



## Select Drug List

### Drug list — Three Tier Drug Plan NY Marketplace

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/ny-drug-list](https://www.anthem.com/ny-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.

### 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/ny-drug-list](https://anthem.com/ny-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.

## 2025 New York Select Drug List

### Three Tier

#### Table of Contents

*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*	7
*ALLERGENIC EXTRACTS/BIOLOGICALS MISC*	8
*AMINOGLYCOSIDES*	8
*ANALGESICS - ANTI-INFLAMMATORY*	9
*ANALGESICS - NONNARCOTIC*	11
*ANALGESICS - OPIOID*	12
*ANDROGENS-ANABOLIC*	13
*ANORECTAL AND RELATED PRODUCTS*	14
*ANTHELMINTICS*	14
*ANTIANGINAL AGENTS*	14
*ANTIANXIETY AGENTS*	14
*ANTIARRHYTHMICS*	15
*ASTHMATIC AND BRONCHODILATOR AGENTS*	15
*ANTICOAGULANTS*	17
*ANTICONVULSANTS*	17
*ANTIDEPRESSANTS*	19
*ANTIDIABETICS*	20
*ANTIDIARRHEAL/PROBIOTIC AGENTS*	24
*ANTIDOTES AND SPECIFIC ANTAGONISTS*	24
*ANTIEMETICS*	25
*ANTIFUNGALS*	25
*ANTIHISTAMINES*	25
*ANTHYPERLIPIDEMICS*	26
*ANTHYPERTENSIVES*	27
*ANTI-INFECTIVE AGENTS - MISC.*	29
*ANTIMALARIALS*	30
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*	30
*ANTIMYCOBACTERIAL AGENTS*	30
*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*	30
*ANTIPARKINSON AND RELATED THERAPY AGENTS*	33
*ANTIPSYCHOTICS/ANTIMANIC AGENTS*	34
*ANTIVIRALS*	35
*BETA BLOCKERS*	37
*CALCIUM CHANNEL BLOCKERS*	38
*CARDIOTONICS*	39
*CARDIOVASCULAR AGENTS - MISC.*	40
*CEPHALOSPORINS*	40
*CONTRACEPTIVES*	40
*CORTICOSTEROIDS*	45
*COUGH/COLD/ALLERGY*	46
*DERMATOLOGICALS*	46
*DIAGNOSTIC PRODUCTS*	52
*DIGESTIVE AIDS*	52
*DIURETICS*	52
*ENDOCRINE AND METABOLIC AGENTS - MISC.*	53
*ESTROGENS*	54
*FLUOROQUINOLONES*	55
*GASTROINTESTINAL AGENTS - MISC.*	55
*GENITOURINARY AGENTS - MISCELLANEOUS*	56
*GOUT AGENTS*	57
*HEMATOLOGICAL AGENTS - MISC.*	57
*HEMATOPOIETIC AGENTS*	57
*HEMOSTATICS*	58
*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*	58
*LAXATIVES*	59
*MACROLIDES*	59

*MEDICAL DEVICES AND SUPPLIES*	60
*MIGRAINE PRODUCTS*	64
*MINERALS & ELECTROLYTES*	64
*MISCELLANEOUS THERAPEUTIC CLASSES*	65
*MOUTH/THROAT/DENTAL AGENTS*	65
*MULTIVITAMINS*	66
*MUSCULOSKELETAL THERAPY AGENTS*	68
*NASAL AGENTS - SYSTEMIC AND TOPICAL*	68
*NEUROMUSCULAR AGENTS*	68
*NUTRIENTS*	68
*OPHTHALMIC AGENTS*	68
*OTIC AGENTS*	71
*OXYTOCICS*	71
*PASSIVE IMMUNIZING AND TREATMENT AGENTS*	71
*PENICILLINS*	71
*PROGESTINS*	72
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*	72
*RESPIRATORY AGENTS - MISC.*	74
*SULFONAMIDES*	74
*TETRACYCLINES*	74
*THYROID AGENTS*	75
*TOXOIDS*	75
*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*	76
*URINARY ANTISPASMODICS*	77
*VACCINES*	77
*VAGINAL AND RELATED PRODUCTS*	80
*VASOPRESSORS*	81
*VITAMINS*	81

### Three Tier

CURRENT AS OF 8/1/2025

Drug Name	Tier	Notes
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>		
<b>*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
clonidine hcl er oral tablet extended release 12 hour	Tier 1	PA
guanfacine hcl er oral tablet extended release 24 hour	Tier 1	PA
<b>*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***</b>		
atomoxetine hcl oral capsule	Tier 2	PA
<b>*AMPHETAMINE MIXTURES***</b>		
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
<b>*AMPHETAMINES***</b>		
amphetamine sulfate oral tablet 10 mg	Tier 2	QL
amphetamine sulfate oral tablet 5 mg	Tier 2	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	Tier 1	PA; QL
dextroamphetamine sulfate oral tablet 2.5 mg	Tier 1	PA; DO
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	PA; DO
dextroamphetamine sulfate oral tablet 7.5 mg	Tier 1	PA; QL
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
<b>PROCENTRA ORAL SOLUTION</b>	Tier 2	PA; QL
<b>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG</b>	Tier 3	PA; DO
<b>VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG</b>	Tier 3	PA; QL
<b>VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG</b>	Tier 3	PA; DO
<b>VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG</b>	Tier 3	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG</b>	Tier 1	PA; QL
<b>ZENZEDI ORAL TABLET 2.5 MG, 5 MG</b>	Tier 1	PA; DO
<b>*ANOREXIANTS NON- AMPHETAMINE***</b>		
phendimetrazine tartrate oral tablet	Tier 1	PA; QL
<b>*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***</b>		
<b>SUNOSI ORAL TABLET 150 MG</b>	Tier 3	PA; QL
<b>SUNOSI ORAL TABLET 75 MG</b>	Tier 3	PA; DO
<b>*STIMULANTS - MISC.***</b>		
armodafinil oral tablet	Tier 2	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

Drug Name	Tier	Notes
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
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 2	PA; DO
modafinil oral tablet 200 mg	Tier 2	PA; QL
<b>*ALLERGENIC EXTRACTS/BIOLOGICA LS MISC*</b>		
<b>*ALLERGENIC EXTRACTS***</b>		
<b>GRASSTK SUBLINGUAL TABLET SUBLINGUAL</b>	Tier 3	PA; QL
<b>*AMINOGLYCOSIDES*</b>		
<b>*AMINOGLYCOSIDES***</b>		
gentamicin in saline intravenous solution	Tier 1	
gentamicin sulfate injection solution	Tier 1	
neomycin sulfate oral tablet	Tier 1	
tobramycin inhalation nebulization solution 300 mg/5ml	Tier 3	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***</b>		
RINVOQ LQ ORAL SOLUTION	Tier 3	PA; SP; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 3	PA; SP; QL
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***</b>		
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	Tier 3	PA; SP; QL
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	Tier 3	PA; SP; QL
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml	Tier 3	PA; SP; QL
adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml	Tier 3	PA; SP; QL
adalimumab-adbm (2 pen) subcutaneous auto-injector kit	Tier 3	PA; QL
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit	Tier 3	PA; QL
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit	Tier 3	PA; QL
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit	Tier 3	PA; QL
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 3	PA; SP; QL
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 3	PA; SP; QL

Drug Name	Tier	Notes
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Tier 3	PA; SP; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 3	PA; SP; QL
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 3	PA; SP; QL
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 3	PA; SP; QL
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	Tier 3	PA; SP; QL
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 3	PA; SP; QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; SP; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 3	PA; SP; QL
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; SP; QL
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	Tier 3	PA; SP; QL
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	Tier 3	PA; SP; QL
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 3	PA; SP; QL
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT	Tier 3	PA; SP; QL
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 3	PA; SP; QL
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 3	PA; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier 3	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP; QL
<b>*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***</b>		
celecoxib oral capsule	Tier 2	ST; QL
<b>*GOLD COMPOUNDS***</b>		
auranofin oral capsule 3 mg	Tier 3	QL
RIDAURA ORAL CAPSULE	Tier 3	QL

Drug Name	Tier	Notes
<b>*INTERLEUKIN-6 RECEPTOR INHIBITORS***</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier 3	PA; SP; LD; QL
ACTEMRA INTRAVENOUS SOLUTION	Tier 3	PA; SP; LD
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP; LD; QL
<b>*NONSTEROIDAL ANTI- INFLAMMATORY AGENT COMBINATIONS***</b>		
diclofenac-misoprostol oral tablet delayed release	Tier 2	ST; QL
ibuprofen-famotidine oral tablet	Tier 3	ST; QL
<b>*NONSTEROIDAL ANTI- INFLAMMATORY AGENTS (NSAIDS)***</b>		
diclofenac potassium oral tablet 50 mg	Tier 1	ST; 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
<b>IBU ORAL TABLET</b>	Tier 1	QL
ibuprofen oral suspension 100 mg/5ml	Tier 1	QL
ibuprofen oral suspension 200 mg/10ml	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
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
<b>LURBIPR ORAL TABLET 100 MG</b>	Tier 1	QL
meclofenamate sodium oral capsule	Tier 1	QL
mefenamic acid oral capsule	Tier 1	QL
meloxicam oral suspension	Tier 1	ST; 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
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
<b>TOLECTIN 600 ORAL TABLET</b>	Tier 2	QL
tolmetin sodium oral capsule	Tier 2	QL
tolmetin sodium oral tablet	Tier 2	QL
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
<b>OTEZLA ORAL TABLET</b>	Tier 3	PA; SP; QL
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	Tier 3	PA; SP; QL

Drug Name	Tier	Notes
<b>*PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
leflunomide oral tablet	Tier 2	QL
<b>*SELECTIVE COSTIMULATION MODULATORS***</b>		
<b>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	PA; SP; QL
<b>ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 3	PA; SP; QL
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 3	PA; SP; QL
<b>*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***</b>		
<b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier 3	PA; SP; QL
<b>ENBREL SUBCUTANEOUS SOLUTION</b>	Tier 3	PA; SP; QL
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 3	PA; SP; QL
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	PA; SP; QL
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*ANALGESICS- SEDATIVES***</b>		
<b>BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET</b>	Tier 1	QL
<b>BAC ORAL TABLET 50-325-40 MG</b>	Tier 1	QL
butalbital-acetaminophen oral tablet 50-325 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
butalbital-apap-cafeine oral capsule	Tier 1	QL
butalbital-apap-cafeine oral tablet	Tier 1	QL
butalbital-aspirin-cafeine oral capsule	Tier 1	QL
<b>ESGIC ORAL CAPSULE 50-325-40 MG</b>	Tier 1	QL
<b>TENCON ORAL TABLET</b>	Tier 1	QL
<b>*SALICYLATES***</b>		
adult aspirin regimen oral tablet delayed release 81 mg	Tier 1	\$0
aspirin 81 oral tablet chewable	Tier 1	\$0
aspirin adult low dose oral tablet delayed release	Tier 1	\$0
aspirin adult low strength oral tablet delayed release	Tier 1	\$0
aspirin ec adult low dose oral tablet delayed release	Tier 1	\$0
aspirin ec low strength oral tablet delayed release	Tier 1	\$0
aspirin low dose oral tablet chewable	Tier 1	\$0
aspirin low dose oral tablet delayed release	Tier 1	\$0
aspirin oral tablet chewable	Tier 1	\$0
aspirin oral tablet delayed release 81 mg	Tier 1	\$0
<b>BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE</b>	Tier 1	\$0
<b>BAYER LOW DOSE ORAL TABLET DELAYED RELEASE</b>	Tier 1	\$0
childrens aspirin oral tablet chewable	Tier 1	\$0
diflunisal oral tablet	Tier 1	QL
eq aspirin low dose oral tablet delayed release	Tier 1	\$0

Drug Name	Tier	Notes
<b>ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE</b>	Tier 1	\$0
<b>*ANALGESICS - OPIOID*</b>		
<b>*CODEINE COMBINATIONS***</b>		
acetaminophen-codeine oral solution	Tier 1	PA; QL
acetaminophen-codeine oral tablet	Tier 1	PA; QL
<b>ASCOMP-CODEINE ORAL CAPSULE</b>	Tier 1	PA; QL
butalbital-apap-caff-cod oral capsule	Tier 1	PA; QL
butalbital-asa-caff-codeine oral capsule	Tier 1	PA; QL
<b>*HYDROCODONE COMBINATIONS***</b>		
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
<b>*OPIOID AGONISTS***</b>		
codeine sulfate oral tablet 30 mg	Tier 2	PA; QL
fentanyl transdermal patch 72 hour	Tier 2	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 2	PA; QL
meperidine hcl 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
meperidine hcl oral tablet	Tier 1	QL
<b>METHADONE HCL INTENSOL ORAL CONCENTRATE</b>	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
methadone hcl oral tablet soluble	Tier 1	PA; QL
<b>METHADOSE ORAL TABLET SOLUBLE</b>	Tier 1	PA; QL
morphine sulfate (concentrate) oral solution	Tier 1	QL
morphine sulfate er oral capsule extended release 24 hour	Tier 2	PA; QL
morphine sulfate er oral tablet extended release	Tier 2	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 2	QL
oxycodone hcl oral concentrate	Tier 2	QL
oxycodone hcl oral solution	Tier 2	QL
oxycodone hcl oral tablet	Tier 2	QL
oxymorphone hcl er oral tablet extended release 12 hour	Tier 2	PA; QL
oxymorphone hcl oral tablet	Tier 2	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	Tier 2	PA; QL
tramadol hcl er oral tablet extended release 24 hour	Tier 2	PA; QL

Drug Name	Tier	Notes
tramadol hcl oral tablet 50 mg	Tier 1	PA; QL
<b>*OPIOID COMBINATIONS***</b>		
<b>APADAZ ORAL TABLET</b>	Tier 3	QL
<b>BENZHYDROCODONE- ACETAMINOPHEN ORAL TABLET</b>	Tier 3	QL
<b>ENDOCET ORAL TABLET</b>	Tier 2	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL
<b>*OPIOID PARTIAL AGONISTS***</b>		
buprenorphine hcl injection solution	Tier 2	
buprenorphine hcl sublingual tablet sublingual	Tier 2	QL
buprenorphine hcl-naloxone hcl sublingual film	Tier 2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	Tier 1	QL
butorphanol tartrate nasal solution	Tier 1	QL
pentazocine-naloxone hcl oral tablet	Tier 1	QL
<b>*TRAMADOL COMBINATIONS***</b>		
tramadol-acetaminophen oral tablet	Tier 1	PA; QL
<b>*ANDROGENS- ANABOLIC*</b>		
<b>*ANDROGENS***</b>		
danazol oral capsule	Tier 2	QL
<b>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION</b>	Tier 1	PA
methitest oral tablet	Tier 3	PA
testosterone cypionate injection solution	Tier 1	PA

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
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 2	PA; QL
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<b>*INTRARECTAL STEROIDS***</b>		
hydrocortisone rectal enema	Tier 1	
<b>*NITRATE VASODILATING AGENTS***</b>		
nitroglycerin rectal ointment	Tier 2	QL
<b>RECTIV RECTAL OINTMENT</b>	Tier 3	QL
<b>*RECTAL ANESTHETIC/STEROIDS ***</b>		
hydrocortisone ace-pramoxine external cream 1-1 %	Tier 1	
<b>*RECTAL STEROIDS***</b>		
hydrocortisone (perianal) external cream	Tier 1	
<b>PROCTOCORT EXTERNAL CREAM</b>	Tier 1	
<b>PROCTO-MED HC EXTERNAL CREAM</b>	Tier 1	
<b>PROCTOSOL HC EXTERNAL CREAM</b>	Tier 1	
<b>PROCTOZONE-HC EXTERNAL CREAM</b>	Tier 1	
<b>*ANTHELMINTICS*</b>		
<b>*ANTHELMINTICS***</b>		
albendazole oral tablet	Tier 2	PA; QL
benznidazole oral tablet	Tier 3	
ivermectin oral tablet	Tier 1	QL
praziquantel oral tablet	Tier 2	

Drug Name	Tier	Notes
<b>*ANTIANGINAL AGENTS*</b>		
<b>*ANTIANGINALS-OTHER***</b>		
ranolazine er oral tablet extended release 12 hour	Tier 2	QL
<b>*NITRATES***</b>		
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	
<b>NITRO-BID TRANSDERMAL OINTMENT</b>	Tier 2	
nitroglycerin sublingual tablet sublingual	Tier 1	
nitroglycerin translingual solution	Tier 2	
<b>*ANTIANGIETY AGENTS*</b>		
<b>*ANTIANGIETY AGENTS - MISC.***</b>		
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	
<b>*BENZODIAZEPINES***</b>		
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

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>DIAZEPAM INTENSOL ORAL CONCENTRATE</b>	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
oxazepam oral capsule	Tier 2	QL
<b>*ANTIARRHYTHMICS*</b>		
<b>*ANTIARRHYTHMICS TYPE I-A***</b>		
disopyramide phosphate oral capsule	Tier 2	
quinidine sulfate oral tablet	Tier 1	
<b>*ANTIARRHYTHMICS TYPE I-B***</b>		
mexiletine hcl oral capsule	Tier 2	
<b>*ANTIARRHYTHMICS TYPE I-C***</b>		
flecainide acetate oral tablet	Tier 2	QL
propafenone hcl er oral capsule extended release 12 hour	Tier 2	
propafenone hcl oral tablet	Tier 2	
<b>*ANTIARRHYTHMICS TYPE III***</b>		
amiodarone hcl oral tablet 100 mg, 400 mg	Tier 1	
amiodarone hcl oral tablet 200 mg	Tier 1	QL
dofetilide oral capsule	Tier 2	
<b>MULTAQ ORAL TABLET</b>	Tier 3	QL
<b>PACERONE ORAL TABLET 100 MG, 400 MG</b>	Tier 1	
<b>PACERONE ORAL TABLET 200 MG</b>	Tier 1	QL
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*5-LIPOXYGENASE INHIBITORS***</b>		
zileuton er oral tablet extended release 12 hour	Tier 2	PA; QL

