



Select Drug List

Drug list — Four Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

Here are a few things to remember about the list:

- You and your doctor can use it 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.
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. To find out more, view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at [anthem.com](https://www.anthem.com) and go to **My Plan ->Benefits-> Plan Documents**.
- To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) about how the list is set up and what to do if a drug you take isn't on it.
- This booklet is updated on a quarterly basis. To view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more - log in at [anthem.com/ct-drug](https://www.anthem.com/ct-drug) list.

If you have questions about your pharmacy benefits, we're here to help. Just call us at the Pharmacy Member Services number on your ID card.



Select Drug List

What is a drug list?

The drug list, also called a formulary, is a list of prescription medicines your plan covers. It includes hundreds of brand-name and generic drugs approved by the U.S. Food & Drug Administration (FDA).

Is this a complete listing of all covered drugs?

Yes, 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 coverage has limitations and exclusions, which means there are certain conditions that determine what's covered by your plan and what isn't. To find out more, read your Certificate/Evidence of Coverage or your Summary Plan Description, which you got when you signed up for your plan.

How can I find a drug on the list?

The drugs are listed in alphabetical order based on the name of their drug class, also called therapeutic class. 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.

The Notes column will tell you 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).

When I search the list, I see that each drug is on a tier. What are the tiers for?

The drug list is set up in tiers or levels. 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. Your share of the drug cost will depend on what tier a drug is on. The lower the tier, the lower your share of the cost. Here's a breakdown of the tiers in your plan:

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

How will I know if my drug is covered and how much will it cost?

You can go online and with the [Price a Medication](#) tool, get pharmacy-specific drug coverage details and pricing from a number of local retail pharmacies in your zip code.



If my medicine isn't on the drug list, what are my options?

Here are a few things to think about:

- 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.
- You can search for generic drugs at [anthem.com](https://www.anthem.com). OTC drugs aren't shown on the list.
- 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 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.
- If the contraceptive you are taking is not on the formulary, your doctor can contact us if it is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share.

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's the difference between brand-name and generic drugs?

A brand-name drug is FDA-approved and usually available from only one manufacturer. It may be protected by a patent, which means it can only be made or sold by the company that has the patent.

A generic drug is also FDA-approved and has the same active ingredients as the brand-name drug. But a generic drug is usually available only after the patent on the brand-name drug ends. It may look different, but a generic drug works the same as the brand-name drug.

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

Drugs on our list are reviewed on a regular basis. Sometimes, drugs are added, removed or moved to a different tier. 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](https://www.anthem.com).

Does my plan cover preventive drugs?

We cover preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA).



Key terms

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

Brand name drugs are in UPPER CASE, bold type.

Generic drugs are in lower case, plain type.

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

BE = benefit exclusion. This drug may not be covered depending on your plans design. To find out if your drug is covered, log into your member portal or use the Sydney app to [Price a Medication](#) and refer to your plan documents.

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

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

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

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

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

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

Online Pharmacy Resources

Find your closest network pharmacy, get the most up-to-date coverage information on your drug list including details about pricing your medication, brands and generics, dosage/strength options, and much more — when you log in at [anthem.com/ct-drug-list](https://www.anthem.com/ct-drug-list).

A note about opioid analgesics: In response to the opioid epidemic, the U.S. Food and Drug Administration (FDA) encouraged the development of painkillers that prevent misuse. You may pay less for these types of opioids in certain states.

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

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

2024 Connecticut Select Drug List

Table of Contents

| | |
|---|----|
| *ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* | 7 |
| *ALTERNATIVE MEDICINES* | 8 |
| *AMINOGLYCOSIDES* | 8 |
| *ANALGESICS - ANTI-INFLAMMATORY* | 8 |
| *ANALGESICS - NONNARCOTIC* | 11 |
| *ANALGESICS - OPIOID* | 11 |
| *ANDROGENS-ANABOLIC* | 13 |
| *ANORECTAL AND RELATED PRODUCTS* | 13 |
| *ANTHELMINTICS* | 13 |
| *ANTIANGINAL AGENTS* | 13 |
| *ANTIANXIETY AGENTS* | 14 |
| *ANTIARRHYTHMICS* | 14 |
| *ANTIASTHMATIC AND BRONCHODILATOR AGENTS* | 14 |
| *ANTICOAGULANTS* | 16 |
| *ANTICONSULSANTS* | 17 |
| *ANTIDEPRESSANTS* | 18 |
| *ANTIDIABETICS* | 19 |
| *ANTIDIARRHEAL/PROBIOTIC AGENTS* | 23 |
| *ANTIDOTES AND SPECIFIC ANTAGONISTS* | 23 |
| *ANTIEMETICS* | 24 |
| *ANTIFUNGALS* | 24 |
| *ANTIHISTAMINES* | 24 |
| *ANTHYPERLIPIDEMICS* | 25 |
| *ANTHYPERTENSIVES* | 26 |
| *ANTI-INFECTIVE AGENTS - MISC.* | 28 |
| *ANTIMALARIALS* | 29 |
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS* | 29 |
| *ANTIMYCOBACTERIAL AGENTS* | 29 |
| *ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* | 29 |
| *ANTIPARKINSON AND RELATED THERAPY AGENTS* | 32 |
| *ANTIPSYCHOTICS/ANTIMANIC AGENTS* | 33 |
| *ANTIVIRALS* | 34 |
| *BETA BLOCKERS* | 36 |
| *CALCIUM CHANNEL BLOCKERS* | 37 |
| *CARDIOTONICS* | 38 |
| *CARDIOVASCULAR AGENTS - MISC.* | 39 |
| *CEPHALOSPORINS* | 39 |
| *CONTRACEPTIVES* | 40 |
| *CORTICOSTEROIDS* | 45 |
| *COUGH/COLD/ALLERGY* | 45 |
| *DERMATOLOGICALS* | 46 |
| *DIAGNOSTIC PRODUCTS* | 51 |
| *DIGESTIVE AIDS* | 51 |
| *DIURETICS* | 52 |
| *ENDOCRINE AND METABOLIC AGENTS - MISC.* | 52 |
| *ESTROGENS* | 54 |
| *FLUOROQUINOLONES* | 54 |
| *GASTROINTESTINAL AGENTS - MISC.* | 54 |
| *GENITOURINARY AGENTS - MISCELLANEOUS* | 56 |
| *GOUT AGENTS* | 56 |
| *HEMATOLOGICAL AGENTS - MISC.* | 56 |
| *HEMATOPOIETIC AGENTS* | 57 |
| *HEMOSTATICS* | 57 |
| *HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* | 58 |
| *LAXATIVES* | 58 |
| *MACROLIDES* | 59 |
| *MEDICAL DEVICES AND SUPPLIES* | 59 |

| | |
|---|----|
| *MIGRAINE PRODUCTS* | 62 |
| *MINERALS & ELECTROLYTES* | 63 |
| *MISCELLANEOUS THERAPEUTIC CLASSES* | 63 |
| *MOUTH/THROAT/DENTAL AGENTS* | 64 |
| *MULTIVITAMINS* | 65 |
| *MUSCULOSKELETAL THERAPY AGENTS* | 66 |
| *NASAL AGENTS - SYSTEMIC AND TOPICAL* | 66 |
| *NEUROMUSCULAR AGENTS* | 67 |
| *OPHTHALMIC AGENTS* | 67 |
| *OTIC AGENTS* | 69 |
| *OXYTOCICS* | 70 |
| *PASSIVE IMMUNIZING AND TREATMENT AGENTS* | 70 |
| *PENICILLINS* | 70 |
| *PHARMACEUTICAL ADJUVANTS* | 70 |
| *PROGESTINS* | 70 |
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* | 71 |
| *RESPIRATORY AGENTS - MISC.* | 73 |
| *SULFONAMIDES* | 73 |
| *TETRACYCLINES* | 73 |
| *THYROID AGENTS* | 73 |
| *TOXOIDS* | 74 |
| *ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* | 74 |
| *URINARY ANTISPASMODICS* | 75 |
| *VACCINES* | 75 |
| *VAGINAL AND RELATED PRODUCTS* | 78 |
| *VASOPRESSORS* | 79 |
| *VITAMINS* | 79 |

CURRENT AS OF 8/1/2025

| Drug Name | Tier | Notes |
|---|--------|--------|
| *ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* | | |
| *ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** | | |
| clonidine hcl er oral tablet extended release 12 hour | Tier 1 | PA |
| guanfacine hcl er oral tablet extended release 24 hour | Tier 1 | PA |
| *ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** | | |
| atomoxetine hcl oral capsule | Tier 1 | PA |
| *AMPHETAMINE MIXTURES*** | | |
| amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg | Tier 1 | PA; DO |
| amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg | Tier 1 | PA; QL |
| amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg | Tier 1 | PA; DO |
| amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg | Tier 1 | PA; QL |
| *AMPHETAMINES*** | | |
| amphetamine sulfate oral tablet 10 mg | Tier 1 | QL |
| amphetamine sulfate oral tablet 5 mg | Tier 1 | DO |

| Drug Name | Tier | Notes |
|---|--------|--------|
| dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg | Tier 1 | PA; QL |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg | Tier 1 | PA; DO |
| dextroamphetamine sulfate oral solution | Tier 2 | PA; QL |
| dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg | Tier 1 | PA; QL |
| dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg | Tier 1 | PA; DO |
| lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg | Tier 2 | PA; DO |
| lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg | Tier 2 | PA; QL |
| lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg | Tier 2 | PA; DO |
| lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg | Tier 2 | PA; QL |
| PROCENTRA ORAL SOLUTION | Tier 2 | PA; QL |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG | Tier 3 | PA; DO |
| VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG | Tier 3 | PA; QL |
| VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG | Tier 3 | PA; DO |
| VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG | Tier 3 | PA; QL |
| ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG | Tier 1 | PA; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|--------|
| ZENZEDI ORAL TABLET 2.5 MG, 5 MG | Tier 1 | PA; DO |
| *DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** | | |
| SUNOSI ORAL TABLET 150 MG | Tier 3 | PA; QL |
| SUNOSI ORAL TABLET 75 MG | Tier 3 | PA; DO |
| *STIMULANTS - MISC.*** | | |
| armodafinil oral tablet | Tier 1 | PA; QL |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg | Tier 1 | PA; DO |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg | Tier 1 | PA; QL |
| dexmethylphenidate hcl oral tablet 10 mg | Tier 1 | PA; QL |
| dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg | Tier 1 | PA; DO |
| methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg | Tier 1 | PA; DO |
| methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg | Tier 1 | PA; QL |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg | Tier 1 | PA; DO |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg | Tier 1 | PA; QL |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg | Tier 1 | PA; DO |
| methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg | Tier 1 | PA; QL |

| Drug Name | Tier | Notes |
|---|--------|------------|
| methylphenidate hcl er oral tablet extended release 10 mg | Tier 1 | PA; DO |
| methylphenidate hcl er oral tablet extended release 20 mg | Tier 1 | PA; QL |
| methylphenidate hcl er oral tablet extended release 24 hour | Tier 1 | PA; DO |
| methylphenidate hcl oral solution | Tier 1 | PA; QL |
| methylphenidate hcl oral tablet 10 mg, 5 mg | Tier 1 | PA; DO |
| methylphenidate hcl oral tablet 20 mg | Tier 1 | PA; QL |
| modafinil oral tablet 100 mg | Tier 1 | PA; DO |
| modafinil oral tablet 200 mg | Tier 1 | PA; QL |
| *ALTERNATIVE MEDICINES* | | |
| *ALTERNATIVE MEDICINE - ME'S*** | | |
| ft melatonin oral tablet 5 mg | Tier 1 | |
| *AMINOGLYCOSIDES* | | |
| *AMINOGLYCOSIDES*** | | |
| neomycin sulfate oral tablet | Tier 1 | |
| tobramycin inhalation nebulization solution 300 mg/5ml | Tier 4 | SP; QL |
| *ANALGESICS - ANTI-INFLAMMATORY* | | |
| *ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** | | |
| RINVOQ LQ ORAL SOLUTION | Tier 4 | PA; SP; QL |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier 4 | PA; SP; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|------------|
| *ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** | | |
| adalimumab-adaz subcutaneous solution auto-injector | Tier 4 | PA; SP; QL |
| adalimumab-adaz subcutaneous solution prefilled syringe | Tier 4 | PA; SP; QL |
| adalimumab-adbm (2 pen) subcutaneous auto-injector kit | Tier 4 | PA; QL |
| adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit | Tier 4 | PA; QL |
| adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit | Tier 4 | PA; QL |
| adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit | Tier 4 | PA; QL |
| HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | Tier 4 | PA; SP; QL |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | Tier 4 | PA; SP; QL |
| HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML | Tier 4 | PA; SP; QL |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | Tier 4 | PA; SP; QL |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | Tier 4 | PA; SP; QL |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML | Tier 4 | PA; SP; QL |

| Drug Name | Tier | Notes |
|--|--------|------------|
| HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML | Tier 4 | PA; SP; QL |
| HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | Tier 4 | PA; SP; QL |
| HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | Tier 4 | PA; SP; QL |
| HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | Tier 4 | PA; SP; QL |
| HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | Tier 4 | PA; SP; QL |
| HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | Tier 4 | PA; SP; QL |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | Tier 4 | PA; SP; QL |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML | Tier 4 | PA; SP; QL |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; QL |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | Tier 4 | PA; SP; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|----------------|
| SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | Tier 4 | PA; SP; QL |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | Tier 4 | PA; SP; QL |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML | Tier 4 | PA; SP; QL |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML | Tier 4 | |
| SIMPONI ARIA INTRAVENOUS SOLUTION | Tier 4 | PA; SP |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; QL |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; QL |
| *CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** | | |
| celecoxib oral capsule | Tier 1 | ST; QL |
| *GOLD COMPOUNDS*** | | |
| auranofin oral capsule 3 mg | Tier 3 | QL |
| RIDAURA ORAL CAPSULE | Tier 3 | QL |
| *INTERLEUKIN-1 BLOCKERS*** | | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier 4 | PA; SP; LD; QL |
| *NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** | | |
| diclofenac-misoprostol oral tablet delayed release | Tier 2 | ST; QL |
| ibuprofen-famotidine oral tablet | Tier 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|--------|-------|
| *NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** | | |
| diclofenac potassium oral tablet 50 mg | Tier 1 | QL |
| diclofenac sodium er oral tablet extended release 24 hour | Tier 1 | QL |
| diclofenac sodium oral tablet delayed release | Tier 1 | QL |
| ec-naproxen oral tablet delayed release | Tier 1 | ST |
| etodolac er oral tablet extended release 24 hour | Tier 1 | QL |
| etodolac oral capsule | Tier 1 | QL |
| etodolac oral tablet | Tier 1 | QL |
| fenoprofen calcium oral tablet 600 mg | Tier 1 | QL |
| flurbiprofen oral tablet | Tier 1 | QL |
| IBU ORAL TABLET | Tier 1 | QL |
| ibuprofen oral suspension | Tier 1 | QL |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | Tier 1 | QL |
| indomethacin er oral capsule extended release | Tier 1 | QL |
| indomethacin oral capsule | Tier 1 | QL |
| ketoprofen er oral capsule extended release 24 hour | Tier 1 | QL |
| ketorolac tromethamine oral tablet | Tier 1 | QL |
| LURBIPR ORAL TABLET 100 MG | Tier 1 | QL |
| meclofenamate sodium oral capsule | Tier 1 | QL |
| mefenamic acid oral capsule | Tier 1 | QL |
| meloxicam oral suspension | Tier 1 | QL |
| meloxicam oral tablet | Tier 1 | QL |
| nabumetone oral tablet | Tier 1 | QL |
| naproxen dr oral tablet delayed release | Tier 1 | ST |
| naproxen oral tablet 250 mg, 375 mg | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|------------|
| naproxen oral tablet 500 mg | Tier 1 | ST; QL |
| naproxen oral tablet delayed release | Tier 1 | ST |
| naproxen sodium oral tablet 275 mg, 550 mg | Tier 1 | QL |
| oxaprozin oral tablet | Tier 1 | QL |
| piroxicam oral capsule | Tier 1 | QL |
| sulindac oral tablet | Tier 1 | QL |
| TOLECTIN 600 ORAL TABLET | Tier 1 | QL |
| tolmetin sodium oral capsule | Tier 1 | QL |
| tolmetin sodium oral tablet | Tier 1 | QL |
| *PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** | | |
| OTEZLA ORAL TABLET | Tier 4 | PA; SP; QL |
| OTEZLA ORAL TABLET THERAPY PACK | Tier 4 | PA; SP; QL |
| *PYRIMIDINE SYNTHESIS INHIBITORS*** | | |
| leflunomide oral tablet | Tier 2 | QL |
| *SELECTIVE COSTIMULATION MODULATORS*** | | |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; QL |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED | Tier 4 | PA; SP; QL |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; QL |
| *SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** | | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | Tier 4 | PA; SP; QL |

| Drug Name | Tier | Notes |
|---|--------|------------|
| ENBREL SUBCUTANEOUS SOLUTION | Tier 4 | PA; SP; QL |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; QL |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; QL |
| *ANALGESICS - NONNARCOTIC* | | |
| *ANALGESICS- SEDATIVES*** | | |
| BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET | Tier 1 | QL |
| BAC ORAL TABLET 50-325-40 MG | Tier 1 | QL |
| butalbital-acetaminophen oral tablet 50-325 mg | Tier 1 | QL |
| butalbital-apap-caffeine oral capsule | Tier 1 | QL |
| butalbital-apap-caffeine oral tablet | Tier 1 | QL |
| butalbital-aspirin-caffeine oral capsule | Tier 1 | QL |
| ESGIC ORAL CAPSULE 50-325-40 MG | Tier 1 | QL |
| TENCON ORAL TABLET | Tier 1 | QL |
| *SALICYLATES*** | | |
| aspirin oral tablet chewable | Tier 1 | \$0 |
| diflunisal oral tablet | Tier 1 | QL |
| eq aspirin low dose oral tablet delayed release | Tier 1 | \$0 |
| *ANALGESICS - OPIOID* | | |
| *CODEINE COMBINATIONS*** | | |
| acetaminophen-codeine oral solution | Tier 1 | PA; QL |
| acetaminophen-codeine oral tablet | Tier 1 | PA; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|--------|
| ASCOMP-CODEINE ORAL CAPSULE | Tier 1 | PA; QL |
| butalbital-apap-caff-cod oral capsule | Tier 1 | PA; QL |
| butalbital-asa-caff-codeine oral capsule | Tier 1 | PA; QL |
| *HYDROCODONE COMBINATIONS*** | | |
| hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml | Tier 1 | QL |
| hydrocodone-acetaminophen oral tablet | Tier 1 | QL |
| hydrocodone-ibuprofen oral tablet | Tier 1 | QL |
| *OPIOID AGONISTS*** | | |
| codeine sulfate oral tablet 30 mg | Tier 1 | PA; QL |
| fentanyl transdermal patch 72 hour | Tier 1 | PA; QL |
| hydrocodone bitartrate er oral capsule extended release 12 hour | Tier 2 | PA; QL |
| hydromorphone hcl er oral tablet extended release 24 hour | Tier 2 | PA; QL |
| hydromorphone hcl oral liquid | Tier 1 | QL |
| hydromorphone hcl oral tablet | Tier 1 | QL |
| levorphanol tartrate oral tablet 2 mg | Tier 1 | PA; QL |
| meperidine hcl oral solution | Tier 1 | QL |
| meperidine hcl oral tablet | Tier 1 | QL |
| METHADONE HCL INTENSOL ORAL CONCENTRATE | Tier 1 | PA; QL |
| methadone hcl oral concentrate | Tier 1 | PA; QL |
| methadone hcl oral solution | Tier 1 | PA; QL |
| methadone hcl oral tablet | Tier 1 | PA; QL |

| Drug Name | Tier | Notes |
|--|--------|--------|
| methadone hcl oral tablet soluble | Tier 1 | PA; QL |
| METHADOSE ORAL TABLET SOLUBLE | Tier 1 | PA; QL |
| morphine sulfate (concentrate) oral solution | Tier 1 | QL |
| morphine sulfate er oral capsule extended release 24 hour | Tier 1 | PA; QL |
| morphine sulfate er oral tablet extended release | Tier 1 | PA; QL |
| morphine sulfate oral solution | Tier 1 | QL |
| morphine sulfate oral tablet | Tier 1 | QL |
| oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg | Tier 2 | PA; QL |
| oxycodone hcl oral capsule | Tier 1 | QL |
| oxycodone hcl oral concentrate | Tier 1 | QL |
| oxycodone hcl oral solution | Tier 1 | QL |
| oxycodone hcl oral tablet | Tier 1 | QL |
| oxymorphone hcl er oral tablet extended release 12 hour | Tier 1 | PA; QL |
| oxymorphone hcl oral tablet | Tier 1 | QL |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | Tier 1 | PA; QL |
| tramadol hcl er oral tablet extended release 24 hour | Tier 1 | PA; QL |
| tramadol hcl oral tablet 50 mg | Tier 1 | PA; QL |
| *OPIOID COMBINATIONS*** | | |
| APADAZ ORAL TABLET | Tier 3 | QL |
| BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET | Tier 3 | QL |
| ENDOCET ORAL TABLET | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|--------|
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | Tier 1 | QL |
| *OPIOID PARTIAL AGONISTS*** | | |
| buprenorphine hcl injection solution | Tier 2 | |
| buprenorphine hcl sublingual tablet sublingual | Tier 1 | QL |
| buprenorphine hcl-naloxone hcl sublingual film | Tier 1 | QL |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | Tier 1 | QL |
| butorphanol tartrate nasal solution | Tier 1 | QL |
| nalbuphine hcl injection solution | Tier 1 | QL |
| pentazocine-naloxone hcl oral tablet | Tier 1 | QL |
| *TRAMADOL COMBINATIONS*** | | |
| tramadol-acetaminophen oral tablet | Tier 1 | PA; QL |
| *ANDROGENS-ANABOLIC* | | |
| *ANDROGENS*** | | |
| danazol oral capsule | Tier 1 | QL |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | Tier 1 | PA |
| methitest oral tablet | Tier 3 | |
| testosterone cypionate intramuscular solution | Tier 1 | PA |
| testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | Tier 1 | PA; QL |

| Drug Name | Tier | Notes |
|--|--------|--------|
| *ANORECTAL AND RELATED PRODUCTS* | | |
| *INTRARECTAL STEROIDS*** | | |
| hydrocortisone rectal enema | Tier 1 | |
| *NITRATE VASODILATING AGENTS*** | | |
| nitroglycerin rectal ointment | Tier 2 | QL |
| RECTIV RECTAL OINTMENT | Tier 3 | QL |
| *RECTAL ANESTHETIC/STEROIDS *** | | |
| hydrocortisone ace-pramoxine external cream 1-1 % | Tier 1 | |
| *RECTAL STEROIDS*** | | |
| hydrocortisone (perianal) external cream | Tier 1 | |
| PROCTOCORT EXTERNAL CREAM | Tier 1 | |
| PROCTO-MED HC EXTERNAL CREAM | Tier 1 | |
| PROCTOSOL HC EXTERNAL CREAM | Tier 1 | |
| PROCTOZONE-HC EXTERNAL CREAM | Tier 1 | |
| *ANTHELMINTICS* | | |
| *ANTHELMINTICS*** | | |
| albendazole oral tablet | Tier 2 | PA; QL |
| EMVERM ORAL TABLET CHEWABLE | Tier 3 | |
| ivermectin oral tablet | Tier 1 | QL |
| praziquantel oral tablet | Tier 1 | |
| *ANTIANGINAL AGENTS* | | |
| *ANTIANGINALS-OTHER*** | | |
| ranolazine er oral tablet extended release 12 hour | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| *NITRATES*** | | |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg | Tier 1 | |
| isosorbide mononitrate er oral tablet extended release 24 hour | Tier 1 | |
| isosorbide mononitrate oral tablet | Tier 1 | |
| NITRO-BID TRANSDERMAL OINTMENT | Tier 2 | |
| nitroglycerin sublingual tablet sublingual | Tier 1 | |
| nitroglycerin translingual solution | Tier 1 | |
| *ANTIANXIETY AGENTS* | | |
| *ANTIANXIETY AGENTS - MISC.*** | | |
| buspirone hcl oral tablet | Tier 1 | |
| hydroxyzine hcl oral syrup | Tier 1 | |
| hydroxyzine hcl oral tablet | Tier 1 | |
| hydroxyzine pamoate oral capsule | Tier 1 | |
| meprobamate oral tablet | Tier 1 | |
| *BENZODIAZEPINES*** | | |
| alprazolam er oral tablet extended release 24 hour | Tier 1 | QL |
| alprazolam oral tablet | Tier 1 | QL |
| alprazolam oral tablet dispersible | Tier 1 | QL |
| alprazolam xr oral tablet extended release 24 hour | Tier 1 | QL |
| chlordiazepoxide hcl oral capsule | Tier 1 | QL |
| clorazepate dipotassium oral tablet | Tier 1 | QL |
| DIAZEPAM INTENSOL ORAL CONCENTRATE | Tier 1 | QL |
| diazepam oral concentrate | Tier 1 | QL |
| diazepam oral solution | Tier 1 | |
| diazepam oral tablet | Tier 1 | QL |
| lorazepam oral tablet | Tier 1 | QL |

