d3 oral tablet	Tier 1	OTC; QL (4 tablets per 1 day)
pa oyster shell calcium oral tablet	Tier 1	OTC
PRONUTRIENTS CALCIUM+D3 ORAL TABLET (<i>calcium carb-cholecalciferol</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
px calcium&d oral tablet	Tier 1	OTC; QL (2 tablets per 1 day)
qc calcium 600 +d3/minerals oral tablet chewable	Tier 1	OTC
ra calcium 600/vit d/minerals oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
ra calcium citrate plus vit d oral tablet	Tier 1	OTC
ra calcium plus vitamin d oral tablet	Tier 1	OTC; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra calcium soft chews oral tablet chewable</i>	Tier 1	OTC
<i>ra calcium/vitamin d/minerals oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>sm calcium citrate-vit d oral tablet</i>	Tier 1	OTC
<i>sm calcium soft chews oral tablet chewable</i>	Tier 1	OTC
<i>sm calcium/vitamin d3 oral tablet</i>	Tier 1	OTC
<i>sm calcium-magnesium-zinc oral tablet</i>	Tier 1	OTC
*CALCIUM*** - DRUGS FOR NUTRITION		
<i>calcium carbonate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>calcium chloride anhydrous granules</i>	Tier 2	
<i>calcium chloride dihydrate granules</i>	Tier 2	
<i>calcium chloride dihydrate powder</i>	Tier 2	
<i>calcium chloride intravenous solution</i>	Tier 2	MB
<i>calcium gluconate intravenous solution</i>	Tier 2	MB
<i>calcium gluconate monohydrate powder</i>	Tier 2	
<i>calcium gluconate powder</i>	Tier 2	
<i>calcium lactate pentahydrate powder</i>	Tier 2	
<i>calcium oral tablet</i>	Tier 1	OTC
<i>calcium oyster shell oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>calcium phosphate dibasic powder</i>	Tier 2	
<i>cvs calcium carbonate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>hm calcium oral tablet</i>	Tier 1	OTC
<i>oyster calcium oral tablet</i>	Tier 2	
<i>oyster shell calcium oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>OYSTERCAL ORAL TABLET (oyster shell)</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>pure calcium carbonate oral tablet</i>	Tier 1	OTC
<i>qc calcium fast dissolution oral tablet</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra calcium high potency oral tablet</i>	Tier 1	OTC
RA HI-CAL ORAL TABLET (<i>oyster shell</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
<i>ra oyster shell calcium oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>sb oyster shell calcium oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
*ELECTROLYTES & DEXTROSE*** - DRUGS FOR NUTRITION		
<i>dextrose 5%/electrolyte #48 intravenous solution</i>	Tier 2	MB
<i>dextrose in lactated ringers intravenous solution</i>	Tier 2	MB
<i>dextrose-nacl intravenous solution</i>	Tier 2	MB
<i>dextrose-sodium chloride intravenous solution</i>	Tier 2	MB
ELLIOTTS B INTRATHECAL SOLUTION (<i>intrathecal elec-dextrose</i>)	Tier 2	MB
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-mb in dextrose</i>)	Tier 2	MB
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-p in dextrose</i>)	Tier 2	MB
<i>kcl in dextrose-nacl intravenous solution</i>	Tier 2	MB
<i>kcl-lactated ringers-d5w intravenous solution</i>	Tier 2	MB
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-m in dextrose</i>)	Tier 2	MB
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-r in dextrose</i>)	Tier 2	MB
<i>potassium chloride in dextrose intravenous solution</i>	Tier 2	MB
*ELECTROLYTES ORAL*** - DRUGS FOR NUTRITION		
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)
CERALYTE 70 ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs electrolyte solution oral solution	Tier 1	OTC; QL (6000 mL per 30 days)
cvs ped electrolyte freeze pop oral solution	Tier 1	OTC; QL (6000 mL per 30 days)
cvs pediatric electrolyte oral solution	Tier 1	OTC; QL (6000 mL per 30 days)
gnp pediatric electrolyte oral solution	Tier 1	OTC; QL (6000 mL per 30 days)
h-e-b oral electrolyte oral solution	Tier 1	OTC; QL (6000 mL per 30 days)
hm pediatric electrolyte oral solution	Tier 1	OTC; QL (6000 mL per 30 days)
ORALYTE FREEZER POPS ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)
ORALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)
ped electrolyte freeze pops oral solution	Tier 1	OTC; QL (6000 mL per 30 days)
ped electrolyte freezer pops oral solution	Tier 1	OTC; QL (6000 mL per 30 days)
PEDIALYTE FREEZER POPS ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)
PEDIALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)
PEDIALYTE SINGLES ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)
pediatric electrolyte oral solution	Tier 1	OTC; QL (6000 mL per 30 days)
pediatric electrolyte-zinc oral solution	Tier 1	OTC; QL (6000 mL per 30 days)
ra ped electrolyte freezer pop oral solution	Tier 1	OTC; QL (6000 mL per 30 days)
ra pediatric electrolyte oral solution	Tier 1	OTC; QL (6000 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm pediatric electrolyte oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
*ELECTROLYTES PARENTERAL*** - DRUGS FOR NUTRITION		
ISOLYTE-S INTRAVENOUS SOLUTION (<i>electrolyte-s</i>)	Tier 2	MB
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-s (ph 7.4)</i>)	Tier 2	MB
<i>kcl (in nacl 0.9%) intravenous solution</i>	Tier 2	
<i>kcl-lidocaine-nacl intravenous solution</i>	Tier 2	MB
<i>lactated ringers intravenous solution</i>	Tier 2	MB
NORMOSOL-R INTRAVENOUS SOLUTION (<i>electrolyte-r</i>)	Tier 2	MB
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-r (ph 7.4)</i>)	Tier 2	MB
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (<i>electrolyte-148</i>)	Tier 2	MB
PLASMA-LYTE A INTRAVENOUS SOLUTION (<i>electrolyte-a</i>)	Tier 2	MB
<i>potassium chloride in nacl intravenous solution</i>	Tier 2	MB
<i>ringers intravenous solution</i>	Tier 2	MB
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (<i>parenteral electrolytes</i>)	Tier 2	MB
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>fluoritab oral solution</i>	Tier 2	
<i>fluoritab oral tablet chewable</i>	Tier 1	
<i>sodium fluoride</i> (Nafrinse Drops Oral Solution)	Tier 2	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable)	Tier 1	
<i>sodium fluoride oral solution</i>	Tier 1	QL (2 mL per 1 day)
<i>sodium fluoride oral tablet</i>	Tier 2	
<i>sodium fluoride oral tablet chewable</i>	Tier 1	
*MAGNESIUM*** - DRUGS FOR NUTRITION		
<i>cvs magnesium oral tablet</i>	Tier 1	OTC
<i>cvs magnesium oxide oral tablet</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>magnesium chloride crystals</i>	Tier 2	
<i>magnesium sulfate in d5w intravenous solution</i>	Tier 2	MB
<i>magnesium sulfate injection solution</i>	Tier 2	MB
<i>magnesium sulfate intravenous solution</i>	Tier 2	MB
<i>magnesium sulfate-nacl intravenous solution</i>	Tier 2	MB
<i>natriul magnesium oral tablet</i>	Tier 1	OTC
<i>sm magnesium oxide oral tablet</i>	Tier 1	OTC
*MANGANESE*** - DRUGS FOR NUTRITION		
<i>manganese chloride intravenous solution</i>	Tier 2	MB
*MINERAL COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>calcium citrate plus/magnesium oral tablet</i>	Tier 1	OTC
*PHOSPHATE*** - DRUGS FOR NUTRITION		
<i>av-phos 250 neutral oral tablet</i>	Tier 2	
<i>K-PHOS-NEUTRAL ORAL TABLET (k phos mono-sod phos di & mono)</i>	Tier 1	
<i>phosphorous oral tablet</i>	Tier 1	
<i>k phos mono-sod phos di & mono</i> (Phospho-Trin 250 Neutral Oral Tablet)	Tier 1	
<i>potassium phosphates(71 meq k) intravenous solution</i>	Tier 2	MB
<i>sodium phosphates intravenous solution</i>	Tier 2	MB
<i>virt-phos 250 neutral oral tablet</i>	Tier 1	
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>cvs potassium gluconate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>gnp potassium gluconate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>hm potassium oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release)	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE (potassium chloride crys er)	Tier 1	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release)	Tier 1	
potassium chloride (Klor-Con Oral Packet)	Tier 1	
potassium chloride (Klor-Con Oral Tablet Extended Release)	Tier 1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ (potassium chloride)	Tier 2	
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ (potassium chloride)	Tier 1	
potassium acetate intravenous solution	Tier 2	MB
potassium bicarbonate granules	Tier 2	
potassium bicarbonate powder	Tier 2	
potassium chloride crys er oral tablet extended release	Tier 1	
potassium chloride er oral capsule extended release	Tier 1	
potassium chloride er oral tablet extended release	Tier 1	
potassium chloride intravenous solution	Tier 2	MB
potassium chloride oral packet	Tier 1	
potassium chloride oral solution	Tier 1	
potassium chloride powder	Tier 2	
potassium gluconate oral tablet	Tier 1	OTC; QL (4 tablets per 1 day)
qc potassium oral tablet	Tier 1	OTC; QL (4 tablets per 1 day)
ra potassium gluconate oral tablet	Tier 1	OTC; QL (4 tablets per 1 day)
sm potassium oral tablet	Tier 1	OTC; QL (4 tablets per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SODIUM*** - DRUGS FOR NUTRITION		
sodium chloride flush (Monoject Flush Syringe Intravenous Solution)	Tier 2	MB
sodium chloride flush (Monoject Sodium Chloride Flush Intravenous Solution)	Tier 2	MB
normal saline flush intravenous solution	Tier 2	MB
saline flush intravenous solution	Tier 2	MB
sodium chloride flush (Saline Flush Zr Intravenous Solution)	Tier 2	MB
sodium chloride (pf) injection solution	Tier 2	MB
sodium chloride flush intravenous solution	Tier 2	MB
sodium chloride injection solution	Tier 2	MB
sodium chloride intravenous solution	Tier 2	MB
sodium chloride powder	Tier 2	
sodium chloride flush (Swabflush Saline Flush Intravenous Solution)	Tier 2	MB
*TRACE MINERAL COMBINATIONS*** - DRUGS FOR NUTRITION		
THE LIQUILIFT TRACE INTRAVENOUS KIT (<i>trace minerals cr-cu-mn-se-zn</i>)	Tier 2	
TRALEMENT INTRAVENOUS SOLUTION (<i>trace minerals cu-mn-se-zn</i>)	Tier 2	MB
*TRACE MINERALS*** - DRUGS FOR NUTRITION		
chromic chloride intravenous solution	Tier 2	MB
cupric chloride intravenous solution	Tier 2	MB
cupric sulfate granules	Tier 2	
selenious acid intravenous solution	Tier 2	MB
*ZINC*** - DRUGS FOR NUTRITION		
GALZIN ORAL CAPSULE (<i>zinc acetate (oral)</i>)	Tier 2	
gnp zinc oral tablet	Tier 1	OTC; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IS-ZC 50 ORAL TABLET (<i>zinc</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
<i>qc zinc oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>zinc chloride intravenous solution</i>	Tier 2	MB
<i>zinc oral capsule</i>	Tier 1	OTC
<i>zinc sulfate granules</i>	Tier 2	
<i>zinc sulfate intravenous solution</i>	Tier 2	MB
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*ANTILEPROTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	Tier 2	PA; SP; QL (2 capsules per 1 day)
*B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS*** - VITAMINS AND MINERALS		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>belimumab</i>)	Tier 2	PA; SP; QL (4 injections per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>belimumab</i>)	Tier 2	PA; SP; QL (4 injections per 28 days)
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
<i>trientine hcl</i> (Clovique Oral Capsule)	Tier 1	PA; SP; QL (8 capsules per 1 day)
CUPRIMINE ORAL CAPSULE (<i>penicillamine</i>)	Tier 2	PA
DEPEN TITRATABS ORAL TABLET (<i>penicillamine</i>)	Tier 2	PA
<i>edetate disodium intravenous solution</i>	Tier 2	
<i>penicillamine oral capsule</i>	Tier 2	PA
<i>penicillamine oral tablet</i>	Tier 1	PA
SYPRINE ORAL CAPSULE (<i>trientine hcl</i>)	Tier 2	PA; SP; QL (8 capsules per 1 day)

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<i>trientine hcl oral capsule</i>	Tier 1	PA; SP; QL (8 capsules per 1 day)
*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS*** - VITAMINS AND MINERALS		
<i>phoxillum b22k4/0 intravenous solution</i>	Tier 2	
<i>phoxillum bk4/2.5 intravenous solution</i>	Tier 2	
PRISMASOL B22GK 4/0 INTRAVENOUS SOLUTION <i>(bicarb-dextrose-k (crrt))</i>	Tier 2	
PRISMASOL BGK 0/2.5 INTRAVENOUS SOLUTION <i>(bicarb-dextrose-ca (crrt))</i>	Tier 2	
PRISMASOL BGK 2/0 INTRAVENOUS SOLUTION <i>(bicarb-dextrose-k (crrt))</i>	Tier 2	
PRISMASOL BGK 2/3.5 INTRAVENOUS SOLUTION <i>(bicarb-dextrose-k-ca (crrt))</i>	Tier 2	
PRISMASOL BGK 4/0/1.2 INTRAVENOUS SOLUTION <i>(bicarb-dextose-k-mg (crrt))</i>	Tier 2	
PRISMASOL BGK 4/2.5 INTRAVENOUS SOLUTION <i>(bicarb-dextrose-k-ca (crrt))</i>	Tier 2	
PRISMASOL BK 0/0/1.2 INTRAVENOUS SOLUTION <i>(bicarb-mg (crrt))</i>	Tier 2	
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
<i>cyclosporine intravenous solution</i>	Tier 2	MB
<i>cyclosporine modified oral capsule</i>	Tier 1	SP
<i>cyclosporine modified oral solution</i>	Tier 1	SP
<i>cyclosporine oral capsule</i>	Tier 1	SP
<i>cyclosporine modified</i> (Gengraf Oral Capsule)	Tier 1	SP
<i>cyclosporine modified</i> (Gengraf Oral Solution)	Tier 1	SP
NEORAL ORAL CAPSULE (<i>cyclosporine modified</i>)	Tier 2	SP
NEORAL ORAL SOLUTION (<i>cyclosporine modified</i>)	Tier 2	SP
SANDIMMUNE INTRAVENOUS SOLUTION <i>(cyclosporine)</i>	Tier 2	MB
SANDIMMUNE ORAL CAPSULE (<i>cyclosporine</i>)	Tier 2	SP

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SANDIMMUNE ORAL SOLUTION (<i>cyclosporine</i>)	Tier 1	SP
*DIGITAL THERAPY*** - VITAMINS AND MINERALS		
ENDEAVORRX (<i>digital therapy</i>)	Tier 2	
*ENZYME*** - VITAMINS AND MINERALS		
AMPHADASE INJECTION SOLUTION (<i>hyaluronidase bovine</i>)	Tier 2	MB
<i>chymotrypsin (alpha) powder</i>	Tier 2	
HYLENEX INJECTION SOLUTION (<i>hyaluronidase human</i>)	Tier 2	MB
VITRASE INJECTION SOLUTION (<i>hyaluronidase ovine</i>)	Tier 2	MB
XIAFLEX INJECTION SOLUTION RECONSTITUTED (<i>collagenase clostrid histolyticum</i>)	Tier 2	MB
*FARNESYLTRANSFERASE INHIBITORS*** - VITAMINS AND MINERALS		
ZOKINVY ORAL CAPSULE (<i>lonafarnib</i>)	Tier 2	
*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS*** - VITAMINS AND MINERALS		
SOLESTA INJECTION GEL (<i>dextranomer-sodium hyaluronate</i>)	Tier 2	MB
*IMMUNE GLOBULIN IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ATGAM INTRAVENOUS INJECTABLE (<i>lymphocyte, anti-thymo imm glob</i>)	Tier 2	MB
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>anti-thymocyte glob (rabbit)</i>)	Tier 2	MB
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
REVLIMID ORAL CAPSULE (<i>lenalidomide</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED (<i>mycophenolate mofetil hcl</i>)	Tier 2	MB

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CELLCEPT ORAL CAPSULE (<i>mycophenolate mofetil</i>)	Tier 2	SP
CELLCEPT ORAL SUSPENSION RECONSTITUTED (<i>mycophenolate mofetil</i>)	Tier 2	SP
CELLCEPT ORAL TABLET (<i>mycophenolate mofetil</i>)	Tier 2	SP
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	Tier 2	MB
<i>mycophenolate mofetil oral capsule</i>	Tier 1	SP
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 1	SP
<i>mycophenolate mofetil oral tablet</i>	Tier 1	SP
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 1	SP
MYFORTIC ORAL TABLET DELAYED RELEASE (<i>mycophenolate sodium</i>)	Tier 2	SP
*INTERLEUKIN-6 (IL-6) ANTAGONISTS*** - VITAMINS AND MINERALS		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED (<i>siltuximab</i>)	Tier 2	MB
*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS		
<i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation Solution)	Tier 2	
<i>lactated ringers irrigation solution</i>	Tier 2	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	Tier 2	
<i>irrigation solns physiological</i> (Physiosol Irrigation Solution)	Tier 2	
<i>ringers irrigation irrigation solution</i>	Tier 2	
<i>sterile water for irrigation irrigation solution</i>	Tier 2	
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	Tier 2	
<i>water for irrigation, sterile irrigation solution</i>	Tier 2	
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	Tier 2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	Tier 2	SP
<i>everolimus oral tablet</i>	Tier 2	SP
PROGRAF INTRAVENOUS SOLUTION (<i>tacrolimus</i>)	Tier 2	MB
PROGRAF ORAL CAPSULE (<i>tacrolimus</i>)	Tier 2	SP
PROGRAF ORAL PACKET (<i>tacrolimus</i>)	Tier 2	SP
RAPAMUNE ORAL SOLUTION (<i>sirolimus</i>)	Tier 2	SP
RAPAMUNE ORAL TABLET (<i>sirolimus</i>)	Tier 2	SP
<i>sirolimus oral solution</i>	Tier 1	SP
<i>sirolimus oral tablet</i>	Tier 1	SP
<i>tacrolimus oral capsule</i>	Tier 1	SP
ZORTRESS ORAL TABLET (<i>everolimus</i>)	Tier 2	SP
*MISC NATURAL PRODUCTS*** - VITAMINS AND MINERALS		
<i>ultra his oral capsule</i>	Tier 2	
<i>ultra pcos oral capsule</i>	Tier 2	
*MISCELLANEOUS THERAPEUTIC CLASSES*** - VITAMINS AND MINERALS		
<i>adenosine-5-monophosphate powder</i>	Tier 2	
<i>adenosine-5-triphosphate powder</i>	Tier 2	
NEXAVIR INJECTION SOLUTION (<i>liver derivative complex</i>)	Tier 2	MB
*MONOCLONAL ANTIBODIES*** - VITAMINS AND MINERALS		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>satralizumab-mwge</i>)	Tier 2	PA; SP; QL (1 syringe per 28 days)
GAMIFANT INTRAVENOUS SOLUTION (<i>emapalumab-lzsg</i>)	Tier 2	MB
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED (<i>basiliximab</i>)	Tier 2	MB
UPLIZNA INTRAVENOUS SOLUTION (<i>inebilizumab-cdon</i>)	Tier 2	MB

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*PERITONEAL DIALYSIS SOLUTIONS*** - VITAMINS AND MINERALS		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
EXTRANEAL INTRAPERITONEAL SOLUTION (<i>icodextrin-electrolytes</i>)	Tier 2	MB
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS		
LOKELMA ORAL PACKET (<i>sodium zirconium cyclosilicate</i>)	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
SPS ORAL SUSPENSION (<i>sodium polystyrene sulfonate</i>)	Tier 1	
VELTASSA ORAL PACKET (<i>patiromer sorbitex calcium</i>)	Tier 2	SP
*PROSTAGLANDINS*** - VITAMINS AND MINERALS		
<i>alprostadil injection solution</i>	Tier 2	MB
PROSTIN VR INJECTION SOLUTION (<i>alprostadil</i>)	Tier 2	MB
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
AZASAN ORAL TABLET (<i>azathioprine</i>)	Tier 2	
<i>azathioprine oral tablet</i>	Tier 1	
<i>azathioprine powder</i>	Tier 2	
<i>azathioprine sodium injection solution reconstituted</i>	Tier 2	MB
IMURAN ORAL TABLET (<i>azathioprine</i>)	Tier 2	
*SCLEROSING AGENTS*** - VITAMINS AND MINERALS		
ASCLERA INTRAVENOUS SOLUTION (<i>polidocanol</i>)	Tier 2	MB

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ETHAMOLIN INTRAVENOUS SOLUTION (<i>ethanolamine oleate</i>)	Tier 2	MB
<i>sodium tetradecyl sulfate intravenous solution</i>	Tier 2	MB
SOTRADECOL INTRAVENOUS SOLUTION (<i>sodium tetradecyl sulfate</i>)	Tier 2	MB
VARITHENA INTRAVENOUS FOAM (<i>polidocanol</i>)	Tier 2	MB
*SELECTIVE T-CELL COSTIMULATION BLOCKERS*** - VITAMINS AND MINERALS		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>belatacept</i>)	Tier 2	MB
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>gnp sore throat mouth/throat lozenge</i>	Tier 1	OTC
<i>sore throat mouth/throat lozenge</i>	Tier 1	OTC
<i>ultra throat mouth/throat lozenge</i>	Tier 1	OTC
*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine hcl mouth/throat solution</i>	Tier 1	QL (10 mL per 1 day)
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	QL (300 mL per 30 days)
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>amphotericin b powder</i>	Tier 2	
<i>clotrimazole mouth/throat troche</i>	Tier 1	QL (5 tablets per 1 day)
<i>nystatin mouth/throat suspension</i>	Tier 1	
<i>ORAVIG Buccal TABLET (miconazole)</i>	Tier 2	
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	QL (480 mL per 30 days)
<i>cvs sore throat spray mouth/throat liquid</i>	Tier 1	OTC

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DIABETIC TUSSIN SORE THROAT MOUTH/THROAT LIQUID (<i>phenol</i>)	Tier 1	OTC
<i>oralseptic mouth/throat liquid</i>	Tier 1	OTC
chlorhexidine gluconate (Paroex Mouth/Throat Solution)	Tier 1	QL (480 mL per 30 days)
PERIDEX MOUTH/THROAT SOLUTION (chlorhexidine gluconate)	Tier 2	QL (480 mL per 30 days)
chlorhexidine gluconate (Periogard Mouth/Throat Solution)	Tier 1	QL (480 mL per 30 days)
<i>phenaseptic mouth/throat liquid</i>	Tier 1	OTC
<i>ra sore throat mouth/throat liquid</i>	Tier 1	OTC
<i>sb sore throat spray mouth/throat liquid</i>	Tier 1	OTC
<i>sore throat mouth/throat liquid</i>	Tier 1	OTC
*DENTAL AIDS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>zinc acetate crystals</i>	Tier 2	
*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sod fluoride-potassium nitrate</i> (Fluoridex Sensitivity Relief Dental Paste)	Tier 2	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED (sodium fluoride-phosphoric acid)	Tier 2	
<i>sodium fluoride 5000 sensitive dental paste</i>	Tier 2	
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sodium fluoride</i> (Cavarest Dental Gel)	Tier 1	
<i>sodium fluoride</i> (Clinpro 5000 Dental Paste)	Tier 2	QL (300 GM per 81 days)
<i>sodium fluoride</i> (Denta 5000 Plus Dental Cream)	Tier 1	
EASYGEL DENTAL GEL (stannous fluoride)	Tier 2	
<i>sodium fluoride</i> (Fluoridex Enhanced Whitening Dental Paste)	Tier 2	QL (300 GM per 81 days)
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED (sodium fluoride)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED (<i>sodium fluoride</i>)	Tier 2	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE (<i>sodium fluoride</i>)	Tier 2	
<i>sf 5000 plus dental cream</i>	Tier 1	
<i>sodium fluoride 5000 plus dental cream</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental cream</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental paste</i>	Tier 2	QL (300 ML per 81 days)
<i>sodium fluoride dental cream</i>	Tier 1	
<i>sodium fluoride dental gel</i>	Tier 1	
*LOZENGES*** - DRUGS FOR THE MOUTH AND THROAT		
<i>zinc w/a&c mouth/throat lozenge</i>	Tier 1	OTC
*PERIODONTAL ANTI-INFECTIVES*** - DRUGS FOR THE MOUTH AND THROAT		
ARESTIN DENTAL (<i>minocycline hcl</i>)	Tier 2	
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Oralone Mouth/Throat Paste)	Tier 1	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 1	
MULTIVITAMINS - DRUGS FOR NUTRITION		
*B-COMPLEX VITAMINS*** - DRUGS FOR NUTRITION		
<i>b-complex injection injectable</i>	Tier 2	MB
*B-COMPLEX W/ C & CALCIUM*** - DRUGS FOR NUTRITION		
<i>gnp b-complex plus vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc b-complex/vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*B-COMPLEX W/ C & E + ZN*** - DRUGS FOR NUTRITION		
<i>stress blzinc oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/ C & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>folika-nc oral tablet</i>	Tier 1	OTC
<i>hm vitamin b complex/vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>rena-vite rx oral tablet</i>	Tier 1	OTC
<i>reno caps oral capsule</i>	Tier 1	OTC
<i>sm b-complex/vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/ C*** - DRUGS FOR NUTRITION		
<i>ALLBEE/C ORAL TABLET (b complex-c)</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>b complex-c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>better b complex oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvs b complex plus c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hm b complex/c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm super b complex/c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm vitamin b complex/vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super b complex/vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super b/c oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super b-complex + vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin b + c complex oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/ FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>benfotiamine multi-b oral capsule</i>	Tier 1	OTC
*B-COMPLEX W/ IRON*** - DRUGS FOR NUTRITION		
APETIGEN-PLUS ORAL SOLUTION (<i>b complex-c-iron</i>)	Tier 1	OTC
*B-COMPLEX W/ MINERALS*** - DRUGS FOR NUTRITION		
ELDERTONIC ORAL LIQUID (<i>b complex-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>senior tonic oral liquid</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/BIOTIN & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex 100 tr oral tablet extended release</i>	Tier 1	OTC
<i>b complex-biotin-fa oral tablet</i>	Tier 1	OTC
<i>b-100 b-complex oral tablet</i>	Tier 1	OTC
<i>b-100 complex cr oral tablet extended release</i>	Tier 1	OTC
<i>b50 complex tr oral tablet extended release</i>	Tier 1	OTC
<i>balanced b complex oral tablet</i>	Tier 1	OTC
<i>balanced b-50/fa oral tablet</i>	Tier 1	OTC
<i>b-compleet-100 oral tablet</i>	Tier 1	OTC
<i>b-compleet-50 oral tablet</i>	Tier 1	OTC
BIG 100 (BIOTIN) ORAL TABLET (<i>b complex-biotin-fa</i>)	Tier 1	OTC
BIG 100 ORAL TABLET (<i>b complex-biotin-fa</i>)	Tier 1	OTC
<i>complex b-50 prolonged release oral tablet extended release</i>	Tier 1	OTC
ENDUR-B ORAL TABLET EXTENDED RELEASE (<i>b complex-biotin-fa</i>)	Tier 1	OTC

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<i>extress oral tablet</i>	Tier 1	OTC
<i>extress-super oral tablet</i>	Tier 1	OTC
<i>gnp b-50 balanced oral tablet</i>	Tier 1	OTC
<i>gnp b-50 complex oral tablet extended release</i>	Tier 1	OTC
<i>hm vitamin b100 complex oral tablet</i>	Tier 1	OTC
<i>hm vitamin b50 complex oral tablet</i>	Tier 1	OTC
<i>qc b50 prolonged release oral tablet extended release</i>	Tier 1	OTC
<i>quin b strong b-25 oral tablet</i>	Tier 1	OTC
<i>ra balanced b-100 cr oral tablet extended release</i>	Tier 1	OTC
<i>ra balanced b-50 tr oral tablet extended release</i>	Tier 1	OTC
<i>super b-100 oral tablet</i>	Tier 1	OTC
<i>super b-50 oral tablet</i>	Tier 1	OTC
<i>super b-complex oral tablet</i>	Tier 1	OTC
SUPER DEC B-100 ORAL TABLET (<i>b complex-biotin-fa</i>)	Tier 1	OTC
<i>vitamin b50 complex oral tablet extended release</i>	Tier 1	OTC
<i>yl balanced b-100 oral tablet</i>	Tier 1	OTC
*BIOFLAVONOID PRODUCTS*** - DRUGS FOR NUTRITION		
ADRENAL C FORMULA ORAL TABLET (<i>bioflavonoid products</i>)	Tier 2	QL (1 tablet per 1 day)
*MULTIPLE VITAMINS W/ CALCIUM*** - DRUGS FOR NUTRITION		
<i>eql one daily womens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp one daily womens health oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hm one daily essential oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*MULTIPLE VITAMINS W/ IRON*** - DRUGS FOR NUTRITION		
<i>daily multiple vitamins/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
daily vitamin formula+iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily vite multivitamin/iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily-vitamin/iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp one daily plus iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
hm one daily/iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
multi-day plus iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
multiple vitamins/iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
multivitamin plus iron adult oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
multi-vitamin/iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
nat-rul daily-vite+iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
once daily/iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily multivitamin/iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one-daily multi-vitamin/iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one-daily/iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
qc daily multivitamins/iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
ra one daily multi-vit plus fe oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sm multiple vitamins/iron oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>stress b complex/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>tab-a-vitel/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID*** - DRUGS FOR NUTRITION		
FOLGARD OS ORAL TABLET (<i>multiple vit-min-calcium-fa</i>)	Tier 2	
*MULTIPLE VITAMINS W/ MINERALS*** - DRUGS FOR NUTRITION		
<i>a thru z advanced adult oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z advanced oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z high potency oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z select 50+ advanced oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z select 50+ mens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z select advanced oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z select oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z select ultimate women oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z ultimate mens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>abc plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
ABC PLUS SENIOR ADULTS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
ABC PLUS SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>actical oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>antioxidant a/c/e/selenium oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>antioxidant protection formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>antioxidant vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>biotin plus/calcium/vit d3 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>b-redi/red hearts/red roosters oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
CARRAVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>centavite a-z complete-mineral oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>centravites 50 plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>centravites oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>century mature oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>century oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
CEROVITE ADVANCED FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
CEROVITE SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>certa plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
CERTAVITE/ANTIOXIDANTS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>companion oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
complete daily/lutein oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
complete energy oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
complete oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
complete senior oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
complete womens oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
cvs daily multiple for men oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
cvs daily multiple women 50+ oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
cvs one daily essential oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
cvs one daily womens formula oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
cvs spectravite advanced oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
cvs spectravite senior oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
cvs spectravite ultra mens oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
cvs spectravite womens senior oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
cvs womens active daily oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily betic oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily combo multi vitamins oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>daily mens health formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily multi 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily multi oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily multiple vitamins/min oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily vitamin formula+minerals oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily womens health formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily-vitamin maximum formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>diabetes health formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>dialyvite 800/ultra d oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>DOCTORS CHOICE MEN ORAL TABLET (<i>multiple vitamins-minerals</i>)</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eq complete multivit adult 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>EQ ONE DAILY WOMENS PRO-ACTIVE ORAL TABLET (<i>multiple vitamins-minerals</i>)</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql century mature men 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql century mature oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql century mature women 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql century oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql one daily mens 50+ advance oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eql one daily mens health oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql one daily womens 50+ adv oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
ESSENTIA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>essential balance oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eyeprotect oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
EYE-VITES ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gerivite complete oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century adult formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century adults 50+ senior oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century cardio health oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century mature oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century mature women's 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century ultimate mens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century ultimate womens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp diabetic support formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp hair/skin/nails oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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gnp healthy eyes supervision oral capsule	Tier 1	OTC; QL (1 tablet per 1 day)
gnp maximum one daily oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp mega multi for men oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp mega multi for women oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp one daily maximum oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp one daily mens 50+advanced oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp one daily mens health 50+ oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp one daily mens/lycopene oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp one daily womens 50+ oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp one daily womens oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp opti-vitamins oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp therapeutic-m oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp womens one daily oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
hair formula extra strength oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
hair skin and nails formula oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
hair vitamins oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
hair/skin/nails oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hair/skin/nails/biotin oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
hi-kovite 2-part formula oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
hi-potency multi-vitamin oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
hm complete 50+ oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
hm complete women oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
hm mens 50+ advanced one daily oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
hm womens 50+ advanced daily oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
ICAPS MV ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
ICAPS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
kp adults 50+ daily formula oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
kp adults daily formula oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
kp mens 50+ daily formula oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
kp mens daily formula oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
KP VISION FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
kp womens 50+ daily formula oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
kp womens daily formula oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
LYSIPLEX PLUS ORAL LIQUID (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MACUVITE EYE CARE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MACUVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MACUVITE/LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>magnum-75 oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>maximum daily green oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>mega vm-80 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>mega-marathon 100 tr oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>meijer advanced formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
MENS HAIR FORMULA ULTRA MAN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MILLTRIUM ADVANCED FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MILLTRIUM CARDIO ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MILLTRIUM SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi completer/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi for her 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi for her oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi for him 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTI FOR HIM ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi vitamin/minerals oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-day plus minerals oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
MULTI-DAY WEIGHT TRIM ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MULTI-LEAN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multiple vit/minerals/no iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multiple vitamins/womens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin & mineral oral liquid</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin adults 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin adults oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin men 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-vitamin menopausal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin women 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin women oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin womens 50+ adv oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-vitamin/minerals oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>myamulti oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>my-vitalife oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ocutabs oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ocutabs-lutein oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>OCUVITE EXTRA ORAL TABLET (multiple vitamins-minerals)</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>OCUVITE EYE + MULTI ORAL TABLET (multiple vitamins-minerals)</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily 50 plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily adults 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily calcium/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily complete for men oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily complete oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily for men 50+ advanced oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily for men/lycopene oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily for women 50+ adv oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily for women oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily healthy weight adv oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily healthy weight oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily maximum oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
one daily mens 50+ multivit oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily mens 50+lycopene oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily mens health oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily mens oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily multivit/iron-free oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily multivitamin adult oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily multivitamin men oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily multivitamin women oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily multivit-min adult oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
ONE DAILY PLUS IRON ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
one daily plus minerals oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily womens 50 plus oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily womens 50+ oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one daily/minerals oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
optic-vites oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
optic-vites with lutein oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>optimum pms oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
OSTEOPRIME ULTRA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
PROSIGHT ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>px advanced formula multivits oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>px complete senior multivits oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>px mens multivitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc daily multivit/multimineral oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc hair skin & nails oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc mens daily multivitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc multi-vite 50 & over oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc therin-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc womens daily multivitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra central-vite energy oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra central-vite mens mature oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
RA CENTRAL-VITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
RA CENTRAL-VITE SELECT ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra central-vite senior oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>ra central-vite womens mature oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
RA CENTRAL-VITE/ANTIOXIDANTS ORAL TABLET <i>(multiple vitamins-minerals)</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra hair/skin/nails oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra mature womens dietary supp oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily energy formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily maximum oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily mens 50+ w/vit d3 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily mens multi oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily mens/vit d-3 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily womens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra stress formula advanced oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra stress formula energy oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra therapeutic m plus beta car oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra vision vite plus zinc oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
RA WHOLE SOURCE DIETARY MATURE ORAL TABLET <i>(multiple vitamins-minerals)</i>	Tier 1	OTC; QL (1 tablet per 1 day)
RA WHOLE SOURCE DIETARY MEN ORAL TABLET <i>(multiple vitamins-minerals)</i>	Tier 1	OTC; QL (1 tablet per 1 day)
RA WHOLE SOURCE DIETARY ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)

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RA WHOLE SOURCE FOR MEN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
RA WHOLE SOURCE WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
RENAPLEX ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
SAVISION ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
senior tabs oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sentry adult oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sentry oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sentry senior oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sm complete 50+ oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sm complete 50+ ultimate mens oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sm complete 50+ ultimate women oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sm complete advanced formula oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sm complete oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sm complete senior formula oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sm daily diet support oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
sm hair/skin/nails oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
stress b-complex/c/zinc oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)

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STRESSTABS ADVANCED ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
SUNVITE ACTIVE ADULT 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
SUNVITE ADVANCED ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super 28 formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super aytinal 50 plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super aytinal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super multiple oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super natrul-100 oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
SUPER NU-THERA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super thera vite m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super vikaps oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super vita-mins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>superior 35 oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
TAB-A-VITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thera vital m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thera vital-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>therabasic-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THERADEX M ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
THERADEX M/BETA CAROTENE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thera-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
THERA-MILL M ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>therapeutic formula/hematinics oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>therapeutic m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>therapeutic-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>therapeutic-m/lutein oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
THERATRUM COMPLETE 50 PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
THERATRUM COMPLETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>theravim-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
THRIVE FOR LIFE WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>totalday multiple oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ultra antioxidant formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ultra freedea oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ultra freedaliron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
ULTRA VITA-TIME ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)

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ULTRACHOICE ADV FORMULA MATURE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
ULTRACHOICE ADVANCED FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ultra-mega oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vision formula 2 oral capsule</i>	Tier 2	OTC; QL (1 tablet per 1 day)
<i>vision vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>visivites oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>visivites/lutein oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vita hair oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitabasic complete oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitabasic senior oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitamins a-d-e/selenium oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitamins/minerals oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
VITATRUM COMPLETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
VITRUM SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>womens daily form/falc/fe oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>womens daily formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
WOMENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
womens multivitamin oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
womens one daily oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
YOUR LIFE MULTI MENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
YOUR LIFE MULTI WOMENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
*MULTIVITAMINS*** - DRUGS FOR NUTRITION		
anti-oxidant oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily multiple vitamins oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily value multivitamin oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily vitamin oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily vitamins oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily vite oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily vites oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily-vitamin oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily-vite multivitamin oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
daily-vite oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp essential one daily oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
healthy hair/skin/nails oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
INFUVITE ADULT INTRAVENOUS INJECTABLE (<i>multiple vitamin</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M.V.I. ADULT INTRAVENOUS INJECTABLE (<i>multiple vitamin</i>)	Tier 1	MB
<i>multi vitamin daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-day oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multiple vitamin-folic acid oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multiple vitamins essential oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multiple vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-vitamin daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin iron-free oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-vitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamins oral capsule</i>	Tier 1	OTC
<i>multi-vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>once daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
ONE DAILY ESSENTIAL ORAL TABLET (<i>multiple vitamin</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one-daily multi vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one-daily multi-vitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc essentials oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily essential oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>ra one daily multi-vitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm multiple vitamins essential oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
STRESSTABS ENERGY ORAL TABLET (<i>multiple vitamin</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
TAB-A-VITE/BETA CAROTENE ORAL TABLET (<i>multiple vitamin</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
THERA ORAL TABLET (<i>multiple vitamin</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thera-mill oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thera-tabs oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
THEREMS ORAL TABLET (<i>multiple vitamin</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vit e-vit c-beta carotene oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitalee oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*NIACIN W/ INOSITOL*** - DRUGS FOR NUTRITION		
<i>cvs niacin flush free oral capsule</i>	Tier 1	OTC
<i>gnp niacin flush free oral capsule</i>	Tier 1	OTC
<i>niacin flush free oral capsule</i>	Tier 1	OTC
*PED MULTI VITAMINS W/FL & FE*** - DRUGS FOR NUTRITION		
<i>multi-vit/iron/fluoride oral solution</i>	Tier 1	
<i>multi-vitamin/fluoride/iron oral solution</i>	Tier 1	
POLY-VI-FLOR/IRON ORAL SUSPENSION (<i>ped multivitamins-fl-iron</i>)	Tier 2	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE (<i>ped multivitamins-fl-iron</i>)	Tier 2	
QUFLORA FE PEDIATRIC ORAL LIQUID (<i>ped multivitamins-fl-iron</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PED MULTIPLE VITAMINS W/ MINERALS & C*** - DRUGS FOR NUTRITION		
<i>gnp zoochews gummies oral tablet chewable</i>	Tier 1	OTC
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
<i>zoo friends oral tablet chewable</i>	Tier 1	OTC
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
FLORIVA PLUS ORAL SOLUTION (<i>pediatric multivitamins-fl</i>)	Tier 2	
<i>multivitamin/fluoride oral solution</i>	Tier 1	
<i>multi-vitamin/fluoride oral solution</i>	Tier 1	
<i>multivitamin/fluoride oral tablet chewable</i>	Tier 1	
POLY-VI-FLOR FS ORAL STRIP (<i>pediatric multivitamins-fl</i>)	Tier 2	
POLY-VI-FLOR ORAL SUSPENSION (<i>pediatric multivitamins-fl</i>)	Tier 2	
POLY-VI-FLOR ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	Tier 2	
QUFLORA GUMMIES ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	Tier 2	
QUFLORA PEDIATRIC ORAL SOLUTION (<i>pediatric multivitamins-fl</i>)	Tier 2	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	Tier 2	
*PED MV W/ IRON*** - DRUGS FOR NUTRITION		
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION (<i>pediatric multivitamins-iron</i>)	Tier 1	OTC; QL (50 mL per 45 days)
CEROVITE JR ORAL TABLET CHEWABLE (<i>pediatric multivitamins-iron</i>)	Tier 1	OTC
<i>child chewable vitamins/iron oral tablet chewable</i>	Tier 1	OTC
<i>childrens animal shapes oral tablet chewable</i>	Tier 1	OTC
<i>cvs chewable childrens vitamin oral tablet chewable</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs childrens complete oral tablet chewable	Tier 1	OTC
DINO-LIFE W/IRON-ZINC ORAL TABLET CHEWABLE (pediatric multivitamins-iron)	Tier 1	OTC; QL (1 tablet per 1 day)
eq complete multivitamin child oral tablet chewable	Tier 1	OTC
eql child multivit/minerals oral tablet chewable	Tier 1	OTC
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (pediatric multivitamins-iron)	Tier 1	OTC
FLINTSTONES W/IRON ORAL TABLET CHEWABLE (pediatric multivitamins-iron)	Tier 1	OTC
gnp childrens chewables/liron oral tablet chewable	Tier 1	OTC
hm animal shapes oral tablet chewable	Tier 1	OTC
HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE (pediatric multivitamins-iron)	Tier 1	OTC; QL (1 tablet per 1 day)
multiple vitamins-iron oral tablet chewable	Tier 2	
pc pediatric poly-vita/fe drop oral solution	Tier 1	OTC; QL (50 mL per 45 days)
POLY-VI-SOL/IRON ORAL SOLUTION (pediatric multivitamins-iron)	Tier 1	OTC; QL (50 mL per 45 days)
poly-vitaliron oral solution	Tier 1	OTC; QL (50 mL per 45 days)
PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE (pediatric multivitamins-iron)	Tier 1	OTC
qc childrens complete oral tablet chewable	Tier 1	OTC
ra vitamins complete childrens oral tablet chewable	Tier 1	OTC
sm animal shapes complete oral tablet chewable	Tier 1	OTC
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE (pediatric multivitamins-iron)	Tier 1	OTC
zoo friends plus iron oral tablet chewable	Tier 1	OTC
*PED VITAMINS ACD & FA W/ FLUORIDE*** - DRUGS FOR NUTRITION		
TRI-VI-FLOR ORAL SUSPENSION (ped vit a-c-d-methylfolate-fl)	Tier 2	
tri-vi-floro oral suspension	Tier 2	

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*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>adc/f (0.5mg/ml) oral solution</i>	Tier 1	
<i>tri-vitamin/fluoride oral solution</i>	Tier 1	
<i>tri-vite/fluoride oral solution</i>	Tier 1	
<i>vitamins acd-fluoride oral solution</i>	Tier 1	
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE*** - DRUGS FOR NUTRITION		
FLORIVA ORAL TABLET CHEWABLE (<i>ped multiple vit-minerals-fl</i>)	Tier 2	
*PEDIATRIC MULTIPLE VITAMINS W/ C & FA*** - DRUGS FOR NUTRITION		
<i>animal chews oral tablet chewable</i>	Tier 1	OTC
<i>ANIMAL SHAPES ORAL TABLET CHEWABLE (<i>pediatric multiple vit-c-fa</i>)</i>	Tier 1	OTC
<i>childrens chewable vitamins oral tablet chewable</i>	Tier 1	OTC
<i>DINO-LIFE ORAL TABLET CHEWABLE (<i>pediatric multiple vit-c-fa</i>)</i>	Tier 1	OTC
<i>gnp little ones childrens oral tablet chewable</i>	Tier 1	OTC
*PEDIATRIC MULTIPLE VITAMINS W/ C*** - DRUGS FOR NUTRITION		
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION (<i>pediatric multiple vit-vit c</i>)	Tier 1	OTC
<i>POLY-VI-SOL ORAL SOLUTION (<i>pediatric multiple vit-vit c</i>)</i>	Tier 1	OTC
<i>poly-vita oral solution</i>	Tier 1	OTC
<i>poly-vite pediatric oral solution</i>	Tier 1	OTC
*PEDIATRIC MULTIPLE VITAMINS W/ EXTRA C & FA*** - DRUGS FOR NUTRITION		
DINO-LIFE W/EXTRA C ORAL TABLET CHEWABLE (<i>pediatric multi vit-extra c-fa</i>)	Tier 1	OTC
<i>gnp childrens chewables/ex c oral tablet chewable</i>	Tier 1	OTC

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*PEDIATRIC MULTIPLE VITAMINS*** - DRUGS FOR NUTRITION		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	Tier 2	MB
M.V.I. PEDIATRIC INTRAVENOUS SOLUTION RECONSTITUTED (<i>pediatric multiple vitamins</i>)	Tier 2	MB
<i>multi-delyn oral liquid</i>	Tier 1	OTC
<i>multivitamin childrens oral tablet chewable</i>	Tier 1	OTC
NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID (<i>pediatric multiple vitamins</i>)	Tier 1	OTC
PEDIAVIT ORAL LIQUID (<i>pediatric multiple vitamins</i>)	Tier 1	OTC
*PEDIATRIC VITAMINS A & D W/ C*** - DRUGS FOR NUTRITION		
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION (<i>pediatric vitamins adc</i>)	Tier 1	OTC
<i>pc pediatric tri-vitamin drops oral solution</i>	Tier 1	OTC
<i>tri-vite pediatric oral solution</i>	Tier 1	OTC
*PEDIATRIC VITAMINS*** - DRUGS FOR NUTRITION		
HONEY BEARS ORAL TABLET CHEWABLE (<i>pediatric vitamins</i>)	Tier 1	OTC
*PRENATAL MV & MIN W/FE-FA & COENZYME Q10*** - DRUGS FOR NUTRITION		
THERANATAL OVAVITE ORAL THERAPY PACK (<i>prenatal febum-fa & coenzyme q10</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
ATABEX EC ORAL TABLET DELAYED RELEASE (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	Tier 2	QL (1 tablet per 1 day)
ATABEX ORAL TABLET CHEWABLE (<i>prenatal w/o a vit-fe cbn-fa</i>)	Tier 1	OTC
<i>azeschew prenatal/postnatal oral tablet chewable</i>	Tier 2	

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<i>azesco oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
CITRANATAL B-CALM ORAL (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	Tier 2	QL (1 tablet per 1 day)
CITRANATAL BLOOM ORAL TABLET (<i>prenatal-dss-fecb-fegl-fa</i>)	Tier 2	QL (1 tablet per 1 day)
CITRANATAL RX ORAL TABLET (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>classic prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
CLINICAL NUTRIENTS PRENATAL ORAL TABLET (<i>prenatal vit-fe succinate-fa</i>)	Tier 1	OTC
<i>c-nate dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	Tier 2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 2	QL (1 capsule per 1 day)
<i>cvs prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
DUET DHA 400 ORAL (<i>prenat-fepoly-fered-fa-omega 3</i>)	Tier 2	QL (2 EA per 1 day)
DUET DHA BALANCED ORAL (<i>prenat-fepoly-fered-fa-omega 3</i>)	Tier 2	QL (2 EA per 1 day)
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	Tier 2	QL (1 capsule per 1 day)
<i>eql prenatal formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp daily prenatal oral</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>gnp prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>goodsense prenatal vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK (<i>prenatal-fe bisgly-fa-omega 3</i>)	Tier 1	OTC
<i>hm one daily prenatal oral</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>hm prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>jenliva prenatal/postnatal oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>kosher prenatal plus iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>kp prenatal multivitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kpn prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
MARNATAL-F ORAL CAPSULE (<i>prenat w/o a-fe poly cmplx-fa</i>)	Tier 2	QL (1 capsule per 1 day)
<i>m-natal plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>multi prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
MYNATAL ORAL CAPSULE (<i>prenatal multivit-min-fe-fa</i>)	Tier 2	QL (1 capsule per 1 day)
<i>mynatal plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>mynatal-z oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
NATACHEW ORAL TABLET CHEWABLE (<i>prenatal vit-fe fum-fe bisg-fa</i>)	Tier 2	QL (1 tablet per 1 day)
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	
NEEVO DHA ORAL CAPSULE (<i>prenat w/oa-fefum-methf-omegas</i>)	Tier 2	QL (1 capsule per 1 day)
<i>neonatal complete oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>neonatal fe oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
NEONATAL PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
NEONATAL VITAMIN ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	OTC; QL (1 tablet per 1 day)

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NESTABS DHA ORAL (<i>prenat-wloa-fe bisgly-fa-omega</i>)	Tier 2	QL (1 tablet per 1 day)
NESTABS ORAL TABLET (<i>prenat-fe bisgly-fa-wlo vit a</i>)	Tier 1	QL (1 tablet per 1 day)
NIVA-PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
OB COMPLETE ONE ORAL CAPSULE (<i>prenat-fecbn-feaspgl-fa-fish</i>)	Tier 2	QL (1 capsule per 1 day)
OB COMPLETE ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 2	QL (1 tablet per 1 day)
OB COMPLETE PETITE ORAL CAPSULE (<i>prenat-fecbn-feaspgl-fa-omega</i>)	Tier 2	QL (1 capsule per 1 day)
OB COMPLETE PREMIER ORAL TABLET (<i>prenatal-fe cbn-fe asp gly-fa</i>)	Tier 2	QL (1 capsule per 1 day)
OB COMPLETE/DHA ORAL CAPSULE (<i>prenat-fecbn-feaspgl-fa-omega</i>)	Tier 2	QL (1 capsule per 1 day)
OBSTETRIX DHA ORAL (<i>prenatal-fecbn-fa-dss-omega 3</i>)	Tier 2	
OBSTETRIX EC ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 2	QL (1 tablet per 1 day)
OBTREX ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
O-CAL PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
one vite womens oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
one vite womens plus oral tablet	Tier 2	QL (1 tablet per 1 day)
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE (<i>prenat-fe carbonyl-fa-omega 3</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL (<i>prenatal vit-fe fum-fa-omega</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
pa prenatal formula oral tablet	Tier 1	OTC
PERRY PRENATAL ORAL CAPSULE (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
pnv prenatal plus multivitamin oral tablet	Tier 2	QL (1 tablet per 1 day)
pnv tabs 29-1 oral tablet	Tier 2	QL (1 tablet per 1 day)
pnv-omega oral capsule	Tier 2	QL (1 capsule per 1 day)

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<i>pnv-select oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pregenna oral tablet</i>	Tier 2	
<i>prena1 pearl oral capsule extended release</i>	Tier 2	QL (1 capsule per 1 day)
<i>prenara oral capsule</i>	Tier 2	
<i>prenatabs fa oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
PRENATABS RX ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal complete oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal formula a-free oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal formula oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>pre-natal formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal forte oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal low iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal multi +dha oral capsule</i>	Tier 1	OTC
<i>prenatal one daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg, 6.75-0.2 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal plus iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal vitamin and mineral oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>prenatal vitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal vitamin plus low iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal/omega-3/faliron oral capsule</i>	Tier 1	OTC
PRENATAL-U ORAL CAPSULE (<i>prenatal w/o a vit-fe fum-fa</i>)	Tier 2	QL (1 capsule per 1 day)
PRENATE ELITE ORAL TABLET (<i>prenatal-feaspgly-methylfol-fa</i>)	Tier 2	QL (1 tablet per 1 day)
PRENATRIX ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
PRENATRYL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>prenatvite complete oral tablet</i>	Tier 2	
<i>prenatvite plus oral tablet</i>	Tier 2	
<i>prenatvite rx oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>preplus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pretab oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
PRIMACARE ORAL CAPSULE (<i>pren-fe-meth-fa-omeg w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
PROVIDA OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 2	QL (1 capsule per 1 day)
<i>px prenatal multivitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily oral</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>ra prenatal formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>relnate dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
RIGHT STEP PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
SELECT-OB ORAL TABLET CHEWABLE (<i>prenatal vit-fe psac cmplx-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>se-natal 19 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>se-natal 19 oral tablet chewable</i>	Tier 2	QL (1 tablet per 1 day)
<i>sm one daily prenatal oral</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>sm prenatal vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
THERANATAL CORE NUTRITION ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thrivite rx oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
TRICARE PRENATAL DHA ONE ORAL CAPSULE (<i>prenatal-fefum-fa-dss-fish oil</i>)	Tier 2	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>trinaz oral tablet</i>	Tier 2	
UPSPRING PRENATAL COMPLETE ORAL CAPSULE (<i>prenat-fe bisg-l-meth-fish oil</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
VINATE CARE ORAL TABLET CHEWABLE (<i>prenatal w/o a vit-fe fum-fa</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
VINATE DHA RF ORAL CAPSULE (<i>prenat w/o-a-fefum-methf-omegas</i>)	Tier 2	QL (1 capsule per 1 day)
VINATE II ORAL TABLET (<i>prenatal vit wl fe bisg-fa</i>)	Tier 2	QL (1 tablet per 1 day)
VINATE ONE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>virt-c dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>virt-nate dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>virt-pn plus oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE (<i>prenatal vit-fe phos-fa-omega</i>)	Tier 2	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL-NANO ORAL TABLET (<i>prenatal-fe fum-methf-fa w/o a</i>)	Tier 2	QL (1 tablet per 1 day)
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE (<i>prenat-fefum-fered-fa-dha w/oa</i>)	Tier 2	QL (1 capsule per 1 day)
VITATELY WITH GINGER ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
VIVA DHA ORAL CAPSULE (<i>prenatal vit-fe fum-fa-omega</i>)	Tier 2	QL (1 capsule per 1 day)
<i>vp-pnv-dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
YOUR LIFE MULTI PRENATAL ORAL CAPSULE (<i>prenat vit-fe fum-fa-fish oil</i>)	Tier 1	OTC
<i>zalvit oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION		
<i>prenatal + complete multi oral therapy pack</i>	Tier 1	OTC; QL (2 capsules per 1 day)
*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION		
BRAINSTRONG PRENATAL ORAL (<i>prenatal mv-min-fe cbn-fa-dha</i>)	Tier 1	OTC; QL (2 units per 1 day)
<i>cadeau dha oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
CENTRUM SPECIALIST PRENATAL ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
CITRANATAL 90 DHA ORAL (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 2	QL (2 EA per 1 day)
CITRANATAL ASSURE ORAL (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 2	QL (2 EA per 1 day)
CITRANATAL BLOOM DHA ORAL (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 2	
CITRANATAL DHA ORAL (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 2	QL (2 EA per 1 day)

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CITRANATAL ESSENCE ORAL THERAPY PACK (<i>prenat w/o a-fecbgl-fa-dha</i>)	Tier 2	QL (2 EA per 1 day)
CITRANATAL HARMONY ORAL CAPSULE (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
CITRANATAL MEDLEY ORAL CAPSULE (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	Tier 2	
<i>cvs prenatal multi+dha oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>cvs womens prenatal+dha oral</i>	Tier 1	OTC; QL (2 tablets per 1 day)
ENFAMIL EXPECTA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
<i>neonatal + dha oral</i>	Tier 2	QL (1 unit per 1 day)
NESTABS ONE ORAL CAPSULE (<i>prenat-fe-methylfol-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
OBSTETRIX ONE ORAL CAPSULE (<i>prenat-fe-methyl-dss-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
<i>pnv-dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>pnv-dha+docusate oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>prena 1 true oral</i>	Tier 2	QL (2 tablets per 1 day)
<i>prenaissance oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>prenaissance plus oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-200 mg</i>	Tier 1	OTC
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	Tier 1	OTC; QL (1 capsule per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
<i>prenatal multivitamin plus dha oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>prenatal+dha oral</i>	Tier 1	OTC; QL (2 tablets per 1 day)
PRENATE DHA ORAL CAPSULE (<i>prenat-feasp-meth-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)

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PRENATE ENHANCE ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
PRENATE ESSENTIAL ORAL CAPSULE (<i>prenat-feasp-meth-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
PRENATE MINI ORAL CAPSULE (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
PRENATE PIXIE ORAL CAPSULE (<i>prenat-feasp-meth-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
PRENATE RESTORE ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
SELECT-OB+DHA ORAL (<i>prenatal vit-fepoly-fa-dha</i>)	Tier 2	QL (2 EA per 1 day)
SIMILAC PRENATAL EARLY SHIELD ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
STUART ONE ORAL CAPSULE (<i>prenatal mv-min-fe cbn-fa-dha</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
TARON-PREX ORAL CAPSULE (<i>prenat-fefum-dss-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
THERANATAL COMPLETE ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 1	OTC; QL (3 units per 1 day)
THERANATAL ONE ORAL CAPSULE (<i>prenatal-fefum-fa-dha w/o a</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
<i>tristart dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
TRISTART ONE ORAL CAPSULE (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	Tier 2	
<i>ultra prenatal + dha oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>virt-pn dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
VITAFOL FE+ ORAL CAPSULE (<i>prenat-fe poly-methfol-fa-dha</i>)	Tier 2	
VITAFOL ULTRA ORAL CAPSULE (<i>prenat-fe poly-methfol-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
VITAFOL-OB+DHA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 2	QL (2 tablets per 1 day)

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VITAFOL-ONE ORAL CAPSULE (<i>prenatal vit-fepoly-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
VITATRUE ORAL (<i>prenat-fechel-fa-dha w/o vit a</i>)	Tier 2	QL (2 tablets per 1 day)
<i>wegmans complete prenatal+dha oral</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>westgel dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
*PRENATAL MV & MINERALS W/ FA WITHOUT IRON*** - DRUGS FOR NUTRITION		
<i>cvs prenatal gummy oral tablet chewable</i>	Tier 1	OTC
*PRENATAL MV & MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON*** - DRUGS FOR NUTRITION		
<i>cvs prenatal gummy oral tablet chewable</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*PRENATAL MV & MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION		
ALIVE PRENATAL ORAL TABLET CHEWABLE (<i>prenatal mv & min w/fa-dha</i>)	Tier 1	OTC
<i>cvs prenatal gummy oral tablet chewable</i>	Tier 1	OTC
ONE A DAY PRENATAL ORAL TABLET CHEWABLE (<i>prenatal mv & min w/fa-dha</i>)	Tier 1	OTC
<i>prenatal + complete multi oral therapy pack</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>prenatal adult gummy/dha/fa oral tablet chewable</i>	Tier 1	OTC
<i>prenatal gummies/dha & fa oral tablet chewable</i>	Tier 1	OTC; QL (1 tablet per 1 day)
PRENATE ORAL TABLET CHEWABLE (<i>prenat mv-min-methylfolate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
*PRENATAL VITAMINS*** - DRUGS FOR NUTRITION		
<i>calna oral tablet</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neonatal 19 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
PREMESISRX ORAL TABLET (<i>prenatal ca-b6-b12-fa-ginger</i>)	Tier 2	QL (1 tablet per 1 day)
<i>prena1 oral tablet chewable</i>	Tier 2	QL (1 tablet per 1 day)
PRENATE AM ORAL TABLET (<i>prenatal ca-b6-b12-fa-ginger</i>)	Tier 2	QL (1 tablet per 1 day)
VITAFOL STRIPS ORAL FILM (<i>prenatal-b6-b12-d3-folic acid</i>)	Tier 2	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (<i>prenat-b2-b6-b12-d3-fa</i>)	Tier 2	QL (1 tablet per 1 day)
*SPECIALTY VITAMINS PRODUCTS*** - DRUGS FOR NUTRITION		
<i>cvs hair/skin/nails oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>pro hers rx oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>pro his rx oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>pro pcos rx oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>vitamins for hair oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*VITAMINS W/ LIPOTROPICS*** - DRUGS FOR NUTRITION		
<i>b-100 cr oral tablet extended release</i>	Tier 1	OTC
<i>balanced b-100 complex cr oral tablet extended release</i>	Tier 1	OTC
<i>balanced b-100 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>mega multiple/chelated mineral oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-vitamin hp/minerals oral capsule</i>	Tier 1	OTC
<i>risanoid plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super stress b-complex cr oral tablet extended release</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*ARTICULAR CARTILAGE REPAIR THERAPY*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
CARTICEL INTRA-ARTICULAR IMPLANT (<i>autologous culture chondrocyte</i>)	Tier 2	
MACI INTRA-ARTICULAR SHEET (<i>autolog cult chond coll membr</i>)	Tier 2	
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>cyclobenzaprine hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>baclofen intrathecal solution</i>	Tier 2	MB
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>baclofen powder</i>	Tier 2	
<i>carisoprodol oral tablet 250 mg</i>	Tier 1	QL (4 tablets per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>carisoprodol powder</i>	Tier 2	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	Tier 2	PA; QL (3 tablets per 1 day)
FEXMID ORAL TABLET (<i>cyclobenzaprine hcl</i>)	Tier 2	PA; QL (3 tablets per 1 day)
GABLOFEN INTRATHECAL SOLUTION (<i>baclofen</i>)	Tier 2	MB