Drug Name	Tier	Notes
<b>*ADRENERGIC COMBINATIONS***</b>		
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 3	QL
<b>BREYNA INHALATION AEROSOL</b>	Tier 2	QL
<b>BREZTRI AEROSPHERE INHALATION AEROSOL</b>	Tier 3	QL
budesonide-formoterol fumarate inhalation aerosol	Tier 2	QL
<b>DULERA INHALATION AEROSOL</b>	Tier 2	QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated	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 2	QL
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 2	QL
umeclidinium-vilanterol inhalation aerosol powder breath activated	Tier 2	QL
wixela inhub inhalation aerosol powder breath activated	Tier 1	QL
<b>*ANTI-INFLAMMATORY AGENTS***</b>		
cromolyn sodium inhalation nebulization solution	Tier 2	
<b>*BETA ADRENERGICS***</b>		
<b>ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
albuterol sulfate inhalation nebulization solution	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 2	QL
levalbuterol tartrate inhalation aerosol	Tier 1	QL
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 2	QL
terbutaline sulfate oral tablet	Tier 2	
<b>*BRONCHODILATORS - ANTICHOLINERGICS***</b>		
ipratropium bromide inhalation solution	Tier 1	QL
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION</b>	Tier 2	QL
tiotropium bromide monohydrate inhalation capsule	Tier 2	QL
<b>*LEUKOTRIENE RECEPTOR ANTAGONISTS***</b>		
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
<b>*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
roflumilast oral tablet	Tier 2	QL

Drug Name	Tier	Notes
<b>*STEROID INHALANTS***</b>		
<b>ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 2	QL
<b>ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 2	QL
<b>ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 2	QL
<b>ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 2	QL
budesonide inhalation suspension	Tier 1	QL
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act	Tier 2	QL
fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act	Tier 2	
fluticasone propionate hfa inhalation aerosol	Tier 2	QL
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	Tier 2	QL
<b>QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED</b>	Tier 2	QL
<b>*XANTHINES***</b>		
<b>ELIXOPHYLLIN ORAL ELIXIR</b>	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

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



Drug Name	Tier	Notes
theophylline er oral tablet extended release 24 hour	Tier 1	QL
theophylline oral elixir	Tier 1	QL
theophylline oral solution	Tier 1	QL
<b>*ANTICOAGULANTS*</b>		
<b>*COUMARIN ANTICOAGULANTS***</b>		
JANTOVEN ORAL TABLET	Tier 1	
warfarin sodium oral tablet	Tier 1	
<b>*DIRECT FACTOR XA INHIBITORS***</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	QL
ELIQUIS ORAL TABLET	Tier 2	QL
rivaroxaban oral tablet	Tier 2	QL
XARELTO ORAL SUSPENSION RECONSTITUTED	Tier 3	QL
XARELTO ORAL TABLET	Tier 3	QL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	Tier 3	QL
<b>*HEPARINS AND HEPARINOID-LIKE AGENTS***</b>		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION	Tier 1	
heparin na (pork) lock flush 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	

Drug Name	Tier	Notes
<b>*LOW MOLECULAR WEIGHT HEPARINS***</b>		
enoxaparin sodium injection solution	Tier 3	QL
enoxaparin sodium injection solution prefilled syringe	Tier 3	QL
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	Tier 3	QL
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	Tier 3	QL
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	QL
<b>*SYNTHETIC HEPARINOID-LIKE AGENTS***</b>		
fondaparinux sodium subcutaneous solution	Tier 3	QL
<b>*ANTICONSULSANTS*</b>		
<b>*AMPA GLUTAMATE RECEPTOR ANTAGONISTS***</b>		
FYCOMPA ORAL TABLET	Tier 3	QL
perampanel oral tablet	Tier 2	QL
<b>*ANTICONSULSANTS - BENZODIAZEPINES***</b>		
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
<b>*ANTICONSULSANTS - MISC.***</b>		
APTOM ORAL TABLET 200 MG, 400 MG	Tier 3	DO
APTOM ORAL TABLET 600 MG, 800 MG	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
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
<b>EPITOL ORAL TABLET</b>	Tier 1	QL
eslicarbazepine acetate oral tablet 200 mg, 400 mg	Tier 2	DO
eslicarbazepine acetate oral tablet 600 mg, 800 mg	Tier 2	QL
gabapentin oral capsule	Tier 2	DO
gabapentin oral solution	Tier 2	QL
gabapentin oral tablet 600 mg	Tier 2	DO
gabapentin oral tablet 800 mg	Tier 2	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 2	QL
levetiracetam oral solution	Tier 2	QL
levetiracetam oral tablet 1000 mg	Tier 2	QL
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	Tier 2	DO
oxcarbazepine oral suspension	Tier 2	QL
oxcarbazepine oral tablet	Tier 2	QL
pregabalin oral capsule	Tier 2	QL
pregabalin oral solution	Tier 2	QL
primidone oral tablet 250 mg, 50 mg	Tier 1	QL
rufinamide oral suspension	Tier 2	QL

Drug Name	Tier	Notes
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 2	QL
<b>*CARBAMATES***</b>		
felbamate oral suspension	Tier 2	QL
felbamate oral tablet	Tier 2	QL
<b>*GABA MODULATORS***</b>		
tiagabine hcl oral tablet	Tier 2	QL
vigabatrin oral packet	Tier 3	SP; QL
vigabatrin oral tablet	Tier 3	SP; LD; QL
<b>VIGADRONE ORAL PACKET</b>	Tier 3	LD; QL
<b>VIGADRONE ORAL TABLET</b>	Tier 3	SP; LD; QL
<b>VIGPODER ORAL PACKET 500 MG</b>	Tier 3	LD; QL
<b>*HYDANTOINS***</b>		
<b>DILANTIN ORAL CAPSULE 30 MG</b>	Tier 3	
<b>PHENYTEK ORAL CAPSULE</b>	Tier 1	
phenytoin oral suspension	Tier 1	
phenytoin sodium extended oral capsule	Tier 1	
<b>*SUCCINIMIDES***</b>		
ethosuximide oral capsule	Tier 1	QL
ethosuximide oral solution	Tier 1	QL
methsuximide oral capsule	Tier 2	QL
<b>*VALPROIC ACID***</b>		
divalproex sodium er oral tablet extended release 24 hour	Tier 2	QL
divalproex sodium oral capsule delayed release sprinkle	Tier 2	QL
divalproex sodium oral tablet delayed release	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
valproic acid oral capsule	Tier 1	QL
valproic acid oral solution	Tier 1	
<b>*ANTIDEPRESSANTS*</b>		
<b>*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***</b>		
mirtazapine oral tablet	Tier 1	
mirtazapine oral tablet dispersible	Tier 1	
<b>*ANTIDEPRESSANTS - MISC.***</b>		
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
<b>*MONOAMINE OXIDASE INHIBITORS (MAOIS)***</b>		
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
phenelzine sulfate oral tablet	Tier 1	QL
tranylcypromine sulfate oral tablet	Tier 2	QL
<b>*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***</b>		
citalopram hydrobromide oral solution	Tier 1	
citalopram hydrobromide oral tablet	Tier 1	

Drug Name	Tier	Notes
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	
<b>*SEROTONIN MODULATORS***</b>		
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
<b>*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***</b>		
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 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	Tier 3	ST; QL
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK</b>	Tier 3	ST; 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
<b>*TRICYCLIC AGENTS***</b>		
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 2	DO
clomipramine hcl oral capsule 50 mg, 75 mg	Tier 2	QL
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	Tier 2	DO
desipramine hcl oral tablet 100 mg, 150 mg	Tier 2	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
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

Drug Name	Tier	Notes
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 2	QL
protriptyline hcl oral tablet 5 mg	Tier 2	DO
trimipramine maleate oral capsule	Tier 1	QL
<b>*ANTIDIABETICS*</b>		
<b>*ALPHA-GLUCOSIDASE INHIBITORS***</b>		
acarbose oral tablet	Tier 1	QL
miglitol oral tablet	Tier 2	QL
<b>*ANTIDIABETIC - AMYLIN ANALOGS***</b>		
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML</b>	Tier 3	PA; QL
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML</b>	Tier 3	PA; QL
<b>*BIGUANIDES***</b>		
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
<b>*DIABETIC OTHER - COMBINATIONS***</b>		
<b>DEX4 GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG</b>	Tier 3	
<b>DEX4 NATURALS ORAL TABLET CHEWABLE 4-6 GM-MG</b>	Tier 3	
<b>DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
glucose instant energy oral tablet chewable 4-6 gm-mg, 6-4 mg-gm	Tier 3	
glucose oral tablet chewable 4-6 gm-mg	Tier 3	
leader glucose oral tablet chewable 4-6 gm-mg	Tier 3	
<b>RELION GLUCOSE ORAL TABLET CHEWABLE</b>	Tier 3	
<b>SMART SENSE GLUCOSE ORAL TABLET CHEWABLE 4-6 GM-MG</b>	Tier 3	
<b>*DIABETIC OTHER***</b>		
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG</b>	Tier 2	QL
glucagon emergency injection kit	Tier 2	QL
glucose oral gel 40 %	Tier 1	
glucose oral liquid 15 gm/59ml	Tier 1	
glucose oral tablet chewable 4 gm	Tier 3	
leader quick dissolve glucose oral tablet chewable 4 gm	Tier 3	
<b>TRUEPLUS GLUCOSE ON THE GO ORAL TABLET CHEWABLE 4 GM</b>	Tier 3	
<b>TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE</b>	Tier 3	
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***</b>		
alogliptin benzoate oral tablet	Tier 1	ST; QL
<b>JANUVIA ORAL TABLET</b>	Tier 2	ST; QL

Drug Name	Tier	Notes
<b>*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***</b>		
<b>JANUMET ORAL TABLET</b>	Tier 2	ST; QL
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 2	ST; QL
<b>*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES***</b>		
<b>CYCLOSET ORAL TABLET</b>	Tier 3	QL
<b>*HUMAN INSULIN***</b>		
<b>HUMALOG INJECTION SOLUTION</b>	Tier 2	QL
<b>HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 2	QL
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 2	QL
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier 2	QL
<b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML</b>	Tier 2	QL
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier 2	QL
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION</b>	Tier 2	QL
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier 2	QL
<b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</b>	Tier 2	QL
<b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier 2	QL
<b>HUMULIN N SUBCUTANEOUS SUSPENSION</b>	Tier 2	QL
<b>HUMULIN R INJECTION SOLUTION</b>	Tier 2	QL
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</b>	Tier 2	PA; QL
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 2	PA; QL
insulin asp prot & asp flexpen subcutaneous suspension pen-injector	Tier 2	QL
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

Drug Name	Tier	Notes
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
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	Tier 2	QL
<b>LANTUS SUBCUTANEOUS SOLUTION</b>	Tier 2	QL
<b>LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	Tier 3	QL
<b>LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	Tier 3	
<b>LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	Tier 3	QL
<b>NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier 2	QL
<b>NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	Tier 2	QL
<b>NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION</b>	Tier 2	QL
<b>NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
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
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

Drug Name	Tier	Notes
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
<b>*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***</b>		
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

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*MEGLITINIDE ANALOGUES***</b>		
nateglinide oral tablet	Tier 2	QL
repaglinide oral tablet	Tier 1	QL
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***</b>		
dapagliflozin propanediol oral tablet	Tier 2	ST; QL
<b>FARXIGA ORAL TABLET</b>	Tier 2	ST; QL
<b>JARDIANCE ORAL TABLET</b>	Tier 2	ST; QL
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
dapagliflozin pro-metformin er oral tablet extended release 24 hour	Tier 2	ST; QL
<b>SYNJARDY ORAL TABLET</b>	Tier 2	ST; QL
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 2	ST; QL
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 2	ST; QL
<b>*SULFONYLUREA-BIGUANIDE COMBINATIONS***</b>		
glipizide-metformin hcl oral tablet	Tier 1	QL
glyburide-metformin oral tablet	Tier 1	QL
<b>*SULFONYLUREAS***</b>		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	QL
glipizide er oral tablet extended release 24 hour	Tier 1	QL
glipizide oral tablet	Tier 1	QL
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	QL
glyburide micronized oral tablet 1.5 mg	Tier 1	QL

Drug Name	Tier	Notes
glyburide micronized oral tablet 3 mg, 6 mg	Tier 1	ST; QL
glyburide oral tablet	Tier 1	QL
<b>*THIAZOLIDINEDIONES**</b>		
pioglitazone hcl oral tablet	Tier 1	ST; QL
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>		
<b>*ANTIPERISTALTIC AGENTS***</b>		
diphenoxylate-atropine oral liquid	Tier 1	
diphenoxylate-atropine oral tablet	Tier 1	
loperamide hcl oral capsule	Tier 1	QL
<b>MOTOFEN ORAL TABLET</b>	Tier 3	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
<b>*ANTIDOTES - CHELATING AGENTS***</b>		
<b>CHEMET ORAL CAPSULE</b>	Tier 3	
deferiprone oral tablet	Tier 3	PA; LD
<b>*OPIOID ANTAGONISTS***</b>		
ft naloxone hcl nasal liquid	Tier 1	
gnp naloxone hcl nasal liquid	Tier 1	
<b>KLOXXADO NASAL LIQUID</b>	Tier 2	QL
naloxone hcl injection solution	Tier 2	QL
naloxone hcl injection solution cartridge	Tier 2	QL
naloxone hcl injection solution prefilled syringe 2 mg/2ml	Tier 2	QL
naloxone hcl nasal liquid	Tier 1	QL
naltrexone hcl oral tablet	Tier 1	
<b>REXTOVY NASAL LIQUID</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 3	QL
<b>*ANTIEMETICS*</b>		
<b>*5-HT3 RECEPTOR ANTAGONISTS***</b>		
granisetron hcl oral tablet	Tier 2	QL
ondansetron hcl oral solution	Tier 2	QL
ondansetron hcl oral tablet	Tier 2	QL
ondansetron oral tablet dispersible 4 mg, 8 mg	Tier 2	QL
palonosetron hcl intravenous solution 0.25 mg/5ml	Tier 2	
palonosetron hcl intravenous solution prefilled syringe	Tier 2	
SANCUSO TRANSDERMAL PATCH	Tier 3	QL
<b>*ANTIEMETICS - ANTICHOLINERGIC***</b>		
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 1	
scopolamine transdermal patch 72 hour	Tier 2	
trimethobenzamide hcl oral capsule	Tier 1	
<b>*ANTIEMETICS - MISCELLANEOUS***</b>		
dronabinol oral capsule	Tier 2	QL
<b>*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS***</b>		
aprepitant oral	Tier 2	QL
aprepitant oral capsule	Tier 2	QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	Tier 3	LD; QL

Drug Name	Tier	Notes
<b>*ANTIFUNGALS*</b>		
<b>*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)***</b>		
BREXAFEMME ORAL TABLET	Tier 3	PA; QL
<b>*ANTIFUNGALS***</b>		
griseofulvin microsize oral suspension	Tier 1	
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	
<b>*IMIDAZOLES***</b>		
ketoconazole oral tablet	Tier 1	QL
<b>*TRIAZOLES***</b>		
fluconazole oral suspension reconstituted	Tier 1	QL
fluconazole oral tablet	Tier 1	QL
itraconazole oral capsule	Tier 2	PA; QL
posaconazole oral suspension	Tier 2	PA; QL
voriconazole oral suspension reconstituted	Tier 2	PA; QL
voriconazole oral tablet	Tier 2	PA; QL
<b>*ANTI HISTAMINES*</b>		
<b>*ANTI HISTAMINES - ETHANOLAMINES***</b>		
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 2	
diphenhydramine hcl oral capsule 50 mg	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*ANTIHISTAMINES - NON-SEDATING***</b>		
12hr allergy relief oral tablet	Tier 1	
allergy relief oral tablet 5 mg	Tier 1	QL
allergy relief oral tablet 60 mg	Tier 1	
cetirizine hcl oral solution	Tier 1	QL
cvs allergy relief oral tablet 5 mg	Tier 1	QL
cvs allergy relief oral tablet 60 mg	Tier 1	
desloratadine oral tablet	Tier 1	QL
desloratadine oral tablet dispersible	Tier 1	QL
fexofenadine hcl oral tablet 60 mg	Tier 1	
gnp allergy relief 24 hr oral tablet	Tier 1	QL
hm fexofenadine hcl oral tablet 60 mg	Tier 1	
kp fexofenadine hcl oral tablet	Tier 1	
levocetirizine dihydrochloride oral solution	Tier 1	QL
levocetirizine dihydrochloride oral tablet	Tier 1	QL
qc allergy relief oral tablet 60 mg	Tier 1	
sm allergy relief oral tablet 60 mg	Tier 1	
sm fexofenadine hcl oral tablet 60 mg	Tier 1	
<b>WAL-FEX ALLERGY ORAL TABLET 60 MG</b>	Tier 1	
<b>*ANTIHISTAMINES - PHENOTHIAZINES***</b>		
promethazine hcl oral solution 12.5 mg/10ml	Tier 1	QL
promethazine hcl oral solution 6.25 mg/5ml	Tier 1	QL
promethazine hcl oral tablet	Tier 1	QL