| Drug Name | Tier | Notes |
|--|--------|--------|
| oxazepam oral capsule | Tier 1 | QL |
| *ANTIARRHYTHMICS* | | |
| *ANTIARRHYTHMICS TYPE I-A*** | | |
| disopyramide phosphate oral capsule | Tier 1 | |
| quinidine sulfate oral tablet | Tier 1 | |
| *ANTIARRHYTHMICS TYPE I-B*** | | |
| mexiletine hcl oral capsule | Tier 1 | |
| *ANTIARRHYTHMICS TYPE I-C*** | | |
| flecainide acetate oral tablet | Tier 1 | QL |
| propafenone hcl er oral capsule extended release 12 hour | Tier 1 | |
| propafenone hcl oral tablet | Tier 1 | |
| *ANTIARRHYTHMICS TYPE III*** | | |
| amiodarone hcl oral tablet 100 mg, 400 mg | Tier 1 | |
| amiodarone hcl oral tablet 200 mg | Tier 1 | QL |
| dofetilide oral capsule | Tier 1 | |
| MULTAQ ORAL TABLET | Tier 3 | QL |
| PACERONE ORAL TABLET 100 MG, 400 MG | Tier 1 | |
| PACERONE ORAL TABLET 200 MG | Tier 1 | QL |
| *ANTIASTHMATIC AND BRONCHODILATOR AGENTS* | | |
| *5-LIPOXYGENASE INHIBITORS*** | | |
| zileuton er oral tablet extended release 12 hour | Tier 1 | PA; QL |
| *ADRENERGIC COMBINATIONS*** | | |
| BREYNA INHALATION AEROSOL | Tier 1 | QL |
| BREZTRI AEROSPHERE INHALATION AEROSOL | Tier 3 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| budesonide-formoterol fumarate inhalation aerosol | Tier 1 | QL |
| DULERA INHALATION AEROSOL | Tier 2 | QL |
| fluticasone-salmeterol inhalation aerosol | Tier 1 | QL |
| fluticasone-salmeterol inhalation aerosol powder breath activated | Tier 1 | QL |
| ipratropium-albuterol inhalation solution | Tier 1 | QL |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier 2 | QL |
| wixela inhub inhalation aerosol powder breath activated | Tier 1 | QL |
| *ANTI-INFLAMMATORY AGENTS*** | | |
| cromolyn sodium inhalation nebulization solution | Tier 1 | |
| *BETA ADRENERGICS*** | | |
| ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION | Tier 1 | QL |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | Tier 1 | QL |
| albuterol sulfate oral syrup | Tier 1 | |
| arformoterol tartrate inhalation nebulization solution | Tier 2 | QL |
| formoterol fumarate inhalation nebulization solution | Tier 2 | QL |
| levalbuterol hcl inhalation nebulization solution | Tier 1 | QL |
| levalbuterol tartrate inhalation aerosol | Tier 1 | QL |

| Drug Name | Tier | Notes |
|---|--------|-------|
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier 2 | QL |
| terbutaline sulfate oral tablet | Tier 1 | |
| *BRONCHODILATORS - ANTICHOLINERGICS*** | | |
| ipratropium bromide inhalation solution | Tier 1 | QL |
| SPIRIVA HANDIHALER INHALATION CAPSULE | Tier 3 | QL |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION | Tier 3 | QL |
| tiotropium bromide monohydrate inhalation capsule | Tier 2 | QL |
| *LEUKOTRIENE RECEPTOR ANTAGONISTS*** | | |
| montelukast sodium oral packet | Tier 1 | QL |
| montelukast sodium oral tablet | Tier 1 | QL |
| montelukast sodium oral tablet chewable | Tier 1 | QL |
| zafirlukast oral tablet | Tier 1 | QL |
| *SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** | | |
| roflumilast oral tablet | Tier 2 | QL |
| *STEROID INHALANTS*** | | |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier 2 | QL |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier 2 | QL |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier 2 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier 2 | QL |
| budesonide inhalation suspension | Tier 1 | QL |
| fluticasone propionate diskus inhalation aerosol powder breath activated | Tier 2 | QL |
| fluticasone propionate hfa inhalation aerosol | Tier 2 | QL |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier 2 | QL |
| *XANTHINES*** | | |
| aminophylline intravenous solution | Tier 1 | |
| ELIXOPHYLLIN ORAL ELIXIR | Tier 1 | QL |
| theophylline er oral tablet extended release 12 hour 100 mg, 200 mg | Tier 1 | |
| theophylline er oral tablet extended release 12 hour 300 mg, 450 mg | Tier 1 | QL |
| theophylline er oral tablet extended release 24 hour | Tier 1 | QL |
| theophylline oral elixir | Tier 1 | QL |
| theophylline oral solution | Tier 1 | QL |
| *ANTICOAGULANTS* | | |
| *COUMARIN ANTICOAGULANTS*** | | |
| JANTOVEN ORAL TABLET | Tier 1 | |
| warfarin sodium oral tablet | Tier 1 | |
| *DIRECT FACTOR XA INHIBITORS*** | | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | Tier 3 | QL |
| ELIQUIS ORAL TABLET | Tier 3 | QL |
| rivaroxaban oral tablet | Tier 2 | QL |

| Drug Name | Tier | Notes |
|--|--------|-------|
| XARELTO ORAL SUSPENSION RECONSTITUTED | Tier 3 | QL |
| XARELTO ORAL TABLET | Tier 3 | QL |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK | Tier 3 | QL |
| *HEPARINS AND HEPARINOID-LIKE AGENTS*** | | |
| BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION | Tier 1 | |
| heparin (porcine) in nacl intravenous solution 2000-0.9 unit/l-% | Tier 1 | |
| heparin na (pork) lock flsh pf intravenous solution | Tier 1 | |
| heparin sod (pork) lock flush intravenous solution | Tier 1 | |
| heparin sodium (porcine) injection solution | Tier 1 | |
| heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml | Tier 1 | |
| *LOW MOLECULAR WEIGHT HEPARINS*** | | |
| enoxaparin sodium injection solution | Tier 4 | QL |
| enoxaparin sodium injection solution prefilled syringe | Tier 4 | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION | Tier 4 | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | QL |
| *SYNTHETIC HEPARINOID-LIKE AGENTS*** | | |
| fondaparinux sodium subcutaneous solution | Tier 4 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| *ANTICONVULSANTS* | | |
| *ANTICONVULSANTS - BENZODIAZEPINES*** | | |
| clobazam oral suspension 2.5 mg/ml | Tier 2 | QL |
| clobazam oral tablet | Tier 2 | QL |
| clonazepam oral tablet | Tier 1 | QL |
| clonazepam oral tablet dispersible | Tier 1 | QL |
| diazepam rectal gel | Tier 2 | QL |
| *ANTICONVULSANTS - MISC.*** | | |
| carbamazepine er oral capsule extended release 12 hour | Tier 1 | QL |
| carbamazepine er oral tablet extended release 12 hour | Tier 1 | QL |
| carbamazepine oral suspension | Tier 1 | QL |
| carbamazepine oral tablet | Tier 1 | QL |
| carbamazepine oral tablet chewable 100 mg | Tier 1 | QL |
| EPITOL ORAL TABLET | Tier 1 | QL |
| gabapentin oral capsule | Tier 1 | DO |
| gabapentin oral solution | Tier 1 | QL |
| gabapentin oral tablet 600 mg | Tier 1 | DO |
| gabapentin oral tablet 800 mg | Tier 1 | QL |
| lacosamide oral solution | Tier 2 | QL |
| lacosamide oral tablet | Tier 2 | QL |
| lamotrigine oral tablet | Tier 1 | DO |
| lamotrigine oral tablet chewable | Tier 1 | QL |
| levetiracetam er oral tablet extended release 24 hour | Tier 1 | QL |
| levetiracetam oral solution | Tier 1 | QL |
| levetiracetam oral tablet 1000 mg | Tier 1 | QL |
| levetiracetam oral tablet 250 mg, 500 mg, 750 mg | Tier 1 | DO |

| Drug Name | Tier | Notes |
|---|--------|------------|
| oxcarbazepine oral suspension | Tier 1 | QL |
| oxcarbazepine oral tablet | Tier 1 | QL |
| pregabalin oral capsule | Tier 1 | QL |
| pregabalin oral solution | Tier 1 | QL |
| primidone oral tablet 250 mg, 50 mg | Tier 1 | QL |
| rufinamide oral suspension | Tier 1 | QL |
| rufinamide oral tablet 200 mg | Tier 2 | DO |
| rufinamide oral tablet 400 mg | Tier 2 | QL |
| topiramate oral capsule sprinkle 15 mg, 25 mg | Tier 1 | QL |
| topiramate oral tablet | Tier 1 | DO |
| zonisamide oral capsule | Tier 1 | QL |
| *CARBAMATES*** | | |
| felbamate oral suspension | Tier 1 | QL |
| felbamate oral tablet | Tier 1 | QL |
| *GABA MODULATORS*** | | |
| tiagabine hcl oral tablet | Tier 1 | QL |
| vigabatrin oral packet | Tier 4 | SP; QL |
| vigabatrin oral tablet | Tier 4 | SP; LD; QL |
| VIGADRONE ORAL PACKET | Tier 4 | LD; QL |
| VIGADRONE ORAL TABLET | Tier 4 | SP; LD; QL |
| VIGPODER ORAL PACKET 500 MG | Tier 4 | LD; QL |
| *HYDANTOINS*** | | |
| DILANTIN ORAL CAPSULE 30 MG | Tier 3 | |
| PHENYTEK ORAL CAPSULE | Tier 1 | |
| phenytoin oral suspension | Tier 1 | |
| phenytoin sodium extended oral capsule | Tier 1 | |
| *SUCCINIMIDES*** | | |
| ethosuximide oral capsule | Tier 1 | QL |
| ethosuximide oral solution | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| methsuximide oral capsule | Tier 2 | QL |
| *VALPROIC ACID*** | | |
| divalproex sodium er oral tablet extended release 24 hour | Tier 1 | QL |
| divalproex sodium oral capsule delayed release sprinkle | Tier 1 | QL |
| divalproex sodium oral tablet delayed release | Tier 1 | QL |
| valproic acid oral capsule | Tier 1 | QL |
| valproic acid oral solution | Tier 1 | |
| *ANTIDEPRESSANTS* | | |
| *ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** | | |
| mirtazapine oral tablet | Tier 1 | |
| mirtazapine oral tablet dispersible | Tier 1 | |
| *ANTIDEPRESSANTS - MISC.*** | | |
| bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg | Tier 1 | DO |
| bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg | Tier 1 | QL |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | Tier 1 | QL |
| bupropion hcl oral tablet 100 mg | Tier 1 | QL |
| bupropion hcl oral tablet 75 mg | Tier 1 | DO |
| *MONOAMINE OXIDASE INHIBITORS (MAOIS)*** | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR | Tier 3 | QL |
| EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR | Tier 3 | DO |
| MARPLAN ORAL TABLET | Tier 3 | QL |

| Drug Name | Tier | Notes |
|--|--------|-------|
| phenelzine sulfate oral tablet | Tier 1 | QL |
| tranylcypromine sulfate oral tablet | Tier 2 | QL |
| *SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** | | |
| citalopram hydrobromide oral solution | Tier 1 | |
| citalopram hydrobromide oral tablet | Tier 1 | |
| escitalopram oxalate oral solution | Tier 1 | |
| escitalopram oxalate oral tablet | Tier 1 | |
| fluoxetine hcl oral capsule | Tier 1 | |
| fluoxetine hcl oral capsule delayed release | Tier 1 | |
| fluoxetine hcl oral solution | Tier 1 | |
| fluoxetine hcl oral tablet | Tier 1 | |
| fluvoxamine maleate oral tablet | Tier 1 | |
| paroxetine hcl er oral tablet extended release 24 hour | Tier 1 | |
| paroxetine hcl oral tablet | Tier 1 | |
| sertraline hcl oral concentrate | Tier 1 | |
| sertraline hcl oral tablet | Tier 1 | |
| *SEROTONIN MODULATORS*** | | |
| nefazodone hcl oral tablet 100 mg, 50 mg | Tier 1 | DO |
| nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg | Tier 1 | QL |
| trazodone hcl oral tablet 100 mg, 150 mg, 50 mg | Tier 1 | DO |
| trazodone hcl oral tablet 300 mg | Tier 1 | QL |
| vilazodone hcl oral tablet 10 mg, 20 mg | Tier 2 | DO |
| vilazodone hcl oral tablet 40 mg | Tier 2 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| *SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** | | |
| desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg | Tier 1 | QL |
| desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg | Tier 1 | DO |
| duloxetine hcl oral capsule delayed release particles | Tier 1 | QL |
| venlafaxine hcl er oral capsule extended release 24 hour | Tier 1 | QL |
| venlafaxine hcl er oral tablet extended release 24 hour | Tier 1 | QL |
| venlafaxine hcl oral tablet | Tier 1 | QL |
| *TRICYCLIC AGENTS*** | | |
| amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg | Tier 1 | DO |
| amitriptyline hcl oral tablet 100 mg, 150 mg | Tier 1 | QL |
| amoxapine oral tablet 100 mg, 150 mg | Tier 1 | QL |
| amoxapine oral tablet 25 mg, 50 mg | Tier 1 | DO |
| clomipramine hcl oral capsule 25 mg | Tier 1 | DO |
| clomipramine hcl oral capsule 50 mg, 75 mg | Tier 1 | QL |
| desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg | Tier 1 | DO |
| desipramine hcl oral tablet 100 mg, 150 mg | Tier 1 | QL |
| doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg | Tier 1 | DO |
| doxepin hcl oral capsule 100 mg, 150 mg | Tier 1 | QL |
| doxepin hcl oral concentrate | Tier 1 | QL |

| Drug Name | Tier | Notes |
|---|--------|---------|
| imipramine hcl oral tablet 10 mg, 25 mg | Tier 1 | DO |
| imipramine hcl oral tablet 50 mg | Tier 1 | QL |
| nortriptyline hcl oral capsule 10 mg, 25 mg | Tier 1 | DO |
| nortriptyline hcl oral capsule 50 mg, 75 mg | Tier 1 | QL |
| nortriptyline hcl oral solution | Tier 1 | QL |
| protriptyline hcl oral tablet 10 mg | Tier 1 | QL |
| protriptyline hcl oral tablet 5 mg | Tier 1 | DO |
| trimipramine maleate oral capsule | Tier 1 | QL |
| *ANTIDIABETICS* | | |
| *ALPHA-GLUCOSIDASE INHIBITORS*** | | |
| acarbose oral tablet | Tier 1 | QL |
| miglitol oral tablet | Tier 1 | QL |
| *ANTIDIABETIC - AMYLIN ANALOGS*** | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML | Tier 3 | PA; QL |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML | Tier 3 | PA; QL |
| *BIGUANIDES*** | | |
| metformin hcl er oral tablet extended release 24 hour | Tier 1 | QL |
| metformin hcl oral tablet 1000 mg, 500 mg | Tier 1 | QL |
| metformin hcl oral tablet 850 mg | Tier 1 | \$0; QL |
| *DIABETIC OTHER*** | | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG | Tier 2 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|--------|
| glucagon emergency injection kit | Tier 1 | QL |
| glucose oral liquid 15 gm/59ml | Tier 1 | |
| glucose oral tablet chewable 4 gm | Tier 3 | |
| TRUEPLUS GLUCOSE ON THE GO ORAL TABLET CHEWABLE 4 GM | Tier 3 | |
| TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE | Tier 3 | |
| *DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | | |
| alogliptin benzoate oral tablet | Tier 1 | ST; QL |
| JANUVIA ORAL TABLET | Tier 2 | ST; QL |
| *DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** | | |
| JANUMET ORAL TABLET | Tier 2 | ST; QL |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier 2 | ST; QL |
| *DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES*** | | |
| CYCLOSET ORAL TABLET | Tier 3 | QL |
| *HUMAN INSULIN*** | | |
| HUMALOG INJECTION SOLUTION | Tier 2 | QL |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 2 | QL |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 2 | QL |

| Drug Name | Tier | Notes |
|---|--------|--------|
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier 2 | QL |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML | Tier 2 | QL |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier 2 | QL |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | Tier 2 | QL |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | Tier 2 | QL |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier 2 | QL |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | Tier 2 | QL |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier 2 | QL |
| HUMULIN N SUBCUTANEOUS SUSPENSION | Tier 2 | QL |
| HUMULIN R INJECTION SOLUTION | Tier 2 | QL |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | Tier 2 | PA; QL |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 2 | PA; QL |
| insulin asp prot & asp flexpen subcutaneous suspension pen-injector | Tier 2 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| insulin aspart flexpen subcutaneous solution pen-injector | Tier 2 | QL |
| insulin aspart injection solution | Tier 2 | QL |
| insulin aspart penfill subcutaneous solution cartridge | Tier 2 | QL |
| insulin aspart prot & aspart subcutaneous suspension | Tier 2 | QL |
| insulin degludec flextouch subcutaneous solution pen-injector | Tier 2 | QL |
| insulin degludec subcutaneous solution | Tier 2 | QL |
| insulin glargine-yfgn subcutaneous solution | Tier 3 | QL |
| insulin glargine-yfgn subcutaneous solution pen-injector | Tier 3 | QL |
| insulin lispro (1 unit dial) subcutaneous solution pen-injector | Tier 2 | QL |
| insulin lispro injection solution | Tier 2 | QL |
| insulin lispro junior kwikpen subcutaneous solution pen-injector | Tier 2 | QL |
| insulin lispro prot & lispro subcutaneous suspension pen-injector | Tier 2 | QL |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 2 | QL |
| LANTUS SUBCUTANEOUS SOLUTION | Tier 2 | QL |
| LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | Tier 2 | QL |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | QL |

| Drug Name | Tier | Notes |
|--|--------|-------|
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier 2 | QL |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier 2 | QL |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION | Tier 2 | QL |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION | Tier 2 | QL |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier 2 | QL |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier 2 | QL |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION | Tier 2 | QL |
| NOVOLIN N SUBCUTANEOUS SUSPENSION | Tier 2 | QL |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR | Tier 2 | QL |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR | Tier 2 | QL |
| NOVOLIN R INJECTION SOLUTION | Tier 2 | QL |
| NOVOLIN R RELION INJECTION SOLUTION | Tier 2 | QL |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier 2 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|--------|
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 2 | QL |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 2 | QL |
| NOVOLOG INJECTION SOLUTION | Tier 2 | QL |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier 2 | QL |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION | Tier 2 | QL |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION | Tier 2 | QL |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | Tier 2 | QL |
| NOVOLOG RELION INJECTION SOLUTION | Tier 2 | QL |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 2 | QL |
| TRESIBA SUBCUTANEOUS SOLUTION | Tier 2 | QL |
| *INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)*** | | |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 2 | PA; QL |

| Drug Name | Tier | Notes |
|---|--------|--------|
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | Tier 2 | PA; QL |
| *INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** | | |
| liraglutide subcutaneous solution pen-injector | Tier 2 | PA; QL |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 2 | PA; QL |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 2 | PA; QL |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 2 | PA; QL |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 2 | PA; QL |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | Tier 2 | PA; QL |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 2 | PA; QL |
| *MEGLITINIDE ANALOGUES*** | | |
| nateglinide oral tablet | Tier 1 | QL |
| repaglinide oral tablet | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|--------|
| *SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** | | |
| dapagliflozin propanediol oral tablet | Tier 2 | ST; QL |
| FARXIGA ORAL TABLET | Tier 2 | ST; QL |
| JARDIANCE ORAL TABLET | Tier 2 | ST; QL |
| *SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** | | |
| dapagliflozin pro-metformin er oral tablet extended release 24 hour | Tier 2 | ST; QL |
| SYNJARDY ORAL TABLET | Tier 2 | ST; QL |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier 2 | ST; QL |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier 2 | ST; QL |
| *SULFONYLUREA-BIGUANIDE COMBINATIONS*** | | |
| glipizide-metformin hcl oral tablet | Tier 1 | QL |
| glyburide-metformin oral tablet | Tier 1 | QL |
| *SULFONYLUREAS*** | | |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg | Tier 1 | QL |
| glipizide er oral tablet extended release 24 hour 10 mg, 5 mg | Tier 1 | ST; QL |
| glipizide er oral tablet extended release 24 hour 2.5 mg | Tier 1 | QL |
| glipizide oral tablet 10 mg | Tier 1 | ST; QL |
| glipizide oral tablet 2.5 mg, 5 mg | Tier 1 | QL |
| glipizide xl oral tablet extended release 24 hour 10 mg, 5 mg | Tier 1 | ST; QL |

| Drug Name | Tier | Notes |
|--|--------|--------|
| glipizide xl oral tablet extended release 24 hour 2.5 mg | Tier 1 | QL |
| glyburide oral tablet 1.25 mg | Tier 1 | QL |
| glyburide oral tablet 2.5 mg, 5 mg | Tier 1 | ST; QL |
| *THIAZOLIDINEDIONES** | | |
| pioglitazone hcl oral tablet | Tier 1 | ST; QL |
| *ANTIDIARRHEAL/PROBIOTIC AGENTS* | | |
| *ANTIPERISTALTIC AGENTS*** | | |
| diphenoxylate-atropine oral liquid | Tier 1 | |
| diphenoxylate-atropine oral tablet | Tier 1 | |
| loperamide hcl oral capsule | Tier 1 | QL |
| MOTOFEN ORAL TABLET | Tier 3 | |
| *ANTIDOTES AND SPECIFIC ANTAGONISTS* | | |
| *ANTIDOTES - CHELATING AGENTS*** | | |
| CHEMET ORAL CAPSULE | Tier 3 | |
| deferiprone oral tablet | Tier 4 | PA; LD |
| *OPIOID ANTAGONISTS*** | | |
| ft naloxone hcl nasal liquid | Tier 1 | |
| gnp naloxone hcl nasal liquid | Tier 1 | |
| KLOXXADO NASAL LIQUID | Tier 2 | QL |
| naloxone hcl injection solution | Tier 1 | QL |
| naloxone hcl injection solution cartridge | Tier 1 | QL |
| naloxone hcl injection solution prefilled syringe 2 mg/2ml | Tier 1 | QL |
| naloxone hcl nasal liquid | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| naltrexone hcl oral tablet | Tier 1 | |
| REXTOVY NASAL LIQUID | Tier 2 | QL |
| *ANTIEMETICS* | | |
| *5-HT3 RECEPTOR ANTAGONISTS*** | | |
| granisetron hcl oral tablet | Tier 1 | QL |
| ondansetron hcl oral solution | Tier 1 | QL |
| ondansetron hcl oral tablet | Tier 1 | QL |
| ondansetron oral tablet dispersible 4 mg, 8 mg | Tier 1 | QL |
| palonosetron hcl intravenous solution 0.25 mg/5ml | Tier 1 | |
| palonosetron hcl intravenous solution prefilled syringe | Tier 1 | |
| *ANTIEMETIC COMBINATIONS*** | | |
| AKYNZEO ORAL CAPSULE | Tier 3 | QL |
| *ANTIEMETICS - ANTICHOLINERGIC*** | | |
| meclizine hcl oral tablet 12.5 mg, 25 mg | Tier 1 | |
| scopolamine transdermal patch 72 hour | Tier 1 | |
| trimethobenzamide hcl oral capsule | Tier 1 | |
| *ANTIEMETICS - MISCELLANEOUS*** | | |
| dronabinol oral capsule | Tier 2 | QL |
| *SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** | | |
| aprepitant oral | Tier 1 | QL |
| aprepitant oral capsule | Tier 1 | QL |
| *ANTIFUNGALS* | | |
| *ANTIFUNGALS*** | | |
| flucytosine oral capsule | Tier 1 | PA |
| griseofulvin microsize oral suspension | Tier 1 | |