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GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE (<i>baclofen</i>)	Tier 2	MB
LIORESAL INTRATHECAL SOLUTION (<i>baclofen</i>)	Tier 2	MB
<i>chlorzoxazone</i> (Lorzone Oral Tablet)	Tier 2	PA; QL (4 tablets per 1 day)
<i>metaxalone oral tablet</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>methocarbamol injection solution</i>	Tier 2	MB
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier 1	QL (2 tablets per 1 day)
<i>orphenadrine citrate injection solution</i>	Tier 2	MB
<i>orphenadrine citrate powder</i>	Tier 2	
OZOBAX ORAL SOLUTION (<i>baclofen</i>)	Tier 2	QL (80 mL per 1 day)
ROBAXIN INJECTION SOLUTION (<i>methocarbamol</i>)	Tier 2	MB
ROBAXIN-750 ORAL TABLET (<i>methocarbamol</i>)	Tier 2	PA; QL (6 tablets per 1 day)
SKELAXIN ORAL TABLET (<i>metaxalone</i>)	Tier 2	PA; QL (4 tablets per 1 day)
SOMA ORAL TABLET (<i>carisoprodol</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>tizanidine hcl oral capsule 2 mg</i>	Tier 2	PA; QL (4 capsules per 1 day)
<i>tizanidine hcl oral capsule 4 mg</i>	Tier 2	PA; QL (9 capsules per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	Tier 2	PA; QL (6 capsules per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Tier 1	QL (9 tablets per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG (<i>tizanidine hcl</i>)	Tier 2	PA; QL (4 capsules per 1 day)

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ZANAFLEX ORAL CAPSULE 4 MG (<i>tizanidine hcl</i>)	Tier 2	PA; QL (9 capsules per 1 day)
ZANAFLEX ORAL CAPSULE 6 MG (<i>tizanidine hcl</i>)	Tier 2	PA; QL (6 capsules per 1 day)
ZANAFLEX ORAL TABLET (<i>tizanidine hcl</i>)	Tier 2	PA; QL (9 tablets per 1 day)
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED (<i>dantrolene sodium</i>)	Tier 2	MB
DANTRIUM ORAL CAPSULE (<i>dantrolene sodium</i>)	Tier 2	
<i>dantrolene sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>dantrolene sodium oral capsule</i>	Tier 1	
<i>dantrolene sodium</i> (Revonto Intravenous Solution Reconstituted)	Tier 2	MB
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED (<i>dantrolene sodium</i>)	Tier 2	MB
*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>carisoprodol-aspirin-codeine oral tablet</i>	Tier 1	AL; QL (40 tablets per 30 days)
CYCLOPAK COMBINATION THERAPY PACK (<i>cyclobenz-lido-prilo-swallow spr</i>)	Tier 2	
<i>orphenadrine-asa-caffeine oral tablet</i>	Tier 2	PA
<i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Oral Tablet)	Tier 2	PA
*VISCOUPPLEMENTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 1	MB

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GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE (<i>cross-linked hyaluronate</i>)	Tier 2	MB
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 1	MB
HYALGAN INTRA-ARTICULAR SOLUTION (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	Tier 2	MB
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	Tier 2	MB
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	Tier 2	MB
<i>sodium hyaluronate intra-articular solution prefilled syringe</i>	Tier 2	MB
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 1	MB
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hylan</i>)	Tier 2	MB
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hylan</i>)	Tier 2	MB
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*ANTIHISTAMINE-STEROID*** - ALLERGY		
<i>azelastine-fluticasone nasal suspension</i>	Tier 2	QL (1 bottle per 30 days)
DYMISTA NASAL SUSPENSION (<i>azelastine-fluticasone</i>)	Tier 2	QL (1 bottle per 30 days)
*NASAL AGENTS - MISC.*** - ALLERGY		
AFRIN SALINE NASAL MIST NASAL SOLUTION (<i>saline</i>)	Tier 1	OTC
<i>cvs nasal mist nasal aerosol solution</i>	Tier 1	OTC
<i>meijer saline nasal spray nasal solution</i>	Tier 1	OTC

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NASAL MOIST NASAL SOLUTION (<i>saline</i>)	Tier 1	OTC
<i>qc saline nasal relief nasal solution</i>	Tier 1	OTC
<i>ra sterile saline nasal mist nasal solution</i>	Tier 1	OTC
*NASAL ANESTHETICS*** - ALLERGY		
<i>cocaine hcl nasal solution</i>	Tier 2	
<i>goprelto nasal solution</i>	Tier 2	
NUMBRINO NASAL SOLUTION (<i>cocaine hcl (nasal anesthetic)</i>)	Tier 2	
*NASAL ANTICHOLINERGICS*** - ALLERGY		
<i>ipratropium bromide nasal solution</i>	Tier 1	
*NASAL ANTIHISTAMINES*** - ALLERGY		
<i>azelastine hcl nasal solution</i>	Tier 1	QL (1 bottle per 25 days)
<i>olopatadine hcl nasal solution</i>	Tier 2	
PATANASE NASAL SOLUTION (<i>olopatadine hcl</i>)	Tier 2	
*NASAL STEROIDS*** - ALLERGY		
<i>allergy relief nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>allergy spray 24 hour nasal aerosol</i>	Tier 1	OTC; QL (1 bottle per 30 days)
<i>allergy spray 24 hour nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
BECONASE AQ NASAL SUSPENSION (<i>beclomethasone diprop monohyd</i>)	Tier 2	PA; QL (2 bottles per 30 days)
<i>budesonide nasal suspension</i>	Tier 1	OTC; QL (2 inhalers per 30 days)
CLARISPRAY NASAL SUSPENSION (<i>fluticasone propionate</i>)	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>cvs budesonide nasal suspension</i>	Tier 1	OTC; QL (2 inhalers per 30 days)
<i>cvs fluticasone propionate nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>cvs nasal allergy spray nasal aerosol</i>	Tier 1	OTC; QL (1 bottle per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eq allergy relief nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>eq budesonide nasal nasal suspension</i>	Tier 1	PA; OTC; QL (2 inhalers per 30 days)
<i>eq nasal allergy nasal aerosol</i>	Tier 1	OTC; QL (1 bottle per 30 days)
<i>eql fluticasone childrens nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>eql fluticasone propionate nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>flunisolide nasal solution</i>	Tier 2	PA; QL (3 bottles per 30 days)
<i>fluticasone propionate suspension 50 mcg/act nasal (otc)</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>fluticasone propionate suspension 50 mcg/act nasal (rx)</i>	Tier 2	PA; QL (1 inhaler per 30 days)
<i>gnp 24 hour nasal allergy nasal aerosol</i>	Tier 1	OTC; QL (1 bottle per 30 days)
<i>gnp budesonide nasal spray nasal suspension</i>	Tier 1	OTC; QL (2 inhalers per 30 days)
<i>gnp fluticasone propionate chl nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>gnp fluticasone propionate nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>goodsense nasal allergy spray nasal aerosol</i>	Tier 1	OTC; QL (1 bottle per 30 days)
<i>hm allergy relief nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>KLS ALLER-CORT NASAL AEROSOL (<i>triamcinolone acetonide</i>)</i>	Tier 1	OTC; QL (1 bottle per 30 days)
<i>KLS ALLER-FLO NASAL SUSPENSION (<i>fluticasone propionate</i>)</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>mometasone furoate nasal suspension</i>	Tier 2	PA; QL (1 bottle per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nasal allergy 24 hour nasal aerosol</i>	Tier 1	OTC; QL (1 bottle per 30 days)
NASONEX NASAL SUSPENSION (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 bottle per 30 days)
OMNARIS NASAL SUSPENSION (<i>ciclesonide</i>)	Tier 2	PA; QL (1 bottle per 30 days)
PROPEL MINI NASAL IMPLANT (<i>mometasone furoate</i>)	Tier 2	
PROPEL NASAL IMPLANT (<i>mometasone furoate</i>)	Tier 2	
<i>qc allergy relief nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
QNASL CHILDRENS NASAL AEROSOL SOLUTION (<i>beclomethasone diprop (nasal)</i>)	Tier 2	PA; QL (5 grams per 30 days)
QNASL NASAL AEROSOL SOLUTION (<i>beclomethasone diprop (nasal)</i>)	Tier 2	PA; QL (1 bottle per 30 days)
<i>ra budesonide nasal suspension</i>	Tier 1	OTC; QL (2 inhalers per 30 days)
<i>ra nasal allergy nasal aerosol</i>	Tier 1	OTC; QL (1 bottle per 30 days)
RHINOCORT ALLERGY NASAL SUSPENSION (<i>budesonide</i>)	Tier 1	PA; OTC; QL (2 inhalers per 30 days)
SINUVA NASAL IMPLANT (<i>mometasone furoate</i>)	Tier 2	
<i>sm allergy relief nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>triamcinolone acetonide aerosol 55 mcg/act nasal (otc)</i>	Tier 1	OTC; QL (1 bottle per 30 days)
<i>triamcinolone acetonide aerosol 55 mcg/act nasal (rx)</i>	Tier 2	QL (1 bottle per 30 days)
XHANCE NASAL EXHALER SUSPENSION (<i>fluticasone propionate</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
ZETONNA NASAL AEROSOL SOLUTION (<i>ciclesonide</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
*SYSTEMIC DECONGESTANTS*** - ALLERGY		
<i>cvs nasal decongestant oral tablet</i>	Tier 1	OTC
<i>decongestant oral tablet</i>	Tier 1	OTC
<i>eq suphedrine oral tablet</i>	Tier 1	OTC

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<i>eql nasal decongestant oral tablet</i>	Tier 1	OTC
<i>genaphed oral tablet</i>	Tier 1	OTC
<i>gnp nasal decongestant oral tablet</i>	Tier 1	OTC
<i>gnp suphedrin oral liquid</i>	Tier 1	OTC
<i>hm nasal decongestant oral tablet</i>	Tier 1	OTC
<i>kp pseudoephedrine hcl oral tablet 30 mg</i>	Tier 1	OTC
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	Tier 1	AL; OTC
<i>meijer nasal decongestant oral tablet</i>	Tier 1	OTC
<i>nasal decongestant 12hr oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>nasal decongestant max st oral tablet</i>	Tier 1	OTC
<i>nasal decongestant oral tablet</i>	Tier 1	OTC
<i>phenylpropanolamine hcl powder</i>	Tier 2	
<i>pseudoephedrine hcl crystals</i>	Tier 2	
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Tier 1	AL; OTC
<i>pseudoephedrine hcl powder</i>	Tier 2	
<i>px nasal decongestant oral tablet</i>	Tier 1	OTC
<i>ra suphedrine oral tablet</i>	Tier 1	OTC
<i>sinus 12 hour oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>sinus congestion max strength oral tablet</i>	Tier 1	OTC
<i>sm nasal decongestant max st oral tablet</i>	Tier 1	OTC
SUDOGEST MAXIMUM STRENGTH ORAL TABLET <i>(pseudoephedrine hcl)</i>	Tier 1	OTC
SUDOGEST ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
SUDOGEST ORAL TABLET 60 MG (<i>pseudoephedrine hcl</i>)	Tier 1	AL; OTC
WAL-PHED ORAL TABLET (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
*TOPICAL DECONGESTANTS*** - ALLERGY		
<i>phenylephrine hcl crystals</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ALS AGENTS - MISCELLANEOUS*** - DRUGS FOR NERVES AND MUSCLES		
RADICAVA INTRAVENOUS SOLUTION (<i>edaravone</i>)	Tier 2	MB
*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES		
RILUTEK ORAL TABLET (<i>riluzole</i>)	Tier 2	PA; SP
<i>riluzole oral tablet</i>	Tier 1	PA; SP
TIGLUTIK ORAL SUSPENSION (<i>riluzole</i>)	Tier 2	PA; SP
*DEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
ANECTINE INJECTION SOLUTION (<i>succinylcholine chloride</i>)	Tier 2	MB
QUELICIN INJECTION SOLUTION (<i>succinylcholine chloride</i>)	Tier 2	MB
<i>succinylcholine chloride injection solution</i>	Tier 2	MB
<i>succinylcholine chloride intravenous solution prefilled syringe</i>	Tier 2	MB
*MUSCULAR DYSTROPHY AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
EXONDYS 51 INTRAVENOUS SOLUTION (<i>eteplirsen</i>)	Tier 2	MB
VILTEPSO INTRAVENOUS SOLUTION (<i>viltolarsen</i>)	Tier 2	MB
VYONDYS 53 INTRAVENOUS SOLUTION (<i>golodirsen</i>)	Tier 2	MB
*NONDEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>atracurium besylate intravenous solution</i>	Tier 2	MB
<i>cisatracurium besylate (pf) intravenous solution</i>	Tier 2	MB
<i>cisatracurium besylate intravenous solution</i>	Tier 2	MB
NIMBEX INTRAVENOUS SOLUTION (<i>cisatracurium besylate</i>)	Tier 2	MB
<i>pancuronium bromide intravenous solution</i>	Tier 2	MB

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<i>rocuronium bromide intravenous solution</i>	Tier 2	MB
<i>rocuronium bromide intravenous solution prefilled syringe</i>	Tier 2	MB
<i>vecuronium bromide intravenous solution prefilled syringe</i>	Tier 2	MB
<i>vecuronium bromide intravenous solution reconstituted</i>	Tier 2	MB
*SPINAL MUSCULAR ATROPHY-ANTISENSE OLIGONUCLEOTIDES*** - DRUGS FOR NERVES AND MUSCLES		
SPINRAZA INTRATHECAL SOLUTION (<i>nusinersen</i>)	Tier 2	MB
*SPINAL MUSCULAR ATROPHY-GENE THERAPY AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
ZOLGENSMA 10.1-10.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 10.6-11.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 11.1-11.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 11.6-12.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 12.1-12.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 12.6-13.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 13.1-13.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 2.6-3.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 3.1-3.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 3.6-4.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 4.1-4.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB

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ZOLGENSMA 4.6-5.0 KG INTRAVENOUS KIT <i>(onasemnogene abeparvovec-xioi)</i>	Tier 2	MB
ZOLGENSMA 5.1-5.5 KG INTRAVENOUS KIT <i>(onasemnogene abeparvovec-xioi)</i>	Tier 2	MB
ZOLGENSMA 5.6-6.0 KG INTRAVENOUS KIT <i>(onasemnogene abeparvovec-xioi)</i>	Tier 2	MB
ZOLGENSMA 6.1-6.5 KG INTRAVENOUS KIT <i>(onasemnogene abeparvovec-xioi)</i>	Tier 2	MB
ZOLGENSMA 6.6-7.0 KG INTRAVENOUS KIT <i>(onasemnogene abeparvovec-xioi)</i>	Tier 2	MB
ZOLGENSMA 7.1-7.5 KG INTRAVENOUS KIT <i>(onasemnogene abeparvovec-xioi)</i>	Tier 2	MB
ZOLGENSMA 7.6-8.0 KG INTRAVENOUS KIT <i>(onasemnogene abeparvovec-xioi)</i>	Tier 2	MB
ZOLGENSMA 8.1-8.5 KG INTRAVENOUS KIT <i>(onasemnogene abeparvovec-xioi)</i>	Tier 2	MB
ZOLGENSMA 8.6-9.0 KG INTRAVENOUS KIT <i>(onasemnogene abeparvovec-xioi)</i>	Tier 2	MB
ZOLGENSMA 9.1-9.5 KG INTRAVENOUS KIT <i>(onasemnogene abeparvovec-xioi)</i>	Tier 2	MB
ZOLGENSMA 9.6-10.0 KG INTRAVENOUS KIT <i>(onasemnogene abeparvovec-xioi)</i>	Tier 2	MB
*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS*** - DRUGS FOR NERVES AND MUSCLES		
EVRYSDI ORAL SOLUTION RECONSTITUTED <i>(risdiplam)</i>	Tier 2	PA; SP; QL (5 mg per 1 day)
NUTRIENTS - DRUGS FOR NUTRITION		
*AMINO ACID MIXTURES*** - DRUGS FOR NUTRITION		
AMINOPROTECT INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
AMINOSYN II INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMINOSYN-PF INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	Tier 2	MB
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d10w</i>)	Tier 2	MB
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	Tier 2	MB
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d15w</i>)	Tier 2	MB
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d20w</i>)	Tier 2	MB
<i>clinimix e/dextrose (8/10) intravenous solution</i>	Tier 2	MB
<i>clinimix e/dextrose (8/14) intravenous solution</i>	Tier 2	MB
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino acid infusion in d10w</i>)	Tier 2	MB
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino acid infusion in d5w</i>)	Tier 2	MB
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino acid infusion in d15w</i>)	Tier 2	MB
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino acid infusion in d20w</i>)	Tier 2	MB
<i>clinimix/dextrose (6/5) intravenous solution</i>	Tier 2	MB
<i>clinimix/dextrose (8/10) intravenous solution</i>	Tier 2	MB
<i>clinimix/dextrose (8/14) intravenous solution</i>	Tier 2	MB
<i>amino acid infusion</i> (Clinisol Sf Intravenous Solution)	Tier 2	MB
FREAMINE HBC INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
FREAMINE III INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
HEPATAMINE INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
NEPHRAMINE INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB

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<i>amino acid infusion</i> (Plenamine Intravenous Solution)	Tier 2	MB
PREMASOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
PROCALAMINE INTRAVENOUS SOLUTION (<i>amino acid electrolyte infusion</i>)	Tier 2	MB
PROSOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
TRAVASOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
TROPHAMINE INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
*AMINO ACIDS-SINGLE*** - DRUGS FOR NUTRITION		
<i>alanine powder</i>	Tier 2	
<i>arginine hcl injection solution</i>	Tier 2	
<i>dl-alanine powder</i>	Tier 2	
<i>dl-leucine powder</i>	Tier 2	
ELCYS INTRAVENOUS SOLUTION (<i>cysteine hcl</i>)	Tier 2	MB
<i>glutamine powder</i>	Tier 2	
<i>glutathione injection solution</i>	Tier 2	
<i>glutathione intravenous solution</i>	Tier 2	
<i>glutathione-l powder</i>	Tier 2	
<i>glutathione-l reduced powder</i>	Tier 2	
<i>glycine injection solution</i>	Tier 2	
<i>l-glutamine crystals</i>	Tier 2	
<i>l-histidine monohydrochloride crystals</i>	Tier 2	
<i>l-histidine monohydrochloride powder</i>	Tier 2	
<i>l-threonine crystals</i>	Tier 2	
<i>l-valine crystals</i>	Tier 2	
<i>lysine hcl injection solution</i>	Tier 2	
<i>n-acetyl-l-cysteine oral capsule</i>	Tier 2	
<i>taurine injection solution</i>	Tier 2	

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<i>taurine liquid</i>	Tier 2	
<i>taurine powder</i>	Tier 2	
<i>tryptophan powder</i>	Tier 2	
<i>valine powder</i>	Tier 2	
*CARBOHYDRATES*** - DRUGS FOR NUTRITION		
<i>dextrose intravenous solution</i>	Tier 2	MB
<i>dextrose powder</i>	Tier 2	
<i>fructose powder</i>	Tier 2	
GOOD START 5% GLUCOSE WATER ORAL SOLUTION (<i>glucose</i>)	Tier 1	OTC
SIMILAC GLUCOSE WATER ORAL SOLUTION (<i>glucose</i>)	Tier 1	OTC
*LIPIDS*** - DRUGS FOR NUTRITION		
CLINOLIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based</i>)	Tier 2	MB
DOJOLVI ORAL LIQUID (<i>triheptanoin</i>)	Tier 2	PA; SP
INTRALIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based</i>)	Tier 2	MB
NUTRILIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based</i>)	Tier 2	MB
OMEGAVEN INTRAVENOUS EMULSION (<i>fish oil triglyceride based</i>)	Tier 2	MB
SMOFLIPID INTRAVENOUS EMULSION (<i>fat emul fish oil/plant based</i>)	Tier 2	MB
*LIPOTROPIC COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>gram-o-leci oral tablet chewable</i>	Tier 1	OTC
<i>lecithin 3500 oral capsule</i>	Tier 1	OTC
<i>lecithin-19 oral capsule</i>	Tier 1	OTC
<i>lipo intramuscular solution</i>	Tier 2	
<i>lipo-c intramuscular solution</i>	Tier 2	
<i>sm soya lecithin oral capsule</i>	Tier 1	OTC

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*LIPOTROPICS*** - DRUGS FOR NUTRITION		
<i>choline bitartrate powder</i>	Tier 2	
*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>kelp-b6-lecithin-vinegar oral capsule</i>	Tier 1	OTC
<i>pyridoxine-kelp-lect-vinegar oral tablet</i>	Tier 1	OTC
*MISC. NUTRITIONAL SUBSTANCES*** - DRUGS FOR NUTRITION		
<i>prenatal dha oral capsule</i>	Tier 1	OTC
*PROTEIN COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>tri-amino injection solution</i>	Tier 2	
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS*** - DRUGS FOR NUTRITION		
KABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	Tier 2	MB
PERIKABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	Tier 2	MB
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB*** - DRUGS FOR GLAUCOMA		
SIMBRINZA OPHTHALMIC SUSPENSION (<i>brinzolamide-brimonidine</i>)	Tier 2	
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS*** - DRUGS FOR THE EYE		
ALTALUBE OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
<i>artificial tears ophthalmic solution</i>	Tier 1	OTC
<i>cvs lubricating eye/overnight ophthalmic ointment</i>	Tier 1	OTC
<i>cvs nighttime dry-eye relief ophthalmic ointment</i>	Tier 1	OTC

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
HYPOTEARS OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
<i>lubricant eye fast acting ophthalmic ointment</i>	Tier 1	OTC
<i>lubricant eye pm ophthalmic ointment</i>	Tier 1	OTC
<i>lubricant pm ophthalmic ointment</i>	Tier 1	OTC
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
RETAINE PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
STYE OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
TEARS AGAIN OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
<i>tears pure ophthalmic solution</i>	Tier 1	OTC
ULTRA FRESH PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
*ARTIFICIAL TEAR INSERTS*** - DRUGS FOR THE EYE		
LACRISERT OPHTHALMIC INSERT (<i>artificial tear insert</i>)	Tier 2	PA; QL (2 inserts per 1 day)
*ARTIFICIAL TEARS AND LUBRICANTS*** - DRUGS FOR THE EYE		
<i>carboxymethylcellulose sodium ophthalmic solution</i>	Tier 1	OTC
<i>cvs lubricant eye drops ophthalmic solution</i>	Tier 1	OTC
<i>eq restore tears ophthalmic solution</i>	Tier 1	OTC
<i>gnp eye drops ophthalmic solution</i>	Tier 1	OTC
<i>lubricant eye drops ophthalmic solution</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra lubricant eye drops ophthalmic solution</i>	Tier 1	OTC
ULTRA FRESH OPHTHALMIC SOLUTION (<i>carboxymethylcellulose sodium</i>)	Tier 1	OTC
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
COMBIGAN OPHTHALMIC SOLUTION (<i>brimonidine tartrate-timolol</i>)	Tier 2	
COSOPT OPHTHALMIC SOLUTION (<i>dorzolamide hcl-timolol mal</i>)	Tier 2	QL (10 mL per 30 days)
COSOPT PF OPHTHALMIC SOLUTION (<i>dorzolamide hcl-timolol mal</i>)	Tier 2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier 2	
*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
BETIMOL OPHTHALMIC SOLUTION (<i>timolol hemihydrate</i>)	Tier 2	QL (15 mL per 30 days)
BETOPTIC-S OPHTHALMIC SUSPENSION (<i>betaxolol hcl</i>)	Tier 2	
<i>carteolol hcl ophthalmic solution</i>	Tier 1	
ISTALOL OPHTHALMIC SOLUTION (<i>timolol maleate</i>)	Tier 2	
<i>levobunolol hcl ophthalmic solution</i>	Tier 1	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 1	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %</i>	Tier 1	QL (10 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	Tier 2	
<i>timolol maleate pf ophthalmic solution</i>	Tier 2	QL (20 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (<i>timolol maleate</i>)	Tier 2	QL (18 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	Tier 2	QL (20 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIMOPTIC OPHTHALMIC SOLUTION 0.25 % (<i>timolol maleate</i>)	Tier 2	QL (10 mL per 30 days)
TIMOPTIC OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	Tier 2	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION (<i>timolol maleate</i>)	Tier 2	QL (5 mL per 30 days)
*CYCLOPLEGIC MYDRIATIC COMBINATIONS*** - DRUGS FOR THE EYE		
CYCLOMYDRIL OPHTHALMIC SOLUTION (<i>cyclopentolate-phenylephrine</i>)	Tier 2	
*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
<i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution)	Tier 1	
<i>atropine sulfate ophthalmic solution 0.01 %</i>	Tier 2	
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	QL (20 mL per 30 days)
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (<i>cyclopentolate hcl</i>)	Tier 2	
CYCLOGYL OPHTHALMIC SOLUTION 1 % (<i>cyclopentolate hcl</i>)	Tier 2	QL (15 mL per 30 days)
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 2 %</i>	Tier 2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	QL (15 mL per 30 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION (<i>atropine sulfate</i>)	Tier 2	QL (20 mL per 30 days)
MYDRIACYL OPHTHALMIC SOLUTION (<i>tropicamide</i>)	Tier 2	
<i>phenylephrine hcl ophthalmic solution</i>	Tier 1	
<i>tropicamide ophthalmic solution</i>	Tier 2	
<i>tropicamide powder</i>	Tier 2	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
XIIDRA OPHTHALMIC SOLUTION (<i>lifitegrast</i>)	Tier 1	PA; QL (2 vials per 1 day)

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*MIOTICS - CHOLINESTERASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED (<i>echothiopate iodide</i>)	Tier 2	
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
ISOPTO CARPINE OPHTHALMIC SOLUTION (<i>pilocarpine hcl</i>)	Tier 2	
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED (<i>acetylcholine chloride</i>)	Tier 2	
MIOSTAT INTRAOCULAR SOLUTION (<i>carbachol</i>)	Tier 2	MB
<i>pilocarpine hcl ophthalmic solution</i>	Tier 1	
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
ALOCRIL OPHTHALMIC SOLUTION (<i>nedocromil sodium</i>)	Tier 2	PA; QL (5 mL per 30 days)
ALOMIDE OPHTHALMIC SOLUTION (<i>iodoxamide tromethamine</i>)	Tier 2	PA; QL (10 mL per 30 days)
<i>azelastine hcl ophthalmic solution</i>	Tier 1	QL (1 bottle per 24 days)
BEPREVE OPHTHALMIC SOLUTION (<i>bepotastine besilate</i>)	Tier 2	PA; QL (5 mL per 30 days)
CLARITIN EYE OPHTHALMIC SOLUTION (<i>ketotifen fumarate</i>)	Tier 1	OTC; QL (1 bottle per 30 days)
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	QL (1 bottle per 30 days)
<i>epinastine hcl ophthalmic solution</i>	Tier 1	QL (1 bottle per 30 days)
LASTACAFT OPHTHALMIC SOLUTION (<i>alcaftadine</i>)	Tier 2	PA; QL (3 mL per 30 days)
<i>olopatadine hcl solution 0.1 % ophthalmic (otc)</i>	Tier 1	PA; OTC; QL (5 mL per 30 days)
<i>olopatadine hcl solution 0.1 % ophthalmic (rx)</i>	Tier 2	PA; QL (5 mL per 30 days)
<i>olopatadine hcl solution 0.2 % ophthalmic (otc)</i>	Tier 1	PA; OTC; QL (1 bottle per 1 day)
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	Tier 2	PA; QL (1 bottle per 1 day)
PATADAY OPHTHALMIC SOLUTION (<i>olopatadine hcl</i>)	Tier 2	PA; QL (1 bottle per 1 day)

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<i>ra antihistamine eye drops ophthalmic solution</i>	Tier 1	OTC; QL (1 bottle per 30 days)
<i>ra eye itch relief ophthalmic solution</i>	Tier 1	OTC; QL (1 bottle per 30 days)
ZERVIATE OPHTHALMIC SOLUTION (<i>cetirizine hcl</i>)	Tier 2	QL (1 bottle per 30 days)
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
AZASITE OPHTHALMIC SOLUTION (<i>azithromycin</i>)	Tier 2	
<i>bacitracin ophthalmic ointment</i>	Tier 1	QL (7 grams per 30 days)
BESIVANCE OPHTHALMIC SUSPENSION (<i>besifloxacin hcl</i>)	Tier 2	PA
CILOXAN OPHTHALMIC OINTMENT (<i>ciprofloxacin hcl</i>)	Tier 2	QL (4 grams per 30 days)
CILOXAN OPHTHALMIC SOLUTION (<i>ciprofloxacin hcl</i>)	Tier 2	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 1	
<i>erythromycin ophthalmic ointment</i>	Tier 1	
<i>gatifloxacin ophthalmic solution</i>	Tier 1	
GENTAK OPHTHALMIC OINTMENT (<i>gentamicin sulfate</i>)	Tier 1	QL (8 grams per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	QL (8 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	Tier 1	
MOXEZA OPHTHALMIC SOLUTION (<i>moxifloxacin hcl</i>)	Tier 2	PA; QL (3 mL per 30 days)
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	Tier 2	PA; QL (3 mL per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 1	QL (3 mL per 30 days)
OCUFLOX OPHTHALMIC SOLUTION (<i>ofloxacin</i>)	Tier 2	QL (10 mL per 30 days)
<i>ofloxacin ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	Tier 1	QL (20 mL per 30 days)
TOBREX OPHTHALMIC OINTMENT (<i>tobramycin</i>)	Tier 2	QL (4 grams per 30 days)
TOBREX OPHTHALMIC SOLUTION (<i>tobramycin</i>)	Tier 2	QL (20 mL per 30 days)
VIGAMOX OPHTHALMIC SOLUTION (<i>moxifloxacin hcl</i>)	Tier 2	QL (3 mL per 30 days)
ZYMAXID OPHTHALMIC SOLUTION (<i>gatifloxacin</i>)	Tier 2	
*OPHTHALMIC ANTIFUNGAL*** - DRUGS FOR THE EYE		
NATACYN OPHTHALMIC SUSPENSION (<i>natamycin</i>)	Tier 2	

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*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>ak-poly-bac ophthalmic ointment</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier 1	QL (30 grams per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin Ophthalmic Ointment)	Tier 1	QL (30 grams per 30 days)
<i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment)	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
POLYTRIM OPHTHALMIC SOLUTION (<i>polymyxin b-trimethoprim</i>)	Tier 2	QL (10 mL per 30 days)
*OPHTHALMIC ANTISEPTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION (<i>povidone-iodine</i>)	Tier 2	
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>trifluridine ophthalmic solution</i>	Tier 1	QL (8 mL per 30 days)
ZIRGAN OPHTHALMIC GEL (<i>ganciclovir</i>)	Tier 2	QL (5 grams per 6 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION (<i>brinzolamide</i>)	Tier 2	QL (15 mL per 30 days)
<i>dorzolamide hcl solution 2 % ophthalmic</i>	Tier 2	QL (10 mL per 30 days)
<i>dorzolamide hcl solution 2 % ophthalmic</i>	Tier 1	QL (10 mL per 30 days)
TRUSOPT OPHTHALMIC SOLUTION (<i>dorzolamide hcl</i>)	Tier 2	QL (10 mL per 30 days)
*OPHTHALMIC DECONGESTANT COMBINATIONS*** - DRUGS FOR ITCHY EYE		
<i>cvs eye allergy relief ophthalmic solution</i>	Tier 1	OTC
<i>cvs eye drops ophthalmic solution</i>	Tier 1	OTC
<i>eq eye allergy relief ophthalmic solution</i>	Tier 1	OTC

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<i>eql advanced relief ophthalmic solution</i>	Tier 1	OTC
<i>eye allergy relief ophthalmic solution 0.025-0.3 %</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Tier 1	OTC
<i>eye drops advanced relief ophthalmic solution</i>	Tier 1	OTC
<i>goodsense eye drops ophthalmic solution</i>	Tier 1	OTC
<i>qc eye drops ophthalmic solution</i>	Tier 1	OTC
<i>ra eye allergy relief ophthalmic solution</i>	Tier 1	OTC
*OPHTHALMIC DECONGESTANTS*** - DRUGS FOR ITCHY EYE		
<i>eql eye drops ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>goodsense eye drops ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
*OPHTHALMIC DIAGNOSTIC PRODUCTS*** - DRUGS FOR THE EYE		
<i>ak-fluor intravenous solution</i>	Tier 2	MB
<i>altafluor benox ophthalmic solution</i>	Tier 2	
<i>fluorescein-benoxinate ophthalmic solution</i>	Tier 2	
FLUORESCITE INTRAVENOUS SOLUTION (<i>fluorescein sodium</i>)	Tier 2	MB
<i>fluorescein sodium</i> (Fluor-I-Strips A.T. Ophthalmic Strip)	Tier 2	
FLURA-SAFE OPHTHALMIC SOLUTION (<i>fluorexon-benoxinate</i>)	Tier 2	
PAREMYD OPHTHALMIC SOLUTION (<i>hydroxyamphetamine-tropicamide</i>)	Tier 2	
<i>proparacaine-fluorescein ophthalmic solution</i>	Tier 2	
*OPHTHALMIC GENE THERAPY*** - DRUGS FOR THE EYE		
LUXURNA INTRAOCULAR SUSPENSION (<i>voretigene neparvovec-rzyl</i>)	Tier 2	MB

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*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CEQUA OPHTHALMIC SOLUTION (<i>cyclosporine</i>)	Tier 2	PA; QL (2 vials per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (<i>cyclosporine</i>)	Tier 2	PA; QL (1 bottle per 30 days)
RESTASIS OPHTHALMIC EMULSION (<i>cyclosporine</i>)	Tier 2	PA; QL (2 vials per 1 day)
*OPHTHALMIC IRRIGATION SOLUTIONS*** - DRUGS FOR THE EYE		
<i>balanced salt intraocular solution</i>	Tier 2	
BSS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	Tier 2	
BSS PLUS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	Tier 2	
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR GLAUCOMA		
ROCKLATAN OPHTHALMIC SOLUTION (<i>netarsudil-latanoprost</i>)	Tier 2	QL (2.5 mL per 30 days)
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
AKTEN OPHTHALMIC GEL (<i>lidocaine hcl</i>)	Tier 2	
ALCAINE OPHTHALMIC SOLUTION (<i>proparacaine hcl</i>)	Tier 2	
<i>proparacaine hcl ophthalmic solution</i>	Tier 2	
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE OPHTHALMIC SOLUTION (<i>cenegermin-bk bj</i>)	Tier 2	PA; SP; QL (2 vials per 1 day)
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ACULAR LS OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	Tier 2	PA
ACULAR OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	Tier 2	PA; QL (5 mL per 30 days)

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ACUVAIL OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	Tier 2	PA
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 2	
BROMSITE OPHTHALMIC SOLUTION (<i>bromfenac sodium</i>)	Tier 2	PA
<i>diclofenac sodium ophthalmic solution</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic solution</i>	Tier 1	
ILEVRO OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	Tier 2	PA
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Tier 2	PA
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Tier 2	PA; QL (5 mL per 30 days)
NEVANAC OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	Tier 2	PA
PROLENSA OPHTHALMIC SOLUTION (<i>bromfenac sodium</i>)	Tier 2	PA
*OPHTHALMIC PHOTOENHANCER COMBINATIONS*** - DRUGS FOR THE EYE		
PHOTREXA VISCOSITY OPHTHALMIC SOLUTION PREFILLED SYRINGE (<i>riboflavin 5-phosphate-dextran</i>)	Tier 2	
PHOTREXA-PHOTREXA VISCOSITY KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE (<i>riboflav5 & riboflav5-dextran</i>)	Tier 2	
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
RHOPRESSA OPHTHALMIC SOLUTION (<i>netarsudil dimesylate</i>)	Tier 2	QL (2.5 mL per 30 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION (<i>brimonidine tartrate</i>)	Tier 2	QL (15 mL per 30 days)
<i>apraclonidine hcl ophthalmic solution</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
IOPIDINE OPHTHALMIC SOLUTION (<i>apraclonidine hcl</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 1	
BLEPHAMIDE OPHTHALMIC SUSPENSION (<i>sulfacetamide-prednisolone</i>)	Tier 2	QL (15 mL per 30 days)
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT (<i>sulfacetamide-prednisolone</i>)	Tier 2	
MAXITROL OPHTHALMIC OINTMENT (<i>neomycin-polymyxin-dexameth</i>)	Tier 2	
MAXITROL OPHTHALMIC SUSPENSION (<i>neomycin-polymyxin-dexameth</i>)	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Tier 1	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment)	Tier 1	
PRED-G OPHTHALMIC SUSPENSION (<i>gentamicin-prednisolone acet</i>)	Tier 2	
PRED-G S.O.P. OPHTHALMIC OINTMENT (<i>gentamicin-prednisolone acet</i>)	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
TOBRADEX OPHTHALMIC OINTMENT (<i>tobramycin-dexamethasone</i>)	Tier 2	QL (4 grams per 30 days)
TOBRADEX OPHTHALMIC SUSPENSION (<i>tobramycin-dexamethasone</i>)	Tier 2	QL (10 mL per 30 days)
TOBRADEX ST OPHTHALMIC SUSPENSION (<i>tobramycin-dexamethasone</i>)	Tier 2	QL (10 mL per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 1	QL (10 mL per 30 days)
ZYLET OPHTHALMIC SUSPENSION (<i>loteprednol-tobramycin</i>)	Tier 2	
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone sodium phosphate ophthalmic solution	Tier 1	
DEXTENZA OPHTHALMIC INSERT (dexamethasone)	Tier 2	
DEXYCU INTRAOCULAR SUSPENSION (dexamethasone)	Tier 2	
DUREZOL OPHTHALMIC EMULSION (difluprednate)	Tier 2	
EYSUVIS OPHTHALMIC SUSPENSION (loteprednol etabonate)	Tier 2	PA
FLAREX OPHTHALMIC SUSPENSION (fluorometholone acetate)	Tier 2	
fluorometholone ophthalmic suspension	Tier 1	
FML FORTE OPHTHALMIC SUSPENSION (fluorometholone)	Tier 2	
FML LIQUIFILM OPHTHALMIC SUSPENSION (fluorometholone)	Tier 2	
FML OPHTHALMIC OINTMENT (fluorometholone)	Tier 2	
ILUVIEN INTRAVITREAL IMPLANT (fluocinolone acetonide)	Tier 2	SP
INVELTYS OPHTHALMIC SUSPENSION (loteprednol etabonate)	Tier 2	
LOTEMAX OPHTHALMIC GEL (loteprednol etabonate)	Tier 2	
LOTEMAX OPHTHALMIC OINTMENT (loteprednol etabonate)	Tier 2	
LOTEMAX OPHTHALMIC SUSPENSION (loteprednol etabonate)	Tier 2	
LOTEMAX SM OPHTHALMIC GEL (loteprednol etabonate)	Tier 2	
loteprednol etabonate ophthalmic suspension	Tier 2	
MAXIDEX OPHTHALMIC SUSPENSION (dexamethasone)	Tier 2	
OZURDEX INTRAVITREAL IMPLANT (dexamethasone)	Tier 2	SP
PRED FORTE OPHTHALMIC SUSPENSION (prednisolone acetate)	Tier 2	
PRED MILD OPHTHALMIC SUSPENSION (prednisolone acetate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone acetate ophthalmic suspension</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic solution</i>	Tier 1	
RETISERT INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	Tier 2	SP
TRIESENCE INTRAOCULAR SUSPENSION (<i>triamcinolone acetonide</i>)	Tier 2	MB
YUTIQ INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	Tier 2	SP
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
BLEPH-10 OPHTHALMIC SOLUTION (<i>sulfacetamide sodium</i>)	Tier 2	QL (20 mL per 30 days)
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier 1	QL (4 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 1	QL (20 mL per 30 days)
*OPHTHALMIC SURGICAL AIDS - COMBINATIONS*** - DRUGS FOR THE EYE		
DISCOVISC INTRAOCULAR SOLUTION (<i>na chondroit sulf-na hyaluron</i>)	Tier 2	MB
DUOVISC INTRAOCULAR KIT (<i>na hyalur & na chond-na hyalur</i>)	Tier 2	MB
OMIDRIA INTRAOCULAR SOLUTION (<i>phenylephrine-ketorolac</i>)	Tier 2	
VISCOAT INTRAOCULAR SOLUTION (<i>na chondroit sulf-na hyaluron</i>)	Tier 2	MB
*OPHTHALMIC SURGICAL AIDS*** - DRUGS FOR THE EYE		
AMVISC INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
AMVISC PLUS INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
BIOLON INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
CELLUGEL INTRAOCULAR SOLUTION (<i>hypromellose</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALON GV INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
HEALON INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
HEALON PRO INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
HEALON5 INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
HEALON5 PRO INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
MEMBRANEBLUE OPHTHALMIC SOLUTION (<i>trypan blue</i>)	Tier 2	MB
<i>hypromellose</i> (Ocucoat Viscoadherent Intraocular Solution)	Tier 2	
PROVISC INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>brilliant blue g</i>)	Tier 2	MB
VISIONBLUE OPHTHALMIC SOLUTION (<i>trypan blue</i>)	Tier 2	MB
*OPHTHALMICS - BLEPHAROPTOSIS AGENTS** - DRUGS FOR THE EYE		
UPNEEQ OPHTHALMIC SOLUTION (<i>oxymetazoline hcl</i>)	Tier 2	PA; QL (30 containers per 30 days)
*OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE		
CYSTADROPS OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	Tier 2	PA; QL (4 bottles per 28 days)
CYSTARAN OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	Tier 2	PA; SP; QL (60 mL per 28 days)
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	Tier 2	
DURYSTA INTRAOCULAR IMPLANT (<i>bimatoprost</i>)	Tier 2	MB
<i>latanoprost ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUMIGAN OPHTHALMIC SOLUTION (<i>bimatoprost</i>)	Tier 2	
TRAVATAN Z OPHTHALMIC SOLUTION (<i>travoprost</i>)	Tier 2	QL (5 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	QL (5 mL per 30 days)
VYZULTA OPHTHALMIC SOLUTION (<i>latanoprostene bunod</i>)	Tier 2	QL (5 mL per 30 days)
XALATAN OPHTHALMIC SOLUTION (<i>latanoprost</i>)	Tier 2	QL (5 mL per 30 days)
XELPROS OPHTHALMIC EMULSION (<i>latanoprost</i>)	Tier 2	QL (5 mL per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION (<i>tafluprost</i>)	Tier 2	
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS*** - DRUGS FOR THE EYE		
BEOVU INTRAVITREAL SOLUTION (<i>brolicizumab-dbll</i>)	Tier 2	MB
EYLEA INTRAVITREAL SOLUTION (<i>aflibercept</i>)	Tier 2	MB
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>aflibercept</i>)	Tier 2	MB
LUCENTIS INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	Tier 2	MB
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>ranibizumab</i>)	Tier 2	SP
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution</i>	Tier 1	
<i>auraphene-b otic solution</i>	Tier 1	OTC
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION (<i>carbamide peroxide</i>)	Tier 1	OTC
<i>ear wax removal system otic solution</i>	Tier 1	OTC
<i>earwax removal kit otic solution</i>	Tier 1	OTC
<i>earwax removal otic solution</i>	Tier 1	OTC
<i>eq ear drops otic solution</i>	Tier 1	OTC
<i>gnp earwax removal kit otic solution</i>	Tier 1	OTC
<i>goodsense ear wax kit otic solution</i>	Tier 1	OTC
<i>qc ear wax removal otic solution</i>	Tier 1	OTC
<i>qc earwax removal kit otic solution</i>	Tier 1	OTC

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<i>qc earwax removal otic solution</i>	Tier 1	OTC
<i>ra earwax removal kit otic solution</i>	Tier 1	OTC
*OTIC ANALGESIC COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
PRAMOTIC OTIC LIQUID (<i>pramoxine-chloroxylenol</i>)	Tier 2	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
CETRAXAL OTIC SOLUTION (<i>ciprofloxacin hcl</i>)	Tier 2	PA; QL (28 doses per 30 days)
<i>ciprofloxacin hcl otic solution</i>	Tier 1	PA; QL (28 doses per 30 days)
<i>ofloxacin otic solution</i>	Tier 1	QL (10 mL per 30 days)
OTIPRIO INTRATYMPANIC SUSPENSION (<i>ciprofloxacin</i>)	Tier 2	
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CIPRO HC OTIC SUSPENSION (<i>ciprofloxacin-hydrocortisone</i>)	Tier 2	PA; QL (10 mL per 30 days)
CIPRODEX OTIC SUSPENSION (<i>ciprofloxacin-dexamethasone</i>)	Tier 2	PA; QL (7.5 mL per 30 days)
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 2	QL (7.5 mL per 30 days)
<i>ciprofloxacin-fluocinolone pf otic solution</i>	Tier 2	PA; QL (28 vials per 30 days)
CORTISPORIN-TC OTIC SUSPENSION (<i>neomycin-colist-hc-thonzonium</i>)	Tier 2	
<i>neomycin-polymyxin-hc otic solution</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 1	
OTOVEL OTIC SOLUTION (<i>ciprofloxacin-fluocinolone</i>)	Tier 2	PA; QL (28 vials per 30 days)
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>hydrocortisone-acetic acid</i> (Acetasol Hc Otic Solution)	Tier 2	QL (15 mL per 30 days)
DERMOTIC OTIC OIL (<i>fluocinolone acetonide</i>)	Tier 2	
<i>fluocinolone acetonide</i> (Flac Otic Oil)	Tier 2	

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<i>fluocinolone acetonide otic oil</i>	Tier 2	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	QL (15 mL per 30 days)
OXYTOCICS - HORMONES		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS*** - DRUGS FOR WOMEN		
<i>carboprost tromethamine intramuscular solution</i>	Tier 2	MB
CERVIDIL VAGINAL INSERT (<i>dinoprostone</i>)	Tier 2	
HEMABATE INTRAMUSCULAR SOLUTION (<i>carboprost tromethamine</i>)	Tier 2	MB
PREPIDIL VAGINAL GEL (<i>dinoprostone</i>)	Tier 2	
PROSTIN E2 VAGINAL SUPPOSITORY (<i>dinoprostone</i>)	Tier 2	
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methylergonovine maleate</i> (Methergine Oral Tablet)	Tier 2	
<i>methylergonovine maleate injection solution</i>	Tier 1	MB
<i>methylergonovine maleate oral tablet</i>	Tier 1	
<i>oxytocin injection solution</i>	Tier 2	MB
<i>oxytocin-lactated ringers intravenous solution</i>	Tier 2	MB
<i>oxytocin-sodium chloride intravenous solution</i>	Tier 2	MB
PITOCIN INJECTION SOLUTION (<i>oxytocin</i>)	Tier 2	MB
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
*ANTITOXINS-ANTIVENINS*** - BIOLOGICAL AGENTS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (<i>centruroides (scorpion) im fab</i>)	Tier 2	MB
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae immune fab (equine)</i>)	Tier 2	MB
<i>antivenin latrodetus mactans injection kit</i>	Tier 2	MB
<i>antivenin micrurus fulvius intravenous solution reconstituted</i>	Tier 2	MB
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	Tier 2	MB

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*ANTIVIRAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
<i>bamlanivimab intravenous solution</i>	Tier 2	MB
<i>casirivimab intravenous solution</i>	Tier 2	MB
<i>imdevimab intravenous solution</i>	Tier 2	MB
SYNAGIS INTRAMUSCULAR SOLUTION (<i>palivizumab</i>)	Tier 2	MB
*BACTERIAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
ZINPLAVA INTRAVENOUS SOLUTION (<i>bezlotoxumab</i>)	Tier 2	MB
*IMMUNE SERUMS*** - BIOLOGICAL AGENTS		
ASCENIV INTRAVENOUS SOLUTION (<i>immune globulin (human)-slra</i>)	Tier 2	PA; MB
BIVIGAM INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	Tier 2	PA; MB
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED (<i>immune globulin (human)</i>)	Tier 2	PA; SP
CUTAQUIG SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-hipp</i>)	Tier 2	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION (<i>immune globulin (human)</i>)	Tier 2	PA; SP
CYTOGAM INTRAVENOUS INJECTABLE (<i>cytomegalovirus immune glob</i>)	Tier 2	MB
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	Tier 2	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	Tier 2	PA; MB
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	Tier 2	SP
GAMMAGARD INJECTION SOLUTION (<i>immune globulin (human)</i>)	Tier 2	PA; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>immune globulin (human)</i>)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAKED INJECTION SOLUTION (<i>immune globulin (human)</i>)	Tier 2	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	Tier 2	PA; MB
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	Tier 2	PA; SP
GAMUNEX-C INJECTION SOLUTION (<i>immune globulin (human)</i>)	Tier 1	PA; SP
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	Tier 2	MB
HIZENTRA SUBCUTANEOUS SOLUTION (<i>immune globulin (human)</i>)	Tier 2	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>immune globulin (human)</i>)	Tier 2	PA; SP
HYPERHEP B S/D INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	Tier 2	MB
HYPERRAB INJECTION SOLUTION (<i>rabies immune globulin</i>)	Tier 2	MB
HYPERRAB S/D INJECTION SOLUTION (<i>rabies immune globulin</i>)	Tier 2	MB
IMOGRAB RABIES-HT INJECTION SOLUTION (<i>rabies immune globulin</i>)	Tier 2	MB
<i>kedrab injection solution</i>	Tier 2	MB
NABI-HB INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	Tier 2	MB
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML (<i>immune globulin (human)</i>)	Tier 1	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	Tier 1	PA; MB
PANZYGA INTRAVENOUS SOLUTION (<i>immune globulin (human)-ifas</i>)	Tier 2	PA; MB
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	Tier 2	PA; MB

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PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML (<i>immune globulin (human)</i>)	Tier 2	PA; SP
VARIZIG INTRAMUSCULAR SOLUTION (<i>varicella-zoster immune glob</i>)	Tier 2	MB
XEMBIFY SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-klhw</i>)	Tier 2	PA; SP
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
HYQVIA SUBCUTANEOUS KIT (<i>immune globulin-hyaluronidase</i>)	Tier 2	PA; SP
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	Tier 1	QL (500 mL per 30 days)
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet chewable</i>	Tier 1	
<i>amoxicillin trihydrate powder</i>	Tier 2	
<i>ampicillin oral capsule</i>	Tier 1	
<i>ampicillin sodium injection solution reconstituted</i>	Tier 2	MB
<i>ampicillin sodium intravenous solution reconstituted</i>	Tier 2	MB
*NATURAL PENICILLINS*** - ANTIBIOTICS		
BICILLIN L-A INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine</i>)	Tier 2	
<i>penicillin g pot in dextrose intravenous solution</i>	Tier 2	MB
<i>penicillin g potassium injection solution reconstituted</i>	Tier 2	MB
<i>penicillin g procaine intramuscular suspension</i>	Tier 2	MB
<i>penicillin g sodium injection solution reconstituted</i>	Tier 2	MB
<i>penicillin v potassium oral solution reconstituted</i>	Tier 1	
<i>penicillin v potassium oral tablet</i>	Tier 1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED (<i>penicillin g potassium</i>)	Tier 2	MB

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*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 1	QL (40 tablets per 30 days)
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier 1	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	Tier 2	MB
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	Tier 2	MB
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED (<i>amoxicillin-pot clavulanate</i>)	Tier 2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED (<i>amoxicillin-pot clavulanate</i>)	Tier 2	
AUGMENTIN ORAL TABLET (<i>amoxicillin-pot clavulanate</i>)	Tier 2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	Tier 2	MB
BICILLIN C-R INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	Tier 2	MB
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	Tier 2	MB
UNASYN INJECTION SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	Tier 2	MB
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	Tier 2	MB
ZOSYN INTRAVENOUS SOLUTION (<i>piperacillin-tazobactam in dex</i>)	Tier 2	MB
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	Tier 1	
<i>nafcillin sodium in dextrose intravenous solution</i>	Tier 2	MB
<i>nafcillin sodium injection solution reconstituted</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nafcillin sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>oxacillin sodium in dextrose intravenous solution</i>	Tier 2	MB
<i>oxacillin sodium injection solution reconstituted</i>	Tier 2	MB
<i>oxacillin sodium intravenous solution reconstituted</i>	Tier 2	MB
PHARMACEUTICAL ADJUVANTS		
*ALKALIZING AGENTS***		
<i>trolamine liquid</i>	Tier 2	
*ANTIMICROBIAL AGENTS***		
<i>chlorobutanol powder</i>	Tier 2	
<i>methylparaben sodium powder</i>	Tier 2	
<i>potassium sorbate granules</i>	Tier 2	
<i>potassium sorbate powder</i>	Tier 2	
<i>propylparaben sodium powder</i>	Tier 2	
*BUFFER REFERENCE STANDARDS***		
<i>meter buffer solution</i>	Tier 2	
<i>ph buffer solution</i>	Tier 2	
*COLORING AGENTS***		
<i>amaranth powder</i>	Tier 2	
<i>brilliant blue g powder</i>	Tier 2	
<i>evans blue powder</i>	Tier 2	
<i>fd&c yellow #6 aluminum lake powder</i>	Tier 2	
<i>food color blue oral liquid</i>	Tier 2	
<i>food color green liquid</i>	Tier 2	
<i>food color pink liquid</i>	Tier 2	
<i>food color red liquid</i>	Tier 2	
<i>food color violet powder</i>	Tier 2	
<i>food color white liquid</i>	Tier 2	
<i>food color yellow #5 alum lake powder</i>	Tier 2	
<i>food color yellow liquid</i>	Tier 2	
<i>lissamine green b powder</i>	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quinizarin green ss powder</i>	Tier 2	
<i>sulphan blue powder</i>	Tier 2	
<i>trypan blue powder</i>	Tier 2	
*EXTERNAL VEHICLE INGREDIENTS***		
<i>astragalus root powder</i>	Tier 2	
<i>bees wax wax</i>	Tier 2	
<i>beeswax (yellow) wax</i>	Tier 2	
<i>cetyl alcohol powder</i>	Tier 2	
<i>emulsifying wax wax</i>	Tier 2	
<i>gelatin powder</i>	Tier 2	
<i>lecithin-isopropyl palmitate solution</i>	Tier 2	
LIPMAX SOLUTION (<i>lecithin-isopropyl palmitate</i>)	Tier 2	
<i>methylcellulose gel</i>	Tier 2	
<i>oleic acid liquid</i>	Tier 2	
PCCA LECITHIN ISOPROPYL PALM SOLUTION (<i>lecithin-isopropyl palmitate</i>)	Tier 2	
<i>sodium lauryl sulfate powder</i>	Tier 2	
<i>white bees wax wax</i>	Tier 2	
*EXTERNAL VEHICLES***		
ADA EXTERNAL SHAMPOO (<i>external vehicles</i>)	Tier 2	
FOAMIL EXTERNAL LIQUID (<i>external vehicles</i>)	Tier 2	
<i>regent alcohol solution</i>	Tier 2	
RHEOSPRAY EXTERNAL LIQUID (<i>external vehicles</i>)	Tier 2	
U-MILD EXTERNAL SHAMPOO (<i>external vehicles</i>)	Tier 2	
VERSAPRO EXTERNAL SHAMPOO (<i>external vehicles</i>)	Tier 2	
*FLAVORING AGENTS***		
<i>alfalfa flavor powder</i>	Tier 2	
<i>almond oil bitter flavor liquid</i>	Tier 2	
<i>anise extract liquid</i>	Tier 2	
<i>anise flavor oil</i>	Tier 2	
<i>apricot flavor liquid</i>	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
apricot flavor powder	Tier 2	
banana flavor liquid	Tier 2	
beef flavor powder	Tier 2	
beef type flavor os liquid	Tier 2	
beef-ade powder	Tier 2	
bitter stop flavor liquid	Tier 2	
bitterness reducing agent powder	Tier 2	
blackberry flavor liquid	Tier 2	
butter flavor liquid	Tier 2	
butter rum flavor liquid	Tier 2	
cheese-ade flavor powder	Tier 2	
cherry-ade flavor powder	Tier 2	
chicken broth flavor powder	Tier 2	
chicken flavor oil soluble liquid	Tier 2	
chicken flavor powder	Tier 2	
chicken flavor water miscible liquid	Tier 2	
chocolate flavor powder	Tier 2	
chocolate hazelnut flavor liquid	Tier 2	
chocolate natural & artifical concentrate	Tier 2	
coconut flavor liquid	Tier 2	
coffee flavor liquid	Tier 2	
cola flavor liquid	Tier 2	
cran-raspberry flavor liquid	Tier 2	
english toffee flavor liquid	Tier 2	
eucalyptus flavor oil	Tier 2	
eugenol flavor liquid	Tier 2	
fish flavor liquid	Tier 2	
flavor conc-chlorhexidine concentrate	Tier 2	
grapefruit flavor oil	Tier 2	
ham flavor liquid	Tier 2	
kahlua flavor liquid	Tier 2	