Drug Name	Tier	Notes
promethazine hcl rectal suppository	Tier 2	QL
<b>PROMETHEGAN RECTAL SUPPOSITORY</b>	Tier 2	QL
<b>*ANTIHISTAMINES - PIPERIDINES***</b>		
cyproheptadine hcl oral syrup	Tier 1	
cyproheptadine hcl oral tablet	Tier 1	
<b>*ANTIHYPERTENSIVES</b>		
<b>*ANTIHYPERTENSIVES - MISC.***</b>		
icosapent ethyl oral capsule	Tier 2	PA; QL
omega-3-acid ethyl esters oral capsule	Tier 1	PA; QL
<b>*BILE ACID SEQUESTRANTS***</b>		
cholestyramine light oral packet	Tier 2	QL
cholestyramine light oral powder	Tier 2	QL
cholestyramine oral packet	Tier 2	QL
cholestyramine oral powder	Tier 2	QL
colesevelam hcl oral packet	Tier 2	QL
colesevelam hcl oral tablet	Tier 2	QL
colestipol hcl oral granules	Tier 1	QL
colestipol hcl oral packet	Tier 1	QL
colestipol hcl oral tablet	Tier 1	QL
<b>PREVALITE ORAL PACKET</b>	Tier 2	QL
<b>PREVALITE ORAL POWDER</b>	Tier 2	QL
<b>*FIBRIC ACID DERIVATIVES***</b>		
fenofibrate micronized oral capsule	Tier 1	QL
fenofibrate 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
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
<b>*HMG COA REDUCTASE INHIBITORS***</b>		
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 2	DO; \$0
rosuvastatin calcium oral tablet 20 mg	Tier 2	DO
rosuvastatin calcium oral tablet 40 mg	Tier 2	QL
simvastatin oral tablet 10 mg, 20 mg, 5 mg	Tier 1	DO; \$0
simvastatin oral tablet 40 mg	Tier 1	\$0; QL
simvastatin oral tablet 80 mg	Tier 1	PA; QL

Drug Name	Tier	Notes
<b>*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB***</b>		
ezetimibe-simvastatin oral tablet	Tier 1	ST; QL
<b>*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***</b>		
ezetimibe oral tablet	Tier 1	PA; QL
<b>*NICOTINIC ACID DERIVATIVES***</b>		
niacin er (antihyperlipidemic) oral tablet extended release	Tier 1	ST; QL
<b>*PCSK9 INHIBITORS***</b>		
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
<b>*ANTIHYPERTENSIVES*</b>		
<b>*ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS***</b>		
amlodipine besy-benazepril hcl oral capsule	Tier 1	QL
trandolapril-verapamil hcl er oral tablet extended release	Tier 1	QL
<b>*ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE***</b>		
benazepril-hydrochlorothiazide 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
captopril-hydrochlorothiazide oral tablet	Tier 2	QL
enalapril-hydrochlorothiazide oral tablet	Tier 1	QL
fosinopril sodium-hctz oral tablet	Tier 1	QL
lisinopril-hydrochlorothiazide oral tablet	Tier 1	QL
quinapril-hydrochlorothiazide oral tablet	Tier 1	QL
<b>*ACE INHIBITORS***</b>		
benazepril hcl oral tablet	Tier 1	QL
captopril oral tablet	Tier 2	QL
enalapril maleate oral tablet	Tier 1	QL
fosinopril sodium oral tablet	Tier 1	QL
lisinopril oral tablet	Tier 1	QL
moexipril hcl oral tablet	Tier 1	QL
perindopril erbumine oral tablet	Tier 1	QL
quinapril hcl oral tablet	Tier 1	QL
ramipril oral capsule 1.25 mg	Tier 1	DO
ramipril oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL
trandolapril oral tablet	Tier 1	QL
<b>*AGENTS FOR PHEOCHROMOCYTOMA***</b>		
phenoxybenzamine hcl oral capsule	Tier 2	PA; QL
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE***</b>		
candesartan cilexetil-hctz oral tablet	Tier 1	QL
irbesartan-hydrochlorothiazide oral tablet	Tier 1	QL

Drug Name	Tier	Notes
losartan potassium-hctz oral tablet	Tier 1	QL
telmisartan-hctz oral tablet	Tier 1	QL
valsartan-hydrochlorothiazide oral tablet	Tier 1	QL
<b>*ANGIOTENSIN II RECEPTOR ANTAGONISTS***</b>		
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 2	DO
olmesartan medoxomil oral tablet 40 mg	Tier 2	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
<b>*ANTIADRENERGICS - CENTRALLY ACTING***</b>		
clonidine hcl oral tablet 0.1 mg	Tier 1	DO
clonidine hcl oral tablet 0.2 mg, 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

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*ANTIADRENERGICS - PERIPHERALLY ACTING***</b>		
doxazosin mesylate oral tablet	Tier 1	QL
prazosin hcl oral capsule	Tier 1	
terazosin hcl oral capsule	Tier 1	QL
<b>*BETA BLOCKER &amp; DIURETIC COMBINATIONS***</b>		
atenolol-chlorthalidone oral tablet	Tier 1	QL
bisoprolol-hydrochlorothiazide oral tablet	Tier 1	QL
metoprolol-hydrochlorothiazide oral tablet	Tier 1	QL
<b>*DIRECT RENIN INHIBITORS***</b>		
aliskiren fumarate oral tablet 150 mg	Tier 2	DO
aliskiren fumarate oral tablet 300 mg	Tier 2	QL
<b>*DOPAMINE D1 RECEPTOR AGONISTS***</b>		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML, 20 MG/2ML	Tier 3	
<b>*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)***</b>		
eplerenone oral tablet	Tier 2	
<b>*VASODILATORS***</b>		
hydralazine hcl oral tablet	Tier 1	
minoxidil oral tablet	Tier 1	
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.***</b>		
metronidazole oral capsule	Tier 1	

Drug Name	Tier	Notes
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
pentamidine isethionate inhalation solution reconstituted	Tier 2	
tinidazole oral tablet	Tier 1	QL
trimethoprim oral tablet	Tier 1	
<b>XIFAXAN ORAL TABLET</b>	Tier 3	PA; QL
<b>*ANTI-INFECTIVE MISC. - COMBINATIONS***</b>		
sulfamethoxazole-trimethoprim oral suspension	Tier 1	
sulfamethoxazole-trimethoprim oral tablet	Tier 1	
<b>SULFATRIM PEDIATRIC ORAL SUSPENSION</b>	Tier 1	
<b>*ANTIPROTOZOAL AGENTS***</b>		
<b>ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML</b>	Tier 3	QL
atovaquone oral suspension	Tier 2	
nitazoxanide oral tablet	Tier 2	QL
<b>*CARBAPENEM COMBINATIONS***</b>		
<b>VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED</b>	Tier 3	
<b>*CARBAPENEMS***</b>		
ertapenem sodium injection solution reconstituted	Tier 2	
<b>*GLYCOPEPTIDES***</b>		
vancomycin hcl oral capsule	Tier 2	PA; QL
<b>*LEPROSTATICS***</b>		
dapsone oral tablet	Tier 2	
<b>*LINCOSAMIDES***</b>		
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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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	
<b>*MONOBACTAMS***</b>		
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED</b>	Tier 3	SP; LD; QL
<b>*OXAZOLIDINONES***</b>		
linezolid oral suspension reconstituted	Tier 2	PA; QL
linezolid oral tablet	Tier 2	PA; QL
<b>*URINARY ANTI-INFECTIVES***</b>		
fosfomycin tromethamine oral packet	Tier 3	
methenamine hippurate oral tablet	Tier 2	
methenamine mandelate oral tablet	Tier 2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin monohyd macro oral capsule	Tier 1	
<b>*ANTIMALARIALS*</b>		
<b>*ANTIMALARIAL COMBINATIONS***</b>		
atovaquone-proguanil hcl oral tablet	Tier 1	
<b>COARTEM ORAL TABLET</b>	Tier 3	
<b>*ANTIMALARIALS***</b>		
chloroquine phosphate oral tablet	Tier 1	
hydroxychloroquine sulfate oral tablet 200 mg	Tier 1	QL
<b>KRINTAFEL ORAL TABLET</b>	Tier 3	QL
mefloquine hcl oral tablet	Tier 1	QL
primaquine phosphate oral tablet	Tier 3	
quinine sulfate oral capsule	Tier 2	PA; QL

Drug Name	Tier	Notes
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS***</b>		
pyridostigmine bromide oral tablet 60 mg	Tier 2	
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*ANTIMYCOBACTERIAL AGENTS***</b>		
cycloserine oral capsule	Tier 2	
ethambutol hcl oral tablet	Tier 2	
isoniazid oral syrup	Tier 1	
isoniazid oral tablet	Tier 1	
pretomanid oral tablet	Tier 3	
<b>PRIFTIN ORAL TABLET</b>	Tier 3	
pyrazinamide oral tablet	Tier 2	
rifabutin oral capsule	Tier 2	
rifampin oral capsule	Tier 2	
<b>SIRTURO ORAL TABLET</b>	Tier 3	LD
<b>TRECTOR ORAL TABLET</b>	Tier 3	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*ALKYLATING AGENTS***</b>		
<b>MYLERAN ORAL TABLET</b>	Tier 3	
oxaliplatin intravenous solution	Tier 3	SP
oxaliplatin intravenous solution reconstituted	Tier 3	SP
<b>*ANDROGEN BIOSYNTHESIS INHIBITORS***</b>		
abiraterone acetate oral tablet	Tier 3	PA; SP; QL
<b>ABIRTEGA ORAL TABLET</b>	Tier 3	PA; SP; QL
<b>*ANTIADRENALS***</b>		
<b>LYSODREN ORAL TABLET</b>	Tier 2	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*ANTIANDROGENS***</b>		
bicalutamide oral tablet	Tier 2	QL
nilutamide oral tablet	Tier 3	QL
<b>XTANDI ORAL CAPSULE</b>	Tier 3	PA; SP; LD; QL
<b>*ANTIESTROGENS***</b>		
tamoxifen citrate oral tablet	Tier 2	\$0
toremifene citrate oral tablet	Tier 3	
<b>*ANTIMETABOLITES***</b>		
capecitabine oral tablet	Tier 3	PA; SP
mercaptopurine oral tablet	Tier 2	
methotrexate sodium oral tablet	Tier 2	
<b>TABLOID ORAL TABLET</b>	Tier 3	
<b>*ANTINEOPLASTIC - ALK INHIBITORS***</b>		
<b>XALKORI ORAL CAPSULE</b>	Tier 3	PA; SP; LD; QL
<b>*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***</b>		
<b>BOSULIF ORAL TABLET</b>	Tier 3	PA; SP; QL
dasatinib oral tablet	Tier 3	PA; SP; QL
<b>ICLUSIG ORAL TABLET</b>	Tier 3	PA; LD; QL
imatinib mesylate oral tablet	Tier 3	PA; SP; QL
nilotinib hcl oral capsule	Tier 3	PA; SP; QL
<b>TASIGNA ORAL CAPSULE</b>	Tier 3	PA; SP; QL
<b>*ANTINEOPLASTIC - BRAF KINASE INHIBITORS***</b>		
<b>TAFINLAR ORAL CAPSULE</b>	Tier 3	PA; SP; LD; QL
<b>ZELBORAF ORAL TABLET</b>	Tier 3	PA; SP; LD; QL
<b>*ANTINEOPLASTIC - BTK INHIBITORS***</b>		
<b>IMBRUVICA ORAL CAPSULE</b>	Tier 3	PA; LD; QL
<b>IMBRUVICA ORAL TABLET</b>	Tier 3	PA; LD; QL

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - EGFR INHIBITORS***</b>		
<b>ERBITUX INTRAVENOUS SOLUTION</b>	Tier 3	PA; SP
erlotinib hcl oral tablet	Tier 3	PA; SP; QL
<b>GILOTRIF ORAL TABLET</b>	Tier 2	PA; LD; QL
<b>*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS***</b>		
<b>ERIVEDGE ORAL CAPSULE</b>	Tier 3	PA; SP; LD; QL
<b>*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS***</b>		
<b>ZOLINZA ORAL CAPSULE</b>	Tier 3	PA; SP; QL
<b>*ANTINEOPLASTIC - IMMUNOMODULATORS**</b>		
<b>POMALYST ORAL CAPSULE</b>	Tier 3	PA; SP; LD; QL
<b>*ANTINEOPLASTIC - MEK INHIBITORS***</b>		
<b>MEKINIST ORAL TABLET</b>	Tier 3	PA; SP; LD; QL
<b>*ANTINEOPLASTIC - MTOR KINASE INHIBITORS***</b>		
everolimus oral tablet 10 mg	Tier 3	PA; SP
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	Tier 3	PA; SP
everolimus oral tablet soluble	Tier 3	PA; SP
<b>TORPENZ ORAL TABLET</b>	Tier 3	PA; SP; LD
<b>*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***</b>		
<b>CAPRELSA ORAL TABLET</b>	Tier 3	PA; LD; QL
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT</b>	Tier 3	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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 (140 MG DAILY DOSE) ORAL KIT	Tier 3	PA; SP; LD; QL
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	Tier 3	PA; SP; LD; QL
lapatinib ditosylate oral tablet	Tier 2	PA; SP; QL
pazopanib hcl oral tablet	Tier 3	PA; SP; QL
sorafenib tosylate oral tablet	Tier 3	PA; SP; QL
STIVARGA ORAL TABLET	Tier 3	PA; SP; LD; QL
sunitinib malate oral capsule	Tier 3	PA; SP; QL
<b>*ANTINEOPLASTIC ANTIBIOTICS***</b>		
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 30 mg/15ml	Tier 3	SP
mitoxantrone hcl intravenous concentrate 25 mg/12.5ml	Tier 3	SP
<b>*ANTINEOPLASTICS MISC.***</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	Tier 3	PA; SP; LD
hydroxyurea oral capsule	Tier 2	
MATULANE ORAL CAPSULE	Tier 3	LD
<b>*AROMATASE INHIBITORS***</b>		
anastrozole oral tablet	Tier 2	\$0
exemestane oral tablet	Tier 2	\$0
letrozole oral tablet	Tier 2	\$0
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***</b>		
IBRANCE ORAL CAPSULE	Tier 3	PA; SP; LD; QL
IBRANCE ORAL TABLET	Tier 3	PA; SP; LD; QL
<b>*ESTROGENS-ANTINEOPLASTIC***</b>		
EMCYT ORAL CAPSULE 140 MG	Tier 3	PA

Drug Name	Tier	Notes
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS***</b>		
leucovorin calcium oral tablet	Tier 2	
<b>*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS***</b>		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 3	PA; SP; QL
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 3	PA; SP; QL
<b>*IMIDAZOTETRAZINES**</b>		
<b>*</b>		
temozolomide oral capsule	Tier 3	PA; SP; QL
<b>*JANUS ASSOCIATED KINASE (JAK) INHIBITORS***</b>		
JAKAFI ORAL TABLET	Tier 3	PA; SP; LD; QL
<b>*LHRH ANALOGS***</b>		
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 3	PA; SP; QL
<b>*MITOTIC INHIBITORS***</b>		
etoposide oral capsule	Tier 3	SP
<b>*NITROGEN MUSTARDS AND RELATED ANALOGUES***</b>		
cyclophosphamide oral capsule	Tier 3	SP
LEUKERAN ORAL TABLET	Tier 3	
melphalan oral tablet 2 mg	Tier 3	SP
<b>*NITROSOUREAS***</b>		
GLEOSTINE ORAL CAPSULE	Tier 3	PA; SP
<b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***</b>		
ZYDELIG ORAL TABLET	Tier 3	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***</b>		
LYNPARZA ORAL TABLET	Tier 3	PA; SP; LD; QL
<b>*PROGESTINS-ANTINEOPLASTIC***</b>		
megestrol acetate oral tablet	Tier 1	
<b>*RETINOIDS***</b>		
tretinoin oral capsule	Tier 2	
<b>*SELECTIVE RETINOID X RECEPTOR AGONISTS***</b>		
bexarotene oral capsule	Tier 3	PA; SP; QL
<b>*TOPOISOMERASE I INHIBITORS***</b>		
HYCAMTIN ORAL CAPSULE	Tier 3	PA; SP
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***</b>		
INLYTA ORAL TABLET	Tier 3	PA; SP; LD; QL
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>		
<b>*ANTIPARKINSON ANTICHOLINERGICS***</b>		
benztropine mesylate oral tablet	Tier 1	
trihexyphenidyl hcl oral solution	Tier 1	
trihexyphenidyl hcl oral tablet	Tier 1	
<b>*ANTIPARKINSON DOPAMINERGICS***</b>		
amantadine hcl oral capsule	Tier 2	QL
amantadine hcl oral solution	Tier 2	QL
amantadine hcl oral tablet	Tier 2	QL
bromocriptine mesylate oral capsule	Tier 2	