| Drug Name | Tier | Notes |
|--|--------|--------|
| griseofulvin microsize oral tablet | Tier 1 | |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | Tier 1 | |
| nystatin oral tablet | Tier 1 | |
| terbinafine hcl oral tablet | Tier 1 | |
| *IMIDAZOLES*** | | |
| ketoconazole oral tablet | Tier 1 | QL |
| *TRIAZOLES*** | | |
| fluconazole oral suspension reconstituted | Tier 1 | QL |
| fluconazole oral tablet | Tier 1 | QL |
| itraconazole oral capsule | Tier 1 | PA; QL |
| posaconazole oral suspension | Tier 2 | PA; QL |
| voriconazole oral suspension reconstituted | Tier 1 | PA; QL |
| voriconazole oral tablet | Tier 1 | PA; QL |
| *ANTI HISTAMINES* | | |
| *ANTI HISTAMINES - ETHANOLAMINES*** | | |
| carbinoxamine maleate oral solution | Tier 1 | QL |
| carbinoxamine maleate oral tablet 4 mg | Tier 1 | QL |
| clemastine fumarate oral tablet | Tier 1 | QL |
| CLEMASZ ORAL TABLET 2.68 MG | Tier 1 | QL |
| diphenhydramine hcl injection solution | Tier 1 | |
| diphenhydramine hcl oral capsule 50 mg | Tier 1 | |
| *ANTI HISTAMINES - NON-SEDATING*** | | |
| cetirizine hcl oral solution | Tier 1 | QL |
| desloratadine oral tablet | Tier 1 | QL |
| desloratadine oral tablet dispersible | Tier 1 | QL |
| levocetirizine dihydrochloride oral solution | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|--------|
| levocetirizine dihydrochloride oral tablet | Tier 1 | QL |
| *ANTIHISTAMINES - PHENOTHIAZINES*** | | |
| promethazine hcl oral solution | Tier 1 | QL |
| promethazine hcl oral tablet | Tier 1 | QL |
| promethazine hcl rectal suppository | Tier 1 | QL |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 50 MG | Tier 1 | QL |
| promethegan rectal suppository 25 mg | Tier 1 | QL |
| *ANTIHISTAMINES - PIPERIDINES*** | | |
| cyproheptadine hcl oral syrup | Tier 1 | |
| cyproheptadine hcl oral tablet | Tier 1 | |
| *ANTIHYPERLIPIDEMICS * | | |
| *ANTIHYPERLIPIDEMICS - MISC.*** | | |
| omega-3-acid ethyl esters oral capsule | Tier 1 | PA; QL |
| *BILE ACID SEQUESTRANTS*** | | |
| cholestyramine light oral packet | Tier 1 | QL |
| cholestyramine light oral powder | Tier 1 | QL |
| cholestyramine oral packet | Tier 1 | QL |
| cholestyramine oral powder | Tier 1 | QL |
| colesevelam hcl oral packet | Tier 1 | QL |
| colesevelam hcl oral tablet | Tier 1 | QL |
| colestipol hcl oral granules | Tier 1 | QL |
| colestipol hcl oral packet | Tier 1 | QL |
| colestipol hcl oral tablet | Tier 1 | QL |
| PREVALITE ORAL PACKET | Tier 1 | QL |

| Drug Name | Tier | Notes |
|--|--------|---------|
| PREVALITE ORAL POWDER | Tier 1 | QL |
| *FIBRIC ACID DERIVATIVES*** | | |
| fenofibrate micronized oral capsule | Tier 1 | QL |
| fenofibrate oral capsule | Tier 1 | QL |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | Tier 1 | QL |
| fenofibric acid oral capsule delayed release | Tier 1 | QL |
| fenofibric acid oral tablet | Tier 1 | QL |
| gemfibrozil oral tablet | Tier 1 | QL |
| *HMG COA REDUCTASE INHIBITORS*** | | |
| atorvastatin calcium oral tablet 10 mg, 20 mg | Tier 1 | DO; \$0 |
| atorvastatin calcium oral tablet 40 mg | Tier 1 | DO |
| atorvastatin calcium oral tablet 80 mg | Tier 1 | QL |
| fluvastatin sodium er oral tablet extended release 24 hour | Tier 2 | \$0; QL |
| fluvastatin sodium oral capsule | Tier 1 | DO; \$0 |
| lovastatin oral tablet 10 mg, 20 mg | Tier 1 | DO; \$0 |
| lovastatin oral tablet 40 mg | Tier 1 | \$0; QL |
| pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg | Tier 1 | DO; \$0 |
| pravastatin sodium oral tablet 80 mg | Tier 1 | \$0; QL |
| rosuvastatin calcium oral tablet 10 mg, 5 mg | Tier 1 | DO; \$0 |
| rosuvastatin calcium oral tablet 20 mg | Tier 1 | DO |
| rosuvastatin calcium oral tablet 40 mg | Tier 1 | QL |
| simvastatin oral tablet 10 mg, 20 mg, 5 mg | Tier 1 | DO; \$0 |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|---------|
| simvastatin oral tablet 40 mg | Tier 1 | \$0; QL |
| simvastatin oral tablet 80 mg | Tier 1 | PA; QL |
| *INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB*** | | |
| ezetimibe-simvastatin oral tablet | Tier 1 | ST; QL |
| *INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** | | |
| ezetimibe oral tablet | Tier 1 | PA; QL |
| *NICOTINIC ACID DERIVATIVES*** | | |
| niacin er (antihyperlipidemic) oral tablet extended release | Tier 1 | ST; QL |
| *PCSK9 INHIBITORS*** | | |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE | Tier 3 | PA; QL |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 3 | PA; QL |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 3 | PA; QL |
| *ANTIHYPERTENSIVES* | | |
| *ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** | | |
| amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-40 mg | Tier 1 | QL |
| amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg | Tier 1 | DO |

| Drug Name | Tier | Notes |
|--|--------|-------|
| trandolapril-verapamil hcl er oral tablet extended release | Tier 1 | QL |
| *ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** | | |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg | Tier 1 | DO |
| benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg, 5-6.25 mg | Tier 1 | QL |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg | Tier 1 | QL |
| enalapril-hydrochlorothiazide oral tablet 5-12.5 mg | Tier 1 | DO |
| fosinopril sodium-hctz oral tablet | Tier 1 | QL |
| lisinopril-hydrochlorothiazide oral tablet | Tier 1 | QL |
| quinapril-hydrochlorothiazide oral tablet | Tier 1 | QL |
| *ACE INHIBITORS*** | | |
| benazepril hcl oral tablet 10 mg, 40 mg, 5 mg | Tier 1 | QL |
| benazepril hcl oral tablet 20 mg | Tier 1 | DO |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg | Tier 1 | QL |
| captopril oral tablet 50 mg | Tier 1 | DO |
| enalapril maleate oral tablet | Tier 1 | QL |
| fosinopril sodium oral tablet 10 mg, 40 mg | Tier 1 | QL |
| fosinopril sodium oral tablet 20 mg | Tier 1 | DO |
| lisinopril oral tablet | Tier 1 | QL |
| moexipril hcl oral tablet | Tier 1 | QL |
| perindopril erbumine oral tablet | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|--------|
| quinapril hcl oral tablet 10 mg, 40 mg, 5 mg | Tier 1 | QL |
| quinapril hcl oral tablet 20 mg | Tier 1 | DO |
| ramipril oral capsule 1.25 mg, 5 mg | Tier 1 | DO |
| ramipril oral capsule 10 mg, 2.5 mg | Tier 1 | QL |
| trandolapril oral tablet | Tier 1 | QL |
| *AGENTS FOR PHEOCHROMOCYTOMA*** | | |
| phenoxybenzamine hcl oral capsule | Tier 1 | PA; QL |
| *ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** | | |
| amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg | Tier 1 | QL |
| amlodipine-olmesartan oral tablet 5-20 mg | Tier 1 | DO |
| *ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** | | |
| candesartan cilexetil-hctz oral tablet | Tier 1 | QL |
| irbesartan-hydrochlorothiazide oral tablet | Tier 1 | QL |
| losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg | Tier 1 | QL |
| losartan potassium-hctz oral tablet 50-12.5 mg | Tier 1 | DO |
| telmisartan-hctz oral tablet 40-12.5 mg | Tier 1 | DO |
| telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg | Tier 1 | QL |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg | Tier 1 | DO |

| Drug Name | Tier | Notes |
|---|--------|-------|
| valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg | Tier 1 | QL |
| *ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| candesartan cilexetil oral tablet 16 mg, 32 mg | Tier 1 | QL |
| candesartan cilexetil oral tablet 4 mg, 8 mg | Tier 1 | DO |
| irbesartan oral tablet 150 mg, 75 mg | Tier 1 | DO |
| irbesartan oral tablet 300 mg | Tier 1 | QL |
| losartan potassium oral tablet 100 mg, 50 mg | Tier 1 | QL |
| losartan potassium oral tablet 25 mg | Tier 1 | DO |
| olmesartan medoxomil oral tablet 20 mg, 5 mg | Tier 1 | DO |
| olmesartan medoxomil oral tablet 40 mg | Tier 1 | QL |
| telmisartan oral tablet 20 mg, 40 mg | Tier 1 | DO |
| telmisartan oral tablet 80 mg | Tier 1 | QL |
| valsartan oral tablet 160 mg, 320 mg | Tier 1 | QL |
| valsartan oral tablet 40 mg, 80 mg | Tier 1 | DO |
| *ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** | | |
| olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg | Tier 1 | DO |
| olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg | Tier 1 | QL |
| *ANTIADRENERGICS - CENTRALLY ACTING*** | | |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg | Tier 1 | DO |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| clonidine hcl oral tablet 0.3 mg | Tier 1 | QL |
| guanfacine hcl oral tablet | Tier 1 | |
| methyldopa oral tablet 250 mg | Tier 1 | DO |
| methyldopa oral tablet 500 mg | Tier 1 | QL |
| *ANTIADRENERGICS - PERIPHERALLY ACTING*** | | |
| doxazosin mesylate oral tablet | Tier 1 | QL |
| prazosin hcl oral capsule | Tier 1 | |
| terazosin hcl oral capsule | Tier 1 | QL |
| *BETA BLOCKER & DIURETIC COMBINATIONS*** | | |
| atenolol-chlorthalidone oral tablet | Tier 1 | QL |
| bisoprolol-hydrochlorothiazide oral tablet | Tier 1 | QL |
| metoprolol-hydrochlorothiazide oral tablet | Tier 1 | QL |
| *DIRECT RENIN INHIBITORS*** | | |
| aliskiren fumarate oral tablet 150 mg | Tier 1 | DO |
| aliskiren fumarate oral tablet 300 mg | Tier 1 | QL |
| *SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** | | |
| eplerenone oral tablet | Tier 1 | |
| *VASODILATORS*** | | |
| hydralazine hcl oral tablet | Tier 1 | |
| minoxidil oral tablet | Tier 1 | |

| Drug Name | Tier | Notes |
|---|--------|--------|
| *ANTI-INFECTIVE AGENTS - MISC.* | | |
| *ANTI-INFECTIVE AGENTS - MISC.*** | | |
| metronidazole oral capsule | Tier 1 | |
| metronidazole oral tablet 250 mg, 500 mg | Tier 1 | |
| pentamidine isethionate inhalation solution reconstituted | Tier 1 | |
| tinidazole oral tablet | Tier 1 | QL |
| trimethoprim oral tablet | Tier 1 | |
| XIFAXAN ORAL TABLET | Tier 3 | PA; QL |
| *ANTI-INFECTIVE MISC. - COMBINATIONS*** | | |
| sulfamethoxazole-trimethoprim oral suspension | Tier 1 | |
| sulfamethoxazole-trimethoprim oral tablet | Tier 1 | |
| SULFATRIM PEDIATRIC ORAL SUSPENSION | Tier 1 | |
| *ANTIPROTOZOAL AGENTS*** | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML | Tier 3 | QL |
| atovaquone oral suspension | Tier 1 | |
| nitazoxanide oral tablet | Tier 1 | QL |
| *CARBAPENEMS*** | | |
| ertapenem sodium injection solution reconstituted | Tier 1 | |
| *GLYCOPEPTIDES*** | | |
| vancomycin hcl oral capsule | Tier 1 | PA; QL |
| *LEPROSTATICS*** | | |
| dapsone oral tablet | Tier 1 | |
| *LINCOSAMIDES*** | | |
| clindamycin hcl oral capsule | Tier 1 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|------------|
| clindamycin palmitate hcl oral solution reconstituted | Tier 1 | |
| *MONOBACTAMS*** | | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED | Tier 4 | SP; LD; QL |
| *OXAZOLIDINONES*** | | |
| linezolid oral suspension reconstituted | Tier 1 | PA; QL |
| linezolid oral tablet | Tier 1 | PA; QL |
| *URINARY ANTI-INFECTIVES*** | | |
| fosfomycin tromethamine oral packet | Tier 3 | |
| methenamine hippurate oral tablet | Tier 1 | |
| methenamine mandelate oral tablet | Tier 1 | |
| nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg | Tier 1 | |
| nitrofurantoin monohyd macro oral capsule | Tier 1 | |
| nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml | Tier 2 | |
| *ANTIMALARIALS* | | |
| *ANTIMALARIAL COMBINATIONS*** | | |
| atovaquone-proguanil hcl oral tablet | Tier 1 | |
| COARTEM ORAL TABLET | Tier 3 | |
| *ANTIMALARIALS*** | | |
| chloroquine phosphate oral tablet | Tier 1 | |
| hydroxychloroquine sulfate oral tablet 200 mg | Tier 1 | QL |
| mefloquine hcl oral tablet | Tier 1 | QL |
| primaquine phosphate oral tablet | Tier 1 | |
| pyrimethamine oral tablet | Tier 1 | PA; QL |
| quinine sulfate oral capsule | Tier 1 | PA; QL |

| Drug Name | Tier | Notes |
|---|--------|----------------|
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS* | | |
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS*** | | |
| pyridostigmine bromide oral tablet 60 mg | Tier 1 | |
| *ANTIMYCOBACTERIAL AGENTS* | | |
| *ANTIMYCOBACTERIAL AGENTS*** | | |
| cycloserine oral capsule | Tier 1 | |
| ethambutol hcl oral tablet | Tier 1 | |
| isoniazid oral syrup | Tier 1 | |
| isoniazid oral tablet | Tier 1 | |
| PRIFTIN ORAL TABLET | Tier 3 | |
| pyrazinamide oral tablet | Tier 1 | |
| rifabutin oral capsule | Tier 1 | |
| rifampin oral capsule | Tier 1 | |
| TRECTOR ORAL TABLET | Tier 3 | |
| *ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* | | |
| *ALKYLATING AGENTS*** | | |
| MYLERAN ORAL TABLET | Tier 4 | |
| *ANDROGEN BIOSYNTHESIS INHIBITORS*** | | |
| abiraterone acetate oral tablet | Tier 4 | PA; SP; QL |
| ABIRTEGA ORAL TABLET | Tier 4 | PA; SP; QL |
| *ANTIADRENALS*** | | |
| LYSODREN ORAL TABLET | Tier 4 | LD; QL |
| *ANTIANDROGENS*** | | |
| bicalutamide oral tablet | Tier 1 | QL |
| nilutamide oral tablet | Tier 4 | QL |
| XTANDI ORAL CAPSULE | Tier 4 | PA; SP; LD; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|----------------|
| *ANTIESTROGENS*** | | |
| tamoxifen citrate oral tablet | Tier 1 | \$0 |
| toremifene citrate oral tablet | Tier 4 | |
| *ANTIMETABOLITES*** | | |
| capecitabine oral tablet | Tier 4 | PA; SP |
| mercaptopurine oral tablet | Tier 1 | |
| methotrexate sodium oral tablet | Tier 1 | |
| TABLOID ORAL TABLET | Tier 4 | |
| *ANTINEOPLASTIC - ALK INHIBITORS*** | | |
| XALKORI ORAL CAPSULE | Tier 4 | PA; SP; LD; QL |
| *ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** | | |
| BOSULIF ORAL TABLET | Tier 4 | PA; SP; QL |
| dasatinib oral tablet | Tier 4 | PA; SP; QL |
| ICLUSIG ORAL TABLET | Tier 4 | PA; LD; QL |
| imatinib mesylate oral tablet | Tier 4 | PA; SP; QL |
| nilotinib hcl oral capsule | Tier 4 | PA; SP; QL |
| SPRYCEL ORAL TABLET | Tier 4 | PA; SP; QL |
| TASIGNA ORAL CAPSULE | Tier 4 | PA; SP; QL |
| *ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** | | |
| TAFINLAR ORAL CAPSULE | Tier 4 | PA; SP; LD; QL |
| ZELBORAF ORAL TABLET | Tier 4 | PA; SP; LD; QL |
| *ANTINEOPLASTIC - BTK INHIBITORS*** | | |
| IMBRUVICA ORAL CAPSULE | Tier 4 | PA; LD; QL |
| IMBRUVICA ORAL TABLET | Tier 4 | PA; LD; QL |

| Drug Name | Tier | Notes |
|--|--------|----------------|
| *ANTINEOPLASTIC - EGFR INHIBITORS*** | | |
| ERBITUX INTRAVENOUS SOLUTION | Tier 4 | PA; SP |
| erlotinib hcl oral tablet | Tier 4 | PA; SP; QL |
| GILOTRIF ORAL TABLET | Tier 4 | PA; LD; QL |
| *ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** | | |
| ERIVEDGE ORAL CAPSULE | Tier 4 | PA; SP; LD; QL |
| *ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** | | |
| ZOLINZA ORAL CAPSULE | Tier 4 | PA; SP; QL |
| *ANTINEOPLASTIC - IMMUNOMODULATORS** | | |
| POMALYST ORAL CAPSULE | Tier 4 | PA; SP; LD; QL |
| *ANTINEOPLASTIC - MEK INHIBITORS*** | | |
| MEKINIST ORAL TABLET | Tier 4 | PA; SP; LD; QL |
| *ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** | | |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | Tier 4 | PA; SP |
| everolimus oral tablet soluble | Tier 4 | PA; SP |
| TORPENZ ORAL TABLET | Tier 4 | PA; SP; LD |
| *ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** | | |
| CAPRELSA ORAL TABLET | Tier 4 | PA; LD; QL |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT | Tier 4 | PA; SP; LD; QL |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT | Tier 4 | PA; SP; LD; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|----------------|
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT | Tier 4 | PA; SP; LD; QL |
| lapatinib ditosylate oral tablet | Tier 4 | PA; SP; QL |
| pazopanib hcl oral tablet | Tier 4 | PA; SP; QL |
| sorafenib tosylate oral tablet | Tier 4 | PA; SP; QL |
| STIVARGA ORAL TABLET | Tier 4 | PA; SP; LD; QL |
| sunitinib malate oral capsule | Tier 4 | PA; SP; QL |
| VOTRIENT ORAL TABLET | Tier 4 | PA; SP; LD; QL |
| *ANTINEOPLASTIC ANTIBIOTICS*** | | |
| mitoxantrone hcl intravenous concentrate | Tier 4 | SP |
| *ANTINEOPLASTICS MISC.*** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | Tier 4 | PA; SP; LD |
| hydroxyurea oral capsule | Tier 1 | |
| MATULANE ORAL CAPSULE | Tier 4 | LD |
| *AROMATASE INHIBITORS*** | | |
| anastrozole oral tablet | Tier 1 | \$0 |
| exemestane oral tablet | Tier 1 | \$0 |
| letrozole oral tablet | Tier 1 | \$0 |
| *CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** | | |
| IBRANCE ORAL CAPSULE | Tier 4 | PA; SP; LD; QL |
| IBRANCE ORAL TABLET | Tier 4 | PA; SP; LD; QL |
| *ESTROGENS-ANTINEOPLASTIC*** | | |
| EMCYT ORAL CAPSULE 140 MG | Tier 4 | PA |

| Drug Name | Tier | Notes |
|---|--------|----------------|
| *FOLIC ACID ANTAGONISTS RESCUE AGENTS*** | | |
| leucovorin calcium oral tablet | Tier 1 | |
| *GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** | | |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier 4 | PA; SP; QL |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier 4 | PA; SP; QL |
| *IMIDAZOTETRAZINES** | | |
| * | | |
| temozolomide oral capsule | Tier 4 | PA; SP; QL |
| *JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** | | |
| JAKAFI ORAL TABLET | Tier 4 | PA; SP; LD; QL |
| *LHRH ANALOGS*** | | |
| leuprolide acetate injection kit | Tier 4 | PA; SP |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 4 | PA; SP; QL |
| *MITOTIC INHIBITORS*** | | |
| etoposide oral capsule | Tier 4 | SP |
| *NITROGEN MUSTARDS AND RELATED ANALOGUES*** | | |
| cyclophosphamide oral capsule | Tier 4 | SP |
| LEUKERAN ORAL TABLET | Tier 3 | |
| melphalan oral tablet 2 mg | Tier 4 | SP |
| *NITROSOUREAS*** | | |
| GLEOSTINE ORAL CAPSULE | Tier 4 | PA; SP |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|----------------|
| *PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** | | |
| ZYDELIG ORAL TABLET | Tier 4 | PA; SP; LD; QL |
| *POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** | | |
| LYNPARZA ORAL TABLET | Tier 4 | PA; SP; LD; QL |
| *PROGESTINS-ANTINEOPLASTIC*** | | |
| megestrol acetate oral tablet | Tier 1 | |
| *RETINOIDS*** | | |
| tretinoin oral capsule | Tier 1 | |
| *SELECTIVE RETINOID X RECEPTOR AGONISTS*** | | |
| bexarotene oral capsule | Tier 4 | PA; SP; QL |
| *TOPOISOMERASE I INHIBITORS*** | | |
| HYCAMTIN ORAL CAPSULE | Tier 4 | PA; SP |
| *VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** | | |
| INLYTA ORAL TABLET | Tier 4 | PA; SP; LD; QL |
| *ANTIPARKINSON AND RELATED THERAPY AGENTS* | | |
| *ANTIPARKINSON ANTICHOLINERGICS*** | | |
| benztropine mesylate oral tablet | Tier 1 | |
| trihexyphenidyl hcl oral solution | Tier 1 | |
| trihexyphenidyl hcl oral tablet | Tier 1 | |
| *ANTIPARKINSON DOPAMINERGICS*** | | |
| amantadine hcl oral capsule | Tier 1 | QL |
| amantadine hcl oral solution | Tier 1 | QL |

| Drug Name | Tier | Notes |
|--|--------|----------------|
| amantadine hcl oral tablet | Tier 1 | QL |
| bromocriptine mesylate oral capsule | Tier 2 | |
| bromocriptine mesylate oral tablet | Tier 1 | |
| *ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** | | |
| rasagiline mesylate oral tablet | Tier 1 | QL |
| selegiline hcl oral capsule | Tier 1 | |
| selegiline hcl oral tablet | Tier 1 | |
| *CENTRAL/PERIPHERAL COMT INHIBITORS*** | | |
| tolcapone oral tablet | Tier 1 | PA; QL |
| *DECARBOXYLASE INHIBITORS*** | | |
| carbidopa oral tablet | Tier 1 | |
| *LEVODOPA COMBINATIONS*** | | |
| carbidopa-levodopa er oral tablet extended release | Tier 1 | |
| carbidopa-levodopa oral tablet | Tier 1 | |
| carbidopa-levodopa oral tablet dispersible | Tier 1 | |
| carbidopa-levodopa-entacapone oral tablet | Tier 2 | |
| *NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** | | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE | Tier 4 | PA; SP; LD; QL |
| apomorphine hcl subcutaneous solution cartridge | Tier 4 | PA; SP; QL |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | Tier 3 | QL |
| pramipexole dihydrochloride oral tablet | Tier 1 | QL |
| ropinirole hcl er oral tablet extended release 24 hour | Tier 1 | |
| ropinirole hcl oral tablet | Tier 1 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|--------|
| *PERIPHERAL COMT INHIBITORS*** | | |
| entacapone oral tablet | Tier 1 | QL |
| *ANTIPSYCHOTICS/ANTIMANIC AGENTS* | | |
| *ANTIMANIC AGENTS*** | | |
| lithium carbonate er oral tablet extended release | Tier 1 | QL |
| lithium carbonate oral capsule | Tier 1 | QL |
| lithium carbonate oral tablet | Tier 1 | QL |
| lithium oral solution | Tier 1 | |
| *ANTIPSYCHOTICS - MISC.*** | | |
| lurasidone hcl oral tablet 120 mg, 80 mg | Tier 2 | PA; QL |
| lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg | Tier 2 | PA; DO |
| ziprasidone hcl oral capsule 20 mg, 40 mg | Tier 1 | PA; DO |
| ziprasidone hcl oral capsule 60 mg, 80 mg | Tier 1 | PA; QL |
| *BENZISOXAZOLES*** | | |
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG | Tier 3 | PA; DO |
| FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG | Tier 3 | PA; QL |
| FANAPT TITRATION PACK A ORAL TABLET | Tier 3 | PA; QL |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG | Tier 3 | PA; QL |
| paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg | Tier 1 | PA; DO |
| paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg | Tier 1 | PA; QL |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | Tier 4 | PA; QL |