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<i>lemon extract liquid</i>	Tier 2	
<i>lemon flavor oil</i>	Tier 2	
<i>lemonade flavor oil</i>	Tier 2	
<i>licorice flavor liquid</i>	Tier 2	
<i>lime flavor oil</i>	Tier 2	
<i>mango flavor liquid</i>	Tier 2	
<i>mango flavor powder</i>	Tier 2	
<i>mango flavor sweetened powder</i>	Tier 2	
<i>maple flavor liquid</i>	Tier 2	
<i>mint chocolate chip flavor liquid</i>	Tier 2	
<i>molasses flavor powder</i>	Tier 2	
<i>orange cream flavor liquid</i>	Tier 2	
<i>orange flavor liquid</i>	Tier 2	
<i>orange flavor powder</i>	Tier 2	
<i>orange oil flavor liquid</i>	Tier 2	
<i>passion fruit flavor powder</i>	Tier 2	
<i>passion fruit flavor sweetened powder</i>	Tier 2	
PCCA SWEETNESS ENHANCER LIQUID (<i>flavoring agent</i>)	Tier 2	
<i>peppermint flavor oil</i>	Tier 2	
<i>pralines and cream flavor liquid</i>	Tier 2	
<i>pumpkin flavor liquid</i>	Tier 2	
<i>raspberry concentrate concentrate</i>	Tier 2	
<i>root beer flavor liquid</i>	Tier 2	
<i>shrimp flavor liquid</i>	Tier 2	
<i>spearmint flavor oil</i>	Tier 2	
<i>stevia glycerite extract liquid</i>	Tier 2	
<i>super synersweet flavor powder</i>	Tier 2	
<i>sweet corn flavor concentrate</i>	Tier 2	
<i>tangerine flavor oil</i>	Tier 2	
<i>tangerine flavor sweetened powder</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>teaberry flavor oil</i>	Tier 2	
<i>tutti-frutti flavor liquid</i>	Tier 2	
<i>vanilla flavor liquid</i>	Tier 2	
<i>vanillin flavor powder</i>	Tier 2	
<i>wild cherry flavor liquid</i>	Tier 2	
*GELATIN CAPSULES (EMPTY)***		
<i>capsule coni-snap #0 blu/white capsule</i>	Tier 2	
<i>capsule coni-snap #0 clear capsule</i>	Tier 2	
<i>capsule coni-snap #0 dark blue capsule</i>	Tier 2	
<i>capsule coni-snap #0 green/clr capsule</i>	Tier 2	
<i>capsule coni-snap #0 pink capsule</i>	Tier 2	
<i>capsule coni-snap #0 purple capsule</i>	Tier 2	
<i>capsule coni-snap #0 red/white capsule</i>	Tier 2	
<i>capsule coni-snap #0 white capsule</i>	Tier 2	
<i>capsule coni-snap #00 clear capsule</i>	Tier 2	
<i>capsule coni-snap #00 white capsule</i>	Tier 2	
<i>capsule coni-snap #000 clear capsule</i>	Tier 2	
<i>capsule coni-snap #1 aqua blue capsule</i>	Tier 2	
<i>capsule coni-snap #1 blue capsule</i>	Tier 2	
<i>capsule coni-snap #1 bluelpink capsule</i>	Tier 2	
<i>capsule coni-snap #1 blue/wht capsule</i>	Tier 2	
<i>capsule coni-snap #1 brown capsule</i>	Tier 2	
<i>capsule coni-snap #1 brwn/livry capsule</i>	Tier 2	
<i>capsule coni-snap #1 clear capsule</i>	Tier 2	
<i>capsule coni-snap #1 dk grn/or capsule</i>	Tier 2	
<i>capsule coni-snap #1 drk green capsule</i>	Tier 2	
<i>capsule coni-snap #1 greylpink capsule</i>	Tier 2	
<i>capsule coni-snap #1 grn/ylw capsule</i>	Tier 2	
<i>capsule coni-snap #1 orange capsule</i>	Tier 2	
<i>capsule coni-snap #1 pink capsule</i>	Tier 2	
<i>capsule coni-snap #1 pink/blue capsule</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>capsule coni-snap #1 pink/clr capsule</i>	Tier 2	
<i>capsule coni-snap #1 pink/whit capsule</i>	Tier 2	
<i>capsule coni-snap #1 pink/ylw capsule</i>	Tier 2	
<i>capsule coni-snap #1 purple capsule</i>	Tier 2	
<i>capsule coni-snap #1 red/blue capsule</i>	Tier 2	
<i>capsule coni-snap #1 red/white capsule</i>	Tier 2	
<i>capsule coni-snap #1 white capsule</i>	Tier 2	
<i>capsule coni-snap #1 whitel/grn capsule</i>	Tier 2	
<i>capsule coni-snap #1 wht/clr capsule</i>	Tier 2	
<i>capsule coni-snap #1 yellow capsule</i>	Tier 2	
<i>capsule coni-snap #1 yellow/gr capsule</i>	Tier 2	
<i>capsule coni-snap #2 clear capsule</i>	Tier 2	
<i>capsule coni-snap #2 white capsule</i>	Tier 2	
<i>capsule coni-snap #3 blu/clear capsule</i>	Tier 2	
<i>capsule coni-snap #3 brnl/blue capsule</i>	Tier 2	
<i>capsule coni-snap #3 graylylw capsule</i>	Tier 2	
<i>capsule coni-snap #3 green/blu capsule</i>	Tier 2	
<i>capsule coni-snap #3 greypink capsule</i>	Tier 2	
<i>capsule coni-snap #3 maron/blu capsule</i>	Tier 2	
<i>capsule coni-snap #3 mint grn capsule</i>	Tier 2	
<i>capsule coni-snap #3 olive/clr capsule</i>	Tier 2	
<i>capsule coni-snap #3 orange capsule</i>	Tier 2	
<i>capsule coni-snap #3 pink/pink capsule</i>	Tier 2	
<i>capsule coni-snap #3 pnk/clear capsule</i>	Tier 2	
<i>capsule coni-snap #3 red/clear capsule</i>	Tier 2	
<i>capsule coni-snap #3 red/red capsule</i>	Tier 2	
<i>capsule coni-snap #3 white capsule</i>	Tier 2	
<i>capsule coni-snap #3 wht/clr capsule</i>	Tier 2	
<i>capsule coni-snap #3 yellow capsule</i>	Tier 2	
<i>capsule coni-snap #4 black/grn capsule</i>	Tier 2	
<i>capsule coni-snap #4 clear capsule</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
capsule coni-snap #4 white capsule	Tier 2	
capsule ezeefit #0 clear capsule	Tier 2	
capsule ezeefit #00 clear capsule	Tier 2	
DRCAPS SIZE 00 CAPSULE (<i>gelatin capsules (empty)</i>)	Tier 2	
DRCAPS SIZE 1 CAPSULE (<i>gelatin capsules (empty)</i>)	Tier 2	
empty capsule size 0 purpl/wht capsule	Tier 2	
empty capsule size 0 white/opa capsule	Tier 2	
empty capsule size 00 blue opq capsule	Tier 2	
empty capsule size 1 drk green capsule	Tier 2	
empty capsule size 1 greyl/pink capsule	Tier 2	
empty capsule size 1 grn/orng capsule	Tier 2	
empty capsule size 1 grn/white capsule	Tier 2	
empty capsule size 1 ivory capsule	Tier 2	
empty capsule size 1 maroon/cl capsule	Tier 2	
empty capsule size 1 orgelyllw capsule	Tier 2	
empty capsule size 1 pink/clr capsule	Tier 2	
empty capsule size 1 pinklyllw capsule	Tier 2	
empty capsule size 1 red/blue capsule	Tier 2	
empty capsule size 1 whitel/opa capsule	Tier 2	
empty capsule size 1 yellow capsule	Tier 2	
empty capsule size 3 black/grn capsule	Tier 2	
empty capsule size 3 blue opq capsule	Tier 2	
empty capsule size 3 blue/wht capsule	Tier 2	
empty capsule size 3 dark grn capsule	Tier 2	
empty capsule size 3 greyl/pink capsule	Tier 2	
empty capsule size 3 greyllyllw capsule	Tier 2	
empty capsule size 3 marn/blue capsule	Tier 2	
empty capsule size 3 marn/clr capsule	Tier 2	
empty capsule size 3 mint grn capsule	Tier 2	
empty capsule size 3 olive/clr capsule	Tier 2	
empty capsule size 3 orange/wh capsule	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>empty capsule size 3 pink/blue capsule</i>	Tier 2	
<i>empty capsule size 3 pink/wh capsule</i>	Tier 2	
<i>empty capsule size 3 pink/ylw capsule</i>	Tier 2	
<i>empty capsule size 3 prple/clr capsule</i>	Tier 2	
<i>empty capsule size 3 purple capsule</i>	Tier 2	
<i>empty capsule size 3 pwdr blue capsule</i>	Tier 2	
<i>empty capsule size 3 red/white capsule</i>	Tier 2	
<i>empty capsule size 3 white/opa capsule</i>	Tier 2	
<i>empty capsule size 3 yellw/clr capsule</i>	Tier 2	
<i>empty capsule size 4 red/white capsule</i>	Tier 2	
<i>empty capsule size 4 yellow capsule</i>	Tier 2	
*MISC. VEHICLES***		
<i>fixed oil suspension liquid</i>	Tier 2	
PCCA FIXED OIL BASE LIQUID (<i>fixed oil suspension vehicle</i>)	Tier 2	
PCCA PRACAMAC BASE OIL (<i>oil base</i>)	Tier 2	
*NON GELATIN CAPSULES (EMPTY)***		
<i>capsule 0 clear dr capsule</i>	Tier 2	
<i>capsule coni-snap #0 clear veg capsule</i>	Tier 2	
<i>capsule coni-snap #1 veggie capsule</i>	Tier 2	
<i>capsule coni-snap #3 clear capsule</i>	Tier 2	
<i>capsule coni-snap #3 clear veg capsule</i>	Tier 2	
<i>empty capsule size 1 veg clear capsule</i>	Tier 2	
<i>vegetable capsule #0 green capsule</i>	Tier 2	
<i>vegetable capsule #0 white capsule</i>	Tier 2	
<i>vegetable capsule #00 white capsule</i>	Tier 2	
<i>vegetable capsule #1 white capsule</i>	Tier 2	
<i>vegetable capsule #2 white capsule</i>	Tier 2	
<i>vegetable capsule #3 white capsule</i>	Tier 2	
<i>vegetable capsule #4 white capsule</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ORAL VEHICLES***		
<i>base gelatin gummy troche gel</i>	Tier 2	
<i>corn (syrup) oral syrup</i>	Tier 2	
<i>custom polyglycol troche base flakes</i>	Tier 2	
<i>custom polyglycol troche base wax</i>	Tier 2	
FLAVOR BLEND ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
<i>flavor plus oral liquid</i>	Tier 2	
<i>flavor sweet oral syrup</i>	Tier 2	
<i>flavor sweet-sf oral syrup</i>	Tier 2	
FREEDOM PEG TROCHE BASE POWDER (<i>troche base</i>)	Tier 2	
<i>gum base (gelatin) gel</i>	Tier 2	
LOZIBASE S (<i>lozibase</i>)	Tier 2	
<i>mouth wash-gp oral liquid</i>	Tier 2	
<i>mouthwash-af oral liquid</i>	Tier 2	
<i>mouthwash-om oral liquid</i>	Tier 2	
ORA-BLEND ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
ORA-BLEND SF ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
PCCA ACACIA SYRUP BASE ORAL SYRUP (<i>acacia syrup</i>)	Tier 2	
PCCA POLYGLYCOL TROCHE POWDER (<i>troche base</i>)	Tier 2	
PCCA SWEET-SF ORAL SYRUP (<i>oral vehicles</i>)	Tier 2	
PCCA SYRUP VEHICLE ORAL SYRUP (<i>oral vehicles</i>)	Tier 2	
PCCA-PLUS ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
<i>purified water oral liquid</i>	Tier 2	
<i>simple syrup oral syrup</i>	Tier 2	
<i>sorbitol solution</i>	Tier 2	
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
<i>suspension vehicle oral suspension</i>	Tier 2	

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SYRPALTA (RED) ORAL SYRUP (<i>oral vehicles</i>)	Tier 2	
<i>syrpalta oral syrup</i>	Tier 2	
SYRSPEND SF PH4 ORAL SUSPENSION RECONSTITUTED (<i>oral vehicles</i>)	Tier 2	
<i>syrup vehicle oral syrup</i>	Tier 2	
<i>syrup vehicle sf oral syrup</i>	Tier 2	
<i>troche base powder</i>	Tier 2	
VERSAFREE ORAL SYRUP (<i>oral vehicles</i>)	Tier 2	
VERSAPLUS ORAL SYRUP (<i>oral vehicles</i>)	Tier 2	
*PARENTERAL VEHICLES***		
<i>bacteriostatic water(benz alc) injection solution</i>	Tier 2	MB
<i>diluent for treprostinil intravenous solution</i>	Tier 2	MB
<i>saline bacteriostatic injection solution</i>	Tier 2	MB
<i>saline-phenol injection solution</i>	Tier 2	
<i>sodium chloride bacteriostatic injection solution</i>	Tier 2	MB
STERILE DILUENT FOLAN PH 12 INTRAVENOUS SOLUTION (<i>glycine diluent</i>)	Tier 2	MB
<i>sterile diluent/epoprostenol intravenous solution</i>	Tier 2	MB
<i>sterile water for injection injection solution</i>	Tier 2	MB
<i>sterile water for injection intravenous solution</i>	Tier 2	MB
*PHARMACEUTICAL EXCIPIENTS***		
<i>alkyl acrylate crosspolymer powder</i>	Tier 2	
BACOCALMINE LIQUID (<i>pharmaceutical excipients</i>)	Tier 2	
<i>base x flakes</i>	Tier 2	
<i>bitter drug powder</i>	Tier 2	
CAPSUBLEND-H POWDER (<i>excipient filler</i>)	Tier 2	
CAPSUBLEND-P POWDER (<i>excipient filler</i>)	Tier 2	
CAPSUBLEND-S POWDER (<i>excipient filler</i>)	Tier 2	
<i>carrageenan powder</i>	Tier 2	
COLLASIL OSA POWDER (<i>pharmaceutical excipients</i>)	Tier 2	
<i>effervescent base powder</i>	Tier 2	

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EMULGADE CM LIQUID (<i>emulsifying base</i>)	Tier 2	
<i>emulsion concentrate liquid</i>	Tier 2	
<i>ethyl acetate solution</i>	Tier 2	
<i>fagron capfill pro powder</i>	Tier 2	
<i>fagron dispersapro powder</i>	Tier 2	
FIZZMIX BASE POWDER (<i>effervescent base</i>)	Tier 2	
F-MELT POWDER (<i>rapid dissolve tablet base</i>)	Tier 2	
<i>freedom lollipop base</i>	Tier 2	
FREEDOM ODT BASE POWDER (<i>rapid dissolve tablet base</i>)	Tier 2	
<i>freedom simplecap powder</i>	Tier 2	
<i>isomalt lollipop base powder</i>	Tier 2	
LIQUIGEL COMPLEX LIQUID (<i>emulsifying base</i>)	Tier 2	
LOXORAL BASE POWDER (<i>excipient filler</i>)	Tier 2	
<i>medi-rdt base powder</i>	Tier 2	
<i>medi-rdt kit</i>	Tier 2	
MUCOLOX LIQUID (<i>pharmaceutical excipients</i>)	Tier 2	
PCCA EMULSIFIX-205 BASE LIQUID (<i>emulsifying base</i>)	Tier 2	
<i>pcca loxasperse base powder</i>	Tier 2	
PCCA RAPID DISSOLVE TABLET POWDER (<i>rapid dissolve tablet base</i>)	Tier 2	
PCCA SORBITOL LOLLIPOP BASE FLAKES (<i>sorbitol lollipop base</i>)	Tier 2	
PCCA XYLIFOS BASE POWDER (<i>poloxamer-xylitol</i>)	Tier 2	
PLURONIC F127 POWDER (<i>poloxamer</i>)	Tier 2	
PLURONIC GEL (<i>poloxamer</i>)	Tier 2	
PLURONIC L64 LIQUID (<i>poloxamer</i>)	Tier 2	
<i>poloxamer 188 powder</i>	Tier 2	
<i>polypeg</i>	Tier 2	
RDT-PLUS POWDER (<i>pharmaceutical excipients</i>)	Tier 2	
SEPINEO P 600 LIQUID (<i>emulsifying base</i>)	Tier 2	

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<i>shea butter organic</i>	Tier 2	
<i>sodium thiosulfate crystals</i>	Tier 2	
<i>sodium thiosulfate powder</i>	Tier 2	
<i>sorbitol candy base</i>	Tier 2	
<i>sorbitol candy base crystals</i>	Tier 2	
<i>spg supposi-base pellet</i>	Tier 2	
<i>stearic acid flakes</i>	Tier 2	
<i>SUPPOSI-PURE (suppository base)</i>	Tier 2	
<i>SYNAPSIN POWDER (pharmaceutical excipients)</i>	Tier 2	
<i>UCARE POLYMER JR-400 POWDER (pharmaceutical excipients)</i>	Tier 2	
<i>WITEPSOL WAX (hydrogenated vegetable oil)</i>	Tier 2	
*PLACEBOS***		
<i>placebo #00 oral capsule</i>	Tier 2	
*SEMI SOLID VEHICLES***		
<i>advanced base plus external cream</i>	Tier 2	
<i>alcohol base gel gel</i>	Tier 2	
<i>ANHYDROUS BASE CREAM (anhydrous base)</i>	Tier 2	
<i>anhydrous base ointment</i>	Tier 2	
<i>anhydrous cream base cream</i>	Tier 2	
<i>anhydrous gel base gel</i>	Tier 2	
<i>ATREVIS HYDROGEL EXTERNAL CREAM (cream base)</i>	Tier 2	
<i>base a polyethylene glycol powder</i>	Tier 2	
<i>base c polyethylene glycol 300 liquid</i>	Tier 2	
<i>base d polyethylene glycol powder</i>	Tier 2	
<i>bhrt base cream</i>	Tier 2	
<i>bravura all-in-one external cream</i>	Tier 2	
<i>carbomer aqueous gel</i>	Tier 2	
<i>carbomer hydroalcoholic gel</i>	Tier 2	
<i>CHEMSIL K-12 PASTE (paste base)</i>	Tier 2	
<i>CHEMSIL K-51 GEL (gel base)</i>	Tier 2	

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Effective 02/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHEW-HESIVE OINTMENT (<i>gelatin base</i>)	Tier 2	
CLOVAGEL GEL (<i>gel base</i>)	Tier 2	
<i>cream base external cream</i>	Tier 2	
<i>cream base niosomes external cream</i>	Tier 2	
<i>cream base with liposome external cream</i>	Tier 2	
<i>cutis plus external cream</i>	Tier 2	
<i>dermashield hydrogel gel</i>	Tier 2	
DURABASE ADVANCED EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
DURABASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
ESPUMIL FOAM (<i>foam base</i>)	Tier 2	
EXQUISITE HRT CREAM (<i>hormone cream base</i>)	Tier 2	
<i>fagron ls plus external cream</i>	Tier 2	
<i>freedom adaptaderm gel</i>	Tier 2	
<i>freedom cepapro gel</i>	Tier 2	
<i>freedom derma serum external cream</i>	Tier 2	
FREEDOM DERMA-D EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
FREEDOM DERMA-N EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
<i>freedom silomac anhydrous gel</i>	Tier 2	
<i>h2o gel base gel</i>	Tier 2	
<i>hrt base (men) gel</i>	Tier 2	
HRT BOTANICAL CREAM (<i>hormone cream base</i>)	Tier 2	
<i>hrt cream base cream</i>	Tier 2	
<i>hrt cream base women cream</i>	Tier 2	
HRT CREAM CREAM (<i>hormone cream base</i>)	Tier 2	
<i>hrt natural lotion</i>	Tier 2	
HYDROGEL GEL (<i>carbomer gel base</i>)	Tier 2	
<i>kris-ester 236 liquid</i>	Tier 2	
<i>krisgel 100 external gel</i>	Tier 2	
<i>lanolin alcohol wax</i>	Tier 2	
<i>lanolin anhydrous external ointment</i>	Tier 2	

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<i>lanolin oil</i>	Tier 2	
<i>lanolin ointment</i>	Tier 2	
<i>lecithin organogel external gel</i>	Tier 2	
<i>lipo cream base external cream</i>	Tier 2	
LIPOCREAM BASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
<i>lipolayer external cream</i>	Tier 2	
LIPOOPEN ANHYDROUS LOTION (<i>lotion base</i>)	Tier 2	
<i>lipopen ultra base external cream</i>	Tier 2	
<i>liposomal heavy external cream</i>	Tier 2	
<i>liposomal regular external cream</i>	Tier 2	
LIPOZYME EXTERNAL CREAM (<i>cream base liposomal</i>)	Tier 2	
LUBRAJEL NP GEL (<i>gel base</i>)	Tier 2	
<i>medibase c liquid</i>	Tier 2	
MEDIDERM EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
MEDIHOL BASE GEL (<i>alcohol gel base</i>)	Tier 2	
MULTIBASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
OCCLUVAN EXTERNAL OINTMENT (<i>hydrophilic</i>)	Tier 2	
<i>ointment base (emulsifying) ointment</i>	Tier 2	
<i>oleabase plasticized ointment</i>	Tier 2	
OMNIBASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
PCCA ANHYDROUS BASE OINTMENT (<i>anhydrous base</i>)	Tier 2	
PCCA COBASE #1 EXTERNAL OINTMENT (<i>cobase #1</i>)	Tier 2	
PCCA COSMETIC HRT BASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
PCCA CUSTOM LIPO-MAX EXTERNAL CREAM (<i>cream base liposomal</i>)	Tier 2	
PCCA GELATIN BASE OINTMENT (<i>gelatin base</i>)	Tier 2	
PCCA LIPODERM HMW GEL (<i>gel base</i>)	Tier 2	
PCCA LIPOSOMIC BASE DRY EXTERNAL CREAM (<i>cream base liposomal</i>)	Tier 2	
PCCA LIPOSOMIC BASE NORMAL EXTERNAL CREAM (<i>cream base liposomal</i>)	Tier 2	

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PCCA LIPOSOMIC BASE OILY EXTERNAL CREAM <i>(cream base liposomal)</i>	Tier 2	
PCCA LIPOSOMIC BASE SENSITIVE EXTERNAL CREAM <i>(cream base liposomal)</i>	Tier 2	
PCCA OCCLUSADERM GEL (<i>gel base</i>)	Tier 2	
PCCA PLASTICIZED BASE OINTMENT (<i>plastibase</i>)	Tier 2	
PCCA PLURONIC F127 BASE GEL (<i>pluronic f127 base</i>)	Tier 2	
PCCA POLOXAMER 407 GEL (<i>pluronic f127 base</i>)	Tier 2	
<i>pcca spira-wash base gel</i>	Tier 2	
<i>peg ointment base external ointment</i>	Tier 2	
PENCREAM EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
<i>penderm external cream</i>	Tier 2	
<i>pensomal external cream</i>	Tier 2	
PERFORMAX SALT SUPPORTIVE BASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
<i>petrolatum white external ointment</i>	Tier 2	
<i>petroleum jelly external gel</i>	Tier 1	OTC
<i>plastibase ointment</i>	Tier 2	
PLO GEL - MEDIFLO EXTERNAL KIT (<i>premium lecith organogel base</i>)	Tier 2	
PLO GEL - MEDIFLO PRE-MIXED EXTERNAL GEL (<i>premium lecith organogel base</i>)	Tier 2	
<i>plo transdermal external cream</i>	Tier 2	
<i>plo20 base external gel</i>	Tier 2	
PLO20 FLOWABLE EXTERNAL GEL (<i>premium lecith organogel base</i>)	Tier 2	
PLURONIC F127 GEL (<i>pluronic f127 base</i>)	Tier 2	
<i>polyethylene glycol 1000 powder</i>	Tier 2	
<i>polyethylene glycol 1450 flakes</i>	Tier 2	
<i>polyethylene glycol 1450 powder</i>	Tier 2	
<i>polyethylene glycol 1500 powder</i>	Tier 2	
<i>polyethylene glycol 3350 granules</i>	Tier 2	

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<i>polyethylene glycol 4500 powder</i>	Tier 2	
<i>polyethylene glycol 8000 external ointment</i>	Tier 2	
<i>polyethylene glycol 8000 granules</i>	Tier 2	
<i>polyethylene glycol powder</i>	Tier 2	
<i>polymac progel gel</i>	Tier 2	
<i>p-siloxan ds external cream</i>	Tier 2	
<i>renewcream hrt cream</i>	Tier 2	
<i>salt durable cream external cream</i>	Tier 2	
SALT STABLE LS ADVANCED EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
SALTSTABLE LO EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
<i>silprotex plus external cream</i>	Tier 2	
SIMPLGEL 30 GEL (<i>gel base</i>)	Tier 2	
<i>skyy derm external cream</i>	Tier 2	
TDC MAX EXTERNAL CREAM (<i>transdermal base</i>)	Tier 2	
TOMMY GEL GEL (<i>gel base</i>)	Tier 2	
<i>transdermal pain base external cream</i>	Tier 2	
<i>universal water gel</i>	Tier 2	
<i>vanish-pen external cream</i>	Tier 2	
<i>versabase cream</i>	Tier 2	
<i>versabase foam</i>	Tier 2	
<i>versabase gel</i>	Tier 2	
<i>versabase lotion</i>	Tier 2	
<i>versabase shampoo</i>	Tier 2	
VERSAPRO FOAM (<i>foam base</i>)	Tier 2	
VERSAPRO GEL (<i>gel base</i>)	Tier 2	
VERSAPRO LOTION (<i>lotion base</i>)	Tier 2	
<i>versatile cream base external cream</i>	Tier 2	
VERSATILE RICH BASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
<i>water base gel gel</i>	Tier 2	

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<i>white petrolatum ointment external (otc)</i>	Tier 1	OTC
<i>white petrolatum ointment external (rx)</i>	Tier 2	
WILEY BASIC ELEMENTS BHRT BASE CREAM <i>(hormone cream base)</i>	Tier 2	
<i>wound wash base gel</i>	Tier 2	
ZOSIL PASTE <i>(paste base)</i>	Tier 2	
*SURFACTANTS***		
<i>myrj 53 powder</i>	Tier 2	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
AYGESTIN ORAL TABLET <i>(norethindrone acetate)</i>	Tier 2	
<i>hydroxyprogesterone caproate intramuscular oil</i>	Tier 1	SP; QL (25 ML per 132 days)
MAKENA INTRAMUSCULAR OIL <i>(hydroxyprogesterone caproate)</i>	Tier 1	PA; SP; QL (25 ML per 132 days)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR <i>(hydroxyprogesterone caproate)</i>	Tier 1	PA; SP; QL (4 auto-injectors per 28 days)
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>megestrol acetate oral suspension</i>	Tier 2	PA
<i>norethindrone acetate oral tablet</i>	Tier 1	
<i>norethindrone acetate powder</i>	Tier 2	
<i>progesterone intramuscular oil</i>	Tier 2	MB
<i>progesterone micronized oral capsule 100 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>progesterone micronized oral capsule 200 mg</i>	Tier 1	QL (1 capsule per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG <i>(progesterone micronized)</i>	Tier 2	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 200 MG <i>(progesterone micronized)</i>	Tier 2	QL (1 capsule per 1 day)
PROVERA ORAL TABLET <i>(medroxyprogesterone acetate)</i>	Tier 2	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR THE NERVOUS SYSTEM		
LUCEMYRA ORAL TABLET (<i>lofexidine hcl</i>)	State Carve-out	SCO
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
acamprosate calcium oral tablet delayed release	State Carve-out	SCO
disulfiram oral tablet	State Carve-out	SCO
*ANTI-CATAPLECTIC AGENTS*** - DRUGS FOR SLEEP DISORDER		
XYREM ORAL SOLUTION (<i>sodium oxybate</i>)	Tier 2	PA; SP; QL (18 mL per 1 day)
*ANTI-CATAPLECTIC COMBINATIONS*** - DRUGS FOR SLEEP DISORDER		
XYWAV ORAL SOLUTION (<i>ca, mg, k, and na oxybates</i>)	Tier 2	PA; SP; QL (18 mL per 1 day)
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR ALZHEIMER'S DISEASE		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>memantine hcl-donepezil hcl</i>)	Tier 2	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl-donepezil hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>inotersen sodium</i>)	Tier 2	PA; MB; QL (4 syringes per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BENZODIAZEPINES & TRICYCLIC AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier 1	
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
ARICEPT ORAL TABLET 10 MG, 5 MG (<i>donepezil hcl</i>)	Tier 2	DO; QL (1 tablet per 1 day)
ARICEPT ORAL TABLET 23 MG (<i>donepezil hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 23 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet dispersible</i>	Tier 1	DO; QL (1 tablet per 1 day)
EXELON TRANSDERMAL PATCH 24 HOUR (<i>rivastigmine</i>)	Tier 2	PA; DO; QL (1 patch per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>galantamine hydrobromide oral solution</i>	Tier 1	DO; QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet</i>	Tier 1	DO; QL (2 tablets per 1 day)
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>galantamine hydrobromide</i>)	Tier 2	DO; QL (1 capsule per 1 day)
<i>rivastigmine tartrate oral capsule</i>	Tier 1	DO; QL (2 capsules per 1 day)
<i>rivastigmine transdermal patch 24 hour</i>	Tier 2	PA; DO; QL (1 patch per 1 day)
*FIBROMYALGIA AGENT - SNRIS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
SAVELLA ORAL TABLET 100 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 2	PA; QL (60 tablets per 30 days)
SAVELLA ORAL TABLET 12.5 MG, 25 MG (<i>milnacipran hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL (<i>milnacipran hcl</i>)	Tier 2	PA; QL (1 pack per 1 year)

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*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>bremelanotide acetate</i>)	Tier 2	
*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
AUSTEDO ORAL TABLET (<i>deutetabenazine</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
INGREZZA ORAL CAPSULE 40 MG (<i>valbenazine tosylate</i>)	Tier 2	PA; SP; DO; QL (1 capsules per 1 day)
INGREZZA ORAL CAPSULE 80 MG (<i>valbenazine tosylate</i>)	Tier 2	PA; SP; QL (1 capsules per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK (<i>valbenazine tosylate</i>)	Tier 2	PA; SP; QL (1 pack per 1 year)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 2	PA; SP; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 2	PA; SP
XENAZINE ORAL TABLET 12.5 MG (<i>tetrabenazine</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)
XENAZINE ORAL TABLET 25 MG (<i>tetrabenazine</i>)	Tier 2	PA; SP
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET (<i>teriflunomide</i>)	Tier 1	PA; SP; QL (1 tablet per 1 day)
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR MULTIPLE SCLEROSIS		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (2 packs per 46 weekss)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (2 packs per 46 weekss)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (2 packs per 46 weekss)

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MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (2 packs per 46 weekss)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (2 packs per 46 weekss)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (2 packs per 46 weekss)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (2 packs per 46 weekss)
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (4 pens per 30 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (1 kit per 30 days)
BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	Tier 1	PA; MB; QL (15 kits per 30 days)
EXTAVIA SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	Tier 1	PA; MB; QL (15 kits per 30 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	Tier 2	PA; SP; QL (1 mL per 720 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Tier 2	PA; SP; QL (1 mL per 720 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	Tier 2	PA; SP; QL (1 mL per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Tier 2	PA; SP; QL (1 mL per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (6 mL per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (1 mL per 720 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (6 mL per 28 days)

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REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (1 mL per 720 days)
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MULTIPLE SCLEROSIS		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ofatumumab</i>)	Tier 2	PA; SP; QL (1 unit per 28 days)
LEMTRADA INTRAVENOUS SOLUTION (<i>alemtuzumab</i>)	Tier 2	MB; QL (4 mL per 1 year)
OCREVUS INTRAVENOUS SOLUTION (<i>ocrelizumab</i>)	Tier 2	MB; QL (2 vials per 6 monthss)
TYSABRI INTRAVENOUS CONCENTRATE (<i>natalizumab</i>)	Tier 2	MB
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE (<i>monomethyl fumarate</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	Tier 1	PA; SP; QL (14 capsules per 1 year)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	Tier 1	PA; SP; QL (2 capsules per 1 day)
<i>dimethyl fumarate starter pack oral</i>	Tier 1	PA; SP; QL (1 kit per 1 year)
TECFIDERA ORAL (<i>dimethyl fumarate</i>)	Tier 2	PA; SP; QL (1 kit per 1 year)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (<i>dimethyl fumarate</i>)	Tier 2	PA; SP; QL (14 capsules per 1 year)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (<i>dimethyl fumarate</i>)	Tier 2	PA; SP; QL (2 capsules per 1 day)
VUMERITY ORAL CAPSULE DELAYED RELEASE (<i>diroximel fumarate</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)

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*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>dalfampridine</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier 2	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>)	Tier 2	PA; SP; QL (30 syringes per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	Tier 2	PA; SP; QL (12 syringes per 28 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 1	PA; SP; QL (30 syringes per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Tier 1	PA; SP; QL (12 syringes per 28 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	Tier 1	PA; SP; QL (30 syringes per 30 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)	Tier 1	PA; SP; QL (12 syringes per 28 days)
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl er oral capsule extended release 24 hour</i>	Tier 2	PA
<i>memantine hcl oral solution 10 mg/5ml</i>	Tier 1	DO; QL (10 mL per 1 day)
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl oral tablet 10 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 1	DO; QL (1.7 tablets per 1 day)
<i>memantine hcl oral tablet 5 mg</i>	Tier 1	DO; QL (3 tablets per 1 day)
NAMENDA ORAL TABLET 10 MG (<i>memantine hcl</i>)	Tier 2	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAMENDA ORAL TABLET 5 MG (<i>memantine hcl</i>)	Tier 2	DO; QL (3 tablets per 1 day)
NAMENDA TITRATION PAK ORAL TABLET (<i>memantine hcl</i>)	Tier 1	DO; QL (1.7 tablets per 1 day)
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl</i>)	Tier 2	PA
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl</i>)	Tier 2	PA
*PHENOTHIAZINES & TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>perphenazine-amitriptyline oral tablet</i>	Tier 1	
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	Tier 2	PA; DO; QL (1 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** - DRUGS FOR DEPRESSION		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	Tier 2	PA; DO; QL (4 tablets per 1 day)
*PSEUDOBULBAR AFFECT AGENT COMBINATIONS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
NUEDEXTA ORAL CAPSULE (<i>dextromethorphan-quinidine</i>)	Tier 2	PA; QL (2 capsules per 1 day)

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*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ergoloid mesylates oral tablet</i>	Tier 2	DO; QL (3 tablets per 1 day)
<i>pimozide oral tablet</i>	State Carve-out	SCO
*RESTLESS LEG SYNDROME (RLS) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
HORIZANT ORAL TABLET EXTENDED RELEASE (<i> gabapentin enacarbil</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
ONPATTRO INTRAVENOUS SOLUTION (<i>patisiran sodium</i>)	Tier 2	MB
*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 1	QL (2 tablets per 1 day)
CHANTIX CONTINUING MONTH PAK ORAL TABLET (<i>varenicline tartrate</i>)	Tier 2	PA; QL (1 pack per 1 year)
CHANTIX ORAL TABLET (<i>varenicline tartrate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
CHANTIX STARTING MONTH PAK ORAL TABLET (<i>varenicline tartrate</i>)	Tier 2	PA; QL (1 starter pack per 1 year)
<i>cvs nicotine mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>cvs nicotine mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>cvs nicotine polacrilex mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>cvs nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs nicotine transdermal patch 24 hour	Tier 1	OTC; QL (1 patch per 1 day)
eq nicotine mouth/throat gum	Tier 1	OTC; QL (24 units per 1 day)
eq nicotine mouth/throat lozenge	Tier 1	OTC; QL (20 lozenges per 1 day)
eq nicotine polacrilex mouth/throat gum	Tier 1	OTC; QL (24 units per 1 day)
eq nicotine polacrilex mouth/throat lozenge	Tier 1	OTC; QL (20 lozenges per 1 day)
eq nicotine step 3 transdermal patch 24 hour	Tier 1	OTC; QL (1 patch per 1 day)
eq nicotine transdermal patch 24 hour	Tier 1	OTC; QL (1 patch per 1 day)
eql nicotine polacrilex mouth/throat lozenge	Tier 1	OTC; QL (20 lozenges per 1 day)
gnp nicotine mini mouth/throat lozenge	Tier 1	OTC; QL (20 lozenges per 1 day)
gnp nicotine polacrilex mouth/throat gum	Tier 1	OTC; QL (24 units per 1 day)
gnp nicotine polacrilex mouth/throat lozenge	Tier 1	OTC; QL (20 lozenges per 1 day)
gnp nicotine transdermal patch 24 hour	Tier 1	OTC; QL (1 patch per 1 day)
goodsense nicotine mouth/throat gum	Tier 1	OTC; QL (24 units per 1 day)
goodsense nicotine mouth/throat lozenge	Tier 1	OTC; QL (20 lozenges per 1 day)
hm nicotine polacrilex mouth/throat gum	Tier 1	OTC; QL (24 units per 1 day)
hm nicotine polacrilex mouth/throat lozenge	Tier 1	OTC; QL (20 lozenges per 1 day)
hm nicotine transdermal patch 24 hour	Tier 1	OTC; QL (1 patch per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLS QUIT2 MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	Tier 1	OTC; QL (24 units per 1 day)
KLS QUIT2 MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	Tier 1	OTC; QL (20 lozenges per 1 day)
KLS QUIT4 MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	Tier 1	OTC; QL (24 units per 1 day)
KLS QUIT4 MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	Tier 1	OTC; QL (20 lozenges per 1 day)
NICORELIEF MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	Tier 1	OTC; QL (24 units per 1 day)
<i>nicotine mini mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>nicotine polacrilex mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>nicotine step 1 transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>nicotine step 2 transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>nicotine step 3 transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>nicotine transdermal kit</i>	Tier 1	OTC
<i>nicotine transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
NICOTROL INHALATION INHALER (<i>nicotine</i>)	Tier 2	PA
NICOTROL NS NASAL SOLUTION (<i>nicotine</i>)	Tier 2	PA
<i>px stop smoking aid mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>px stop smoking aid mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>ra mini nicotine mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)

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<i>ra nicotine gum mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>ra nicotine mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>ra nicotine polacrilex mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>ra nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>ra nicotine transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>sm nicotine mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>sm nicotine mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>sm nicotine polacrilex mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>sm nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>sm nicotine transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>sr nicotine mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
THRIVE MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	Tier 1	OTC; QL (24 units per 1 day)
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
GILENYA ORAL CAPSULE (<i>fingolimod hcl</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	Tier 2	PA; SP; QL (1 pack per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA ORAL CAPSULE (<i>ozanimod hcl</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	Tier 2	PA; SP; QL (1 pack per 1 fill)
*THIENBENZODIAZEPINES & SSRIS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine-fluoxetine hcl oral capsule</i>	State Carve-out	SCO
SYMBYAX ORAL CAPSULE (<i>olanzapine-fluoxetine hcl</i>)	State Carve-out	SCO
*VASOMOTOR SYMPTOM AGENTS - SSRIS*** - DRUGS FOR THE NERVOUS SYSTEM		
BRISDELLE ORAL CAPSULE (<i>paroxetine mesylate</i>)	Tier 2	
<i>paroxetine mesylate oral capsule</i>	Tier 2	
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)*** - DRUGS FOR ASTHMA/COPD		
GLASSIA INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	Tier 2	MB
PROLASTIN-C INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	Tier 2	MB
*CFTR POTENTIATORS*** - DRUGS FOR CYSTIC FIBROSIS		
KALYDECO ORAL PACKET (<i>ivacaftor</i>)	Tier 2	PA; SP; QL (2 packets per 1 day)
KALYDECO ORAL TABLET (<i>ivacaftor</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR CYSTIC FIBROSIS		
ORKAMBI ORAL PACKET (<i>lumacaftor-ivacaftor</i>)	Tier 2	PA; SP; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET (<i>lumacaftor-ivacaftor</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)

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SYMDEKO ORAL TABLET THERAPY PACK (<i>tezacaftor-ivacaftor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaftor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
*HYDROLYtic ENzymes*** - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION (<i>dornase alfa</i>)	Tier 1	PA; SP; QL (150 mL per 30 days)
*PLEURAL SCLEROSING AGENTS*** - DRUGS FOR THE LUNGS		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER (<i>talc</i>)	Tier 2	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED (<i>talc</i>)	Tier 2	
STERITALC INTRAPLEURAL POWDER (<i>talc</i>)	Tier 2	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR THE LUNGS		
OFEV ORAL CAPSULE (<i>nintedanib esylate</i>)	Tier 2	PA; SP; QL (2 capsules per 1 day)
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
ESBRIET ORAL CAPSULE (<i>pirfenidone</i>)	Tier 2	PA; SP; QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	Tier 2	PA; SP; QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
*RESPIRATORY AGENTS - MISC.*** - DRUGS FOR THE LUNGS		
CUROSURF INTRATRACHEAL SUSPENSION (<i>poractant alfa</i>)	Tier 2	
INFASURF INTRATRACHEAL SUSPENSION (<i>calfactant in naci</i>)	Tier 2	

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SURVANTA INTRATRACHEAL SUSPENSION (<i>beractant in nacl</i>)	Tier 2	
SULFONAMIDES - DRUGS FOR INFECTIONS		
*SULFONAMIDES*** - ANTIBIOTICS		
<i>sulfadiazine oral tablet</i>	Tier 1	
<i>sulfadiazine powder</i>	Tier 2	
<i>sulfadiazine sodium powder</i>	Tier 2	
<i>sulfamethoxazole micro powder</i>	Tier 2	
<i>sulfamethoxazole powder</i>	Tier 2	
<i>sulfapyridine powder</i>	Tier 2	
<i>sulfathiazole powder</i>	Tier 2	
<i>sulfisoxazole crystals</i>	Tier 2	
TETRACYCLINES - DRUGS FOR INFECTIONS		
*AMINOMETHYLCYCCLINES*** - ANTIBIOTICS		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>omadacycline tosylate</i>)	Tier 2	MB
NUZYRA ORAL TABLET (<i>omadacycline tosylate</i>)	Tier 2	PA; QL (30 tablets per 30 days)
*FLUOROCYCCLINES*** - ANTIBIOTICS		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>eravacycline dihydrochloride</i>)	Tier 2	MB
*GLYCYLCYCCLINES*** - ANTIBIOTICS		
<i>tigecycline intravenous solution reconstituted</i>	Tier 2	MB
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED (<i>tigecycline</i>)	Tier 2	MB
*TETRACYCLINES*** - ANTIBIOTICS		
ACTICLATE ORAL TABLET (<i>doxycycline hyolate</i>)	Tier 2	PA
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour)	Tier 2	PA
<i>demeclacycline hcl oral tablet</i>	Tier 1	
DORYX MPC ORAL TABLET DELAYED RELEASE (<i>doxycycline hyolate</i>)	Tier 2	PA

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DORYX ORAL TABLET DELAYED RELEASE <i>(doxycycline hyclate)</i>	Tier 2	PA
<i>doxycycline hyclate</i> (Doxy 100 Intravenous Solution Reconstituted)	Tier 2	MB
<i>doxycycline hyclate intravenous solution reconstituted</i>	Tier 2	MB
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier 2	PA
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 2	PA
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet delayed release</i>	Tier 2	PA
<i>doxycycline hyclate powder</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 1	
<i>doxycycline monohydrate oral tablet</i>	Tier 2	PA
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED <i>(minocycline hcl)</i>	Tier 2	MB
MINOCIN ORAL CAPSULE (<i>minocycline hcl</i>)	Tier 2	
<i>minocycline hcl er oral capsule extended release 24 hour</i>	Tier 2	PA
<i>minocycline hcl er oral tablet extended release 24 hour</i>	Tier 2	PA
<i>minocycline hcl oral capsule</i>	Tier 1	
<i>minocycline hcl oral tablet</i>	Tier 1	
<i>minocycline hcl powder</i>	Tier 2	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>minocycline hcl</i>)	Tier 2	PA
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule 100 Mg)	Tier 1	PA; QL (2 capsules per 1 day)

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doxycycline monohydrate (Mondoxyne NI Oral Capsule 75 Mg)	Tier 1	PA
doxycycline hyclate (Morgidox Oral Capsule)	Tier 2	PA; QL (2 capsules per 1 day)
oxytetracycline hcl powder	Tier 2	
SEYSARA ORAL TABLET (sarecycline hcl)	Tier 2	PA; QL (1 tablet per 1 day)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR (minocycline hcl)	Tier 2	PA
tetracycline hcl oral capsule	Tier 2	
VIBRAMYCIN ORAL CAPSULE (doxycycline hyclate)	Tier 2	PA; QL (2 capsules per 1 day)
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED (doxycycline monohydrate)	Tier 2	PA
VIBRAMYCIN ORAL SYRUP (doxycycline calcium)	Tier 2	PA
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (minocycline hcl)	Tier 2	PA
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
methimazole oral tablet	Tier 1	
methimazole powder	Tier 2	
propylthiouracil oral tablet	Tier 1	
TAPAZOLE ORAL TABLET (methimazole)	Tier 2	
*THYROID HORMONES*** - DRUGS FOR THYROID		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 300 MG, 90 MG (thyroid)	Tier 2	
ARMOUR THYROID ORAL TABLET 30 MG, 60 MG (thyroid)	Tier 2	QL (1 tablet per 1 day)
CYTOMEL ORAL TABLET (liothyronine sodium)	Tier 2	
levothyroxine sodium (Euthyrox Oral Tablet)	Tier 1	
levothyroxine sodium (Levo-T Oral Tablet)	Tier 1	
levothyroxine sodium intravenous solution	Tier 2	MB

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<i>levothyroxine sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>levothyroxine sodium oral capsule</i>	Tier 2	
<i>levothyroxine sodium oral tablet</i>	Tier 1	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet)	Tier 1	
<i>liothyronine sodium intravenous solution</i>	Tier 2	MB
<i>liothyronine sodium oral tablet</i>	Tier 1	
NATURE-THROID ORAL TABLET (<i>thyroid</i>)	Tier 2	
<i>np thyroid oral tablet 120 mg, 15 mg, 90 mg</i>	Tier 2	
<i>np thyroid oral tablet 30 mg, 60 mg</i>	Tier 2	QL (1 tablet per 1 day)
SYNTHROID ORAL TABLET (<i>levothyroxine sodium</i>)	Tier 2	
<i>thyroid powder</i>	Tier 2	
TIROSINT ORAL CAPSULE (<i>levothyroxine sodium</i>)	Tier 2	
TIROSINT-SOL ORAL SOLUTION (<i>levothyroxine sodium</i>)	Tier 2	
TRIOSTAT INTRAVENOUS SOLUTION (<i>liothyronine sodium</i>)	Tier 2	MB
<i>levothyroxine sodium</i> (Unithroid Oral Tablet)	Tier 1	
WESTHROID ORAL TABLET (<i>thyroid</i>)	Tier 2	
WP THYROID ORAL TABLET (<i>thyroid</i>)	Tier 2	
TOXOIDS - BIOLOGICAL AGENTS		
*TOXOID COMBINATIONS*** - VACCINES		
ADACEL INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	Tier 1	AL
DAPTACEL INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	Tier 1	AL
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 1	AL
INFANRIX INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	Tier 1	AL
KINRIX INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	Tier 1	AL

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIARIX INTRAMUSCULAR SUSPENSION (<i>dtap-hepatitis b recomb-ipv</i>)	Tier 1	AL
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	Tier 1	AL
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	Tier 1	AL
TDVAX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphtheria toxoids td</i>)	Tier 1	
TENIVAC INTRAMUSCULAR INJECTABLE (<i>tetanus-diphtheria toxoids td</i>)	Tier 1	AL
<i>tetanus-diphtheria toxoids td intramuscular suspension</i>	Tier 1	
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	Tier 2	MB
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	Tier 2	MB
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
*ANTICHOLINERGIC COMBINATIONS*** - DRUGS FOR STOMACH CRAMPS		
<i>chlordiazepoxide-clidinium oral capsule</i>	Tier 2	
LIBRAX ORAL CAPSULE (<i>chlordiazepoxide-clidinium</i>)	Tier 2	
<i>phenobarbital-belladonna alk oral elixir</i>	Tier 2	
<i>pb-hyoscy-atropine-scopolamine</i> (Phenoxytro Oral Tablet)	Tier 2	
*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS		
BENTYL INTRAMUSCULAR SOLUTION (<i>dicyclomine hcl</i>)	Tier 2	MB
<i>dicyclomine hcl intramuscular solution</i>	Tier 2	MB
<i>dicyclomine hcl oral capsule</i>	Tier 1	
<i>dicyclomine hcl oral solution</i>	Tier 1	
<i>dicyclomine hcl oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS		
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.25 MG/0.3ML (<i>atropine sulfate</i>)	Tier 2	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.5 MG/0.7ML, 1 MG/0.7ML, 2 MG/0.7ML (<i>atropine sulfate</i>)	Tier 2	MB
<i>atropine sulfate injection solution prefilled syringe</i>	Tier 2	MB
<i>atropine sulfate intravenous solution prefilled syringe</i>	Tier 2	MB
<i>atropine sulfate monohydrate powder</i>	Tier 2	
<i>atropine sulfate powder</i>	Tier 2	
<i>hyoscyamine sulfate powder</i>	Tier 2	
<i>hyosyne oral elixir</i>	Tier 1	
<i>hyosyne oral solution</i>	Tier 2	
<i>scopolamine hbr powder</i>	Tier 2	
*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid control maximum strength oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>cimetidine hcl oral solution</i>	Tier 2	
<i>cimetidine oral tablet 200 mg, 400 mg, 800 mg</i>	Tier 2	
<i>cimetidine oral tablet 300 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>cimetidine powder</i>	Tier 2	
<i>eq famotidine max st oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>famotidine intravenous solution 20 mg/2ml</i>	Tier 1	MB
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	Tier 2	MB
<i>famotidine maximum strength oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>famotidine oral suspension reconstituted</i>	Tier 1	PA
<i>famotidine oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>famotidine oral tablet 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>famotidine premixed intravenous solution</i>	Tier 2	MB
MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET <i>(famotidine)</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>mm famotidine oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>nizatidine oral capsule</i>	Tier 1	
<i>nizatidine oral solution</i>	Tier 1	PA
PEPCID ORAL TABLET 20 MG (<i>famotidine</i>)	Tier 2	QL (4 tablets per 1 day)
PEPCID ORAL TABLET 40 MG (<i>famotidine</i>)	Tier 2	QL (2 tablets per 1 day)
<i>sb acid controller max st oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>sb acid controller oral tablet</i>	Tier 1	DO; OTC; QL (2 tablets per 1 day)
<i>sb acid reducer oral tablet</i>	Tier 1	DO; OTC; QL (2 tablets per 1 day)
*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
CARAFATE ORAL SUSPENSION (<i>sucralfate</i>)	Tier 2	
CARAFATE ORAL TABLET (<i>sucralfate</i>)	Tier 2	
<i>sucralfate oral suspension</i>	Tier 2	
<i>sucralfate oral tablet</i>	Tier 1	
<i>sucralfate powder</i>	Tier 2	
*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cvs omeprazole-sod bicarbonate oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral (otc)</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral (rx)</i>	Tier 2	PA; QL (1 capsule per 1 day)

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omeprazole-sodium bicarbonate oral capsule 40-1100 mg	Tier 2	PA; QL (1 capsule per 1 day)
omeprazole-sodium bicarbonate oral packet	Tier 2	PA; QL (1 packet per 1 day)
ra omeprazole-sodium bicarb oral capsule	Tier 1	OTC; QL (1 capsule per 1 day)
ZEGERID ORAL CAPSULE (<i>omeprazole-sodium bicarbonate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
ZEGERID ORAL PACKET (<i>omeprazole-sodium bicarbonate</i>)	Tier 2	PA; QL (1 packet per 1 day)
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer oral capsule delayed release	Tier 1	OTC
acid reducer oral tablet delayed release	Tier 1	OTC; QL (2 tablets per 1 day)
ACIPHEX ORAL TABLET DELAYED RELEASE (<i>rabeprazole sodium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE (<i>rabeprazole sodium</i>)	Tier 2	PA; QL (1 capsule per 1 day)
cvs esomeprazole magnesium oral capsule delayed release	Tier 1	OTC; QL (2 capsules per 1 day)
cvs lansoprazole oral capsule delayed release	Tier 1	OTC; QL (2 capsules per 1 day)
cvs lansoprazole oral tablet delayed release dispersible	Tier 1	OTC; QL (1 tablet per 1 day)
cvs omeprazole oral capsule delayed release	Tier 1	OTC
cvs omeprazole oral tablet delayed release	Tier 1	OTC
cvs omeprazole oral tablet delayed release dispersible	Tier 1	OTC
DEXILANT ORAL CAPSULE DELAYED RELEASE (<i>dexlansoprazole</i>)	Tier 2	PA; QL (1 capsule per 1 day)
eq lansoprazole oral capsule delayed release	Tier 1	OTC; QL (2 capsules per 1 day)
eq omeprazole magnesium oral capsule delayed release	Tier 1	OTC

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<i>eq omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>eq omeprazole oral tablet delayed release dispersible</i>	Tier 1	OTC
<i>eql lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>eql omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i>	Tier 1	QL (2 capsules per 1 day)
<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>esomeprazole magnesium capsule delayed release 20 mg oral (rx)</i>	Tier 2	QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral packet</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>esomeprazole sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>gnp esomeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>gnp lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>gnp omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>gnp omeprazole oral tablet delayed release dispersible</i>	Tier 1	OTC
<i>GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE (esomeprazole magnesium)</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>goodsense lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>hm esomeprazole magnesium dr oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>hm lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>hm omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>kls esomeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)

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<i>kls lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>kls omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>kp omeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC
<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	Tier 1	QL (2 capsules per 1 day)
<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>lansoprazole capsule delayed release 15 mg oral (rx)</i>	Tier 2	QL (1 capsule per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>lansoprazole oral tablet delayed release dispersible</i>	Tier 2	QL (1 tablet per 1 day)
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE (<i>esomeprazole magnesium</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE (<i>esomeprazole magnesium</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE (<i>esomeprazole magnesium</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED (<i>esomeprazole sodium</i>)	Tier 2	MB
NEXIUM ORAL CAPSULE DELAYED RELEASE (<i>esomeprazole magnesium</i>)	Tier 2	PA; QL (1 capsule per 1 day)
NEXIUM ORAL PACKET (<i>esomeprazole magnesium</i>)	Tier 2	PA; QL (1 packet per 1 day)
omeprazole magnesium oral capsule delayed release	Tier 1	OTC
omeprazole magnesium oral tablet delayed release	Tier 1	OTC
omeprazole oral capsule delayed release 10 mg, 40 mg	Tier 2	PA
omeprazole oral capsule delayed release 20 mg	Tier 1	PA; Preferred for Members less than 6 years of age. PA required for members greater than 6.
omeprazole oral tablet delayed release	Tier 1	OTC
omeprazole oral tablet delayed release dispersible	Tier 1	OTC

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pantoprazole sodium intravenous solution reconstituted	Tier 2	MB
pantoprazole sodium oral packet	Tier 2	PA; QL (1 packet per 1 day)
pantoprazole sodium oral tablet delayed release	Tier 2	PA
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE (<i>lansoprazole</i>)	Tier 1	OTC; QL (2 capsules per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE 15 MG (<i>lansoprazole</i>)	Tier 2	PA; QL (2 capsules per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	Tier 2	PA; QL (1 capsule per 1 day)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE (<i>lansoprazole</i>)	Tier 2	PA; QL (1 tablet per 1 day)
PRILOSEC ORAL PACKET (<i>omeprazole magnesium</i>)	Tier 2	PA; QL (1 mL per 1 day)
PRILOSEC OTC ORAL TABLET DELAYED RELEASE (<i>omeprazole magnesium</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>pantoprazole sodium</i>)	Tier 2	MB
PROTONIX ORAL PACKET (<i>pantoprazole sodium</i>)	Tier 2	PA; QL (1 packet per 1 day)
PROTONIX ORAL TABLET DELAYED RELEASE (<i>pantoprazole sodium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
px omeprazole oral tablet delayed release	Tier 1	OTC
qc esomeprazole magnesium oral capsule delayed release	Tier 1	OTC; QL (1 capsule per 1 day)
qc lansoprazole oral capsule delayed release	Tier 1	OTC; QL (2 capsules per 1 day)
qc omeprazole magnesium oral capsule delayed release	Tier 1	OTC
ra esomeprazole magnesium oral capsule delayed release	Tier 1	OTC; QL (2 capsules per 1 day)
ra lansoprazole oral capsule delayed release	Tier 1	OTC; QL (2 capsules per 1 day)
ra omeprazole oral tablet delayed release	Tier 1	OTC

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<i>rabeprazole sodium oral capsule sprinkle</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>rabeprazole sodium oral tablet delayed release</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>sb omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>sm esomeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>sm lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>sm omeprazole oral tablet delayed release</i>	Tier 1	OTC
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
<i>CUVPOSA ORAL SOLUTION (glycopyrrolate)</i>	Tier 2	
<i>GLYCATE ORAL TABLET (glycopyrrolate)</i>	Tier 2	PA
<i>glycopyrrolate injection solution</i>	Tier 2	MB
<i>glycopyrrolate intravenous solution prefilled syringe</i>	Tier 2	MB
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	Tier 2	PA
<i>glycopyrrolate pf injection solution prefilled syringe</i>	Tier 2	MB
<i>GLYRX-PF INJECTION SOLUTION (glycopyrrolate)</i>	Tier 2	MB
<i>GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE (glycopyrrolate)</i>	Tier 2	MB
<i>isopropamide iodide powder</i>	Tier 2	
<i>methscopolamine bromide oral tablet</i>	Tier 2	
<i>propantheline bromide oral tablet</i>	Tier 1	
<i>propantheline bromide powder</i>	Tier 2	
*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>HELIDAC THERAPY ORAL (metronid-tetracyc-bis subsal)</i>	Tier 2	
<i>PYLERA ORAL CAPSULE (bis subcit-metronid-tetracyc)</i>	Tier 2	

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*ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier 2	QL (8 tablets per 1 day)
OMECLAMOX-PAK ORAL (<i>amoxicill-clarithro-omeprazole</i>)	Tier 2	
TALICIA ORAL CAPSULE DELAYED RELEASE (<i>amoxicill-rifabutin-omeprazole</i>)	Tier 2	
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
CYTOTEC ORAL TABLET (<i>misoprostol</i>)	Tier 2	
<i>misoprostol oral tablet</i>	Tier 1	
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Tier 1	QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tolterodine tartrate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
DETROL ORAL TABLET (<i>tolterodine tartrate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>oxybutynin chloride</i>)	Tier 2	PA
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (<i>oxybutynin chloride</i>)	Tier 2	PA; QL (2 tablets per 1 day)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>darifenacin hydrobromide</i>)	Tier 2	PA; QL (1 tablet per 1 day)
GELNIQUE TRANSDERMAL GEL (<i>oxybutynin chloride</i>)	Tier 2	PA
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	Tier 1	
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Tier 1	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY (<i>oxybutynin</i>)	Tier 2	PA; QL (8 patches per 28 days)
<i>solifenacin succinate oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 1	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>fesoterodine fumarate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>trospium chloride er oral capsule extended release 24 hour</i>	Tier 1	QL (1 capsule per 1 day)
<i>trospium chloride oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
VESICARE ORAL TABLET (<i>solifenacin succinate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (<i>mirabegron</i>)	Tier 2	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (<i>mirabegron</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	Tier 1	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet</i>	Tier 1	
VACCINES - BIOLOGICAL AGENTS		
*BACTERIAL VACCINES*** - VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	Tier 1	PA; AL
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	Tier 1	AL

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BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	Tier 2	
HIBERIX INJECTION SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	Tier 1	PA; AL
MENACTRA INTRAMUSCULAR INJECTABLE (<i>meningococcal a c y&w-135 conj</i>)	Tier 1	AL
MENQUADFI INTRAMUSCULAR INJECTABLE (<i>meningococcal a c y&w-135 conj</i>)	Tier 1	AL
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	Tier 1	AL
PEDVAX HIB INTRAMUSCULAR SUSPENSION (<i>haemophilus b polysac conj vac</i>)	Tier 1	PA; AL
PNEUMOVAX 23 INJECTION INJECTABLE (<i>pneumococcal vac polyvalent</i>)	Tier 1	AL
PREVNAR 13 INTRAMUSCULAR SUSPENSION (<i>pneumococcal 13-val conj vacc</i>)	Tier 1	AL
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	Tier 1	AL
TYPHIM VI INTRAMUSCULAR SOLUTION (<i>typhoid vi polysaccharide vacc</i>)	Tier 2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (<i>cholera vac live attenuated</i>)	Tier 2	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	Tier 2	
*VIRAL VACCINE COMBINATIONS*** - VACCINES		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	Tier 1	AL
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	Tier 1	AL
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a-hep b recomb vac</i>)	Tier 1	
*VIRAL VACCINES*** - VACCINES		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)
astrazeneca covid-19 vaccine intramuscular suspension	State Carve-out	MB; SCO
ENGERIX-B INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	Tier 1	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac a&b surf ant adj</i>)	Tier 1	QL (1 fill per 180 fills)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE (<i>influenza vac a&b sa adj quad</i>)	Tier 1	QL (1 fill per 180 fills)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>influenza vac recomb ha quad</i>)	Tier 1	QL (1 fill per 180 fills)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>)	Tier 1	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac subunit quad</i>)	Tier 1	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)
FLUMIST QUADRIVALENT NASAL SUSPENSION (<i>influenza virus vac live quad</i>)	Tier 1	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac high-dose quad</i>)	Tier 1	QL (0.7 mL per 1 fill)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	Tier 1	AL
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	Tier 1	AL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML (<i>hepatitis a vaccine</i>)	Tier 1	
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	Tier 1	AL
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b vac recomb adj</i>)	Tier 1	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE (<i>rabies virus vaccine, hdc</i>)	Tier 1	AL
IPOV INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	Tier 2	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	Tier 2	
<i>moderna covid-19 vaccine intramuscular suspension</i>	State Carve-out	MB; SCO
<i>pfizer-biontech covid-19 vacc intramuscular suspension</i>	State Carve-out	MB; SCO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	Tier 1	
RECOMBIVAX HB INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	Tier 1	AL
ROTARIX ORAL SUSPENSION RECONSTITUTED (<i>rotavirus vaccine live oral</i>)	Tier 2	
ROTAQUE ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	Tier 2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>zoster vac recomb adjuvanted</i>)	Tier 1	AL; QL (2 injections per 1 lifetime)
<i>stamaril injection suspension reconstituted</i>	Tier 2	
VAQTA INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	Tier 1	AL
VARIVAX SUBCUTANEOUS INJECTABLE (<i>varicella virus vaccine live</i>)	Tier 1	AL

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	Tier 2	
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
<i>3 day vaginal vaginal cream</i>	Tier 1	OTC
<i>clotrimazole 3 vaginal cream</i>	Tier 1	OTC
<i>clotrimazole vaginal cream</i>	Tier 1	OTC
<i>clotrimazole-7 vaginal cream</i>	Tier 1	OTC
<i>cvs clotrimazole 3 vaginal cream</i>	Tier 1	OTC
<i>cvs miconazole 1 combo pack vaginal kit</i>	Tier 1	OTC
<i>cvs miconazole 1 combo-wipes vaginal kit</i>	Tier 1	OTC
<i>cvs miconazole 3 combo pack vaginal kit</i>	Tier 1	OTC
<i>cvs miconazole 3 combo-supp vaginal kit</i>	Tier 1	OTC
<i>cvs miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>cvs tioconazole 1 vaginal ointment</i>	Tier 1	OTC
<i>eq miconazole 1 vaginal kit</i>	Tier 1	OTC
<i>eq miconazole 3 combo pack vaginal kit</i>	Tier 1	OTC
<i>eq miconazole 7 day treatment vaginal cream</i>	Tier 1	OTC
<i>eq miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>eql miconazole 3 vaginal kit</i>	Tier 1	OTC
<i>eql miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>eql tioconazole-1 vaginal ointment</i>	Tier 1	OTC
<i>gnp clotrimazole 3 vaginal cream</i>	Tier 1	OTC
<i>gnp miconazole 3 vaginal kit</i>	Tier 1	OTC
<i>gnp miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>goodsense miconazole 1 vaginal kit</i>	Tier 1	OTC
<i>GYNAZOLE-1 VAGINAL CREAM (<i>butoconazole nitrate (1 dose)</i>)</i>	Tier 2	
<i>miconazole 1 vaginal kit</i>	Tier 1	OTC