Drug Name	Tier	Notes
bromocriptine mesylate oral tablet	Tier 1	
<b>*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***</b>		
rasagiline mesylate oral tablet	Tier 2	QL
selegiline hcl oral capsule	Tier 2	
selegiline hcl oral tablet	Tier 2	
<b>*CENTRAL/PERIPHERAL COMT INHIBITORS***</b>		
tolcapone oral tablet	Tier 2	PA; QL
<b>*DECARBOXYLASE INHIBITORS***</b>		
carbidopa oral tablet	Tier 2	
<b>*LEVODOPA COMBINATIONS***</b>		
carbidopa-levodopa er oral tablet extended release	Tier 2	
carbidopa-levodopa oral tablet	Tier 1	
carbidopa-levodopa oral tablet dispersible	Tier 2	
carbidopa-levodopa-entacapone oral tablet	Tier 2	
<b>*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	PA; SP; LD; QL
apomorphine hcl subcutaneous solution cartridge	Tier 3	PA; SP; QL
NEUPRO TRANSDERMAL PATCH 24 HOUR	Tier 3	QL
pramipexole dihydrochloride oral tablet	Tier 2	QL
ropinirole hcl er oral tablet extended release 24 hour	Tier 2	
ropinirole hcl oral tablet	Tier 1	
<b>*PERIPHERAL COMT INHIBITORS***</b>		
entacapone oral tablet	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*ANTIPSYCHOTICS/ANTI MANIC AGENTS*</b>		
<b>*ANTIMANIC AGENTS***</b>		
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	
<b>*ANTIPSYCHOTICS - MISC.***</b>		
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 2	PA; DO
ziprasidone hcl oral capsule 60 mg, 80 mg	Tier 2	PA; QL
<b>*BENZISOXAZOLES***</b>		
<b>FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG</b>	Tier 3	PA; DO
<b>FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG</b>	Tier 3	PA; QL
<b>FANAPT TITRATION PACK A ORAL TABLET</b>	Tier 3	PA; QL
<b>FANAPT TITRATION PACK ORAL TABLET 1 &amp; 2 &amp; 4 &amp; 6 MG</b>	Tier 3	PA; QL
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	Tier 2	PA; DO
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	Tier 2	PA; 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 2	PA; DO

Drug Name	Tier	Notes
risperidone oral tablet dispersible 3 mg, 4 mg	Tier 2	PA; QL
<b>*BUTYROPHENONES***</b>		
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
<b>*DIBENZODIAZEPINES**</b>		
<b>*</b>		
clozapine oral tablet 100 mg, 200 mg	Tier 2	PA; QL
clozapine oral tablet 25 mg, 50 mg	Tier 2	PA; DO
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	Tier 2	PA; QL
clozapine oral tablet dispersible 12.5 mg, 25 mg	Tier 2	PA; DO
<b>*DIBENZO-OXEPINO PYRROLES***</b>		
asenapine maleate sublingual tablet sublingual 10 mg	Tier 2	PA; QL
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	Tier 2	PA; DO
<b>*DIBENZOTHIAZEPINES*</b>		
<b>**</b>		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	Tier 2	PA; DO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	Tier 2	PA; QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	PA; DO
quetiapine fumarate oral tablet 150 mg	Tier 1	PA; QL
quetiapine fumarate oral tablet 300 mg, 400 mg	Tier 2	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*DIBENZOXAZEPINES***</b>		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	Tier 1	PA; DO
loxapine succinate oral capsule 50 mg	Tier 1	PA; QL
<b>*PHENOTHIAZINES***</b>		
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	PA; DO
chlorpromazine hcl oral tablet 100 mg, 200 mg	Tier 2	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
trifluoperazine hcl oral tablet 1 mg, 2 mg	Tier 1	PA; DO
trifluoperazine hcl oral tablet 10 mg, 5 mg	Tier 1	PA; QL
<b>*QUINOLINONE DERIVATIVES***</b>		
aripiprazole oral solution	Tier 2	PA; QL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	Tier 2	PA; DO
aripiprazole oral tablet 20 mg, 30 mg	Tier 2	PA; QL
<b>*THIENBENZODIAZEPINES***</b>		
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 2	PA; DO

Drug Name	Tier	Notes
olanzapine oral tablet 15 mg, 20 mg	Tier 2	PA; QL
olanzapine oral tablet dispersible 10 mg, 5 mg	Tier 2	PA; DO
olanzapine oral tablet dispersible 15 mg, 20 mg	Tier 2	PA; QL
<b>*THIOXANTHENES***</b>		
thiothixene oral capsule 1 mg, 2 mg, 5 mg	Tier 1	PA; DO
thiothixene oral capsule 10 mg	Tier 1	PA; QL
<b>*ANTIVIRALS*</b>		
<b>*ANTIRETROVIRAL COMBINATIONS***</b>		
abacavir sulfate-lamivudine oral tablet	Tier 3	QL
<b>BIKTARVY ORAL TABLET</b>	Tier 3	QL
<b>DELSTRIGO ORAL TABLET</b>	Tier 3	QL
<b>DESCOVY ORAL TABLET 200-25 MG</b>	NF	QL
<b>DOVATO ORAL TABLET</b>	Tier 3	QL
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg	Tier 3	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	Tier 1	\$0; QL
<b>EVOTAZ ORAL TABLET</b>	Tier 3	QL
<b>GENVOYA ORAL TABLET</b>	Tier 3	QL
lamivudine-zidovudine oral tablet	Tier 3	QL
lopinavir-ritonavir oral solution 400-100 mg/5ml	Tier 2	QL
lopinavir-ritonavir oral tablet	Tier 3	QL
<b>STRIBILD ORAL TABLET</b>	Tier 3	QL
<b>TRIUMEQ ORAL TABLET</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
trimeq pd oral tablet soluble	Tier 3	QL
<b>*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***</b>		
maraviroc oral tablet	Tier 3	QL
<b>*ANTIRETROVIRALS - INTEGRASE INHIBITORS***</b>		
TIVICAY ORAL TABLET	Tier 3	QL
TIVICAY PD ORAL TABLET SOLUBLE	Tier 3	QL
<b>*ANTIRETROVIRALS - PROTEASE INHIBITORS***</b>		
APTIVUS ORAL CAPSULE	Tier 3	QL
atazanavir sulfate oral capsule	Tier 3	QL
darunavir oral tablet	Tier 3	QL
PREZISTA ORAL SUSPENSION	Tier 3	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 3	QL
ritonavir oral tablet	Tier 2	QL
VIRACEPT ORAL TABLET	Tier 3	QL
<b>*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***</b>		
EDURANT ORAL TABLET	Tier 3	QL
EDURANT PED ORAL TABLET SOLUBLE	Tier 3	PA; QL
efavirenz oral capsule 200 mg, 50 mg	Tier 3	QL
efavirenz oral tablet	Tier 3	QL
etravirine oral tablet	Tier 3	QL
INTELENCE ORAL TABLET 25 MG	Tier 3	QL
nevirapine oral suspension	Tier 2	QL
nevirapine oral tablet	Tier 2	QL

Drug Name	Tier	Notes
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***</b>		
abacavir sulfate oral solution	Tier 2	QL
abacavir sulfate oral tablet	Tier 2	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***</b>		
emtricitabine oral capsule	Tier 3	\$0; QL
EMTRIVA ORAL SOLUTION	Tier 3	QL
lamivudine oral tablet 150 mg, 300 mg	Tier 2	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES***</b>		
zidovudine oral capsule	Tier 2	QL
zidovudine oral syrup	Tier 2	QL
zidovudine oral tablet	Tier 2	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***</b>		
tenofovir disoproxil fumarate oral tablet	Tier 3	\$0; QL
VIREAD ORAL POWDER	Tier 3	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 3	QL
<b>*ANTIVIRAL COMBINATIONS***</b>		
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
<b>*CMV AGENTS***</b>		
valganciclovir hcl oral solution reconstituted	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
valganciclovir hcl oral tablet	Tier 3	
<b>*HEPATITIS B AGENTS***</b>		
adefovir dipivoxil oral tablet	Tier 3	SP; QL
BARACLUDE ORAL SOLUTION	Tier 3	QL
entecavir oral tablet	Tier 3	QL
EPIVIR HBV ORAL SOLUTION 5 MG/ML	Tier 3	QL
VEMLIDY ORAL TABLET	Tier 3	SP; QL
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
EPCLUSA ORAL PACKET	Tier 2	PA; SP; QL
EPCLUSA ORAL TABLET	Tier 2	PA; SP; QL
<b>*HEPATITIS C AGENTS***</b>		
PEGASYS SUBCUTANEOUS SOLUTION	Tier 3	SP; LD; QL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	SP; LD; QL
ribavirin oral capsule	Tier 2	SP; QL
ribavirin oral tablet	Tier 2	SP; QL
<b>*HERPES AGENTS - PURINE ANALOGUES***</b>		
acyclovir oral capsule	Tier 1	
acyclovir oral suspension 200 mg/5ml	Tier 1	
acyclovir oral suspension 800 mg/20ml	Tier 1	
acyclovir oral tablet	Tier 1	
valacyclovir hcl oral tablet	Tier 1	QL
<b>*HERPES AGENTS - THYMIDINE ANALOGUES***</b>		
famciclovir oral tablet	Tier 1	QL
<b>*INFLUENZA AGENTS***</b>		
rimantadine hcl oral tablet	Tier 1	

Drug Name	Tier	Notes
<b>*MISC. ANTIVIRALS***</b>		
LAGEVRIO ORAL CAPSULE	Tier 3	QL
<b>*NEURAMINIDASE INHIBITORS***</b>		
oseltamivir phosphate oral capsule	Tier 2	QL
oseltamivir phosphate oral suspension reconstituted	Tier 2	QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Tier 2	QL
<b>*PA ENDONUCLEASE INHIBITORS***</b>		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	Tier 3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	Tier 3	QL
<b>*BETA BLOCKERS*</b>		
<b>*ALPHA-BETA BLOCKERS***</b>		
carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg	Tier 1	DO
carvedilol oral tablet 25 mg	Tier 1	QL
labetalol hcl oral tablet 100 mg	Tier 1	DO
labetalol hcl oral tablet 200 mg, 300 mg, 400 mg	Tier 1	QL
<b>*BETA BLOCKERS CARDIO-SELECTIVE***</b>		
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	

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*BETA BLOCKERS NON-SELECTIVE***</b>		
nadolol oral tablet 20 mg, 40 mg	Tier 2	DO
nadolol oral tablet 80 mg	Tier 2	QL
pindolol oral tablet 10 mg	Tier 2	QL
pindolol oral tablet 5 mg	Tier 2	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 2	QL
sotalol hcl oral tablet	Tier 2	QL
timolol maleate oral tablet 10 mg, 20 mg	Tier 1	QL
timolol maleate oral tablet 5 mg	Tier 1	DO
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*CALCIUM CHANNEL BLOCKERS***</b>		
amlodipine besylate oral tablet 10 mg	Tier 1	QL
amlodipine besylate oral tablet 2.5 mg, 5 mg	Tier 1	DO
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG</b>	Tier 1	DO
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG</b>	Tier 1	QL
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg	Tier 1	DO

Drug Name	Tier	Notes
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 2	QL
diltiazem hcl er oral capsule extended release 12 hour 60 mg	Tier 2	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
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

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
isradipine oral capsule 2.5 mg	Tier 1	DO
isradipine oral capsule 5 mg	Tier 1	QL
<b>MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	Tier 1	QL
nicardipine hcl oral capsule	Tier 2	QL
nifedipine er oral tablet extended release 24 hour	Tier 2	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	Tier 2	DO
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	Tier 2	QL
nifedipine oral capsule 10 mg	Tier 2	DO
nifedipine oral capsule 20 mg	Tier 2	QL
nimodipine oral capsule	Tier 2	QL
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
<b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG</b>	Tier 1	DO
<b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG</b>	Tier 1	QL
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG</b>	Tier 1	DO

Drug Name	Tier	Notes
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	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
<b>*CARDIOTONICS*</b>		
<b>*CARDIAC GLYCOSIDES***</b>		
<b>DIGOX ORAL TABLET 125 MCG</b>	Tier 1	DO
<b>DIGOX ORAL TABLET 250 MCG</b>	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
<b>LANOXIN ORAL TABLET 125 MCG, 62.5 MCG</b>	Tier 3	DO
<b>LANOXIN ORAL TABLET 250 MCG</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB***</b>		
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
<b>*PROSTAGLANDIN VASODILATORS***</b>		
treprostinil injection solution	Tier 3	PA; SP; LD
<b>VENTAVIS INHALATION SOLUTION</b>	Tier 3	PA; SP; LD; QL
<b>*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***</b>		
<b>ADEMPAS ORAL TABLET</b>	Tier 3	PA; SP; LD; QL
<b>*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***</b>		
ambrisentan oral tablet	Tier 3	PA; SP; QL
bosentan oral tablet	Tier 3	PA; SP; LD; QL
<b>*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***</b>		
alyq oral tablet	Tier 3	PA; SP; QL
sildenafil citrate oral tablet 20 mg	Tier 2	PA; SP; QL
tadalafil (pah) oral tablet	Tier 3	PA; SP; QL
<b>*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS***</b>		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	PA; BE; QL

Drug Name	Tier	Notes
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA; BE; QL
<b>*CEPHALOSPORINS*</b>		
<b>*CEPHALOSPORINS - 1ST GENERATION***</b>		
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	
<b>*CEPHALOSPORINS - 2ND GENERATION***</b>		
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	
<b>*CEPHALOSPORINS - 3RD GENERATION***</b>		
cefdinir oral capsule	Tier 1	
cefdinir oral suspension reconstituted	Tier 1	
cefixime oral capsule	Tier 2	
cefpodoxime proxetil oral suspension reconstituted	Tier 2	
cefpodoxime proxetil oral tablet	Tier 2	
<b>*CONTRACEPTIVES*</b>		
<b>*BIPHASIC CONTRACEPTIVES - ORAL ***</b>		
<b>AZURETTE ORAL TABLET</b>	Tier 1	\$0
desogestrel-ethinyl estradiol 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
KARIVA ORAL TABLET	Tier 1	\$0
LO LOESTRIN FE ORAL TABLET	Tier 2	\$0; \$0
PIMTREA ORAL TABLET	Tier 1	\$0
SIMLIYA ORAL TABLET	Tier 1	\$0
viorele oral tablet	Tier 1	\$0
VOLNEA ORAL TABLET	Tier 1	\$0
<b>*COMBINATION CONTRACEPTIVES - ORAL ***</b>		
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
BALZIVA ORAL TABLET	Tier 1	\$0
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

Drug Name	Tier	Notes
CRYSSELLE-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
drospiren-eth estrad-levomefol oral tablet	Tier 1	\$0
drospirenone-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	\$0
FINZALA ORAL TABLET CHEWABLE	Tier 1	\$0
GALBRIELA ORAL TABLET CHEWABLE	Tier 1	\$0
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

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
jasmiel oral tablet	Tier 1	\$0
JOYEAUX 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
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

Drug Name	Tier	Notes
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
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	\$0
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

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
norethin ace-eth estrad-fe oral tablet chewable	Tier 1	\$0
norethindrone 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
<b>NORTREL 0.5/35 (28) ORAL TABLET</b>	Tier 1	\$0
<b>NORTREL 1/35 (21) ORAL TABLET</b>	Tier 1	\$0
<b>NORTREL 1/35 (28) ORAL TABLET</b>	Tier 1	\$0
<b>NYLIA 1/35 ORAL TABLET</b>	Tier 1	\$0
<b>NYMYO ORAL TABLET 0.25-35 MG-MCG</b>	Tier 1	\$0
<b>OCELLA ORAL TABLET</b>	Tier 1	\$0
<b>ORSYTHIA ORAL TABLET</b>	Tier 1	\$0
<b>PHILITH ORAL TABLET</b>	Tier 1	\$0
<b>PORTIA-28 ORAL TABLET</b>	Tier 1	\$0
<b>RECLIPSEN ORAL TABLET</b>	Tier 1	\$0
<b>SPRINTEC 28 ORAL TABLET</b>	Tier 1	\$0
<b>SRONYX ORAL TABLET</b>	Tier 1	\$0
<b>SYEDA ORAL TABLET</b>	Tier 1	\$0
<b>TARINA 24 FE ORAL TABLET</b>	Tier 1	\$0
<b>TARINA FE 1/20 EQ ORAL TABLET</b>	Tier 1	\$0
<b>TAYSOFY ORAL CAPSULE</b>	Tier 1	\$0
<b>TURQOZ ORAL TABLET</b>	Tier 1	\$0
<b>TYBLUME ORAL TABLET CHEWABLE</b>	Tier 3	\$0
<b>TYDEMY ORAL TABLET 3-0.03-0.451 MG</b>	Tier 1	\$0
<b>VALTYA 1/50 ORAL TABLET</b>	Tier 1	\$0