| Drug Name | Tier | Notes |
|---|--------|--------|
| risperidone microspheres er intramuscular suspension reconstituted er | Tier 4 | QL |
| risperidone oral solution | Tier 1 | PA; QL |
| risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg | Tier 1 | PA; DO |
| risperidone oral tablet 3 mg, 4 mg | Tier 1 | PA; QL |
| risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg | Tier 1 | PA; DO |
| risperidone oral tablet dispersible 3 mg, 4 mg | Tier 1 | PA; QL |
| *BUTYROPHENONES*** | | |
| haloperidol decanoate intramuscular solution | Tier 3 | PA; QL |
| haloperidol oral tablet 0.5 mg, 1 mg, 2 mg | Tier 1 | PA; DO |
| haloperidol oral tablet 10 mg, 20 mg, 5 mg | Tier 1 | PA; QL |
| *DIBENZODIAZEPINES** | | |
| * | | |
| clozapine oral tablet 100 mg, 200 mg | Tier 1 | PA; QL |
| clozapine oral tablet 25 mg, 50 mg | Tier 1 | PA; DO |
| clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg | Tier 1 | PA; QL |
| clozapine oral tablet dispersible 12.5 mg, 25 mg | Tier 1 | PA; DO |
| *DIBENZO-OXEPINO PYRROLES*** | | |
| asenapine maleate sublingual tablet sublingual 10 mg | Tier 1 | PA; QL |
| asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg | Tier 1 | PA; DO |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|--------|
| *DIBENZOTHIAZEPINES* ** | | |
| quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg | Tier 1 | PA; DO |
| quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg | Tier 1 | PA; QL |
| quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg | Tier 1 | PA; DO |
| quetiapine fumarate oral tablet 150 mg, 300 mg, 400 mg | Tier 1 | PA; QL |
| *DIBENZOXAZEPINES*** | | |
| loxapine succinate oral capsule 10 mg, 25 mg, 5 mg | Tier 1 | PA; DO |
| loxapine succinate oral capsule 50 mg | Tier 1 | PA; QL |
| *PHENOTHIAZINES*** | | |
| chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg | Tier 1 | PA; DO |
| chlorpromazine hcl oral tablet 100 mg, 200 mg | Tier 1 | PA; QL |
| fluphenazine hcl oral concentrate | Tier 1 | PA; QL |
| fluphenazine hcl oral elixir | Tier 1 | PA; QL |
| fluphenazine hcl oral tablet 1 mg, 2.5 mg | Tier 1 | PA; DO |
| fluphenazine hcl oral tablet 10 mg, 5 mg | Tier 1 | PA; QL |
| perphenazine oral tablet 16 mg, 4 mg, 8 mg | Tier 1 | PA; QL |
| perphenazine oral tablet 2 mg | Tier 1 | PA; DO |
| prochlorperazine maleate oral tablet | Tier 1 | |
| thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg | Tier 1 | DO |
| thioridazine hcl oral tablet 100 mg | Tier 1 | QL |

| Drug Name | Tier | Notes |
|---|--------|--|
| trifluoperazine hcl oral tablet 1 mg, 2 mg | Tier 1 | PA; DO |
| trifluoperazine hcl oral tablet 10 mg, 5 mg | Tier 1 | PA; QL |
| *QUINOLINONE DERIVATIVES*** | | |
| aripiprazole oral solution | Tier 1 | PA; QL |
| aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg | Tier 1 | PA; DO |
| aripiprazole oral tablet 20 mg, 30 mg | Tier 1 | PA; QL |
| *THIENBENZODIAZEPINES*** | | |
| olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | Tier 1 | PA; DO |
| olanzapine oral tablet 15 mg, 20 mg | Tier 1 | PA; QL |
| olanzapine oral tablet dispersible 10 mg, 5 mg | Tier 1 | PA; DO |
| olanzapine oral tablet dispersible 15 mg, 20 mg | Tier 1 | PA; QL |
| *THIOXANTHENES*** | | |
| thiothixene oral capsule 1 mg, 2 mg, 5 mg | Tier 1 | PA; DO |
| thiothixene oral capsule 10 mg | Tier 1 | PA; QL |
| *ANTIVIRALS* | | |
| *ANTIRETROVIRAL COMBINATIONS*** | | |
| abacavir sulfate-lamivudine oral tablet | Tier 4 | QL |
| BIKTARVY ORAL TABLET | Tier 4 | QL |
| DELSTRIGO ORAL TABLET | Tier 4 | QL |
| DESCOVY ORAL TABLET 200-25 MG | NF | \$0 (\$0 copay for pre-exposure prophylaxis); QL |
| DOVATO ORAL TABLET | Tier 4 | QL |
| efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg | Tier 4 | QL |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | Tier 4 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|------------|
| emtricitabine-tenofovir df oral tablet 200-300 mg | Tier 1 | \$0; QL |
| GENVOYA ORAL TABLET | Tier 4 | QL |
| lamivudine-zidovudine oral tablet | Tier 4 | QL |
| lopinavir-ritonavir oral solution 400-100 mg/5ml | Tier 1 | QL |
| lopinavir-ritonavir oral tablet | Tier 4 | QL |
| STRIBILD ORAL TABLET | Tier 4 | QL |
| TRIUMEQ ORAL TABLET | Tier 4 | QL |
| trimeq pd oral tablet soluble | Tier 4 | QL |
| *ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** | | |
| maraviroc oral tablet | Tier 4 | QL |
| *ANTIRETROVIRALS - FUSION INHIBITORS*** | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier 4 | PA; LD; QL |
| *ANTIRETROVIRALS - INTEGRASE INHIBITORS*** | | |
| ISENTRESS ORAL TABLET | Tier 4 | QL |
| ISENTRESS ORAL TABLET CHEWABLE | Tier 4 | QL |
| TIVICAY ORAL TABLET | Tier 4 | QL |
| TIVICAY PD ORAL TABLET SOLUBLE | Tier 4 | QL |
| *ANTIRETROVIRALS - PROTEASE INHIBITORS*** | | |
| APTIVUS ORAL CAPSULE | Tier 4 | PA; QL |
| atazanavir sulfate oral capsule | Tier 4 | QL |
| darunavir oral tablet | Tier 4 | QL |

| Drug Name | Tier | Notes |
|---|--------|---------|
| fosamprenavir calcium oral tablet | Tier 4 | QL |
| PREZISTA ORAL SUSPENSION | Tier 4 | QL |
| PREZISTA ORAL TABLET 150 MG, 75 MG | Tier 4 | QL |
| ritonavir oral tablet | Tier 4 | QL |
| VIRACEPT ORAL TABLET | Tier 4 | QL |
| *ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** | | |
| EDURANT ORAL TABLET | Tier 4 | PA; QL |
| EDURANT PED ORAL TABLET SOLUBLE | Tier 4 | PA; QL |
| efavirenz oral capsule 200 mg, 50 mg | Tier 4 | QL |
| efavirenz oral tablet | Tier 4 | QL |
| etravirine oral tablet | Tier 4 | PA; QL |
| INTELENCE ORAL TABLET 25 MG | Tier 4 | PA; QL |
| nevirapine oral suspension | Tier 1 | QL |
| nevirapine oral tablet | Tier 1 | QL |
| *ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** | | |
| abacavir sulfate oral solution | Tier 1 | QL |
| abacavir sulfate oral tablet | Tier 1 | QL |
| *ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** | | |
| emtricitabine oral capsule | Tier 4 | \$0; QL |
| EMTRIVA ORAL SOLUTION | Tier 4 | QL |
| lamivudine oral tablet 150 mg, 300 mg | Tier 1 | QL |
| *ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** | | |
| zidovudine oral capsule | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|------------|
| zidovudine oral syrup | Tier 1 | QL |
| zidovudine oral tablet | Tier 1 | QL |
| *ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** | | |
| tenofovir disoproxil fumarate oral tablet | Tier 4 | \$0; QL |
| VIREAD ORAL POWDER | Tier 4 | QL |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | Tier 4 | QL |
| *ANTIVIRAL COMBINATIONS*** | | |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK | Tier 3 | QL |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK | Tier 3 | QL |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK | Tier 3 | QL |
| *CMV AGENTS*** | | |
| valganciclovir hcl oral solution reconstituted | Tier 4 | |
| valganciclovir hcl oral tablet | Tier 4 | |
| *HEPATITIS B AGENTS*** | | |
| adefovir dipivoxil oral tablet | Tier 4 | SP; QL |
| BARACLUDE ORAL SOLUTION | Tier 4 | QL |
| entecavir oral tablet | Tier 4 | QL |
| VEMLIDY ORAL TABLET | Tier 4 | SP; QL |
| *HEPATITIS C AGENT - COMBINATIONS*** | | |
| EPCLUSA ORAL PACKET | Tier 4 | PA; SP; QL |
| EPCLUSA ORAL TABLET | Tier 4 | PA; SP; QL |
| *HEPATITIS C AGENTS*** | | |
| PEGASYS SUBCUTANEOUS SOLUTION | Tier 4 | SP; LD; QL |

| Drug Name | Tier | Notes |
|---|--------|------------|
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | SP; LD; QL |
| ribavirin oral capsule | Tier 4 | SP; QL |
| ribavirin oral tablet | Tier 4 | SP; QL |
| *HERPES AGENTS - PURINE ANALOGUES*** | | |
| acyclovir oral capsule | Tier 1 | |
| acyclovir oral suspension | Tier 1 | |
| acyclovir oral tablet | Tier 1 | |
| valacyclovir hcl oral tablet | Tier 1 | QL |
| *HERPES AGENTS - THYMIDINE ANALOGUES*** | | |
| famciclovir oral tablet | Tier 1 | QL |
| *INFLUENZA AGENTS*** | | |
| rimantadine hcl oral tablet | Tier 1 | |
| *MISC. ANTIVIRALS*** | | |
| LAGEVRIO ORAL CAPSULE | Tier 3 | QL |
| *NEURAMINIDASE INHIBITORS*** | | |
| oseltamivir phosphate oral capsule | Tier 1 | QL |
| oseltamivir phosphate oral suspension reconstituted | Tier 1 | QL |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier 2 | QL |
| *PA ENDONUCLEASE INHIBITORS*** | | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK | Tier 3 | QL |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK | Tier 3 | QL |
| *BETA BLOCKERS* | | |
| *ALPHA-BETA BLOCKERS*** | | |
| carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg | Tier 1 | DO |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| carvedilol oral tablet 25 mg | Tier 1 | QL |
| labetalol hcl oral tablet 100 mg, 200 mg | Tier 1 | DO |
| labetalol hcl oral tablet 300 mg, 400 mg | Tier 1 | QL |
| *BETA BLOCKERS CARDIO-SELECTIVE*** | | |
| acebutolol hcl oral capsule | Tier 1 | |
| atenolol oral tablet | Tier 1 | |
| betaxolol hcl oral tablet | Tier 1 | |
| bisoprolol fumarate oral tablet | Tier 1 | |
| metoprolol succinate er oral tablet extended release 24 hour | Tier 1 | |
| metoprolol tartrate oral tablet | Tier 1 | |
| nebivolol hcl oral tablet | Tier 2 | |
| *BETA BLOCKERS NON- SELECTIVE*** | | |
| nadolol oral tablet 20 mg, 40 mg | Tier 1 | DO |
| nadolol oral tablet 80 mg | Tier 1 | QL |
| pindolol oral tablet 10 mg | Tier 1 | QL |
| pindolol oral tablet 5 mg | Tier 1 | DO |
| propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg | Tier 1 | DO |
| propranolol hcl er oral capsule extended release 24 hour 160 mg | Tier 1 | QL |
| propranolol hcl oral solution | Tier 1 | QL |
| propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg | Tier 1 | DO |
| propranolol hcl oral tablet 80 mg | Tier 1 | QL |
| sotalol hcl (af) oral tablet | Tier 1 | QL |
| sotalol hcl oral tablet | Tier 1 | QL |
| timolol maleate oral tablet 10 mg, 20 mg | Tier 1 | QL |

| Drug Name | Tier | Notes |
|---|--------|-------|
| timolol maleate oral tablet 5 mg | Tier 1 | DO |
| *CALCIUM CHANNEL BLOCKERS* | | |
| *CALCIUM CHANNEL BLOCKERS*** | | |
| amlodipine besylate oral tablet 10 mg | Tier 1 | QL |
| amlodipine besylate oral tablet 2.5 mg, 5 mg | Tier 1 | DO |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | Tier 1 | DO |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG | Tier 1 | QL |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg | Tier 1 | DO |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | Tier 1 | QL |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg | Tier 1 | DO |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg | Tier 1 | QL |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg, 90 mg | Tier 1 | QL |
| diltiazem hcl er oral capsule extended release 12 hour 60 mg | Tier 1 | DO |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg | Tier 1 | DO |
| diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| diltiazem hcl er oral tablet extended release 24 hour 120 mg | Tier 1 | DO |
| diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | Tier 1 | QL |
| diltiazem hcl oral tablet 120 mg, 90 mg | Tier 1 | QL |
| diltiazem hcl oral tablet 30 mg, 60 mg | Tier 1 | DO |
| dilt-xr oral capsule extended release 24 hour 120 mg | Tier 1 | DO |
| dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg | Tier 1 | QL |
| felodipine er oral tablet extended release 24 hour 10 mg | Tier 1 | QL |
| felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg | Tier 1 | DO |
| isradipine oral capsule 2.5 mg | Tier 1 | DO |
| isradipine oral capsule 5 mg | Tier 1 | QL |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR | Tier 1 | QL |
| nicardipine hcl oral capsule | Tier 1 | QL |
| nifedipine er oral tablet extended release 24 hour | Tier 1 | QL |
| nifedipine er osmotic release oral tablet extended release 24 hour 30 mg | Tier 1 | DO |
| nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg | Tier 1 | QL |
| nifedipine oral capsule 10 mg | Tier 1 | DO |
| nifedipine oral capsule 20 mg | Tier 1 | QL |
| nimodipine oral capsule | Tier 1 | QL |

| Drug Name | Tier | Notes |
|--|--------|-------|
| nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg | Tier 2 | DO |
| nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg | Tier 2 | QL |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | Tier 1 | DO |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG | Tier 1 | QL |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | Tier 1 | DO |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | Tier 1 | QL |
| verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg | Tier 1 | DO |
| verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg | Tier 1 | QL |
| verapamil hcl er oral tablet extended release 120 mg | Tier 1 | DO |
| verapamil hcl er oral tablet extended release 180 mg, 240 mg | Tier 1 | QL |
| verapamil hcl oral tablet 120 mg | Tier 1 | QL |
| verapamil hcl oral tablet 40 mg, 80 mg | Tier 1 | DO |
| *CARDIOTONICS* | | |
| *CARDIAC GLYCOSIDES*** | | |
| DIGOX ORAL TABLET 125 MCG | Tier 1 | DO |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|----------------|
| DIGOX ORAL TABLET 250 MCG | Tier 1 | QL |
| digoxin oral solution | Tier 1 | QL |
| digoxin oral tablet 125 mcg | Tier 1 | DO |
| digoxin oral tablet 250 mcg | Tier 1 | QL |
| digoxin oral tablet 62.5 mcg | Tier 2 | DO |
| LANOXIN ORAL TABLET 125 MCG, 62.5 MCG | Tier 3 | DO |
| LANOXIN ORAL TABLET 250 MCG | Tier 3 | QL |
| *CARDIOVASCULAR AGENTS - MISC.* | | |
| *CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB*** | | |
| amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg | Tier 1 | QL |
| 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 | Tier 1 | DO |
| *PROSTAGLANDIN VASODILATORS*** | | |
| treprostinil injection solution | Tier 4 | PA; SP; LD |
| VENTAVIS INHALATION SOLUTION | Tier 4 | PA; SP; LD; QL |
| *PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** | | |
| ambrisentan oral tablet | Tier 4 | PA; SP; QL |
| bosentan oral tablet | Tier 4 | PA; SP; LD; QL |
| *PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** | | |
| alyq oral tablet | Tier 4 | PA; SP; QL |

| Drug Name | Tier | Notes |
|---|--------|------------|
| sildenafil citrate oral tablet 20 mg | Tier 4 | PA; SP; QL |
| tadalafil (pah) oral tablet | Tier 4 | PA; SP; QL |
| *SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** | | |
| tadalafil oral tablet 2.5 mg, 5 mg | Tier 1 | PA; BE; QL |
| *CEPHALOSPORINS* | | |
| *CEPHALOSPORINS - 1ST GENERATION*** | | |
| cefadroxil oral capsule | Tier 1 | |
| cefadroxil oral suspension reconstituted | Tier 1 | |
| cefadroxil oral tablet | Tier 1 | |
| cephalexin oral capsule | Tier 1 | |
| cephalexin oral suspension reconstituted | Tier 1 | |
| cephalexin oral tablet | Tier 1 | |
| *CEPHALOSPORINS - 2ND GENERATION*** | | |
| cefaclor er oral tablet extended release 12 hour | Tier 2 | |
| cefaclor oral capsule | Tier 1 | |
| cefaclor oral suspension reconstituted | Tier 1 | |
| cefprozil oral suspension reconstituted | Tier 1 | |
| cefprozil oral tablet | Tier 1 | |
| cefuroxime axetil oral tablet | Tier 1 | |
| *CEPHALOSPORINS - 3RD GENERATION*** | | |
| cefdinir oral capsule | Tier 1 | |
| cefdinir oral suspension reconstituted | Tier 1 | |
| cefixime oral capsule | Tier 1 | |
| cefpodoxime proxetil oral suspension reconstituted | Tier 1 | |
| cefpodoxime proxetil oral tablet | Tier 1 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| *CONTRACEPTIVES* | | |
| *BIPHASIC CONTRACEPTIVES - ORAL*** | | |
| AZURETTE ORAL TABLET | Tier 1 | \$0 |
| desogestrel-ethinyl estradiol oral tablet | Tier 1 | \$0 |
| KARIVA ORAL TABLET | Tier 1 | \$0 |
| LO LOESTRIN FE ORAL TABLET | Tier 3 | |
| PIMTREA ORAL TABLET | Tier 1 | \$0 |
| SIMLIYA ORAL TABLET | Tier 1 | \$0 |
| viorele oral tablet | Tier 1 | \$0 |
| VOLNEA ORAL TABLET | Tier 1 | \$0 |
| *COMBINATION CONTRACEPTIVES - ORAL*** | | |
| AFIRMELLE ORAL TABLET | Tier 1 | \$0 |
| ALTAVERA ORAL TABLET | Tier 1 | \$0 |
| alyacen 1/35 oral tablet | Tier 1 | \$0 |
| APRI ORAL TABLET | Tier 1 | \$0 |
| AUBRA EQ ORAL TABLET | Tier 1 | \$0 |
| AUROVELA 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| AUROVELA 1/20 ORAL TABLET | Tier 1 | \$0 |
| AUROVELA 24 FE ORAL TABLET | Tier 1 | \$0 |
| AUROVELA FE 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| AUROVELA FE 1/20 ORAL TABLET | Tier 1 | \$0 |
| AVIANE ORAL TABLET | Tier 1 | \$0 |
| AYUNA ORAL TABLET | Tier 1 | \$0 |
| BALCOLTRA ORAL TABLET | Tier 3 | |
| BALZIVA ORAL TABLET | Tier 1 | \$0 |
| BEYAZ ORAL TABLET | Tier 3 | |

| Drug Name | Tier | Notes |
|--|--------|-------|
| BLISOVI 24 FE ORAL TABLET | Tier 1 | \$0 |
| BLISOVI FE 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| BLISOVI FE 1/20 ORAL TABLET | Tier 1 | \$0 |
| briellyn oral tablet | Tier 1 | \$0 |
| CHARLOTTE 24 FE ORAL TABLET CHEWABLE | Tier 1 | \$0 |
| CHATEAL EQ ORAL TABLET | Tier 1 | \$0 |
| CRYSELLE-28 ORAL TABLET | Tier 1 | \$0 |
| CYRED EQ ORAL TABLET | Tier 1 | \$0 |
| DASETTA 1/35 (28) ORAL TABLET | Tier 1 | \$0 |
| DELYLA ORAL TABLET | Tier 1 | \$0 |
| desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg | Tier 1 | \$0 |
| drosipren-eth estrad-levomefol oral tablet | Tier 1 | \$0 |
| drosiprenone-ethinyl estradiol oral tablet | Tier 1 | \$0 |
| ELINEST ORAL TABLET | Tier 1 | \$0 |
| ENSKYCE ORAL TABLET | Tier 1 | \$0 |
| ESTARYLLA ORAL TABLET | Tier 1 | \$0 |
| ethynodiol diac-eth estradiol oral tablet | Tier 1 | \$0 |
| FALMINA ORAL TABLET | Tier 1 | \$0 |
| FEIRZA 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| FEIRZA 1/20 ORAL TABLET | Tier 1 | \$0 |
| FEMLYV ORAL TABLET DISPERSIBLE | Tier 3 | |
| FINZALA ORAL TABLET CHEWABLE | Tier 1 | \$0 |
| GALBRIELA ORAL TABLET CHEWABLE | Tier 1 | \$0 |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---------------------------------|--------|-------|
| GEMMILY ORAL CAPSULE | Tier 1 | \$0 |
| HAILEY 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| HAILEY 24 FE ORAL TABLET | Tier 1 | \$0 |
| HAILEY FE 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| HAILEY FE 1/20 ORAL TABLET | Tier 1 | \$0 |
| ISIBLOOM ORAL TABLET | Tier 1 | \$0 |
| jasmiel oral tablet | Tier 1 | \$0 |
| JOYEUX ORAL TABLET | Tier 1 | \$0 |
| JULEBER ORAL TABLET | Tier 1 | \$0 |
| JUNEL 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| JUNEL 1/20 ORAL TABLET | Tier 1 | \$0 |
| JUNEL FE 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| JUNEL FE 1/20 ORAL TABLET | Tier 1 | \$0 |
| JUNEL FE 24 ORAL TABLET | Tier 1 | \$0 |
| KAITLIB FE ORAL TABLET CHEWABLE | Tier 1 | \$0 |
| KALLIGA ORAL TABLET | Tier 1 | \$0 |
| KELNOR 1/35 ORAL TABLET | Tier 1 | \$0 |
| KELNOR 1/50 ORAL TABLET | Tier 1 | \$0 |
| KURVELO ORAL TABLET | Tier 1 | \$0 |
| LARIN 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| LARIN 1/20 ORAL TABLET | Tier 1 | \$0 |
| LARIN 24 FE ORAL TABLET | Tier 1 | \$0 |
| LARIN FE 1.5/30 ORAL TABLET | Tier 1 | \$0 |