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<i>miconazole 3 applicator vaginal kit</i>	Tier 1	OTC
<i>miconazole 3 combo pack app vaginal kit</i>	Tier 1	OTC
<i>miconazole 3 combo pack vaginal kit</i>	Tier 1	OTC
<i>miconazole 3 combo-supp vaginal kit</i>	Tier 1	OTC
<i>miconazole 3 vaginal suppository</i>	Tier 1	
<i>miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>miconazole 7 vaginal suppository</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream</i>	Tier 1	OTC
<i>px miconazole 3-day combo vaginal kit</i>	Tier 1	OTC
<i>qc 3 day vaginal cream</i>	Tier 1	OTC
<i>qc miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>ra clotrimazole 3 vaginal cream</i>	Tier 1	OTC
<i>ra clotrimazole 7 vaginal cream</i>	Tier 1	OTC
<i>ra miconazole 3 combo pack app vaginal kit</i>	Tier 1	OTC
<i>ra miconazole 3 combo pack vaginal kit</i>	Tier 1	OTC
<i>ra miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>ra tioconazole 1 vaginal ointment</i>	Tier 1	OTC
<i>sm 3-day vaginal vaginal cream</i>	Tier 1	OTC
<i>sm clotrimazole vaginal vaginal cream</i>	Tier 1	OTC
<i>sm miconazole 3 applicator vaginal kit</i>	Tier 1	OTC
<i>sm miconazole 3 vaginal kit</i>	Tier 1	OTC
<i>sm miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>sm miconazole 7 vaginal suppository</i>	Tier 1	OTC
<i>sm tioconazole-1 vaginal ointment</i>	Tier 1	OTC
<i>terconazole vaginal cream 0.4 %</i>	Tier 1	
<i>terconazole vaginal cream 0.8 %</i>	Tier 1	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	Tier 1	QL (6 suppositories per 30 days)
<i>tioconazole-1 vaginal ointment</i>	Tier 1	OTC
VAGISTAT-3 VAGINAL KIT (<i>miconazole nitrate</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MISCELLANEOUS VAGINAL PRODUCTS*** - DRUGS FOR WOMEN		
INTRAROSA VAGINAL INSERT (<i>prasterone</i>)	Tier 2	PA; QL (1 insert per 1 day)
*SPERMICIDES*** - BIRTH CONTROL PILLS		
TODAY SPONGE VAGINAL (<i>nonoxynol-9</i>)	Tier 1	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM (<i>nonoxynol-9</i>)	Tier 1	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM (<i>nonoxynol-9</i>)	Tier 1	OTC
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
CLEOCIN VAGINAL CREAM (<i>clindamycin phosphate</i>)	Tier 2	
CLEOCIN VAGINAL SUPPOSITORY (<i>clindamycin phosphate</i>)	Tier 1	
<i>clindamycin phosphate vaginal cream</i>	Tier 1	
CLINDESSE VAGINAL CREAM (<i>clindamycin phosphate (1 dose)</i>)	Tier 2	
<i>metronidazole vaginal gel</i>	Tier 1	
NUVESSA VAGINAL GEL (<i>metronidazole</i>)	Tier 2	
<i>metronidazole</i> (Vandazole Vaginal Gel)	Tier 1	
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** - BIRTH CONTROL PILLS		
PHEXXI VAGINAL GEL (<i>lactic ac-citric ac-pot bitart</i>)	Tier 2	
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
ESTRACE VAGINAL CREAM (<i>estradiol</i>)	Tier 2	PA
<i>estradiol vaginal cream</i>	Tier 2	PA
<i>estradiol vaginal tablet</i>	Tier 1	
ESTRING VAGINAL RING (<i>estradiol</i>)	Tier 2	PA
FEMRING VAGINAL RING (<i>estradiol acetate</i>)	Tier 2	PA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT (<i>estradiol</i>)	Tier 2	PA; QL (18 units per 30 days)

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IMVEXXY STARTER PACK VAGINAL INSERT (<i>estradiol</i>)	Tier 2	PA; QL (18 units per 30 days)
PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>)	Tier 2	PA
VAGIFEM VAGINAL TABLET (<i>estradiol</i>)	Tier 2	PA
<i>estradiol</i> (Yuvalfem Vaginal Tablet)	Tier 1	
*VAGINAL PROGESTINS*** - DRUGS FOR WOMEN		
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	Tier 2	PA; SP
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	Tier 2	PA; SP; QL (1 applicator per 1 day)
ENDOMETRIN VAGINAL INSERT (<i>progesterone</i>)	Tier 2	
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
ADRENALIN INJECTION SOLUTION (<i>epinephrine</i>)	Tier 2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML (<i>epinephrine</i>)	Tier 2	PA; QL (2 pens per 1 fill)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	Tier 2	PA; QL (2 injections per 1 fill)
<i>epinephrine (anaphylaxis) injection solution</i>	Tier 2	
<i>epinephrine injection solution auto-injector</i>	Tier 1	QL (2 pens per 1 fill)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	Tier 2	PA; QL (2 pens per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	Tier 2	PA; QL (2 pens per 1 fill)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE (<i>epinephrine</i>)	Tier 1	QL (2 boxes per 1 fill)
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
NORTHERA ORAL CAPSULE 100 MG (<i>droxidopa</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
NORTHERA ORAL CAPSULE 200 MG, 300 MG (<i>droxidopa</i>)	Tier 2	PA; SP; QL (6 capsules per 1 day)

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*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
AKOVAZ INTRAVENOUS SOLUTION (<i>ephedrine sulfate (pressors)</i>)	Tier 2	AL; MB
BIORPHEN INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	Tier 2	MB
<i>dobutamine hcl intravenous solution</i>	Tier 2	MB
<i>dobutamine in d5w intravenous solution</i>	Tier 2	MB
<i>dopamine hcl intravenous solution</i>	Tier 2	MB
<i>dopamine in d5w intravenous solution</i>	Tier 2	MB
EMERPHED INTRAVENOUS SOLUTION (<i>ephedrine sulfate (pressors)</i>)	Tier 2	MB
<i>ephedrine sulfate intravenous solution</i>	Tier 2	AL; MB
<i>ephedrine sulfate-nacl intravenous solution prefilled syringe</i>	Tier 2	MB
<i>epinephrine hcl-dextrose intravenous solution</i>	Tier 2	MB
<i>epinephrine hcl-nacl intravenous solution</i>	Tier 2	MB
<i>epinephrine-dextrose intravenous solution</i>	Tier 2	MB
<i>epinephrine-nacl intravenous solution</i>	Tier 2	MB
GIAPREZA INTRAVENOUS SOLUTION (<i>angiotensin ii acetate</i>)	Tier 2	MB
LEVOPHED INTRAVENOUS SOLUTION (<i>norepinephrine bitartrate</i>)	Tier 2	MB
<i>midodrine hcl oral tablet</i>	Tier 1	
<i>norepinephrine bitartrate intravenous solution</i>	Tier 2	MB
<i>norepinephrine-dextrose intravenous solution</i>	Tier 2	MB
<i>norepinephrine-sodium chloride intravenous solution</i>	Tier 2	MB
<i>phenylephrine hcl intravenous solution</i>	Tier 2	AL; MB
<i>phenylephrine hcl-nacl intravenous solution 10-0.9 mg/250ml-%, 20-0.9 mg/250ml-%, 25-0.9 mg/250ml-%, 50-0.9 mg/250ml-%</i>	Tier 2	MB
<i>phenylephrine hcl-nacl intravenous solution 100-0.9 mg/250ml-%, 40-0.9 mg/250ml-%, 80-0.9 mg/250ml-%</i>	Tier 2	AL; MB

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<i>phenylephrine hcl-nacl intravenous solution prefilled syringe 0.5-0.9 mg/5ml-%, 0.8-0.9 mg/10ml-%, 20-0.9 mg/50ml-%</i>	Tier 2	AL; MB
<i>phenylephrine hcl-nacl intravenous solution prefilled syringe 1-0.9 mg/10ml-%</i>	Tier 2	MB
VAZCULEP INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	Tier 2	AL; MB
VITAMINS - DRUGS FOR NUTRITION		
*BIOTIN*** - DRUGS FOR NUTRITION		
<i>biotin oral tablet</i>	Tier 1	OTC
<i>pa biotin oral tablet</i>	Tier 1	OTC
<i>qc biotin oral tablet</i>	Tier 1	OTC
<i>ra biotin oral tablet</i>	Tier 1	OTC
*PABA*** - DRUGS FOR NUTRITION		
<i>aminobenzoic acid powder</i>	Tier 2	
<i>para-aminobenzoic acid powder</i>	Tier 2	
*VITAMIN A*** - DRUGS FOR NUTRITION		
AQUASOL A INTRAMUSCULAR SOLUTION (<i>vitamin a</i>)	Tier 2	MB
<i>gnp vitamin a oral capsule</i>	Tier 1	OTC
<i>px vitamin a oral capsule</i>	Tier 1	OTC
<i>vitamin a oral capsule</i>	Tier 1	OTC
*VITAMIN B-1*** - DRUGS FOR NUTRITION		
<i>b-1 high potency oral tablet</i>	Tier 1	OTC
<i>gnp vitamin b1 oral tablet</i>	Tier 1	OTC
<i>hm vitamin b1 oral tablet</i>	Tier 1	OTC
<i>qc vitamin b1 oral tablet</i>	Tier 1	OTC
<i>thiamine hcl injection solution</i>	Tier 1	MB
<i>thiamine mononitrate powder</i>	Tier 2	
*VITAMIN B-2*** - DRUGS FOR NUTRITION		
<i>b2 oral tablet</i>	Tier 1	OTC

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*VITAMIN B-3*** - DRUGS FOR NUTRITION		
<i>niacin-50 oral tablet</i>	Tier 1	OTC
<i>niacinamide oral tablet</i>	Tier 1	OTC
<i>nicotinamide powder</i>	Tier 2	
<i>px niacin oral tablet</i>	Tier 1	OTC
<i>qc niacin oral tablet</i>	Tier 1	OTC
*VITAMIN B-5*** - DRUGS FOR NUTRITION		
<i>calcium pantothenate oral tablet</i>	Tier 1	OTC
*VITAMIN B-6*** - DRUGS FOR NUTRITION		
<i>b-6 oral tablet</i>	Tier 1	OTC
<i>neuro-k-250 vitamin b6 oral tablet</i>	Tier 1	OTC
<i>neuro-k-50 oral tablet</i>	Tier 1	OTC
<i>pyridoxine hcl injection solution</i>	Tier 1	MB
<i>pyridoxine hcl oral tablet</i>	Tier 1	OTC
<i>qc vitamin b6 oral tablet</i>	Tier 1	OTC
<i>ra vitamin b-6 oral tablet</i>	Tier 1	OTC
<i>vitamin b6 oral tablet</i>	Tier 1	OTC
<i>vitamin b-6 oral tablet</i>	Tier 1	OTC
<i>yl vitamin b-6 oral tablet</i>	Tier 1	OTC
*VITAMIN C*** - DRUGS FOR NUTRITION		
<i>acerola c-500 oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>ASCOR INTRAVENOUS SOLUTION (ascorbic acid)</i>	Tier 2	MB
<i>ascorbic acid oral tablet 1000 mg</i>	Tier 1	OTC
<i>ascorbic acid oral tablet 250 mg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>ascorbic acid oral tablet chewable</i>	Tier 1	OTC
<i>asco-tabs-1000 oral tablet</i>	Tier 1	OTC
<i>BPROTECTED VITAMIN C ORAL LIQUID (ascorbic acid)</i>	Tier 1	OTC
<i>c 250 oral tablet chewable</i>	Tier 1	OTC

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c 500 oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
c-1000 sr oral tablet extended release	Tier 1	OTC
c-1000/rose hips sr oral tablet extended release	Tier 1	OTC
c-1500/rose hips sr oral tablet extended release	Tier 1	OTC
c-250 oral tablet chewable	Tier 1	OTC
c-500 non-acid oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
c-500 sr oral capsule extended release	Tier 1	OTC
c-500 sr oral tablet extended release	Tier 1	OTC
calcium ascorbate oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
chew-c oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
CRUSH VITAMIN C DROPS MOUTH/THROAT LOZENGE (ascorbic acid)	Tier 1	OTC
cvs chewable c with rose hips oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
gnp vitamin c cr oral tablet extended release	Tier 1	OTC
gnp vitamin c w/rose hips oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
gnp vitamin c/rose hips tr oral tablet extended release	Tier 1	OTC
hm vitamin c oral tablet 1000 mg	Tier 1	OTC
hm vitamin c oral tablet 500 mg	Tier 1	OTC; QL (1 tablet per 1 day)
hm vitamin c tr oral tablet extended release	Tier 1	OTC
natural c/rose hips oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
px vitamin c oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
qc vitamin c oral tablet 1000 mg	Tier 1	OTC
qc vitamin c oral tablet 500 mg	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc vitamin c oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
qc vitamin c with rose hips oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
ra vitamin c oral tablet chewable	Tier 1	OTC
ra vitamin c/rose hips cr oral tablet extended release	Tier 1	OTC
sodium ascorbate granules	Tier 2	
SUNKIST VITAMIN C ORAL TABLET CHEWABLE <i>(ascorbic acid)</i>	Tier 1	OTC; QL (2 tablets per 1 day)
vitamin c immune health oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
vitamin c plus wild rose hips oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
vitamin c/bioflavonoids/rosehp oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
vitamin c-acerola oral tablet	Tier 1	OTC; QL (1 tablet per 1 day)
vitamin c-acerola oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
vitamin c-rose hips er oral tablet extended release	Tier 1	OTC
vitamin c-rose hips oral tablet chewable	Tier 1	OTC; QL (2 tablets per 1 day)
yl vitamin c oral tablet 1000 mg	Tier 1	OTC
yl vitamin c oral tablet 500 mg	Tier 1	OTC; QL (1 tablet per 1 day)
yl vitamin c-rose hips oral tablet 1000 mg	Tier 1	OTC
yl vitamin c-rose hips oral tablet 500 mg	Tier 1	OTC; QL (1 tablet per 1 day)
*VITAMIN D*** - DRUGS FOR NUTRITION		
aqueous vitamin d oral liquid	Tier 1	OTC; QL (2 mL per 1 day)
BPROTECTED PEDIA D-VITE ORAL LIQUID <i>(cholecalciferol)</i>	Tier 1	OTC; QL (2 mL per 1 day)
cvs d3 oral capsule	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs vitamin d3 oral tablet chewable	Tier 1	OTC
d 400 oral tablet	Tier 1	OTC; QL (2 tablets per 1 day)
d-1000 oral tablet	Tier 1	OTC
d3 high potency oral capsule	Tier 1	OTC; QL (2 capsules per 1 day)
d3 high potency oral tablet	Tier 1	OTC; QL (2 tablets per 1 day)
d-400 oral tablet	Tier 1	OTC; QL (2 tablets per 1 day)
delta d3 oral tablet	Tier 1	OTC; QL (2 tablets per 1 day)
DIALYVITE VITAMIN D3 MAX ORAL TABLET <i>(cholecalciferol)</i>	Tier 1	OTC
DRISDOL ORAL CAPSULE (<i>ergocalciferol</i>)	Tier 2	
d-vite pediatric oral liquid	Tier 1	OTC; QL (2 mL per 1 day)
eql vitamin d3 gummies oral tablet chewable	Tier 1	OTC
eql vitamin d3 oral capsule	Tier 1	OTC
ergocalciferol oral capsule	Tier 1	
ergocalciferol powder	Tier 2	
gnp d 2000 oral tablet chewable	Tier 1	OTC
gnp vitamin d-400 oral tablet	Tier 1	OTC; QL (2 tablets per 1 day)
hm vitamin d oral tablet	Tier 1	OTC; QL (2 tablets per 1 day)
hm vitamin d3 oral capsule	Tier 1	OTC
hm vitamin d3 oral tablet	Tier 1	OTC
IS-D 10,000 ORAL CAPSULE (<i>cholecalciferol</i>)	Tier 1	OTC
kls d3 oral capsule	Tier 1	OTC; QL (2 capsules per 1 day)
kp vitamin d oral capsule	Tier 1	OTC
nat-rul vitamin d oral tablet	Tier 1	OTC
pa vitamin d-3 oral tablet	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pharmacist choice d-vitamin oral liquid</i>	Tier 1	OTC; QL (2 mL per 1 day)
PRONUTRIENTS VITAMIN D3 ORAL CAPSULE (<i>cholecalciferol</i>)	Tier 1	OTC
<i>qc vitamin d3 oral capsule 25 mcg (1000 ut)</i>	Tier 1	OTC
<i>qc vitamin d3 oral capsule 50 mcg (2000 ut)</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>qc vitamin d3 oral tablet 10 mcg (400 unit)</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>qc vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Tier 1	OTC
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET (<i>cholecalciferol</i>)	Tier 1	OTC
<i>sm vitamin d oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>sm vitamin d3 oral capsule 100 mcg (4000 ut)</i>	Tier 1	OTC
<i>sm vitamin d3 oral capsule 125 mcg (5000 ut)</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit)</i>	Tier 1	OTC
<i>vitamin d (cholecalciferol) oral capsule 50 mcg (2000 ut)</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>vitamin d (cholecalciferol) oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>vitamin d (ergocalciferol) oral capsule</i>	Tier 1	
<i>vitamin d infant oral liquid</i>	Tier 1	OTC; QL (2 mL per 1 day)
<i>vitamin d oral capsule</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>vitamin d oral liquid</i>	Tier 1	OTC; QL (2 mL per 1 day)
<i>vitamin d3 gummies oral tablet chewable</i>	Tier 1	OTC
<i>vitamin d3 oral capsule</i>	Tier 1	OTC
<i>vitamin d3 oral liquid</i>	Tier 1	OTC; QL (2 mL per 1 day)
<i>vitamin d-3 oral tablet</i>	Tier 1	OTC
<i>vitamin d3 oral tablet 1.25 mg (50000 ut), 25 mcg</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>vitamin d3 ultra potency oral tablet</i>	Tier 1	OTC
<i>vitamin d-400 oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
WEEKLY-D ORAL CAPSULE (<i>cholecalciferol</i>)	Tier 1	OTC
*VITAMIN E*** - DRUGS FOR NUTRITION		
<i>alph-e oral capsule</i>	Tier 1	OTC
<i>alph-e-mixed oral capsule</i>	Tier 1	OTC
<i>aqueous vitamin e oral solution</i>	Tier 1	OTC
<i>e400 oral capsule</i>	Tier 1	OTC
<i>e-400-clear oral capsule</i>	Tier 1	OTC
<i>e-400-mixed oral capsule</i>	Tier 1	OTC
<i>e600 oral capsule</i>	Tier 1	OTC
ESTER-E ORAL CAPSULE (<i>vitamin e</i>)	Tier 1	OTC
<i>kp vitamin e oral capsule</i>	Tier 1	OTC
<i>natural vitamin e oral capsule</i>	Tier 1	OTC
<i>px vitamin e oral capsule</i>	Tier 1	OTC
<i>qc vitamin e oral capsule</i>	Tier 1	OTC
<i>ra natural vitamin e oral capsule</i>	Tier 1	OTC
<i>ra vitamin e blend oral capsule</i>	Tier 1	OTC
<i>vitamin e complex oral capsule</i>	Tier 1	OTC
<i>vitamin e oral capsule</i>	Tier 1	OTC
<i>vitamin e powder</i>	Tier 2	
<i>yl vitamin e oral capsule</i>	Tier 1	OTC
*VITAMIN K*** - DRUGS FOR NUTRITION		
MEPHYTON ORAL TABLET (<i>phytonadione</i>)	Tier 2	
<i>phytonadione injection solution 1 mg/0.5ml</i>	Tier 2	MB
<i>phytonadione injection solution 10 mg/ml</i>	Tier 1	MB
<i>phytonadione oral tablet</i>	Tier 1	
<i>vitamin k oral tablet</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin k1 injection solution</i>	Tier 1	MB

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<i>aluminum chloride hexahydrate</i>	269	Amethyst	216	<i>amoxicillin</i>	525
<i>aluminum flip off seals 20mm</i>	394	AMICAR	332	<i>amoxicillin trihydrate</i>	525
<i>aluminum hydroxide dried gel</i>	205	AMIDATE	311	<i>amoxicillin-pot clavulanate</i>	
<i>aluminum hydroxide gel</i>	62	AMIGO INSULIN PUMP	389	<i>amoxicillin-pot clavulanate</i>	526
		<i>amikacin sulfate</i>	27	<i>er</i>	526
		<i>amiloride hcl</i>	290	AMPHADASE	445
		<i>amiloride-hydrochlorothiazide</i>	289	<i>amphenol-40</i>	275
		<i>aminoacetic acid</i>	313	<i>amphetamine er</i>	13
		<i>aminobenzoic acid</i>	579	<i>amphetamine sulfate</i>	13, 14
		<i>aminocaproic acid</i>	332	<i>amphetamine-dextroamphet er</i>	13

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amphetamine-dextroamphetamine	13	animal chews	479	antioxidant protection formula	458
amphotericin b	450	anise extract	528	antioxidant vitamins	458
ampicillin	525	anise flavor	528	antivenin <i>latroductus mactans</i>	522
ampicillin sodium	525	ANJESO	30	antivenin <i>micrurus fulvius</i>	522
ampicillin-sulbactam sodium	526	ANNOVERA	216	ANUSOL-HC	59
AMPYRA	549	ANORO ELLIPTA	69	ANZEMET	112
AMRIX	492	antacid	60, 62	APADAZ	54
AMVISC	518	antacid & antigas	59	apap-caff-dihydrocodeine	48
AMVISC PLUS	518	antacid advanced	59	APETIGEN-PLUS	454
AMYVID	281	antacid anti-gas	59	APEXICON E	248
AMZEEQ	232	antacid anti-gas max strength	59	APHEN	38
ANADROL-50	56	antacid anti-gas reg strength	59	APIDRA	98
ANAFRANIL	92	antacid calcium rich	62	APIDRA SOLOSTAR	98
anagrelide hcl	322	antacid extra strength	59, 61	APLENZIN	86
ANALPRAM-HC	58	antacid fast relief	59	APLISOL	278
ANAPROX DS	30	antacid i	59	APNEASTRIp	394
ANASCORP	522	antacid iii	60	apogee hc catheter 10fr/10"	352
anastrozole	164	antacid liquid	60	apogee hc catheter 10fr/6"	352
ANAVIP	522	antacid m	60	apogee hc catheter 12fr/16"	352
ANCOBON	116	antacid maximum strength	60	apogee hc catheter 12fr/6"	352
ANDEXXA	111	antacid plus anti-gas relief	60	apogee hc catheter 14fr/16"	352
ANDRODERM	56	antacid regular strength	60, 62	apogee hc catheter 14fr/6"	352
ANDROGEL	56	antacid ultra strength	62	apogee hc catheter 16fr/16"	352
ANDROGEL PUMP	56	antacid/anti-gas	60	apogee hc catheter 18fr/16"	352
NECTINE	500	antacid/simethicone ds	60	apogee hc catheter 8fr/10"	352
anesthesia sli-40a	311	ANTARA	129	apogee ic catheter 14fr/6"	352
anesthesia sli-40h	311	anthralin	245	apracaclonidine hcl	515
anesthesia sli-40s	311	anticoagulant sodium citrate	76	aprepitant	115
ANGEL WING BLOOD COLLECT SET	394	anti-diarrheal	109	Apri	210
ANGEL WING LUER ADAPTER/HOLDER	394	antifungal	240, 260	apricot flavor	528, 529
ANGEL WING TRANSFER DEVICE	394	anti-fungal	240, 260	APRISO	308
ANGEL WING TUBE HOLDER	394	antifungal clotrimazole	260	APRODINE	228
ANGELIQ	302	anti-hist allergy	119	APTENSIO XR	17
ANGIOMAX	76	antihistamine & nasal deconges	228	APTIOM	78
ANHYDROUS BASE	538	anti-itch maximum strength	248	APTIVUS	183
anhydrous base	538	anti-nauseal/rekematal	113		
anhydrous cream base	538	anti-oxidant	474		
anhydrous gel base	538	antioxidant a/cle/selenium	458		

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aqua lance adjustable lancing	365	ARTHROTEC	30	aspirin adult low dose	43
AQUANIL HC	248	Articadent Dental	347	aspirin adult low strength	43
AQUASOL A	579	artificial tears	506	aspirin childrens	43
aqueous vitamin d	582	ARTISS	331	aspirin ec	43
aqueous vitamin e	585	ARZERRA	154	aspirin ec adult low strength	43
ARAKODA	147	ASACOL HD	308	aspirin ec low dose	43
Aranelle	219	ASCENIV	523	aspirin ec low strength	43
ARANESP (ALBUMIN FREE)	325	ASCLERA	449	aspirin low dose	43
ARAVA	35	Ascomp-Codeine	47	aspirin low strength	43
ARAZLO	234	ASCOR	580	aspirin-dipyridamole er	322
ARCAPTA NEOHALER	70	ascorbic acid	580	aspirin-omeprazole	322
ARESTIN	452	asco-tabs-1000	580	ASPIR-LOW	43
argatroban	77	asenapine maleate	176	aspirtab	44
argatroban in sodium chloride	77	Ashlynna	217	aspirtab maximum strength	44
arginine hcl	504	Asilnasalrms	286	ASSESS PEAK FLOW METER	421
ARGYLE EXTENSION TUBE 20"	393	ASMANEX (120 METERED DOSES)	73	ASSURE HAEMOLANCE PLUS HIGH	365
ARGYLE SARATOGA SUMP DRAIN	394	ASMANEX (14 METERED DOSES)	73	ASSURE HAEMOLANCE PLUS LOW	365
Argyle Sterile Saline	313	ASMANEX (30 METERED DOSES)	73	ASSURE HAEMOLANCE PLUS MICRO	365
Argyle Sterile Water	446	ASMANEX (60 METERED DOSES)	73	ASSURE HAEMOLANCE PLUS NORMAL	365
ARGYLE TRACHEOSTOMY CARE TRAY	429	ASMANEX (7 METERED DOSES)	74	ASSURE HAEMOLANCE PLUS PED	365
ARICEPT	545	ASPARLAS	163	ASSURE ID INSULIN SAFETY SYR	403
ARIDOL	280	ASPARTAME (NUTRASWEET)	288	ASSURE LANCE LANCETS	
ARIKAYCE	27	ASPERCREME LIDOCAINE	266	ASPERCREME LIDOCAINE	365
ARIMIDEX	164	ESSENTIAL	265	ASSURE LANCE LANCETS 21G	365
aripiprazole	178	ASPERCREME MAX	266	ASSURE LANCE PLUS SAFETY 25G	365
ARISTADA	178	STRENGTH	266	ASSURE LANCE PLUS SAFETY 30G	365
ARISTADA INITIO	178	ASPERCREME PAIN	266	ASSURE LANCE SAFETY LANCET 28G	365
ARIXTRA	76	RELIEF PATCH	266	ASPERCREME W/LIDOCAINE	266
arizona cypress	21	ASPERCREME	266	ASPERCREME max st	266
armodafinil	17	W/LIDOCAINE	266	asperflex max st	266
ARMONAIR DIGIHALER	73	assergillus fumigatus	21, 278	aspergillus fumigatus	21, 278
ARMOUR THYROID	559	arnica flower	269	aspirin	43
arnica flower	269	ARRNUITY ELLIPTA	73	aspirin 81	43
AROMASIN	164	ARRONON	151	aspirin adult	43
arsenic trioxide	164	arthritis pain reliever	243		

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ATABEX.....	480	<i>aurora lancet thin 23g</i>	366	<i>av-phos 250 neutral</i>	440
ATABEX EC.....	480	Aurovela 1.5/30.....	211	AVSOLA.....	311
ATABEX OB.....	480	Aurovela 1/20.....	211	AVYCAZ.....	201
ATACAND.....	137	Aurovela 24 Fe.....	211	AXUMIN.....	282
ATACAND HCT.....	136	Aurovela Fe 1.5/30.....	211	AYGESTIN.....	543
atazanavir sulfate	183	Aurovela Fe 1/20.....	211	Ayuna.....	211
ATELVIA.....	291	AURYXIA.....	310	AYVAKIT.....	157
atenolol	190	AUSTEDO.....	546	azacitidine	151
atenolol-chlorthalidone	140	australian pine	21	AZACTAM.....	145
ATGAM.....	445	autoclave air filter	394	AZASAN.....	449
athletes foot	260	autoclave paper 36" x 36"	394	AZASITE.....	511
athletes foot (clotrimazole)	260	autoclave printer paper	394	azathioprine	449
athletes foot powder spray	240, 260	AUTO-LANCET.....	366	azathioprine sodium	449
athletes foot spray	240	AUTO-LANCET MINI.....	366	AZEDRA DOSIMETRIC.....	163
ATIVAN.....	66	AUTOLET II CLINISAFE.....	366	AZEDRA THERAPEUTIC.....	163
atomoxetine hcl	12	AUTOLET LANCING DEVICE.....	366	azelaic acid	270
atorvastatin calcium	130	AUTOLET LITE CLINISAFE.....	366	azelastine hcl	496, 510
atovaquone	143	AUTOLET LITE STARTER.....	366	azelastine-fluticasone	495
atovaquone-proguanil hcl	147	PACK.....	366	AZELEX.....	234
atracurium besylate	500	AUTOLET MINI.....	366	azeschew	
ATRALIN.....	234	AUTOLET PLATFORMS.....	366	prenatal/postnatal	480
ATREVIS HYDROGEL.....	538	AUTOLET PLUS.....	366	azesco	481
ATRIPLA.....	180	AUTOSOFT 30 INFUSION.....	366	AZILECT.....	171
ATROPEN.....	562	SET.....	389	azithromycin	349, 350
atropine sulfate	509, 562	AUTOSOFT 90 INFUSION.....	389	azo tabs	314
atropine sulfate monohydrate	562	SET.....	389	AZO TEST.....	283
ATROVENT HFA.....	71	AUVI-Q.....	577	AZOLEN TINCTURE.....	260
AUBAGIO.....	546	AVAILNEX.....	286	AZOPT.....	512
Aubra.....	210	AVALIDE.....	136	AZOR.....	135
Aubra Eq.....	210	AVANDIA.....	106	aztreonam	145
AUGMENTIN.....	526	AVAPRO.....	137	AZULFIDINE.....	308
AUGMENTIN ES-600.....	526	AVEED.....	56	AZULFIDINE EN-TABS.....	308
aura portaneb	402	AVEENO ANTI-ITCH MAX.....	248	Azurette.....	210
auraphene-b	520	ST.....	248	b complex 100 tr	454
aureobasidium	21	Aviane.....	211	b complex plus	454
aureobasidium pullulans	21, 278	Avita.....	234	b complex-biotin-fa	454
aurodryl allergy childrens	119	AVITENE.....	332	b complex-c	453
europhen childrens	38	AVITENE FLOUR.....	332	b-1 high potency	579
aurora lancet super thin 30g	365	avocado (diagnostic)	278	b-100 b-complex	454
		AVODART.....	312	b-100 complex cr	454
		AVONEX PEN.....	547	b-100 cr	491
		AVONEX PREFILLED.....	547	b-12	324
		AVOSTARTGRIP.....	394	b-12-sl	324
				b2	579

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b50 complex tr	454	BARDEX I.C. FOLEY CATH	BD INSULIN SYRINGE
b-6	580	14FR	ULTRAFINE
Bac	42	BARDIA LEG BAG	404
bacitracin	142, 239, 511	BARHEMSYS	BD LUER-LOK SYRINGE
bacitracin zinc	239	barium sulfate	404
bacitracin-polymyxin b	512	BASAGLAR KWIKPEN	BD PEN NEEDLE MICRO
bacitra-neomycin-polymyxin-hc	516	base a polyethylene glycol	U/F
BACITRAYCIN PLUS	239		404
baclofen	492	BD PEN NEEDLE MINI U/F
BACOCALMINE	536	base c polyethylene glycol	404
bacteriostatic water(benz alc)	536	300	BD PEN NEEDLE NANO
BACTRIM	143	base d polyethylene glycol	2ND GEN
BACTRIM DS	142	404
BAFIERTAM	548	base g almond oil (sweet)	BD PEN NEEDLE
bahia	21	207	ORIGINAL U/F
bal in oil	111	base gelatin gummy	404
balanced b complex	454	troche	BD SAFETYGLIDE INSULIN
balanced b-100	491	SYRINGE
balanced b-100 complex cr	491	base x	404
balanced b-50/fa	454	BAVENCIO	BD SAFETYGLIDE
balanced salt	514	BAXDELA	SHIELDED NEEDLE
BALCOLTRA	211	bay oil	405
bald cypress	21	206	BD SAFETY-LOK INSULIN
balsalazide disodium	308	bayberry (wax myrtle)	SYRINGE
BALVERSA	153	BAYER ADVANCED	405
Balziva	211	ASPIRIN REG ST	BD SAFETY-LOK SET
bamlanivimab	523	BAYER ASPIRIN	393
banana (diagnostic)	278	BAYER ASPIRIN EC LOW	BD SWABS SINGLE USE
banana flavor	529	DOSE	BUTTERFLY
BANOPHEN	119	BAYER LOW DOSE	405
BANZEL	78	b-compleet-100	BD SYRINGE/NEEDLE
BAQSIMI ONE PACK	96	454	405
BAQSIMI TWO PACK	96	b-compleet-50	BD TB SYRINGE
BARACLUDÉ	187	452	405
BARD IRRIGATION SYRINGE/BULB	429	BD AUTOSHIELD	BD VACUTAINER SET
BARD URETHRAL CATHETER 16"	352	403	393
BARD URINARY DRAINAGE BAG	388	BD INSULIN SYR	BD VEO INSULIN SYR U/F
		ULTRAFINE II	1/2UNIT
		403	405
		BD INSULIN SYRINGE	BD VEO INSULIN SYRINGE
		HALF-UNIT	U/F
		404	405
		BD INSULIN SYRINGE	BECONASE AQ
		MICROFINE	496
		404	beef (diagnostic)
		BD INSULIN SYRINGE U/F	278
		404	beef flavor
		BD INSULIN SYRINGE U/F	529
		1/2UNIT	beef type flavor os
		404	529
		BD INSULIN SYRINGE U-	beef-ade
		500	528
		404	bees wax
			beeswax (yellow)
			528
			Bekyree
			210
			BELBUCA
			55
			BELRAPZO
			149
			BELSOMRA
			337
			benazepril hcl
			134
			benazepril-hydrochlorothiazide
			133

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BENDEKA.....	149	betamethasone sodium phosphate	220	bismatrol maximum strength	106
BENEFIX.....	317	betamethasone valerate	249	bismuth	106
benfotiamine multi-b	454	BETAPACE.....	192	bismuth subsalicylate	106
BENGAY LIDOCAINE.....	266	BETAPACE AF.....	191	bisoprolol fumarate	190
BENICAR.....	137	BETASERON.....	547	bisoprolol-	
BENICAR HCT.....	136	betatemp childrens	38	hydrochlorothiazide	140
BENLYSTA.....	443	betaxolol hcl	190, 508	bitter drug	536
bentley the bear ped nebulizer	402	bethanechol chloride	570	bitter stop flavor	529
BENTYL.....	561	BETHKIS.....	27	bitterness reducing agent	529
BENZACLIN.....	233	BETIMOL.....	508	bivalirudin rtu	77
BENZACLIN WITH PUMP	233	BETOPTIC-S.....	508	bivalirudin trifluoroacetate	77
benzalkonium chloride	179	better b complex	453	bivalirudin-sodium chloride	77
BENZAMYCIN.....	233	BEVESPI AEROSPHERE.....	69	BIVIGAM.....	523
benzhydrocodone-acetaminophen	54	bexarotene	169	black willow	21
benznidazole	63	BEXZERO.....	570	blackberry flavor	529
benzoic acid	240	BEYAZ.....	211	Blanche.....	259
benzoin	274	bhrt base	538	BLENREP.....	162
benzonataate	224	bht	208	BLEPH-10.....	518
benzoyl peroxide	235	bicalutamide	150	BLEPHAMIDE.....	516
benzoyl peroxide cleanser	235	BICILLIN C-R.....	526	BLEPHAMIDE S.O.P.	516
benzoyl peroxide hydrous	235	BICILLIN C-R 900/300.....	526	BLINCYTO.....	152
benzoyl peroxide wash	235	BICILLIN L-A.....	525	Blisovi 24 Fe.....	211
benzoyl peroxide-erythromycin	233	BICNU.....	168	Blisovi Fe 1.5/30.....	211
benzphetamine hcl	15	BIDIL.....	198	Blisovi Fe 1/20.....	211
benztropine mesylate	170, 171	BIG 100.....	454	BLIS-TO-SOL.....	241
BEOVU.....	520	BIG 100 (BIOTIN).....	454	BLOXIVERZ.....	148
BEPREVE.....	510	BIJUVA.....	302	blue tube aloe	266
BERINERT.....	319	BIKTARVY.....	180	BLUE-EMU PAIN RELIEF	
bermuda grass	21	BILTRICIDE.....	63	DRY.....	266
Beser.....	248	bimatoprost	270, 519	BONIVA.....	291, 292
BESIVANCE.....	511	BINOSTO.....	291	BONJESTA.....	113
BESPONSA.....	162	BIOFREQUENCY INSOLES.....	364	boric acid	208
beta hc	248	BIOLON.....	518	bortezomib	156
BETADINE OPHTHALMIC PREP.....	512	BIORPHEN.....	578	bosentan	199
betamethasone dipropionate	248, 249	bio-statin	116	BOSULIF.....	157
betamethasone dipropionate aug	248	BIOTHRAX.....	571	botrytis	21
betamethasone sod phos & acet	223	biotin	579	botrytis cinerea	278
		biotin plus/calcium/vit d3	458	bottle amber glass 33oz	394
		BIOVANCE.....	275	bottle amber graduated 16oz	394
		bisacodyl	342	bottle amber graduated 8oz	394
		bisacodyl laxative	342		
		bismatrol	106		

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bottle/white 6oz w/twist		BREZTRI AEROSPHERE 69	bupivacaine-epinephrine
top	394	BRIDION 111	(pf) 347
bottletop dispenser	394	briellyn 211	BUPRENEX 55
bottletop dispenser		BRILINTA 320	buprenorphine 55
adapter	395	brilliant blue g 527	buprenorphine hcl 55
bp gel	235	brimonidine tartrate 515	buprenorphine hcl-
bp wash	235	BRINEURA 300	naloxone hcl 55
bpo foaming cloths	235	BRISDELLE 555	bupropion hcl 86, 87
BPROTECTED PEDIA D-		BRIVIACT 78	bupropion hcl er (smoking
VITE	582	brome 21	det) 551
BPROTECTED PEDIA		Bromfed Dm 231	bupropion hcl er (sr) 86
IRON	328	bromfenac sodium (once-	bupropion hcl er (xl) 86
BPROTECTED PEDIA		daily) 515	burn relief 266
POLY-VITE	479	bromhexine hcl 229	buspirone hcl 65
BPROTECTED PEDIA		bromocriptine mesylate 171	busulfan 149
POLY-VITE/FE	477	brompheniramine maleate 118	BUSULFEX 149
BPROTECTED PEDIA TRI-		BROMSITE 515	butalbital-acetaminophen ... 42
VITE	480	BROVANA 70	butalbital-apap-caff-cod 48
BPROTECTED VITAMIN C.	580	BRUKINSA 157	butalbital-apap-caffeine 42
BRAFTOVI	152	BRYHALI 249	butalbital-asa-caff-codeine .. 48
BRAINSTRONG		bsp 0820 223	butalbital-aspirin-caffeine ... 42
PRENATAL	487	BSS 514	butorphanol tartrate 55
bravura all-in-one	538	BSS PLUS 514	BUTRANS 55
breathe ease large	427	bubble point tester	butter flavor 529
breathe ease medium	427	kit/wizard 395	butter rum flavor 529
breathe ease neb		BUCKLEY'S CHEST	butylated hydroxytoluene . 208
mask/child	423	CONGESTION 229	BYDUREON 102
breathe ease neb		budesonide 74, 220, 496	BYDUREON BCISE 102
mask/infant	423	budesonide er 220	BYETTA 10 MCG PEN 102
breathe ease peak flow		budesonide-formoterol	BYETTA 5 MCG PEN 102
meter	421	fumarate 69	BYFAVO 335
breathe ease small	427	BUFFERIN 42	BYNFEZIA PEN 300
BREATHERITE VALVED		bumetanide 289	BYSTOLIC 191
MDI CHAMBER	423	BUMEX 289	c 250 580
b-redil/red hearts/red		BUNAVAIL 55	c 500 581
roosters	458	Bupap 42	c-1000 sr 581
BREO ELLIPTA	69	BUPHENYL 301	c-1000/rose hips sr 581
bretyleum tosylate	68	bupivacaine fisiopharma .. 348	c-1500/rose hips sr 581
BREVIBLOC	190	bupivacaine hcl 348	c-250 581
BREVIBLOC IN NACL	190	bupivacaine hcl (pf) 348	c-500 non-acid 581
BREVIBLOC PREMIXED ..	191	bupivacaine hcl-nacl 348	c-500 sr 581
BREVIBLOC PREMIXED		bupivacaine in dextrose 348	cabergoline 293
DS	191	bupivacaine spinal 348	CABLIVI 319
BREVITAL SODIUM	312	bupivacaine-epinephrine .. 347	CABOMETYX 157

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cadeau dha	487	calcium citrate + d3	434	Camrese Lo	217
CADUET	197, 198	calcium citrate		CANASA	308
CAFCIT	15	plus/magnesium	440	CANCIDAS	115
CAFERGOT	430	calcium citrate-vitamin d	434	candesartan cilexetil	137
caffeine	15	calcium creamies	434	candesartan cilexetil-hctz	136
caffeine citrate	15	calcium disodium		candida albicans extract	21
caffeine citrated	15	versenate	111	candida albicans skn tst	
CALAN SR	193	calcium extra d3	434	antgn	278
calcipotriene	245	calcium gluconate	436	CANDIN	279
calcipotriene-betameth		calcium gluconate		cantaloupe (diagnostic)	279
diprop	277	monohydrate	436	cantharidin	265
calcitonin (salmon)	292	calcium gluconate-nacl	434	CAPASTAT SULFATE	148
calcitrat plus d	433	calcium lactate		CAPEX	249
Calcitrene	245	pentahydrate	436	CAPLYTA	174
calcitriol	246, 296	calcium oyster shell	436	CAPRELSA	157, 158
calcium	436	calcium pantothenate	580	capsaicin	266
calcium + d	433	calcium phosphate dibasic		capsaicin hot patch	266
calcium + d3	433	calcium plus vitamin d	434	capsaicin hp	266
calcium + vitamin d3	433	calcium sulfate		capsicum oleoresin	205
calcium 500 + d	433	hemihydrate	208	CAPSUBLEND-H	536
calcium 500 + d3	433	calcium/cld	434	CAPSUBLEND-P	536
calcium 500 +d	433	calcium/vitamin d	434	CAPSUBLEND-S	536
calcium 500/vitamin d	433	calcium+d3	434	capsule 0 clear dr	534
calcium 600 + d	433	calcium+d3 gradual		capsule coni-snap #0	
calcium 600 + minerals	433	release	434	blu/white	531
calcium 600/vitamin d	433	calcium-magnesium-zinc	434	capsule coni-snap #0 clear	
calcium 600+d plus		calcium-vitamin d	434	531
minerals	433	calcium-vitamin d3	434	capsule coni-snap #0 clear veg	534
calcium acetate	310	calcium-vitamin d-		capsule coni-snap #0 dark blue	
calcium acetate (phos binder)	310	minerals	434	green/clr	531
calcium ascorbate	581	CALDOLOR	30	capsule coni-snap #0 pink	531
calcium carb-		california pepper tree	21	capsule coni-snap #0 purple	
cholecalciferol	433	CAL-MAG	434	capsule coni-snap #0	
calcium carbonate	62, 436	calna	490	red/white	531
calcium carbonate antacid	62	CALPHRON	310	capsule coni-snap #0 white	
calcium carbonate-vitamin d	434	CALQUENCE	157	capsule coni-snap #00	
calcium chloride	436	CAMBIA	430	clear	531
calcium chloride anhydrous	436	Camila	219	capsule coni-snap #00 white	
calcium chloride dihydrate		CAMINO PRO		Tier 2=No-Preferred Drugs	
	436	COMPLETE/GLYTACTIN	287		
calcium citrate +	434	CAMPATH	154	AL=Age Limit Restriction DO=Dose Optimization MB=Medical Benefit OTC=Over The Counter	
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capsule coni-snap #000		capsule coni-snap #1		capsule coni-snap #3	
<i>clear</i>	531	<i>white/grn</i>	532	<i>wht/clr</i>	532
capsule coni-snap #1 aqua		capsule coni-snap #1		capsule coni-snap #3	
<i>blue</i>	531	<i>wht/clr</i>	532	<i>yellow</i>	532
capsule coni-snap #1 blue	531	capsule coni-snap #1		capsule coni-snap #4	
capsule coni-snap #1		<i>yellow</i>	532	<i>black/grn</i>	532
<i>bluel/pink</i>	531	capsule coni-snap #1		capsule coni-snap #4 clear	
capsule coni-snap #1		<i>yellow/lgr</i>	532	capsule coni-snap #4	
<i>blue/wht</i>	531	capsule coni-snap #2 clear		<i>white</i>	533
capsule coni-snap #1				capsule ezeefit #0 clear	533
<i>brown</i>	531	capsule coni-snap #2		capsule ezeefit #00 clear ...	533
capsule coni-snap #1		<i>white</i>	532	captain eagle ped	
<i>brwn/livry</i>	531	capsule coni-snap #3		nebulizer	402
capsule coni-snap #1 clear		<i>blu/clear</i>	532	captopril	134
	531	capsule coni-snap #3		captopril-	
capsule coni-snap #1 dk		<i>brn/blue</i>	532	<i>hydrochlorothiazide</i>	133
<i>grn/or</i>	531	capsule coni-snap #3 clear		capzix	266
capsule coni-snap #1 drk				CARAC	243
<i>green</i>	531	capsule coni-snap #3		CARAFATE	563
capsule coni-snap #1		<i>graylylw</i>	532	CARBAGLU	295
<i>greyl/pink</i>	531	capsule coni-snap #3		carbamazepine	79
capsule coni-snap #1		<i>green/blu</i>	532	carbamazepine er	78, 79
<i>grnlylw</i>	531	capsule coni-snap #3		CARBATROL	79
capsule coni-snap #1		<i>grey/pink</i>	532	carbidopa	172, 205
<i>orange</i>	531	capsule coni-snap #3		carbidopa anhydrous	205
capsule coni-snap #1 pink	531			carbidopa-levodopa	172
capsule coni-snap #1		<i>maron/blu</i>	532	carbidopa-levodopa er	172
<i>pink/blue</i>	531	capsule coni-snap #3 mint		carbidopa-levodopa-	
capsule coni-snap #1		<i>grn</i>	532	entacapone	172
<i>pink/clr</i>	532	capsule coni-snap #3		carbinoxamine maleate	119
capsule coni-snap #1		<i>olive/clr</i>	532	CARBOCAINE	348
<i>pink/whit</i>	532	capsule coni-snap #3		CARBOCAINE	
capsule coni-snap #1		<i>orange</i>	532	PRESERVATIVE-FREE.....	348
<i>pink/yllw</i>	532	capsule coni-snap #3		carbomer aqueous	538
capsule coni-snap #1		<i>pink/pink</i>	532	carbomer hydroalcoholic ..	538
<i>purple</i>	532	capsule coni-snap #3		carboprost tromethamine ..	522
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<i>red/blue</i>	532	capsule coni-snap #3		<i>sodium</i>	507
capsule coni-snap #1		<i>red/clear</i>	532	CARDENE IV	193
<i>red/white</i>	532	capsule coni-snap #3		CARDIOCOM LANCING	
capsule coni-snap #1				DEVICE	366
<i>veggie</i>	534	capsule coni-snap #3		CARDIZEM	193
capsule coni-snap #1		<i>red/red</i>	532	CARDIZEM CD	193
<i>white</i>	532	capsule coni-snap #3			
		<i>white</i>	532		

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careone advanced lancing dev.....	366	casirivimab.....	523	dextrose.....	203
careone insulin syringe....	405	CASODEX.....	150	ceftriaxone sodium-	
CAREONE LANCET SUPER THIN 30G.....	366	caspofungin acetate.....	116	dextrose.....	203
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		cefotetan disodium-dextrose	202	CERETEC.....	283
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	202			
		cefpodoxime proxetil.....	203		
		cefprozil.....	202		
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chicken flavor	529	
chicken flavor oil soluble	529	
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childrens animal shapes	477	
childrens aspirin	44	
childrens aspirin free	38	
childrens aspirin low strength	44	
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chlordiazepoxide-clidinium	561	
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chlorhist	118	
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chlorobutanol	527	
chlorprocaine hcl (pf)	349	
chloroquine phosphate	147	
chlorothiazide sodium	290	
chlorpheniramine maleate	118	
chlorpheniramine maleate er	118	
chlorpromazine hcl	177	
chlorthalidone	290	
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chocolate hazelnut flavor	529	
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CIMZIA STARTER KIT	311	
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CINRYZE	319	
CINVANTI	115	
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CIPRO HC	521	
CIPRODEX	521	
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ciprofloxacin in d5w	304	
ciprofloxacin-dexamethasone	521	
ciprofloxacin-fluocinolone pf	521	
cisatracurium besylate	500	
cisatracurium besylate (pf)	500	
cisplatin	149	
citalopram hydrobromide	88	

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CITANEST FORTE DENTAL		CLEARASIL RAPID		CLINDESSE	576
.....	347	RESCUE DEEP	265	CLINICAL NUTRIENTS	
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CITRANATAL ASSURE.....	487	CLEARLAX.....	340	(2.75/5).....	503
CITRANATAL B-CALM.....	481	CLEARSKIN.....	235	CLINIMIX E/DEXTROSE	
CITRANATAL BLOOM.....	481	clemastine fumarate	119	(4.25/10).....	503
CITRANATAL BLOOM DHA	487	CLENPIQ.....	338	CLINIMIX E/DEXTROSE	
CITRANATAL DHA.....	487	CLEOCIN	144, 145, 576	(4.25/5).....	503
CITRANATAL ESSENCE....	488	CLEOCIN PHOSPHATE	145	CLINIMIX E/DEXTROSE	
CITRANATAL HARMONY ...	488	CLEOCIN-T.....	232	(5/15).....	503
CITRANATAL MEDLEY.....	488	CLEVER CHOICE HAND		CLINIMIX E/DEXTROSE	
CITRANATAL RX.....	481	SANITIZER.....	273	(5/20).....	503
citrate of magnesia	342	CLEVER CHOICE		clinimix eldextrose (8/10) ..	503
citric acid	208	HOLDING CHAMBER.....	427	clinimix eldextrose (8/14) ..	503
citric acid monohydrate	208	CLEVER CHOICE		CLINIMIX/DEXTROSE	
cladosporium		NEBULIZER.....	402	(4.25/10).....	503
cladosporioides	21	CLEVER CHOICE PEAK		CLINIMIX/DEXTROSE	
cladosporium		FLOW METER.....	421	(4.25/5).....	503
sphaerospermum	21	CLEVER CHOICE PULSE		CLINIMIX/DEXTROSE	
cladribine	151	OXIMETER.....	395	(5/15).....	503
Claravis.....	235	CLEVER CHOICE WHIS		CLINIMIX/DEXTROSE	
CLARINEX.....	124	AIR PED NEB.....	402	(5/20).....	503
CLARINEX-D 12 HOUR.....	228	CLEVER CHOICE		clinimix/dextrose (6/5) ..	503
Clariscan.....	284	WHISPER AIRE NEB.....	402	clinimix/dextrose (8/10) ..	503
CLARISPRAY.....	496	CLEVER CHOICE		clinimix/dextrose (8/14) ..	503
clarithromycin	350	WHISPER AIRE PED.....	402	Clinisol Sf.....	503
clarithromycin er	350	CLEVIPREX.....	193	CLINOLIPID	505
CLARITIN EYE.....	510	CLIMARA.....	303	Clinpro 5000.....	451
classic prenatal	481	CLIMARA PRO	302	clobazam	77
CLEAN & CLEAR		Clindacin Etz	232	clobetasol 17 propionate ..	249
CONTINUOUS.....	235	Clindacin-P	232	clobetasol prop emollient	
CLEAN & CLEAR PERSA-		CLINDAGEL.....	232	base	249
GEL MAX ST.....	235	clindamycin hcl	145	clobetasol propionate	249
CLEANLET LANCETS 28G	366	clindamycin palmitate hcl .145		clobetasol propionate e	249
cleanroom tacky mat		clindamycin phos-benzoyl		clobetasol propionate	
18"x36".....	395	perox.....	233	emulsion	249
clear fiber powder	339	clindamycin phosphate		CLOBEX.....	250
clear glass vial 10ml	395	145, 232, 576	CLOBEX SPRAY	250
clear glass vials 2ml	395	clindamycin phosphate in		clocortolone pivalate	250
clear glass vials 5ml	419	d5w.....	145	Clodan.....	250
CLEARASIL DAILY CLEAR		clindamycin phosphate in		CLODERM.....	250
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		clindamycin-tretinoin	233	CLOLAR.....	151

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<i>clomipramine hcl</i>	92	COLCRYS	316	COMPACT SPACE
<i>clonazepam</i>	77	<i>colesevelam hcl</i>	128	CHAMBER/MED MASK
<i>clonidine</i>	139	COLESTID	129	427
<i>clonidine hcl</i>	139	COLESTID FLAVORED		<i>companion</i>
<i>clonidine hcl (analgesia)</i>	38		128, 129	458
<i>clonidine hcl er</i>	12	<i>colestipol hcl</i>	129	COMPAT GASTROTUBE
<i>clopidoogrel bisulfate</i>	323	<i>colistimethate sodium</i>		14FR/5ML
<i>clorazepate dipotassium</i>	66	(cba)	146	359
CLOROTEKAL	349	<i>collagenase</i>	260	COMPAT GASTROTUBE
<i>clotrimazole</i>	260, 261, 450, 574	COLLASIL OSA	536	18FR/15ML
<i>clotrimazole 3</i>	574	COLY-MYCIN M	146	359
<i>clotrimazole af</i>	260	COMAR PRESS-IN		COMPAT GASTROTUBE
<i>clotrimazole anti-fungal</i>	260	BOTTLE ADAPTERS	395	20FR/15ML
<i>clotrimazole athletes foot</i>	260	COMBIGAN	508	359
<i>clotrimazole-7</i>	574	COMBIPATCH	302	COMPAT GASTROTUBE
<i>clotrimazole-</i>		COMBIVENT RESPIMAT	69	22FR/15ML
<i>betamethasone</i>	240	COMETRIQ (100 MG DAILY		359
CLOVAGEL	539	DOSE)	158	COMPAT GASTROTUBE
Clovique	443	COMETRIQ (140 MG DAILY		24FR/15ML
<i>clozapine</i>	176	DOSE)	158	COMPETE
CLOZARIL	176	COMETRIQ (60 MG DAILY		459
<i>c-nate dha</i>	481	DOSE)	158	COMPLERA
<i>co monitor</i>	423	COMFORT ASSIST		180
<i>co monitor calibration</i>	423	INSULIN SYRINGE	405	<i>complete</i>
<i>co monitor replacement</i>		<i>comfort assured lancets</i>		119
<i>pieces</i>	423	28g	366	<i>complete allergy medicine</i>
COAGADEX	317	<i>comfort assured lancets</i>		119
COAGUCHEK XS SYSTEM	352	33g	367	<i>complete allergy relief</i>
<i>coal tar</i>	207, 275	COMFORT EZ INSULIN		459
<i>coal tar extract</i>	207	SYRINGE	405	<i>complete dailylutein</i>
COARTEM	147	<i>comfort gel</i>	60	459
<i>coatamax patch</i>	426	<i>comfort gel antacid & anti-</i>		<i>complete energy</i>
<i>cocaine hcl</i>	266, 496	<i>gas</i>	60	459
<i>cocklebur</i>	21	<i>comfort gel antacid anti-</i>		<i>complete senior</i>
<i>cocoa bean (diagnostic)</i>	279	<i>gas</i>	60	459
<i>coconut flavor</i>	529	<i>comfort lancets</i>	367	<i>complete womens</i>
<i>codeine phosphate</i>	49	COMP AIR COMPRESSOR		459
<i>codeine sulfate</i>	49	NEBULIZER	402	<i>complex b-50 prolonged</i>
<i>coffee flavor</i>	529	COMP A-I-R NEBULIZER	402	<i>release</i>
COGENTIN	171	COMPACT SPACE		402
<i>cola flavor</i>	529	CHAMBER	427	<i>compressor nebulizer</i>
COLAZAL	308	COMPACT SPACE		177
<i>colchicine</i>	315, 316	CHAMBER/LG MASK	427	COMPTAN
<i>colchicine-probenecid</i>	315			173

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CORDRAN	250	COTEMPLA XR-ODT	17	custom polyglycol troche base	535
COREG	190	cotton thigh-high	358	CUTAQUIG	523
COREG CR	190	coverall		cutis plus	539
Coremino	557	boots/disposable/univ	395	CUTIVATE	251
CORGARD	192	coverall w/hood/3xl	395	CUVITRU	523
CORIFACT	317	coverall w/hood/small	395	CUVPOSA	568
CORLANOR	201	coverall w/hood/xl	395	cvs acetaminophen	38
CORLOPAM	141	coverall w/hood/xxl	395	cvs acetaminophen ex st	38
corn (syrup)	535	coveralls elast		cvs acne	235
corn pollen	21	back/wrst/lankl	395	cvs acne cleansing	235
CORRECTOL EXTRA		COZAAR	137	cvs acne control cleanser	235
GENTLE	345	crab (diagnostic)	279	cvs acne foaming face	
CORTAID MAXIMUM STRENGTH	250	cran-raspberry flavor	529	wash	235
CORTEF	221	cream base	539	cvs acne treatment	235
CORTENEMA	58	cream base niosomes	539	cvs advanced 3-in-1	
CORTIFOAM	58	cream base with liposome	539	cleanser	235
cortisone acetate	221	CREON	288	cvs af spray powder	241
CORTISPORIN	238	CRESEMBA	116	cvs aftersun aloellidocaine	
CORTISPORIN-TC	521	CRESTOR	130		266
CORTIZONE-10	250	CRINONE	577	cvs alcohol prep pads	351
CORTIZONE-10		CRIXIVAN	183	cvs allergy	119
DIABETICS SKIN	250	CROFAB	522	cvs allergy relief	
CORTIZONE-10 ECZEMA	250	cromolyn sodium	70, 306, 510		118, 119, 120, 124
CORTIZONE-10		crono syringe	405	cvs allergy relief adult	119
HYDRATENSIVE	250	CROTAN	272	cvs allergy relief childrens	
CORTIZONE-10		CRUEX PRESCRIPTION			119, 124
INTENSIVE HEALING	277	STRENGTH	261	cvs antacid & pain reliever	42
CORTIZONE-10 PLUS	277	CRUSH VITAMIN C DROPS		cvs antacid plus antigas	60
CORTIZONE-10/ALOE	277		581	cvs antacid supreme	62
CORTROSYN	280	CRYOSERV	207	cvs antacid/anti-gas	60
CORVERT	68	Cryselle-28	211	cvs antibiotic pain/scar	237
COSENTYX	244	CRYSVITA	302	cvs anti-diarrheal	106
COSENTYX (300 MG DOSE)	244	CUBICIN	144	cvs antifungal	241
COSENTYX SENSOREADY (300 MG)	244	CUBICIN RF	144	cvs anti-itch maximum strength	251
COSENTYX SENSOREADY PEN	244	cupric chloride	442	cvs aspirin	44
COSMEGEN	161	cupric sulfate	442	cvs aspirin adult low dose	44
COSOPT	508	CUPRIMINE	443	cvs aspirin adult low strength	44
COSOPT PF	508	CURAD		cvs aspirin ec	44
cosyntropin	280	HYDROCORTISONE	250	cvs aspirin low dose	44
COTELLIC	154	CURITY ALCOHOL PREPS	351	cvs aspirin low strength	44
		Curity Sterile Saline	313	cvs athletes foot	261
		CUROSURF	556		
		curvularia	21		