Drug Name	Tier	Notes
<b>VESTURA ORAL TABLET</b>	Tier 1	\$0
<b>VIENVA ORAL TABLET</b>	Tier 1	\$0
<b>VYFEMLA ORAL TABLET</b>	Tier 1	\$0
<b>VYLIBRA ORAL TABLET</b>	Tier 1	\$0
<b>WERA ORAL TABLET</b>	Tier 1	\$0
<b>WYMZYA FE ORAL TABLET CHEWABLE</b>	Tier 1	\$0
<b>XELRIA FE ORAL TABLET CHEWABLE</b>	Tier 1	\$0
<b>ZOVIA 1/35 (28) ORAL TABLET</b>	Tier 1	\$0
<b>ZUMANDIMINE ORAL TABLET</b>	Tier 1	\$0
<b>*COMBINATION CONTRACEPTIVES - TRANSDERMAL ***</b>		
norelgestromin-eth estradiol transdermal patch weekly	Tier 1	\$0
<b>TWIRLA TRANSDERMAL PATCH WEEKLY</b>	Tier 3	\$0; \$0
<b>XULANE TRANSDERMAL PATCH WEEKLY</b>	Tier 1	\$0
<b>ZAFEMY TRANSDERMAL PATCH WEEKLY</b>	Tier 1	\$0
<b>*COMBINATION CONTRACEPTIVES - VAGINAL ***</b>		
<b>ANNOVERA VAGINAL RING</b>	Tier 3	\$0; \$0
<b>ELURYNG VAGINAL RING</b>	Tier 1	\$0
<b>ENILLORING VAGINAL RING</b>	Tier 1	\$0
etonogestrel-ethinyl estradiol vaginal ring	Tier 1	\$0
<b>HALOETTE VAGINAL RING</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*CONTINUOUS CONTRACEPTIVES - ORAL***</b>		
AMETHYST ORAL TABLET	Tier 1	\$0
DOLISHALE ORAL TABLET	Tier 1	\$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	Tier 1	\$0
<b>*EMERGENCY CONTRACEPTIVES***</b>		
AFTERPILL ORAL TABLET	Tier 1	\$0; QL
CURAE ORAL TABLET 1.5 MG	Tier 1	\$0; QL
ECONTRA ONE-STEP ORAL TABLET	Tier 1	\$0; QL
ELLA ORAL TABLET	Tier 3	\$0
HER STYLE ORAL TABLET	Tier 1	\$0; QL
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
OPTION 2 ORAL TABLET	Tier 1	\$0; QL
REACT ORAL TABLET	Tier 1	\$0; QL
<b>*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***</b>		
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

Drug Name	Tier	Notes
INTROVALE ORAL TABLET	Tier 1	\$0
JAIMESS 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
LOJAIMESS ORAL TABLET	Tier 1	\$0
RIVELSA ORAL TABLET	Tier 1	\$0
ROSYRAH ORAL TABLET	Tier 1	\$0
SETLAKIN ORAL TABLET	Tier 1	\$0
SIMPESSE ORAL TABLET	Tier 1	\$0
<b>*FOUR PHASE CONTRACEPTIVES - ORAL***</b>		
NATAZIA ORAL TABLET	Tier 2	\$0; \$0
<b>*PROGESTIN CONTRACEPTIVES - INJECTABLE***</b>		
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
<b>*PROGESTIN CONTRACEPTIVES - ORAL***</b>		
CAMILA ORAL TABLET	Tier 1	\$0
DEBLITANE ORAL TABLET	Tier 1	\$0
EMZAHH ORAL TABLET	Tier 1	\$0
ERRIN 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
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
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	\$0; \$0
<b>*TRIPHASIC CONTRACEPTIVES - ORAL***</b>		
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

Drug Name	Tier	Notes
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
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
<b>*CORTICOSTEROIDS*</b>		
<b>*GLUCOCORTICOSTEROIDS***</b>		
budesonide oral capsule delayed release particles	Tier 2	QL
dexamethasone oral elixir	Tier 1	
dexamethasone oral solution	Tier 1	
dexamethasone oral tablet	Tier 1	
hydrocortisone 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
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	
prednisone oral tablet therapy pack	Tier 1	
<b>ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER</b>	Tier 3	PA; LD; QL
<b>*MINERALOCORTICOID S***</b>		
fludrocortisone acetate oral tablet	Tier 1	
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*ANTITUSSIVE - NONNARCOTIC***</b>		
benzonatate oral capsule 100 mg, 200 mg	Tier 1	
<b>*ANTITUSSIVE - OPIOID***</b>		
hydrocodone bit-homatrop mbr oral solution	Tier 1	PA; QL
hydromet oral solution	Tier 1	PA; QL
<b>*DECONGESTANT &amp; ANTIHISTAMINE***</b>		
promethazine vc oral syrup 6.25-5 mg/5ml	Tier 1	QL
<b>*MUCOLYTICS***</b>		
acetylcysteine inhalation solution	Tier 2	
<b>*NON-NARC ANTITUSSIVE-ANTIHIHISTAMINE***</b>		
promethazine-dm oral syrup	Tier 1	QL

Drug Name	Tier	Notes
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHIHISTAMINE***</b>		
<b>BROMFED DM ORAL SYRUP 2-30-10 MG/5ML</b>	Tier 1	
bromphen-pseudoeph-dm oral syrup	Tier 1	
pseudoeph-bromphen-dm oral syrup	Tier 1	
<b>*OPIOID ANTITUSSIVE-ANTIHIHISTAMINE***</b>		
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
<b>TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML</b>	Tier 3	PA
<b>*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHIHISTAMINE***</b>		
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	Tier 1	PA; QL
<b>*DERMATOLOGICALS*</b>		
<b>*ACNE ANTIBIOTICS***</b>		
<b>CLINDACIN ETZ EXTERNAL SWAB</b>	Tier 1	QL
<b>CLINDACIN EXTERNAL FOAM</b>	Tier 1	QL
<b>CLINDACIN-P EXTERNAL SWAB</b>	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

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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 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 2	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	
<b>*ACNE COMBINATIONS***</b>		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Tier 2	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 2	QL
<b>*ACNE PRODUCTS***</b>		
adapalene external cream	Tier 1	PA; QL
adapalene external gel	Tier 1	PA; QL
<b>AMNESTEEM ORAL CAPSULE</b>	Tier 2	PA
benzoyl peroxide external gel 10 %	Tier 1	QL
benzoyl peroxide wash external liquid 10 %	Tier 1	
<b>CLARAVIS ORAL CAPSULE</b>	Tier 2	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
<b>ZENATANE ORAL CAPSULE</b>	Tier 2	PA

Drug Name	Tier	Notes
<b>*ANTIBIOTICS - TOPICAL ***</b>		
<b>ALTABAX EXTERNAL OINTMENT 1 %</b>	Tier 3	QL
gentamicin sulfate external cream	Tier 1	QL
gentamicin sulfate external ointment	Tier 1	QL
mupirocin external ointment	Tier 1	QL
<b>*ANTIFUNGALS - TOPICAL COMBINATIONS***</b>		
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
<b>*ANTIFUNGALS - TOPICAL ***</b>		
<b>CICLODAN EXTERNAL SOLUTION</b>	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 2	ST; QL
<b>NYAMYC EXTERNAL POWDER</b>	Tier 1	QL
nystatin external cream	Tier 1	QL
nystatin external ointment	Tier 1	QL
nystatin external powder	Tier 1	QL
<b>NYSTOP EXTERNAL POWDER</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*ANTI-INFLAMMATORY AGENTS - TOPICAL***</b>		
diclofenac epolamine external patch	Tier 2	ST; QL
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***</b>		
fluorouracil external cream	Tier 1	PA; QL
fluorouracil external solution	Tier 1	PA; QL
<b>*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S***</b>		
diclofenac sodium external gel 3 %	Tier 2	PA; QL
<b>*ANTIPSORIATICS - SYSTEMIC***</b>		
acitretin oral capsule	Tier 2	QL
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP; LD; QL
COSENTYX INTRAVENOUS SOLUTION	Tier 3	PA; SP; LD; QL
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; SP; LD; QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; SP; LD; QL
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 3	PA; SP; LD; QL
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Tier 3	PA; SP; LD; QL

Drug Name	Tier	Notes
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; SP; LD; QL
methoxsalen rapid oral capsule	Tier 2	SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION	Tier 3	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP; QL
<b>*ANTIPSORIATICS***</b>		
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 0.05 %	Tier 1	QL
tazarotene external cream 0.1 %	Tier 2	QL
tazarotene external gel	Tier 2	QL
<b>*ANTISEBORRHEIC PRODUCTS***</b>		
selenium sulfide external lotion	Tier 1	QL
<b>*ANTIVIRALS - TOPICAL***</b>		
acyclovir external ointment	Tier 1	QL
penciclovir external cream	Tier 2	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***</b>		
<b>DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	PA; SP
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML</b>	Tier 3	PA; SP
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 3	PA; SP
<b>*BURN PRODUCTS***</b>		
mafenide acetate external packet 5 %	Tier 2	
silver sulfadiazine external cream	Tier 1	
<b>SULFAMYLON EXTERNAL CREAM</b>	Tier 3	
<b>*CORTICOSTEROIDS - TOPICAL ***</b>		
alclometasone dipropionate external cream	Tier 1	QL
alclometasone dipropionate external ointment	Tier 1	QL
amcinonide external cream	Tier 1	QL
amcinonide external ointment	Tier 2	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
betamethasone dipropionate aug external ointment	Tier 1	QL

Drug Name	Tier	Notes
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
<b>CLODAN EXTERNAL SHAMPOO</b>	Tier 1	QL
desonide external cream	Tier 1	QL
desonide 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
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 cream 0.05 %	Tier 2	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 2	QL
halobetasol propionate external cream	Tier 1	QL
halobetasol propionate external ointment	Tier 1	QL

Drug Name	Tier	Notes
<b>HALOG EXTERNAL OINTMENT 0.1 %</b>	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
<b>TOVET EXTERNAL FOAM</b>	Tier 1	QL
triamcinolone acetonide external cream	Tier 1	QL
triamcinolone acetonide external lotion	Tier 1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	QL
triamcinolone acetonide external ointment 0.05 %	Tier 2	QL
triamcinolone in absorb base external ointment	Tier 2	QL
<b>TRIDERM EXTERNAL CREAM</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*EMOLLIENTS***</b>		
ammonium lactate external cream	Tier 1	QL
ammonium lactate external lotion	Tier 1	
<b>*ENZYMES - TOPICAL***</b>		
<b>SANTYL EXTERNAL OINTMENT</b>	Tier 3	PA; QL
<b>*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***</b>		
clotrimazole anti-fungal external cream	Tier 1	QL
clotrimazole external cream	Tier 1	QL
clotrimazole external solution	Tier 1	QL
econazole nitrate external cream	Tier 1	QL
<b>ERTACZO EXTERNAL CREAM</b>	Tier 3	ST; QL
ketoconazole external cream	Tier 1	QL
ketoconazole external foam	Tier 2	QL
ketoconazole external shampoo	Tier 1	QL
<b>KETODAN EXTERNAL FOAM</b>	Tier 2	QL
oxiconazole nitrate external cream	Tier 2	ST; QL
<b>OXISTAT EXTERNAL LOTION</b>	Tier 3	ST; QL
sulconazole nitrate external cream	Tier 2	ST; QL
sulconazole nitrate external solution	Tier 2	ST; QL
<b>*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***</b>		
imiquimod external cream 5 %	Tier 1	PA; QL

Drug Name	Tier	Notes
<b>*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***</b>		
podofilox external solution	Tier 1	QL
<b>*LOCAL ANESTHETICS - TOPICAL***</b>		
lidocaine external ointment 5 %	Tier 1	QL
<b>*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***</b>		
pimecrolimus external cream	Tier 2	PA; QL
tacrolimus external ointment	Tier 1	PA; QL
<b>*ROSACEA AGENTS***</b>		
azelaic acid external gel	Tier 2	QL
doxycycline oral capsule delayed release	Tier 2	QL
ivermectin external cream	Tier 3	QL
metronidazole external cream	Tier 1	QL
metronidazole external gel	Tier 1	QL
metronidazole external lotion	Tier 1	QL
<b>*SCABICIDES &amp; PEDICULICIDES***</b>		
<b>CROTAN EXTERNAL LOTION</b>	Tier 2	QL
malathion external lotion	Tier 1	QL
permethrin external cream	Tier 1	QL
spinosad external suspension	Tier 1	QL
<b>*TOPICAL ANESTHETIC COMBINATIONS***</b>		
lidocaine-prilocaine external cream	Tier 1	QL
lidocaine-prilocaine external kit	Tier 1	QL
<b>*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS***</b>		
bexarotene external gel	Tier 3	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*TOPICAL STEROID COMBINATIONS***</b>		
calcipotriene-betameth diprop external ointment	Tier 2	ST; QL
<b>*TYPE II 5-ALPHA REDUCTASE INHIBITORS***</b>		
finasteride oral tablet 1 mg	Tier 1	
<b>*WOUND CARE - GROWTH FACTOR AGENTS***</b>		
REGRANEX EXTERNAL GEL	Tier 3	QL
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC DRUGS***</b>		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG	Tier 2	
glucagon hcl (diagnostic) injection solution reconstituted	Tier 2	
<b>*DIAGNOSTIC TESTS***</b>		
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

Drug Name	Tier	Notes
<b>*DIGESTIVE AIDS*</b>		
<b>*DIGESTIVE ENZYMES***</b>		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	Tier 2	QL
<b>*DIURETICS*</b>		
<b>*CARBONIC ANHYDRASE INHIBITORS***</b>		
acetazolamide er oral capsule extended release 12 hour	Tier 1	
acetazolamide oral tablet	Tier 1	
methazolamide oral tablet	Tier 2	
<b>*DIURETIC COMBINATIONS***</b>		
spironolactone-hctz oral tablet	Tier 1	
triamterene-hctz oral capsule	Tier 1	
triamterene-hctz oral tablet	Tier 1	
<b>*LOOP DIURETICS***</b>		
bumetanide oral tablet	Tier 1	
ethacrynic acid oral tablet	Tier 2	
furosemide oral solution	Tier 1	
furosemide oral tablet	Tier 1	
torsemide oral tablet	Tier 1	
<b>*POTASSIUM SPARING DIURETICS***</b>		
amiloride hcl oral tablet	Tier 2	
spironolactone oral tablet	Tier 1	
triamterene oral capsule	Tier 2	
<b>*THIAZIDES AND THIAZIDE-LIKE DIURETICS***</b>		
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	

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*BISPHOSPHONATES***</b>		
alendronate sodium oral solution	Tier 1	QL
alendronate sodium oral tablet	Tier 1	QL
<b>FOSAMAX PLUS D ORAL TABLET</b>	Tier 3	QL
ibandronate sodium oral tablet	Tier 1	QL
pamidronate disodium intravenous solution	Tier 3	SP
risedronate sodium oral tablet	Tier 2	QL
<b>*CALCIMIMETIC AGENTS***</b>		
cinacalcet hcl oral tablet	Tier 2	PA; QL
<b>*CALCITONINS***</b>		
calcitonin (salmon) nasal solution	Tier 2	QL
<b>*CARNITINE REPLENISHER - AGENTS***</b>		
levocarnitine oral solution	Tier 1	
levocarnitine oral tablet	Tier 2	
levocarnitine sf oral solution	Tier 1	
<b>*DOPAMINE RECEPTOR AGONISTS***</b>		
cabergoline oral tablet	Tier 1	QL
<b>*GNRH/LHRH ANTAGONISTS***</b>		
<b>FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	Tier 3	PA; SP; BE
ganirelix acetate subcutaneous solution prefilled syringe	Tier 3	PA; SP; BE

Drug Name	Tier	Notes
<b>*GROWTH HORMONES***</b>		
<b>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE</b>	Tier 3	PA; SP; LD; QL
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 3	PA; SP; LD; QL
<b>*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS***</b>		
nitisinone oral capsule 20 mg	Tier 3	PA
<b>*HOMOCYSTINURIA TREATMENT - AGENTS***</b>		
betaine oral powder	Tier 3	LD
<b>*HYPERAMMONEMIA TREATMENT - AGENTS***</b>		
carglumic acid oral tablet soluble	Tier 3	PA; LD
<b>*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***</b>		
calcitriol oral capsule	Tier 1	PA
calcitriol oral solution	Tier 2	PA
doxercalciferol oral capsule	Tier 2	PA
paricalcitol oral capsule	Tier 2	PA
<b>*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***</b>		
<b>SYNAREL NASAL SOLUTION</b>	Tier 3	PA; SP; QL
<b>*OVULATION STIMULANTS-GONADOTROPINS***</b>		
chorionic gonadotropin intramuscular solution reconstituted	Tier 3	PA; SP; BE
<b>GONAL-F INJECTION SOLUTION RECONSTITUTED</b>	Tier 3	PA; SP; BE

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN- INJECTOR</b>	Tier 3	PA; SP; BE
<b>GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	Tier 3	PA; SP; BE
<b>*OVULATION STIMULANTS- SYNTHETIC***</b>		
<b>CLOMID ORAL TABLET</b>	Tier 1	PA; BE
clomiphene citrate oral tablet	Tier 1	PA; BE
<b>*PARATHYROID HORMONE AND DERIVATIVES***</b>		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	Tier 3	PA; SP; QL
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml, 620 mcg/2.48ml	Tier 3	PA; SP; QL
<b>*PHENYLKETONURIA TREATMENT - AGENTS***</b>		
<b>JAVYGTOR ORAL TABLET</b>	Tier 3	PA; LD
sapropterin dihydrochloride oral tablet	Tier 3	PA; SP
<b>*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***</b>		
<b>OSPHENA ORAL TABLET</b>	Tier 3	PA; QL
raloxifene hcl oral tablet	Tier 1	\$0; QL
<b>*SELECTIVE VASOPRESSIN V2- RECEPTOR ANTAGONISTS***</b>		
tolvaptan oral tablet	Tier 3	PA; SP; QL
tolvaptan oral tablet therapy pack	Tier 3	PA; QL