| Drug Name | Tier | Notes |
|---|--------|-------|
| LARIN FE 1/20 ORAL TABLET | Tier 1 | \$0 |
| LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG | Tier 1 | \$0 |
| LESSINA ORAL TABLET | Tier 1 | \$0 |
| levonorgest-eth estradiol-iron oral tablet | Tier 1 | \$0 |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | Tier 1 | \$0 |
| LEVORA 0.15/30 (28) ORAL TABLET | Tier 1 | \$0 |
| LOESTRIN 1.5/30 (21) ORAL TABLET | Tier 1 | \$0 |
| LOESTRIN 1/20 (21) ORAL TABLET | Tier 1 | \$0 |
| LOESTRIN FE 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| LOESTRIN FE 1/20 ORAL TABLET | Tier 1 | \$0 |
| LORYNA ORAL TABLET | Tier 1 | \$0 |
| LOW-OGESTREL ORAL TABLET | Tier 1 | \$0 |
| LO-ZUMANDIMINE ORAL TABLET | Tier 1 | \$0 |
| LUTERA ORAL TABLET | Tier 1 | \$0 |
| marlissa oral tablet | Tier 1 | \$0 |
| MERZEE ORAL CAPSULE | Tier 1 | \$0 |
| MIBELAS 24 FE ORAL TABLET CHEWABLE | Tier 1 | \$0 |
| MICROGESTIN 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| MICROGESTIN 1/20 ORAL TABLET | Tier 1 | \$0 |
| MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG | Tier 1 | \$0 |
| MICROGESTIN FE 1.5/30 ORAL TABLET | Tier 1 | \$0 |
| MICROGESTIN FE 1/20 ORAL TABLET | Tier 1 | \$0 |
| MILI ORAL TABLET | Tier 1 | \$0 |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | Tier 3 | |
| MINZOYA ORAL TABLET | Tier 1 | \$0 |
| MONO-LINYAH ORAL TABLET | Tier 1 | \$0 |
| NECON 0.5/35 (28) ORAL TABLET | Tier 1 | \$0 |
| NEXTSTELLIS ORAL TABLET | Tier 3 | |
| NIKKI ORAL TABLET | Tier 1 | \$0 |
| norethin ace-eth estrad-fe oral capsule | Tier 1 | \$0 |
| norethin ace-eth estrad-fe oral tablet | Tier 1 | \$0 |
| norethin ace-eth estrad-fe oral tablet chewable | Tier 1 | \$0 |
| norethin-drone acet-ethinyl est oral tablet | Tier 1 | \$0 |
| norethin-eth estradiol-fe oral tablet chewable | Tier 1 | \$0 |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | Tier 1 | \$0 |
| NORTREL 0.5/35 (28) ORAL TABLET | Tier 1 | \$0 |
| NORTREL 1/35 (21) ORAL TABLET | Tier 1 | \$0 |
| NORTREL 1/35 (28) ORAL TABLET | Tier 1 | \$0 |
| NYLIA 1/35 ORAL TABLET | Tier 1 | \$0 |
| NYMYO ORAL TABLET 0.25-35 MG-MCG | Tier 1 | \$0 |
| OCELLA ORAL TABLET | Tier 1 | \$0 |
| orsythia oral tablet | Tier 1 | \$0 |
| PHILITH ORAL TABLET | Tier 1 | \$0 |
| PORTIA-28 ORAL TABLET | Tier 1 | \$0 |
| RECLIPSEN ORAL TABLET | Tier 1 | \$0 |
| SAFYRAL ORAL TABLET | Tier 3 | |

| Drug Name | Tier | Notes |
|---|--------|-------|
| SPRINTEC 28 ORAL TABLET | Tier 1 | \$0 |
| SRONYX ORAL TABLET | Tier 1 | \$0 |
| SYEDA ORAL TABLET | Tier 1 | \$0 |
| TARINA 24 FE ORAL TABLET | Tier 1 | \$0 |
| TARINA FE 1/20 EQ ORAL TABLET | Tier 1 | \$0 |
| TAYSOFY ORAL CAPSULE | Tier 1 | \$0 |
| TAYTULLA ORAL CAPSULE | Tier 3 | |
| TURQOZ ORAL TABLET | Tier 1 | \$0 |
| TYBLUME ORAL TABLET CHEWABLE | Tier 3 | |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG | Tier 1 | \$0 |
| VALTYA 1/50 ORAL TABLET | Tier 1 | \$0 |
| VESTURA ORAL TABLET | Tier 1 | \$0 |
| VIENVA ORAL TABLET | Tier 1 | \$0 |
| VYFEMLA ORAL TABLET | Tier 1 | \$0 |
| VYLIBRA ORAL TABLET | Tier 1 | \$0 |
| WERA ORAL TABLET | Tier 1 | \$0 |
| WYMZYA FE ORAL TABLET CHEWABLE | Tier 1 | \$0 |
| XELRIA FE ORAL TABLET CHEWABLE | Tier 1 | \$0 |
| YASMIN 28 ORAL TABLET | Tier 3 | |
| YAZ ORAL TABLET | Tier 3 | |
| ZOVIA 1/35 (28) ORAL TABLET | Tier 1 | \$0 |
| ZUMANDIMINE ORAL TABLET | Tier 1 | \$0 |
| *COMBINATION CONTRACEPTIVES - TRANSDERMAL *** | | |
| norelgestromin-eth estradiol transdermal patch weekly | Tier 1 | \$0 |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|---------|
| TWIRLA TRANSDERMAL PATCH WEEKLY | Tier 3 | |
| XULANE TRANSDERMAL PATCH WEEKLY | Tier 1 | \$0 |
| ZAFEMY TRANSDERMAL PATCH WEEKLY | Tier 1 | \$0 |
| *COMBINATION CONTRACEPTIVES - VAGINAL *** | | |
| ANNOVERA VAGINAL RING | Tier 3 | |
| ELURYNG VAGINAL RING | Tier 1 | \$0 |
| ENILLORING VAGINAL RING | Tier 1 | \$0 |
| etonogestrel-ethinyl estradiol vaginal ring | Tier 1 | \$0 |
| HALOETTE VAGINAL RING | Tier 1 | \$0 |
| NUVARING VAGINAL RING | Tier 3 | |
| *CONTINUOUS CONTRACEPTIVES - ORAL *** | | |
| AMETHYST ORAL TABLET | Tier 1 | \$0 |
| DOLISHALE ORAL TABLET | Tier 1 | \$0 |
| levonorgestrel-ethinyl estrad oral tablet 90-20 mcg | Tier 1 | \$0 |
| *EMERGENCY CONTRACEPTIVES*** | | |
| AFTERA ORAL TABLET | Tier 1 | \$0; QL |
| AFTERPILL ORAL TABLET | Tier 1 | \$0; QL |
| CURAE ORAL TABLET 1.5 MG | Tier 1 | \$0 |
| econtra one-step oral tablet | Tier 1 | \$0; QL |
| ELLA ORAL TABLET | Tier 3 | \$0 |
| HER STYLE ORAL TABLET | Tier 1 | \$0; QL |

| Drug Name | Tier | Notes |
|--|--------|---------|
| levonorgestrel oral tablet | Tier 1 | \$0; QL |
| MY CHOICE ORAL TABLET | Tier 1 | \$0; QL |
| MY WAY ORAL TABLET | Tier 1 | \$0; QL |
| NEW DAY ORAL TABLET | Tier 1 | \$0; QL |
| OPCICON ONE-STEP ORAL TABLET | Tier 1 | \$0; QL |
| OPTION 2 ORAL TABLET | Tier 1 | \$0; QL |
| PLAN B ONE-STEP ORAL TABLET | Tier 3 | QL |
| react oral tablet | Tier 1 | \$0; QL |
| TAKE ACTION ORAL TABLET | Tier 1 | \$0; QL |
| *EXTENDED-CYCLE CONTRACEPTIVES - ORAL *** | | |
| AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG | Tier 1 | \$0 |
| ASHLYNA ORAL TABLET | Tier 1 | \$0 |
| CAMRESE LO ORAL TABLET | Tier 1 | \$0 |
| CAMRESE ORAL TABLET | Tier 1 | \$0 |
| DAYSEE ORAL TABLET | Tier 1 | \$0 |
| ICLEVIA ORAL TABLET | Tier 1 | \$0 |
| INTROVALE ORAL TABLET | Tier 1 | \$0 |
| JAIMIESS ORAL TABLET | Tier 1 | \$0 |
| JOLESSA ORAL TABLET | Tier 1 | \$0 |
| levonorgest-eth est & eth est oral tablet | Tier 1 | \$0 |
| levonorgest-eth estrad 91-day oral tablet | Tier 1 | \$0 |
| LOJAIMIESS ORAL TABLET | Tier 1 | \$0 |
| RIVELSA ORAL TABLET | Tier 1 | \$0 |
| ROSYRAH ORAL TABLET | Tier 1 | \$0 |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| SETLAKIN ORAL TABLET | Tier 1 | \$0 |
| SIMPESSE ORAL TABLET | Tier 1 | \$0 |
| *FOUR PHASE CONTRACEPTIVES - ORAL *** | | |
| NATAZIA ORAL TABLET | Tier 3 | |
| *PROGESTIN CONTRACEPTIVES - INJECTABLE*** | | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION | Tier 3 | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 3 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | Tier 3 | \$0 |
| medroxyprogesterone acetate intramuscular suspension | Tier 1 | \$0 |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | Tier 1 | \$0 |
| *PROGESTIN CONTRACEPTIVES - ORAL *** | | |
| CAMILA ORAL TABLET | Tier 1 | \$0 |
| DEBLITANE ORAL TABLET | Tier 1 | \$0 |
| EMZAHH ORAL TABLET | Tier 1 | \$0 |
| ERRIN ORAL TABLET | Tier 1 | \$0 |
| HEATHER ORAL TABLET | Tier 1 | \$0 |
| incassia oral tablet | Tier 1 | \$0 |
| JENCYCLA ORAL TABLET | Tier 1 | \$0 |
| LYLEQ ORAL TABLET | Tier 1 | \$0 |
| lyza oral tablet | Tier 1 | \$0 |
| MELEYA ORAL TABLET | Tier 1 | \$0 |

| Drug Name | Tier | Notes |
|---|--------|-------|
| NORA-BE ORAL TABLET | Tier 1 | \$0 |
| norethindrone oral tablet | Tier 1 | \$0 |
| NORLYDA ORAL TABLET | Tier 1 | \$0 |
| NORLYROC ORAL TABLET | Tier 1 | \$0 |
| OPILL ORAL TABLET | Tier 2 | \$0 |
| SHAROBEL ORAL TABLET | Tier 1 | \$0 |
| SLYND ORAL TABLET | Tier 3 | |
| *TRIPHASIC CONTRACEPTIVES - ORAL *** | | |
| alyacen 7/7/7 oral tablet | Tier 1 | \$0 |
| ARANELLE ORAL TABLET | Tier 1 | \$0 |
| DASETTA 7/7/7 ORAL TABLET | Tier 1 | \$0 |
| ENPRESSE-28 ORAL TABLET | Tier 1 | \$0 |
| LEENA ORAL TABLET | Tier 1 | \$0 |
| LEVONEST ORAL TABLET | Tier 1 | \$0 |
| levonorg-eth estrad triphasic oral tablet | Tier 1 | \$0 |
| norethindron-ethinyl estrad-fe oral tablet | Tier 1 | \$0 |
| norgestim-eth estrad triphasic oral tablet | Tier 1 | \$0 |
| NORTREL 7/7/7 ORAL TABLET | Tier 1 | \$0 |
| NYLIA 7/7/7 ORAL TABLET | Tier 1 | \$0 |
| PIRMELLA 7/7/7 ORAL TABLET | Tier 1 | \$0 |
| TILIA FE ORAL TABLET | Tier 1 | \$0 |
| TRI FEMYNOR ORAL TABLET | Tier 1 | \$0 |
| TRI-ESTARYLLA ORAL TABLET | Tier 1 | \$0 |
| TRI-LEGEST FE ORAL TABLET | Tier 1 | \$0 |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| TRI-LINYAH ORAL TABLET | Tier 1 | \$0 |
| TRI-LO-ESTARYLLA ORAL TABLET | Tier 1 | \$0 |
| TRI-LO-MARZIA ORAL TABLET | Tier 1 | \$0 |
| TRI-LO-MILI ORAL TABLET | Tier 1 | \$0 |
| TRI-LO-SPRINTEC ORAL TABLET | Tier 1 | \$0 |
| TRI-MILI ORAL TABLET | Tier 1 | \$0 |
| TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | Tier 1 | \$0 |
| TRI-SPRINTEC ORAL TABLET | Tier 1 | \$0 |
| TRIVORA (28) ORAL TABLET | Tier 1 | \$0 |
| tri-vylibra lo oral tablet | Tier 1 | \$0 |
| TRI-VYLIBRA ORAL TABLET | Tier 1 | \$0 |
| VELIVET ORAL TABLET | Tier 1 | \$0 |
| XARAH FE ORAL TABLET | Tier 1 | \$0 |
| *CORTICOSTEROIDS* | | |
| *GLUCOCORTICOSTEROIDS*** | | |
| budesonide oral capsule delayed release particles | Tier 1 | QL |
| dexamethasone oral elixir | Tier 1 | |
| dexamethasone oral solution | Tier 1 | |
| dexamethasone oral tablet | Tier 1 | |
| hydrocortisone oral tablet | Tier 1 | |
| methylprednisolone oral tablet | Tier 1 | |
| methylprednisolone oral tablet therapy pack | Tier 1 | |
| prednisolone oral solution | Tier 1 | |
| prednisolone sodium phosphate oral solution | Tier 1 | |
| prednisone oral solution | Tier 1 | |
| prednisone oral tablet | Tier 1 | |

| Drug Name | Tier | Notes |
|--|--------|------------|
| prednisone oral tablet therapy pack | Tier 1 | |
| ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER | Tier 4 | PA; LD; QL |
| *MINERALOCORTICOID S*** | | |
| fludrocortisone acetate oral tablet | Tier 1 | |
| *COUGH/COLD/ALLERGY* | | |
| *ANTITUSSIVE - NONNARCOTIC*** | | |
| benzonatate oral capsule 100 mg, 200 mg | Tier 1 | |
| *ANTITUSSIVE - OPIOID*** | | |
| hydrocodone bit-homatrop mbr oral solution | Tier 1 | PA; QL |
| hydromet oral solution | Tier 1 | PA; QL |
| *DECONGESTANT & ANTIHISTAMINE*** | | |
| promethazine vc oral syrup 6.25-5 mg/5ml | Tier 1 | QL |
| *MUCOLYTICS*** | | |
| acetylcysteine inhalation solution | Tier 1 | |
| *NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** | | |
| promethazine-dm oral syrup | Tier 1 | QL |
| *NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** | | |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5ML | Tier 1 | |
| bromphen-pseudoeph-dm oral syrup | Tier 1 | |
| pseudoeph-bromphen-dm oral syrup | Tier 1 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|--------|
| *OPIOID ANTITUSSIVE-ANTIHISTAMINE*** | | |
| hydrocod poli-chlorphe poli er oral suspension extended release | Tier 1 | PA; QL |
| promethazine-codeine oral solution | Tier 1 | PA; QL |
| promethazine-codeine oral syrup | Tier 1 | PA; QL |
| *OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** | | |
| promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml | Tier 1 | PA; QL |
| *DERMATOLOGICALS* | | |
| *ACNE ANTIBIOTICS*** | | |
| clindacin etz external swab | Tier 1 | QL |
| CLINDACIN EXTERNAL FOAM | Tier 1 | QL |
| CLINDACIN-P EXTERNAL SWAB | Tier 1 | QL |
| clindamycin phos (once-daily) external gel | Tier 1 | QL |
| clindamycin phos (twice-daily) external gel | Tier 1 | QL |
| clindamycin phosphate external foam | Tier 1 | QL |
| clindamycin phosphate external gel 1 % | Tier 1 | QL |
| clindamycin phosphate external lotion | Tier 1 | QL |
| clindamycin phosphate external solution | Tier 1 | QL |
| clindamycin phosphate external swab | Tier 1 | QL |
| dapsone external gel 5 % | Tier 1 | ST; QL |
| ery external pad | Tier 1 | QL |
| erythromycin external gel | Tier 1 | QL |
| erythromycin external solution | Tier 1 | QL |
| sulfacetamide sodium (acne) external lotion | Tier 1 | |

| Drug Name | Tier | Notes |
|--|--------|--------|
| *ACNE COMBINATIONS*** | | |
| adapalene-benzoyl peroxide external gel 0.1-2.5 % | Tier 1 | PA; QL |
| benzoyl peroxide-erythromycin external gel | Tier 1 | QL |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 % | Tier 1 | QL |
| clindamycin-tretinoin external gel | Tier 1 | QL |
| *ACNE PRODUCTS*** | | |
| adapalene external cream | Tier 1 | PA; QL |
| adapalene external gel | Tier 1 | PA; QL |
| AMNESTEEM ORAL CAPSULE | Tier 1 | PA |
| benzoyl peroxide external gel 10 % | Tier 1 | QL |
| benzoyl peroxide wash external liquid 10 % | Tier 1 | |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG | Tier 1 | PA |
| claravis oral capsule 30 mg | Tier 1 | PA |
| gnp adapalene external gel | Tier 1 | QL |
| tretinoin external cream | Tier 1 | PA; QL |
| tretinoin external gel 0.01 %, 0.025 % | Tier 1 | PA; QL |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG | Tier 1 | PA |
| zenatane oral capsule 30 mg | Tier 1 | PA |
| *ANTIBIOTICS - TOPICAL *** | | |
| ALTABAX EXTERNAL OINTMENT 1 % | Tier 3 | QL |
| gentamicin sulfate external cream | Tier 1 | QL |
| gentamicin sulfate external ointment | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|--------|
| mupirocin external ointment | Tier 1 | QL |
| *ANTIFUNGALS - TOPICAL COMBINATIONS*** | | |
| clotrimazole-betamethasone external cream | Tier 1 | QL |
| clotrimazole-betamethasone external lotion | Tier 1 | QL |
| nystatin-triamcinolone external cream | Tier 1 | QL |
| nystatin-triamcinolone external ointment | Tier 1 | QL |
| *ANTIFUNGALS - TOPICAL *** | | |
| CICLODAN EXTERNAL SOLUTION | Tier 1 | QL |
| ciclopirox external gel | Tier 1 | QL |
| ciclopirox external shampoo | Tier 1 | QL |
| ciclopirox external solution | Tier 1 | QL |
| ciclopirox olamine external cream | Tier 1 | QL |
| ciclopirox olamine external suspension | Tier 1 | QL |
| naftifine hcl external cream | Tier 1 | ST; QL |
| NYAMYC EXTERNAL POWDER | Tier 1 | QL |
| nystatin external cream | Tier 1 | QL |
| nystatin external ointment | Tier 1 | QL |
| nystatin external powder | Tier 1 | QL |
| NYSTOP EXTERNAL POWDER | Tier 1 | QL |
| *ANTI-INFLAMMATORY AGENTS - TOPICAL *** | | |
| diclofenac epolamine external patch | Tier 1 | ST; QL |
| *ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL *** | | |
| fluorouracil external cream | Tier 1 | PA; QL |

| Drug Name | Tier | Notes |
|---|--------|----------------|
| fluorouracil external solution | Tier 1 | PA; QL |
| *ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** | | |
| diclofenac sodium external gel 3 % | Tier 1 | PA; QL |
| *ANTIPSORIATICS - SYSTEMIC*** | | |
| acitretin oral capsule | Tier 1 | QL |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; LD; QL |
| COSENTYX INTRAVENOUS SOLUTION | Tier 4 | PA; SP; LD; QL |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; LD; QL |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; LD; QL |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; LD; QL |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; LD; QL |
| methoxsalen rapid oral capsule | Tier 1 | SP |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; QL |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|------------|
| STELARA SUBCUTANEOUS SOLUTION | Tier 4 | PA; SP; QL |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; QL |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO- INJECTOR | Tier 4 | PA; SP; QL |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/ML | Tier 4 | PA; SP; QL |
| TREMFYA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/ML | Tier 4 | PA; SP; QL |
| TREMFYA SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 MG/ML | Tier 4 | PA; SP; QL |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | Tier 4 | PA; SP; QL |
| *ANTIPSORIATICS*** | | |
| calcipotriene external cream | Tier 1 | QL |
| calcipotriene external ointment | Tier 2 | QL |
| calcipotriene external solution | Tier 1 | QL |
| CALCITRENE EXTERNAL OINTMENT | Tier 2 | QL |
| calcitriol external ointment | Tier 1 | QL |
| tazarotene external cream | Tier 1 | QL |
| tazarotene external gel | Tier 2 | QL |
| TAZORAC EXTERNAL CREAM 0.05 % | Tier 3 | QL |
| *ANTISEBORRHEIC PRODUCTS*** | | |
| selenium sulfide external lotion | Tier 1 | QL |

| Drug Name | Tier | Notes |
|--|--------|--------|
| *ANTIVIRALS - TOPICAL*** | | |
| acyclovir external ointment | Tier 1 | QL |
| *ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** | | |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO- INJECTOR | Tier 4 | PA; SP |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 MG/1.14ML, 300 MG/2ML | Tier 4 | PA; SP |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP |
| *BURN PRODUCTS*** | | |
| mafenide acetate external packet 5 % | Tier 1 | |
| silver sulfadiazine external cream | Tier 1 | |
| SULFAMYLON EXTERNAL CREAM | Tier 3 | |
| *CORTICOSTEROIDS - TOPICAL*** | | |
| alclometasone dipropionate external cream | Tier 1 | QL |
| alclometasone dipropionate external ointment | Tier 1 | QL |
| amcinonide external cream | Tier 1 | QL |
| betamethasone dipropionate aug external cream | Tier 1 | QL |
| betamethasone dipropionate aug external gel | Tier 1 | QL |
| betamethasone dipropionate aug external lotion | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| betamethasone dipropionate aug external ointment | Tier 1 | QL |
| betamethasone dipropionate external cream | Tier 1 | QL |
| betamethasone dipropionate external lotion | Tier 1 | QL |
| betamethasone dipropionate external ointment | Tier 1 | QL |
| betamethasone valerate external cream | Tier 1 | QL |
| betamethasone valerate external foam | Tier 1 | QL |
| betamethasone valerate external lotion | Tier 1 | QL |
| betamethasone valerate external ointment | Tier 1 | QL |
| clobetasol prop emollient base external cream 0.05 % | Tier 1 | QL |
| clobetasol propionate e external cream | Tier 1 | QL |
| clobetasol propionate emulsion external foam | Tier 1 | QL |
| clobetasol propionate external cream 0.05 % | Tier 1 | QL |
| clobetasol propionate external foam | Tier 1 | QL |
| clobetasol propionate external gel | Tier 1 | QL |
| clobetasol propionate external lotion | Tier 1 | QL |
| clobetasol propionate external ointment | Tier 1 | QL |
| clobetasol propionate external shampoo | Tier 1 | QL |
| clobetasol propionate external solution | Tier 1 | QL |
| clocortolone pivalate external cream | Tier 2 | QL |
| CLODAN EXTERNAL SHAMPOO | Tier 1 | QL |
| desonide external cream | Tier 1 | QL |

| Drug Name | Tier | Notes |
|---|--------|-------|
| desonide external lotion | Tier 1 | QL |
| desonide external ointment | Tier 1 | QL |
| desoximetasone external cream | Tier 1 | QL |
| desoximetasone external gel | Tier 1 | QL |
| desoximetasone external ointment | Tier 1 | QL |
| diflorasone diacetate external cream | Tier 2 | QL |
| diflorasone diacetate external ointment | Tier 2 | QL |
| fluocinolone acetonide body external oil | Tier 1 | QL |
| fluocinolone acetonide external cream | Tier 1 | QL |
| fluocinolone acetonide external ointment | Tier 1 | QL |
| fluocinolone acetonide external solution | Tier 1 | QL |
| fluocinolone acetonide scalp external oil | Tier 1 | QL |
| fluocinonide emulsified base external cream | Tier 1 | QL |
| fluocinonide external cream | Tier 1 | QL |
| fluocinonide external gel | Tier 1 | QL |
| fluocinonide external ointment | Tier 1 | QL |
| fluocinonide external solution | Tier 1 | QL |
| flurandrenolide external lotion | Tier 1 | QL |
| fluticasone propionate external cream | Tier 1 | QL |
| fluticasone propionate external lotion | Tier 1 | QL |
| fluticasone propionate external ointment | Tier 1 | QL |
| halcinonide external cream | Tier 1 | QL |
| halobetasol propionate external cream | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| halobetasol propionate external ointment | Tier 1 | QL |
| HALOG EXTERNAL OINTMENT 0.1 % | Tier 3 | QL |
| hydrocortisone butyr lipo base external cream 0.1 % | Tier 1 | QL |
| hydrocortisone butyrate external cream | Tier 1 | QL |
| hydrocortisone butyrate external lotion | Tier 2 | QL |
| hydrocortisone butyrate external ointment | Tier 1 | QL |
| hydrocortisone butyrate external solution | Tier 1 | QL |
| hydrocortisone external cream 2.5 % | Tier 1 | QL |
| hydrocortisone external lotion 2.5 % | Tier 1 | QL |
| hydrocortisone external ointment 2.5 % | Tier 1 | QL |
| hydrocortisone valerate external cream | Tier 1 | QL |
| hydrocortisone valerate external ointment | Tier 1 | QL |
| mometasone furoate external cream | Tier 1 | QL |
| mometasone furoate external ointment | Tier 1 | QL |
| mometasone furoate external solution | Tier 1 | QL |
| TOVET EXTERNAL FOAM | Tier 1 | QL |
| triamcinolone acetonide external cream | Tier 1 | QL |
| triamcinolone acetonide external lotion | Tier 1 | QL |
| triamcinolone acetonide external ointment | Tier 1 | QL |
| triamcinolone in absorbase external ointment | Tier 1 | QL |
| TRIDERM EXTERNAL CREAM | Tier 1 | QL |