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cvs athletes foot spray261	cvs fluticasone propionate496	cvs magnesium oxide439
cvs b complex plus c453	cvs foaming acne face wash235	cvs medicated heat patch266
cvs b-12324	cvs foot & sneaker241	cvs menstrual relief36
cvs b12 quick dissolve324	cvs gentle laxative343	cvs miconazole 1 combo pack574
cvs bacitracin239	cvs glucose95, 96	cvs miconazole 1 combo-wipes574
cvs bacitracin zinc239	cvs glucose bits96	cvs miconazole 3 combo pack574
cvs bisacodyl343	cvs hair/skin/nails491	cvs miconazole 3 combo-supp574
cvs bismuth106	cvs hydrating skin treatment259	cvs miconazole 7574
cvs budesonide496	cvs hydrocortisone anti-itch251	cvs motion sickness ii113
cvs calcium + d3434	cvs hydrocortisone max st251	cvs motion sickness relief113
cvs calcium 600 + dl/minerals434	cvs ibuprofen childrens31	cvs mucus extended release229
cvs calcium carbonate436	cvs infants pain relief drops38	cvs nasal allergy spray496
cvs capsaicin hp266	cvs instant burn relief266	cvs nasal decongestant498
cvs chewable c with rose hips581	cvs instant hand sanitizer273	cvs nasal mist495
cvs chewable childrens vitamin477	cvs iron328	cvs niacin flush free476
cvs childrens allergy120	cvs isopropyl alcohol wipes273	cvs nicotine551, 552
cvs childrens complete478	cvs itch relief261	cvs nicotine polacrilex551
cvs childrens ibuprofen31	CVS KETONE CARE285	cvs nighttime dry-eye relief506
cvs c-lax laxative343	cvs lancets 21g367	cvs non-aspirin headache pm334
cvs clotrimazole261	cvs lancets micro thin 33g367	cvs omeprazole564
cvs clotrimazole 3574	cvs lancets original367	cvs omeprazole-sod bicarbonate563
cvs corn/callus remover ... 265	cvs lancets thin 26g367	cvs one daily essential459
cvs cortisone intense healing251	cvs lancets ultra thin 30g367	cvs one daily womens formula459
cvs cortisone maximum strength251	cvs lancing device367	cvs oyster shell calcium-vit d434
cvs d3582	cvs lansoprazole564	cvs pain & fever childrens .. 38
cvs daily multiple for men 459	cvs lice killing271	cvs pain & fever infants38
cvs daily multiple women 50+459	CVS LICE SOLUTION271	cvs pain relief266, 267
cvs eczema anti-itch251	cvs lice treatment272	cvs pain relief childrens38
cvs electrolyte solution438	cvs lidocaine maximum strength266	cvs ped electrolyte freeze pop438
cvs esomeprazole magnesium564	cvs lidocaine pain relief maxs266	cvs pediatric electrolyte438
cvs ethyl alcohol209	cvs lubricant eye drops 507	cvs poly bacitracin237
cvs eye allergy relief512	cvs lubricating eye/overnight506	cvs potassium gluconate ..440
cvs eye drops512	cvs magnesium439	cvs prenatal481
cvs fever reducing childrens38		

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cvs prenatal gummy	490	CYMBALTA	91	daily vite multivitamin/iron	456
cvs prenatal multi+dha	488	cyproheptadine hcl	127	daily vites	474
cvs prep	351	CYRAMZA	170	daily womens health formula	460
CVS PURELAX	340	Cyred	211	daily-vitamin	474
cvs ringworm	261	Cyred Eq	211	daily-vitamin maximum formula	460
cvs sleepaid (diphenhydramine)	334	CYSTADANE	295	daily-vitamin/iron	456
cvs sleep-aid nighttime	334	CYSTADROPS	519	daily-vite	474
cvs slow release iron	328	CYSTAGON	313	daily-vite multivitamin	474
cvs soft glucose	96	CYSTARAN	519	dairy digestive	288
cvs sore throat spray	450	CYSTO-CONRAY II	285	dalfampridine er	549
cvs spectravite advanced	459	CYSTOGRAFIN	285	DALIRESP	73
cvs spectravite senior	459	CYSTOGRAFIN-DILUTE	285	DALVANCE	144
cvs spectravite ultra mens	459	CYSVIEW	280	danazol	56
cvs spectravite womens senior	459	CYTOGAM	523	dandelion	21
cvs stomach relief	106	CYTOMEL	559	DANTRIUM	494
cvs stomach relief max st.	106	CYTOTEC	569	dantrolene sodium	494
cvs stool softener	345	d 400	583	DANYELZA	155
cvs tioconazole 1	574	D.H.E. 45	430	dapsone	144, 232
cvs tussin dm max st.	225	d-1000	583	DAPTACEL	560
cvs ultra thin lancets	367	d3 high potency	583	DARAPRIM	147
cvs urinary pain relief max st.	314	d-400	583	darifenacin hydrobromide er	569
cvs vitamin b-12	324	DACOGEN	151	DARZALEX	155
cvs vitamin d3	583	dactinomycin	161	DARZALEX FASPRO	162
cvs womens active daily	459	daily betic	459	Dasetta 1/35	211
cvs womens prenatal+dha	488	daily combo multi vitamins	459	Dasetta 7/7/7	219
cyanocobalamin	324	daily fiber	339	DATSCAN	281
CYANOKIT	111	daily mens health formula	460	daunorubicin hcl	161
Cyclafem 1/35	211	daily multi	460	DAURISMO	153
Cyclafem 7/7/7	219	daily multi 50+	460	DAYPRO	31
cyclobenzaprine hcl	492	daily multiple vitamins	474	Daysee	217
cyclobenzaprine hcl er	492	daily multiple vitamins	455	daytime cough	224
CYCLOGYL	509	daily multiple vitamins/min	460	DAYTRANA	17
CYCLOMYDRIL	509	daily value multivitamin	474	DAYVIGO	337
CYCLOPAK	494	daily vitamin	474	D-CARE BLOOD GLUCOSE	283
cyclopentolate hcl	509	daily vitamin formula+iron	456	D-CARE GLUCOMETER	367
cyclophosphamide	167, 168	daily vitamin		DDAVP	301
cycloserine	148	formula+minerals	460	DDAVP RHINAL TUBE	301
CYCLOSET	98	daily vitamins	474	Deblitane	219
cyclosporine	444	daily vite	474	Decadron	221
cyclosporine modified	444				
CYKLOKAPRON	332				

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decongestant	498	DERMAFUNGAL	261	dexamethasone sodium phosphate	221, 517
deferasirox	110	DERMAREST ECZEMA	251	dexchlorpheniramine maleate	118
deferasirox granules	110	dermashield hydrogel	539	DEXCOM G4 PLAT PED	
deferiprone	110	DERMA-SMOOTH/FS		RCV/SNARE	367
deferoxamine mesylate	111	BODY	251	DEXCOM G4 PLAT PED	
DEFINITY	284	DERMOTIC	521	RECEIVER	367
DEFITELIO	323	DESCOVY	180	DEXCOM G4 PLATINUM	
DEFLUX	315	DESENEX	261	RCV/SNARE	367
dehydroepiandrosterone micro	208	DESENEX JOCK ITCH	261	DEXCOM G4 PLATINUM	
DELESTROGEN	303	DESFERAL	111	TRANSMITTER	367
DELFFLEX-LC/1.5%		desflurane	312	DEXCOM G4 SENSOR	367
DEXTROSE	448	desipramine hcl	92, 93	DEXCOM G5 MOB/G4	
DELFFLEX-LC/2.5%		desloratadine	124	PLAT SENSOR	367
DEXTROSE	448	desmopressin ace spray		DEXCOM G5 MOBILE	
DELFFLEX-LC/4.25%		refrig	301	RECEIVER	368
DEXTROSE	448	desmopressin acetate	301	DEXCOM G5 MOBILE	
DELFFLEX-SM/1.5%		desmopressin acetate		DEXCOM G5 RECEIVER	
DEXTROSE	448	spray	301	KIT	368
DELFFLEX-SM/2.5%		desogestrel-ethinyl		DEXCOM G6 RECEIVER	368
DEXTROSE	448	estradiol	210, 211	DEXCOM G6 SENSOR	368
DELSTRIGO	180	DESONATE	251	DEXCOM G6	
delta d3	583	desonide	251	TRANSMITTER	368
Delyla	211	DESOWEN	252	DEXEDRINE	14
DELZICOL	308	DESOXYN	14	DEXILANT	564
demeclocycline hcl	557	desvenlafaxine er	91	dexmedetomidine hcl	337
DEMEROL	49	desvenlafaxine succinate		dexmedetomidine hcl in nacl	337
DEM SER	135	er	91	dexmedetomidine hcl-dextrose	337
DENAVIR	246	DETECTNET	281	dexamethylphenidate hcl	17, 18
Denta 5000 Plus	451	DETROL	569	dexamethylphenidate hcl er	17
dental needle	356	DETROL LA	569	dexpanthenol	307
deodorant tubes 2.65oz-caps	395	DEX4	95	dexrazoxane hcl	164
DEPAKOTE	85	DEX4 GLUCOSE	95	DEXTENZA	517
DEPAKOTE ER	85	DEX4 NATURALS	95	dextroamphetamine sulfate	14
DEPAKOTE SPRINKLES	85	DEX4 POUCH PACK	95	dextroamphetamine sulfate er	14
DEPEN TITRATABS	443	DEX4 QUICK DISSOLVE		dextromethorphan hbr	224
DEPO-ESTRADIOL	303	GLUCOSE	96	Tier 2=No-Preferred Drugs	
DEPO-MEDROL	221	dexabliss	221	AL=Age Limit Restriction DO=Dose Optimization MB=Medical Benefit OTC=Over The Counter	
DEPO-PROVERA	218	dexamethasone	221	PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy SCO=State Carve-out ST=Step Therapy	
DEPO-SUBQ PROVERA		DEXAMETHASONE			
104	218	INTENSOL	221		
DEPO-TESTOSTERONE	57	dexamethasone sod phosphate pf	221		
DERMACINRX PENETRAL	267				

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dextromethorphan hbr monohyd	224	DIASTAT ACUDIAL	77	diltiazem hcl-dextrose	194
dextromethorphan-guaifenesin	225	DIASTAT PEDIATRIC	77	diltiazem hcl-sodium chloride	194
dextrose	505	DIATHRIVE LANCET		dilt-xr	194
dextrose 5%/electrolyte #48	437	ULTRA THIN 30	368	diluent for treprostinil	536
dextrose in lactated ringers	437	DIATHRIVE LANCETS	368	dimenhydrinate	113, 114, 205
dextrose-nacl	437	DIATHRIVE LANCING DEVICE	368	dimercaptopropane-sulfonate na	205
dextrose-sodium chloride	437	diazepam	66, 77	dimethyl fumarate	548
DEXYCU	517	Diazepam Intensol	66	dimethyl fumarate starter pack	548
dhea	208	diazoxide	96	dimethyl sulfoxide	207
dhea micronized	208	DIBENZYLINE	135	dinitrochlorobenzene	208
diabetes health formula	460	DICLEGIS	113	DINO-LIFE	479
DIABETIC TUSSIN ALLERGY	118	diclofenac	31	DINO-LIFE W/EXTRA C	479
DIABETIC TUSSIN EX	229	diclofenac epolamine	243	DINO-LIFE W/IRON-ZINC	478
DIABETIC TUSSIN FOR CHILDREN	225	diclofenac potassium	31	diotame instydoze	107
DIABETIC TUSSIN SORE THROAT	451	diclofenac sodium	31, 243, 515	DIOVAN	137, 138
DIACOMIT	79	diclofenac sodium er	31	DIOVAN HCT	136
dial-a-dose syringe 15ml	395	diclofenac-misoprostol	30	DIPENTUM	308
dial-a-dose syringe 30ml	395	dicloxacillin sodium	526	diphen	120
dial-a-dose syringe 60ml	395	dicyclomine hcl	561	di-phen	120
dialysis safety syringe/needle	405	didanosine	185	diphenhist	120
dalyvite 800/ultra d	460	diethylpropion hcl	16	diphenhydramine hcl	120
DIALYVITE VITAMIN D3 MAX	583	diethylpropion hcl er	15	diphenhydramine hcl (sleep)	334
DIANEAL LOW CALCIUM/1.5% DEX	448	DIFFERIN	235, 236	diphenoxylate-atropine	109
DIANEAL LOW CALCIUM/2.5% DEX	448	DIFICID	351	diphtheria-tetanus toxoids dt	560
DIANEAL LOW CALCIUM/4.25% DEX	448	diflorasone diacetate	252	DIPRIVAN	311
DIANEAL PD-2/1.5% DEXTROSE	448	DIFLUCAN	116, 117	DIPROLENE	252
DIANEAL PD-2/2.5% DEXTROSE	448	diflunisal	44	DIPROLENE AF	252
DIANEAL PD-2/4.25% DEXTROSE	448	DIGIFAB	111	dipyridamole	280, 322
diarrhea	106	Digitek	197	DISCOVISC	518
BRAND=Brand drug generic=generic drug Tier 1=Preferred Drugs Tier 2=No-Preferred Drugs		Digox	197	disopyramide phosphate	67
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		DILANTIN	84	dispenser md pen 6.5ml	395
		DILANTIN INFATABS	84	dispenser md pump 0.5ml	395
		DILATRATE-SR	64	dispenser md pump 1.0ml	395
		DILAUDID	49	dispenser md pump 1.5ml	395
		diltiazem hcl	194	dispenser md pump bottle 100ml	395
		diltiazem hcl er	194		
		diltiazem hcl er beads	194		
		diltiazem hcl er coated beads	194		

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dispenser md pump bottle		docusate sodium-sod		DOVER HYDROGEL
150ml	395	benzoate	207	FOLEY CATH 18FR..... 352
dispenser md pump bottle		DOCUSIL	345	DOVER HYDROGEL
15ml	395	dofetilide	68	FOLEY CATH 28FR..... 352
dispenser md pump bottle		dog epithelium	22	DOVER HYDROGEL
200ml	395	dog fennel	22	FOLEY CATH 30FR..... 353
dispenser md pump bottle		DOJOLVI	505	DOVER HYDROGEL
240ml	395	DOK	345	FOLEY CATH KIT..... 353
dispenser md pump bottle		DOLOGESIC PAIN RELIEF		DOVER HYDROGEL
30ml	395	ROLL-ON	267	FOLEY TRAY 14FR..... 353
dispenser md pump bottle		donepezil hcl	545	DOVER HYDROGEL
50ml	395	dopamine hcl	578	FOLEY TRAY 16FR..... 353
dispenser md pump bottle		dopamine in d5w	578	DOVER HYDROGEL
80ml	395	DOPRAM	15	FOLEY TRAY 18FR..... 353
dispenser md syringe		doprainers 10ml	396	DOVER HYDROGEL
10ml	396	DOPTELET	331	INSERTION TRAY..... 353
dispenser md syringe 5ml	396	DORAL	335	DOVER OPEN URETHRAL
dispenser megapump		DORYX	558	TRAY 14FR..... 353
airless	396	DORYX MPC	557	DOVER PVC URETHRAL
dispenser megapump		dorzolamide hcl	512	CATH 10FR..... 353
mezzo rnd	396	dorzolamide hcl-timolol		DOVER PVC URETHRAL
DISPENSER TIP		mal	508	CATH 12FR..... 353
CAP/PRECISEDOSE	396	dorzolamide hcl-timolol		DOVER PVC URETHRAL
dispenser/md foamer	396	mal pf	508	CATH 14FR..... 353
disposable full range	424	DOTAREM	284	DOVER PVC URETHRAL
disposable low range	424	DOTATOC GA 68	281	CATH 16FR..... 353
disposable low		Dotti	303	DOVER SILICONE FOLEY
rangelpediatric	424	DOULEURIN	265	CATH 14FR..... 353
disposable universal		DOVATO	180	DOVER SILICONE FOLEY
range	424	DOVER ADVANTAGE		CATHETER..... 353
disulfiram	544	URINE METER	388	DOVER SILICONE FOLEY
DITROPAN XL	569	DOVER CLOSED		TRAY 18FR..... 353
DIURIL	290	URETHRAL TRAY	352	DOVER SILICONE URINE
divalproex sodium	85, 86	DOVER ELASTOMER		METER..... 353
divalproex sodium er	85	FOLEY CATHETER	352	DOVER SILICONE/LATEX
DIVIGEL	303	DOVER FOLEY INSERTION		CATHETER..... 353
dl-alanine	504	TRAY	352	DOVER UNI
dl-leucine	504	DOVER HYDROGEL		CATHETERIZATION TRAY 353
dmsa	282	FOLEY CATH 12FR	352	DOVER UNIVERSAL CATH
dobutamine hcl	578	DOVER HYDROGEL		PREP TRAY..... 388
dobutamine in d5w	578	FOLEY CATH 14FR	352	DOVER UNIVERSAL TRAY 353
docqlace	345	DOVER HYDROGEL		DOVER URETHRAL PVC
DOCTORS CHOICE MEN	460	FOLEY CATH 16FR	352	CATH 18FR..... 353
docusate sodium	345			

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DOVER URETHRAL	<i>droptainers ophthalmic</i>	DUPIXENT	247
UNIVERSAL TRAY	<i>15ml</i>	DURABASE	539
DOVER URINE LEG	<i>droptainers ophthalmic</i>	DURABASE ADVANCED....	539
BAG/EXT TUBE	<i>3ml</i>	DURACLON	38
DOVER VINYL CATHETER	<i>droptainers ophthalmic</i>	DURAGESIC-100.....	49
14FR	<i>7ml</i>	DURAGESIC-12.....	49
DOVER VINYL URETHRAL	<i>drosipren-eth estrad-</i>	DURAGESIC-25.....	49
CATH 14FR	<i>levomefol</i>	DURAGESIC-50.....	49
DOVER VINYL URETHRAL	<i>drosiprenone-ethinyl</i>	DURAGESIC-75.....	49
CATH 16FR.....	<i>estradiol</i>	<i>duramorph</i>	50
DOVER VINYL URETHRAL	DROXIA.....	DUREX EXTRA SENSITIVE	
CATH 8FR.....	<i>drug mart lancets thin 26g</i>	354
DOVONEX.....	DRUG MART LANCING	DUREZOL	517
<i>doxazosin mesylate</i> ...139, 140	DEVICE.....	DURLAZA	322
<i>doxepin hcl</i>93, 336	DRUG MART ON-THE-GO	DUROLANE	494
<i>doxercalciferol</i>296	LANCET 30G.....	DURYSTA	519
DOXIL.....	DRUG MART UNILET	<i>dust mite mixed allergen</i>	
Doxy 100.....	LANCETS 28G.....	<i>ext</i>	26
<i>doxycycline</i>270	DRUG MART UNILET	<i>dutasteride</i>	312
<i>doxycycline hyclate</i>558	LANCETS 30G.....	<i>dutasteride-tamsulosin hcl</i>	
<i>doxycycline monohydrate</i> 558	DRUG MART UNILET	314
<i>doxylamine-pyridoxine</i>113	LANCETS 33G.....	DUTOPROL	140
DR EDWARDS OLIVE	<i>drxchoice gas relief</i>	<i>d-vite pediatric</i>	583
LAXATIVE.....	dss	DX1 ORAGENOMIC DNA	
DR SCHOLLS CALLUS	DSUVIA.....	SCREEN.....	283
REM/DURAGEL.....	DUAKLIR PRESSAIR.....	DX2 ORAGENOMIC DNA	
DRCAPS SIZE 00.....533	DUAVEE.....	SCREEN.....	283
DRCAPS SIZE 1.....533	DUET DHA 400.....	DXEVO 11-DAY	221
<i>drechslera</i>22	DUET DHA BALANCED	DYANAVEL XR.....	14
DRISDOL.....583	DUETACT	<i>dye-free allergy relief</i>	120
DRIZALMA SPRINKLE.....91	DUEXIS	DYMISTA.....	495
<i>dronabinol</i>115	DULCOLAX.....	DYRENium.....	290
<i>droperidol</i>65	DULCOLAX MILK OF	<i>dyspel</i>	31
DROPLET INSULIN	MAGNESIA.....	E.E.S. 400	350
SYRINGE.....	DULCOLAX PINK STOOL	E.E.S. GRANULES	350
DROPLET LANCETS	SOFTENER.....	<i>e400</i>	585
ULTRA THIN 30G	DULCOLAX STOOL	<i>e-400-clear</i>	585
DROPLET LANCING	SOFTENER.....	<i>e-400-mixed</i>	585
DEVICE	DULERa	<i>e600</i>	585
DROPLET PEN NEEDLES.	<i>duloxetine hcl</i>	<i>ear wax removal system</i> ... 520	
406	DUOBRII.....	<i>earpopper middle ear</i>	
DROPLET PERSONAL	DUODOTE	<i>inflation</i>	396
LANCETS 30G	DUOPA.....	<i>earwax removal</i>520	
<i>dropper & screw cap 4oz</i> ..396	DUOVISC.....	<i>earwax removal kit</i>520	
<i>dropping bottle 30ml</i>396			

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EASIVENT	427	EASY TOUCH LANCETS	<i>edetic acid</i>	205
EASIVENT MASK LARGE..	427	32G/TWIST	EDLUAR	336
EASIVENT MASK MEDIUM	427	EASY TOUCH LANCETS	EDURANT	184
EASIVENT MASK SMALL...	427	33G/TWIST	<i>efavirenz</i>	184
<i>eastern cottonwood</i>	22	EASY TOUCH LANCING	<i>efavirenz-emtricitab-</i>	
<i>easy comfort insulin</i>		DEVICE	<i>tenofovir</i>	180
<i>syringe</i>	406	EASY TOUCH SAFETY	<i>efavirenz-lamivudine-</i>	
<i>easy iron</i>	328	LANCETS 21G	<i>tenofovir</i>	180
<i>easy mini eject lancing</i>		EASY TOUCH SAFETY	<i>effervescent antacid/pain</i> ..	42
<i>device</i>	369	LANCETS 23G	<i>effervescent base</i>	536
<i>easy mini lancing device</i> ..	369	EASY TOUCH SAFETY	<i>effervescent pain relief</i> ..	42
EASY TOUCH ALCOHOL		LANCETS 26G	EFFEXOR XR	91
PREP MEDIUM	351	EASY TOUCH SAFETY	EFFIENT	323
EASY TOUCH ALLERGY		LANCETS 28G	EFUDEX	244
SYRINGE	406	EASY TOUCH SAFETY	<i>egg white (diagnostic)</i> ..	279
EASY TOUCH FLIPLOCK		SYRINGE	EGRIFTA SV	294
INSULIN SY	406	EASY TOUCH	ELAPRASE	297
EASY TOUCH FLIPLOCK		SHEATHLOCK SYRINGE ...	ELCYS	504
SAFETY SYR	406	EASY TOUCH TB	ELDERTONIC	454
EASY TOUCH FLURINGE..	406	FLIPLOCK SYRINGE	ELELYSO	323
EASY TOUCH FLURINGE		EASY TOUCH TB	ELESTRIN	303
FLIPLOCK	406	SHEATHLOCK SYR	<i>eletriptan hydrobromide</i> ..	431
EASY TOUCH FLURINGE		EASYGEL	ELIDEL	269
SHEATHLOCK	406	<i>easy-lax</i>	ELIMITE	272
EASY TOUCH INSULIN		EBASE CONTROLLER KIT	Elinest	211
SAFETY SYR	406	EC-NAPROSYN	ELIQUIS	75
EASY TOUCH INSULIN		<i>ec-naproxen</i>	ELIQUIS DVT/PE STARTER	
SYRINGE	406	<i>econazole nitrate</i>	PACK	75
EASY TOUCH LANCETS		ECONTRA EZ	ELITEK	165
21G	369	ECONTRA ONE-STEP	ELIXOPHYLLIN	74
EASY TOUCH LANCETS		ECO-SMARTFUNNEL	ELLA	216
23G	369	186ML	ELLENCE	161
EASY TOUCH LANCETS		ECOZA	ELLIOTTS B	437
26G	369	ECPIRIN	ELMIRON	314
EASY TOUCH LANCETS		<i>e-cream complex</i>	ELOCTATE	317
28G	369	<i>ed chlorped jr</i>	Eluryng	216
EASY TOUCH LANCETS		<i>ed-apap</i>	ELZONRIS	163
28G/TWIST	369	EDARBI	EMBRACE SEIZURE	
EASY TOUCH LANCETS		EDARBYCLOR	MONITORING SYS	426
30G	369	EDECрин	EMCYT	165
EASY TOUCH LANCETS		<i>edetate acid</i>	EMEND	115
30G/TWIST	369	<i>edetate calcium disodium</i> ..	EMEND TRI-PACK	115
EASY TOUCH LANCETS		205	EMERPHED	578
32G	369	<i>edetate disodium</i> ..	EMFLAZA	221
		205		

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EMGALITY	430	empty capsule size 3 dark	emulsifying wax	528
EMGALITY (300 MG DOSE)	430	grn	emulsion concentrate	537
EMJOI TENS	415	empty capsule size 3	EMVERM.....	63
Emoquette	212	grey/pink	ENABLEX.....	569
EMPLICITI	155	empty capsule size 3	enalapril maleate	134
empty capsule size 0		grey/ylw	enalaprilat	134
purpl/wht	533	empty capsule size 3	enalapril-	
empty capsule size 0		marn/blue	hydrochlorothiazide	133
white/opa	533	empty capsule size 3	ENBRACE HR.....	481
empty capsule size 00 blue		marn/clr	ENBREL.....	36
opq	533	empty capsule size 3 mint	ENBREL MINI.....	36
empty capsule size 1 drk		grn	ENBREL SURECLICK.....	36
green	533	empty capsule size 3	ENDARI.....	324
empty capsule size 1		olive/clr	ENDEAVORRX.....	445
grey/pink	533	empty capsule size 3	ENDO AVITENE.....	332
empty capsule size 1		orange/wh	Endocet.....	54
grnl/ornge	533	empty capsule size 3	ENDOMETRIN.....	577
empty capsule size 1		pink/blue	ENDUR-B.....	454
grnl/white	533	empty capsule size 3	enema bottle	426
empty capsule size 1 ivory		pink/wh	ENFAMIL EXPECTA.....	488
.....	533	empty capsule size 3	ENGERIX-B.....	572
empty capsule size 1		pink/ylw	english toffee flavor	529
maroon/cl	533	empty capsule size 3	ENHERTU.....	162
empty capsule size 1		prple/clr	ENLITE GLUCOSE	
orgelylw	533	empty capsule size 3	SENSOR.....	370
empty capsule size 1		purple	ENLITE SERTER.....	389
pink/clr	533	empty capsule size 3 pwdr	ENOVATIZER GEL.....	273
empty capsule size 1		blue	enoxaparin sodium	76
pink/ylw	533	empty capsule size 3	Empresse-28.....	219
empty capsule size 1		red/white	Enskyce.....	212
red/blue	533	empty capsule size 3	ENSPRYNG.....	447
empty capsule size 1 veg		white/opa	ENSTILAR.....	277
clear	534	empty capsule size 3	entacapone	173
empty capsule size 1		yellow/clr	entecavir	187
white/opa	533	empty capsule size 4	ENTERAGAM.....	286
empty capsule size 1		red/white	ENTEREG.....	309
yellow	533	empty capsule size 4	ENTOCORT EC.....	221
empty capsule size 3		yellow	ENTRESTO.....	198
black/grn	533	empty vial 3ml	ENTRIFLEX FEEDING TB	
empty capsule size 3 blue		EMSAM	10FR/43".....	359
opq	533	emtricitabine	ENTRIFLEX FEEDING TB	
empty capsule size 3		emtricitabine-tenofovir df. 180	10FR/55".....	359
blue/wht	533	EMTRIVA	ENTRIFLEX FEEDING TB	
		EMULGADE CM	12FR/36".....	359

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ENTRIFLEX FEEDING TB 12FR/43"	359	<i>epinephrine-dextrose</i> 578 <i>epinephrine-nacl</i> 578 EPIPEN 2-PAK 577 EPIPEN JR 2-PAK 577 Epitol 79 EPIVIR HBV 187 <i>eplerenone</i> 141 EPOGEN 325 <i>epoprostenol sodium</i> 198 <i>eptifibatide</i> 320 EPZICOM 181 eq 12 hour mucus relief 229 eq adult aspirin low strength 44 eq all day pain relief 31 eq allergy 120 eq allergy childrens 124 eq allergy relief 120, 124, 497 eq allergy relief childrens 120, 124 eq antacid 60, 62 eq antacid extra strength 62 eq antacid maximum strength 60 eq antacid/anti-gas 60 eq anti-diarrheal 109 eq antifungal 261 eq aspirin 44 eq aspirin adult low dose 44 eq aspirin low dose 44 eq athletes foot 241, 261 eq athletes foot (tolnaftate) 241 eq athletes foot spray 261 eq bacitracin zinc 239 eq budesonide nasal 497 eq buffered aspirin 42 eq calamine 269 eq calcium 600+d+minerals 434 eq capsaicin patch 267 eq childrens aspirin 45 eq childrens loratadine 124 eq childrens pain reliever 38
ENTRIFLEX FEEDING TB 12FR/55"	359	eq chlortabs 118 EQ CLEARLAX 340 eq cold flu & sore throat 224 eq cold/allergy childrens 228 eq complete multivit adult 50+ 460 eq complete multivitamin child 478 eq ear drops 520 eq enema 342 eq eye allergy relief 512 eq famotidine max st 562 eq fiber therapy 339 eq gas relief 305 eq gas relief extra strength 305 eq headache relief 36 eq hydrocortisone 252 eq hydrocortisone max st 252 eq hydrocortisone plus 252 eq hydrogen peroxide 179 eq ibuprofen childrens 31 eq jock itch 261 eq lansoprazole 564 eq laxative 343 eq laxative maximum strength 343 eq lice killing max st 271 eq lidocaine pain relieving 267 eq loratadine 124 eq loratadine childrens 124 eq menstrual complete 36 eq miconazole 1 574 eq miconazole 3 combo pack 574 eq miconazole 7 574 eq miconazole 7 day treatment 574 eq migraine relief 36 eq motion sickness 114 eq motion sickness relief 114 EQ MUCUS ER 229 eq mucus relief dm 225 eq naproxen sodium 31
ENTRIFLEX FEEDING TUBE 8FR/36"	359	
ENTRIFLEX FEEDING TUBE 8FR/43"	359	
ENTRIFLEX FEEDING TUBE 8FR/55"	359	
ENTRIFLEX FEEDING TUBE 8FR/36"	359	
ENTRIFLEX FEEDING TUBE 8FR/43"	359	
ENTRISTAR PEG ENTERAL CONNECT	359	
ENTRISTAR SAFETY PEG KIT 16FR	359	
ENTRISTAR SAFETY PEG KIT 20FR	360	
ENTRISTAR/NUTRIPORT BOLUS FEED	360	
ENTRISTAR/NUTRIPORT CONTINUOUS	360	
ENTYVIO	309	
<i>enulose</i>	309	
ENVARSUS XR	447	
EOVIST	284	
EPANED	134	
EPCLUSA	187	
<i>ephedrine hcl</i>	73	
<i>ephedrine sulfate</i>	73, 578	
<i>ephedrine sulfate-nacl</i>	578	
<i>epicoccum</i>	22	
<i>epicoccum nigrum</i>	22	
EPICORD	275	
EPIDIOLEX	79	
EPIDUO	233	
EPIDUO FORTE	233	
EPIFIX	275	
EPIFIX MICRONIZED	275	
EPIFOAM	275	
<i>epinastine hcl</i>	510	
<i>epinephrine</i>	205, 577	
<i>epinephrine (anaphylaxis)</i>	577	
<i>epinephrine base</i>	205	
<i>epinephrine hcl-dextrose</i>	578	
<i>epinephrine hcl-nacl</i>	578	

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<i>eq nasal allergy</i>	497	<i>eql anti-itch maximum strength</i>	252	<i>eql nasal decongestant</i>	499
<i>eq natural fiber laxative</i>	339	<i>eql aspirin ec</i>	45	<i>eql natural fiber</i>	339
<i>eq natural vegetable laxative</i>	343	<i>eql aspirin low dose</i>	45	<i>eql niacin flush free</i>	198
<i>eq nicotine</i>	552	<i>eql athletes foot</i>	262	<i>eql nicotine polacrilex</i>	552
<i>eq nicotine polacrilex</i>	552	<i>eql b-12</i>	324	<i>eql omeprazole</i>	565
<i>eq nicotine step 3</i>	552	<i>eql bacitracin zinc</i>	239	<i>eql one daily mens 50+ advance</i>	460
<i>eq nighttime sleep aid</i>	335	<i>eql carbonyl iron</i>	328	<i>eql one daily mens health</i>	461
<i>eq omeprazole</i>	565	<i>eql century</i>	460	<i>eql one daily womens</i>	455
<i>eq omeprazole magnesium</i>	564	<i>eql century mature</i>	460	<i>eql one daily womens 50+ adv</i>	461
EQ ONE DAILY WOMENS PRO-ACTIVE.....	460	<i>eql century mature men 50+</i>	460	<i>eql prenatal formula</i>	481
<i>eq pain & fever childrens</i>	38	<i>eql century mature women 50+</i>	460	<i>eql ready-to-use enema</i>	342
<i>eq pain & fever infants</i>	38	<i>eql child multivit/minerals</i>	478	<i>eql smooth texture fiber</i>	339
<i>eq pain relief/rapid burst</i>	38	<i>eql childrens allergy</i>	120	<i>eql stomach relief</i>	107
<i>eq pain reliever junior</i>	38	<i>eql childrens ibuprofen</i>	31	<i>eql stool softener</i>	345
<i>eq pain relieving</i>	267	EQL CLEARLAX.....	340	<i>eql super thin lancets 30g</i>	370
<i>eq pink-bismuth</i>	107	<i>eql color lancets 21g</i>	370	<i>eql thin lancets 26g</i>	370
<i>eq restore tears</i>	507	<i>eql color lancets micro 33g</i>	370	<i>eql tioconazole-1</i>	574
<i>eq stomach relief</i>	107	<i>eql ethyl alcohol (rubbing)</i>	209	<i>eql vitamin d3</i>	583
<i>eq stool softener</i>	345	<i>eql eye drops</i>	513	<i>eql vitamin d3 gummies</i>	583
<i>eq suphedrine</i>	498	<i>eql fiber supplement</i>	339	EQUETRO	174
<i>eq tolnaftate</i>	241	<i>eql fiber therapy</i>	339	ERAXIS	116
<i>eq tussin dm max adult</i>	225	<i>eql fluticasone childrens</i> ..	497	<i>ergocalciferol</i>	583
<i>eq tussin dm max daytime</i>	225	<i>eql fluticasone propionate</i>	497	<i>ergoloid mesylates</i>	551
<i>eq urinary pain relief max st</i>	314	<i>eql gas gone</i>	305	ERGOMAR	430
<i>eq wart remover</i>	265	<i>eql hand sanitizer</i>	273	<i>ergotamine tartrate</i>	430
<i>eq womens laxative</i>	343	<i>eql hand sanitizer</i>	273	<i>ergotamine-caffeine</i>	430
<i>eql acetaminophen</i>	38	<i>advanced</i>	273	ERIVEDGE	153
<i>eql acetaminophen childrens</i>	38	<i>eql hand sanitizer/aloe</i>	273	ERLEADA	150
<i>eql acetaminophen infants</i> ..	38	<i>eql hemorrhoidal</i>	58	<i>erlotinib hcl</i>	158
<i>eql advanced relief</i>	513	<i>eql insulin syringe</i>	407	Errin	219
<i>eql allergy</i>	118, 120	<i>eql iron supplement</i>	328	ERTACZO	262
<i>eql allergy relief</i>	120, 124	<i>therapy</i>	328	<i>ertapenem sodium</i>	143
<i>eql allergy relief childrens</i> ..	120	<i>eql lansoprazole</i>	565	ERWINAZE	163
<i>eql antacid advanced max st</i>	60	<i>eql laxative maximum strength</i>	343	<i>ery</i>	232
<i>eql antacid/anti-gas</i>	60	<i>eql lice killing max st</i>	271	ERYGEL	232
<i>eql antifungal</i>	261	<i>eql miconazole 3</i>	574	ERYPED 200	350
<i>eql antifungal (tolnaftate)</i> ..	241	<i>eql miconazole 7</i>	574	ERYPED 400	350
<i>eql anti-itch intensive heal</i>	252	<i>eql motion sickness relief</i>	114	Ery-Tab	350
		<i>eql mucus-dm</i>	225	ERYTHROCIN	350
				LACTOBIONATE	350
				ERYTHROCIN STEARATE	350
				<i>erythromycin</i>	232, 351, 511

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erythromycin base	350	etomidate	311	eye allergy relief	513
erythromycin ethylsuccinate	351	etonogestrel-ethinyl estradiol	216	eye drops advanced relief	513
ESBRIET	556	ETOPOPHOS	167	eyeprotect	461
escitalopram oxalate	88	etoposide	167	EYE-VITES	461
Esgic	42	eucalyptus flavor	529	EYLEA	520
ESGIC	42	EUCRISA	270	EYSUVIS	517
ESKATA	273	EUFLINXXA	494	E-Z JECT LANCET MICRO-THIN 33G	370
esmolol hcl	191	eugenol flavor	529	E-Z JECT LANCET SUPER THIN 30G	370
esmolol hcl-sodium chloride	191	Euthyrox	559	E-Z JECT LANCETS	370
esomeprazole magnesium	565	EVAMIST	303	E-Z JECT LANCETS 21G	370
esomeprazole sodium	565	evans blue	527	E-Z JECT LANCETS THIN 26G	370
ESPEROCT	317	EVEKEO	14	EZALLOR SPRINKLE	130
ESPUMIL	539	EVEKEO ODT	14	ezetimibe	132
ESSENTIA	461	EVENITY	299	ezetimibe-simvastatin	131
essential balance	461	everolimus	156, 447	E-Z-HD	285
essentra wipes 9x9"	273	EVERSENSE		EZ-LETS LANCETS 21G	370
Estarrylla	212	SENSOR/HOLDER	370	EZ-LETS LANCETS 26G	370
estazolam	335	EVERSENSE SMART TRANSMITTER	370	EZ-LETS LANCETS 28G	370
ESTER-E	585	eversheer pantyhose	358	EZ-LETS LANCETS 30G	370
ESTRACE	303, 576	eversheer thigh high	358	E-Z-PAQUE	285
estradiol	303, 576	EVISTA	299	FA-8	326
estradiol valerate	303	EVOCLIN	232	FABIOR	236
estradiol-norethindrone acet	302	EVOMELA	168	FABRAZYME	293
ESTRING	576	EVOTAZ	181	face mask resp n-100 part	393
ESTROGEL	303	EVRYSDI	502	face mask respirator r-95 part	393
ESTROSTEP FE	219	EXEL COMFORT POINT		fagron capfill pro	537
eszopiclone	337	INSULIN SYR	407	fagron dispersapro	537
ethacrynone sodium	289	EXELDERM	262	fagron ls plus	539
ethacrynic acid	290	EXELON	545	FALESSA	212
ethambutol hcl	148	exemestane	164	Falmina	212
ETHAMOLIN	450	EXFORGE	135	famciclovir	189
ether	209	EXFORGE HCT	138, 139	famotidine	562, 563
ethinyl estradiol	303	EXJADE	110	famotidine maximum strength	562
ethosuximide	85	EX-LAX ULTRA	343	famotidine premixed	563
ethyl acetate	537	EXONDYS 51	500	FANAPT	175
ethyl alcohol (rubbing)	209	EXPAREL	348	FANAPT TITRATION PACK	175
ethynodiol diacetate		EXQUISITE HRT	539	FANTASY LUBRICATED	354
estradiol	212	EXTAVIA	547		
ETHYOL	170	EXTINA	262		
etodolac	31	EXTRANEAL	448		
etodolac er	31	express	455		
		express-super	455		

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FANTASY	FERGON	328	<i>filter/millex-gp/50mm/clear</i>
LUBRICATED/SPERMICIDE	FEROSUL	328 396
..... 354	FERRIPROX	110	FINACEA..... 270
FARESTON..... 150	FERRIPROX TWICE-A-DAY 110	<i>finasteride</i> 312
FARXIGA..... 104	FERRLECIT	328	FINE 30..... 371
FARYDAK..... 153	<i>ferrotabs</i>	328	FINTEPLA..... 79
FASENRA..... 72	<i>ferrous gluconate</i>	328	FIORICET..... 42
FASENRA PEN..... 72	<i>ferrous sulfate</i>	328, 329	FIORICET/CODEINE..... 48
FASLODEX..... 165	<i>ferrous sulfate er</i>	328	FIRAZYR..... 319
<i>fa-vitamin b-6-vitamin b-12</i>	FETROJA	204	FIRDAPSE..... 148
..... 326	FETZIMA	91	<i>fire ant</i> 22
Fayosim..... 217	FETZIMA TITRATION	91	FIRMAGON (240 MG DOSE)..... 166
FC FEMALE CONDOM..... 354	FEVERALL ADULTS	39	FIRST - METOPROLOL..... 191
FC2 FEMALE CONDOM.... 354	FEVERALL CHILDRENS	39	<i>first aid antibiotic</i> 237
<i>fd&c yellow #6 aluminum</i>	FEVERALL INFANTS	39	FIRST CARE PAIN RELIEF 267
<i>lake</i> 527	FEVERALL JUNIOR	39	FIRVANQ..... 144
<i>fe tabs</i> 328	STRENGTH	39	<i>fish flavor</i> 529
<i>febuxostat</i> 316	FEXMID	492	<i>fixed oil suspension</i> 534
FEENAMINT..... 343	<i>fexofenadine-pseudoephed er</i>	228	FIZZMIX BASE..... 537
FEIBA..... 317	FIASP	99	Flac..... 521
<i>felbamate</i> 83	FIASP FLEXTOUCH	99	FLAGYL..... 142
FELBATOL..... 83	FIASP PENFILL	99	FLAREX..... 517
FELDENE..... 32	<i>fiber</i>	339	FLAVOR BLEND..... 535
<i>felodipine er</i> 194, 195	<i>fiber therapy</i>	339	<i>flavor conc-chlorhexidine</i> 529
FEMARA..... 164	FIBRICOR	130	<i>flavor plus</i> 535
FEMCAP..... 354	FIBRYGA	317	<i>flavor sweet</i> 535
FEMHRT LOW DOSE..... 302	FIFTY50 ALCOHOL PREP ..351		<i>flavor sweet-sf</i> 535
FEMRING..... 576	FIFTY50 SAFETY SEAL		<i>flavoxate hcl</i> 570
Femynor..... 212	LANCETS	371	FLEBOGAMMA DIF..... 523
<i>fenofibrate</i> 129	FIFTY50 SUPERIOR		<i>flecainide acetate</i> 67
<i>fenofibrate micronized</i> 129	COMFORT SYR	407	FLECTOR..... 243
<i>fenofibric acid</i> 130	FIFTY50 UNILET LANCETS		Flexbumin..... 321
FENOGLIDE..... 130	33G	371	FLEXICHAMBER..... 428
<i>fenoprofen calcium</i> 32	<i>filter 0.2 micron/25mm</i>	396	FLEXICHAMBER ADULT
FENSOLVI (6 MONTH)..... 297	<i>filter 0.2 micron/32mm</i>	396	MASK/SMALL..... 427
<i>fentanyl</i> 50	<i>filter 0.2 micron/47mm</i>	396	FLEXICHAMBER CHILD
<i>fentanyl citrate</i> 50	<i>filter 0.22</i>		MASK/LARGE 427
<i>fentanyl citrate (pf)</i> 50	<i>micron/73mm/1000ml</i>	396	FLEXICHAMBER CHILD
<i>fentanyl citrate-nacl</i> 50	<i>filter air pp</i>	424	MASK/SMALL 428
<i>fentanyl cit-ropivacaine-nacl</i> 48	<i>filter attachment</i>	396	<i>flexin</i> 276
FENTORA..... 50	<i>filter fluorodyne/0.22</i>		FLINTSTONES COMPLETE
FERAHEME..... 328	<i>micron</i>	396 478
			FLINTSTONES W/IRON 478

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FLOLAN	198	fluoritab	439	foltrin	328
flopipid	130	fluorometholone	517	fomepizole	111
FLOMAX	312	FLUOROPLEX	244	food color blue	527
FLORIVA	479	fluorouracil	244	food color green	527
FLORIVA PLUS	477	fluoxetine hcl	88	food color pink	527
FLOVENT DISKUS	74	fluoxetine hcl (pmdd)	550	food color red	527
FLOVENT HFA	74	fluphenazine decanoate	177	food color violet	527
floxuridine	151	fluphenazine hcl	177	food color white	527
FLUAD	572	flurandrenolide	253	food color yellow	527
FLUAD QUADRIVALENT	572	FLURA-SAFE	513	food color yellow #5 alum lake	
FLUARIX QUADRIVALENT	572	flurazepam hcl	335		527
FLUBLOK QUADRIVALENT	572	flurbiprofen	32	FORA LANCETS	371
FLUCELVAX QUADRIVALENT	572	flurbiprofen sodium	515	FORA LANCING DEVICE	371
fluconazole	117	flutamide	150	FORANE	312
fluconazole in sodium chloride	117	fluticasone propionate	253, 497	FORFIVO XL	87
flucytosine	116	fluticasone-salmeterol	69	FORTAMET	94
fludeoxyglucose f 18	282	fluvastatin sodium	130	FORTAZ	203
fludrocortisone acetate	223	fluvastatin sodium er	130	FORTEO	298
fluid administration set	393	fluvoxamine maleate	89	FORTESTA	57
FLULALVAL QUADRIVALENT	572	fluvoxamine maleate er	89	FOSAMAX	292
flumazenil	111	FLUZONE HIGH-DOSE QUADRIVALENT	572	FOSAMAX PLUS D	292
FLUMIST QUADRIVALENT	572	FLUZONE QUADRIVALENT	572	fosamprenavir calcium	183
flunisolide	74, 497	F-MELT	537	fosaprepitant dimeglumine	115
fluocinolone acetonide body	252	FML	517	FOSCAVIR	186
fluocinolone acetonide scalp	252	FML FORTE	517	fosfomycin tromethamine	146
fluocinonide	253	FML LIQUIFILM	517	fosinopril sodium	134
fluocinonide emulsified base	253	foam ring 2"	396	fosinopril sodium-hctz	133
fluorescein	205	FOAMIL	528	fosphenytoin sodium	84
fluorescein sodium	205	FOCALIN	18	FOSRENOL	310
fluorescein-benoxinate	513	FOCALIN XR	18	FREAMINE HBC	503
FLUORESCITE	513	foil wrapper 3" x 3"	396	FREAMINE III	503
Fluoridex Enhanced Whitening	451	folate	326	freds pharmacy autolet lanc	
Fluoridex Sensitivity Relief..	451	foley catheter 2-way	353	freds pharmacy unilet lanc 28g	371
Fluor-I-Strips A.T.	513	FOLGARD OS	457	freds pharmacy unilet lanc 30g	371
		FOLGARD RX	326	freedom adaptaderm	539
		folic acid	326	freedom cepapro	539
		folika-nc	453	freedom derma serum	539
		FOLLISTIM AQ	298	FREEDOM DERMA-D	539
		FOLOTYN	151	FREEDOM DERMA-N	539
		FOLTABS 800	326	freedom lollipop base	537

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FREEDOM ODT BASE.....	537	gallium citrate ga 67	282	GELFOAM SPONGE SIZE
FREEDOM PEG TROCHE BASE.....	535	gallium ga 68 psma-11	282	100.....333
freedom siomac anhydrous	539	GALZIN.....	442	GELFOAM SPONGE SIZE
freedom simplecap	537	GAMASTAN.....	523	200.....333
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glycolic acid	204	gnp budesonide nasal spray	497	gnp effervescent antacid/pain	42
glycopyrrolate	568	gnp burn relief	267	gnp esomeprazole	
glycopyrrolate pf	568	gnp burn relief spray	267	magnesium	565
Glydo	267	gnp calcium 500 +d3	434	gnp essential one daily	474
GLYNASE	105	gnp calcium 500/d	435	gnp ethyl rubbing alcohol	209
GLYRX-PF	568	gnp calcium 600		gnp eye drops	507
GLYTACTIN BETTERMILK		+d/minerals	435	gnp fexofenadine	228
DE-LITE	287	gnp calcium 600 plus d/mineral	435	gnp fluticasone propionate	
GLYTACTIN BUILD 10PE	287	gnp calcium 600/d	435	gnp fluticasone propionate chl	497
GLYTACTIN BUILD 20/20		gnp calcium plus 600 +d	435	gnp foaming antacid	62
PKU	287	gnp calcium/vitamin d/minerals	435	gnp folic acid	326
GLYTACTIN COMPLETE 10PE	287	gnp capsaicin	267	gnp gas relief max st	305
GLYTACTIN RESTORE 5	287	gnp century	461	gnp gentle laxative	343
GLYTACTIN RESTORE LITE 10PE	287	gnp century adult formula	461	gnp glucose	95, 96
GLYTACTIN RTD LITE 15..	287	gnp century adults 50+ senior	461	gnp hair/skin/nails	461
GLYTACTIN SWIRL 15PE..	287	gnp century cardio health	461	gnp healthy eyes supervision	462
GLYXAMBI	104	gnp century mature	461	gnp hemorrhoidal	58
g-myco nail	240	gnp century mature women's 50+	461	gnp hydrocortisone	253
gnp 24 hour nasal allergy	497	gnp century ultimate mens	461	gnp hydrocortisone max st	
gnp 8 hour arthritis relief	39	gnp century ultimate womens	461	gnp hydrocortisone plus	253
gnp acetaminophen	39	gnp childrens allergy	121	gnp hydrocortisone/aloe	277
gnp acne treatment	236	gnp childrens		gnp ibuprofen childrens	32
gnp adult aspirin low strength	45	chewables/ex c	479	gnp infant gas relief	305
gnp alcohol swabs	351	gnp childrens		gnp infants pain relief	39
gnp allergy	121	chewables/iron	478	gnp infants pain/fever	39
gnp allergy antihistamine	121	gnp childrens ibuprofen	32	gnp insulin syringe	407
gnp allergy relief	121, 124	GNP CLEARLAX	340	gnp iron	329
gnp allergy-d allergy & conges	228	gnp clotrimazole 3	574	gnp k-pec	107
gnp antacid & anti-gas	60	gnp cold severe congestion day	224	gnp lancets	372
gnp antacid regular strength	60	gnp cold/flu severe	224	gnp lancets 21g	372
gnp arthritis pain	243	gnp d 2000	583	gnp lancets micro thin 33g	
gnp aspirin	45	gnp daily prenatal	481	gnp lancets super thin 30g	373
gnp aspirin low dose	45	gnp diabetic support formula	461	gnp lancets thin	373
gnp athletes foot	262	gnp earwax removal kit	520	gnp lancets thin 26g	373
gnp b-50 balanced	455			gnp lansoprazole	565
gnp b-50 complex	455			gnp laxative	343
gnp bacitracin zinc	239			gnp lice treatment	271, 272
gnp b-complex plus vitamin c	452				

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<i>gnp lidocaine pain relief</i>	267	<i>goodsense allergy relief</i>	
<i>gnp lidocaine pain relieving</i>	267	124, 125
<i>gnp little ones childrens</i>	479	<i>goodsense antacid</i>	62
<i>gnp loratadine</i>	124	<i>goodsense antacid/pain relief</i>	42
<i>gnp loratadine childrens</i>	124	<i>goodsense anti-diarrulant-gas</i>	110
<i>gnp maximum one daily</i>	462	<i>goodsense arthritis pain</i>	243
<i>gnp mega multi for men</i>	462	<i>goodsense aspirin</i>	45
<i>gnp mega multi for women</i>	462	<i>goodsense aspirin adult low st</i>	45
<i>gnp miconazole 3</i>	574	<i>goodsense aspirin low dose</i>	45
<i>gnp miconazole 7</i>	574	<i>goodsense bisacodyl ec</i>	343
<i>gnp miconazole nitrate</i>	262	GOODSENSE CLEARLAX	340
<i>gnp miconazorb af</i>	262	<i>goodsense cold & flu</i>	224
<i>gnp micro thin lancets 33g</i>	373	<i>goodsense color lancets 33g</i>	373
<i>gnp motion sickness relief</i>	114	<i>goodsense ear wax kit</i>	520
<i>gnp mucus er</i>	229	<i>goodsense enema</i>	342
<i>gnp mucus relief childrens</i>	229	GOODSENSE ESOMEPRAZOLE	565
<i>gnp nasal decongestant</i>	499	<i>goodsense eye drops</i>	513
<i>gnp niacin flush free</i>	476	<i>goodsense fiber</i>	339
<i>gnp nicotine</i>	552	<i>goodsense glucose</i>	95
<i>gnp nicotine mini</i>	552	<i>goodsense headache relief</i>	37
<i>gnp nicotine polacrilex</i>	552	<i>goodsense hemorrhoidal</i>	58
<i>gnp omeprazole</i>	565	<i>goodsense hydrogen peroxide</i>	179
<i>gnp one daily maximum</i>	462	<i>goodsense ibuprofen childrens</i>	32
<i>gnp one daily mens 50+advanced</i>	462	GOODSENSE IRON	329
<i>gnp one daily mens health 50+</i>	462	<i>goodsense isopropyl alcohol</i>	209
<i>gnp one daily</i>		<i>goodsense lancets 26g univ</i>	373
<i>mens lycopene</i>	462	<i>goodsense lancets 30g</i>	373
<i>gnp one daily plus iron</i>	456	<i>goodsense lancets 30g univ</i>	373
<i>gnp one daily womens</i>	462	<i>goodsense lancets 33g</i>	373
<i>gnp one daily womens 50+</i>	462	<i>goodsense lancets 33g univ</i>	373
<i>gnp one daily womens health</i>	455	<i>goodsense lancing device</i>	373
<i>gnp opti-vitamins</i>	462	<i>goodsense lansoprazole</i>	565
<i>gnp pain & fever childrens</i>	39		
<i>gnp pain & fever infants</i>	39		
<i>gnp pediatric electrolyte</i>	438		

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<i>goodsense laxative pills</i>	343	GUARDIAN CONNECT		<i>hair/skin/nails/biotin</i>	463
<i>goodsense miconazole 1</i>	574	TRANSMITTER	373	<i>halcinonide</i>	254
<i>goodsense motion sickness</i>	114	GUARDIAN LINK 3		HALCION	335
<i>goodsense nasal allergy spray</i>	497	TRANSMITTER	373	HALDOL	175
<i>goodsense nausea relief</i>	113	GUARDIAN REAL-TIME		HALDOL DECANOATE	175
<i>goodsense nicotine</i>	552	CHARGER	373	<i>halobetasol propionate</i>	254
<i>goodsense pain & fever child</i>	39	GUARDIAN REAL-TIME		HALOG	254
<i>goodsense pain & fever infants</i>	39	REPLACE PED	373	<i>haloperidol</i>	176
<i>goodsense pain relief</i>	39	GUARDIAN REAL-TIME		<i>haloperidol decanoate</i>	176
<i>goodsense prenatal vitamins</i>	481	TEST PLUG	374	<i>haloperidol lactate</i>	176
<i>goodsense psyllium fiber</i>	339	<i>guardian sensor 3</i>	374	<i>ham flavor</i>	529
<i>goodsense stomach relief</i>	107	<i>gum base (gelatin)</i>	535	HANDCLEAN HAND SANITIZER	274
<i>goodsense tussin dm max</i>	226	GUMMI BEAR		HARVONI	187
<i>goodsense womens laxative</i>	343	MULTIVITAMIN/MIN	477	HAVRIX	573
<i>goprelto</i>	496	GVOKE HYPOPEN 1-PACK	96	HCU EASY	287
<i>graduated bottle 2oz</i>	397	GVOKE HYPOPEN 2-PACK	97	<i>head covers 24"</i>	397
<i>graduated bottle 4oz</i>	397	GVOKE PFS	97	<i>headache formula</i>	37
<i>gram-o-leci</i>	505	GYNAZOLE-1	574	<i>headrin ex strength pain rel</i>	37
<i>granisetron hcl</i>	112	GYNECORT 10	253	HEALON	519
GRANIX	327	<i>h2o gel base</i>	539	HEALON GV	519
<i>grapefruit flavor</i>	529	<i>hackberry</i>	22	HEALON PRO	519
<i>grass pollen(k-o-r-t-swt vern)</i>	22	HAEGARDA	319	HEALON5	519
GRASTEK	22	HAEMOLANCE	374	HEALON5 PRO	519
<i>griseofulvin microsize</i>	116	HAEMOLANCE LOW FLOW		<i>healthwise insulin syr/needle</i>	408
<i>griseofulvin ultramicrosize</i>	116	LANCETS	374	<i>healthy accents lancing device</i>	374
<i>guaiacol</i>	207	HAEMOLANCE PLUS	374	<i>healthy accents unilet lancets</i>	374
<i>guaiasorb dm</i>	226	HAEMOLANCE PLUS HIGH FLOW	374	<i>healthy hair/skin/nails</i>	474
<i>guaiatussin ac</i>	226	HAEMOLANCE PLUS LOW FLOW	374	HEALTHY MAMA BE WELL	
<i>guaicon dms</i>	226	HAEMOLANCE PLUS MAX FLOW	374	ROUNDED	482
<i>guaifenesin</i>	229	HAEMOLANCE PLUS PEDIATRIC FLOW	374	HEALTHY MAMA TAME	
<i>guaifenesin ac</i>	226	Hailey 1.5/30	212	THE FLAME	62
<i>guaifenesin er</i>	229	Hailey 24 Fe	212	HEALTHYLAX	340
<i>guaifenesin-codeine</i>	226	Hailey Fe 1.5/30	212	Heather	219
<i>guanfacine hcl</i>	139	Hailey Fe 1/20	212	<i>h-e-b aspirin</i>	45
<i>guanfacine hcl er</i>	12	<i>hair formula extra strength</i>		<i>h-e-b childrens allergy</i>	121
<i>guanidine hcl</i>	148	<i>hair skin and nails formula</i>		<i>h-e-b incontrol adv lancing</i>	
		<i>hair vitamins</i>	462	374	
		<i>hair/skin/nails</i>	462		

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h-e-b incontrol lancets 28g	374	hm advanced antacid max st	60	hm lice treatment	272
h-e-b incontrol lancets 30g	374	hm allergy relief	118, 121, 125, 497	hm lidocaine patch	267
h-e-b incontrol lancets 33g	374	hm allergy relief childrens	121	hm loratadine	125
h-e-b oral electrolyte	438	hm animal shapes	478	hm loratadine childrens	125
HECTOROL	296	hm antacid	60	hm magnesium	63
HELIDAC THERAPY	568	hm antacid anti-gas ex st	60	hm mens 50+ advanced one daily	463
HEMABATE	522	hm antacid/antigas	60	hm mineral oil	342
HEMADY	221	hm anti-diarrheal	109	hm motion sickness	114
HEMANGEOL	192	hm anti-diarrheal anti-gas	110	hm motion sickness relief	114
HEMAX	328	hm aspirin	45	hm mucus er	229
HEMLIBRA	316	hm aspirin ec	45	hm mucus relief cough children	226
HEMOFIL M	317	hm aspirin ec low dose	45	hm mucus relief fm cold/flu	224
hemorrhoidal	58	hm b complex/c	453	hm mucus relief fm severe	224
HEPAGAM B	524	hm bacitracin zinc	239	hm mucus relief max st	229
heparin (porcine) in nacl	75	hm calcium	436	hm nasal decongestant	499
heparin lock flush	75	hm calcium antacid ultra st	62	hm nicotine	552
heparin sod (porcine) in d5w	75	HM CLEARLAX	340	hm nicotine polacrilex	552
heparin sodium (porcine)	76	hm complete 50+	463	hm nighttime sleep aid	335
heparin sodium (porcine) pf	76	hm complete women	463	hm omeprazole	565
heparin sodium lock flush	76	hm cough relief	224	hm one daily essential	455
HEPATAMINE	503	hm daytime cold & flu	224	hm one daily prenatal	482
HEPLISAV-B	573	hm double antibiotic	237	hm one dailyliron	456
HEPSERA	187	hm esomeprazole		hm pain & fever childrens	39
HERCEPTIN HYLECTA	162	magnesium dr	565	hm pain & fever infants	39
HERZUMA	155	hm ethyl rubbing alcohol	209	hm pain relief	39
HESPAÑ	320	hm fiber	339	hm pediatric electrolyte	438
hetastarch-nacl	320	hm fiber powder	339	hm potassium	440
HETLIOZ	337	hm folic acid	326	hm prenatal	482
HEXTEND	320	hm gas relief	305	hm slow release iron	329
HIBERIX	571	hm glucose	95	hm sterile alcohol prep	351
hi-kovite 2-part formula	463	hm hemorrhoidal	58	hm stomach relief	107
hi-potency multi-vitamin	463	hm hydrocortisone plus	277	hm stomach relief max strength	107
HIPREX	146	hm hydrocortisone-aloe max st	277	hm stomach relief ultra	107
HISTATROL	280	hm ibuprofen childrens	32	hm stool softener	346
HIZENTRA	524	hm ibuprofen pm	334	HM ULTICARE INSULIN	
hm adult aspirin	45	hm iron	329	SYRINGE	408
hm adult tussin cough & chest	226	hm iron slow release	329	hm vitamin b	
		hm lansoprazole	565	complex/vitamin c	453
		hm laxative	343	hm vitamin b1	579
		hm lice killing max st	271		