Drug Name	Tier	Notes
<b>*SOMATOSTATIC AGENTS***</b>		
lanreotide acetate subcutaneous solution	Tier 3	PA; SP; LD; QL
octreotide acetate intramuscular kit 10 mg	Tier 3	PA; SP; QL
octreotide acetate intramuscular kit 20 mg, 30 mg	Tier 3	PA; SP; QL
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG</b>	Tier 3	PA; SP; QL
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION</b>	Tier 3	PA; SP; LD; QL
<b>*UREA CYCLE DISORDER - AGENTS***</b>		
sodium phenylbutyrate oral tablet	Tier 3	PA; SP; QL
<b>*VASOPRESSIN***</b>		
desmopressin ace spray refrig nasal solution	Tier 2	
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 2	
vasopressin +rfd intravenous solution	Tier 3	
vasopressin intravenous solution	Tier 3	
<b>*ESTROGENS*</b>		
<b>*ESTROGEN &amp; PROGESTIN***</b>		
<b>ABIGALE LO ORAL TABLET</b>	Tier 1	
<b>ABIGALE ORAL TABLET</b>	Tier 1	
<b>AMABELZ ORAL TABLET 0.5-0.1 MG</b>	Tier 1	
<b>BIJUVA ORAL CAPSULE</b>	Tier 3	QL
estradiol-norethindrone acet 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
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	
<b>*ESTROGENS***</b>		
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
<b>*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***</b>		
DUAVEE ORAL TABLET	Tier 3	PA; QL
<b>*FLUOROQUINOLONES*</b>		
<b>*FLUOROQUINOLONES*</b>		
<b>**</b>		
ciprofloxacin hcl oral tablet	Tier 1	
levofloxacin oral tablet	Tier 2	
moxifloxacin hcl oral tablet	Tier 2	
ofloxacin oral tablet	Tier 1	
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*BILE ACID SYNTHESIS DISORDER AGENTS***</b>		
CHOLBAM ORAL CAPSULE	Tier 3	PA; LD; QL

Drug Name	Tier	Notes
<b>*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***</b>		
TRULANCE ORAL TABLET	Tier 3	ST; QL
<b>*GALLSTONE SOLUBILIZING AGENTS***</b>		
ursodiol oral capsule 300 mg	Tier 2	
ursodiol oral tablet	Tier 2	
<b>*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***</b>		
lubiprostone oral capsule	Tier 2	QL
<b>*GASTROINTESTINAL STIMULANTS***</b>		
metoclopramide hcl injection solution	Tier 1	
metoclopramide hcl oral solution	Tier 1	QL
metoclopramide hcl oral tablet	Tier 1	QL
metoclopramide hcl oral tablet dispersible	Tier 2	QL
<b>*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS***</b>		
LINZESS ORAL CAPSULE	Tier 2	QL
<b>*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS***</b>		
alosetron hcl oral tablet	Tier 2	PA; QL
<b>*INFLAMMATORY BOWEL AGENTS***</b>		
balsalazide disodium oral capsule	Tier 1	QL
DIPENTUM ORAL CAPSULE	Tier 3	QL
mesalamine er oral capsule extended release 24 hour	Tier 2	QL
sulfasalazine 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
sulfasalazine oral tablet delayed release	Tier 1	QL
<b>*INTERLEUKIN ANTAGONISTS***</b>		
SKYRIZI INTRAVENOUS SOLUTION	Tier 3	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 3	PA; SP; QL
STELARA INTRAVENOUS SOLUTION	Tier 3	PA; SP; QL
<b>*INTESTINAL ACIDIFIERS***</b>		
enulose oral solution	Tier 1	QL
generlac oral solution	Tier 1	QL
lactulose encephalopathy oral solution	Tier 1	
<b>*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS***</b>		
alvimopan oral capsule	Tier 3	
<b>*PHOSPHATE BINDER AGENTS***</b>		
calcium acetate (phos binder) oral tablet	Tier 2	QL
calcium acetate oral tablet 667 mg	Tier 2	QL
FOSRENOL ORAL PACKET	Tier 3	PA; QL
lanthanum carbonate oral tablet chewable	Tier 2	QL
sevelamer carbonate oral packet	Tier 2	QL
sevelamer carbonate oral tablet	Tier 1	QL
VELPHORO ORAL TABLET CHEWABLE	Tier 3	ST; QL
<b>*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***</b>		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 3	PA; SP; QL

Drug Name	Tier	Notes
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	Tier 3	PA; SP; QL
CIMZIA SUBCUTANEOUS KIT	Tier 3	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	Tier 3	PA; SP; QL
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 3	PA; SP; QL
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<b>*5-ALPHA REDUCTASE INHIBITORS***</b>		
dutasteride oral capsule	Tier 2	QL
finasteride oral tablet 5 mg	Tier 1	QL
<b>*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***</b>		
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
<b>*CITRATES***</b>		
potassium citrate er oral tablet extended release	Tier 2	
<b>*GENITOURINARY IRRIGANTS***</b>		
CURITY STERILE SALINE IRRIGATION SOLUTION	Tier 1	
RENACIDIN IRRIGATION SOLUTION	Tier 3	
sodium chloride irrigation solution	Tier 1	
<b>*INTERSTITIAL CYSTITIS AGENTS***</b>		
ELMIRON ORAL CAPSULE	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*PROSTATIC HYPERTROPHY AGENT COMBINATIONS***</b>		
dutasteride-tamsulosin hcl oral capsule	Tier 1	QL
<b>*GOUT AGENTS*</b>		
<b>*GOUT AGENT COMBINATIONS***</b>		
colchicine-probenecid oral tablet	Tier 1	
<b>*GOUT AGENTS***</b>		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	QL
colchicine oral capsule	Tier 2	ST; QL
colchicine oral tablet	Tier 2	QL
febuxostat oral tablet	Tier 2	ST; QL
<b>*URICOSURICS***</b>		
probenecid oral tablet	Tier 1	
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*BRADYKININ B2 RECEPTOR ANTAGONISTS***</b>		
icatibant acetate subcutaneous solution prefilled syringe	Tier 3	PA; SP; QL
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; LD; QL
<b>*C1 ESTERASE INHIBITORS***</b>		
BERINERT INTRAVENOUS KIT	Tier 3	PA; SP; LD; QL
<b>*DIRECT-ACTING P2Y12 INHIBITORS***</b>		
BRILINTA ORAL TABLET	Tier 3	QL
ticagrelor oral tablet	Tier 2	QL
<b>*HEMATORHEOLOGIC AGENTS***</b>		
pentoxifylline er oral tablet extended release	Tier 1	

Drug Name	Tier	Notes
<b>*PHOSPHODIESTERASE III INHIBITORS***</b>		
cilostazol oral tablet	Tier 2	
<b>*PLATELET AGGREGATION INHIBITOR COMBINATIONS***</b>		
aspirin-dipyridamole er oral capsule extended release 12 hour	Tier 2	QL
<b>*PLATELET AGGREGATION INHIBITORS***</b>		
dipyridamole oral tablet	Tier 2	
<b>*QUINAZOLINE AGENTS***</b>		
anagrelide hcl oral capsule	Tier 2	QL
<b>*THIENOPYRIDINE DERIVATIVES***</b>		
clopidogrel bisulfate oral tablet	Tier 2	QL
prasugrel hcl oral tablet	Tier 2	QL
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*AGENTS FOR GAUCHER DISEASE***</b>		
miglustat oral capsule	Tier 3	PA; SP; QL
YARGESA ORAL CAPSULE	Tier 3	PA; SP; LD; QL
<b>*COBALAMINS***</b>		
cyanocobalamin injection solution 1000 mcg/ml	Tier 1	
DODEX INJECTION SOLUTION 1000 MCG/ML	Tier 1	
<b>*CYTOTOXIC AGENTS***</b>		
DROXIA ORAL CAPSULE	Tier 3	
<b>*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION	Tier 3	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP; QL
PROCRT INJECTION SOLUTION	Tier 3	PA; SP; QL
<b>*FOLIC ACID/FOLATES***</b>		
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
<b>*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***</b>		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	Tier 3	PA; SP; QL
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP; QL
NEUPOGEN INJECTION SOLUTION	Tier 3	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP
<b>*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS***</b>		
eltrombopag olamine oral tablet 12.5 mg, 25 mg	Tier 3	PA; SP; DO
eltrombopag olamine oral tablet 50 mg, 75 mg	Tier 3	PA; SP; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG	Tier 3	PA; SP; LD; DO
PROMACTA ORAL TABLET 50 MG, 75 MG	Tier 3	PA; SP; LD; QL
<b>*HEMOSTATICS*</b>		
<b>*HEMOSTATICS - SYSTEMIC***</b>		
tranexamic acid oral tablet	Tier 1	QL

Drug Name	Tier	Notes
<b>*HYPNOTICS/SEDATIVE S/SLEEP DISORDER AGENTS*</b>		
<b>*BARBITURATE HYPNOTICS***</b>		
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
<b>*BENZODIAZEPINE HYPNOTICS***</b>		
estazolam oral tablet	Tier 1	QL
flurazepam hcl oral capsule	Tier 1	QL
quazepam oral tablet	Tier 1	QL
temazepam oral capsule	Tier 1	QL
triazolam oral tablet	Tier 1	QL
<b>*HYPNOTICS - TRICYCLIC AGENTS***</b>		
doxepin hcl oral tablet	Tier 2	ST; QL
<b>*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***</b>		
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 2	QL
zolpidem tartrate oral tablet	Tier 1	QL
<b>*SELECTIVE MELATONIN RECEPTOR AGONISTS***</b>		
ramelteon oral tablet	Tier 2	ST; QL
tasimelteon oral capsule	Tier 3	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*LAXATIVES*</b>		
<b>*BOWEL EVACUANT COMBINATIONS***</b>		
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/ascorbat 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
SUFLAVE ORAL SOLUTION RECONSTITUTED	Tier 3	QL
<b>*LAXATIVES - MISCELLANEOUS***</b>		
constulose oral solution	Tier 1	QL
lactulose oral solution 10 gm/15ml	Tier 1	QL
peg 3350 oral packet	Tier 1	\$0
peg 3350 oral powder	Tier 1	\$0
polyethylene glycol 3350 oral packet	Tier 1	\$0
polyethylene glycol 3350 oral powder	Tier 1	\$0

Drug Name	Tier	Notes
SMOOTH LAX ORAL PACKET	Tier 1	\$0
<b>*SALINE LAXATIVES***</b>		
citrate of magnesia oral solution	Tier 1	\$0
hm milk of magnesia oral suspension 1200 mg/15ml	Tier 3	\$0
magnesium citrate oral solution	Tier 1	\$0
milk of magnesia oral suspension 400 mg/5ml, 7.75 %	Tier 3	\$0
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION	Tier 3	\$0
<b>*STIMULANT LAXATIVES***</b>		
bisacodyl ec oral tablet delayed release	Tier 1	\$0
laxative oral tablet delayed release 5 mg	Tier 1	\$0
womens laxative oral tablet delayed release	Tier 1	\$0
<b>*MACROLIDES*</b>		
<b>*AZITHROMYCIN***</b>		
azithromycin oral packet 1 gm	Tier 1	
azithromycin oral suspension reconstituted	Tier 1	
azithromycin oral tablet	Tier 1	
<b>*CLARITHROMYCIN***</b>		
clarithromycin er oral tablet extended release 24 hour	Tier 1	
clarithromycin oral suspension reconstituted	Tier 1	
clarithromycin oral tablet	Tier 1	
<b>*ERYTHROMYCINS***</b>		
E.E.S. 400 ORAL TABLET	Tier 2	
ERY-TAB 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>	Tier 1	
erythromycin base oral capsule delayed release particles	Tier 2	
erythromycin base oral tablet	Tier 2	
erythromycin base oral tablet delayed release	Tier 1	
erythromycin ethylsuccinate oral tablet	Tier 2	
erythromycin oral tablet delayed release	Tier 1	
<b>*FIDAXOMICIN***</b>		
<b>DIFICID ORAL TABLET</b>	Tier 3	PA; QL
<b>*MEDICAL DEVICES AND SUPPLIES*</b>		
<b>*APPLICATORS,COTTON BALLS,ETC***</b>		
alcohol swabs pad	Tier 3	
goodsense alcohol swabs pad	Tier 3	
<b>*CERVICAL CAPS***</b>		
<b>FEMCAP VAGINAL DEVICE</b>	Tier 3	\$0
<b>*CONDOMS - FEMALE***</b>		
<b>FC2 FEMALE CONDOM</b>	Tier 3	\$0; QL
<b>*DIAPHRAGMS***</b>		
<b>CAYA VAGINAL DIAPHRAGM</b>	Tier 3	\$0
<b>OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM</b>	Tier 3	\$0
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM</b>	Tier 3	\$0
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM</b>	Tier 3	\$0
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM</b>	Tier 3	\$0
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM</b>	Tier 3	\$0

Drug Name	Tier	Notes
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM</b>	Tier 3	\$0
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM</b>	Tier 3	\$0
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM</b>	Tier 3	\$0
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM</b>	Tier 3	\$0
<b>*GLUCOSE MONITORING TEST SUPPLIES***</b>		
<b>ACCU-CHEK AVIVA IN VITRO SOLUTION</b>	Tier 2	
<b>ACCU-CHEK AVIVA PLUS KIT</b>	Tier 2	
<b>ACCU-CHEK FASTCLIX LANCET KIT</b>	Tier 2	QL
<b>ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID</b>	Tier 2	
<b>ACCU-CHEK GUIDE KIT</b>	Tier 2	
<b>ACCU-CHEK GUIDE ME KIT</b>	Tier 2	
<b>ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID</b>	Tier 2	
<b>ACCU-CHEK SOFTCLIX LANCET DEV KIT</b>	Tier 2	QL
<b>ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION</b>	Tier 2	
acti-lance universal 23g	Tier 3	QL
adjustable lancing device	Tier 3	
<b>ADVOCATE LANCETS 30G</b>	Tier 3	QL
<b>ADVOCATE SAFETY LANCETS 26G</b>	Tier 3	QL
<b>AQUALANCE LANCETS 30G</b>	Tier 3	QL
assure comfort lancets 28g	Tier 3	QL
aurora lancet thin 23g	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>CLEVER CHOICE LANCETS 23G</b>	Tier 3	QL
comfort assured lancets 28g	Tier 3	QL
comfort assured lancets 33g	Tier 3	QL
<b>DEXCOM G6 RECEIVER DEVICE</b>	Tier 3	PA; QL
<b>DEXCOM G6 SENSOR</b>	Tier 3	PA; QL
<b>DEXCOM G6 TRANSMITTER</b>	Tier 3	PA; QL
<b>DEXCOM G7 RECEIVER DEVICE</b>	Tier 3	PA; QL
<b>DEXCOM G7 SENSOR</b>	Tier 3	PA; QL
easy comfort lancets	Tier 3	QL
<b>EASY TOUCH LANCETS 21G</b>	Tier 3	QL
<b>EASY TOUCH LANCETS 23G</b>	Tier 3	QL
<b>EASY TOUCH SAFETY LANCETS 26G</b>	Tier 3	QL
<b>EASY TOUCH SAFETY LANCETS 28G</b>	Tier 3	QL
<b>E-Z JECT LANCETS THIN 26G</b>	Tier 3	QL
<b>FIFTY50 UNILET LANCETS 33G</b>	Tier 3	QL
global lancing device	Tier 3	
<b>HAEMOLANCE PLUS LOW FLOW</b>	Tier 3	QL
<b>HEALTH CARE LANCING DEVICE</b>	Tier 3	
h-e-b incontrol lancets 33g	Tier 3	QL
kinney thin lancets	Tier 3	QL
lancet device	Tier 3	
lancet device with ejector	Tier 3	
lancets	Tier 3	QL
<b>LANCETS SUPER THIN</b>	Tier 3	QL
lancets super thin 28g	Tier 3	QL
leader advanced lancing device	Tier 3	
<b>LIBERTY MINI LANCING DEVICE</b>	Tier 3	