| Drug Name | Tier | Notes |
|---|--------|--------|
| *EMOLLIENTS*** | | |
| ammonium lactate external cream | Tier 1 | QL |
| ammonium lactate external lotion | Tier 1 | |
| *ENZYMES - TOPICAL*** | | |
| SANTYL EXTERNAL OINTMENT | Tier 3 | PA; QL |
| *IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** | | |
| clotrimazole external cream | Tier 1 | QL |
| clotrimazole external solution | Tier 1 | QL |
| econazole nitrate external cream | Tier 1 | QL |
| ERTACZO EXTERNAL CREAM | Tier 3 | ST; QL |
| ketoconazole external cream | Tier 1 | QL |
| ketoconazole external foam | Tier 2 | QL |
| ketoconazole external shampoo | Tier 1 | QL |
| KETODAN EXTERNAL FOAM | Tier 2 | QL |
| oxiconazole nitrate external cream | Tier 1 | ST; QL |
| OXISTAT EXTERNAL LOTION | Tier 3 | ST; QL |
| sulconazole nitrate external solution | Tier 1 | ST; QL |
| *IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** | | |
| imiquimod external cream 5 % | Tier 1 | PA; QL |
| *KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** | | |
| podofilox external solution | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|------------|
| *LOCAL ANESTHETICS - TOPICAL*** | | |
| lidocaine external ointment 5 % | Tier 1 | QL |
| *MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** | | |
| pimecrolimus external cream | Tier 2 | PA; QL |
| tacrolimus external ointment | Tier 1 | PA; QL |
| *ROSACEA AGENTS*** | | |
| azelaic acid external gel | Tier 1 | QL |
| doxycycline oral capsule delayed release | Tier 1 | QL |
| metronidazole external cream | Tier 1 | QL |
| metronidazole external gel | Tier 1 | QL |
| metronidazole external lotion | Tier 1 | QL |
| *SCABICIDES & PEDICULICIDES*** | | |
| CROTAN EXTERNAL LOTION | Tier 1 | QL |
| malathion external lotion | Tier 1 | QL |
| permethrin external cream | Tier 1 | QL |
| spinosad external suspension | Tier 1 | QL |
| *TOPICAL ANESTHETIC COMBINATIONS*** | | |
| lidocaine-prilocaine external cream | Tier 1 | QL |
| lidocaine-prilocaine external kit | Tier 1 | QL |
| *TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** | | |
| bexarotene external gel | Tier 4 | PA; SP; QL |
| *TOPICAL STEROID COMBINATIONS*** | | |
| calcipotriene-betameth diprop external ointment | Tier 2 | ST; QL |

| Drug Name | Tier | Notes |
|--|--------|-------|
| *TYPE II 5-ALPHA REDUCTASE INHIBITORS*** | | |
| finasteride oral tablet 1 mg | Tier 1 | |
| *WOUND CARE - GROWTH FACTOR AGENTS*** | | |
| REGANEX EXTERNAL GEL | Tier 3 | QL |
| *DIAGNOSTIC PRODUCTS* | | |
| *DIAGNOSTIC DRUGS*** | | |
| GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG | Tier 2 | |
| glucagon hcl (diagnostic) injection solution reconstituted | Tier 2 | |
| *DIAGNOSTIC TESTS*** | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP | Tier 2 | QL |
| ACCU-CHEK GUIDE IN VITRO STRIP | Tier 2 | QL |
| ACCU-CHEK GUIDE TEST IN VITRO STRIP | Tier 2 | QL |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP | Tier 2 | QL |
| ACCUTREND GLUCOSE IN VITRO STRIP | Tier 2 | QL |
| ONETOUCH ULTRA BLUE TEST IN VITRO STRIP | Tier 2 | QL |
| ONETOUCH ULTRA IN VITRO STRIP | Tier 2 | QL |
| ONETOUCH ULTRA TEST IN VITRO STRIP | Tier 2 | QL |
| ONETOUCH VERIO IN VITRO STRIP | Tier 2 | QL |
| *DIGESTIVE AIDS* | | |
| *DIGESTIVE ENZYMES*** | | |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES | Tier 2 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| *DIURETICS* | | |
| *CARBONIC ANHYDRASE INHIBITORS*** | | |
| acetazolamide er oral capsule extended release 12 hour | Tier 1 | |
| acetazolamide oral tablet | Tier 1 | |
| methazolamide oral tablet | Tier 1 | |
| *DIURETIC COMBINATIONS*** | | |
| spironolactone-hctz oral tablet | Tier 1 | |
| triamterene-hctz oral capsule | Tier 1 | |
| triamterene-hctz oral tablet | Tier 1 | |
| *LOOP DIURETICS*** | | |
| bumetanide oral tablet | Tier 1 | |
| ethacrynic acid oral tablet | Tier 1 | |
| furosemide oral solution | Tier 1 | |
| furosemide oral tablet | Tier 1 | |
| torsemide oral tablet | Tier 1 | |
| *POTASSIUM SPARING DIURETICS*** | | |
| amiloride hcl oral tablet | Tier 1 | |
| spironolactone oral tablet | Tier 1 | |
| triamterene oral capsule | Tier 1 | |
| *THIAZIDES AND THIAZIDE-LIKE DIURETICS*** | | |
| chlorthalidone oral tablet | Tier 1 | |
| hydrochlorothiazide oral capsule | Tier 1 | |
| hydrochlorothiazide oral tablet | Tier 1 | |
| indapamide oral tablet | Tier 1 | |
| metolazone oral tablet | Tier 1 | |
| *ENDOCRINE AND METABOLIC AGENTS - MISC.* | | |
| *BISPHOSPHONATES*** | | |
| alendronate sodium oral solution | Tier 1 | QL |

| Drug Name | Tier | Notes |
|---|--------|----------------|
| alendronate sodium oral tablet | Tier 1 | QL |
| FOSAMAX PLUS D ORAL TABLET | Tier 3 | QL |
| ibandronate sodium oral tablet | Tier 1 | QL |
| risedronate sodium oral tablet | Tier 2 | QL |
| *CALCIMIMETIC AGENTS*** | | |
| cinacalcet hcl oral tablet | Tier 4 | PA; QL |
| *CALCITONINS*** | | |
| calcitonin (salmon) nasal solution | Tier 1 | QL |
| *CARNITINE REPLENISHER - AGENTS*** | | |
| levocarnitine oral solution | Tier 1 | |
| levocarnitine oral tablet | Tier 1 | |
| levocarnitine sf oral solution | Tier 1 | |
| *DOPAMINE RECEPTOR AGONISTS*** | | |
| cabergoline oral tablet | Tier 1 | QL |
| *GNRH/LHRH ANTAGONISTS*** | | |
| FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; BE |
| ganirelix acetate subcutaneous solution prefilled syringe | Tier 4 | PA; SP; BE |
| *GROWTH HORMONES*** | | |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 4 | PA; SP; LD; QL |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 4 | PA; SP; LD; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|----------------|
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 4 | PA; SP; LD; QL |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE | Tier 4 | SP; LD; QL |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier 4 | SP; LD; QL |
| *HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** | | |
| nitisinone oral capsule 20 mg | Tier 4 | PA |
| ORFADIN ORAL CAPSULE 20 MG | Tier 4 | PA; LD |
| *HOMOCYSTINURIA TREATMENT - AGENTS*** | | |
| betaine oral powder | Tier 4 | LD |
| *HYPERAMMONEMIA TREATMENT - AGENTS*** | | |
| carglumic acid oral tablet soluble | Tier 4 | PA; LD |
| *HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** | | |
| calcitriol oral capsule | Tier 1 | PA |
| calcitriol oral solution | Tier 1 | PA |
| doxercalciferol oral capsule | Tier 1 | PA |
| paricalcitol oral capsule | Tier 1 | PA |
| *INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** | | |
| INCRELEX SUBCUTANEOUS SOLUTION | Tier 4 | PA; LD |

| Drug Name | Tier | Notes |
|---|--------|------------|
| *LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** | | |
| SYNAREL NASAL SOLUTION | Tier 4 | PA; SP; QL |
| *OVULATION STIMULANTS-GONADOTROPINS*** | | |
| chorionic gonadotropin intramuscular solution reconstituted | Tier 4 | PA; SP; BE |
| *OVULATION STIMULANTS-SYNTHETIC*** | | |
| CLOMID ORAL TABLET | Tier 1 | PA; BE |
| clomiphene citrate oral tablet | Tier 1 | PA; BE |
| *PARATHYROID HORMONE AND DERIVATIVES*** | | |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier 4 | PA; SP; QL |
| teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 600 mcg/2.4ml, 620 mcg/2.48ml | Tier 4 | PA; SP; QL |
| teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml | Tier 4 | SP; QL |
| *PHENYLKETONURIA TREATMENT - AGENTS*** | | |
| JAVYGTOR ORAL TABLET | Tier 4 | PA; LD |
| sapropterin dihydrochloride oral tablet | Tier 4 | PA; SP |
| *SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** | | |
| raloxifene hcl oral tablet | Tier 1 | \$0; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|----------------|
| *SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** | | |
| tolvaptan oral tablet | Tier 4 | PA; SP; QL |
| tolvaptan oral tablet therapy pack | Tier 4 | PA; QL |
| *SOMATOSTATIC AGENTS*** | | |
| lanreotide acetate subcutaneous solution | Tier 4 | PA; SP; LD; QL |
| octreotide acetate intramuscular kit | Tier 4 | PA; SP; QL |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT | Tier 4 | PA; SP; QL |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION | Tier 4 | PA; SP; LD; QL |
| *UREA CYCLE DISORDER - AGENTS*** | | |
| sodium phenylbutyrate oral tablet | Tier 4 | PA; SP; QL |
| *VASOPRESSIN*** | | |
| desmopressin ace spray refrig nasal solution | Tier 1 | |
| desmopressin acetate oral tablet 0.1 mg | Tier 1 | DO |
| desmopressin acetate oral tablet 0.2 mg | Tier 1 | QL |
| desmopressin acetate spray nasal solution | Tier 1 | |
| *ESTROGENS* | | |
| *ESTROGEN & ANDROGEN*** | | |
| ESTRATEST F.S. ORAL TABLET | Tier 1 | |
| ESTRATEST H.S. ORAL TABLET | Tier 1 | |
| *ESTROGEN & PROGESTIN*** | | |
| ABIGALE LO ORAL TABLET | Tier 1 | |
| ABIGALE ORAL TABLET | Tier 1 | |

| Drug Name | Tier | Notes |
|--|--------|------------|
| AMABELZ ORAL TABLET 0.5-0.1 MG | Tier 1 | |
| BIJUVA ORAL CAPSULE | Tier 3 | QL |
| estradiol-norethindrone acet oral tablet | Tier 1 | |
| FYAVOLV ORAL TABLET | Tier 1 | |
| JINTELI ORAL TABLET | Tier 1 | |
| MIMVEY ORAL TABLET | Tier 1 | |
| norethindrone-eth estradiol oral tablet | Tier 1 | |
| PREMPHASE ORAL TABLET | Tier 3 | |
| PREMPRO ORAL TABLET | Tier 3 | |
| *ESTROGENS*** | | |
| DOTTI TRANSDERMAL PATCH TWICE WEEKLY | Tier 1 | QL |
| estradiol oral tablet | Tier 1 | |
| estradiol transdermal patch twice weekly | Tier 1 | QL |
| estradiol transdermal patch weekly | Tier 1 | QL |
| LYLLANA TRANSDERMAL PATCH TWICE WEEKLY | Tier 1 | QL |
| MENEST ORAL TABLET | Tier 3 | |
| PREMARIN ORAL TABLET | Tier 3 | QL |
| *FLUOROQUINOLONES* | | |
| *FLUOROQUINOLONES* | | |
| ** | | |
| ciprofloxacin hcl oral tablet | Tier 1 | |
| levofloxacin oral tablet | Tier 1 | |
| moxifloxacin hcl oral tablet | Tier 1 | |
| ofloxacin oral tablet | Tier 1 | |
| *GASTROINTESTINAL AGENTS - MISC.* | | |
| *BILE ACID SYNTHESIS DISORDER AGENTS*** | | |
| CHOLBAM ORAL CAPSULE | Tier 4 | PA; LD; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|--------|
| *CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** | | |
| TRULANCE ORAL TABLET | Tier 3 | ST; QL |
| *GALLSTONE SOLUBILIZING AGENTS*** | | |
| ursodiol oral capsule 300 mg | Tier 1 | |
| ursodiol oral tablet | Tier 1 | |
| *GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** | | |
| lubiprostone oral capsule | Tier 1 | QL |
| *GASTROINTESTINAL STIMULANTS*** | | |
| metoclopramide hcl oral solution | Tier 1 | QL |
| metoclopramide hcl oral tablet | Tier 1 | QL |
| metoclopramide hcl oral tablet dispersible | Tier 2 | QL |
| *IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** | | |
| LINZESS ORAL CAPSULE | Tier 2 | QL |
| *IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** | | |
| alosetron hcl oral tablet | Tier 1 | PA; QL |
| *INFLAMMATORY BOWEL AGENTS*** | | |
| balsalazide disodium oral capsule | Tier 1 | QL |
| DIPENTUM ORAL CAPSULE | Tier 3 | QL |
| mesalamine er oral capsule extended release 24 hour | Tier 1 | QL |
| sulfasalazine oral tablet | Tier 1 | QL |
| sulfasalazine oral tablet delayed release | Tier 1 | QL |

| Drug Name | Tier | Notes |
|--|--------|------------|
| *INTERLEUKIN ANTAGONISTS*** | | |
| SKYRIZI INTRAVENOUS SOLUTION | Tier 4 | PA; SP; QL |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | Tier 4 | PA; SP; QL |
| STELARA INTRAVENOUS SOLUTION | Tier 4 | PA; SP; QL |
| TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; QL |
| TREMFYA INTRAVENOUS SOLUTION | Tier 4 | PA; SP; QL |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | Tier 4 | PA; SP; QL |
| TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | Tier 4 | PA; SP; QL |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | Tier 4 | PA; SP; QL |
| *INTESTINAL ACIDIFIERS*** | | |
| enulose oral solution | Tier 1 | QL |
| generlac oral solution | Tier 1 | QL |
| lactulose encephalopathy oral solution | Tier 1 | |
| *PHOSPHATE BINDER AGENTS*** | | |
| calcium acetate (phos binder) oral tablet | Tier 1 | QL |
| calcium acetate oral tablet 667 mg | Tier 1 | QL |
| FOSRENOL ORAL PACKET | Tier 3 | PA; QL |
| lanthanum carbonate oral tablet chewable | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|------------|
| sevelamer carbonate oral packet | Tier 2 | QL |
| sevelamer carbonate oral tablet | Tier 1 | QL |
| *GENITOURINARY AGENTS - MISCELLANEOUS* | | |
| *5-ALPHA REDUCTASE INHIBITORS*** | | |
| dutasteride oral capsule | Tier 1 | QL |
| finasteride oral tablet 5 mg | Tier 1 | QL |
| *ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** | | |
| alfuzosin hcl er oral tablet extended release 24 hour | Tier 1 | QL |
| silodosin oral capsule | Tier 1 | QL |
| tamsulosin hcl oral capsule | Tier 1 | QL |
| *CITRATES*** | | |
| potassium citrate er oral tablet extended release | Tier 1 | |
| *CYSTINOSIS AGENTS*** | | |
| CYSTAGON ORAL CAPSULE | Tier 4 | PA; SP; LD |
| *GENITOURINARY IRRIGANTS*** | | |
| curity sterile saline irrigation solution | Tier 1 | |
| sodium chloride irrigation solution | Tier 1 | |
| *INTERSTITIAL CYSTITIS AGENTS*** | | |
| ELMIRON ORAL CAPSULE | Tier 3 | QL |
| *PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** | | |
| dutasteride-tamsulosin hcl oral capsule | Tier 1 | QL |

| Drug Name | Tier | Notes |
|---|--------|----------------|
| *GOUT AGENTS* | | |
| *GOUT AGENT COMBINATIONS*** | | |
| colchicine-probenecid oral tablet | Tier 1 | |
| *GOUT AGENTS*** | | |
| allopurinol oral tablet 100 mg, 300 mg | Tier 1 | QL |
| colchicine oral capsule | Tier 1 | ST; QL |
| colchicine oral tablet | Tier 1 | QL |
| febuxostat oral tablet | Tier 1 | ST; QL |
| *URICOSURICS*** | | |
| probenecid oral tablet | Tier 1 | |
| *HEMATOLOGICAL AGENTS - MISC.* | | |
| *BRADYKININ B2 RECEPTOR ANTAGONISTS*** | | |
| icatibant acetate subcutaneous solution prefilled syringe | Tier 4 | PA; SP; QL |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; LD; QL |
| *C1 ESTERASE INHIBITORS*** | | |
| BERINERT INTRAVENOUS KIT | Tier 4 | PA; SP; LD; QL |
| *DIRECT-ACTING P2Y12 INHIBITORS*** | | |
| BRILINTA ORAL TABLET | Tier 3 | QL |
| ticagrelor oral tablet | Tier 2 | QL |
| *HEMATORHEOLOGIC AGENTS*** | | |
| pentoxifylline er oral tablet extended release | Tier 1 | |
| *PHOSPHODIESTERASE III INHIBITORS*** | | |
| cilostazol oral tablet | Tier 1 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|----------------|
| *PLATELET AGGREGATION INHIBITOR COMBINATIONS*** | | |
| aspirin-dipyridamole er oral capsule extended release 12 hour | Tier 1 | QL |
| YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG | Tier 3 | PA; QL |
| *PLATELET AGGREGATION INHIBITORS*** | | |
| dipyridamole oral tablet | Tier 1 | |
| *QUINAZOLINE AGENTS*** | | |
| anagrelide hcl oral capsule | Tier 2 | QL |
| *THIENOPYRIDINE DERIVATIVES*** | | |
| clopidogrel bisulfate oral tablet | Tier 1 | QL |
| prasugrel hcl oral tablet | Tier 1 | QL |
| *HEMATOPOIETIC AGENTS* | | |
| *AGENTS FOR GAUCHER DISEASE*** | | |
| miglustat oral capsule | Tier 4 | PA; SP; QL |
| YARGESA ORAL CAPSULE | Tier 4 | PA; SP; LD; QL |
| *COBALAMINS*** | | |
| cyanocobalamin injection solution 1000 mcg/ml | Tier 1 | |
| DODEX INJECTION SOLUTION 1000 MCG/ML | Tier 1 | |
| *CYTOTOXIC AGENTS*** | | |
| DROXIA ORAL CAPSULE | Tier 4 | |
| *ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION | Tier 4 | PA; SP; QL |

| Drug Name | Tier | Notes |
|--|--------|----------------|
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; QL |
| PROCRIT INJECTION SOLUTION | Tier 4 | PA; SP; QL |
| *FOLIC ACID/FOLATES*** | | |
| folic acid oral capsule 0.8 mg | Tier 1 | \$0 |
| folic acid oral tablet 1 mg | Tier 1 | |
| folic acid oral tablet 400 mcg, 800 mcg | Tier 1 | \$0 |
| *GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** | | |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT | Tier 4 | PA; SP; QL |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; QL |
| NEUPOGEN INJECTION SOLUTION | Tier 4 | PA; SP |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP |
| *IRON*** | | |
| ft iron oral tablet | Tier 1 | |
| *THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** | | |
| eltrombopag olamine oral tablet 12.5 mg, 25 mg | Tier 4 | PA; SP; DO |
| eltrombopag olamine oral tablet 50 mg, 75 mg | Tier 4 | PA; SP; QL |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | Tier 4 | PA; SP; LD; DO |
| PROMACTA ORAL TABLET 50 MG, 75 MG | Tier 4 | PA; SP; LD; QL |
| *HEMOSTATICS* | | |
| *HEMOSTATICS - SYSTEMIC*** | | |
| tranexamic acid oral tablet | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|--------|
| *HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* | | |
| *BARBITURATE HYPNOTICS*** | | |
| phenobarbital oral elixir | Tier 1 | QL |
| phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg | Tier 1 | QL |
| phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg | Tier 1 | DO |
| *BENZODIAZEPINE HYPNOTICS*** | | |
| estazolam oral tablet | Tier 1 | QL |
| flurazepam hcl oral capsule | Tier 1 | QL |
| midazolam hcl oral syrup | Tier 1 | QL |
| quazepam oral tablet | Tier 1 | QL |
| temazepam oral capsule | Tier 1 | QL |
| triazolam oral tablet | Tier 1 | QL |
| *HYPNOTICS - TRICYCLIC AGENTS*** | | |
| doxepin hcl oral tablet | Tier 1 | ST; QL |
| *NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** | | |
| eszopiclone oral tablet 1 mg, 2 mg | Tier 1 | QL |
| eszopiclone oral tablet 3 mg | Tier 1 | PA; QL |
| zaleplon oral capsule | Tier 1 | QL |
| zolpidem tartrate er oral tablet extended release | Tier 1 | QL |
| zolpidem tartrate oral tablet | Tier 1 | QL |
| *SELECTIVE MELATONIN RECEPTOR AGONISTS*** | | |
| ramelteon oral tablet | Tier 1 | ST; QL |

| Drug Name | Tier | Notes |
|---|--------|---------|
| *LAXATIVES* | | |
| *BOWEL EVACUANT COMBINATIONS*** | | |
| CLENPIQ ORAL SOLUTION | Tier 3 | QL |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED | Tier 1 | \$0; QL |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED | Tier 1 | \$0; QL |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED | Tier 1 | \$0; QL |
| na sulfate-k sulfate-mg sulf oral solution | Tier 1 | \$0; QL |
| peg 3350-kcl-na bicarb-nacl oral solution reconstituted | Tier 1 | \$0; QL |
| peg-3350/electrolytes oral solution reconstituted | Tier 1 | \$0; QL |
| peg-3350/electrolytes/ascorbic acid oral solution reconstituted | Tier 1 | \$0; QL |
| peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted | Tier 1 | \$0; QL |
| PLENVU ORAL SOLUTION RECONSTITUTED | Tier 3 | QL |
| *LAXATIVES - MISCELLANEOUS*** | | |
| constulose oral solution | Tier 1 | QL |
| lactulose oral solution 10 gm/15ml | Tier 1 | QL |
| peg 3350 oral packet | Tier 1 | \$0 |
| polyethylene glycol 3350 oral packet | Tier 1 | \$0 |
| polyethylene glycol 3350 oral powder | Tier 1 | \$0 |
| true laxative oral powder | Tier 1 | \$0 |
| *SALINE LAXATIVES*** | | |
| magnesium citrate oral solution | Tier 1 | \$0 |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| *STIMULANT LAXATIVES*** | | |
| bisacodyl ec oral tablet delayed release | Tier 1 | \$0 |
| *MACROLIDES* | | |
| *AZITHROMYCIN*** | | |
| azithromycin oral packet 1 gm | Tier 1 | |
| azithromycin oral suspension reconstituted | Tier 1 | |
| azithromycin oral tablet | Tier 1 | |
| *CLARITHROMYCIN*** | | |
| clarithromycin er oral tablet extended release 24 hour | Tier 1 | |
| clarithromycin oral suspension reconstituted | Tier 1 | |
| clarithromycin oral tablet | Tier 1 | |
| *ERYTHROMYCINS*** | | |
| E.E.S. 400 ORAL TABLET | Tier 1 | |
| ERY-TAB ORAL TABLET DELAYED RELEASE | Tier 1 | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | Tier 1 | |
| erythromycin base oral capsule delayed release particles | Tier 1 | |
| erythromycin base oral tablet | Tier 1 | |
| erythromycin base oral tablet delayed release | Tier 1 | |
| erythromycin ethylsuccinate oral tablet | Tier 1 | |
| erythromycin oral tablet delayed release | Tier 1 | |
| *MEDICAL DEVICES AND SUPPLIES* | | |
| *APPLICATORS,COTTON BALLS,ETC*** | | |
| ALCOHOL SWABS PAD | Tier 3 | |
| goodsense alcohol swabs pad | Tier 3 | |