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<i>hm vitamin b100 complex</i>	455	HUMATROPEN FOR 12MG	408	<i>hydrocortisone butyr lipo base</i>	254
<i>hm vitamin b-12 tr</i>	324	HUMATROPEN FOR 24MG	408	<i>hydrocortisone butyrate</i>	254
<i>hm vitamin b50 complex</i>	455	HUMATROPEN FOR 6MG	408	<i>hydrocortisone max st</i>	255
<i>hm vitamin c</i>	581	HUMIRA	29	<i>hydrocortisone max st/12 moist</i>	255
<i>hm vitamin c tr</i>	581	HUMIRA PEDIATRIC		<i>hydrocortisone micronized</i>	
<i>hm vitamin d</i>	583	CROHNS START	28		255
<i>hm vitamin d3</i>	583	HUMIRA PEN	28	<i>hydrocortisone plus</i>	255
hm womens 50+ advanced daily	463	HUMIRA PEN-CD/UC/HS		<i>hydrocortisone valerate</i>	255
HOMACTIN AA PLUS	287	STARTER	28	<i>hydrocortisone/aloë max str</i>	277
<i>homatropine</i>		HUMIRA PEN-PS/UV/ADOL		<i>hydrocortisone-acetic acid</i>	
<i>methylbromide</i>	205	HS START	29		522
<i>home pap kit</i>	283	HUMIRA PEN-PSOR/UVEIT		<i>hydrocortisone-aloë</i>	277
HONEY BEARS	480	STARTER	29	HYDROGEL	539
HONEY BEARS W/IRON-ZINC	478	HUMULIN 70/30	99	<i>hydrogen peroxide</i>	179
<i>honey bee venom</i>	22	HUMULIN 70/30 KWIKPEN	99	<i>hydromet</i>	224
HONEY BEE VENOM PROTEIN	22	HUMULIN N	99	<i>hydromorphone hcl</i>	50, 51
HORIZANT	551	HUMULIN N KWIKPEN	99	<i>hydromorphone hcl er</i>	50
<i>horse epithelium</i>	22	HUMULIN R	99	<i>hydromorphone hcl pf</i>	50, 51
HPA LANOLIN	274	HUMULIN R U-500		<i>hydromorphone hcl-nacl</i>	51
<i>hrt base (men)</i>	539	(CONCENTRATED)	100	<i>hydroquinone</i>	259
HRT BOTANICAL	539	HUMULIN R U-500 KWIKPEN	100	<i>hydroxocobalamin acetate</i>	
HRT CREAM	539	HYALGAN	495		324
<i>hrt cream base</i>	539	HYCAMTIN	170	<i>hydroxychloroquine sulfate</i>	147, 206
<i>hrt cream base women</i>	539	HYCODAN	224	<i>hydroxyprogesterone caproate</i>	169, 206, 543
<i>hrt natural</i>	539	<i>hydralazine hcl</i>	141	<i>hydroxytryptophan</i>	205
HUBER INFUSION SET	393	HYDREA	164	<i>hydroxytryptophan I-5</i>	205
HUDSON RCI AEROSOL MASK ADULT	424	<i>hydrochloric acid</i>	204	<i>hydroxyurea</i>	164
HUMALOG	99	<i>hydrochlorothiazide</i>	291	<i>hydroxyzine hcl</i>	65
HUMALOG JUNIOR KWIKPEN	99	<i>hydrocod polst-cpm polst er</i>	231	<i>hydroxyzine pamoate</i>	65
HUMALOG KWIKPEN	99	<i>hydrocodone bitartrate er</i>	50	HYLENEX	445
HUMALOG MIX 50/50	99	<i>hydrocodone-</i>		HYMOVIS	495
HUMALOG MIX 50/50 KWIKPEN	99	<i>acetaminophen</i>	48	<i>hyoscyamine sulfate</i>	562
HUMALOG MIX 75/25	99	<i>hydrocodone-homatropine</i>	224	<i>hyosyne</i>	562
HUMALOG MIX 75/25 HUMAN ALBUMIN	321	<i>hydrocodone-ibuprofen</i>	48	HYPERHEP B S/D	524
HUMATE-P	317	<i>hydrocortisone</i>		HYPERRAB	524
HUMATROPE	294		58, 221, 254, 255	HYPERRAB S/D	524
		<i>hydrocortisone (perianal)</i>	59	HYPERSAL	230
		<i>hydrocortisone ace-pramoxine</i>	58	HYPOLANCE AST	
		<i>hydrocortisone acetate</i>	254	LANCING	374
		<i>hydrocortisone anti-itch</i>	254	Tier 2=No-Preferred Drugs	

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HYPOTEARS.....	507	IMBRUVICA.....	158	<i>indium in 111 oxyquinoline</i>	
HYQVIA.....	525	IMCIVREE.....	17		283
HYSINGLA ER.....	51	<i>imdevimab</i>	523	INDOCIN.....	32
hy-vee all day relief	32	IMFINZI.....	155	<i>indocyanine green</i>	280
hy-vee glucose	95	<i>imipenem-cilastatin</i>	143	<i>indomethacin</i>	33
HYVEE IBUPROFEN		<i>imipramine hcl</i>	93	<i>indomethacin er</i>	32
CHILDRENS.....	32	<i>imipramine pamoate</i>	93	<i>indomethacin sodium</i>	33
HY-VEE LANCETS.....	374	<i>imiQUIMOD</i>	264	INFANRIX.....	560
hy-vee thin lancets	374	<i>imiQUIMOD PUMP</i>	264	<i>infants gas relief</i>	305
HYZAAR.....	136	IMITREX.....	431	<i>infants pain & fever</i>	39
ibandronate sodium	292	IMITREX STATDOSE		INFASURF.....	556
IBRANCE.....	165	REFILL.....	431	INFED.....	329
Ibu.....	32	IMITREX STATDOSE		INFLECTRA.....	311
ibuprofen	32	SYSTEM.....	431	INFUGEM.....	151
ibuprofen 100 junior strength	32	IMLYGIC.....	168	INFUMORPH 200.....	51
ibuprofen childrens	32	IMOGRAM RABIES-HT.....	524	INFUMORPH 500.....	51
ibuprofen infants drops	32	IMOVAK RABIES.....	573	INFUVITE ADULT.....	474
ibuprofen lysine	32	IMPAVIDO.....	142	INFUVITE PEDIATRIC.....	480
ibutilide fumarate	68	IMPEKLO.....	255	INGREZZA.....	546
IC GREEN.....	280	IMPOYZ.....	255	<i>inhalation vial cap/blue</i>	397
ICAPS.....	463	IMURAN.....	449	<i>inhalation vial cap/green</i> ...397	
ICAPS MV.....	463	IMVEXXY MAINTENANCE		<i>inhalation vial cap/orange</i> 397	
icatibant acetate	319	PACK.....	576	<i>inhalation vial cap/red</i>397	
ichthammol	269	IMVEXXY STARTER PACK	577	<i>inhalation vial cap/white</i> ... 397	
Iclevia.....	217	IN TOUCH LANCING		<i>inhalation vial cap/yellow</i> . 397	
ICLUSIG.....	158	DEVICE.....	375	<i>inhalation vial wl cap/orange</i> 397	
icosapent ethyl	128	IN TOUCH STERILE		<i>inhalation vial w/cap/blue</i> . 397	
IDAMYCIN PFS.....	161	LANCETS 30G.....	375	<i>inhalation vial w/cap/green</i>	397
idarubicin hcl	161	INATAL GT.....	482	<i>inhalation vial w/cap/red</i> ... 397	
IDELEVION.....	317	INBRIJA.....	171	<i>inhalation vial w/cap/white</i> 397	
IDHIFA.....	166	Incassia.....	219	<i>inhalation vial w/cap/yellow</i>397	
IFEX.....	168	IN-CHECK DIAL FLOW		<i>inhalation vial w/o cap/amber</i>397	
ifosfamide	168	TRAINER.....	424	<i>inhalation work stat/50 holes</i> 397	
ILARIS.....	29	IN-CHECK INSPIRATORY		INJECTAFER.....	329
ILEVRO.....	515	FLOW MTR.....	424	INLYTA.....	159
iliderm	269	INCRELEX.....	296	INNOPRAN XL.....	192
illusions aa breast prosthesis	397	INCRUSE ELLIPTA.....	71	INPEN 100-BLUE-LILLY..... 408	
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ILUVIEN.....	517	INDERAL XL.....	192		
imatinib mesylate	158	indicator/biological test397			
		indium in 111 dtpa281			

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INPEN 100-GREY-NOVO ...	408	INTUNIV	12	<i>isopropyl alcohol</i>	210, 274
INPEN 100-PINK-LILLY	408	<i>inulin</i>	280	<i>isopropyl alcohol, rubbing</i>	210
INPEN 100-PINK-NOVO	408	INVANZ	143	<i>isoproterenol hcl</i>	70
INREBIC	167	INVEGA	175	<i>isoproterenol-sodium chloride</i>	70
INSPIRACHAMBER/LARGE	428	INVEGA SUSTENNA.....	175	ISOPTO ATROPINE	509
INSPIRACHAMBER/MEDIU M	428	INVEGA TRINZA	175	ISOPTO CARPINE	510
INSPIRACHAMBER/MOUT HPIECE	428	INVELTYS	517	ISORDIL TITRADOSE	64
INSPIRACHAMBER/SMALL428		INVIRASE	183	<i>isosorbide dinitrate</i>	64
INSPIREASE	428	INVOKAMET	104	<i>isosorbide mononitrate</i>	64
INSPIREASE RESERVOIR BAGS	428	INVOKAMET XR	104	<i>isosorbide mononitrate er</i>	64
INSPRA	141	INVOKANA	104	<i>isosulfan blue</i>	280
<i>instacort 5</i>	255	IODOFLEX	179	<i>isotretinoin</i>	236
<i>instant hand sanitizer</i>	274	<i>iodoquinol</i>	27	ISOVACTIN AA PLUS	287
INSTAT	333	IODOSORB	180	ISOVUE-200	285
INSUFLON	429	IONOSOL-MB IN D5W	437	ISOVUE-250	285
<i>insulin asp prot & asp flexpen</i>	100	IOPIDINE	515	ISOVUE-300	285
<i>insulin aspart</i>	100	IPOL	573	ISOVUE-370	285
<i>insulin aspart flexpen</i>	100	I-PORT ADVANCE 6MM	419	ISOVUE-M 200	286
<i>insulin aspart penfill</i>	100	I-PORT ADVANCE 9MM	420	ISOVUE-M 300	286
<i>insulin aspart prot & aspart</i>	100	<i>ipratropium bromide</i>	71, 496	<i>isradipine</i>	195
<i>insulin lispro</i>	100	<i>ipratropium-albuterol</i>	69	ISTALOL	508
<i>insulin lispro (1 unit dial)</i>	100	<i>irbesartan</i>	138	ISTODAX (OVERFILL)	153
<i>insulin lispro junior kwikpen</i>	100	<i>irbesartan-hydrochlorothiazide</i>	136	ISTURISA	293
<i>insulin lispro prot & lispro</i> 100	100	IRESSA	159	ISUPREL	70
<i>insulin syringe</i>	408	<i>irinotecan hcl</i>	170	IS-ZC 50	443
<i>insulin syringe/needle</i>	408	<i>iron</i>	329	<i>itraconazole</i>	117
<i>insulin syringe-needle u-100</i>	408	<i>iron (ferrous sulfate)</i>	329	<i>iv extension set</i>	393
INTEGRILIN	320	<i>iron complex</i>	328	<i>ivermectin</i>	63, 272
INTELENCE	184	<i>iron high-potency</i>	329	IXIARO	573
<i>intense cough reliever</i>	226	<i>iron slow release</i>	329	IXINITY	317
INTERCEED	333	<i>iron supplement</i>	329	JADENU	110
INTERCEED (TC7)	333	<i>iron supplement childrens</i>	329	JADENU SPRINKLE	110
<i>intermittent 14fr/40cm</i>	353	IS-D 10,000	583	Jaimiess	217
INTRALIPID	505	ISENTRESS	182	JAKAFI	167
INTRAROSA	576	ISENTRESS HD	182	JALYN	314
Introvale	217	Isibloom	212	Jantoven	75
		<i>isoflurane</i>	312	JANUMET	97
		ISOLYTE-P IN D5W	437	JANUMET XR	97
		ISOLYTE-S	439	JANUVIA	97
		ISOLYTE-S PH 7.4	439	<i>jar/8oz/white lid</i>	397
		<i>isomalt lollipop base</i>	537	JARDIANCE	104
		<i>isoniazid</i>	149	Jasmiel	212
		<i>isopropamide iodide</i>	568	JATENZO	57

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JELMYTO	161	KANGAROO BALLOON	KANGAROO BALLOON
Jencycla.....	219	12FR/1.2CM.....	415 14FR/3.5CM.....
<i>jenliva prenatal/postnatal</i>	482	KANGAROO BALLOON	417 KANGAROO BALLOON
JENTADUETO	97	12FR/1.5CM.....	415 14FR/3CM.....
JENTADUETO XR	97, 98	KANGAROO BALLOON	417 KANGAROO BALLOON
Jintel.....	302	12FR/1.7CM.....	416 14FR/4.5CM.....
JIVI.....	317	KANGAROO BALLOON	417 KANGAROO BALLOON
<i>jock itch</i>	262	12FR/1CM.....	416 14FR/4CM.....
<i>jock itch relief</i>	262	KANGAROO BALLOON	417 KANGAROO BALLOON
<i>jock itch spray</i>	241	12FR/2.3CM.....	416 14FR/5CM.....
<i>jock itch spray powder</i>	241	KANGAROO BALLOON	417 KANGAROO BALLOON
<i>johnson grass</i>	22	12FR/2.5CM.....	416 16FR/0.8CM.....
JOHNSONS FOOT SPRAY	364	KANGAROO BALLOON	417 KANGAROO BALLOON
Jolessa.....	217	12FR/2.7CM.....	416 16FR/1.2CM.....
JORNAY PM.....	18	KANGAROO BALLOON	417 KANGAROO BALLOON
J-TIP KIT W/VIAL		12FR/2CM.....	416 16FR/1.5CM.....
ADAPTERS.....	408	KANGAROO BALLOON	417 KANGAROO BALLOON
JUBLIA.....	262	12FR/3.5CM.....	416 16FR/1.7CM.....
<i>jug amber glass 4I</i>	397	KANGAROO BALLOON	417 KANGAROO BALLOON
Juleber.....	212	12FR/3CM.....	416 16FR/1CM.....
JULUCA.....	181	KANGAROO BALLOON	417 KANGAROO BALLOON
<i>june grass pollen</i>		12FR/4.5CM.....	416 16FR/2.3CM.....
<i>standardized</i>	22	KANGAROO BALLOON	417 KANGAROO BALLOON
Junel 1.5/30.....	212	12FR/4CM.....	416 16FR/2.5CM.....
Junel 1/20.....	212	KANGAROO BALLOON	417 KANGAROO BALLOON
Junel Fe 1.5/30.....	212	12FR/5CM.....	416 16FR/2.7CM.....
Junel Fe 1/20.....	212	KANGAROO BALLOON	417 KANGAROO BALLOON
Junel Fe 24.....	212	14FR/0.8CM.....	416 16FR/2CM.....
<i>juniper tar</i>	206	KANGAROO BALLOON	417 KANGAROO BALLOON
JUXTAPID	132	14FR/1.2CM.....	416 16FR/3.5CM.....
JYNARQUE	300	KANGAROO BALLOON	417 KANGAROO BALLOON
KABIVEN	506	14FR/1.5CM.....	416 16FR/3CM.....
<i>kahlua flavor</i>	529	KANGAROO BALLOON	417 KANGAROO BALLOON
Kaitlib Fe	212	14FR/1.7CM.....	416 16FR/4.5CM.....
KALBITOR	321	KANGAROO BALLOON	417 KANGAROO BALLOON
KALETRA	181	14FR/1CM.....	416 16FR/4CM.....
Kalliga.....	212	KANGAROO BALLOON	417 KANGAROO BALLOON
KALYDECO	555	14FR/2.3CM.....	416 16FR/5CM.....
KAMELEON LUBRICATED	354	KANGAROO BALLOON	417 KANGAROO BALLOON
KANGAROO 924 SAFETY		14FR/2.5CM.....	416 18FR/0.8CM.....
SCREW SET	360	KANGAROO BALLOON	417 KANGAROO BALLOON
KANGAROO BALLOON		14FR/2.7CM.....	416 18FR/1.2CM.....
12FR/0.8CM.....	415	KANGAROO BALLOON	417 KANGAROO BALLOON
		14FR/2CM.....	416 18FR/1.5CM.....

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KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO FEEDING
18FR/1.7CM.....	418	20FR/5CM.....	360	TUBE 10FR/36"..... 361
KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO FEEDING
18FR/1CM.....	418	24FR/0.8CM.....	360	TUBE 10FR/43"..... 361
KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO FEEDING
18FR/2.3CM.....	418	24FR/1.2CM.....	360	TUBE 12FR/36"..... 361
KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO FEEDING
18FR/2.5CM.....	418	24FR/1.5CM.....	360	TUBE 12FR/43"..... 361
KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO FEEDING
18FR/2.7CM.....	418	24FR/1.7CM.....	360	TUBE 14FR/36"..... 361
KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO FEEDING
18FR/2CM.....	418	24FR/1CM.....	360	TUBE 6FR/20"..... 361
KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO FEEDING
18FR/3.5CM.....	418	24FR/2.3CM.....	360	TUBE 6FR/36"..... 361
KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO FEEDING
18FR/3CM.....	418	24FR/2.5CM.....	360	TUBE 8FR/36"..... 361
KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO FEEDING
18FR/4.5CM.....	418	24FR/2.7CM.....	360	TUBE 8FR/42"..... 361
KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO FEEDING
18FR/4CM.....	418	24FR/2CM.....	360	TUBE 8FR/43"..... 362
KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO FEEDING
18FR/5CM.....	418	24FR/3.5CM.....	360	TUBE 8FR/55"..... 362
KANGAROO BALLOON		KANGAROO BALLOON		KANGAROO
20FR/0.8CM.....	418	24FR/3CM.....	360	GASTROSTOMY TUBE..... 362
KANGAROO BALLOON		KANGAROO BURETTE		KANGAROO
20FR/1.2CM.....	418	SET.....	393	GASTROSTOMY
KANGAROO BALLOON		KANGAROO ENTRIFLUSH		TUBE/12FR..... 362
20FR/1.5CM.....	418	PUMP SET.....	361	KANGAROO
KANGAROO BALLOON		KANGAROO EPUMP JOEY		GASTROSTOMY
20FR/1.7CM.....	418	BURETTE.....	361	TUBE/14FR..... 362
KANGAROO BALLOON		KANGAROO EPUMP		KANGAROO
20FR/1CM.....	418	PROXIMAL SET.....	361	GASTROSTOMY
KANGAROO BALLOON		KANGAROO EPUMP PUMP		TUBE/16FR..... 362
20FR/2.3CM.....	418	SET/1000ML.....	361	KANGAROO
KANGAROO BALLOON		KANGAROO EPUMP PUMP		GASTROSTOMY
20FR/2CM.....	418	SET/100ML.....	361	TUBE/18FR..... 362
KANGAROO BALLOON		KANGAROO EPUMP SET		KANGAROO
20FR/3.5CM.....	360	1000ML.....	361	GASTROSTOMY
KANGAROO BALLOON		KANGAROO EPUMP SET		TUBE/20FR..... 362
20FR/3CM.....	360	500ML.....	361	KANGAROO
KANGAROO BALLOON		KANGAROO EXTENSION		GASTROSTOMY
20FR/4.5CM.....	360	SET.....	361	TUBE/22FR..... 362
KANGAROO BALLOON		KANGAROO		
20FR/4CM.....	360	FEED/IRRIGATION KIT.....	361	

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GASTROSTOMY	KIT 20FR.....	548
TUBE/24FR.....	KANGAROO STOMA	KETALAR.....
KANGAROO	MEASURING DEV.....	311
GASTROSTOMY	KANGAROO Y-SITE	ketamine hcl
TUBE/26FR.....	EXTENSION.....	311
KANGAROO	KANJINTI.....	ketamine hcl-sodium
GASTROSTOMY	KANUMA.....	chloride
TUBE/28FR.....	KAOPECTATE.....	311
KANGAROO GRAVITY	KAOPECTATE EXTRA	ketoconazole
FEEDING BAG.....	STRENGTH.....	116, 205, 262
KANGAROO GRAVITY	kapok	ketone test
FEEDING SET.....	KAPSPARGO SPRINKLE ...	283
KANGAROO IRRIGATION	KAPVAY.....	ketoprofen
KIT.....	karaya gum	33
KANGAROO JEJUNAL	KARBINAL ER.....	ketoprofen er
FEED TUBE 9FR.....	KARDIAMEMBRANE.....	ketorolac tromethamine
KANGAROO JOEY	Kariva.....
ENTERAL PUMP.....	KATERZIA.....	33, 515
KANGAROO JOEY PUMP	KAZANO.....	KETOSTIX.....
SET.....	KCENTRA.....	283
KANGAROO JOEY PUMP	kcl (in nacl 0.9%)	KETOVIE.....
SET/500ML.....	kcl in dextrose-nacl	287
KANGAROO MULTI-	kcl-lactated ringers-d5w ...	KETOVIE PEPTIDE.....
FUNCTIONAL PORT.....	kcl-lidocaine-nacl	287
KANGAROO NASO-	kedbumin	KEVEYIS.....
JEJUNAL TB 12FR.....	kedrab	30
KANGAROO NASO-	KEFLEX.....	KEVZARA.....
JEJUNAL TB 16FR.....	Kelnor 1/35.....	KEYTRUDA.....
KANGAROO PED NG	Kelnor 1/50.....	155
STYLET 20"	kelp-b6-lecithin-vinegar	KHAPZORY.....
KANGAROO PED NG	KENALOG.....	166
STYLET 36"	KENALOG-80.....	kimono
KANGAROO PROXIMAL	KENDALL HYDROGEL	354
SPIKE SET.....	WOUND DRESS.....	kimono micro thin
KANGAROO PUMP SET	KENDALL SCD EXPRESS	354
1600ML.....	FOOT CUFF.....	kimono micro thin plus
KANGAROO PUMP SET	KENGREAL.....	355
EXT TUBING.....	KEPIVANCE.....	kimono plus
KANGAROO RIGID	KEPPRA.....	355
CONTAINER PUMP.....	KEPPRA XR.....	kimono ps
KANGAROO SAFETY PEG	Keralyt.....	355
KIT 16FR.....	KERICORT 10.....	kimono ps plus
	KERYDIN.....	kimono sensation
		355
		kimono sensation plus
		KIMONO SPECIAL.....
		KINERET.....
		29
		KINEVAC.....
		280
		kinney lancets
		375
		kinney thin lancets
		375
		kinray insulin syringe
		408
		KINRIX.....
		560
		KISQALI (200 MG DOSE)...
		165
		KISQALI (400 MG DOSE)...
		165
		KISQALI (600 MG DOSE)...
		165
		KISQALI FEMARA (400 MG
		DOSE).....
		162
		KISQALI FEMARA (600 MG
		DOSE).....
		162
		KISQALI FEMARA(200 MG
		DOSE).....
		163
		KITABIS PAK.....
		27

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KLARON	232	<i>kp diphenhydramine hcl</i>	121	KRYSTEXXA	316
KLONOPIN	77	<i>kp double antibiotic</i>	238	K-TAB	441
Klor-Con	441	<i>kp ferrous gluconate</i>	329	Kurvelo	212
Klor-Con 10	440	<i>kp ferrous sulfate</i>	329	KUVAN	299
Klor-Con M10	441	<i>kp fexofenadine hcl</i>	125	K-Y ME & YOU EXTRA	
KLOR-CON M15	441	<i>kp hydrocortisone</i>	255	LUBRICATED	355
Klor-Con M20	441	<i>kp hydrocortisone max st</i>	255	K-Y ME & YOU INTENSE	355
KLS ALLERCLEAR	125	<i>kp hydrocortisone-aloe</i>	278	KYLEENA	218
KLS ALLER-CORT	497	<i>kp mens 50+ daily formula</i>	463	KYMRIAH	152
KLS ALLER-FLO	497	<i>kp mens daily formula</i>	463	KYNMOBI	173
<i>kls allergy medicine</i>	121	<i>kp miconazole nitrate</i>	262	KYPROLIS	156
<i>kls aspirin ec</i>	45	<i>kp omeprazole magnesium</i>	566	<i>lab coat-disposable large</i>	397
<i>kls aspirin low dose</i>	45			<i>lab coat-disposable medium</i>	397
<i>kls d3</i>	583	<i>kp prenatal multivitamins</i>	482	<i>lab coat-disposable small</i>	397
<i>kls esomeprazole magnesium</i>	565	<i>kp pseudoephedrine hcl</i>	499	<i>lab coat-disposable xl</i>	397
<i>kls hydrocortisone plus</i>	277	<i>kp tolnaftate</i>	241	<i>lab coat-disposable xxl</i>	398
<i>kls ibuprofen ib</i>	33	KP VISION FORMULA	463	<i>labetalol hcl</i>	190
<i>kls lansoprazole</i>	566	<i>kp vitamin d</i>	583	LACRISERT	507
KLS LAXACLEAR	341	<i>kp vitamin e</i>	585	<i>lactase</i>	288
<i>kls omeprazole</i>	566	<i>kp womens 50+ daily formula</i>	463	<i>lactated ringers</i>	439, 446
KLS QUIT2	553			<i>lactic acid</i>	204, 259
KLS QUIT4	553	<i>kpn prenatal</i>	482	<i>lactic acid e</i>	259
<i>kls rapid release apap pm</i>	334	KRINTAFEL	147	<i>lactulose</i>	341
<i>kls sleep aid</i>	335	<i>kris-ester 236</i>	539	<i>lactulose encephalopathy</i>	309
<i>kls stool softener</i>	346	<i>krisgel 100</i>	539	LAMICTAL	80
<i>kmart valu insulin syringe 29g</i>	408	KRISTALOSE	341	LAMICTAL ODT	80
<i>kmart valu insulin syringe 30g</i>	408	KROGER AUTOLET		LAMICTAL STARTER	80
KOATE	318	LANCING DEVICE	375	LAMISIL	116
KOATE-DVI	318	<i>kroger glucose</i>	95	LAMISIL AT JOCK ITCH	241
<i>kochia</i>	22	KROGER HEALTHPRO		<i>lamivudine</i>	185, 187
KOGENATE FS	318	LANCET 26G	375	<i>lamivudine-zidovudine</i>	181
KOMBIGLYZE XR	98	<i>kroger insulin syringe</i>	409	<i>lamotrigine</i>	80, 81
KORLYM	103	<i>kroger lancets</i>	375	<i>lamotrigine er</i>	80
KOSELUGO	154	<i>kroger lancets 21g</i>	375	<i>lamotrigine starter kit-blue</i>	81
<i>kosher prenatal plus iron</i>	482	<i>kroger lancets micro thin 33g</i>	375	<i>lamotrigine starter kit-green</i>	81
KOVALTRY	318	<i>kroger lancets super thin</i>	375	<i>lamotrigine starter kit-orange</i>	81
<i>kp adults 50+ daily formula</i>	463	<i>kroger lancets thin</i>	375	LAMPIT	143
<i>kp adults daily formula</i>	463	<i>kroger lancets thin 26g</i>	375	LANABIOTIC	238
<i>kp aspirin</i>	45	<i>kroger lancets ultrathin 30g</i>	375	LANACORT 10	256
<i>kp bacitracin zinc</i>	239	<i>kroger lancing device</i>	375	<i>lancet device with ejector</i>	375

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<i>lancet transporter case</i>	375	<i>leader quick dissolve</i>	
<i>lancets micro thin 33g</i>	375	<i>glucose</i>	97
<i>lancets super thin 28g</i>	376	<i>lecithin 3500</i>	505
<i>lancets thin</i>	376	<i>lecithin organogel</i>	540
LANCETS ULTRA THIN	376	<i>lecithin-19</i>	505
<i>lancets ultra thin 30g</i>	376	<i>lecithin-isopropyl palmitate</i>	528
<i>lancing device</i>	376	<i>ledipasvir-sofosbuvir</i>	187
<i>lanolin</i>	540	Leena	219
<i>lanolin alcohol</i>	539	<i>leflunomide</i>	35
<i>lanolin anhydrous</i>	539	<i>lemon extract</i>	530
LANOXIN	197	<i>lemon flavor</i>	530
LANOXIN PEDIATRIC	197	<i>lemonade flavor</i>	530
LANSINOH LANOLIN	274	LEMTRADA	548
LANSINOH LANOLIN MINIS		<i>lenscale</i>	22
NIPPLE	274	LENVIMA (10 MG DAILY DOSE)	159
LANSINOH LANOLIN NIPPLE	274	LENVIMA (12 MG DAILY DOSE)	159
<i>lansoprazole</i>	566	LENVIMA (14 MG DAILY DOSE)	159
<i>lanthanum carbonate</i>	310	LENVIMA (18 MG DAILY DOSE)	159
LANTUS	100	LENVIMA (20 MG DAILY DOSE)	159
LANTUS SOLOSTAR	100	LENVIMA (24 MG DAILY DOSE)	159
LANZO	376	LENVIMA (4 MG DAILY DOSE)	159
<i>lapatinib ditosylate</i>	159	LENVIMA (8 MG DAILY DOSE)	159
Larin 1.5/30	212	LESCOL XL	131
Larin 1/20	212	Lessina	213
Larin 24 Fe	213	LETAIRIS	199
Larin Fe 1.5/30	213	<i>letrozole</i>	164
Larin Fe 1/20	213	LEU TECHNELITE	282
Larissa	213	<i>leucovorin calcium</i>	166
LASIX	290	LEUKERAN	168
LASTACRAFT	510	LEUKINE	327
<i>latanoprost</i>	519	<i>leuprolide acetate-bupivacaine</i>	153
LATISSE	270	<i>levalbuterol hcl</i>	70
LATUDA	174	<i>levalbuterol tartrate</i>	70
<i>laxa basic</i>	346	<i>levamisole hcl</i>	154
<i>laxative</i>	344		
<i>laxative regular strength</i>	344		
Layolis Fe	213		
LAZANDA	51		
<i>lead acetate trihydrate</i>	208		
<i>leader advanced lancing device</i>	376		
<i>leader glucose</i>	95		
<i>leader insulin syringe</i>	409		
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LIBRAX.....	561	<i>lindane</i>	272	<i>lithium carbonate</i>	173, 174
LIBTAYO.....	155	<i>linezolid</i>	145	<i>lithium carbonate er</i>	173
LICART.....	243	<i>linezolid in sodium</i>		LITHOBID.....	174
<i>lice killing</i>	271	<i>chloride</i>	145	LITHOSTAT.....	315
<i>lice killing maximum</i>		<i>linseed oil</i>	207	LITTLE REMEDIES FOR	
<i>strength</i>	271	LINZESS.....	307	FEVER.....	39
<i>lice treatment</i>	272	LIORESAL.....	493	LIVALO.....	131
LICIDE COMPLETE LICE		<i>liothyronine sodium</i>	560	<i>live better adv lancing</i>	
TREATMENT.....	271	LIPIODOL.....	286	<i>device</i>	376
LICIDE MAXIMUM		LIPITOR.....	131	<i>live better lancet super</i>	
STRENGTH.....	271	LIPMAX.....	528	<i>thin</i>	376
<i>licorice flavor</i>	530	<i>lipo</i>	505	<i>live better lancet ultra thin</i>	376
<i>licorice root</i>	208	<i>lipo cream base</i>	540	LMD IN D5W.....	320
LIDO KING.....	267	<i>lipo-b</i>	324	LMD IN NACL.....	321
<i>lidocaine</i>	267	<i>lipo-c</i>	505	LO LOESTRIN FE.....	210
<i>lidocaine hcl</i>	267, 348, 450	LIPOCAINE 5.....	268	LOCOID.....	256
<i>lidocaine hcl (cardiac)</i>	67	LIPOCREAM BASE.....	540	LOCOID LIPOCREAM.....	256
<i>lidocaine hcl (cardiac) pf</i>	67	LIPOFEN.....	130	LODINE.....	33
<i>lidocaine hcl (pf)</i>	348	<i>lipolayer</i>	540	LODOSYN.....	172
<i>lidocaine hcl</i>		LIOPEN ANHYDROUS.....	540	Loestrin 1.5/30 (21).....	213
<i>urethral/mucosal</i>	267	<i>lipopen ultra base</i>	540	Loestrin 1/20 (21).....	213
<i>lidocaine in d5w</i>	67	<i>liposomal heavy</i>	540	Loestrin Fe 1.5/30.....	213
<i>lidocaine in dextrose</i>	348	<i>liposomal regular</i>	540	Loestrin Fe 1/20.....	213
<i>lidocaine max st 24 hours</i>	267	LIPOZYME.....	540	LOFRIC COUDE URINARY	
<i>lidocaine pain relief</i>	267	<i>liquibid</i>	229	CATHETER.....	353
<i>lidocaine plus</i>	267	<i>liquid acetaminophen</i>	39	LOFRIC NELATON	
<i>lidocaine viscous hcl</i>	450	<i>liquid allergy relief</i>	121	PAEDIATRIC CATH.....	353
<i>lidocaine-epinephrine</i>	347	<i>liquid calcium with d3</i>	435	LOFRIC NELATON	
<i>lidocaine-prilocaine</i>	276	LIQUID E-Z-PAQUE.....	285	URINARY CATH.....	353
<i>lidocaine-sodium</i>		<i>liquid pain relief</i>	39	LOFRIC ORIGO NELATON	
<i>bicarbonate</i>	347	<i>liquid wart remover</i>	265	CATHETER.....	353
<i>lidocaine-tetracaine</i>	276	LIQUIGEL COMPLEX.....	537	LOFRIC ORIGO PAED	
LIDODERM.....	268	<i>lisinopril</i>	134	CATHETER.....	353
LIDODOSE.....	268	<i>lisinopril-</i>		LOFRIC ORIGO URINARY	
LIDODOSE PEDIATRIC		<i>hydrochlorothiazide</i>	133	CATHETER.....	354
BULK PACK.....	268	<i>lissamine green b</i>	527	LOFRIC PRIMO NELATON	
LILETTA (52 MG).....	218	<i>lite touch lancets</i>	376	CATHETER.....	354
Lillow.....	213	LITE TOUCH LANCING		LOHIST-D.....	228
LIMBREL.....	286	PEN.....	376	Lojaimiess.....	217
LIMBREL250.....	286	LITETOUGH INSULIN		LOKELMA.....	449
LIMBREL500.....	286	SYRINGE.....	409	LOMAIRA.....	16
<i>lime flavor</i>	530	LITETOUGH LANCETS.....	376	LOMOTIL.....	109
LINCOCIN.....	145	LITETOUGH MASK LARGE 424		<i>long lasting antacid</i>	62
<i>lincomycin hcl</i>	145	<i>lithium</i>	174	<i>longs glucose</i>	95

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<i>longs insulin syringe</i>	409	<i>loxapine succinate</i>	177	LYSODREN	150
<i>longs lancets standard</i>	376	LOXORAL BASE	537	LYSTEDA	332
<i>longs lancets thin</i>	376	LOZIBASE S	535	LYUMJEV	100
<i>longs lancets ultra thin</i>	376	Lo-Zumandimine	213	LYUMJEV KWIKPEN	100
LONHALA MAGNAIR		<i>I-threonine</i>	504	Lyza	219
REFILL KIT	71	LTXF PRIM CNV PIN		M.V.I. ADULT	475
LONHALA MAGNAIR		MICRODRIP	393	M.V.I. PEDIATRIC	480
STARTER KIT	71	LTXF PRIM IV SET/CNVT		MAALOX CHILDRENS	62
LONSURF	163	PIN	393	MAALOX MAX	60
<i>loperamide hcl</i>	109	LTXF SECONDARY/CNV		MAALOX MULTI SYMPTOM	
LOPID	130	PIN/32INC	393	MAX ST	60
<i>lopinavir-ritonavir</i>	181	LUBRAJEL NP	540	MABIS COSMOCOMP	
LOPRESSOR	191	<i>lubricant eye drops</i>	507	NEBULIZER	402
LOPROX	241	<i>lubricant eye fast acting</i>	507	<i>macadamia nut oil</i>	207
<i>loradamed</i>	125	<i>lubricant eye pm</i>	507	MACI	492
<i>loratadine</i>	125	<i>lubricant pm</i>	507	MACRILEN	280
<i>loratadine childrens</i>	125	LUCEMYRA	544	MACROBID	146
<i>lorazepam</i>	66	LUCENTIS	520	MACRODANTIN	146
Lorazepam Intensol	66	LUER LOCK SAFETY		MACUVITE	464
LORBRENA	159	SYRINGES	409	MACUVITE EYE CARE	464
LORTAB	48	<i>luer tip cap tray</i>	398	MACUVITE/LUTEIN	464
Loryna	213	<i>luliconazole</i>	263	MAD NASAL	398
Lorzone	493	LUMASON	284	<i>mafenide acetate</i>	247
<i>losartan potassium</i>	138	LUMIGAN	520	<i>mag-al plus</i>	61
<i>losartan potassium-hctz</i>	137	LUMINEB II PISTON		<i>mag-al plus xs</i>	61
LOSEASONIQUE	217	NEBULIZER	402	MAGELLAN INSULIN	
LOTEMAX	517	LUMIZYME	293	SAFETY SYR	409
LOTEMAX SM	517	LUMOXITI	155	MAGELLAN SYRINGE-	
LOTENSIN	134	LUNESTA	337	SAFETY NEEDLE	409
LOTENSIN HCT	133	<i>lung perform peak flow</i>		MAGELLAN TUBERCULIN	
<i>loteprednol etabonate</i>	517	<i>meter</i>	421	SYRINGE	409
LOTREL	133	LUPANETA PACK	297	<i>magnesium chloride</i>	440
LOTRIMIN AF	262	LUTATHERA	163	<i>magnesium sulfate</i>	440
LOTRIMIN AF		Lutera	213	<i>magnesium sulfate in d5w</i>	440
DEODORANT POWDER	262	LUXIQ	256	<i>magnesium sulfate-nacl</i>	440
LOTRIMIN AF JOCK ITCH	262	LUXTURNA	513	<i>magnesium trisilicate</i>	63
LOTRIMIN AF JOCK ITCH		LUZU	263	<i>magnum-75</i>	464
POWDER	262	<i>I-valine</i>	504	MAKENA	543
LOTRIMIN AF POWDER	262	Lyllana	303	MALARONE	147
LOTRONEX	308	LYNPARZA	169	<i>malathion</i>	272
<i>lovastatin</i>	131	LYRICA	81	<i>manganese chloride</i>	440
LOVAZA	128	LYRICA CR	550	<i>mango flavor</i>	530
LOVENOX	76	<i>lysine hcl</i>	504	<i>mango flavor sweetened</i>	530
Low-Ogestrel	213	LYSIPLEX PLUS	463	<i>mannitol</i>	290

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MAOX.....	63	MAXZIDE-25.....	289	medi-rdt blister packs	398
mapap	39	MAYZENT.....	554	medi-seltzer	42
MAPAP ACETAMINOPHEN		mazerustar mixer/mix		MEDI-TABS CHILDRENS....	39
EXTRA STR.....	39	container	398	MEDI-TABS EXTRA	
maple flavor	530	m-clear wc	226	STRENGTH.....	39
maprotiline hcl	87	Md-Gastroview.....	286	MEDI-TABS JUNIOR	
MARATHON MEDICAL		m-dryl	121	STRENGTH.....	40
PENTIPS.....	409	meadow fescue grass		MEDI-TABS PM EXTRA	
MARCAINE.....	348	pollen	22	STRENGTH.....	334
MARCAINE		meclizine hcl	114	medi-tussin dm	226
PRESERVATIVE FREE.....	348	meclofenamate sodium	33	medi-tussin dm double	
MARCAINE SPINAL.....	348	MEDELA TENDER CARE		strength	226
MARCAINE/EPINEPHRINE	347	LANOLIN.....	274	MEDLANCE EXTRA 21G....	377
MARCAINE/EPINEPHRINE		medibase c	540	MEDLANCE LITE 25G.....	377
PF.....	347	medi-bismuth	108	MEDLANCE PLUS EXTRA	
MARINOL.....	115	medic insulin syringe	409	21G.....	377
marlissa	213	medical compression		MEDLANCE PLUS	
MARNATAL-F.....	482	pantyhose	358	LANCETS.....	377
MARPLAN.....	87	medical compression		MEDLANCE PLUS LITE	
MARQIBO.....	167	thigh high	358	25G.....	377
MATULANE.....	164	medical legwear/waist		MEDLANCE PLUS	
Matzim La.....	195	high	358	SPECIAL 0.8MM.....	377
MAVENCLAD (10 TABS)....	546	medical therapy socks	358	MEDLANCE PLUS	
MAVENCLAD (4 TABS)....	546	medicated anti-fungal	241	SUPERLITE 30G.....	377
MAVENCLAD (5 TABS)....	546	medicated dna collection ..	283	MEDLANCE PLUS	
MAVENCLAD (6 TABS)....	547	medicated dna collection 2		UNIVERSAL 21G.....	377
MAVENCLAD (7 TABS)....	547	medichoice safety lancet ..	377	MEDLANCE UNIVERSAL	
MAVENCLAD (8 TABS)....	547	medichoice safety lancet		21G.....	377
MAVENCLAD (9 TABS)....	547	extra	377	MEDROL.....	221
MAVYRET.....	187	medichoice safety lancet		medroxyprogesterone ace	
MAXALT.....	431	norm	377	micro	206
MAXALT-MLT.....	431	MEDIDERM.....	540	medroxyprogesterone	
MAXI-COMFORT INSULIN		MEDI-FIRST ANTISEPTIC		acetate	206, 218, 543
SYRINGE.....	409	CLEANER.....	274	medroxyprogesterone	
MAXICOMFORT SYR 27G		MEDIHOL BASE.....	540	micronized	206
X 1/2"	409	MEDI-LAX.....	344	mefenamic acid	33
MAXIDEX.....	517	MEDI-MUCIL.....	339	mefloquine hcl	147
maximum daily green	464	medi-natural	344	mega multiple/chelated	
MAXITROL.....	516	medi-natural plus	341	mineral	491
maxi-tuss ac	226	MEDI-PHEDRYL.....	121	mega vm-80	464
maxi-tuss g	226	MEDI-PROFEN.....	33	mega-marathon 100 tr	464
maxx	355	medi-rdt	537	megestrol acetate	169, 543
maxx plus	355	medi-rdt base	537	meijer advanced formula ..	464
MAXZIDE.....	289			meijer allergy relief	125

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<i>meijer antacid</i>	61	MENS HAIR FORMULA		<i>methazolamide</i>	289
<i>meijer antacid anti-gas</i>	61	ULTRA MAN	464	<i>methenamine</i>	208
<i>meijer antihistamine</i>		MENS LIFE PACK	464	<i>methenamine hippurate</i>	146
<i>allergy</i>	121	<i>menstrual relief max</i>		<i>methenamine mandelate</i>	208
<i>meijer aspirin ec</i>	45	<i>strength</i>	37	Methergine	522
<i>meijer aspirin free</i>	40	MENTAX	241	<i>methimazole</i>	559
<i>meijer calamine</i>	247	MENTHOZEN	265	<i>methitest</i>	57
<i>meijer ferrous sulfate</i>	330	MENVEO	571	<i>methocarbamol</i>	493
<i>meijer glucose</i>	95	<i>meperidine hcl</i>	51	<i>methohexital sodium</i>	312
<i>meijer hydrocortisone</i>	256	MEPHYTON	585	<i>methotrexate</i>	151
<i>meijer hydrogen peroxide</i>	179	<i>mepivacaine hcl</i>	348	<i>methotrexate sodium</i>	151
<i>meijer jr st aspirin free</i>	40	<i>meprobamate</i>	65	<i>methotrexate sodium (pf)</i>	151
MEIJER LANCETS	377	MEPRON	143	<i>methoxsalen</i>	270
MEIJER LANCETS THIN	377	MEPSEVII	298	<i>methoxsalen rapid</i>	245
MEIJER LANCETS		<i>mercaptopurine</i>	151	<i>methscopolamine bromide</i>	
UNIVERSAL 21G	377	<i>meropenem</i>	143		568
MEIJER LANCETS		<i>meropenem-sodium</i>		<i>methylcellulose</i>	528
UNIVERSAL 30G	377	<i>chloride</i>	143	<i>methylcobalamin</i>	324
MEIJER LANCETS		MERREM	143	<i>methyldopa</i>	139
UNIVERSAL 33G	377	<i>mesalamine</i>	308	<i>methyldopa-hydrochlorothiazide</i>	135
<i>meijer loratadine</i>	125	<i>mesalamine er</i>	308	<i>methylene blue</i>	205
<i>meijer migraine formula</i>	37	<i>mesalamine-cleanser</i>	309	<i>methylergonovine maleate</i>	
<i>meijer nasal decongestant</i>	499	<i>mesna</i>	170		522
<i>meijer saline nasal spray</i>	495	MESNEX	170	<i>METHYLIN</i>	18
MEIJER SUPER THIN LANCETS	378	<i>mesquite</i>	22	<i>methylparaben sodium</i>	527
<i>meijer triple antibiotic</i>	238	MESTINON	148	<i>methylphenidate hcl</i>	19, 206
<i>meijer zinc oxide</i>	247	Metadate Er	18	<i>methylphenidate hcl er</i>	19
MEKINIST	154	<i>metaproterenol sulfate</i>	70	<i>methylphenidate hcl er (cd)</i>	18
MEKTOVI	154	<i>metaxalone</i>	493	<i>methylphenidate hcl er (la)</i>	18
<i>melaleuca</i>	22	<i>meter buffer</i>	527	<i>methylphenidate hcl er (xr)</i>	18, 19
Melodetta 24 Fe	213	<i>metered nasal spray pump</i>		<i>methylprednisolone</i>	222
<i>meloxicam</i>	33	<i>15ml</i>	398	<i>methylprednisolone acetate</i>	221, 222
<i>melphalan hcl</i>	168	<i>metformin hcl</i>	95	<i>methylprednisolone sodium succ</i>	222
<i>memantine hcl</i>	549	<i>metformin hcl er</i>	95	<i>methyltestosterone</i>	57
<i>memantine hcl er</i>	549	<i>metformin hcl er (mod)</i>	94	<i>metoclopramide hcl</i>	307
MEMBRANEBLUE	519	<i>metformin hcl er (osm)</i>	94, 95	<i>metoclopramide hcl monohydrate</i>	307
MENACTRA	571	<i>methadone hcl</i>	51	<i>metolazone</i>	291
<i>menadione sodium bisulfite</i>	205	Methadone Hcl Intensol	51	<i>METOPIRONE</i>	281
MENEST	303	METHADOSE	51		
MENOPUR	298	Methadose	52		
MENOSTAR	304	METHADOSE SUGAR-FREE	52		
MENQUADFI	571	<i>methamphetamine hcl</i>	14		
		<i>methanol</i>	210		

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<i>metoprolol succinate er</i>	191	MICROLET NEXT LANCING DEVICE	378	MINIMED 630G INSULIN PUMP	389
<i>metoprolol tartrate</i>	191	MICROLIFE DIGITAL PEAK FLOW	421	MINIMED 670G INSULIN PUMP	389
<i>metoprolol-hydrochlorothiazide</i>	140	MICRONEB	402	MINIMED 770G INSULIN PUMP SYS	389
METROCREAM	270	<i>midazolam hcl</i>	336	MINIMED PUMP RESERVOIR	389
METROGEL	270	<i>midazolam hcl (pf)</i>	336	RESERVOIR 3ML	389
METROLOTION	270	<i>midazolam hcl-sodium chloride</i>	336	MINIMED RESERVOIR 1.8ML	390
<i>metronidazole</i>	142, 270, 576	<i>midazolam-sodium chloride</i>	336	MINIMED RESERVOIR 3ML	390
<i>metronidazole in nacl</i>	142	<i>midodrine hcl</i>	578	390
<i>metyrosine</i>	135	MIDOL	40	MINIMED SILHOUETTE INF	
<i>mexiletine hcl</i>	67	MIFEPREX	291	SET 32"	390
MG217 PSORIASIS ANIT-ITCH	256	<i>mifepristone</i>	291	MINIMED SILHOUETTE INF	
MI PASTE	356	MIGERGOT	430	SET 43"	390
MI PASTE PLUS	356	<i>miglitol</i>	94	MINIPRESS	140
MIACALCIN	293	<i>miglustat</i>	323	Minitran	64
MI-ACID	61	MIGRALAN	431	MINIVELLE	304
Mibelas 24 Fe	213	<i>milantex</i>	61	MINOCIN	558
<i>micaderm</i>	263	<i>milantex extra strength</i>	61	<i>minocycline hcl</i>	558
<i>micafungin sodium</i>	116	Mili	214	<i>minocycline hcl er</i>	558
MICARDIS	138	<i>milk of magnesia</i>	342	MINOLIRA	558
MICARDIS HCT	137	MILLGUARD	326	<i>minoxidil</i>	141, 205
MICATIN	263	MILLIPRED	222	<i>mint chocolate chip flavor</i>	530
<i>miconazole</i>	116	MILLIPRED DP 12-DAY	222	MINTOX	61
<i>miconazole 1</i>	574	MILLTRIUM ADVANCED		<i>mintox maximum strength</i>	61
<i>miconazole 3</i>	575	FORMULA	464	MINTOX PLUS	61
<i>miconazole 3 applicator</i>	575	MILLTRIUM CARDIO	464	MIO INFUSION SET 18"	
<i>miconazole 3 combo pack</i>	575	MILLTRIUM SENIOR	464	6MM	390
<i>miconazole 3 combo pack app</i>	575	<i>milrinone lactate</i>	197	MIO INFUSION SET 23"	
<i>miconazole 3 combo-supp</i>	575	<i>milrinone lactate in dextrose</i>	197	6MM	390
<i>miconazole 7</i>	575	Mimvey	302	MIO INFUSION SET 32"	
<i>miconazole antifungal</i>	263	MINASTRIN 24 FE	214	MINI COMPRESSOR	402
<i>miconazole nitrate</i>	263, 575	<i>mini lancing device</i>	378	9MM	390
<i>miconazole-zinc oxide-petrolatum</i>	240	<i>mini mallet 3/4" plastic</i>	398	MIOCHOL-E	510
MICRO GUARD	263	MINI WRIGHT PEAK FLOW		MIOSTAT	510
MICROCHAMBER	428	METER	421	MIRAPEX	173
Microgestin 1.5/30	213	MINILINK REAL-TIME		MIRAPEX ER	173
Microgestin 1/20	213	TRANSMITTER	389	MIRCERA	326
Microgestin 24 Fe	213	MINIMED 630G GUARDIAN		MIRCETTE	210
Microgestin Fe 1.5/30	214	PRESS	389	MIRENA (52 MG)	218
Microgestin Fe 1/20	214			<i>mirtazapine</i>	86

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MIRVASO	271	MOMMY'S BLISS GAS	MONOJECT MONODOSE
<i>misoprostol</i>	569	RELIEF DROPS.....	ORAL MED SYR..... 415
<i>mite (d. farinae)</i>	22	Mondoxyne NI.....	MONOJECT MULT-SAMP
<i>mite (d. pteronyssinus)</i>	22, 23	MONJUVI.....	COLLECT SET..... 398
MITIGARE.....	316	MONOFERRIC.....	MONOJECT PHARMACY
Mitigo.....	52	MONOJECT ALLERGIST	TRAY..... 410
<i>mixed aspergillus</i>	26	TRAY.....	MONOJECT PISTON
<i>mixed feathers</i>	26	MONOJECT BLOOD TUBE	SYRINGE..... 410
<i>mixed ragweed</i>	23	HOLDER.....	MONOJECT SHARPS
<i>mixed vespid venom protein</i>	23	MONOJECT BLUNTIP	CONTAINER..... 394
<i>mixer/mazerustar emp jar adp</i>	398	CANNULA.....	MONOJECT SMARTIP
<i>mixer/mazerustar kk-300ss</i>	398	MONOJECT BLUNTIP	SYR/CANNULA..... 420
<i>mixer/mazerustar kk-400w</i>	398	SYR/CANNULA.....	Monoject Sodium Chloride
<i>mixer/mazerustar md pump adp</i>	398	MONOJECT BONE	Flush..... 442
<i>mixer/mazerustar/jar adp set</i>	398	MARROW BIOPSY.....	MONOJECT SYRINGE..... 410
<i>mixer/mazerustar/jar mxing adp</i>	398	MONOJECT CONTROL	MONOJECT SYRINGE
MM ACID-PEP MAXIMUM STRENGTH.....	563	SYRINGE.....	CATH TIP..... 410
<i>mm arthritis pain</i>	40	MONOJECT ENTERAL	MONOJECT SYRINGE ECC
<i>mm aspirin</i>	45	SYRINGE CAP.....	LUER..... 410
<i>mm famotidine</i>	563	MONOJECT FILTER	MONOJECT SYRINGE
<i>mm fexofenadine hcl</i>	125	ASPIRATOR.....	ECCENTRIC TIP..... 410
<i>mm insulin syringe/needle</i>	409	MONOJECT FILTER	MONOJECT SYRINGE
MM LANCING DEVICE.....	378	NEEDLE.....	LUER LOCK..... 410
<i>mm loratadine-d 24 hour</i>	228	MONOJECT HYPODERMIC	MONOJECT SYRINGE
<i>mm stool softener laxative</i>	346	NEEDLE.....	LUER-LOCK TIP..... 410
MM TWIST LANCETS.....	378	MONOJECT HYPODERMIC	MONOJECT SYRINGE
M-M-R II.....	571	NEEDLE TIP.....	PHARMACY TRAY410
<i>m-natal plus</i>	482	MONOJECT INSULIN	MONOJECT SYRINGE REG
MOBIC.....	34	SYRINGE.....	LUER..... 410
<i>modafinil</i>	19	MONOJECT INTRODUCER	MONOJECT SYRINGE
<i>moderna covid-19 vaccine</i>	573	NEEDLE.....	REGULAR TIP410
<i>moexipril hcl</i>	134	MONOJECT LIFESHIELD	MONOJECT SYRINGE
<i>molasses flavor</i>	530	CANNULA.....	TOOMEY TYPE..... 410
<i>molindone hcl</i>	177	MONOJECT LIFESHIELD	MONOJECT TB SAFETY
<i>mometasone furoate</i>	256, 497	SYRINGE.....	SYRINGE..... 411
		MONOJECT LUER	MONOJECT TB SYRINGE..411
		ADAPTER.....	MONOJECT ULTRA
		MONOJECT MAGELLAN	COMFORT SYRINGE..... 411
		SAFETY NDL.....	MONOJECT VIAL ACCESS
		MONOJECT MAGELLAN	CANNULA..... 420
		SYRINGE.....	MONOLET LANCETS..... 378
		MONOJECT MED PREP	MONOLET OPD LANCETS 378
		CANNULA.....	MONOLET TOR SAFETY
			LANCETS..... 378

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Mono-Linyah.....	214	MUCINEX FAST-MAX CLD	<i>multiple vitamins essential</i>
MONONINE	318	FLU THRT	475
MONOVISC.....	495	MUCINEX FAST-MAX	<i>multiple vitamins/iron</i> 456
<i>montelukast sodium</i>	72	COLD/FLU	<i>multiple vitamins/womens</i> 465
MONUROL.....	146	MUCINEX SINUS-MAX.....	<i>multiple vitamins-iron</i> 478
Morgidox.....	559	MUCOLOX.....	<i>multi-vitironfluoride</i> 476
<i>morphine sulfate</i>	52	<i>mucor</i>	<i>multi-vitamin</i> 475
<i>morphine sulfate</i> <i>(concentrate)</i>	52	<i>mucus dm</i>	<i>multivitamin & mineral</i> 465
<i>morphine sulfate (pf)</i>	52	<i>mucus relief chest</i>	<i>multivitamin adults</i> 465
<i>morphine sulfate er</i>	52	<i>congestion</i>	<i>multivitamin adults 50+</i> 465
<i>morphine sulfate er beads</i> ..	52	<i>mucus relief dm</i>	<i>multivitamin childrens</i> 480
<i>morphine sulfate-nacl</i>	52	<i>mucus relief er</i>	<i>multi-vitamin daily</i> 475
<i>mosquito (diagnostic)</i>	279	<i>mucus relief max st</i>	<i>multi-vitamin hpl/minerals</i> 491
MOTEGRITY.....	305	<i>mucus relief plus</i>	<i>multivitamin iron-free</i> 475
<i>motion sickness relief</i>	114	<i>mucus relief severe</i>	<i>multivitamin men 50+</i> 465
MOTOFEN.....	109	<i>cong/cold</i>	<i>multi-vitamin menopausal</i> 465
MOTRIN IB.....	34	<i>mucus+chest congestion</i>	<i>multivitamin plus iron</i>
MOTRIN PM.....	334	<i>mugwort</i>	<i>adult</i> 456
<i>mountain cedar</i>	23	MULPLETA.....	<i>multivitamin women</i> 465
<i>mouse epithelium</i>	23	MULTAQ.....	<i>multivitamin women 50+</i> ... 465
<i>mouth wash-gp</i>	535	<i>multi completeliron</i>	<i>multivitamin womens 50+</i>
<i>mouthwash-af</i>	535	<i>multi for her</i>	<i>adv</i> 465
<i>mouthwash-om</i>	535	<i>multi for her 50+</i>	<i>multivitamin/fluoride</i> 477
MOVANTIK.....	309	MULTI FOR HIM.....	<i>multi-vitamin/fluoride</i> 477
MOVIPREP.....	338	<i>multi for him 50+</i>	<i>multi-vitamin/fluorideliron</i> 476
MOXEZA.....	511	<i>multi prenatal</i>	<i>multi-vitamin/iron</i> 456
<i>moxifloxacin hcl</i>	304, 511	<i>multi vitamin daily</i>	<i>multi-vitamin/minerals</i> 465
<i>moxifloxacin hcl (2x day)</i> ..	511	<i>multi vitamin/minerals</i>	<i>multivitamins</i> 475
<i>moxifloxacin hcl in nacl</i>	304	MULTIBASE.....	<i>multi-vitamins</i> 475
MOZOBIL.....	325	<i>multi-day</i>	<i>mupirocin</i> 239
<i>m-pap</i>	40	<i>multi-day plus iron</i>	<i>mupirocin calcium</i> 239
<i>mpd safety lancet 21g</i>	378	<i>multi-day plus minerals</i>	MURI-LUBE..... 342
<i>mpd safety lancet 23g</i>	378	MULTI-DAY WEIGHT TRIM	MVASI..... 170
<i>mpd safety lancet 28g</i>	378	<i>multi-delyn</i>	MY CHOICE..... 216
<i>mpd safety lancet 30g</i>	378	<i>multi-draw needle</i>	MY WAY..... 216
MS CONTIN.....	52	MULTIHANCE.....	MYALEPT..... 296
<i>ms insulin syringe</i>	411	<i>multi-lancet device</i>	MYAMBUTOL..... 149
MSUD EASY	287	MULTI-LANCET DEVICE 2.	<i>myamulti</i> 465
MUCINEX CHILDRENS		MULTI-LEAN.....	MYCAMINE..... 116
FREEFROM.....	226	<i>multiple vit/minerals/no</i>	MYCAPSSA..... 300
MUCINEX FAST-MAX		<i>iron</i>	MYCO NAIL..... 240
CHEST CONG MS.....	229	<i>multiple vitamin-folic acid</i> 475	MYCOBUTIN..... 149
		<i>multiple vitamins</i> 475	<i>mycophenolate mofetil</i> 446

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mycophenolate mofetil hcl	55	nat-rul iron	330
.....	446	natrul magnesium	440
mycophenolate sodium	446	nat-rul oyster calcium+vit d	435
MYDAYIS	13	nat-rul vitamin d	583
MYDRIACYL	509	natural c/rose hips	581
MYFORTIC	446	natural fiber	339
MYGLUCOHEALTH LANCETS 30G	378	natural fiber laxative	339
MYLANTA MAXIMUM STRENGTH	61	natural rubber pantyhose	358
MYLERAN	149	natural vegetable fiber	339
MYLOTARG	162	natural vitamin e	585
MYNATAL	482	NATURE-THROID	560
mynatal plus	482	nausea relief	113
mynatal-z	482	NAVELBINE	167
Myorisan	236	NAYZILAM	77
MYOVIEW 30ML	281	neb-rite4	402
MYRBETRIQ	570	nebulizer air tube/plugs	424
myrj 53	543	nebulizer ped frog	402
MYSOLINE	81	nebulizer ped frog kit	402
MYTESI	106	nebulizer system all-in-one	402
my-vitalife	466	nebulizer/pediatric mask	424
MYXREDLIN	100	nebulizer/tubing/mouthpiece	424
na ferric gluc cplx in sucrose	330	NEBUPENT	142
NABI-HB	524	Necon 0.5/35 (28)	214
nabumetone	34	needleless prn connectors	420
n-acetyl-l-cysteine	504	needleless prn port converter	420
nadolol	192	NEEVO DHA	482
nafcillin sodium	526, 527	nefazodone hcl	90
nafcillin sodium in dextrose	526	NEMBUTAL	335
Nafrinse	439	neomycin sulfate	27, 239
NAFRINSE DAILY		neomycin-bacitracin zn-polymyx	512
ACIDULATED	451	neomycin-polymyxin b gu	313
NAFRINSE		neomycin-polymyxin-dexameth	516
DAILY/NEUTRAL	451	neomycin-polymyxin-gramicidin	512
Nafrinse Drops	439	neomycin-polymyxin-hc	516, 521
NAFRINSE WEEKLY	452	neonatal + dha	488
naftifine hcl	241	Tier 2=No-Preferred Drugs	
NAFTIN	242	AL=Age Limit Restriction DO=Dose Optimization MB=Medical Benefit OTC=Over The Counter	
NAGLAZYME	298	PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy SCO=State Carve-out ST=Step Therapy	
nail polish bottle/brush 15ml	398		