Drug Name	Tier	Notes
<b>MEDLANCE PLUS EXTRA 21G</b>	Tier 3	QL
<b>MEDLANCE PLUS LITE 25G</b>	Tier 3	QL
<b>MEDLANCE PLUS UNIVERSAL 21G</b>	Tier 3	QL
<b>MICROLET LANCETS</b>	Tier 3	QL
<b>ONETOUCH DELICA PLUS LANCING</b>	Tier 3	
<b>ONETOUCH ULTRA 2 KIT</b>	Tier 2	
<b>ONETOUCH ULTRA CONTROL IN VITRO LIQUID</b>	Tier 2	
<b>ONETOUCH ULTRA IN VITRO LIQUID</b>	Tier 2	
<b>ONETOUCH VERIO FLEX SYSTEM KIT</b>	Tier 2	
<b>ONETOUCH VERIO IN VITRO LIQUID</b>	Tier 2	
<b>RELION LANCETS</b>	Tier 3	QL
<b>RELION LANCETS ULTRA-THIN 30G</b>	Tier 3	QL
<b>RELION LANCING DEVICE</b>	Tier 3	
<b>RELION LANCING DEVICE KIT</b>	Tier 3	QL
<b>RELION ULTRA THIN LANCETS 30G</b>	Tier 3	QL
<b>SIMPLE DIAGNOSTICS LANCING DEV</b>	Tier 3	
<b>SINGLE-LET</b>	Tier 3	QL
<b>SMART SENSE SUPER THIN LANCETS</b>	Tier 3	QL
<b>STERILANCE PA</b>	Tier 3	QL
super thin lancets	Tier 3	QL
today's health lancing device	Tier 3	
today's health thin lancets 30g	Tier 3	QL
<b>TRAVEL LANCETS ADVANCED 28G</b>	Tier 3	QL
<b>TRUEDRAW LANCING DEVICE</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
TRUEPLUS SAFETY LANCETS 28G	Tier 3	QL
UNILET GP 28 ULTRA THIN	Tier 3	QL
UNILET MICRO-THIN 33G	Tier 3	QL
UNILET ULTRA-THIN 28G	Tier 3	QL
UNISTIK 2	Tier 3	QL
UNISTIK 2 COMFORT	Tier 3	QL
UNISTIK 2 EXTRA	Tier 3	QL
UNISTIK 2 NEONATAL	Tier 3	QL
UNISTIK 2 SUPER	Tier 3	QL
UNISTIK 3	Tier 3	QL
UNIVERSAL 1 LANCETS ULTRA THIN	Tier 3	QL
<b>*NEBULIZERS***</b>		
AIRS DISPOSABLE NEBULIZER	Tier 3	
CLEVER CHOICE NEBULIZER	Tier 3	
CLEVER CHOICE WHISPER AIRE PED	Tier 3	
COMPMIST COMPRESSOR NEBULIZER	Tier 3	
PARI BABY NEBULIZER SET	Tier 3	
<b>*NEEDLES &amp; SYRINGES***</b>		
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

Drug Name	Tier	Notes
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
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 PRO PEN NEEDLES	Tier 3	QL
easy comfort pen needles 29g x 5mm	Tier 3	QL
EMBRACE PEN NEEDLES 29G X 12MM , 31G X 5 MM	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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 syringe	Tier 3	QL
insulin syringe-needle u-100	Tier 3	QL
<b>INSUPEN32G EXTR3ME</b>	Tier 3	QL
<b>MONOJECT PHARMACY TRAY 1 ML</b>	Tier 3	
<b>MONOJECT SOFTPACK/LLOCK 20 ML , 35 ML</b>	Tier 3	
<b>MONOJECT SYRINGE CATH TIP 60 ML</b>	Tier 3	
<b>NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM</b>	Tier 3	QL
<b>NOVOFINE PEN NEEDLE</b>	Tier 3	QL
<b>NOVOFINE PLUS PEN NEEDLE</b>	Tier 3	QL
pen needles	Tier 3	QL
pen needles 5/16" 31g x 8 mm	Tier 3	QL
<b>PENTIPS</b>	Tier 3	QL
<b>PENTIPS GENERIC PEN NEEDLES</b>	Tier 3	QL
<b>QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM , 31G X 8 MM</b>	Tier 3	
<b>RELION INSULIN SYRINGE</b>	Tier 3	QL
<b>RELION MINI PEN NEEDLES 31G X 6 MM</b>	Tier 3	QL
<b>RELION PEN NEEDLES</b>	Tier 3	QL
<b>RELION SHORT PEN NEEDLES 31G X 8 MM</b>	Tier 3	QL
sure comfort insulin syringe	Tier 3	QL
sure comfort pen needles	Tier 3	QL
techlite insulin syringe	Tier 3	QL
<b>TECHLITE PEN NEEDLES</b>	Tier 3	QL
<b>TECHLITE PLUS PEN NEEDLES</b>	Tier 3	QL
true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	Tier 3	QL

Drug Name	Tier	Notes
<b>TRUE COMFORT PEN NEEDLES</b>	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
<b>UNIFINE PENTIPS</b>	Tier 3	QL
<b>UNIFINE PENTIPS PLUS</b>	Tier 3	QL
<b>UNIFINE ULTRA PEN NEEDLE</b>	Tier 3	QL
<b>VANISHPOINT SAFETY SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML</b>	Tier 3	
<b>VERIFINE PLUS PEN NEEDLE</b>	Tier 3	QL
<b>VERISAFE SAFE STERILE SYRINGE</b>	Tier 3	
<b>*RESPIRATORY THERAPY SUPPLIES***</b>		
<b>EBASE CONTROLLER KIT</b>	Tier 3	
<b>*SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES***</b>		
<b>AEROVENT PLUS DEVICE</b>	Tier 3	
<b>CLEVER CHOICE HOLDING CHAMBER DEVICE</b>	Tier 3	
<b>COMPACT SPACE CHAMBER DEVICE</b>	Tier 3	
<b>COMPACT SPACE CHAMBER/LG MASK DEVICE</b>	Tier 3	
<b>COMPACT SPACE CHAMBER/MED MASK DEVICE</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
COMPACT SPACE CHAMBER/SM MASK DEVICE	Tier 3	
<b>*MIGRAINE PRODUCTS*</b>		
<b>*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***</b>		
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
<b>*ERGOT COMBINATIONS***</b>		
ergotamine-caffeine oral tablet	Tier 1	
MIGERGOT RECTAL SUPPOSITORY	Tier 2	
<b>*MIGRAINE PRODUCTS***</b>		
dihydroergotamine mesylate nasal solution	Tier 2	ST; QL
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	Tier 3	QL
<b>*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS***</b>		
sumatriptan-naproxen sodium oral tablet	Tier 2	ST; QL
<b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***</b>		
almotriptan malate oral tablet	Tier 1	QL
eletriptan hydrobromide oral tablet	Tier 2	QL

Drug Name	Tier	Notes
frovatriptan succinate oral tablet	Tier 2	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 nasal solution	Tier 1	QL
sumatriptan succinate oral tablet	Tier 1	QL
sumatriptan succinate refill subcutaneous solution cartridge	Tier 2	QL
sumatriptan succinate subcutaneous solution	Tier 2	QL
sumatriptan succinate subcutaneous solution auto-injector	Tier 2	QL
zolmitriptan oral tablet	Tier 1	QL
zolmitriptan oral tablet dispersible	Tier 1	QL
<b>ZOMIG ORAL TABLET</b>	Tier 1	QL
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*FLUORIDE***</b>		
sodium fluoride oral solution	Tier 1	\$0; QL
sodium fluoride oral tablet	Tier 1	\$0
sodium fluoride oral tablet chewable	Tier 1	\$0
<b>*POTASSIUM***</b>		
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE</b>	Tier 1	
<b>KLOR-CON M10 ORAL TABLET EXTENDED RELEASE</b>	Tier 1	
<b>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE</b>	Tier 1	
<b>KLOR-CON M20 ORAL TABLET EXTENDED RELEASE</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE</b>	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	
<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>		
<b>*ANTILEPROTICS***</b>		
<b>THALOMID ORAL CAPSULE 100 MG, 50 MG</b>	Tier 2	PA; SP; LD; QL
<b>THALOMID ORAL CAPSULE 150 MG, 200 MG</b>	Tier 2	PA; SP; QL
<b>*CHELATING AGENTS***</b>		
penicillamine oral tablet	Tier 3	PA; SP; QL
trientine hcl oral capsule 250 mg	Tier 3	PA; SP; QL
<b>*CYCLOSPORINE ANALOGS***</b>		
cyclosporine modified oral capsule	Tier 2	
cyclosporine modified oral solution	Tier 2	
cyclosporine oral capsule	Tier 2	
<b>GENGRAF ORAL CAPSULE</b>	Tier 3	
<b>GENGRAF ORAL SOLUTION</b>	Tier 3	
<b>*IMMUNOMODULATORS FOR MYELOYDYSPLASTIC SYNDROMES***</b>		
lenalidomide oral capsule	Tier 3	PA; SP; LD; QL
<b>REVLIMID ORAL CAPSULE</b>	Tier 3	PA; SP; LD; QL

Drug Name	Tier	Notes
<b>*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***</b>		
mycophenolate mofetil oral capsule	Tier 3	
mycophenolate mofetil oral tablet	Tier 3	
mycophenolate sodium oral tablet delayed release	Tier 3	
mycophenolic acid oral tablet delayed release	Tier 3	
<b>*MACROLIDE IMMUNOSUPPRESSANTS***</b>		
sirolimus oral solution	Tier 3	
tacrolimus oral capsule	Tier 3	
<b>*POTASSIUM REMOVING AGENTS***</b>		
<b>KIONEX COMBINATION SUSPENSION</b>	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 2	
<b>SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION</b>	Tier 2	
<b>SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION</b>	Tier 2	
<b>SPS ORAL SUSPENSION 15 GM/60ML</b>	Tier 2	
<b>*PURINE ANALOGS***</b>		
azathioprine oral tablet 50 mg	Tier 2	
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>		
<b>*ANESTHETICS TOPICAL ORAL***</b>		
lidocaine viscous hcl mouth/throat solution	Tier 1	QL
<b>*ANTI-INFECTIVES - THROAT***</b>		
clotrimazole mouth/throat troche	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
nystatin mouth/throat suspension	Tier 1	QL
<b>ORAVIG BUCCAL TABLET</b>	Tier 3	
<b>*ANTISEPTICS - MOUTH/THROAT***</b>		
chlorhexidine gluconate mouth/throat solution	Tier 1	QL
<b>PERIOGARD MOUTH/THROAT SOLUTION</b>	Tier 1	QL
<b>*DENTAL PRODUCTS - COMBINATIONS***</b>		
denta 5000 plus sensitive dental gel	Tier 1	
denta 5000 plus sensitive dental paste 1.1-5 %	Tier 1	
<b>FLUORIDEX SENSITIVITY RELIEF DENTAL GEL</b>	Tier 1	
<b>FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %</b>	Tier 1	
sodium fluoride 5000 enamel dental gel	Tier 1	
sodium fluoride 5000 sensitive dental gel	Tier 1	
<b>*FLUORIDE DENTAL PRODUCTS***</b>		
<b>CLINPRO 5000 DENTAL PASTE</b>	Tier 1	QL
<b>DENTA 5000 PLUS DENTAL CREAM</b>	Tier 1	QL
<b>DENTAGEL DENTAL GEL</b>	Tier 1	QL
<b>FLUORIDEX DENTAL PASTE</b>	Tier 1	QL
<b>FLUORIDEX ENHANCED WHITENING DENTAL PASTE</b>	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

Drug Name	Tier	Notes
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
<b>*SALIVA STIMULANTS***</b>		
cevimeline hcl oral capsule	Tier 2	
pilocarpine hcl oral tablet	Tier 2	QL
<b>*STEROIDS - MOUTH/THROAT/DENTAL***</b>		
<b>KOURZEQ MOUTH/THROAT PASTE</b>	Tier 1	
<b>ORALONE MOUTH/THROAT PASTE</b>	Tier 1	
triamcinolone acetonide mouth/throat paste	Tier 1	
<b>*MULTIVITAMINS*</b>		
<b>*B-COMPLEX W/ C***</b>		
b complex-c oral tablet	Tier 1	\$0
<b>*B-COMPLEX W/ C-BIOTIN-E &amp; FOLIC ACID***</b>		
b complex-c-biotin-e-fa oral tablet	Tier 3	\$0
<b>*B-COMPLEX W/BIOTIN &amp; FOLIC ACID***</b>		
balanced b-100 oral tablet extended release	Tier 1	\$0
<b>*PED MV W/ FLUORIDE***</b>		
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg	Tier 1	\$0
multi-vitamin/fluoride oral solution	Tier 1	\$0
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*PED VITAMINS ACD W/ FLUORIDE***</b>		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	Tier 1	\$0
tri-vite/fluoride oral solution	Tier 1	\$0
<b>*PRENATAL MV &amp; MIN W/FE-FA***</b>		
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
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
pnv-select oral tablet	Tier 1	QL
prenatal 19 oral tablet 29-1 mg	Tier 2	QL

Drug Name	Tier	Notes
prenatal 19 oral tablet chewable	Tier 1	QL
prenatal 19 oral tablet chewable 29-1 mg	Tier 2	QL
prenatal oral tablet 27-1 mg	Tier 2	QL
prenatal plus oral tablet	Tier 2	QL
prenatal plus vitamin/mineral oral tablet	Tier 2	QL
<b>PRENATAL-U ORAL CAPSULE</b>	Tier 2	QL
<b>PROVIDA OB ORAL CAPSULE</b>	Tier 2	QL
se-natal 19 oral tablet	Tier 2	QL
se-natal 19 oral tablet chewable	Tier 2	QL
<b>TARON-C DHA ORAL CAPSULE</b>	Tier 2	QL
thrivite rx oral tablet	Tier 2	QL
<b>TRICARE ORAL TABLET</b>	Tier 2	QL
trinatal rx 1 oral tablet	Tier 2	QL
<b>TRINATE ORAL TABLET</b>	Tier 1	QL
<b>VINATE II ORAL TABLET 29-1 MG</b>	Tier 2	QL
<b>VINATE ONE ORAL TABLET 60-1 MG</b>	Tier 2	QL
<b>VITAFOL GUMMIES ORAL TABLET CHEWABLE</b>	Tier 2	QL
westab plus oral tablet	Tier 2	QL
<b>*PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL ***</b>		
complete natal dha oral	Tier 2	QL
wesnatal dha complete oral	Tier 2	QL
<b>*PRENATAL MV &amp; MIN W/FE-FA-DHA***</b>		
pnv-dha oral capsule	Tier 1	QL
prena 1 true 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*PRENATAL VITAMINS***</b>		
VITAFOL STRIPS ORAL FILM 1 MG	Tier 2	QL
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*CENTRAL MUSCLE RELAXANTS***</b>		
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
<b>*DIRECT MUSCLE RELAXANTS***</b>		
dantrolene sodium oral capsule	Tier 2	
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*ANTI HISTAMINE- STEROID***</b>		
azelastine-fluticasone nasal suspension	Tier 1	QL
<b>*NASAL ANTICHOLINERGICS***</b>		
ipratropium bromide nasal solution	Tier 1	QL
<b>*NASAL ANTIHISTAMINES***</b>		
azelastine hcl nasal solution	Tier 1	QL

Drug Name	Tier	Notes
olopatadine hcl nasal solution	Tier 1	QL
<b>*NASAL STEROIDS***</b>		
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
<b>*NEUROMUSCULAR AGENTS*</b>		
<b>*NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS***</b>		
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 3	PA; SP; LD
<b>*NONDEPOLARIZING MUSCLE RELAXANTS***</b>		
atracurium besylate intravenous solution	Tier 1	
<b>*NUTRIENTS*</b>		
<b>*AMINO ACID MIXTURES***</b>		
REFRESH AA 15 PKU ORAL LIQUID	Tier 3	
REFRESH AA 15 TYR ORAL LIQUID	Tier 3	
<b>*OPHTHALMIC AGENTS*</b>		
<b>*ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB***</b>		
SIMBRINZA OPHTHALMIC SUSPENSION	Tier 3	QL
<b>*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***</b>		
brimonidine tartrate-timolol ophthalmic solution	Tier 2	QL
dorzolamide hcl-timolol mal ophthalmic 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*BETA-BLOCKERS - OPTHALMIC***</b>		
betaxolol hcl ophthalmic solution	Tier 1	QL
carteolol hcl ophthalmic solution	Tier 1	
levobunolol hcl ophthalmic solution	Tier 1	
timolol maleate ophthalmic gel forming solution	Tier 1	QL
timolol maleate ophthalmic solution	Tier 1	QL
<b>*CYCLOPLEGIC MYDRIATICS***</b>		
tropicamide ophthalmic solution	Tier 1	
<b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***</b>		
XIIDRA OPTHALMIC SOLUTION	Tier 3	PA; QL
<b>*MIOTICS - CHOLINESTERASE INHIBITORS***</b>		
PHOSPHOLINE IODIDE OPTHALMIC SOLUTION RECONSTITUTED	Tier 3	LD; QL
<b>*MIOTICS - DIRECT ACTING***</b>		
pilocarpine hcl ophthalmic solution	Tier 1	
<b>*OPHTHALMIC ANTIALLERGIC***</b>		
ALOCRIL OPTHALMIC SOLUTION	Tier 3	ST; QL
ALOMIDE OPTHALMIC 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

Drug Name	Tier	Notes
epinastine hcl ophthalmic solution	Tier 1	QL
olopatadine hcl ophthalmic solution 0.2 %	Tier 2	QL
<b>*OPHTHALMIC ANTIBIOTICS***</b>		
AZASITE OPTHALMIC SOLUTION	Tier 3	QL
bacitracin ophthalmic ointment	Tier 1	QL
BESIVANCE OPTHALMIC 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
<b>*OPHTHALMIC ANTIFUNGAL***</b>		
NATACYN OPTHALMIC SUSPENSION	Tier 3	QL
<b>*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***</b>		
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

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
NEO-POLYCIN OPHTHALMIC OINTMENT	Tier 1	QL
POLYCIN OPHTHALMIC OINTMENT	Tier 1	QL
polymyxin b-trimethoprim ophthalmic solution	Tier 1	QL
<b>*OPHTHALMIC ANTIVIRALS***</b>		
trifluridine ophthalmic solution	Tier 1	QL
ZIRGAN OPHTHALMIC GEL	Tier 3	QL
<b>*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***</b>		
brinzolamide ophthalmic suspension	Tier 1	QL
dorzolamide hcl ophthalmic solution	Tier 1	QL
<b>*OPHTHALMIC IMMUNOMODULATORS*</b> **		
cyclosporine ophthalmic emulsion	Tier 1	PA; QL
<b>*OPHTHALMIC LOCAL ANESTHETICS***</b>		
proparacaine hcl ophthalmic solution	Tier 1	
<b>*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***</b>		
bromfenac sodium (once-daily) ophthalmic solution	Tier 2	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