| Drug Name | Tier | Notes |
|---|--------|---------|
| *CERVICAL CAPS*** | | |
| FEMCAP VAGINAL DEVICE | Tier 3 | \$0 |
| *CONDOMS - FEMALE*** | | |
| FC2 FEMALE CONDOM | Tier 3 | \$0; QL |
| *DIAPHRAGMS*** | | |
| CAYA VAGINAL DIAPHRAGM | Tier 3 | \$0 |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM | Tier 3 | \$0 |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM | Tier 3 | \$0 |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM | Tier 3 | \$0 |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM | Tier 3 | \$0 |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM | Tier 3 | \$0 |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM | Tier 3 | \$0 |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM | Tier 3 | \$0 |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM | Tier 3 | \$0 |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM | Tier 3 | \$0 |
| *GLUCOSE MONITORING TEST SUPPLIES*** | | |
| ACCU-CHEK AVIVA IN VITRO SOLUTION | Tier 2 | |
| ACCU-CHEK AVIVA PLUS KIT | Tier 2 | |
| ACCU-CHEK FASTCLIX LANCET KIT | Tier 2 | QL |
| ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID | Tier 2 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|--------|
| ACCU-CHEK GUIDE KIT | Tier 2 | |
| ACCU-CHEK GUIDE ME KIT | Tier 2 | |
| ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID | Tier 2 | |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT | Tier 2 | QL |
| ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION | Tier 2 | |
| AUTOLET LITE LANCING DEVICE | Tier 3 | |
| DEXCOM G6 RECEIVER DEVICE | Tier 3 | PA; QL |
| DEXCOM G6 SENSOR | Tier 3 | PA; QL |
| DEXCOM G6 TRANSMITTER | Tier 3 | PA; QL |
| DEXCOM G7 RECEIVER DEVICE | Tier 3 | PA; QL |
| DEXCOM G7 SENSOR | Tier 3 | PA; QL |
| FREESTYLE LIBRE 14 DAY READER DEVICE | Tier 3 | PA; QL |
| FREESTYLE LIBRE 14 DAY SENSOR | Tier 3 | PA; QL |
| FREESTYLE LIBRE 2 READER DEVICE | Tier 3 | PA; QL |
| FREESTYLE LIBRE 2 SENSOR | Tier 3 | PA; QL |
| FREESTYLE LIBRE 3 READER DEVICE | Tier 3 | PA; QL |
| FREESTYLE LIBRE 3 SENSOR | Tier 3 | PA; QL |
| FREESTYLE LIBRE READER DEVICE | Tier 3 | PA; QL |
| LANCET DEVICE | Tier 3 | |
| lancets | Tier 3 | QL |
| LANCETS SUPER THIN | Tier 3 | QL |
| ONETOUCH ULTRA 2 KIT | Tier 2 | |
| ONETOUCH ULTRA CONTROL IN VITRO LIQUID | Tier 2 | |

| Drug Name | Tier | Notes |
|---|--------|-------|
| ONETOUCH ULTRA IN VITRO LIQUID | Tier 2 | |
| ONETOUCH VERIO FLEX SYSTEM KIT | Tier 2 | |
| ONETOUCH VERIO IN VITRO LIQUID | Tier 2 | |
| PERFECT POINT SAFETY LANCETS | Tier 3 | QL |
| *NEBULIZERS*** | | |
| PARI BABY NEBULIZER SET | Tier 3 | |
| *NEEDLES & SYRINGES*** | | |
| ADVOCATE INSULIN PEN NEEDLE | Tier 3 | QL |
| BD AUTOSHIELD DUO | Tier 3 | QL |
| BD ECLIPSE SYRINGE 21G X 1" 3 ML | Tier 3 | |
| BD INS SYR ULTRAFINE 1/2UNIT | Tier 3 | QL |
| BD INSULIN SYRINGE 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML | Tier 3 | QL |
| BD INSULIN SYRINGE HALF-UNIT | Tier 3 | QL |
| BD INSULIN SYRINGE MICROFINE | Tier 3 | QL |
| BD INSULIN SYRINGE U/F | Tier 3 | QL |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | QL |
| BD PEN NEEDLE MICRO U/F 32G X 6 MM | Tier 3 | QL |
| BD PEN NEEDLE MICRO ULTRAFINE | Tier 3 | QL |
| BD PEN NEEDLE MINI U/F | Tier 3 | QL |
| BD PEN NEEDLE MINI ULTRAFINE | Tier 3 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| BD PEN NEEDLE NANO 2ND GEN | Tier 3 | QL |
| BD PEN NEEDLE NANO U/F 32G X 4 MM | Tier 3 | QL |
| BD PEN NEEDLE NANO ULTRAFINE | Tier 3 | QL |
| BD PEN NEEDLE ORIG ULTRAFINE | Tier 3 | QL |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM | Tier 3 | QL |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM | Tier 3 | QL |
| BD PEN NEEDLE SHORT ULTRAFINE | Tier 3 | QL |
| BD SAFETYGLIDE INSULIN SYRINGE | Tier 3 | QL |
| BD SAFETYGLIDE SYRINGE/NEEDLE 25G X 1" 3 ML | Tier 3 | |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | Tier 3 | QL |
| COMFORT EZ PRO PEN NEEDLES | Tier 3 | QL |
| easy comfort pen needles 29g x 5mm | Tier 3 | QL |
| EMBECTA AUTOSHIELD DUO | Tier 3 | QL |
| EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML | Tier 3 | QL |
| EMBECTA INSULIN SYRINGE U-100 | Tier 3 | QL |
| EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 32G X 6 MM | Tier 3 | QL |
| EMBRACE PEN NEEDLES 29G X 12MM , 31G X 5 MM | Tier 3 | QL |
| INSULIN SYRINGE 28G X 1/2" 0.5 ML | Tier 3 | QL |

| Drug Name | Tier | Notes |
|---|--------|-------|
| insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | QL |
| insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml | Tier 3 | QL |
| INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 3 | QL |
| INSUPEN32G EXTR3ME | Tier 3 | QL |
| MONOJECT SYRINGE CATH TIP 60 ML | Tier 3 | |
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM | Tier 3 | QL |
| NOVOFINE PEN NEEDLE | Tier 3 | QL |
| NOVOFINE PLUS PEN NEEDLE | Tier 3 | QL |
| pen needle/5-bevel tip | Tier 3 | QL |
| PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 6 MM | Tier 3 | QL |
| pen needles 32g x 4 mm , 32g x 5 mm , 33g x 4 mm | Tier 3 | QL |
| PEN NEEDLES 5/16" 31G X 8 MM | Tier 3 | QL |
| PENTIPS | Tier 3 | QL |
| PENTIPS GENERIC PEN NEEDLES | Tier 3 | QL |
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM , 31G X 8 MM | Tier 3 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM | Tier 3 | QL |
| RELION INSULIN SYRINGE | Tier 3 | QL |
| RELION MINI PEN NEEDLES 31G X 6 MM | Tier 3 | QL |
| RELION PEN NEEDLES | Tier 3 | QL |
| RELION SHORT PEN NEEDLES 31G X 8 MM | Tier 3 | QL |
| sure comfort insulin syringe | Tier 3 | QL |
| sure comfort pen needles | Tier 3 | QL |
| techlite insulin syringe | Tier 3 | QL |
| TECHLITE PEN NEEDLES | Tier 3 | QL |
| TECHLITE PLUS PEN NEEDLES | Tier 3 | QL |
| true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | Tier 3 | QL |
| TRUE COMFORT PEN NEEDLES | Tier 3 | QL |
| true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml | Tier 3 | QL |
| UNIFINE PENTIPS | Tier 3 | QL |
| UNIFINE PENTIPS PLUS | Tier 3 | QL |
| UNIFINE ULTRA PEN NEEDLE | Tier 3 | QL |
| VERIFINE PLUS PEN NEEDLE | Tier 3 | QL |
| VERISAFE SAFE STERILE SYRINGE | Tier 3 | |

| Drug Name | Tier | Notes |
|--|--------|--------|
| *MIGRAINE PRODUCTS* | | |
| *CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** | | |
| NURTEC ORAL TABLET DISPERSIBLE | Tier 3 | PA; QL |
| *CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** | | |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 2 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 2 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 2 | PA; QL |
| *ERGOT COMBINATIONS*** | | |
| ergotamine-caffeine oral tablet | Tier 1 | |
| MIGERGOT RECTAL SUPPOSITORY | Tier 2 | |
| *MIGRAINE PRODUCTS*** | | |
| dihydroergotamine mesylate nasal solution | Tier 1 | ST; QL |
| *SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS*** | | |
| sumatriptan-naproxen sodium oral tablet | Tier 2 | ST; QL |
| *SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** | | |
| almotriptan malate oral tablet | Tier 1 | QL |
| eletriptan hydrobromide oral tablet | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|---------|
| frovatriptan succinate oral tablet | Tier 1 | ST; QL |
| naratriptan hcl oral tablet | Tier 1 | QL |
| rizatriptan benzoate oral tablet | Tier 1 | QL |
| rizatriptan benzoate oral tablet dispersible | Tier 1 | QL |
| sumatriptan succinate oral tablet | Tier 1 | QL |
| sumatriptan succinate refill subcutaneous solution cartridge | Tier 1 | QL |
| sumatriptan succinate subcutaneous solution | Tier 1 | QL |
| sumatriptan succinate subcutaneous solution auto-injector | Tier 1 | QL |
| zolmitriptan oral tablet | Tier 1 | QL |
| zolmitriptan oral tablet dispersible | Tier 1 | QL |
| *MINERALS & ELECTROLYTES* | | |
| *CALCIUM COMBINATIONS*** | | |
| ft calcium + vitamin d3 oral tablet | Tier 1 | |
| ft calcium citrate +vitamin d3 oral tablet | Tier 1 | |
| FT CALCIUM CITRATE/VIT D3 ORAL TABLET | Tier 1 | |
| FT CALCIUM+D3 ORAL TABLET | Tier 1 | |
| *FLUORIDE*** | | |
| sodium fluoride oral solution | Tier 1 | \$0; QL |
| sodium fluoride oral tablet | Tier 1 | \$0 |
| sodium fluoride oral tablet chewable | Tier 1 | \$0 |
| *POTASSIUM*** | | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE | Tier 1 | |

| Drug Name | Tier | Notes |
|--|--------|----------------|
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE | Tier 1 | |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE | Tier 1 | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE | Tier 1 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE | Tier 1 | |
| 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 10 meq, 20 meq, 8 meq | Tier 1 | |
| *MISCELLANEOUS THERAPEUTIC CLASSES* | | |
| *ANTILEPROTICS*** | | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | Tier 4 | PA; SP; LD; QL |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | Tier 4 | PA; SP; QL |
| *CHELATING AGENTS*** | | |
| penicillamine oral tablet | Tier 4 | PA; SP; QL |
| trientine hcl oral capsule 250 mg | Tier 4 | PA; SP; QL |
| *CYCLOSPORINE ANALOGS*** | | |
| cyclosporine modified oral capsule | Tier 4 | |
| cyclosporine modified oral solution | Tier 4 | |
| cyclosporine oral capsule | Tier 4 | |
| GENGRAF ORAL CAPSULE | Tier 4 | |
| GENGRAF ORAL SOLUTION | Tier 4 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|----------------|
| *IMMUNOMODULATORS FOR MYELOYDYSPLASTIC SYNDROMES*** | | |
| lenalidomide oral capsule | Tier 4 | PA; SP; LD; QL |
| REVLIMID ORAL CAPSULE | Tier 4 | PA; SP; LD; QL |
| *INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** | | |
| mycophenolate mofetil oral capsule | Tier 4 | |
| mycophenolate mofetil oral tablet | Tier 4 | |
| mycophenolate sodium oral tablet delayed release | Tier 4 | |
| mycophenolic acid oral tablet delayed release | Tier 4 | |
| *MACROLIDE IMMUNOSUPPRESSANT S*** | | |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | Tier 4 | PA |
| sirolimus oral solution | Tier 4 | |
| tacrolimus oral capsule | Tier 4 | |
| *POTASSIUM REMOVING AGENTS*** | | |
| KIONEX COMBINATION SUSPENSION | Tier 1 | |
| KIONEX ORAL SUSPENSION 15 GM/60ML | Tier 1 | |
| sodium polystyrene sulfonate oral powder | Tier 1 | |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION | Tier 1 | |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION | Tier 1 | |
| SPS ORAL SUSPENSION 15 GM/60ML | Tier 1 | |

| Drug Name | Tier | Notes |
|---|--------|-------|
| *PURINE ANALOGS*** | | |
| azathioprine oral tablet 50 mg | Tier 1 | |
| *MOUTH/THROAT/DENTAL AGENTS* | | |
| *ANESTHETICS TOPICAL ORAL*** | | |
| lidocaine viscous hcl mouth/throat solution | Tier 1 | QL |
| *ANTI-INFECTIVES - THROAT*** | | |
| clotrimazole mouth/throat troche | Tier 1 | QL |
| nystatin mouth/throat suspension | Tier 1 | QL |
| ORAVIG BUCCAL TABLET | Tier 3 | |
| *ANTISEPTICS - MOUTH/THROAT*** | | |
| chlorhexidine gluconate mouth/throat solution | Tier 1 | QL |
| PERIOGARD MOUTH/THROAT SOLUTION | Tier 1 | QL |
| *DENTAL PRODUCTS - COMBINATIONS*** | | |
| denta 5000 plus sensitive dental gel | Tier 1 | |
| denta 5000 plus sensitive dental paste 1.1-5 % | Tier 1 | |
| fluoridex sensitivity relief dental gel | Tier 1 | |
| fluoridex sensitivity relief dental paste 1.1-5 % | Tier 1 | |
| sodium fluoride 5000 enamel dental gel | Tier 1 | |
| sodium fluoride 5000 sensitive dental gel | Tier 1 | |
| *FLUORIDE DENTAL PRODUCTS*** | | |
| CLINPRO 5000 DENTAL PASTE | Tier 1 | QL |
| DENTA 5000 PLUS DENTAL CREAM | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| DENTAGEL DENTAL GEL | Tier 1 | QL |
| FLUORIDEX DENTAL PASTE | Tier 1 | QL |
| fluoridex enhanced whitening dental paste | Tier 1 | QL |
| fraiche 5000 dental dental gel | Tier 1 | QL |
| sf 5000 plus dental cream | Tier 1 | QL |
| sf dental gel | Tier 1 | QL |
| sodium fluoride 5000 plus dental cream | Tier 1 | QL |
| sodium fluoride 5000 ppm dental cream | Tier 1 | QL |
| sodium fluoride 5000 ppm dental gel | Tier 1 | QL |
| sodium fluoride 5000 ppm dental paste | Tier 1 | QL |
| sodium fluoride dental cream | Tier 1 | QL |
| sodium fluoride dental gel | Tier 1 | QL |
| *SALIVA STIMULANTS*** | | |
| cevimeline hcl oral capsule | Tier 1 | |
| pilocarpine hcl oral tablet | Tier 1 | QL |
| *STERIODS - MOUTH/THROAT/DENTAL*** | | |
| KOURZEQ MOUTH/THROAT PASTE | Tier 1 | |
| ORALONE MOUTH/THROAT PASTE | Tier 1 | |
| triamcinolone acetonide mouth/throat paste | Tier 1 | |
| *MULTIVITAMINS* | | |
| *PED MV W/ FLUORIDE*** | | |
| multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg | Tier 1 | \$0 |
| multi-vitamin/fluoride oral solution | Tier 1 | \$0 |

| Drug Name | Tier | Notes |
|--|--------|-------|
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg | Tier 1 | \$0 |
| *PED VITAMINS ACD W/ FLUORIDE*** | | |
| adc/f (0.5mg/ml) oral solution 0.5 mg/ml | Tier 1 | \$0 |
| tri-vite/fluoride oral solution | Tier 1 | \$0 |
| *PRENATAL MV & MIN W/FE-FA*** | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE | Tier 2 | QL |
| ATABEX OB ORAL TABLET | Tier 2 | QL |
| CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG | Tier 2 | QL |
| c-nate dha oral capsule | Tier 2 | QL |
| completenate oral tablet chewable | Tier 2 | QL |
| CO-NATAL FA ORAL TABLET | Tier 2 | QL |
| CONCEPT DHA ORAL CAPSULE | Tier 2 | QL |
| CONCEPT OB ORAL CAPSULE | Tier 2 | QL |
| ELITE-OB ORAL TABLET | Tier 1 | QL |
| FOLIVANE-OB ORAL CAPSULE | Tier 2 | QL |
| ft prenatal oral tablet | Tier 2 | QL |
| INATAL GT ORAL TABLET | Tier 1 | QL |
| m-natal plus oral tablet | Tier 2 | QL |
| NATALVIT ORAL TABLET | Tier 2 | QL |
| NIVA-PLUS ORAL TABLET | Tier 2 | QL |
| one vite womens plus oral tablet | Tier 2 | QL |
| pnv 27-ca/fe/fa oral tablet | Tier 2 | QL |
| pnv prenatal plus multivit+dha oral | Tier 2 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| pnv-select oral tablet | Tier 1 | QL |
| prenatal 19 oral tablet 29-1 mg | Tier 2 | QL |
| prenatal 19 oral tablet chewable | Tier 1 | QL |
| prenatal 19 oral tablet chewable 29-1 mg | Tier 2 | QL |
| prenatal oral tablet 27-0.8 mg, 27-1 mg | Tier 2 | QL |
| prenatal plus oral tablet | Tier 2 | QL |
| prenatal plus vitamin/mineral oral tablet | Tier 2 | QL |
| PRENATAL-U ORAL CAPSULE | Tier 2 | QL |
| PROVIDA OB ORAL CAPSULE | Tier 2 | QL |
| se-natal 19 oral tablet | Tier 2 | QL |
| se-natal 19 oral tablet chewable | Tier 2 | QL |
| TARON-C DHA ORAL CAPSULE | Tier 2 | QL |
| thrivite rx oral tablet | Tier 2 | QL |
| TRICARE ORAL TABLET | Tier 2 | QL |
| trinatal rx 1 oral tablet | Tier 2 | QL |
| TRINATE ORAL TABLET | Tier 1 | QL |
| VINATE II ORAL TABLET 29-1 MG | Tier 2 | QL |
| VINATE ONE ORAL TABLET 60-1 MG | Tier 2 | QL |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE | Tier 2 | QL |
| westab plus oral tablet | Tier 2 | QL |
| *PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL *** | | |
| complete natal dha oral | Tier 2 | QL |
| wesnatal dha complete oral | Tier 2 | QL |
| *PRENATAL MV & MIN W/FE-FA-DHA*** | | |
| pnv-dha oral capsule | Tier 1 | QL |
| prena 1 true oral | Tier 2 | QL |

| Drug Name | Tier | Notes |
|--|--------|--------|
| *PRENATAL VITAMINS*** | | |
| VITAFOL STRIPS ORAL FILM 1 MG | Tier 2 | QL |
| *MUSCULOSKELETAL THERAPY AGENTS* | | |
| *CENTRAL MUSCLE RELAXANTS*** | | |
| baclofen oral tablet 10 mg, 20 mg, 5 mg | Tier 1 | QL |
| carisoprodol oral tablet | Tier 1 | QL |
| chlorzoxazone oral tablet 500 mg | Tier 1 | QL |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | Tier 1 | QL |
| cyclobenzaprine hcl oral tablet 7.5 mg | Tier 1 | ST; QL |
| metaxalone oral tablet 400 mg, 800 mg | Tier 1 | ST; QL |
| methocarbamol oral tablet 500 mg, 750 mg | Tier 1 | QL |
| orphenadrine citrate er oral tablet extended release 12 hour | Tier 1 | QL |
| tizanidine hcl oral capsule | Tier 1 | QL |
| tizanidine hcl oral tablet | Tier 1 | QL |
| *DIRECT MUSCLE RELAXANTS*** | | |
| dantrolene sodium oral capsule | Tier 1 | |
| *NASAL AGENTS - SYSTEMIC AND TOPICAL* | | |
| *ANTI HISTAMINE- STEROID*** | | |
| azelastine-fluticasone nasal suspension | Tier 1 | QL |
| *NASAL ANTICHOLINERGICS*** | | |
| ipratropium bromide nasal solution | Tier 1 | QL |
| *NASAL ANTIHISTAMINES*** | | |
| azelastine hcl nasal solution | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|------------|
| olopatadine hcl nasal solution | Tier 1 | QL |
| *NASAL STEROIDS*** | | |
| flunisolide nasal solution | Tier 1 | ST; QL |
| fluticasone propionate nasal suspension | Tier 1 | QL |
| mometasone furoate nasal suspension | Tier 1 | ST; QL |
| OMNARIS NASAL SUSPENSION | Tier 3 | ST; QL |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION | Tier 3 | ST; QL |
| QNASL NASAL AEROSOL SOLUTION | Tier 3 | ST; QL |
| *NEUROMUSCULAR AGENTS* | | |
| *BENZATHIAZOLES*** | | |
| riluzole oral tablet | Tier 4 | SP; QL |
| *NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS*** | | |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED | Tier 4 | PA; SP; LD |
| *NONDEPOLARIZING MUSCLE RELAXANTS*** | | |
| atracurium besylate intravenous solution | Tier 1 | |
| *OPHTHALMIC AGENTS* | | |
| *BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** | | |
| brimonidine tartrate-timolol ophthalmic solution | Tier 2 | QL |
| dorzolamide hcl-timolol mal ophthalmic solution | Tier 1 | QL |
| *BETA-BLOCKERS - OPHTHALMIC*** | | |
| betaxolol hcl ophthalmic solution | Tier 1 | QL |
| carteolol hcl ophthalmic solution | Tier 1 | |

| Drug Name | Tier | Notes |
|---|--------|--------|
| levobunolol hcl ophthalmic solution | Tier 1 | |
| timolol maleate ophthalmic gel forming solution | Tier 1 | QL |
| timolol maleate ophthalmic solution | Tier 1 | QL |
| *CYCLOPLEGIC MYDRIATICS*** | | |
| tropicamide ophthalmic solution | Tier 1 | |
| *LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** | | |
| XIIDRA OPHTHALMIC SOLUTION | Tier 3 | PA; QL |
| *MIOTICS - CHOLINESTERASE INHIBITORS*** | | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED | Tier 3 | LD; QL |
| *MIOTICS - DIRECT ACTING*** | | |
| pilocarpine hcl ophthalmic solution | Tier 1 | |
| *OPHTHALMIC ANTIALLERGIC*** | | |
| ALOCRILOPHTHALMIC SOLUTION | Tier 3 | ST; QL |
| ALOMIDOPHTHALMIC SOLUTION 0.1 % | Tier 3 | ST; QL |
| azelastine hcl ophthalmic solution | Tier 1 | QL |
| bepotastine besilate ophthalmic solution | Tier 2 | ST; QL |
| cromolyn sodium ophthalmic solution | Tier 1 | QL |
| epinastine hcl ophthalmic solution | Tier 1 | QL |
| olopatadine hcl ophthalmic solution 0.2 % | Tier 1 | ST; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| *OPHTHALMIC ANTIBIOTICS*** | | |
| AZASITE OPHTHALMIC SOLUTION | Tier 2 | QL |
| bacitracin ophthalmic ointment | Tier 1 | QL |
| BESIVANCE OPHTHALMIC SUSPENSION | Tier 3 | QL |
| ciprofloxacin hcl ophthalmic solution | Tier 1 | QL |
| erythromycin ophthalmic ointment | Tier 1 | QL |
| gatifloxacin ophthalmic solution | Tier 1 | QL |
| gentamicin sulfate ophthalmic solution | Tier 1 | QL |
| levofloxacin ophthalmic solution | Tier 1 | QL |
| moxifloxacin hcl (2x day) ophthalmic solution | Tier 1 | QL |
| moxifloxacin hcl ophthalmic solution | Tier 1 | QL |
| ofloxacin ophthalmic solution | Tier 1 | QL |
| tobramycin ophthalmic solution | Tier 1 | QL |
| *OPHTHALMIC ANTIFUNGAL *** | | |
| NATACYN OPHTHALMIC SUSPENSION | Tier 3 | QL |
| *OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** | | |
| bacitracin-polymyxin b ophthalmic ointment | Tier 1 | QL |
| neomycin-bacitracin zn-polymyx ophthalmic ointment | Tier 1 | QL |
| neomycin-polymyxin-gramicidin ophthalmic solution | Tier 1 | QL |
| NEO-POLYCIN OPHTHALMIC OINTMENT | Tier 1 | QL |