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neonatal 19	491	Neuac	233	NICOTROL NS	553
neonatal complete	482	NEULASTA	327	nifedipine	195, 206
neonatal fe	482	NEULASTA ONPRO	327	nifedipine er	195
NEONATAL PLUS	482	NEUPOGEN	327	nifedipine er osmotic release	195
NEONATAL VITAMIN	482	NEUPRO	173	nifedipine micronized	206
Neo-Polycin	512	neurin-sl	324	Nikki	214
Neo-Polycin Hc	516	neuro-k-250 vitamin b6	580	NILANDRON	150
NEOPROFEN	34	neuro-k-50	580	nilutamide	150
NEORAL	444	NEURONTIN	81, 82	NIMBEX	500
NEOSPORIN	238	neutralin	42	nimodipine	195
NEOSPORIN + PAIN		NEVANAC	515	NINLARO	156
RELIEF MAX ST	238	nevirapine	184	NIPENT	164
NEOSPORIN/BURN RELIEF	238	nevirapine er	184	NIPRIDE RTU	141
neostigmine methylsulfate	148	NEW DAY	216	nisoldipine er	195
NEO-SYNALAR	238	NEXAVAR	156	nitazoxanide	143
NEOX 100	275	NEXAVIR	447	NITHIODOTE	110
NEOX CORD 1K	275	NEXIUM	566	nitisinone	295
NEPHRAMINE	503	NEXIUM 24HR	566	nitric acid	204
NERIA 29G INFUSION SET 10MM	393	NEXIUM 24HR CLEAR		nitrile gloves large	357
NERIA 29G INFUSION SET 6MM	393	MINIS	566	nitrile gloves medium	357
NERIA 29G INFUSION SET 8MM	393	NEXIUM I.V.	566	nitrile gloves small	357
NERIA MULTI 27G 2X10MM	393	NEXLETOL	128	nitrile gloves x-large	357
NERIA MULTI 27G 3X10MM	393	NEXLIZET	128	nitrile gloves/size 10	357
NERIA MULTI 27G 4X12MM	393	NEXPLANON	218	nitrile gloves/size 6	357
NERIA SOFT 25G INFUSION 13MM	393	NEXTERONE	68	nitrile gloves/size 6.5	357
NERIA SOFT 25G INFUSION 17MM	393	niacin er		nitrile gloves/size 7	357
NERLYNX	159	(antihyperlipidemic)	132	nitrile gloves/size 7.5	357
NESACAIN	349	niacin flush free	198, 476	nitrile gloves/size 8	357
NESACAIN-MPF	349	niacin-50	580	nitrile gloves/size 8.5	357
NESINA	97	niacinamide	580	nitrile gloves/size 9	357
NESTABS	483	NIACOR	132	nitrile gloves/size 9.5	
NESTABS DHA	483	niaouli	206	medium	357
NESTABS ONE	488	NIASPAN	132	NITRO-BID	64
NETSPOT	282	nicardipine hcl	195	NITRO-DUR	64
		nicardipine hcl in nacl	195	nitrofurantoin	146
		NICORELIEF	553	nitrofurantoin	
		nicotinamide	580	macrocrystal	146
		nicotine	553	nitrofurantoin monohyd	
		nicotine mini	553	macro	146
		nicotine polacrilex	553	nitrofurazone	247
		nicotine step 1	553	nitroglycerin	64
		nicotine step 2	553	nitroglycerin in d5w	64
		nicotine step 3	553	NITROLINGUAL	64

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NITROMIST	64	NORPRAMIN	93	NOVOLOG PENFILL	102
<i>nitroprusside sodium</i>	141	NORTHERA	577	NOVOPEN ECHO	411
NITROSTAT	64	Nortrel 0.5/35 (28)	214	NOVOSEVEN RT	318
NITYR	295	Nortrel 1/35 (21)	214	NOXAFIL	117
NIVA-PLUS	483	Nortrel 1/35 (28)	214	NOZIN NASAL SANITIZER	274
NIVESTYM	327	Nortrel 7/7/7	220	<i>np thyroid</i>	560
<i>nizatidine</i>	563	<i>nortriptyline hcl</i>	93	NPLATE	331
NIZORAL A-D	263	NORVASC	195	NUBEQA	150
NOCDURNA	301	NORVIR	183	NUCALA	72
Nolix	256	NOURIANZ	170	NUCYNTA	53
<i>non-aspirin childrens</i>	40	NOURISH	287	NUCYNTA ER	52
<i>non-aspirin jr strength</i>	40	NOVA SAFETY LANCETS		NUEDEXTA	550
<i>non-aspirin pm</i>	334	23G	378	NULOJIX	450
Nora-Be	219	NOVA SAFETY LANCETS		NULYTELY LEMON-LIME	338
NORDIPEN 5 INJECTION DEVICE	411	28G	378	NULYTELY WITH FLAVOR PACKS	338
NORDITROPIN FLEXPRO	294	NOVA SUREFLEX		NUMBRINO	496
<i>norepinephrine bitartrate</i>	578	LANCETS	378	NUPLAZID	174
<i>norepinephrine-dextrose</i>	578	NOVA SUREFLEX		NURTEC	429
<i>norepinephrine-sodium chloride</i>	578	LANCING DEVICE	379	NUSHIELD	275, 276
<i>norethdin ace-eth estrad-fe</i>	214	NOVACHOR	275	NUTRILIPID	505
<i>norethindrone</i>	219	NOVAMV PEDIATRIC		NUTRIPORT BALLOON	
<i>norethindrone acetate</i>	543	MULTI-VITAMIN	480	20FR/2.5CM	418
<i>norethindrone acet-ethinyl est</i>	214	NOVAREL	298	NUTRIPORT BALLOON	
<i>norethindrone-eth estradiol</i>	302	NOVOEIGHT	318	20FR/2.7CM	419
<i>norethin-eth estradiol-fe</i>	214	NOVOLIN 70/30	101	NUTRIPORT BALLOON	
<i>norgestimate-eth estradiol</i>	214	NOVOLIN 70/30 FLEXPEN	101	20FR/3.5CM	419
<i>norgestim-eth estrad triphasic</i>	219	NOVOLIN 70/30 FLEXPEN		NUTRIPORT BALLOON	
NORITATE	271	RELION	101	NUTRIPORT BALLOON	
Norlyda	219	NOVOLIN 70/30 RELION	101	20FR/4.5CM	419
Norlyroc	219	NOVOLIN N	101	NUTRIPORT BALLOON	
<i>normal saline flush</i>	442	NOVOLIN N FLEXPEN	101	20FR/4CM	419
NORM-JECT LUER SLIP		NOVOLIN N FLEXPEN		NUTRIPORT BALLOON	
SYRINGE	411	RELION	101	20FR/5CM	419
NORMOSOL-M IN D5W	437	NOVOLIN R RELION	101	NUTRIPORT BALLOON	
NORMOSOL-R	439	NOVOLOG	102	24FR/1.5CM	419
NORMOSOL-R IN D5W	437	NOVOLOG FLEXPEN	101	NUTRIPORT BALLOON	
NORMOSOL-R PH 7.4	439	NOVOLOG MIX 70/30	101	24FR/1.7CM	419
NORPACE	67	NOVOLOG MIX 70/30		NUTRIPORT BALLOON	
NORPACE CR	67	FLEXPEN	101	24FR/1CM	419

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NUTRIPORT BALLOON	O-CAL PRENATAL.....	483	<i>ointment tube/plastic 8oz.</i>	398
24FR/2.3CM.....	OCALIVA.....	306	<i>olanzapine</i>	178, 179
NUTRIPORT BALLOON	OCCLUVAN.....	540	<i>olanzapine-fluoxetine hcl</i> ..	555
24FR/2.5CM.....	Ocella.....	214	<i>oleabase plasticized</i>	540
NUTRIPORT BALLOON	OCREVUS.....	548	<i>oleic acid</i>	528
24FR/2.7CM.....	OCTAGAM.....	524	OLINVYK.....	53
NUTRIPORT BALLOON	OCTAPLAS BLOOD		<i>olive tree</i>	23
24FR/2CM.....	GROUP A.....	321	<i>olmesartan medoxomil</i>	138
NUTRIPORT BALLOON	OCTAPLAS BLOOD		<i>olmesartan medoxomil-hctz</i>	137
24FR/3.5CM.....	GROUP AB.....	321	<i>olmesartan-amldipine-hctz</i>	139
NUTRIPORT BALLOON	OCTAPLAS BLOOD		<i>olopatadine hcl</i>	496, 510
24FR/3CM.....	GROUP B.....	321	OLUMIANT.....	28
NUTRIPORT BALLOON	OCTAPLAS BLOOD		OLUX.....	256
24FR/4.5CM.....	GROUP O.....	321	OLUX-E.....	256
NUTRIPORT BALLOON	Ocucoat Viscoadherent.....	519	OMBRA TABLE TOP	
24FR/4CM.....	OCUFLOX.....	511	COMPRESSOR.....	424
NUTROPIN AQ NUSPIN 10	<i>ocutabs</i>	466	OMECLAMOX-PAK.....	569
294	<i>ocutabs-lutein</i>	466	<i>omega-3-acid ethyl esters</i> 128	
NUTROPIN AQ NUSPIN 20	OCUVITE EXTRA.....	466	OMEGAVEN.....	505
294	OCUVITE EYE + MULTI....	466	<i>omeprazole</i>	566
NUTROPIN AQ NUSPIN 5..	ODACTRA.....	26	<i>omeprazole magnesium</i> ...566	
294	ODEFSEY.....	181	<i>omeprazole-sodium bicarbonate</i>	563, 564
NUVARING.....	ODOMZO.....	153	OMICRIA.....	518
216	<i>odor control foot & sneaker</i>	242	OMNARIS.....	498
NUVESSA.....	ODOR EATERS		OMNIBASE	540
576	ANTIFUNGAL.....	242	OMNIFLEX DIAPHRAGM...	356
NUVIGIL.....	ODOR EATERS		OMNIPQUE	286
19, 20	FOOT/SNEAKER SPRAY ...	242	OMNIPOD 5 PACK.....	390
NUWIQ.....	OFEV	556	OMNIPOD DASH 5 PACK	
318	OFIRMEV.....	40	PODS.....	390
NUZYRA.....	<i>ofloxacin</i>	305, 511, 521	OMNIPOD STARTER.....	390
557	OGIVRI.....	155	OMNISCAN.....	284
Nyamyc.....	<i>ointment base</i>		OMNITROPE	295
242	(emulsifying).....	540	ONCASPAR.....	163
Nylia 7/7/7.....	<i>ointment tube/metal 1oz</i> ...	398	<i>once daily</i>	475
220	<i>ointment tube/metal 2oz</i> ...	398	<i>once dailyiron</i>	456
<i>nylidrin hcl</i>	<i>ointment tube/metal 4oz</i> ...	398	<i>ondansetron</i>	112
198	<i>ointment tube/ophth tip</i>		<i>ondansetron hcl</i>	112
NYMALIZE.....	1/8oz.....	398	ONE A DAY PRENATAL....	490
196	<i>ointment tube/plastic 1oz.</i>	398	<i>one daily</i>	475
Nymyo.....	<i>ointment tube/plastic 2oz.</i>	398	<i>one daily 50 plus</i>	466
214	<i>ointment tube/plastic 4oz.</i>	398	Tier 2=No-Preferred Drugs	
<i>nystatin</i>	<i>ointment tube/plastic 6oz.</i>	398	AL=Age Limit Restriction DO=Dose Optimization MB=Medical Benefit OTC=Over The Counter	
116, 242, 450			PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy SCO=State Carve-out ST=Step Therapy	
<i>nystatin-triamcinolone</i>				
240				
Nystop.....				
242				
NYVEPRIA.....				
327				
<i>oat grain (diagnostic)</i>				
279				
OB COMPLETE.....				
483				
OB COMPLETE ONE.....				
483				
OB COMPLETE PETITE....				
483				
OB COMPLETE PREMIER.				
483				
OB COMPLETE/DHA.....				
483				
<i>obizur</i>				
318				
OBSTETRIX DHA.....				
483				
OBSTETRIX EC.....				
483				
OBSTETRIX ONE.....				
488				
OBTREX.....				
483				

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one daily adults 50+	466	ONE-A-DAY WOMENS PRENATAL	483	orange flavor	530
one daily calcium/liron	466	ONE-A-DAY WOMENS PRENATAL 1	483	orange oil flavor	530
one daily complete	466	one-daily multi vitamins	475	ORAPRED ODT	222
one daily complete for men	466	one-daily multi-vitamin	475	ORAVIG	450
ONE DAILY ESSENTIAL	475	one-daily multi-		ORBACTIV	144
one daily for men 50+ advanced	466	vitamin/liron	456	orchard grass pollen	23
one daily for men lycopene	466	one-daily/liron	456	ORENCIA	36
one daily for women	466	ONEXTON	233	ORENCIA CLICKJECT	36
one daily for women 50+ adv	466	ONFI	78	ORENITRAM	198
one daily healthy weight	466	ONGENTYS	173	ORFADIN	295
one daily healthy weight adv	466	ONGLYZA	97	ORGOVYX	166
one daily maximum	466	ONIVYDE	170	ORIAHNN	303
one daily mens	467	ONPATTRO	551	ORILISSA	294
one daily mens 50+ multivit	467	ONTRUZANT	155	ORKAMBI	555
one daily mens 50+ lycopene	467	ONUREG	151	ORLADEYO	321
one daily mens health	467	ONZETRA XSAIL	432	orphenadrine citrate	493
one daily multivit/liron-free	467	OPANA	53	orphenadrine citrate er	493
one daily multivitamin adult	467	OPCICON ONE-STEP	217	orphenadrine-asa-caffeine	494
one daily multivitamin men	467	OPDIVO	155	Orphengesic Forte	494
one daily multivitamin women	467	OPSUMIT	199	Orsythia	214
one daily multivitamin/liron	456	OPTICHAMBER DIAMOND	428	ORTHO MICRONOR	219
one daily multivit-min adult	467	optic-vites	467	ORTHO TRI-CYCLEN LO	220
ONE DAILY PLUS IRON	467	optic-vites with lutein	467	ORTHOVISC	495
one daily plus minerals	467	optimum pms	468	ORTIKOS	222
one daily womens 50 plus	467	OPTION 2	217	oscal 500/200 d-3	435
one daily womens 50+ one daily/minerals	467	OPTIRAY 240	286	OS-CAL EXTRA D3	435
ONE FLOW SPIROMETER	424	OPTIRAY 300	286	oseltamivir phosphate	189
one vite womens	483	OPTIRAY 320	286	OSENI	98
one vite womens plus	483	OPTIRAY 350	286	OSMITROL	290
ONE-A-DAY TEEN ADVANTAGE/HER	467	OPTISON	284	OSMOLEX ER	171
		ORA-BLEND	535	OSMOPREP	342
		ORA-BLEND SF	535	OSPHENA	299
		ORABLOC	347	OSTEOPRIME ULTRA	468
		ORACEA	271	OTEZLA	35
		ORALAIR	26	OTIPRIO	521
		Oralone	452	OTOVEL	521
		oralseptic	451	OTREXUP	28
		ORALYTE	438	OVIDE	272
		ORALYTE FREEZER POPS	438	OVIDREL	298
				oxacillin sodium	527
		orange (diagnostic)	279	oxacillin sodium in dextrose	527
		orange cream flavor	530	oxalic acid dihydrate	204
				oxaliplatin	149

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oxandrolone	56	pa vitamin d-3	583	PALFORZIA INITIAL
oxaprozin	34	Pacerone	68	ESCALATION.....24
OXAYDO	53	paclitaxel	167	PALINGEN FLOW.....276
oxazepam	66	PADCEV	162	PALINGEN
OXBRYTA	327	pain & fever childrens	40	HYDROMEMBRANE.....276
oxcarbazepine	82	pain & fever infants	40	PALINGEN INOVOFLO.....276
OXERVATE	514	pain relief	40	PALINGEN MEMBRANE....276
oxiconazole nitrate	263	pain relief childrens	40	PALINGEN XPLUS
OXISTAT	263	pain relief extra strength	40	HYDROMEMBRANE.....276
OXLUMO	314	pain relief maximum		PALINGEN XPLUS
OXSORALEN ULTRA	245	strength	268	MEMBRANE.....276
OXTELLAR XR	82	pain relief regular strength	40	paliperidone er175
oxybenzone	205	pain relief roll-on	268	palonosetron hcl112
oxybutynin chloride	570	pain relief with tens s2000	415	PALYNZIQ.....299
oxybutynin chloride er	569	pain reliever	40	PAMELOR.....93, 94
oxycodone hcl	53	pain reliever pm	334	pamidronate disodium292
oxycodone hcl er	53	pain reliever/fever reducer	40	PAMPRIN ALL DAY RELIEF
oxycodone-		pain relieving	268	MAX ST.....34
acetaminophen	54	pain relieving lidocaine	268	PANADOL CHILDRENS.....40
oxycodone-aspirin	54	PALFORZIA (12 MG DAILY		PANADOL EXTRA
OXYCONTIN	53	DOSE).....23		STRENGTH.....40
oxymorphone hcl	53	PALFORZIA (120 MG		PANADOL INFANTS.....40
oxymorphone hcl er	53	DAILY DOSE).....23		PANCREAZE.....288
oxytetracycline hcl	559	PALFORZIA (160 MG		pancuronium bromide500
oxytocin	522	DAILY DOSE).....23		PANDA MASK LARGE.....428
oxytocin-lactated ringers	522	PALFORZIA (20 MG DAILY		PANDA MASK MEDIUM.....428
oxytocin-sodium chloride	522	DOSE).....23		PANDA MASK SMALL.....428
OXYTROL	570	PALFORZIA (200 MG		PANDEL.....256
oyster calcium	436	DAILY DOSE).....23		PANDOL PM EXTRA
oyster calcium + d	435	PALFORZIA (240 MG		STRENGTH.....334
oyster calcium/d3	435	DAILY DOSE).....23		PANHEMATIN.....320
oyster shell calcium	435, 436	PALFORZIA (3 MG DAILY		PANOXYL.....236
oyster shell calcium plus d	435	DOSE).....23		PANOXYL CREAMY WASH236
		PALFORZIA (300 MG		PANOXYL FOAMING
oyster shell calcium/vit d3	435	MAINTENANCE).....23		WASH.....236
OYSTERCAL	436	PALFORZIA (300 MG		PANRETIN.....244
OZEMPIC (0.25 OR 0.5		TITRATION).....24		pantoprazole sodium567
MG/DOSE).....102		PALFORZIA (40 MG DAILY		PANZYGA.....524
OZEMPIC (1 MG/DOSE)....103		DOSE).....24		papaverine hcl198
OZOBAX	493	PALFORZIA (6 MG DAILY		para-aminobenzoic acid579
OZURDEX	517	DOSE).....24		PARADIGM PUMP
pa biotin	579	PALFORZIA (80 MG DAILY		RESERVOIR 1.8ML.....390
pa oyster shell calcium	435	DOSE).....24		PARADIGM PUMP
pa prenatal formula	483			RESERVOIR 3ML.....390

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PARADIGM QUICK-SET 18"	PARI ERAPID NEBULIZER	<i>paromomycin sulfate</i>	27
6MM	HANDSET	<i>paroxetine hcl</i>	89
PARADIGM QUICK-SET 23"	PARI ERAPID NEBULIZER	<i>paroxetine hcl er</i>	89
6MM	SYSTEM	<i>paroxetine mesylate</i>	555
PARADIGM QUICK-SET 23"	PARI EXPIRATORY FILTER	PARSABIV	292
9MM	SET	PASER	149
PARADIGM QUICK-SET 32"	PARI LC PLUS	<i>passion fruit flavor</i>	530
6MM	PARI LC PLUS NEB SET	<i>passion fruit flavor</i>	
PARADIGM QUICK-SET 32"	PED MASK	<i>sweetened</i>	530
9MM	PARI LC PLUS NEBULIZER	PATADAY	510
PARADIGM QUICK-SET 43"	PATANASE	496
6MM	PARI LC PLUS PEDIATRIC	PATROL PUMP SET/40MM	
PARADIGM QUICK-SET 43"	PARI LC PLUS VIOS PRO	SCREW CAP	363
9MM	NEB	PAXIL	89
PARADIGM REAL-TIME	PARI LC SPRINT	PAXIL CR	89
TRANSMITTER.....	NEBULIZER SET	<i>pc lancets super thin 30g</i>	379
PARADIGM SILHOUETTE	PARI LC STAR	<i>pc pediatric iron drops</i>	330
18" 13MM.....	PARI MANUAL	<i>pc pediatric poly-vitalfe</i>	
PARADIGM SILHOUETTE	INTERRUPTER	<i>drop</i>	478
32" 17MM.....	PARI MASK SET	<i>pc pediatric tri-vitamin</i>	
PARADIGM SILHOUETTE	PARI SINUS AEROSOL	<i>drops</i>	480
COMBO 23"	SYSTEM	PCCA ACACIA SYRUP	
PARADIGM SILHOUETTE	PARI SINUSTAR	BASE	535
COMBO 43"	DELIVERY SYSTEM	PCCA ANHYDROUS BASE	540
PARADIGM SILHOUETTE	PARI SINUSTAR NASAL	PCCA COBASE #1	540
FULL 23"	NEBULIZER	PCCA COSMETIC HRT	
PARADIGM SILHOUETTE	PARI SOFT PLASTIC	BASE	540
FULL 43"	ADULT MASK	PCCA CUSTOM LIPO-MAX	540
PARADIGM SURE-T 23"	PARI SOFT PLASTIC PED	PCCA EMULSIFIX-205	
6MM	MASK	BASE	537
PARADIGM SURE-T 23"	PARI TREK S COMBO	PCCA FIXED OIL BASE	534
8MM	PACK	PCCA GELATIN BASE	540
PARAGARD	PARI TREK S PORTABLE	PCCA LECITHIN	
INTRAUTERINE COPPER..	POWER	ISOPROPYL PALM	528
PARAPLATIN.....	PARI TREK S W/12V DC	PCCA LIPODERM HMW	540
PAREMYD.....	ADAPTOR	PCCA LIPOSOMIC BASE	
PARI ALTERA NEBULIZER	PARI VIOS PRO LC PLUS	DRY	540
HANDSET	SYSTEM	PCCA LIPOSOMIC BASE	
PARI ALTERA NEBULIZER	PARI VIOS PRO LC	NORMAL	540
SYSTEM.....	SPRINT SYSTEM	PCCA LIPOSOMIC BASE	
PARI BABY	<i>paricalcitol</i>	OILY	541
PARI BABY CONVERSION	PARLODEL	PCCA LIPOSOMIC BASE	
KIT	PARNATE	SENSITIVE	541
	Paroex	<i>pcca loxasperse base</i>	537

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PCCA OCCLUSADERM.....	541	PEDIAPRED	222	pentetate calcium trisodium	110
PCCA PLASTICIZED BASE	541	PEDIARIX	561	pentetate zinc trisodium ... 110	
PCCA PLURONIC F127 BASE.....	541	PEDIATRIC COMPRESSOR/NEBULIZE R.....	425	pentobarbital sodium	335
PCCA POLOXAMER 407....	541	pediatric electrolyte	438	pentoxifylline er	320
PCCA POLYGLYCOL TROCHE.....	535	pediatric electrolyte-zinc ..	438	PENTRAVAN	260
PCCA PRACAMAC BASE...	534	pediatric formula		PEPCID	563
PCCA RAPID DISSOLVE TABLET.....	537	cough/congst	227	peppermint flavor	530
PCCA SORBITOL LOLLIPOP BASE.....	537	PEDIATRIC PANDA MASK.	428	pepsin	288
pcca spir-a-wash base	541	PEDIAVIT	480	peptic relief	108
PCCA SWEETNESS ENHANCER.....	530	PEDVAX HIB.....	571	PEPTO-BISMOL.....	108
PCCA SWEET-SF.....	535	peg 3350	341	PEPTO-BISMOL TO-GO....	108
PCCA SYRUP VEHICLE.....	535	peg 3350-kcl-na bicarb-nacl	338	PERCOCET	55
PCCA XYLIFOS BASE.....	537	peg ointment base	541	perennial rye grass pollen .. 24	
PCCA-PLUS.....	535	peg-3350/electrolytes	338	PERFECT LANCETS 28G.. 379	
peak a-i-r flow meter	421	peg-		PERFECT LANCETS 30G.. 379	
PEAK AIR PEAK FLOW METER.....	421	3350/electrolytes/ascorbat	338	performance socks	358
peak flow meter universal rang	421	PEGASYS	188	PERFORMAX SALT	
peanut (diagnostic)	279	PEGINTRON	188	SUPPORTIVE BASE.....	541
pecan nut (diagnostic)	279	peg-kcl-nacl-nasulf-na asc-c	338	PERFOROMIST	70
ped electrolyte freeze		Peg-Prep	338	PERIDEX	451
pops	438	pelvic muscle trainer	398	PERIKABIVEN	506
ped electrolyte freezer		PEMAZYRE	153	perindopril erbumine	134
pops	438	PENCREAM.....	541	Periogard.....	451
PEDIACARE CHILDREN.....	40	penderm	541	permethrin	272
PEDIACARE CHILDRENS ALLERGY.....	121	penicillamine	443	perphenazine	177
PEDIACARE COUGH/CONGESTION.....	227	penicillin g pot in dextrose		perphenazine-amitriptyline	
PEDIACARE INFANT FEVER/PAIN.....	41	525	550
PEDIACARE INFANTS.....	41	penicillin g potassium	525	PERRY PRENATAL.....	483
PEDIACARE INFANTS GAS RELIEF.....	305	penicillin g procaine	525	PERSERIS	175
PEDIALYTE.....	438	penicillin g sodium	525	PERSONAL BEST FULL	
PEDIALYTE FREEZER		penicillin v potassium	525	RANGE	421
POPS.....	438	penicillium notatum	24, 279	PERTZYE	288
PEDIALYTE SINGLES.....	438	PENNSAID	243	peruvian balsam	207
		pensomal	541	petrolatum white	541
		PENTACEL	561	petroleum jelly	541
		PENTAM	142	PEXEVA.....	89, 90
		pentamidine isethionate ...	142	pfizer-biontech covid-19	
		PENTASA.....	309	vacc	573
		pentazocine-naloxone hcl ...	56	PFIZERPEN	525
				ph accessories storage sol	
				398
				ph buffer	527
				ph strips	283

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<i>pharbechlor</i>	118	<i>phenoxybenzamine hcl</i>	135	<i>pillow mask/pediatric</i>	425
<i>pharbedryl</i>	121	<i>phentermine hcl</i>	16	<i>pilocarpine hcl</i>	208, 510
<i>pharbinex</i>	230	<i>phentolamine mesylate</i>	135	<i>pilocarpine nitrate</i>	208
<i>pharmacist choice d-vitamin</i>	584	<i>phenylephrine hcl</i>	499, 509, 578	<i>pimecrolimus</i>	269
PHARMACY COUNTER LANCETS	379	<i>phenylephrine hcl-nacl</i>	578, 579	<i>pimozide</i>	551
PHASEAL CAP FOR INJECTOR	420	<i>phenylmercuric acetate</i>	208	<i>Pimtrex</i>	210
PHASEAL CONNECTOR LUER LOCK	420	<i>phenylmercuric nitrate</i>	208	<i>pindolol</i>	192
PHASEAL INFUSION ADAPTER	420	<i>phenylpropanolamine hcl</i>	499	<i>pine oil</i>	207
PHASEAL INFUSION CLAMP	420	PHENYTEK	84	<i>pine tar</i>	207
PHASEAL INJECTOR LUER LOCK	420	<i>phenytoin</i>	84, 85	<i>pink bismuth</i>	108
PHASEAL IV BAG HANGER	420	Phenytoin Infatabs	84	<i>pink bismuth maximum strength</i>	108
PHASEAL PROTECTOR 14420		<i>phenytoin sodium</i>	85	<i>pioglitazone hcl</i>	106
PHASEAL PROTECTOR 21420		<i>phenytoin sodium extended</i>	85	<i>pioglitazone hcl-glimepiride</i>	105
PHASEAL PROTECTOR 28420		PHESGO	163	<i>pioglitazone hcl-metformin hcl</i>	105
PHASEAL PROTECTOR 50420		PHEXXI	576	<i>pip lancets 28g</i>	379
PHASEAL SECONDARY SET	420	Philith	214	<i>pip lancets 30g</i>	379
PHASEAL SYRINGE TRAY	420	PHILLIPS STOOL SOFTENER	346	<i>piperacillin sod-tazobactam so</i>	526
PHASEAL Y-SITE CONNECTOR	420	<i>phoma exigua</i>	24	<i>piperazine citrate</i>	63
PHAZYME	305	PHOSLYRA	310	PIQRAY (200 MG DAILY DOSE)	168
PHENACTIN AA PLUS	287	PHOSPHOLINE IODIDE	510	PIQRAY (250 MG DAILY DOSE)	168
<i>phenaseptic</i>	451	<i>phosphoric acid</i>	204	PIQRAY (300 MG DAILY DOSE)	169
PHENAZO	314	<i>phosphorous</i>	440	Pirmella 1/35	214
<i>phenazopyridine hcl</i>	314	Phospho-Trin 250 Neutral	440	Pirmella 7/7/7	220
<i>phendimetrazine tartrate</i>	16	PHOTOFRIN	164	<i>piroxicam</i>	34
<i>phendimetrazine tartrate er</i>	16	PHOTREXA VISCOUS	515	<i>pistachio nut (diagnostic)</i>	279
<i>phenelzine sulfate</i>	87	PHOTREXA-PHOTREXA VISCOSITY KIT	515	PITOCIN	522
PHENERGAN	127	<i>phoxillum b22k4/0</i>	444	PKU EASY	287
<i>phenobarbital</i>	335	<i>phoxillum bk4/2.5</i>	444	<i>placebo #00</i>	538
<i>phenobarbital sodium</i>	335	Physiolyte	446	PLAQUENIL	147
<i>phenobarbital-belladonna alk</i>	561	Physiosol Irrigation	446	Plasbumin-25	322
Phenohydro	561	<i>phytonadione</i>	585	Plasbumin-5	322
<i>phenol</i>	179	PICATO	244	PLASMA-LYTE 148	439
		PIFELTRO	184	PLASMA-LYTE A	439
		PIKO 1	421	PLASMANATE	322
		PILLGUARD DISPENSER	398	<i>plastibase</i>	541
		PILLGUARD REFILL		<i>plastic bottles 30ml</i>	399
		CARTRIDGE	398	<i>plastic bottles 90ml</i>	399
		<i>pillow mask/adult</i>	425	Tier 2=No-Preferred Drugs	
		<i>pillow mask/child</i>	425	AL=Age Limit Restriction DO=Dose Optimization MB=Medical Benefit OTC=Over The Counter	
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plastic enema bottle	399	Polycin	512	potassium chloride crys er	
plastic jar 6oz	399	Polyethylene glycol	542		441
plastic scoop 1ml	399	Polyethylene glycol 1000	541	potassium chloride er	441
PLAVIX	323	Polyethylene glycol 1450	541	potassium chloride in dextrose	437
PLEGISOL	198	Polyethylene glycol 1500	541	potassium chloride in nacl	
PLEGRIDY	547	Polyethylene glycol 3350			439
PLEGRIDY STARTER			341, 541	potassium citrate	313
PACK	547	Polyethylene glycol 4500	542	potassium citrate er	313
Plenamine	504	Polyethylene glycol 8000	542	potassium citrate	
PLENVU	338	polymac progel	542	monohydrate	313
PLIAGLIS	276	polymyxin b sulfate	146	potassium gluconate	441
PLO GEL - MEDIFLO	541	polymyxin b-trimethoprim	512	potassium hydroxide	205
PLO GEL - MEDIFLO PRE-MIXED	541	polypeg	537	potassium nitrate	208, 209
plo transdermal	541	polypropylene cap-liner	399	potassium perchlorate	209
plo20 base	541	polysaccharide iron complex	330	potassium phosphates(71 meq k)	440
PLO20 FLOWABLE	541	polysaccharide-iron complex	330	potassium sorbate	527
PLURONIC	537	polysorbate 40	207	POTELIGEO	155
PLURONIC F127	537, 541	polysorbate 60	207	powder free nitrile gloves sm	357
PLURONIC L64	537	POLYTRIM	512	pralines and cream flavor	530
PNEUMOVAX 23	571	POLY-VI-FLOR	477	PRALUENT	132
pnv prenatal plus multivitamin	483	POLY-VI-FLOR FS	477	pramipexole dihydrochloride	173
pnv tabs 29-1	483	POLY-VI-FLOR/IRON	476	pramipexole dihydrochloride er	173
pnv-dha	488	POLY-VI-SOL	479	PRAMOSONE	275
pnv-dha+docusate	488	POLY-VI-SOL/IRON	478	PRAMOTIC	521
pnv-omega	483	poly-vita	479	pramoxine hcl	268
pnv-select	484	poly-vitaliron	478	prasterone micronized	209
POCKET CHAMBER	428	poly-vite pediatric	479	prasugrel hcl	323
POCKET PEAK FLOW METER	421	POMALYST	154	PRAVACHOL	131
pocket pro+ replacement sensor	399	pork (diagnostic)	279	pravastatin sodium	131
POCKET SPACER	428	Portia-28	214	PRAXBIND	111
POCKETPEAK PEAK FLOW METER	422	PORTRAZZA	155	praziquantel	63
podactin	242, 263	posaconazole	117	prazosin hcl	140
podofilox	265	POSIDYNE ELD FILTER/0.2UM	399	PRECEDEX	337
POINT OF CARE LM-2.5	348	pot & sod cit-cit ac	313	PRECISION 400 CATH TRAY	354
POLIVY	162	potash sulfurated lump	208	PRECISION SUREDOSE PLUS SYR	411
Pilocaine	349	potassium acetate	441	PRECISION SURE-DOSE SYRINGE	411
Pilocaine-Mpf	349	potassium bicarbonate	441	Tier 2=No-Preferred Drugs	
poloxamer 188	537	potassium bromide	208	AL=Age Limit Restriction DO=Dose Optimization MB=Medical Benefit OTC=Over The Counter	
poly bacitracin	238	potassium carbonate	208	PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy SCO=State Carve-out ST=Step Therapy	
		potassium chloride	441		

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PRECISION THINS GP		<i>prenatal + complete multi</i>		<i>prenatvite plus</i>	485
LANCETS	379		487, 490	<i>prenatvite rx</i>	485
PRECOSE	94	<i>prenatal 19</i>	484	PREPARATION H	256
PRED FORTE	517	<i>prenatal adult</i>		PRE-PEN	281
PRED MILD	517	<i>gummy/dha/fa</i>	490	PREPIDIL	522
PRED-G	516	<i>prenatal complete</i>	484	<i>prepiv supply</i>	276
PRED-G S.O.P.	516	<i>prenatal dha</i>	506	<i>preplus</i>	485
<i>prednicarbate</i>	256	<i>prenatal formula</i>	484	<i>press-in bottle adapters</i>	399
<i>prednisolone</i>	222	<i>pre-natal formula</i>	484	<i>pressure activat safety</i>	
<i>prednisolone acetate</i>	222, 518	<i>prenatal formula a-free</i>	484	<i>lancet</i>	379
<i>prednisolone anhydrous</i>	222	<i>prenatal forte</i>	484	PRESTALIA	133
<i>prednisolone sodium</i>		<i>prenatal gummies/dha & fa</i>	490	<i>pretab</i>	485
<i>phosphate</i>	222, 518			<i>pretomanid</i>	149
<i>prednisone</i>	222, 223	<i>prenatal low iron</i>	484	PREVACARE	
PREDNISONE INTENSOL	222	<i>prenatal multi +dha</i>	484, 488	ANTIMICROBIAL	274
<i>preferred plus glucose</i>	95	PRENATAL MULTIVITAMIN		PREVACID	567
<i>preferred plus insulin</i>		+ DHA	488	PREVACID 24HR	567
<i>syringe</i>	411	<i>prenatal multivitamin plus</i>		PREVACID SOLUTAB	567
<i>preferred plus lancets</i>		<i>dha</i>	488	Prevalite	129
<i>colored</i>	379	<i>prenatal one daily</i>	484	PREVENTEZA	217
<i>preferred plus lancets thin</i>	379	<i>prenatal plus</i>	484	PREVIDENT 5000 ORTHO	
PREFEST	302	<i>prenatal plus iron</i>	484	DEFENSE	452
<i>pregabalin</i>	82	<i>prenatal vitamin</i>	485	Previfem	214
<i>pregenna</i>	484	<i>prenatal vitamin and</i>		PREVNAR 13	571
<i>pregnenolone</i>	209	<i>mineral</i>	484	PREVYMIS	186
<i>pregnenolone micronized</i>	209	<i>prenatal vitamin plus low</i>		PREZCOBIX	181
PREGNYL	298	<i>iron</i>	485	PREZISTA	183
PREMARIN	304, 577	<i>prenatal vitamins</i>	485	PRIALT	47
PREMASOL	504	<i>prenatal iron</i>	485	PRIFTIN	149
PREMESISRX	491	<i>prenatal omega-3/faliron</i>	485	PRILO PATCH II	276
<i>premium condoms</i>		<i>prenatal+dha</i>	488	PRILOSEC	567
<i>lubricated</i>	355	PRENATAL-U	485	PRILOSEC OTC	567
PREMPHASE	302	PRENATE	490	PRIMACARE	485
PREMPRO	302	PRENATE AM	491	<i>primaquine phosphate</i>	147
<i>prena 1 true</i>	488	PRENATE DHA	488	PRIMAXIN IV	143
<i>prena1</i>	491	PRENATE ELITE	485	<i>primidone</i>	82
<i>prena1 pearl</i>	484	PRENATE ENHANCE	489	PRIMSOL	142
<i>prenaissance</i>	488	PRENATE ESSENTIAL	489	PRINVIL	134
<i>prenaissance plus</i>	488	PRENATE MINI	489	PRISMASOL B22GK 4/0	444
<i>prenara</i>	484	PRENATE PIXIE	489	PRISMASOL BGK 0/2.5	444
<i>prenatabs fa</i>	484	PRENATE RESTORE	489	PRISMASOL BGK 2/0	444
PRENATABS RX	484	PRENATRIX	485	PRISMASOL BGK 2/3.5	444
<i>prenatal</i>	484	PRENATRYL	485	PRISMASOL BGK 4/0/1.2	444
		<i>prenatvite complete</i>	485	PRISMASOL BGK 4/2.5	444

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PRISMASOL BK 0/0/1.2.....	444	<i>progesterone micronized</i>	<i>propylparaben sodium</i>	527
PRISTIQ.....	92206, 543	<i>propylthiouracil</i>	559
<i>privet</i>	24	<i>progesterone milled</i>	PROQUAD	571
PRIVIGEN.....	524, 525	<i>progesterone ultra</i>	PROSCAR	312
PRO COMFORT INSULIN		<i>micronized</i>	PROSIGHT	468
SYRINGE.....	411	<i>progesterone wettable</i>	PROSOL	504
<i>pro comfort lumb spin</i>		PROGLYCEM	<i>prostaglandin e1</i>	205
<i>orthosis</i>	358	PROGRAF	PROSTIN E2	522
<i>pro comfort pen needles</i>	411	PROHANCE	PROSTIN VR	449
<i>pro hers rx</i>	491	PROLASTIN-C	<i>protamine sulfate</i>	322
<i>pro his rx</i>	491	PROLATE	PROTECTEAV	274
<i>pro pcos rx</i>	491	PROLENSA	PROTONIX	567
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PROAIR RESPICLICK.....	71	PROMACTA	<i>protriptyline hcl</i>	94
<i>probenecid</i>	316	<i>promethazine hcl</i>	PROVAYBLUE	111
PROBUPHINE IMPLANT		<i>promethazine vc/codeine</i>	PROVENGE	152
KIT	56	231	PROVENTIL HFA	71
<i>procainamide hcl</i>	67	<i>promethazine-codeine</i>	PROVERA	543
<i>procaine hcl</i>	349	231	PROVIDA OB	485
PROCALAMINE.....	504	<i>promethazine-phenyleph-</i>	PROVIGIL	20
PROCARDIA.....	196	<i>codeine</i>	PROVISC	519
PROCARDIA XL.....	196	231	PROVOCHOLINE	281
Procentra.....	14	<i>promethazine-</i>	PROZAC	90
<i>prochlorperazine</i>	178	<i>phenylephrine</i>	PRUDOXIN	244
<i>prochlorperazine edisylate</i>		228	<i>pseudoeph-bromphen-dm</i> 231	
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<i>prochlorperazine maleate</i> . 177		127	<i>p-siloxan ds</i>	542
PROCERIT	326	PROMETRIUM	<i>psorcon</i>	256
PROCTOCORT	59	PRONEB ULTRA II	PSS SELECT GP LANCETS	
PROCTOFOAM HC.....	58	DELUXE/LC STAR	379
Procto-Med Hc.....	59	PRONEB ULTRA II/LC	PSS SELECT PLATFORMS	379
Procto-Pak.....	59	SPRINT	PSS SELECT SAFETY	
Proctozone-Hc.....	59	PRONUTRIENTS	LANCETS	379
PROCYSB.....	313	CALCIUM+D3	<i>psyllium fiber</i>	339
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DEVICE	379	<i>propafenone hcl</i>	PULMOZYME	556
<i>pro-ex antifungal</i>	263	67	<i>pumice (flour)</i>	209
PROFILNINE	318	<i>propafenone hcl er</i>	<i>pumpkin flavor</i>	530
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		<i>propantheline bromide</i>	<i>pure calcium carbonate</i> ... 436	
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		<i>proparacaine hcl</i>		
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		<i>proparacaine-fluorescein</i>		
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		<i>propofol</i>		
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		<i>propranolol hcl</i>		
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		<i>propranolol hcl er</i>		
		192		
		<i>propranolol-hctz</i>		
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px allergy relief	125
px allergy relief loratadine	125
px antacid maximum strength	61
px antacid regular strength	61
px anti-diarrheal	110
px aspirin	45, 46
px athletic foot	263
px calcium&d	435
px childrens pain relief	41
px childrens profen ib	34
PX CHILDRENS VITAMIN..	478
px complete senior multivits	468
px docusate sodium	346
px effervescent	42
px enteric aspirin	46
px folic acid	326
px glucose	95
px glycerin	341
px headache relief added st.	37
px hemorrhoidal	59
px hydrocream	257
px insulin syringe	411
px iron	330
px lancets ultra thin	380
px lancets ultra thin 28g...	380
px mens multivitamins	468
px miconazole 3-day combo	575
px nasal decongestant	499
px niacin	580
px omeprazole	567
px prenatal multivitamins	485
px stomach relief	108
px stomach relief max st.	108
px stop smoking aid	553
px tussin max	224
px vegetable laxative	344
px vitamin a	579
px vitamin c	581
px vitamin e	585
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pyridostigmine bromide	148
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pyridoxine hcl	580
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pyrogallol	209
pyruvic acid	205
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qc 3 day	575
qc acetaminophen 8hr arth pain	41
qc acetaminophen 8hr musc ache	41
qc advanced lancing device	380
qc alcohol swabs	351
qc allergy childrens	122
qc allergy relief	122, 125, 126, 498
qc allergy relief 4-hour	118
qc allergy relief childrens	125
qc antacid	61
qc antacid ultra strength	63
qc antacid/anti-gas	61
qc aspirin	46
qc aspirin low dose	46
qc athletes foot	242
qc azo	315
qc b50 prolonged release	455
qc bacitracin	240
qc b-complex/vitamin c	452
qc biotin	579
qc calcium 600 +d3/minerals	435
qc calcium fast dissolution	436
qc childrens complete	478
qc childrens ibuprofen	34
qc chlor-pheniramine	118
qc clotrimazole	263
qc cold multi-symptom daytime	225
qc complete allergy medicine	122
qc daily multivit/mineral	468
qc daily multivitamins/iron	456
qc diarrhea relief	108
qc diclofenac sodium	243
qc docusate calcium	346
qc ear wax removal	520
qc earwax removal	521
qc earwax removal kit	520
qc enteric aspirin	46
qc esomeprazole magnesium	567
qc essentials	475
qc eye drops	513
qc ferrous sulfate	330
qc fiber therapy	339
qc folic acid	326
qc gas relief	305
qc gas relief extra strength	305
qc gentle laxative	344
qc hair skin & nails	468

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<i>qc headache relief pm</i>	334	<i>qc unilet lancets micro thin</i>	380	QUICK-SET INFUSION 43"	
<i>qc hemorrhoidal</i>	59	<i>qc urinary pain relief</i>	315	9MM	391
<i>qc ibuprofen</i>	34	<i>qc urinary pain relief max st</i>	315	QUILLCHEW ER	20
<i>qc lancets super thin 30g</i>	380	<i>qc vitamin b1</i>	579	QUILLIVANT XR	20
<i>qc lancets ultra thin</i>	380	<i>qc vitamin b12</i>	324	<i>quin b strong b-25</i>	455
<i>qc lansoprazole</i>	567	<i>qc vitamin b6</i>	580	<i>quinacrine hcl</i>	147
<i>qc lidocaine pain relief</i>	268	<i>qc vitamin c</i>	581, 582	<i>quinapril hcl</i>	134
<i>qc loratadine allergy relief</i>	126	<i>qc vitamin c with rose hips</i>	582	<i>quinapril-hydrochlorothiazide</i>	133
<i>qc magnesium</i>	63	<i>qc vitamin d3</i>	584	<i>quinidine gluconate er</i>	67
<i>qc medifin mucus relief child</i>	230	<i>qc vitamin e</i>	585	<i>quinidine sulfate</i>	67
<i>qc mens daily multivitamin</i>	468	<i>qc womens daily multivitamin</i>	468	<i>quinidine sulfate dihydrate</i>	209
<i>qc menstrual complete max st</i>	37	<i>qc zinc</i>	443	<i>quinine sulfate</i>	147
<i>qc miconazole 7</i>	575	QDOLO	53	<i>quinine sulfate dihydrate</i>	147
<i>qc motion sickness relief</i>	114	QINLOCK	159	<i>quinizarin green ss</i>	528
<i>qc mucus & cough relief child</i>	227	QMIIZ ODT	34	QUZYTIR	126
<i>qc mucus relief childrens</i>	230	QNDSL	498	QVAR REDIHALER	74
<i>qc mucus relief dm max</i>	227	QNDSL CHILDRENS	498	<i>ra acne treatment</i>	236
<i>qc mucus relief er</i>	230	QSYMIA	15	<i>ra allergy</i>	122
<i>qc mucus relief max st</i>	230	QTERN	104	<i>ra allergy medication</i>	122
<i>qc multi-vite 50 & over</i>	468	QUADRACEL	561	<i>ra allergy relf & nasal decong</i>	228
<i>qc niacin</i>	198, 580	QUADRAMET	163	<i>ra allergy relief</i>	118, 122, 126
<i>qc non-aspirin 8 hour</i>	41	QUALAQUIN	147	<i>ra allergy relief (loratadine)</i>	126
<i>qc non-aspirin childrens</i>	41	QUARTETTE	217	<i>ra allergy relief childrens</i>	122, 126
<i>qc omeprazole magnesium</i>	567	<i>quazepam</i>	336	<i>ra allergy/congestion</i>	228
<i>qc pain relief childrens</i>	41	QUDEXY XR	82	<i>ra aloe verallidocaine</i>	268
<i>qc pain relief infants</i>	41	<i>queen palm</i>	24	<i>ra antacid pain relief</i>	42
<i>qc pain relief pm ext st</i>	334	QUELICIN	500	<i>ra antacid/anti-gas</i>	61
<i>qc pink bismuth</i>	108	QUESTRAN	129	<i>ra antacid/anti-gas max st..</i>	61
<i>qc potassium</i>	441	QUESTRAN LIGHT	129	<i>ra antacid/gas relief max st</i>	61
<i>qc prenatal</i>	485	<i>quetiapine fumarate</i>	176	<i>ra antibiotic + pain relief</i>	238
<i>qc saline nasal relief</i>	496	<i>quetiapine fumarate er</i>	176	<i>ra anti-diarrheal</i>	110
<i>qc stool softener</i>	346	QUFLORA FE PEDIATRIC	476	<i>ra antifungal</i>	242, 263
<i>qc stool softener pls laxative</i>	341	QUFLORA GUMMIES	477	<i>ra antifungal foot care</i>	242
<i>qc therin-m</i>	468	QUFLORA PEDIATRIC	477	<i>ra antihistamine eye drops</i>	511
<i>qc tolnaftate</i>	242	QUICK-SET INFUSION 23"	6MM	<i>ra anti-itch maximum strength</i>	257
<i>qc triple antibiotic max st.</i>	238	QUICK-SET INFUSION 23"	9MM	<i>ra aspirin</i>	46
<i>qc unilet lancets 28g</i>	380	QUICK-SET INFUSION 43"	6MM	<i>ra aspirin adult low dose</i>	46

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<i>ra aspirin adult low strength</i>	46	<i>ra complete allergy</i>	122	<i>ra hydrocortisone plus</i>	12.257
<i>ra aspirin childrens</i>	46	RA DIPHEDRYL ALLERGY	122	<i>ra ibuprofen</i>	35
<i>ra aspirin ec</i>	46	<i>ra double antibiotic</i>	238	<i>ra ibuprofen childrens</i>	35
<i>ra aspirin ec adult low st</i>	46	<i>ra earwax removal kit</i>	521	<i>ra instant hand sanitizer</i>	274
<i>ra atheletes foot</i>	263	<i>ra esomeprazole</i>		<i>ra instant hand sanitizer/aloe</i>	274
<i>ra athletes foot</i>	263	<i>magnesium</i>	567	<i>ra insulin syringe</i>	411
<i>ra athletes foot (tolnaftate)</i>	242	<i>ra ethyl alcohol</i>	210	<i>ra iron</i>	330
<i>ra bacitracin</i>	240	<i>ra ethyl rubbing alcohol</i>	210	<i>ra isopropyl alcohol wipes</i>	274
<i>ra bacitracin zinc first aid</i> .240		<i>ra eye allergy relief</i>	513	<i>ra jock itch</i>	263
<i>ra balanced b-100 cr</i>	455	<i>ra eye itch relief</i>	511	<i>ra jock itch max st</i>	242
<i>ra balanced b-50 tr</i>	455	RA E-ZJECT COLOR		<i>ra k-peC</i>	108
<i>ra biotin</i>	579	LANCETS 33G.....	380	<i>ra lancing device</i>	380
<i>ra budesonide</i>	498	RA E-ZJECT LANCETS 28G		<i>ra lansoprazole</i>	567
<i>ra burn relief aloe extra</i>268		380	<i>ra laxative</i>	341, 344
<i>ra calcium 600/vit d/minerals</i>	435	RA E-ZJECT LANCETS		<i>ra laxative maximum strength</i>	344
<i>ra calcium citrate plus vit d</i>	435	THIN 26G.....	380	<i>ra lice maximum strength</i>	271
<i>ra calcium high potency</i> ... 437		RA E-ZJECT LANCETS		<i>ra lice solution</i>	271
<i>ra calcium plus vitamin d</i> ..435		THIN 28G.....	380	<i>ra lice treatment</i>	272
<i>ra calcium soft chews</i>	436	RA E-ZJECT LANCETS		<i>ra lidocaine pain relieving</i>	268
<i>ra calcium/vitamin d/minerals</i>	436	ULTRA THIN.....	380	<i>ra liquid antacid</i>	61
<i>ra capsicum hot patch</i>	268	<i>ra fast relief laxative</i>	344	<i>ra loratadine</i>	126
RA CENTRAL-VITE.....	468	<i>ra fever reducer/pain reliever</i>	41	<i>ra loratadine childrens</i>	126
<i>ra central-vite energy</i>	468	<i>ra fiber</i>	339	<i>ra lubricant eye drops</i>	508
<i>ra central-vite mens mature</i>	468	<i>ra fiber laxative</i>	339	<i>ra mature womens dietary supp</i>	469
RA CENTRAL-VITE SELECT.....	468	<i>ra fiber supplement</i>	339	<i>ra miconazole 3 combo pack</i>	575
<i>ra central-vite senior</i>	468	<i>ra first aid anti-itch spray</i>	257	<i>ra miconazole 3 combo pack app</i>	575
<i>ra central-vite womens mature</i>	469	<i>ra folic acid</i>	326	<i>ra miconazole 7</i>	575
RA CENTRAL-VITE/ANTIOXIDANTS.....	469	<i>ra foot care (terbinafine)</i> ...	242	<i>ra mini nicotine</i>	553
<i>ra childrens fever/pain</i>	41	<i>ra foot care (tolnaftate)</i>	242	<i>ra motion sickness relief</i> ..	114
<i>ra chlorpheniramine maleate</i>	118	<i>ra gas relief</i>	305	<i>ra mucus relief chest</i>	230
<i>ra clotrimazole</i>	263	<i>ra gas relief maximum strength</i>	305	<i>ra mucus relief dm</i>	227
<i>ra clotrimazole 3</i>	575	<i>ra gas relief/infants</i>	305	<i>ra mucus relief max st</i>	230
<i>ra clotrimazole 7</i>	575	RA GERM DEFENSE.....	274	<i>ra nasal allergy</i>	498
<i>ra col-rite</i>	346	<i>ra glucose</i>	95	<i>ra natural vitamin e</i>	585

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<i>ra omeprazole-sodium bicarb</i>	564	<i>ra therapeutic m plus beta car</i>	469	RANEXA.....	64
<i>ra one daily</i>	485	<i>ra tioconazole 1</i>	575	<i>ranolazine er</i>	64
<i>ra one daily energy formula</i>	469	<i>ra tri-buffered aspirin</i>	42	RAPAFLO.....	312
<i>ra one daily essential</i>	475	RA TRUETEST TEST	283	RAPAMUNE.....	447
<i>ra one daily maximum</i>	469	<i>ra tussin chest congestion</i>	230	RAPIVAB.....	189
<i>ra one daily mens 50+ w/vit d3</i>	469	<i>ra tussin cough dm sugar free</i>	227	RAPPORT RLS.....	387
<i>ra one daily mens multi</i>	469	<i>ra urinary pain relief max st</i>	315	RAPPORT VTD.....	387
<i>ra one daily mens/vit d-3</i>	469	<i>ra urinary tract pain relief</i>	315	<i>rasagiline mesylate</i>	172
<i>ra one daily multi-vit plus fe</i>	456	<i>ra vanishing acne treatment</i>	236	<i>raspberry concentrate</i>	530
<i>ra one daily multi-vitamin</i>	476	<i>ra vision vite plus zinc</i>	469	RASUVO.....	28
<i>ra one daily womens</i>	469	<i>ra vitamin b-6</i>	580	RAVICTI.....	301
<i>ra oyster shell calcium</i>	437	<i>ra vitamin c</i>	582	RAYALDEE.....	296
<i>ra pain relief</i>	268	<i>ra vitamin cloose hips cr</i>	582	RAYOS.....	223
<i>ra pain relief aspirin</i>	46	<i>ra vitamin e blend</i>	585	RAZADYNE ER.....	545
<i>ra pain reliever ex st</i>	41	<i>ra vitamin e-vit a & d</i>	260	RDT-PLUS.....	537
<i>ra pain reliever pm</i>	334	<i>ra vitamins complete childrens</i>	478	REACT.....	217
<i>ra pain relieving</i>	268	<i>ra wart remover</i>	265	READI-CAT 2.....	285
<i>ra ped electrolyte freezer pop</i>	438	RA WHOLE SOURCE DIETARY	469	READYLANCE SAFETY LANCETS.....	380
<i>ra pediatric electrolyte</i>	438	RA WHOLE SOURCE DIETARY MATURE	469	<i>reality insulin syringe</i>	412
<i>ra pink bismuth</i>	108	RA WHOLE SOURCE DIETARY MEN	469	<i>reality lancets</i>	380
<i>ra potassium gluconate</i>	441	RA WHOLE SOURCE FOR MEN	470	REALITY LATEX CONDOMS.....	355
<i>ra prenatal</i>	485	RA WHOLE SOURCE WOMENS	470	REALITY LATEX/ULTRA TEXTURED.....	355
<i>ra prenatal formula</i>	485	RABAVERT	573	REALITY LATEX/ULTRA THIN.....	355
RA RENEWAL ACNE TREATMENT	236	<i>rabbit epithelium</i>	24	<i>reality trigger lancets</i>	380
<i>ra renewal hand sanitizer</i>	274	<i>rabeprazole sodium</i>	568	REBIF.....	547
<i>ra saline enema</i>	342	RADIANCE PLATINUM VITAMIN D3	584	REBIF REBIDOSE.....	547
<i>ra senna</i>	344	RADICAVA	500	REBIF REBIDOSE TITRATION PACK.....	547
<i>ra sore throat</i>	451	RADIOGARDASE	111	REBIF TITRATION PACK... REBINYN.....	548
<i>ra sterile saline nasal mist</i>	496	RAGWITEK	24	REBLOZYL.....	325
<i>ra stimulant laxative</i>	344	<i>raloxifene hcl</i>	299	RECARBRIOTECOFEN D.....	227
<i>ra stomach relief</i>	108	<i>ramelteon</i>	337	RECLAST.....	292
<i>ra stomach relief kids</i>	63	<i>ramipril</i>	134	Reclipsen.....	214
<i>ra stomach relief max st</i>	108			<i>recfen d</i>	227
<i>ra stool softener</i>	346			RECOMBINATE.....	318
<i>ra stress formula advanced</i>	469			RECOMBIVAX HB.....	573
<i>ra stress formula energy</i>	469			<i>recort plus</i>	257
<i>ra suphedrine</i>	499			RECOTHROM.....	333
				RECOTHROM SPRAY KIT.	333

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<i>rectacaine</i>	59	RELION ULTRA THIN PLUS	RETIN-A MICRO	236
RECTIV	58	LANCETS	RETIN-A MICRO PUMP	236
<i>red maple</i>	24	RELISTOR	<i>retinoic acid</i>	236
<i>red mulberry</i>	24	<i>relnate dha</i>	RETISERT	518
<i>red top grass pollen</i>	24	RELPAX	RETROVIR	185
REDITREX	28	RELTONE	REVATIO	200
<i>reeses pinworm medicine</i>	63	REMEDY ANTIFUNGAL	REVCovi	291
REFISSA	237	REMEDY PHYTOPLEX	REVLIMID	445
<i>reflections c breast prostheses</i>	399	ANTIFUNGAL	Reonto	494
REFRESH LACRI-LUBE	507	Remergent Hq	REXALL LANCETS ULTRA	
REGENECARE HA	268	REMERON	THIN 30G	381
<i>regent alcohol</i>	528	REMERON SOLTAB	REXULTI	178
REGLAN	307	REMESENSE	REYATAZ	183, 184
REGONOL	148	REMICADE	REYVOW	433
REGULOID	339	<i>remifentanil hcl</i>	R-GENE 10	281
Relafen	35	REMODULIN	RHEOSPRAY	528
RELAFEN DS	35	RENACIDIN	RHINOCORT ALLERGY	498
RELENZA DISKHALER	189	RENAGEL	<i>rhizopus</i>	24
RELEXXII	20	RENAPLEX	RHOFADE	271
RE-LIEVED MAXIMUM STRENGTH	268	<i>rena-vite rx</i>	RHOPRESSA	515
<i>reliever</i>	276	RENFLEXIS	RIABNI	155
RELION ALCOHOL SWABS	351	<i>reno caps</i>	RIASTAP	318
RELION GLUCOSE	96, 97	RENOVA	<i>ribavirin</i>	188, 190
RELION INSULIN SYRINGE	412	RENOVA PUMP	<i>rice (diagnostic)</i>	279
RELI-ON INSULIN SYRINGE	412	RENVELA	RID COMPLETE LICE	
RELION KETONE	283	<i>repaglinide</i>	ELIMINATION	271
RELION KETONE TEST	283	REPATHA	RIDAURA	29
RELION LANCET DEVICES		REPATHA PUSHTRONEX	<i>rifabutin</i>	149
30G	381	SYSTEM	RIFADIN	149
RELION LANCETS MICRO-THIN 33G	381	REPATHA SURECLICK	<i>rifampin</i>	149
RELION LANCETS STANDARD 21G	381	<i>replacement air filter</i>	RIGHT STEP PRENATAL	486
RELION LANCETS ULTRA-THIN 30G	381	RESECTISOL	RIGHTEST ALTERNATE	
RELION LANCING DEVICE	381	<i>reserpine</i>	SITE ADAPT	381
RELION ULTRA THIN LANCETS 30G	381	RESTASIS	RIGHTEST GD500	
RELION LANCETS 30G	381	RESTASIS MULTIDOSE	LANCING DEVICE	381
RELION LANCETS 30G	381	RESTORA RX	RIGHTTEST GL300	
RELION LANCING DEVICE	381	RESTORIL	LANCETS	381
RELION ULTRA THIN LANCETS 30G	381	RETACRIT	RILUTEK	500
RETAINE PM	507	RETAINE PM	<i>riluzole</i>	500
RETAVASE	323	RETAVASE HALF-KIT	<i>rimantadine hcl</i>	189
RETEVMO	159, 160	RETEVMO	RIMSO-50	314
RETIN-A	236	RETIN-A	<i>ringers</i>	439
			<i>ringers irrigation</i>	446
			RINVOQ	28