Drug Name	Tier	Notes
<b>*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
apraclonidine hcl ophthalmic solution	Tier 1	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	Tier 1	QL
<b>*OPHTHALMIC STEROID COMBINATIONS***</b>		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Tier 1	QL
neomycin-polymyxin-dexameth ophthalmic ointment	Tier 1	QL
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %	Tier 1	QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Tier 1	QL
neomycin-polymyxin-hc ophthalmic suspension	Tier 1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	Tier 1	QL
sulfacetamide-prednisolone ophthalmic solution	Tier 1	QL
TOBRADEX OPHTHALMIC OINTMENT	Tier 3	
tobramycin-dexamethasone ophthalmic suspension	Tier 1	QL
ZYLET OPHTHALMIC SUSPENSION	Tier 3	QL
<b>*OPHTHALMIC STEROIDS***</b>		
dexamethasone sodium phosphate ophthalmic solution	Tier 1	
difluprednate ophthalmic emulsion	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
fluorometholone ophthalmic suspension	Tier 1	
<b>LOTEMAX OPHTHALMIC OINTMENT</b>	Tier 3	QL
loteprednol etabonate ophthalmic gel	Tier 3	QL
loteprednol etabonate ophthalmic suspension 0.2 %	Tier 2	
loteprednol etabonate ophthalmic suspension 0.5 %	Tier 2	QL
prednisolone acetate ophthalmic suspension	Tier 1	QL
<b>*OPHTHALMIC SULFONAMIDES***</b>		
sulfacetamide sodium ophthalmic ointment	Tier 1	QL
sulfacetamide sodium ophthalmic solution	Tier 1	QL
<b>*PROSTAGLANDINS - OPHTHALMIC***</b>		
bimatoprost ophthalmic solution	Tier 2	
latanoprost ophthalmic solution	Tier 1	QL
<b>LUMIGAN OPHTHALMIC SOLUTION</b>	Tier 3	QL
tafluprost (pf) ophthalmic solution	Tier 2	QL
travoprost (bak free) ophthalmic solution	Tier 2	QL
<b>*OTIC AGENTS*</b>		
<b>*OTIC AGENTS - MISCELLANEOUS***</b>		
acetic acid otic solution	Tier 1	
<b>*OTIC ANTI-INFECTIVES***</b>		
ciprofloxacin hcl otic solution	Tier 1	QL
ofloxacin otic solution	Tier 1	QL

Drug Name	Tier	Notes
<b>*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***</b>		
<b>CIPRO HC OTIC SUSPENSION</b>	Tier 3	QL
ciprofloxacin-dexamethasone otic suspension	Tier 1	QL
<b>CORTISPORIN-TC OTIC SUSPENSION</b>	Tier 3	
neomycin-polymyxin-hc otic solution	Tier 1	
neomycin-polymyxin-hc otic suspension	Tier 1	QL
<b>*OTIC STEROIDS***</b>		
fluocinolone acetonide otic oil	Tier 1	
hydrocortisone-acetic acid otic solution	Tier 2	QL
<b>*OXYTOCICS*</b>		
<b>*OXYTOCICS***</b>		
<b>METHERGINE ORAL TABLET</b>	Tier 2	
methylergonovine maleate oral tablet	Tier 2	
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>		
<b>*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***</b>		
<b>HYQVIA SUBCUTANEOUS KIT</b>	Tier 3	PA; SP; LD
<b>*PENICILLINS*</b>		
<b>*AMINOPENICILLINS***</b>		
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	

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*NATURAL PENICILLINS***</b>		
penicillin v potassium oral solution reconstituted	Tier 1	
penicillin v potassium oral tablet	Tier 1	
<b>*PENICILLIN COMBINATIONS***</b>		
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	
<b>*PENICILLINASE-RESISTANT PENICILLINS***</b>		
dicloxacillin sodium oral capsule	Tier 1	
<b>*PROGESTINS*</b>		
<b>*PROGESTINS***</b>		
<b>GALLIFREY ORAL TABLET</b>	Tier 1	
medroxyprogesterone acetate oral tablet	Tier 1	QL
norethindrone acetate oral tablet	Tier 1	
progesterone oral capsule	Tier 1	QL
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*ALCOHOL DETERRENTS***</b>		
acamprosate calcium oral tablet delayed release	Tier 2	QL
disulfiram oral tablet	Tier 1	
<b>*BENZODIAZEPINES &amp; TRICYCLIC AGENTS***</b>		
chlordiazepoxide-amitriptyline oral tablet	Tier 1	

Drug Name	Tier	Notes
<b>*CHOLINOMIMETICS - ACHE INHIBITORS***</b>		
donepezil hcl oral tablet 10 mg, 23 mg	Tier 2	QL
donepezil hcl oral tablet 5 mg	Tier 2	DO
donepezil hcl oral tablet dispersible	Tier 2	QL
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	Tier 2	QL
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	Tier 2	DO
galantamine hydrobromide oral solution	Tier 2	QL
galantamine hydrobromide oral tablet 12 mg, 8 mg	Tier 2	QL
galantamine hydrobromide oral tablet 4 mg	Tier 2	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	Tier 2	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	Tier 2	QL
<b>*FIBROMYALGIA AGENT - SNRIS***</b>		
<b>SAVELLA ORAL TABLET</b>	Tier 2	QL
<b>SAVELLA TITRATION PACK ORAL</b>	Tier 2	QL
<b>*MOVEMENT DISORDER DRUG THERAPY***</b>		
tetrabenazine oral tablet	Tier 3	PA; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***</b>		
<b>PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	Tier 3	PA; SP; LD; QL
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	Tier 3	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	Tier 3	PA; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP; LD; QL
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 3	PA; SP; LD; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	Tier 3	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP; LD; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 2	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 2	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	PA; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES***</b>		
TYSABRI INTRAVENOUS CONCENTRATE	Tier 3	PA; SP; LD; QL

Drug Name	Tier	Notes
<b>*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***</b>		
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 3	PA; SP; LD; QL
<b>*MULTIPLE SCLEROSIS AGENTS***</b>		
glatiramer acetate subcutaneous solution prefilled syringe	Tier 3	PA; SP; QL
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 3	PA; SP; QL
<b>*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***</b>		
memantine hcl oral solution	Tier 2	QL
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg	Tier 2	QL
memantine hcl oral tablet 5 mg	Tier 2	DO
<b>*PHENOTHIAZINES &amp; TRICYCLIC AGENTS***</b>		
perphenazine-amitriptyline oral tablet	Tier 1	PA
<b>*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS***</b>		
fluoxetine hcl (pmdd) oral tablet 10 mg	Tier 2	DO
fluoxetine hcl (pmdd) oral tablet 20 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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.***</b>		
ergoloid mesylates oral tablet 1 mg	Tier 2	QL
pimozide oral tablet	Tier 2	PA; QL
<b>*RESTLESS LEG SYNDROME (RLS) AGENTS***</b>		
HORIZANT ORAL TABLET EXTENDED RELEASE	Tier 3	PA; QL
<b>*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***</b>		
ADDYI ORAL TABLET	Tier 3	PA; BE; QL
<b>*SMOKING DETERRENTS***</b>		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	Tier 1	\$0; QL
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	Tier 1	\$0
hm nicotine polacrilex mouth/throat lozenge 2 mg	Tier 1	\$0
NICORETTE MOUTH/THROAT GUM	Tier 3	\$0
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 step 1 transdermal patch 24 hour	Tier 1	\$0
nicotine step 2 transdermal patch 24 hour	Tier 1	\$0
nicotine step 3 transdermal patch 24 hour	Tier 1	\$0
nicotine transdermal patch 24 hour	Tier 1	\$0

Drug Name	Tier	Notes
NICOTROL INHALATION INHALER	Tier 3	\$0; QL
NICOTROL NS NASAL SOLUTION	Tier 3	\$0
varenicline tartrate (starter) oral tablet therapy pack	Tier 2	\$0; QL
varenicline tartrate oral tablet	Tier 2	\$0; QL
varenicline tartrate(continue) oral tablet	Tier 2	\$0; QL
<b>*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***</b>		
ingolimod hcl oral capsule	Tier 3	PA; SP; QL
<b>*THIENBENZODIAZEPINES &amp; SSRIS***</b>		
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
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*HYDROLYTIC ENZYMES***</b>		
PULMOZYME INHALATION SOLUTION	Tier 3	SP; LD; QL
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***</b>		
OFEV ORAL CAPSULE	Tier 3	PA; SP; LD; QL
<b>*SULFONAMIDES*</b>		
<b>*SULFONAMIDES***</b>		
sulfadiazine oral tablet	Tier 2	
<b>*TETRACYCLINES*</b>		
<b>*FLUOROCYCLINES***</b>		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*GLYCYLCYCLINES***</b>		
tigecycline intravenous solution reconstituted	Tier 2	
<b>*TETRACYCLINES***</b>		
avidoxo oral tablet	Tier 1	QL
demeclocycline hcl oral tablet	Tier 2	
doxycycline hyclate oral capsule	Tier 1	QL
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	Tier 1	QL
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
<b>TARGADOX ORAL TABLET</b>	Tier 1	QL
tetracycline hcl oral capsule	Tier 1	QL
<b>*THYROID AGENTS*</b>		
<b>*ANTITHYROID AGENTS***</b>		
methimazole oral tablet	Tier 1	
propylthiouracil oral tablet	Tier 1	
<b>*THYROID HORMONES***</b>		
<b>EUTHYROX ORAL TABLET</b>	Tier 1	
<b>LEVO-T ORAL TABLET</b>	Tier 1	
levothyroxine sodium oral capsule	Tier 2	

Drug Name	Tier	Notes
levothyroxine sodium oral tablet	Tier 1	
<b>LEVOXYL ORAL TABLET</b>	Tier 1	
liothyronine sodium oral tablet	Tier 1	
<b>NP THYROID ORAL TABLET</b>	Tier 3	
<b>UNITHROID ORAL TABLET</b>	Tier 1	
<b>*TOXOIDS*</b>		
<b>*TOXOID COMBINATIONS***</b>		
<b>ADACEL INTRAMUSCULAR SUSPENSION</b>	Tier 3	\$0
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	Tier 3	\$0
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 3	\$0
<b>DAPTACEL INTRAMUSCULAR SUSPENSION</b>	Tier 3	\$0
<b>INFANRIX INTRAMUSCULAR SUSPENSION</b>	Tier 3	\$0
<b>KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 3	\$0
<b>PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 3	\$0
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 3	\$0
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$0**=Preventive Drug **BE**=Benefit Exclusion **DO**=Dose Optimization **LD**=Limited Distribution **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Drug Name	Tier	Notes
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
tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml	Tier 3	\$0
<b>*ULCER DRUGS/ANTISPASMODI CS/ANTICHOLINERGICS *</b>		
<b>*ANTISPASMODICS***</b>		
dicyclomine hcl oral capsule	Tier 1	
dicyclomine hcl oral solution 10 mg/5ml	Tier 1	
dicyclomine hcl oral tablet	Tier 1	
<b>*H-2 ANTAGONISTS***</b>		
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	
<b>*MISC. ANTI-ULCER***</b>		
sucralfate oral suspension	Tier 1	
sucralfate oral tablet	Tier 1	
<b>*PROTON PUMP INHIBITORS***</b>		
dexlansoprazole oral capsule delayed release	Tier 2	ST
eq lansoprazole oral capsule delayed release	Tier 1	
eql lansoprazole oral capsule delayed release	Tier 1	

Drug Name	Tier	Notes
esomeprazole magnesium oral capsule delayed release	Tier 1	
ft acid reducer oral capsule delayed release 15 mg	Tier 1	
gnp lansoprazole oral capsule delayed release	Tier 1	
goodsense lansoprazole oral capsule delayed release	Tier 1	
kls lansoprazole oral capsule delayed release	Tier 1	
lansoprazole oral capsule delayed release	Tier 1	
omeprazole oral capsule delayed release	Tier 1	
pantoprazole sodium oral tablet delayed release	Tier 2	
qc lansoprazole oral capsule delayed release 15 mg	Tier 1	
rabeprazole sodium oral tablet delayed release	Tier 2	
sm lansoprazole oral capsule delayed release 15 mg	Tier 1	
<b>*QUATERNARY ANTICHOLINERGICS***</b>		
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
methscopolamine bromide oral tablet	Tier 1	
<b>*ULCER ANTI- INFECTIVE W/ BISMUTH COMBINATIONS***</b>		
HELIDAC THERAPY ORAL	Tier 3	ST; QL
<b>*ULCER ANTI- INFECTIVE W/ PROTON PUMP INHIBITORS***</b>		
amoxicill-clarithro- lansopraz oral therapy pack	Tier 2	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*ULCER DRUGS - PROSTAGLANDINS***</b>		
misoprostol oral tablet	Tier 1	
<b>*URINARY ANTISPASMODICS*</b>		
<b>*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***</b>		
darifenacin hydrobromide er oral tablet extended release 24 hour	Tier 2	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 2	QL
tolterodine tartrate oral tablet	Tier 1	QL
tropium chloride er oral capsule extended release 24 hour	Tier 2	QL
tropium chloride oral tablet	Tier 1	QL
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***</b>		
bethanechol chloride oral tablet	Tier 2	
<b>*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***</b>		
flavoxate hcl oral tablet	Tier 1	

Drug Name	Tier	Notes
<b>*VACCINES*</b>		
<b>*BACTERIAL VACCINES***</b>		
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
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

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
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	
<b>*VIRAL VACCINE COMBINATIONS***</b>		
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
<b>*VIRAL VACCINES***</b>		
AFLURIA INTRAMUSCULAR SUSPENSION	Tier 1	\$0; QL
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	\$0; QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 1	\$0; QL

Drug Name	Tier	Notes
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
ENGERIX-B INJECTION SUSPENSION	Tier 3	\$0
ENGERIX-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
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

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
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
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

Drug Name	Tier	Notes
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	
IPOL INJECTION INJECTABLE	Tier 3	\$0
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

**Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION</b>	Tier 2	\$0
pfizer covid-19 vac-tris 6m-4y intramuscular suspension	Tier 2	\$0
<b>PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML</b>	Tier 3	\$0
<b>RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 3	
<b>RECOMBIVAX HB INJECTION SUSPENSION</b>	Tier 3	\$0
<b>RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE</b>	Tier 3	\$0
<b>ROTARIX ORAL SUSPENSION</b>	Tier 3	\$0
<b>ROTATEQ ORAL SOLUTION</b>	Tier 3	\$0
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	Tier 2	\$0
<b>SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML</b>	Tier 2	\$0
<b>SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 2	\$0
<b>VAQTA INTRAMUSCULAR SUSPENSION</b>	Tier 3	\$0
<b>VARIVAX INJECTION SUSPENSION RECONSTITUTED</b>	Tier 3	\$0
<b>VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML</b>	Tier 3	\$0

Drug Name	Tier	Notes
<b>YF-VAX SUBCUTANEOUS INJECTABLE</b>	Tier 3	
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
<b>*IMIDAZOLE-RELATED ANTIFUNGALS***</b>		
<b>GYNAZOLE-1 VAGINAL CREAM</b>	Tier 3	
miconazole 3 vaginal suppository	Tier 1	
terconazole vaginal cream	Tier 1	QL
terconazole vaginal suppository	Tier 1	QL
<b>*SPERMICIDES***</b>		
<b>VCF VAGINAL CONTRACEPTIVE VAGINAL FILM</b>	Tier 3	\$0
<b>*VAGINAL ANTI-INFECTIVES***</b>		
clindamycin phosphate vaginal cream	Tier 1	
metronidazole vaginal gel	Tier 1	
<b>VANDAZOLE VAGINAL GEL</b>	Tier 1	
<b>*VAGINAL ESTROGENS***</b>		
estradiol vaginal cream	Tier 2	QL
estradiol vaginal tablet	Tier 2	QL
<b>ESTRING VAGINAL RING</b>	Tier 3	QL
<b>IMVEXXY MAINTENANCE PACK VAGINAL INSERT</b>	Tier 3	QL
<b>IMVEXXY STARTER PACK VAGINAL INSERT</b>	Tier 3	QL
<b>PREMARIN VAGINAL CREAM</b>	Tier 3	QL
<b>YUAFEM VAGINAL TABLET</b>	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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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
<b>*VASOPRESSORS*</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS***</b>		
epinephrine injection solution auto-injector 0.15 mg/0.15ml	Tier 1	ST; QL
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 1	QL
<b>*VASOPRESSORS***</b>		
midodrine hcl oral tablet	Tier 2	
<b>*VITAMINS*</b>		
<b>*VITAMIN D***</b>		
ergocalciferol oral capsule	Tier 1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Tier 1	
<b>*VITAMIN K***</b>		
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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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 the highest cost share and usually include specialty brand and generic drugs **DX**=Coverage varies by diagnosis **NF**=Non-Formulary **\$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 convenient home delivery program at no extra cost to you. Find out more at [anthem.com](http://anthem.com) or call 833-236-6196.

## **For information about your pharmacy benefit, log in at [anthem.com](http://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: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