| Drug Name | Tier | Notes |
|---|--------|--------|
| POLYCIN OPHTHALMIC OINTMENT | Tier 1 | QL |
| polymyxin b-trimethoprim ophthalmic solution | Tier 1 | QL |
| *OPHTHALMIC ANTIVIRALS*** | | |
| trifluridine ophthalmic solution | Tier 1 | QL |
| ZIRGAN OPHTHALMIC GEL | Tier 3 | QL |
| *OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** | | |
| brinzolamide ophthalmic suspension | Tier 1 | QL |
| dorzolamide hcl ophthalmic solution | Tier 1 | QL |
| *OPHTHALMIC IMMUNOMODULATORS** | | |
| cyclosporine ophthalmic emulsion | Tier 1 | PA; QL |
| *OPHTHALMIC LOCAL ANESTHETICS*** | | |
| proparacaine hcl ophthalmic solution | Tier 1 | |
| *OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** | | |
| bromfenac sodium (once-daily) ophthalmic solution | Tier 1 | QL |
| diclofenac sodium ophthalmic solution | Tier 1 | QL |
| flurbiprofen sodium ophthalmic solution | Tier 1 | QL |
| ketorolac tromethamine ophthalmic solution | Tier 1 | QL |
| NEVANAC OPHTHALMIC SUSPENSION | Tier 3 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| *OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** | | |
| apraclonidine hcl ophthalmic solution | Tier 1 | |
| brimonidine tartrate ophthalmic solution 0.15 %, 0.2 % | Tier 1 | QL |
| *OPHTHALMIC STEROID COMBINATIONS*** | | |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment | Tier 1 | QL |
| neomycin-polymyxin-dexameth ophthalmic ointment | Tier 1 | QL |
| neomycin-polymyxin-dexameth ophthalmic suspension | Tier 1 | QL |
| neomycin-polymyxin-hc ophthalmic suspension | Tier 1 | |
| NEO-POLYCIN HC OPTHALMIC OINTMENT | Tier 1 | QL |
| sulfacetamide-prednisolone ophthalmic solution | Tier 1 | QL |
| TOBRADEX OPTHALMIC OINTMENT | Tier 3 | |
| tobramycin-dexamethasone ophthalmic suspension | Tier 1 | QL |
| ZYLET OPTHALMIC SUSPENSION | Tier 3 | QL |
| *OPHTHALMIC STEROIDS*** | | |
| dexamethasone sodium phosphate ophthalmic solution | Tier 1 | |
| difluprednate ophthalmic emulsion | Tier 2 | QL |
| fluorometholone ophthalmic suspension | Tier 1 | |
| LOTEMAX OPTHALMIC OINTMENT | Tier 3 | QL |

| Drug Name | Tier | Notes |
|---|--------|-------|
| loteprednol etabonate ophthalmic gel | Tier 3 | QL |
| loteprednol etabonate ophthalmic suspension 0.5 % | Tier 1 | QL |
| prednisolone acetate ophthalmic suspension | Tier 1 | QL |
| prednisolone sodium phosphate ophthalmic solution | Tier 3 | QL |
| *OPHTHALMIC SULFONAMIDES*** | | |
| sulfacetamide sodium ophthalmic ointment | Tier 1 | QL |
| sulfacetamide sodium ophthalmic solution | Tier 1 | QL |
| *PROSTAGLANDINS - OPTHALMIC*** | | |
| bimatoprost ophthalmic solution | Tier 1 | |
| latanoprost ophthalmic solution | Tier 1 | QL |
| LUMIGAN OPTHALMIC SOLUTION | Tier 3 | QL |
| tafluprost (pf) ophthalmic solution | Tier 2 | QL |
| travoprost (bak free) ophthalmic solution | Tier 1 | QL |
| *OTIC AGENTS* | | |
| *OTIC AGENTS - MISCELLANEOUS*** | | |
| acetic acid otic solution | Tier 1 | |
| *OTIC ANTI-INFECTIVES*** | | |
| ciprofloxacin hcl otic solution | Tier 1 | QL |
| ofloxacin otic solution | Tier 1 | QL |
| *OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** | | |
| CIPRO HC OTIC SUSPENSION | Tier 3 | QL |
| ciprofloxacin-dexamethasone otic suspension | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|------------|
| CORTISPORIN-TC OTIC SUSPENSION | Tier 3 | |
| neomycin-polymyxin-hc otic solution | Tier 1 | |
| neomycin-polymyxin-hc otic suspension | Tier 1 | QL |
| *OTIC STEROIDS*** | | |
| fluocinolone acetonide otic oil | Tier 1 | |
| hydrocortisone-acetic acid otic solution | Tier 1 | QL |
| *OXYTOCICS* | | |
| *OXYTOCICS*** | | |
| METHERGINE ORAL TABLET | Tier 2 | |
| methylergonovine maleate oral tablet | Tier 2 | |
| *PASSIVE IMMUNIZING AND TREATMENT AGENTS* | | |
| *PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** | | |
| HYQVIA SUBCUTANEOUS KIT | Tier 4 | PA; SP; LD |
| *PENICILLINS* | | |
| *AMINOPENICILLINS*** | | |
| amoxicillin oral capsule | Tier 1 | |
| amoxicillin oral suspension reconstituted | Tier 1 | |
| amoxicillin oral tablet | Tier 1 | |
| amoxicillin oral tablet chewable | Tier 1 | |
| ampicillin oral capsule | Tier 1 | |
| *NATURAL PENICILLINS*** | | |
| penicillin v potassium oral solution reconstituted | Tier 1 | |
| penicillin v potassium oral tablet | Tier 1 | |

| Drug Name | Tier | Notes |
|---|--------|-------|
| *PENICILLIN COMBINATIONS*** | | |
| amoxicillin-pot clavulanate er oral tablet extended release 12 hour | Tier 1 | |
| amoxicillin-pot clavulanate oral suspension reconstituted | Tier 1 | |
| amoxicillin-pot clavulanate oral tablet | Tier 1 | |
| amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg | Tier 1 | |
| *PENICILLINASE-RESISTANT PENICILLINS*** | | |
| dicloxacillin sodium oral capsule | Tier 1 | |
| *PHARMACEUTICAL ADJUVANTS* | | |
| *ORAL VEHICLES*** | | |
| cherry oral syrup | Tier 2 | |
| purified water oral liquid | Tier 2 | |
| *SEMI SOLID VEHICLES*** | | |
| goodsense petroleum jelly external gel | Tier 1 | |
| hm petroleum jelly external gel | Tier 1 | |
| petrolatum external gel | Tier 1 | |
| petrolatum white external gel | Tier 1 | |
| sm petroleum jelly external gel | Tier 1 | |
| VASELINE PURE ULTRA WHITE EXTERNAL GEL | Tier 1 | |
| white petrolatum external gel | Tier 1 | |
| *PROGESTINS* | | |
| *PROGESTINS*** | | |
| GALLIFREY ORAL TABLET | Tier 1 | |
| medroxyprogesterone acetate oral tablet | Tier 1 | QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| norethindrone acetate oral tablet | Tier 1 | |
| progesterone oral capsule | Tier 1 | QL |
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* | | |
| *ALCOHOL DETERRENTS*** | | |
| acamprosate calcium oral tablet delayed release | Tier 1 | QL |
| disulfiram oral tablet | Tier 1 | |
| *BENZODIAZEPINES & TRICYCLIC AGENTS*** | | |
| chlordiazepoxide-amitriptyline oral tablet | Tier 1 | |
| *CHOLINOMIMETICS - ACHE INHIBITORS*** | | |
| donepezil hcl oral tablet 10 mg, 23 mg | Tier 1 | QL |
| donepezil hcl oral tablet 5 mg | Tier 1 | DO |
| donepezil hcl oral tablet dispersible | Tier 1 | QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg | Tier 1 | QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 8 mg | Tier 1 | DO |
| galantamine hydrobromide oral solution | Tier 1 | QL |
| galantamine hydrobromide oral tablet 12 mg, 8 mg | Tier 1 | QL |
| galantamine hydrobromide oral tablet 4 mg | Tier 1 | DO |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg | Tier 1 | DO |
| rivastigmine tartrate oral capsule 4.5 mg, 6 mg | Tier 1 | QL |
| *FIBROMYALGIA AGENT - SNRIS*** | | |
| SAVELLA ORAL TABLET | Tier 3 | QL |

| Drug Name | Tier | Notes |
|--|--------|----------------|
| SAVELLA TITRATION PACK ORAL | Tier 3 | QL |
| *MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** | | |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; LD; QL |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; LD; QL |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML | Tier 4 | PA; SP; QL |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; LD; QL |
| PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; LD; QL |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML | Tier 4 | PA; SP; QL |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; LD; QL |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; QL |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4 | PA; SP; QL |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|----------------|
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; QL |
| *MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** | | |
| dimethyl fumarate oral capsule delayed release | Tier 1 | PA; SP; QL |
| dimethyl fumarate starter pack oral capsule delayed release therapy pack | Tier 1 | PA; SP; QL |
| VUMERITY ORAL CAPSULE DELAYED RELEASE | Tier 4 | PA; SP; LD; QL |
| *MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** | | |
| dalfampridine er oral tablet extended release 12 hour | Tier 4 | PA; SP; QL |
| *MULTIPLE SCLEROSIS AGENTS*** | | |
| glatiramer acetate subcutaneous solution prefilled syringe | Tier 4 | PA; SP; QL |
| GLATOPIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Tier 4 | PA; SP; QL |
| *N-METHYL-D- ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** | | |
| memantine hcl oral solution | Tier 1 | QL |
| memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg | Tier 1 | QL |
| memantine hcl oral tablet 5 mg | Tier 1 | DO |
| *PHENOTHIAZINES & TRICYCLIC AGENTS*** | | |
| perphenazine-amitriptyline oral tablet | Tier 1 | PA |

| Drug Name | Tier | Notes |
|--|--------|---------|
| *PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** | | |
| fluoxetine hcl (pmdd) oral tablet 10 mg | Tier 2 | DO |
| fluoxetine hcl (pmdd) oral tablet 20 mg | Tier 2 | QL |
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** | | |
| ergoloid mesylates oral tablet 1 mg | Tier 1 | QL |
| pimozide oral tablet | Tier 1 | PA; QL |
| *RESTLESS LEG SYNDROME (RLS) AGENTS*** | | |
| HORIZANT ORAL TABLET EXTENDED RELEASE | Tier 3 | PA; QL |
| *SMOKING DETERRENTS*** | | |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour | Tier 1 | \$0; QL |
| nicotine mini mouth/throat lozenge 4 mg | Tier 1 | \$0 |
| nicotine polacrilex mini mouth/throat lozenge | Tier 1 | \$0 |
| nicotine polacrilex mouth/throat gum | Tier 1 | \$0 |
| nicotine polacrilex mouth/throat lozenge | Tier 1 | \$0 |
| nicotine transdermal patch 24 hour | Tier 1 | \$0 |
| NICOTROL INHALATION INHALER | Tier 3 | \$0; QL |
| NICOTROL NS NASAL SOLUTION | Tier 3 | \$0; QL |
| varenicline tartrate (starter) oral tablet therapy pack | Tier 2 | \$0; QL |
| varenicline tartrate oral tablet | Tier 2 | \$0; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|----------------|
| varenicline tartrate(continue) oral tablet | Tier 2 | \$0; QL |
| *SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** | | |
| fingolimod hcl oral capsule | Tier 4 | PA; SP; QL |
| *THIENBENZODIAZEPINES & SSRIS*** | | |
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg | Tier 1 | PA; QL |
| olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg | Tier 1 | PA; DO |
| *RESPIRATORY AGENTS - MISC.* | | |
| *HYDROLYTIC ENZYMES*** | | |
| PULMOZYME INHALATION SOLUTION | Tier 4 | SP; LD; QL |
| *PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** | | |
| OFEV ORAL CAPSULE | Tier 4 | PA; SP; LD; QL |
| *SULFONAMIDES* | | |
| *SULFONAMIDES*** | | |
| sulfadiazine oral tablet | Tier 2 | |
| *TETRACYCLINES* | | |
| *FLUOROCYCLINES*** | | |
| XERAVA INTRAVENOUS SOLUTION RECONSTITUTED | Tier 3 | |
| *GLYCYLCYCLINES*** | | |
| tigecycline intravenous solution reconstituted | Tier 1 | |
| *TETRACYCLINES*** | | |
| demeclocycline hcl oral tablet | Tier 1 | |
| doxycycline hyclate oral capsule | Tier 1 | QL |
| doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg | Tier 1 | QL |

| Drug Name | Tier | Notes |
|---|--------|--------|
| doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg | Tier 1 | PA; QL |
| doxycycline monohydrate oral capsule | Tier 1 | QL |
| doxycycline monohydrate oral suspension reconstituted | Tier 1 | QL |
| doxycycline monohydrate oral tablet | Tier 1 | QL |
| minocycline hcl er oral tablet extended release 24 hour | Tier 2 | PA; QL |
| minocycline hcl oral capsule | Tier 1 | QL |
| minocycline hcl oral tablet | Tier 1 | QL |
| TARGADOX ORAL TABLET | Tier 1 | QL |
| tetracycline hcl oral capsule | Tier 1 | QL |
| *THYROID AGENTS* | | |
| *ANTITHYROID AGENTS*** | | |
| methimazole oral tablet | Tier 1 | |
| propylthiouracil oral tablet | Tier 1 | |
| *THYROID HORMONES*** | | |
| EUTHYROX ORAL TABLET | Tier 1 | |
| LEVO-T ORAL TABLET | Tier 1 | |
| levothyroxine sodium oral capsule | Tier 2 | |
| levothyroxine sodium oral tablet | Tier 1 | |
| LEVOXYL ORAL TABLET | Tier 1 | |
| liothyronine sodium oral tablet | Tier 1 | |
| NP THYROID ORAL TABLET | Tier 3 | |
| UNITHROID ORAL TABLET | Tier 1 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| *TOXOIDS* | | |
| *TOXOID COMBINATIONS*** | | |
| ADACEL INTRAMUSCULAR SUSPENSION | Tier 3 | \$0 |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | Tier 3 | \$0 |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 3 | \$0 |
| DAPTACEL INTRAMUSCULAR SUSPENSION | Tier 3 | \$0 |
| INFANRIX INTRAMUSCULAR SUSPENSION | Tier 3 | \$0 |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 3 | \$0 |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 3 | \$0 |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 3 | \$0 |
| QUADRACEL INTRAMUSCULAR SUSPENSION | Tier 3 | \$0 |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 3 | \$0 |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML | Tier 3 | \$0 |
| TENIVAC INTRAMUSCULAR INJECTABLE | Tier 3 | \$0 |

| Drug Name | Tier | Notes |
|---|--------|-------|
| TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML | Tier 3 | \$0 |
| *ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* | | |
| *ANTISPASMODICS*** | | |
| dicyclomine hcl oral capsule | Tier 1 | |
| dicyclomine hcl oral solution 10 mg/5ml | Tier 1 | |
| dicyclomine hcl oral tablet | Tier 1 | |
| *H-2 ANTAGONISTS*** | | |
| cimetidine hcl oral solution | Tier 1 | |
| cimetidine oral tablet | Tier 1 | |
| famotidine oral suspension reconstituted | Tier 1 | |
| famotidine oral tablet 20 mg, 40 mg | Tier 1 | |
| nizatidine oral capsule | Tier 1 | |
| *MISC. ANTI-ULCER*** | | |
| sucralfate oral suspension | Tier 1 | |
| sucralfate oral tablet | Tier 1 | |
| *PROTON PUMP INHIBITORS*** | | |
| dexlansoprazole oral capsule delayed release | Tier 2 | ST |
| esomeprazole magnesium oral capsule delayed release | Tier 1 | |
| esomeprazole sodium intravenous solution reconstituted | Tier 2 | |
| lansoprazole oral capsule delayed release | Tier 1 | |
| omeprazole oral capsule delayed release | Tier 1 | |
| pantoprazole sodium oral tablet delayed release | Tier 1 | |
| rabeprazole sodium oral tablet delayed release | Tier 1 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|--------|
| *QUATERNARY ANTICHOLINERGICS*** | | |
| glycopyrrolate oral tablet 1 mg, 2 mg | Tier 1 | |
| methscopolamine bromide oral tablet | Tier 1 | |
| *ULCER ANTI- INFECTIVE W/ PROTON PUMP INHIBITORS*** | | |
| amoxicill-clarithro- lansopraz oral therapy pack | Tier 2 | ST; QL |
| *ULCER DRUGS - PROSTAGLANDINS*** | | |
| misoprostol oral tablet | Tier 1 | |
| *URINARY ANTISPASMODICS* | | |
| *URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** | | |
| darifenacin hydrobromide er oral tablet extended release 24 hour | Tier 1 | ST; QL |
| fesoterodine fumarate er oral tablet extended release 24 hour | Tier 2 | QL |
| oxybutynin chloride er oral tablet extended release 24 hour | Tier 1 | QL |
| oxybutynin chloride oral solution | Tier 1 | QL |
| oxybutynin chloride oral tablet 5 mg | Tier 1 | QL |
| solifenacin succinate oral tablet | Tier 1 | QL |
| tolterodine tartrate oral tablet | Tier 1 | QL |
| tropium chloride er oral capsule extended release 24 hour | Tier 1 | QL |
| tropium chloride oral tablet | Tier 1 | QL |

| Drug Name | Tier | Notes |
|---|--------|-------|
| *URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** | | |
| bethanechol chloride oral tablet | Tier 1 | |
| *URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** | | |
| flavoxate hcl oral tablet | Tier 1 | |
| *VACCINES* | | |
| *BACTERIAL VACCINES*** | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | Tier 3 | \$0 |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | \$0 |
| HIBERIX INJECTION SOLUTION RECONSTITUTED | Tier 3 | \$0 |
| MENQUADFI INTRAMUSCULAR SOLUTION | Tier 3 | \$0 |
| MENVEO INTRAMUSCULAR SOLUTION | Tier 3 | \$0 |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | Tier 3 | \$0 |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | Tier 3 | \$0 |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 3 | \$0 |
| PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML | Tier 2 | \$0 |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|---------|
| PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML | Tier 2 | \$0 |
| PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE | Tier 2 | \$0 |
| PREVNAR 13 INTRAMUSCULAR SUSPENSION | Tier 2 | \$0 |
| PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | \$0 |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | \$0 |
| TYPHIM VI INTRAMUSCULAR SOLUTION | Tier 3 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | Tier 3 | |
| VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | \$0 |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | Tier 2 | |
| *VIRAL VACCINE COMBINATIONS*** | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | Tier 3 | \$0 |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | Tier 3 | \$0 |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 3 | \$0 |
| *VIRAL VACCINES*** | | |
| AFLURIA INTRAMUSCULAR SUSPENSION | Tier 1 | \$0; QL |

| Drug Name | Tier | Notes |
|---|--------|---------|
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | \$0; QL |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION | Tier 1 | \$0; QL |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | \$0; QL |
| COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML | Tier 2 | \$0 |
| COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | \$0 |
| ENGRIX-B INJECTION SUSPENSION | Tier 3 | \$0 |
| ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE | Tier 3 | \$0 |
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | \$0; QL |
| FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML | Tier 1 | \$0; QL |
| FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | \$0; QL |
| FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | \$0; QL |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|---------|
| FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | Tier 1 | \$0; QL |
| FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML | Tier 1 | \$0; QL |
| FLUCELVAX INTRAMUSCULAR SUSPENSION | Tier 1 | \$0; QL |
| FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | \$0; QL |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION | Tier 1 | \$0; QL |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | \$0; QL |
| FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | \$0; QL |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | \$0; QL |
| FLUMIST NASAL LIQUID | Tier 1 | \$0; QL |
| FLUMIST QUADRIVALENT NASAL SUSPENSION | Tier 1 | \$0; QL |
| FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | \$0; QL |

| Drug Name | Tier | Notes |
|--|--------|---------|
| FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML | Tier 1 | \$0; QL |
| FLUZONE INTRAMUSCULAR SUSPENSION | Tier 1 | \$0; QL |
| FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 1 | \$0; QL |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION | Tier 1 | \$0; QL |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Tier 1 | \$0; QL |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | Tier 2 | \$0 |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | \$0 |
| HAVRIX INTRAMUSCULAR SUSPENSION | Tier 3 | \$0 |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 3 | \$0 |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | Tier 3 | \$0 |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 3 | |
| IPOLENT INJECTION INJECTABLE | Tier 3 | \$0 |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|---|--------|-------|
| IXIARO INTRAMUSCULAR SUSPENSION | Tier 3 | |
| MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML | Tier 2 | \$0 |
| MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | \$0 |
| novavax covid-19 vaccine intramuscular suspension 5 mcg/0.5ml | Tier 2 | \$0 |
| novavax covid-19 vaccine intramuscular suspension prefilled syringe | Tier 2 | \$0 |
| PFIZER COVID-19 VAC- TRIS 5-11Y INTRAMUSCULAR SUSPENSION | Tier 2 | \$0 |
| pfizer covid-19 vac-tris 6m-4y intramuscular suspension | Tier 2 | \$0 |
| PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML | Tier 3 | \$0 |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 3 | |
| RECOMBIVAX HB INJECTION SUSPENSION | Tier 3 | \$0 |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE | Tier 3 | \$0 |
| ROTARIX ORAL SUSPENSION | Tier 3 | \$0 |
| ROTATEQ ORAL SOLUTION | Tier 3 | \$0 |

| Drug Name | Tier | Notes |
|--|--------|-------|
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED | Tier 2 | \$0 |
| SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML | Tier 2 | \$0 |
| SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Tier 2 | \$0 |
| VAQTA INTRAMUSCULAR SUSPENSION | Tier 3 | \$0 |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED | Tier 3 | \$0 |
| VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML | Tier 3 | \$0 |
| YF-VAX SUBCUTANEOUS INJECTABLE | Tier 3 | |
| *VAGINAL AND RELATED PRODUCTS* | | |
| *IMIDAZOLE-RELATED ANTIFUNGALS*** | | |
| GYNAZOLE-1 VAGINAL CREAM | Tier 3 | |
| miconazole 3 vaginal suppository | Tier 1 | |
| terconazole vaginal cream | Tier 1 | QL |
| terconazole vaginal suppository | Tier 1 | QL |
| *VAGINAL ANTI- INFECTIVES*** | | |
| clindamycin phosphate vaginal cream | Tier 1 | |
| metronidazole vaginal gel | Tier 1 | |
| VANDAZOLE VAGINAL GEL | Tier 1 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

| Drug Name | Tier | Notes |
|--|--------|-------|
| *VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** | | |
| PHEXXI VAGINAL GEL | Tier 3 | |
| *VAGINAL ESTROGENS*** | | |
| estradiol vaginal cream | Tier 1 | QL |
| estradiol vaginal tablet | Tier 1 | QL |
| ESTRING VAGINAL RING | Tier 3 | QL |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT | Tier 3 | QL |
| IMVEXXY STARTER PACK VAGINAL INSERT | Tier 3 | QL |
| PREMARIN VAGINAL CREAM | Tier 3 | QL |
| YUVAFEM VAGINAL TABLET | Tier 1 | QL |
| *VASOPRESSORS* | | |
| *ANAPHYLAXIS THERAPY AGENTS*** | | |
| epinephrine injection solution auto-injector | Tier 1 | QL |
| *VASOPRESSORS*** | | |
| midodrine hcl oral tablet | Tier 1 | |
| *VITAMINS* | | |
| *VITAMIN D*** | | |
| ergocalciferol oral capsule | Tier 1 | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | Tier 1 | |
| *VITAMIN K*** | | |
| phytonadione injection solution 10 mg/ml | Tier 1 | |
| vitamin k1 injection solution 10 mg/ml | Tier 1 | |

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

Tier 1=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs
DX=Coverage varies by diagnosis **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 08012025

Most plans include our home delivery program at no extra cost to you. Find out more by going online to [anthem.com](https://www.anthem.com) or call 833-236-6196.

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

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



Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Rev. 7/19