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RIOMET	95	rufinamide	82	SALEM SUMP SILICONE
RIOMET ER	95	rukobia	182	TUBE 14FR 363
risanoid plus	491	RUSCH FLOCATH QUICK		SALEM SUMP SILICONE
risedronate sodium	292	16FR..... 354		TUBE 16FR 363
RISPERDAL	175	RUSCH MMG CATHETER		SALEM SUMP SILICONE
RISPERDAL CONSTA	175	SYSTEM..... 354		TUBE 18FR 363
risperidone	175	RUSCH TIEMANN PVC		SALEM SUMP TUBE 10FR.364
RITALIN	20	CATHETER..... 354		SALEM SUMP TUBE 12FR.364
RITALIN LA	20	russian thistle	24	SALEM SUMP TUBE 14FR.364
RITEFLO	428	RUXIENCE..... 155		SALEM SUMP TUBE 16FR.364
ritonavir	184	RUZURGI..... 148		SALEM SUMP TUBE 18FR.364
RITUXAN HYCELA	163	rx-specimen collection	283	saline bacteriostatic 536
rivastigmine	545	RYANODEX..... 494		saline flush 442
rivastigmine tartrate	545	RYBELSUS..... 103		Saline Flush Zr 442
Rivelsa	217	RYCLORA..... 118		saline-phenol 536
rixubis	318	RYDAPT..... 156		SALONPAS PAIN
rizatriptan benzoate	432	rynex pse	228	RELIEVING 268
ROBAFEN DM PEAK COLD		RYTARY..... 172		salt durable cream 542
CGH/CONG	227	RYTHMOL SR..... 67		SALT STABLE LS
ROBAXIN	493	RYVENT..... 122		ADVANCED 542
ROBAXIN-750	493	SABRIL..... 84		SALTSTABLE LO 542
ROCALTROL	296	saccharomyces cerevisiae		SAMSCA 300
ROCKLATAN	514		24, 279	SANCUSO 113
rocuronium bromide	501	SAFELET IV CATHETER	393	SANDIMMUNE 444, 445
romidepsin	153	SAFE-SENSE HEAD		SANDOSTATIN 300
root beer flavor	530	COVER CIRC 21"	399	SANTYL 260
ropinirole hcl	173	SAFE-T-LANCE	381	SAPHRIS 176
ropinirole hcl er	173	SAFE-T-LANCE PLUS	381	sapropterin
ropivacaine hcl	349	safety insulin syringes	412	dihydrochloride 299
ropivacaine hcl-nacl	349	safety lancet 21g/pressure		SARCLISA 155
Rosadan	271	act	381	SARNOL-HC 257
rosin	209	safety lancet 28g/pressure		sassafras oil 207
rosuvastatin calcium	131	act	381	SAVELLA 545
ROTARIX	573	SAFETY LANCETS 21G	381	SAVELLA TITRATION
ROTATEQ	573	safety syringe/needle	412	PACK 545
rough marsh elder	24	safety syringes/needle	412	SAVI 429
ROWASA	309	SAFYRAL..... 214		SAVISION 470
Roweepra	82	SAIZEN..... 295		SAXENDA 16
ROXICODONE	53	SAIZENPREP..... 295		sb acid controller 563
ROZEREM	337	SALEM SUMP SILICONE		sb acid controller max st. .. 563
ROZLYTREK	156, 157	TUBE 10FR..... 363		sb acid reducer 563
rubbing alcohol	210	SALEM SUMP SILICONE		sb allergy 122
RUBRACA	169	TUBE 12FR..... 363		sb allergy medicine 122
RUCONEST	319			sb allergy relief 126

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sb allergy relief/nasal decong	228	sb pain reliever childrens	41	SENSIPAR	292
sb antacid anti-gas	61	sb pain reliever pm	334	Sensorcaine	349
sb anti-fungal	242	sb sore throat spray	451	Sensorcaine/Epinephrine	347
sb anti-nausea	113	sb stool softener	346	Sensorcaine-Mpf.....	349
sb arthritis pain relief	41	sb urinary pain relief	315	SENSORCAINE-	
sb aspirin	46	sb urinary pain relief max st	315	MPF/EPINEPHRINE	347
sb aspirin adult low strength	46	scalp vein set	393	sentry	470
sb aspirin ec	46	SCENESSE	269	sentry adult	470
sb bacitracin	240	SCLEROSOL		sentry senior	470
sb bismuth	108	INTRAPLEURAL	556	SEPINEO P 600	537
sb childrens aspirin	46	scopolamine	114	SEREVENT DISKUS	71
sb childrens non-aspirin	41	scopolamine hbr	562	SERNIVO	257
sb chlorpheniramine	118	SEASONIQUE	218	SEROQUEL	176
sb clotrimazole foot	264	SECREFLO	281	SEROQUEL XR	177
sb docusate sodium	346	SECUADO	176	SEROSTIM	295
sb docusate sodium/senna		SECURE SAFE ALLERGY		sertraline hcl	90
	341	TRAY	412	serum bottle stopper	
sb effervescent pain relief	43	SECURESAFE INSULIN		20mm	399
sb fiber laxative	339	SYRINGE	412	serum bottles/amber glass	
sb gas relief	305, 306	SECURESAFE		20ml	399
sb gentle lax-women	344	SYRINGE/NEEDLE	412	serum bottles/amber glass	
sb glycerin adult	341	SECURESAFE		30ml	399
sb hemorrhoid	59	TUBERCULIN SYRINGE	412	sesame seed (diagnostic)	279
sb hydrocortisone	257	SEEBRI NEOHALER	72	Setlakin	218
sb hydrocortisone max st	257	SEGLUROMET	104	settling plate	
sb insulin syringe	412	select comfort pantyhose	358	sda/29ml/100x15	399
sb lactase	288	select comfort thigh high	358	settling plate	
sb lancets thin	381	select-lite devicell lancets	382	tsa/25ml/100x15	399
sb lancets ultra thin	382	select-lite lancing device	382	sevelamer carbonate	310
sb laxative	344	SELECT-OB	486	sevelamer hcl	310
sb lice killing max st	271	SELECT-OB+DHA	489	SEVENFACT	318
sb lice treatment	273	selegiline hcl	172	sevoflurane	312
sb loratadine	126	selenious acid	442	SEYSARA	559
sb loratadine allergy relief	126	selenium sulfide	246	sf 5000 plus	452
sb low dose asa ec	46	SELZENTRY	182	SFROWASA	309
sb magnesium citrate	342	SEMGLEE	102	shagbark hickory	24
sb mucus relief	230	se-natal 19	486	shapers layered breast	
sb non-asa night time	334	senior tabs	470	shaper	399
sb non-aspirin	41	senior tonic	454	Sharobel	219
sb non-aspirin jr strength	41	senna	344	shea butter organic	538
sb omeprazole	568	senna plus	341	sheep sorrel	24
sb oyster shell calcium	437	SENNASMOOTH	344	SHINGRIX	573
		sennazon	344	SHOPKO AUTOLET	
				LANCING DEVICE	382

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SHOPKO ON-THE-GO	SIMILAC PRENATAL	<i>sm antacid</i>	63
LANCETS 30G.....	EARLY SHIELD	<i>sm antacid advanced</i>	61
SHOPKO UNILET	Simliya.....	<i>sm antacid advanced max</i>	
LANCETS 28G.....	Simpesse.....	<i>st</i>	61
SHOPKO UNILET	SIMPLE DIAGNOSTICS	<i>sm antacid anti-gas</i>	61
LANCETS 30G.....	LANCING DEV	<i>sm antacid maximum</i>	
short ragweed pollen ext	simple syrup	<i>strength</i>	61
shrimp (diagnostic)	SIMPLGEL 30.....	<i>sm antacid/antigas</i>	61
shrimp flavor	SIMPLY SALINE BABY	<i>sm antibiotic</i>	240
side button safety lancet ..	SIMPONI.....	<i>sm antifungal clotrimazole</i>	
SIDESTREAM PEDIATRIC	SIMPONI ARIA.....	264
FACE MASK.....	SIMULECT.....	<i>sm antifungal miconazole</i>	264
SIGNIFOR.....	simvastatin	<i>sm antifungal tolnaftate</i>	242
SIGNIFOR LAR.....	SINEMET.....	<i>sm aspirin</i>	47
SIKLOS.....	SINGULAIR.....	<i>sm aspirin adult low</i>	
siladryl allergy	sinus 12 hour	<i>strength</i>	46
sildenafil citrate	sinus congestion max	<i>sm aspirin ec</i>	47
SILENOR.....	strength	<i>sm aspirin ec low strength</i> . 46	
SILHOUETTE 13MM.....	SINUVA.....	<i>sm aspirin low dose</i>	47
SILHOUETTE 17MM.....	sirolimus	<i>sm aspirin tri-buffered</i>	43
SILHOUETTE INFUSION	SIRTURO.....	<i>sm b-complex/vitamin c</i>453	
SET 23".....	SITAVIG.....	<i>sm calcium citrate-vit d</i>436	
SILHOUETTE INFUSION	SIVEXTRO.....	<i>sm calcium soft chews</i>436	
SET 43".....	SKELAXIN.....	<i>sm calcium/vitamin d3</i>436	
silicon dioxide	SKLICE.....	<i>sm calcium-magnesium-zinc</i>	436
SILICON DIOXIDE (SYLOID 244FP).....	SKYLA.....	<i>sm childrens aspirin</i>	47
silicone mask/adult	SKYRIZI (150 MG DOSE)...	<i>sm childrens ibuprofen</i>	35
silicone mask/infant	skyy derm	<i>sm childrens loratadine</i>	126
silicone mask/pediatric	sleep tabs	SM CLEARLAX.....	341
SILIQ.....	sleep-aid	<i>sm clotrimazole vaginal</i>575	
silodosin	sleep-tabs	<i>sm cold & allergy</i>	
silprotex plus	slow release iron	<i>childrens</i>	228
siltussin das	SLYND.....	<i>sm complete</i>	470
SILVADENE.....	sm 3-day vaginal	<i>sm complete 50+</i>	470
silver protein mild	sm advanced hand	<i>sm complete 50+ ultimate</i>	
silver sulfadiazine	sanitizer	<i>mens</i>	470
SIMBRINZA.....	sm alcohol	<i>sm complete 50+ ultimate</i>	
simeped	sm alcohol prep	<i>women</i>	470
simethicone extra strength	sm allergy 4 hour	<i>sm complete advanced</i>	
	sm allergy childrens	<i>formula</i>	470
SIMILAC GLUCOSE WATER.....	sm allergy relief . 122, 126, 498	<i>sm complete senior</i>	
	sm allergy relief childrens 122	<i>formula</i>	470
	sm animal shapes	<i>sm daily diet support</i>	470
	complete		

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sm double antibiotic	238	sm nicotine polacrilex	554	sodium bicarbonate-nacl	207
sm effervescent pain relief	43	sm omeprazole	568	sodium cacodylate	209
sm enema	342	sm one daily prenatal	486	sodium carbonate	
sm esomeprazole magnesium	568	sm pain & fever childrens	41	anhydrous	205
sm ethyl alcohol (rubbing)	210	sm pain & fever infants	41	sodium carbonate monohydrate	206
sm fiber	339	sm pain relief extra strength	41	sodium chloride	231, 314, 442
sm folic acid	326	sm pediatric electrolyte	439	sodium chloride (pf)	442
sm glucose	96, 97	sm potassium	441	sodium chloride bacteriostatic	536
sm hair/skin/nails	470	sm prenatal vitamins	486	sodium chloride flush	442
sm headache relief pm	334	sm rapid melts junior	41	sodium citrate	313
sm hemorrhoidal	59	sm slow release iron	330	sodium citrate anhydrous	313
sm hydrocortisone	257	sm soya lecithin	505	sodium citrate lock flush	75
sm hydrocortisone max st	257	sm stomach relief	108	SODIUM DIURIL	291
sm hydrocortisone plus	278	sm stool softener	346	SODIUM EDECIN	290
sm hydrocortisone-aloe max st	278	sm super b complex/c	453	sodium fluoride	439, 452
sm iron	330	sm tioconazole-1	575	sodium fluoride 5000 plus	452
sm lancets 33g	382	sm tussin cf	227	sodium fluoride 5000 ppm	452
sm lansoprazole	568	sm urinary pain relief max st	315	sodium fluoride 5000 sensitive	451
sm laxative	344	sm vitamin b complex/vitamin c	453	sodium hyaluronate	495
sm lice killing	272	sm vitamin d	584	sodium lauryl sulfate	528
sm lice killing max strength	272	sm vitamin d3	584	sodium nitrite	111
sm lice solution kit	272	SMART DIABETES		sodium nitroprusside	141
sm lice treatment	273	VANTAGE LANCING	382	sodium phenylbutyrate	301
sm loratadine	126	SMART SENSE COLOR		sodium phosphates	440
sm loratadine allergy relief	126	LANCETS 33G	382	sodium polystyrene sulfonate	449
sm magnesium oxide	440	SMART SENSE GLUCOSE	96	sodium salicylate	47
sm miconazole 3	575	SMART SENSE		sodium sulfacetamide-bakuchiol	246
sm miconazole 3 applicator	575	STANDARD LANCETS	382	sodium sulfate	209
sm miconazole 7	575	SMART SENSE SUPER		sodium tetradecyl sulfate	450
sm motion sickness	114	THIN LANCETS	382	sodium thiosulfate	538
sm mucus relief childrens	230	SMART SENSE THIN		SOFIA SARS ANTIGEN FIA284	
sm mucus relief max strength	230	LANCETS 26G	382	SOFIA2 FLU+SARS	
sm multiple vitamins essential	476	SMARTEST LANCETS 28G	382	ANTIGEN FIA	281
sm multiple vitamins/iron	456	SMOFLIPID	505	sofosbuvir-velpatasvir	187
sm nasal decongestant max st	499	SMOOTH LAX	341	SOLARCAINE COOL ALOE	268
sm nicotine	554	snap-on chlorobutyl stopper	399	SOLESTA	445
		sod benz-sod phenylacet	301	solifenacin succinate	570
		sodium acetate	433	SOLIQUA	103
		sodium ascorbate	582	SOLIRIS	319
		sodium bicarbonate	433		

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SOLODYN	559	spironolactone	290	STERITALC	556
SOLOSEC	27	spironolactone-hctz	289	stevia glycerite extract	530
SOLTAMOX	150	SPORANOX	117	STIMATE	301
SOLU-CORTEF	223	SPORANOX PULSEPAK	117	stimulant laxative	341
SOLU-MEDROL	223	spot acne treatment	236	STIOLTO RESPIMAT	69
SOMA	493	SPRAVATO (56 MG DOSE)	88	stirring rod/glass 12x1/4"	399
SOMAVERT	294	SPRAVATO (84 MG DOSE)	88	STIVARGA	156
SOOLANTRA	271	spray bottle/plastic 120ml	399	stomach relief	109
SOOTHE	109	Sprintec 28	215	stomach relief extra	
SOOTHE & COOL INZO		SPRITAM	82	strength	109
ANTIFUNGAL	264	SPRIX	35	stomach relief plus	109
SOOTHE MAXIMUM		SPRYCEL	160	stomach relief ultra	109
STRENGTH	109	SPS	449	stool softener	346, 347
soothe neb mesh		sr nicotine	554	stool softener laxative	
nebulizer	403	Sronyx	215	341, 346
SOOTHE NIGHTTIME	507	Ssd	247	stool softener plus	
sootheneb compressor		SSKI	230	laxative	342
nebulizer	403	ST JOSEPH ASPIRIN	47	stool softener/laxative	342
sorbitol	209, 314, 535	ST JOSEPH LOW DOSE	47	stop lice complete	
sorbitol candy base	538	STALEVO 100	172	treatment	272
sorbitol-mannitol	314	STALEVO 125	172	stop lice maximum	
sore throat	450, 451	STALEVO 150	172	strength	272
SORIATANE	245	STALEVO 200	172	strainer/stainless	
SORILUX	246	STALEVO 50	173	steel/2.5"	399
Sorine	192	STALEVO 75	173	STRATTERA	12
sorrel/dock mix	26	stamaril	573	STRAVIX	276
sotalol hcl	192	stannous fluoride	209	strawberry (diagnostic)	279
sotalol hcl (af)	192	starch rice	209	STRENSIQ	296
SOTRADECOL	450	STARLIX	103	streptomycin sulfate	27
SOTYLIZE	192	stavudine	185	stress b complex/iron	457
SOVALDI	188	stearic acid	538	stress b/zinc	453
soybean (diagnostic)	279	STEGLATRO	104	stress b-complex/cl/zinc	470
sparky the dog ped		STEGLUJAN	104	STRESSTABS ADVANCED	471
nebulizer	403	STELARA	245, 309	STRESSTABS ENERGY	476
spearmint flavor	530	stemphylium	24	STRIBILD	181
spg supposi-base	538	STERILANCE PA	382	STRIVERDI RESPIMAT	71
SPHERUSOL	279	STERILANCE TL	382	STROMECTOL	63
spinosad	273	STERILE DILUENT		strontium chloride sr-89	163
SPINRAZA	501	FOLAN PH 12	536	strontium nitrate	209
spiny pigweed	24	sterile		STUART ONE	489
SPIRIVA HANDIHALER	72	diluent/epoprostenol	536	STYLE	507
SPIRIVA RESPIMAT	72	STERILE TALC POWDER	556	SUBLOCADE	56
spiro pd	425	sterile water for injection	536	SUBOXONE	56
spirometer	425	sterile water for irrigation	446	SUBSYS	54

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Subvenite.....	82	sumatriptan-naproxen sodium	431	SURE-JECT INSULIN SYRINGE.....	413
Subvenite Starter Kit-Blue.....	82	SUN BURNT PLUS.....	268	surelac	288
Subvenite Starter Kit-Green..	82	SUNKIST VITAMIN C.....	582	SURE-LANCE FLAT LANCETS.....	383
Subvenite Starter Kit-Orange	82	SUNOSI.....	16	SURE-LANCE LANCETS 26G.....	383
succinylcholine chloride ...	500	SUVITE ACTIVE ADULT 50+.....	471	SURE-LANCE THIN LANCETS 28G.....	383
SUCRAID	288	SUPARTZ FX.....	495	SURE-LANCE ULTRA THIN LANCETS.....	383
sucralfate	563	super 28 formula	471	SURELITE LANCETS.....	383
sucrose	209	super aytinal	471	SURE-PEN.....	383
SUDOGEST	499	super aytinal 50 plus	471	SURE-T INFUSION SET 18"	392
SUDOGEST MAXIMUM STRENGTH.....	499	super b complex/vitamin c	453	SURE-T INFUSION SET 23"	392
sufentanil citrate	54	super b/c	453	SURE-T INFUSION SET 32"	392
SULAR.....	196	super b-100	455	SURE-T INFUSION SET 6MM.....	392
sulconazole nitrate	264	super b-50	455	SURE-T INFUSION SET 8MM.....	392
sulfacetamide sodium	246, 518	super b-complex	455	SURE-TOUCH LANCETS UNIVERSAL.....	383
sulfacetamide sodium (acne)	232	super b-complex + vitamin c	453	SURGICEL FIBRILLAR.....	333
sulfacetamide sod-sulfur wash	233	SUPER DEC B-100.....	455	SURGICEL NU-KNIT.....	333
sulfacetamide-prednisolone	516	super multiple	471	SURVANTA.....	557
sulfadiazine	557	super natrul-100	471	SUSPENDRX	
sulfadiazine sodium	557	SUPER NU-THERA.....	471	W/BITTERBLOC SWEET....	535
sulfamethoxazole	557	super stress b-complex cr	491	SUSPENDRX	
sulfamethoxazole micro	557	super synerSweet flavor ... 530		W/BITTERBLOC UNSWEET	535
sulfamethoxazole-trimethoprim	143	super thera vite m	471	suspension vehicle	535
SULFAMYLYON.....	247	super thin lancets	383	SUSTIVA.....	184
sulfanilamide	209	super vikaps	471	SUSTOL.....	113
sulfapyridine	557	super vita-mins	471	SUTAB.....	338
sulfasalazine	309	superior 35	471	SUTENT.....	156
sulfathiazole	557	SUPPOSI-PURE.....	538	sv vitamin b-12 er	324
Sulfatrim Pediatric.....	143	suppository		Swabflush Saline Flush.....	442
sulfisoxazole	557	mold/aluminum 2 gm	399	sweet corn (diagnostic)	279
sulfurated lime	273	suppository shell rack	399	sweet corn flavor	530
sulfuric acid	204	suppository shells 2.4ml ... 399		sweet gum	25
sulindac	35	SUPPRELIN LA.....	297	sweet vernal grass pollen	25
sulphan blue	528	SUPRANE.....	312		
sumatriptan	432	SUPRAX.....	203		
sumatriptan succinate	432	SUPREP BOWEL PREP KIT			
sumatriptan succinate refill	432	338		
		sure comfort insulin syringe	412		
		sure comfort lancing pen ..	383		
		sure result sr relief	268		

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Syeda.....	215	syringe precisedose	tadalafil (pah)	200
SYLVANT.....	446	dispenser	TAFINLAR.....	152
SYMBICORT.....	69	syringe/hypodermic safety	TAGITOL V.....	285
SYMBYAX.....	555		TAGRISSO.....	160
SYMDEKO.....	556	syrpalta	TAKE ACTION.....	217
SYMFI.....	181	SYRPALTA (RED).....	TAKHZYRO.....	321
SYMFI LO.....	181	SYRSPEND SF PH4.....	TALICIA.....	569
SYMJEPI.....	577	syrup vehicle	tall ragweed	25
SYMLINPEN 120.....	94	syrup vehicle sf	TALTZ.....	245
SYMLINPEN 60.....	94	SYSTANE NIGHTTIME.....	TALZENNA.....	169
SYMPAZAN.....	78	T.E.D. BELTED THIGH/L- LONG.....	TAMIFLU.....	189
SYMPROIC.....	310	T.E.D. BELTED THIGH/M- REGULAR.....	tamoxifen citrate	150
SYMTUZA.....	181	T.E.D. BELTED THIGH/S- LONG.....	tamsulosin hcl	313
SYNAGIS.....	523	T: SLIM X2 INS PUMP/CONTROL 7.4.....	tangerine flavor	530
SYNALAR.....	257	T:FLEX T:LOCK CARTRIDGE 4.8ML.....	tangerine flavor sweetened	530
SYNAPSIM.....	538	T:SLIM T:LOCK INSULIN CART 3ML.....	TAPAZOLE.....	559
SYNAREL.....	297	T:SLIM X2 INS PUMP/CONTROL-IQ.....	TAPERDEX 12-DAY.....	223
SYNDROS.....	115	T:SLIM X2 INSULIN PMP BASAL IQ.....	Taperdex 6-Day.....	223
SYNERA.....	276	BASAL 6.4.....	TAPERDEX 7-DAY.....	223
SYNERCID.....	146	T:SLIM X2 INSULIN PMP/RFURB IQ.....	TAP-N-CLICK SILICONE	
SYNJARDY.....	104	T:SLIM X2/CONTROL- IQ/REFURB.....	PAD	399
SYNJARDY XR.....	104	TAB-A-VITE.....	TARCEVA.....	160
SYNTROID.....	560	TAB-A-VITE/BETA CAROTENE.....	TARGRETIN.....	169, 277
SYNVISC.....	495	tab-a-viteliron	Tarina 24 Fe.....	215
SYNVISC ONE.....	495	TABLOID.....	Tarina Fe 1/20.....	215
SPRINE.....	443	TABRECTA.....	Tarina Fe 1/20 Eq.....	215
syringe	413	TACHOSIL.....	TARKA.....	133
SYRINGE AVITENE.....	333	TACLONEX.....	TARON-PREX.....	489
syringe dial-a-dose	399	tacrolimus	tartaric acid	206
syringe filter 0.2		tadalafil	TASIGNA.....	160
micron/32mm	421		TASMAR.....	172
syringe filter 0.45 micron ..	421		taurine	504, 505
syringe filter/0.2			tavaborole	270
micron/25mm	421		TAVALISSE.....	322
syringe filter/0.2			TAYTULLA.....	215
micron/30mm	421		tazarotene	246
syringe filter/millex/25mm 421			Tazicef.....	203
syringe filter/millex-			TAZICEF.....	204
gs/25mm	421		TAZORAC.....	246
syringe filter/millex-			Taztia Xt....	196
gv/33mm	421		TAZVERIK.....	154
syringe luer lock	413		tb syringe 1 ml	413
syringe luer slip	413		TDC MAX.....	542

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TDVAX.....	561	TEPADINA.....	149	THERADEX M/BETA	
teaberry flavor	531	TEPEZZA.....	296	CAROTENE.....472	
TEARS AGAIN.....	507	terazosin hcl	140	THERAFLU EXPRESSMAX	
tears pure	507	terbinafine hcl	116	SEV CLD/FL.....225	
TECARTUS.....	152	terbutaline sulfate	71	thera-m472	
TECENTRIQ.....	155	terconazole	575	thera-mill476	
TECFIDERA.....	548	teriparatide (recombinant) 299		THERA-MILL M.....472	
TECHLITE AST LANCETS ..	383	terpin hydrate	230	THERANATAL COMPLETE 489	
techlite insulin syringe ..	413	terpin hydrate		THERANATAL CORE	
TECHLITE LANCETS ..	383	monohydrate	230	NUTRITION.....486	
TECHLITE LANCETS 30G ..	383	Terrell.....	312	THERANATAL ONE	489
TECHNELITE.....	282	TESSALON PERLES	224	THERANATAL OVAVITE ... 480	
technet tc 99m sulfur colloid ..	282	TESTIM.....	57	therapeutic	
technetium tc 99m mebrofenin ..	282	TESTOPEL.....	57	formula/hematinics	472
technetium tc 99m medronate ..	282	testosterone	57	therapeutic m472	
technetium tc 99m pyrophos ..	282	testosterone cypionate	57	therapeutic-m472	
technetium tc 99m sestamibi ..	281	testosterone enanthate	57	therapeutic-m/lutein	472
TEFLARO.....	204	tetanus-diphtheria toxoids		thera-tabs476	
TEGADERM AG MESH.....	278	td	561	THERATRUM COMPLETE ..472	
TEGRETOL.....	82	tetrabenazine	546	THERATRUM COMPLETE	
TEGRETOL-XR.....	83	tetracycline hcl	240, 559	50 PLUS.....472	
TEGSEDI.....	544	tetra-formula nighttime sleep	335	theravim-m472	
TEKTURN.....	141	TEXACORT.....	258	THEREMS.....476	
TEKTURN HCT.....	140	tgt glucose	96	thiabendazole63	
telmisartan	138	tgt lancet micro thin 33g	383	thiamine hcl579	
telmisartan-amlodipine	135	tgt lancet thin 26g	383	thiamine mononitrate	579
telmisartan-hctz	137	tgt lancet ultra thin 30g	383	thimerosal180	
temazepam	336	thallous chloride tl 201	281	THINLETS GP LANCETS ... 383	
TEMIXYS.....	181	THALOMID.....	443	THIOLA EC	315
TEMODAR.....	166	THAM.....	433	thioridazine hcl178	
TEMOVATE.....	258	THE LIQUILIFT TRACE	442	thiotepa150	
TENCON.....	42	THE MAGIC BULLET	344	thiothixene179	
teniposide	167	THEO-24.....	74	THRIVE	554
TENIVAC.....	561	theophylline	75	THRIVE FOR LIFE	
tenofovir disoproxil fumarate	186	theophylline er	75	WOMENS.....472	
TENORETIC 100.....	140	theophylline in d5w	75	thrivite rx486	
TENORETIC 50.....	140	THERA.....	476	THROMBATE III	322
TENORMIN.....	191	thera vital m	471	THROMBI-GEL 10	331
		thera vital-m	471	THROMBI-GEL 100	331
		therabasic-m	471	THROMBI-GEL 40	331
		theracare pain relief	268	THROMBIN-JMI	333
		THERADEX M.....	472	THROMBIN-JMI EPISTAXIS	333
				THROMBI-PAD	331

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THROMBOGEN	333	tobramycin	27, 511	TORISEL	156
THYMOGLOBULIN	445	tobramycin sulfate	27	torsemide	290
thymol iodide	209	tobramycin-dexamethasone	516	TOSYMRA	432
thyroid	560	TOBREX	511	total allergy	122
Tiadylt Er	196	TODAY SPONGE	576	TOTAL ALLERGY MEDICINE	122
tiagabine hcl	84	todays health lancing device	383	totalday multiple	472
TIAZAC	196	todays health thin lancets 28g	384	TOTECT	165
TIBSOVO	166	todays health thin lancets 30g	384	TOUJEO MAX SOLOSTAR	102
TICE BCG	164	tolbutamide	105	TOUJEO SOLOSTAR	102
TIGAN	114	tolcapone	172	Tovet	258
tigecycline	557	tolmetin sodium	35	TOVIAZ	570
TIGLUTIK	500	tolnaftate	243	TOXICOLOGY MED COLLECTION SYS	284
TIKOSYN	68	tolnaftate antifungal	243	TPN ELECTROLYTES	439
Tilia Fe	220	tolsura	117	TRACLEER	199
timolol maleate	192, 508	tolterodine tartrate	570	TRADJENTA	97
timolol maleate pf	508	tolterodine tartrate er	570	TRALEMENT	442
TIMOPTIC	509	tolvaptan	300	tramadol hcl	54
TIMOPTIC OCUDOSE	508	tomato (diagnostic)	279	tramadol hcl er	54
TIMOPTIC-XE	509	TOMMY GEL	542	tramadol hcl er (biphasic)	54
timothy grass pollen allergen	25	toomey syringe	413	tramadol-acetaminophen	56
TINACTIN	242	TOPAMAX	83	trandolapril	134
TINACTIN DEODORANT	242	TOPAMAX SPRINKLE	83	trandolapril-verapamil hcl er	133
TINACTIN JOCK ITCH	242	topcare lancets micro-thin 33g	384	tranexamic acid	332
TINEACIDE	264	topcare ultra comfort ins syr	413	tranexamic acid-nacl	332
tinidazole	142, 205	topi-click applicator micro	399	TRANSDERM SCOP (1.5 MG)	114
tioconazole-1	575	TOPI-CLICK NOZZLE	399	transdermal pain base	542
tip rectal/vag w/perforations	399	TOPI-CLICK PERL	399	TRANSDERM-SCOP (1.5 MG)	114
TIROSINT	560	APPLICATOR 4ML	399	TRANXENE-T	66
TIROSINT-SOL	560	TOPI-CLICK PERL DOSE LOAD 35ML	399	tranylcypromine sulfate	87
TISSEEL	331	TOPI-CLICK PERL	400	TRAVASOL	504
TISSUEBLUE	519	VAGINAL DOSING	258	TRAVATAN Z	520
Tis-U-Sol	446	TOPICORT	258	travel lancets	384
TITRALAC	63	TOPICORT SPRAY	258	TRAVEL LANCETS	
TIVICAY	183	topiramate	83	ADVANCED 28G	384
TIVICAY PD	183	topiramate er	83	travel sickness	114
TIVORBEX	35	TOPROL XL	191	travoprost (bak free)	520
tizanidine hcl	493	toremifene citrate	150	trav-tabs	114
TNKASE	323			TRAZIMERA	155
TOBI	27			trazodone hcl	90
TOBI PODHALER	27				
TOBRADEX	516				
TOBRADEX ST	516				

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TRECATOR	149	<i>trifluoperazine hcl</i>	178	Tri-Vylibra	220
TRELEGY ELLIPTA	69	<i>trifluridine</i>	512	Tri-Vylibra Lo	220
TREMFYA	245	<i>trihexyphenidyl hcl</i>	171	TRIZIVIR	181
<i>treprostinil</i>	198	TRIJARDY XR	103	<i>troche base</i>	536
TRESIBA	102	TRIKAFTA	556	<i>troche mold 30 cavity</i>	400
TRESIBA FLEXTOUCH	102	Tri-Legest Fe	220	TRODELVY	162
<i>tretinooin</i>	169, 236, 237	TRILEPTAL	83	TROGARZO	182
<i>tretinooin (emollient)</i>	237	Tri-Linyah	220	TROKENDI XR	83
<i>tretinooin microsphere</i>	237	TRILIPPIX	130	<i>trolamine</i>	527
<i>tretinooin microsphere</i>		Tri-Lo-Estarylla	220	TROPHAMINE	504
<i>pump</i>	237	Tri-Lo-Marzia	220	<i>tropicamide</i>	509
TRETEN	318	Tri-Lo-Mili	220	<i>trospium chloride</i>	570
TREXALL	151	Tri-Lo-Sprintec	220	<i>trospium chloride er</i>	570
TREXIMET	431	TRI-LUMA	259	<i>true comfort insulin syringe</i>	413
TREZIX	48	TRILURON	495	TRUE METRIX AIR	
Tri Femynor	220	Trilyte	338	GLUCOSE METER	384
<i>triamcinolone acetonide</i>		<i>trimethobenzamide hcl</i>	114	TRUE METRIX BLOOD	
	223, 258, 452, 498	<i>trimethoprim</i>	142	GLUCOSE TEST	284
<i>triamcinolone diacet</i>		Tri-Mili	220	TRUEPLUS 5-BEVEL PEN	
<i>micronize</i>	223	<i>trimipramine maleate</i>	94	NEEDLES	413
<i>triamcinolone diacetate</i>	223	TRINATE	486	TRUEPLUS INSULIN	
TRIAMINIC ALLERCHEWS	126	<i>trinaz</i>	486	SYRINGE	413
<i>tri-amino</i>	506	Trinessa (28)	220	TRUEPLUS LANCETS 26G	384
<i>triamterene</i>	290	TRINTELLIX	90	TRUEPLUS LANCETS 28G	384
<i>triamterene-hctz</i>	289	TRIOSTAT	560	TRUEPLUS LANCETS 30G	384
<i>triazolam</i>	336	<i>tripelennamine hcl</i>	123	TRUEPLUS LANCETS 33G	384
TRIBENZOR	139	<i>triple antibiotic</i>	238	TRUEPLUS SAFETY	
<i>tri-buffered aspirin</i>	43	<i>triple antibiotic plus max st</i>	238	LANCETS 28G	384
TRICARE	486	<i>triple antibiotic+pain relief</i>	238	TRUETEST TEST	284
TRICARE PRENATAL DHA ONE	486	<i>triple paste af</i>	264	TRULANCE	306
<i>trichophyton</i>	25	Tri-Previfem	220	TRULICITY	103
<i>trichophyton mentag (diagnos)</i>	279	TRIPTODUR	297	<i>truly transparent pantyhose</i>	358
<i>trichophyton mentagrophytes</i>	25	TRISENOX	164	<i>truly transparent stockings</i>	358
TRICITRASOL	76	Tri-Sprintec	220	<i>truly transparent thigh high</i>	358
TRICOR	130	<i>tristart dha</i>	489	TRUMENBA	571
Triderm	258	TRISTART ONE	489	TRUSOPT	512
TRIDESILON	259	TRIUMEQ	181	TRUSTEEL INFUSION SET	392
<i>trientine hcl</i>	444	TRI-VI-FLOR	478	TRUSTEX COLOR	
TRIESENCE	518	<i>tri-vi-floro</i>	478	CONDOMS + LUBE	355
Tri-Estarylla	220	<i>tri-vitamin/fluoride</i>	479		
TRIFERIC	330	<i>tri-vite pediatric</i>	480		
		<i>tri-vite/fluoride</i>	479		
		Trivora (28)	220		

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TRUSTEX	TUXARIN ER.....	231	ULTILET INSULIN		
LUB/RIBBED/STUDDED	355	TUZISTRA XR.....	231	SYRINGE.....	414
TRUSTEX	TWINRIX.....	571	ULTILET INSULIN		
LUB/SPERMICIDE EX ST ...	355	TWIRLA.....	215	SYRINGE SHORT	414
TRUSTEX	TWYNSTA.....	136	ULTIVA.....	54	
LUB/SPERMICIDE XL.....	355	TYBLUME.....	215	ULTOMIRIS.....	319
TRUSTEX LUBRICATED....	355	TYBOST.....	186	<i>ultra antioxidant formula..</i>	472
TRUSTEX LUBRICATED	Tydem.....	215	ULTRA CHOICE		
EX LARGE.....	355	TYGACIL.....	557	MULTIVITAMIN KIDS	478
TRUSTEX LUBRICATED	TYKERB.....	160	<i>ultra comfort insulin syringe.....</i>	414	
EXTRA ST	355	TYLACTIN BUILD 20PE		ULTRA FLO INSULIN	
TRUSTEX	TYR.....	287	SYRINGE.....	414	
LUBRICATED/SPERMICIDE	356	TYLACTIN RESTORE 10....	288	<i>ultra freeda.....</i>	472
TRUSTEX NATURAL CONDOMS + LUBE	356	TYLACTIN RESTORE 5PE.	288	<i>ultra freedaliron.....</i>	472
TRUSTEX NON-LUBRICATED	356	TYLACTIN RTD 15.....	288	ULTRA FRESH	508
TRUSTEX RIA	TYMLOS.....	299	ULTRA FRESH PM	507	
LUB/SPERMICIDE	356	TYPHIM VI.....	571	<i>ultra his.....</i>	447
TRUSTEX RIA	TYR COOLER.....	288	<i>ultra pcos.....</i>	447	
LUBRICATED	356	TYR EASY.....	288	<i>ultra prenatal + dha.....</i>	489
TRUSTEX RIA NON-LUBRICATED	356	TYSABRI.....	548	<i>ultra throat.....</i>	450
TRUSTEX-NONOXYNOL-9/RIB/STUD	356	TYVASO.....	199	ULTRA VITA-TIME	472
TRUVADA.....	TYVASO REFILL.....	199	ULTRABAG/DIANEAL PD-		
TRUXIMA.....	TYVASO STARTER.....	199	2/1.5% DEX.....	448	
TRUZONE PEAK FLOW METER.....	TYVEK PROTECTIVE SLEEVES.....	400	ULTRABAG/DIANEAL PD-		
<i>trymine cg</i>	<i>ubidecarenone.....</i>	205	2/2.5% DEX.....	448	
<i>trypan blue</i>	UBRELVY.....	429	ULTRABAG/DIANEAL PD-		
<i>tryptophan</i>	UCARE POLYMER JR-400.538	538	2/4.25%DEX.....	449	
<i>tuberculin syringe</i>	UCERIS.....	58, 223	ULTRABAG/DIANEAL/1.5%		
TUBERSOL.....	UDENYCA.....	327	DEXTROSE.....	449	
TUDORZA PRESSAIR.....	ULORIC.....	316	ULTRABAG/DIANEAL/2.5%		
TUKYSA.....	ULTANE.....	312	DEXTROSE.....	449	
Tulana.....	ULTICARE ALCOHOL		ULTRABAG/DIANEAL/4.25		
TURALIO.....	SWABS.....	351	% DEX.....	449	
TUSNEL C.....	ULTICARE INSULIN		<i>ultracare insulin syringe...414</i>		
TUSNEL-EX.....	SAFETY SYR.....	413	ULTRACET	56	
TUSSICAPS.....	ULTICARE INSULIN		ULTRACHOICE ADV		
<i>tussin dm max</i>	SYRINGE.....	413	FORMULA MATURE	473	
<i>tutti-frutti flavor</i>	ULTICARE SAFETY		ULTRACHOICE		
	SYRINGE.....	413	ADVANCED FORMULA.....	473	
	ULTICARE SYRINGE.....	413	<i>ultra-comfort insulin syringe.....414</i>		
	ULTICARE TUBERCULIN		ULTRAFOAM SPONGE		
	SAFETY SYR.....	413, 414	2X6.25X7CM	333	
	ULTI-LANCE AUTOMATIC.	384			

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ULTRAFOAM SPONGE	UNGUATOR JAR 20/33	UNGUATOR JAR
8X12.5X1CM.....333	BLUE.....400	AIRDYNAMIK.....401
ULTRAFOAM SPONGE	UNGUATOR JAR 20/33	UNGUATOR JAR
8X12.5X3CM.....334	RED LID.....400	W/SPINDLE 300/390.....401
ULTRAFOAM SPONGE	UNGUATOR JAR 20/33	UNGUATOR JAR
8X25X1CM.....334	WHITE.....400	W/SPINDLE 500/600.....401
ULTRAFOAM SPONGE	UNGUATOR JAR 200/280	UNGUATOR LID 1000ML...401
8X6.25X1CM.....334	BLUE LID.....400	<i>unguator lid 500ml</i>401
ULTRAM.....54	UNGUATOR JAR 200/280	UNGUATOR
<i>ultra-mega</i>473	GREEN LID.....400	VARIONOZZLE 1MM.....401
ULTRA-THIN II INS SYR	UNGUATOR JAR 200/280	UNGUATOR
SHORT.....414	RED LID.....400	VARIONOZZLE 4MM.....401
ULTRA-THIN II INSULIN	UNGUATOR JAR 200/280	UNILET COMFORTOUCH
SYRINGE.....414	WHITE.....400	LANCET.....384
ULTRA-THIN II LANCETS...384	UNGUATOR JAR 30/42	UNILET EXCELITE.....384
ULTRAVATE.....259	BLUE.....400	UNILET EXCELITE II.....384
ULTRAVIST.....286	UNGUATOR JAR 30/42	UNILET G.P. LANCET.....384
U-MILD.....528	BLUE LID.....400	UNILET G.P. SUPERLITE
UNASYN.....526	UNGUATOR JAR 30/42	LANCET.....385
UNGUATOR 100/200/57MM	GREEN LID.....400	UNILET GP 28 ULTRA THIN
.....400	UNGUATOR JAR 30/42385
UNGUATOR	RED LID.....400	UNILET LANCET.....385
15/20/30/36MM.....400	UNGUATOR JAR 30/42	UNILET MICRO-THIN 33G. 385
UNGUATOR 50/43MM/DISP	TURQUOISE.....400	UNILET SUPERLITE
BLADES.....400	UNGUATOR JAR 30/42	LANCET.....385
UNGUATOR APPLICATOR	WHITE LID.....400	UNILET SUPER-THIN 30G. 385
1"-SHORT.....400	UNGUATOR JAR 30/42	UNILET ULTRA-THIN 28G..385
UNGUATOR APPLICATOR	YELLOW.....400	UNISTIK 1.....385
2.5"-LONG.....400	UNGUATOR JAR 50/70	UNISTIK 2.....385
UNGUATOR EXACTDOSE	BLUE.....400	UNISTIK 2 COMFORT.....385
0.5ML.....400	UNGUATOR JAR 50/70	UNISTIK 2 EXTRA.....385
UNGUATOR JAR 100/140	BLUE LID.....400	UNISTIK 2 NEONATAL.....385
BLUE LID.....400	UNGUATOR JAR 50/70	UNISTIK 2 NORMAL.....385
UNGUATOR JAR 100/140	GREEN LID.....401	UNISTIK 2 SUPER.....385
RED LID.....400	UNGUATOR JAR 50/70	UNISTIK 3.....385
UNGUATOR JAR 15/20	PINK.....401	UNISTIK 3 COMFORT.....385
BLUE LID.....400	UNGUATOR JAR 50/70	UNISTIK 3 EXTRA.....385
UNGUATOR JAR 15/20	RED LID.....401	UNISTIK 3 GENTLE.....386
GREEN LID.....400	UNGUATOR JAR 50/70	UNISTIK 3 NEONATAL.....386
UNGUATOR JAR 15/20	TURQUOISE.....401	UNISTIK 3 NORMAL.....386
RED LID.....400	UNGUATOR JAR 50/70	UNISTIK CZT COMFORT... 386
UNGUATOR JAR 15/28	WHITE LID.....401	UNISTIK CZT NORMAL.....386
BLUE LID.....400	UNGUATOR JAR 50/70	UNISTIK PRO SAFETY
	YELLOW.....401	LANCET.....386

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<i>value plus lancets super thin</i>	386
<i>value plus lancets thin 26g</i>	387
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<i>vanilla flavor</i>	531
<i>vanillin flavor</i>	531
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VARIBAR PUDDING.....	285
VARISOFT INFUSION SET	392
VARITHENA.....	450
VARITHENA ADMINISTRATION PACK...	401
VARIVAX.....	573
VARIZIG.....	525
VARUBI (180 MG DOSE)....	115
VASCEPA.....	128
VASERETIC.....	133
VASOSTRICT.....	302
VASOTEC.....	134
VAXCHORA.....	571
VAXELIS.....	561
VAZCULEP.....	579
VCF VAGINAL CONTRACEPTIVE.....	576
VECAMYL.....	140
VECTICAL.....	246
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vegetable capsule #0 white	534	verapamil hcl er	196	vigabatrin	84
vegetable capsule #00 white	534	VERDESO	259	Vigadrone	84
vegetable capsule #1 white	534	VEREGEN	237	VIGAMOX	511
vegetable capsule #2 white	534	VERELAN	196, 197	VIIBRYD	90
vegetable capsule #3 white	534	VERELAN PM	197	VIIBRYD STARTER PACK	90
vegetable capsule #4 white	534	versabase	542	VILACTIN AA PLUS	288
vegetable lax+stool softener	342	VERSACLOZ	176	VILTEPSO	500
VELCADE	156	VERSAFREE	536	VIMIZIM	297
VELETRI	199	VERSAJET EXACT 14MM	401	VIMOVO	30
Velivet	220	VERSAJET EXACT 8MM	401	VIMPAT	83
VELPHORO	310	VERSAJET II EXACT 14MM	401	VINATE CARE	486
VELTASSA	449	VERSAJET II EXACT 8MM	401	VINATE DHA RF	486
VELTIN	233	VERSAJET II PLUS 14MM	401	VINATE II	486
VEMLIDY	187	VERSAJET II PLUS 8MM	401	VINATE ONE	486
VENCLEXTA	152	VERSAJET PLUS 14MM	401	vinorelbine tartrate	167
VENCLEXTA STARTING PACK	152	VERSAJET PLUS 8MM	401	VIOKACE	288
VENIPUNCTURE PX1 PHLEBOTOMY	277	VERSAPLUS	536	viorele	210
venlafaxine hcl	92	VERSAPRO	528, 542	VIOS AEROSOL DELIVERY SYSTEM	403
venlafaxine hcl er	92	versatile cream base	542	VIOS LC PLUS	403
VENOFER	330	VERSATILE RICH BASE	542	VIOS LC PLUS DELUXE	403
VENOMIL HONEY BEE		VERZENIO	165	VIOS LC PLUS PEDIATRIC	403
VENOM	25	VESICARE	570	VIOS LC SPRINT	403
VENOMIL MIXED VESPID		VFEND	117	VIOS LC SPRINT	
VENOM	25	VFEND IV	117	PEDIATRIC	403
VENOMIL WASP VENOM	25	V-GO 20	392	VIRACEPT	184
VENOMIL WHITE FACED HORNET	25	V-GO 30	392	virage custom breast prosthes	401
HORNET	25	V-GO 40	393	VIRAMUNE	184
VENOMIL YELLOW		VIAGRA	200	VIRAMUNE XR	184
HORNET VENOM	25	vial stopper	421	VIRAZOLE	190
VENOMIL YELLOW JACKET VENOM	25	VIBATIV	144	VIREAD	186
VENTAVIS	199	VIBERZI	307	virt-c dha	486
VENTOLIN HFA	71	VIBRAMYCIN	559	virt-nate dha	486
veracolate	344	VICKS DAYQUIL COUGH	224	virt-phos 250 neutral	440
verapamil hcl	196	VICTOZA	103	virt-pn dha	489
		VIDA MIA AUTOLET		virt-pn plus	486
		LANCING DEV	387	virtussin alc	227
		VIDA MIA UNILET		virtussin ac w/alc	227
		LANCETS 28G	387	VISCOAT	518
		VIDA MIA UNILET		vision formula 2	473
		LANCETS 30G	387	vision vitamins	473
		VIDAZA	151	VISIONBLUE	519
		VIEKIRA PAK	188	VISIPAQUE	286
		Vienna	215		

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visivites	473	vitamin d-3	584	vp-pnv-dha	487
visivites/lutein	473	vitamin d3 gummies	584	VPRIV	324
VISTARIL	65	vitamin d3 ultra potency	585	VRAYLAR	174
VISTOGARD	111	vitamin d-400	585	VTOL LQ	42
vit e-vit c-beta carotene	476	vitamin e	585	VUMERITY	548
vita hair	473	vitamin e complex	585	VUSION	240
vitabasic complete	473	vitamin e-vit a & d	260	VYEPTI	430
vitabasic senior	473	vitamin k	585	Vyfemla	215
VITAFOL FE+	489	vitamin k1	586	VYLEESI	546
VITAFOL GUMMIES	486	vitamins acd-fluoride	479	Vylibra	215
VITAFOL STRIPS	491	vitamins a-d-e/selenium	473	VYNDAMAX	201
VITAFOL ULTRA	489	vitamins for hair	491	VYNDAQEL	201
VITAFOL-NANO	487	vitamins/minerals	473	VYONDYS 53	500
VITAFOL-OB	487	VITAPEARL	487	VYTORIN	131
VITAFOL-OB+DHA	489	VITATELY WITH GINGER	487	VYVANSE	14, 15
VITAFOL-ONE	490	VITATRUE	490	VYXEOS	163
vitalee	476	VITATRUM COMPLETE	473	VYZULTA	520
VITAMEDMD ONE		VITRAKVI	157	WAKIX	16
RX/QUATREFOLIC	490	VITRASE	445	WAL-ACT	229
VITAMEDMD REDICHEW		VITRUM SENIOR	473	WAL-DRYL ALLERGY	123
RX	491	VIVA DHA	487	WAL-DRYL ALLERGY	
vitamin a	579	VIVAGUARD LANCETS	387	CHILDRENS	123
vitamin a&d	260	VIVAGUARD LANCING		WAL-DRYL ALLERGY REL	
vitamin b + c complex	454	DEVICE	387	CHILDRENS	123
vitamin b 12	324	VIVELLE-DOT	304	WAL-FEX	127
vitamin b12	324	VIVITROL	112	WAL-FINATE	118
vitamin b-12	324, 325	VIVLODEX	35	walgreens adv travel lancets	387
vitamin b12 tr	325	VIVOTIF	571	walgreens glucose	96, 97
vitamin b50 complex	455	VIZAMYL	281	WALGREENS LANCETS	387
vitamin b6	580	VIZIMPRO	160	walgreens lancets micro thin	387
vitamin b-6	580	VOGELXO	57	walgreens lancets super thin	387
vitamin c immune health	582	VOGELXO PUMP	57	WALGREENS THIN	
vitamin c plus wild rose hips	582	Volnea	210	LANCETS	387
vitamin clbioflavonoids/rosehp	582	volumex	282	WALGREENS ULTRA THIN	
vitamin c-acerola	582	VONVENDI	319	LANCETS	387
vitamin c-rose hips	582	VORAXAZE	164	WAL-ITIN	127
vitamin c-rose hips er	582	voriconazole	117	WAL-ITIN ALLERGY	
vitamin d	584	VORTEX HOLDING		CHILDRENS	127
vitamin d (cholecalciferol)	584	CHAMBER/MASK	426	WAL-ITIN ALLERGY	
vitamin d (ergocalciferol)	584	VORTEX VALVED		WAL-ITIN ALLERGY	
vitamin d infant	584	HOLDING CHAMBER	428	REDITABS	127
vitamin d3	584, 585	VOSEVI	188	WAL-ITIN ALLER-MELTS	127
		VOTRIENT	160		
		vp insulin syringe	415		

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WAL-ITIN CHILDRENS.....	127	WIDE-SEAL DIAPHRAGM		XENAZINE	546
WAL-PHED.....	499	80.....	357	XENICAL.....	16
wal-sporin	238	WIDE-SEAL DIAPHRAGM		XENLETA.....	146
wal-tap cold/allergy	229	85.....	357	xenon xe 133	282
wal-tussin cf	227	WIDE-SEAL DIAPHRAGM		XEPI.....	240
WAL-VERT.....	127	90.....	357	XERAVA.....	557
warfarin sodium	75	WIDE-SEAL DIAPHRAGM		XERESE.....	246
wasp venom protein	25	95.....	357	XERMELO.....	310
water base gel	542	WILATE.....	319	XGEVA.....	299
water for irrigation, sterile 446		wild cherry flavor	531	XHANCE.....	498
WEBCOL ALCOHOL PREP		WILEY BASIC ELEMENTS		XIAFLEX.....	445
LARGE.....	351	BHRT BASE.....	543	XIFAXAN.....	142
WEBCOL ALCOHOL PREP		WINDMILL TRAINER.....	426	XIGDUO XR.....	104, 105
MEDIUM.....	352	WINLEVI.....	237	IIDRA.....	509
WEEKLY-D.....	585	WITEPSOL.....	538	XIMINO.....	559
wegmans complete		Wixela Inhub.....	69	XODOL.....	49
prenatal+dha	490	womens daily form/falc/fe		XOFIGO.....	163
weigh boat	401	473	XOFLUZA (40 MG DOSE)...	189
WELCHOL.....	129	womens daily formula	473	XOFLUZA (80 MG DOSE)...	189
WELLBUTRIN SR.....	87	womens laxative	344	XOLAIR.....	69, 70
WELLBUTRIN XL.....	87	WOMENS LIFE PACK.....	473	XOLEGEL.....	264
Wera.....	215	womens multivitamin	474	xolido	268
western juniper	25	womens one daily	474	xolido xp	268
westgel dha	490	wound wash base	543	XOPENEX.....	71
WESTHROID.....	560	WP THYROID.....	560	XOPENEX CONCENTRATE	71
white bees wax	528	Wymzya Fe.....	215	XOPENEX HFA.....	71
white birch	25	WYNZORA.....	278	XOSPATA.....	160
white faced hornet venom ..	25	XADAGO.....	172	XOTEN-C.....	265
white mulberry	25	XALATAN.....	520	XPECT.....	230
white oak	25	XALKORI.....	160	XPERT XPRESS SARS-	
white petrolatum	543	XANAX.....	66	COV-2.....	284
white pine	25	XANAX XR.....	66	XPOVIO (100 MG ONCE	
WHITE-FACED HORNET		XARACOLL.....	349	WEEKLY).....	161
VENOM.....	26	XATMEP.....	151	XPOVIO (40 MG ONCE	
whole egg (diagnostic)	279	XCOPRI.....	84	WEEKLY).....	161
WIDE-SEAL DIAPHRAGM		XCOPRI (250 MG DAILY		XPOVIO (40 MG TWICE	
60.....	356	DOSE).....	83	WEEKLY).....	161
WIDE-SEAL DIAPHRAGM		XCOPRI (350 MG DAILY		XPOVIO (60 MG ONCE	
65.....	356	DOSE).....	84	WEEKLY).....	161
WIDE-SEAL DIAPHRAGM		XELJANZ.....	28	XPOVIO (60 MG TWICE	
70.....	357	XELJANZ XR.....	28	WEEKLY).....	161
WIDE-SEAL DIAPHRAGM		XELODA.....	151	XPOVIO (80 MG ONCE	
75.....	357	XELPROS.....	520	WEEKLY).....	161
		XEMBIFY.....	525		

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XPOVIO (80 MG TWICE WEEKLY).....	161	YUTIQ.....	518	ZIAC.....	140
XTAMPZA ER.....	54	Yuvalfem.....	577	ZIANA.....	233
XTANDI.....	150	zafirlukast	73	zidovudine	186
XULANE.....	215	zaleplon	337	ZIEXTENZO.....	327
XULTOPHY.....	103	zalvit	487	zileuton er	68
XURIDEN.....	295	ZANAFLEX.....	493, 494	ZILRETTA.....	223
XYLOCAINE.....	349	ZANOSAR.....	168	ZILXI.....	271
Xylocaine Dental.....	347	Zarah.....	215	zinc	443
XYLOCAINE/EPINEPHRINE	347	ZARONTIN.....	85	zinc acetate	451
XYLOCAINE-MPF.....	349	ZARXIO.....	327	zinc chloride	443
XYLOCAINE-MPF/EPINEPHRINE	347	ZAVESCA.....	324	zinc sulfate	443
XYNTHA.....	319	zcort 7-day	223	zinc w/a&c	452
XYNTHA SOLOFUSE.....	319	ZEASORB-AF.....	264	ZINGO.....	349
XYOSTED.....	58	Zebutal.....	42	ZINPLAVA.....	523
XYREM.....	544	ZEGERID.....	564	ZIOPTAN.....	520
XYWAV.....	544	ZEJULA.....	169	ziprasidone hcl	174
YASMIN 28.....	215	ZELAPAR.....	172	ziprasidone mesylate	174
YAZ.....	215	ZELBORAF.....	152	ZIPSOR.....	35
yellow dock	26	ZELNORM.....	307	ZIRABEV.....	170
yellow hornet venom protein	26	ZEMBRACE SYMTOUCH.....	432	ZIRGAN.....	512
yellow jacket venom protein	26	ZEMDRI.....	27	ZITHROMAX.....	350
yl balanced b-100	455	ZEMPLAR.....	296	ZITHROMAX TRI-PAK.....	350
yl folic acid	326	Zenatane.....	237	ZITHROMAX Z-PAK.....	350
yl vitamin b-6	580	ZENPEP.....	289	ZOCOR.....	131
yl vitamin c	582	Zenzedi.....	15	ZOFRAN.....	113
yl vitamin c-rose hips	582	ZENZEDI.....	15	ZOHYDRO ER.....	54
yl vitamin e	585	ZEPATIER.....	188	ZOKINVY.....	445
YONDELIS.....	169	ZEPOSIA.....	555	zoledronic acid	292
YONSA.....	150	ZEPOSIA 7-DAY STARTER		ZOLGENSMA 10.1-10.5 KG.....	501
YOSPRALA.....	322	PACK.....	554	ZOLGENSMA 10.6-11.0 KG.....	501
YOUR LIFE MULTI MENS 50+	474	ZEPOSIA STARTER KIT.....	555	ZOLGENSMA 11.1-11.5 KG.....	501
YOUR LIFE MULTI PRENATAL.....	487	ZEPZELCA.....	150	ZOLGENSMA 11.6-12.0 KG.....	501
YOUR LIFE MULTI WOMENS 50+	474	ZERBAXA.....	201	ZOLGENSMA 12.1-12.5 KG.....	501
YUPELRI.....	72	ZERIT.....	186	ZOLGENSMA 12.6-13.0 KG.....	501
		ZERVIASTE.....	511	ZOLGENSMA 13.1-13.5 KG.....	501
		ZESTORETIC.....	134	ZOLGENSMA 2.6-3.0 KG....	501
		ZESTRIL.....	134	ZOLGENSMA 3.1-3.5 KG....	501
		ZETIA.....	132	ZOLGENSMA 3.6-4.0 KG....	501
		ZETONNA.....	498	ZOLGENSMA 4.1-4.5 KG....	501
		ZEVALIN Y-90.....	162	ZOLGENSMA 4.6-5.0 KG....	502
		ZEWA DIGITAL TENS UNIT	415	ZOLGENSMA 5.1-5.5 KG....	502
		ZEWA TENS/EMS COMBO	415	ZOLGENSMA 5.6-6.0 KG....	502
		UNIT.....	415	ZOLGENSMA 6.1-6.5 KG....	502
				ZOLGENSMA 6.6-7.0 KG....	502

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ZOLGENSMA 7.1-7.5 KG....	502	ZYMAXID	511
ZOLGENSMA 7.6-8.0 KG....	502	ZYPITAMAG	131
ZOLGENSMA 8.1-8.5 KG....	502	ZYPREXA	179
ZOLGENSMA 8.6-9.0 KG....	502	ZYPREXA RELPREVV	179
ZOLGENSMA 9.1-9.5 KG....	502	ZYPREXA ZYDIS	179
ZOLGENSMA 9.6-10.0 KG..	502	ZYTIGA	150
ZOLINZA.....	153	ZYVOX.....	145
<i>zolmitriptan</i>	432		
ZOLOFT.....	90		
<i>zolpidem tartrate</i>	337		
<i>zolpidem tartrate er</i>	337		
ZOLPIMIST.....	337		
ZOMACTON.....	295		
ZOMACTON (FOR ZOMA- JET 10).....	295		
ZOMIG.....	432		
ZOMIG ZMT.....	432		
ZONALON.....	244		
ZONEGRAN.....	83		
<i>zonisamide</i>	83		
ZONTIVITY.....	322		
<i>zoo friends</i>	477		
<i>zoo friends plus iron</i>	478		
ZORBTIVE.....	295		
ZORTRESS.....	447		
ZORVOLEX.....	35		
ZOSIL.....	543		
ZOSTRIX HP.....	268		
ZOSYN.....	526		
Zovia 1/35 (28).....	215		
Zovia 1/35E (28).....	215		
ZOVIRAX.....	189, 247		
ZTLIDO.....	269		
ZUBSOLV.....	56		
ZULRESSO.....	87		
Zumandimine.....	215		
ZUPLENZ.....	113		
ZYCLARA.....	264		
ZYCLARA PUMP	264		
ZYDELIG.....	169		
ZYFLO.....	68		
ZYKADIA.....	160		
ZYLET.....	516		
ZYLOPRIM.....	316		

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