

Bringing Clarity, Integrity and Trust
to your Pharmacy Benefits



2027 AffirmedRx Choice Drug List



AffirmedRx

PUBLIC BENEFIT CORPORATION



**Owensboro
Health**

The AffirmedRx Choice Drug List (also known as a formulary) is a list of covered medications. Unless specifically noted, drug list products will include all dosage forms. Your plan will generally cover these medications if the drug is medically necessary and other plan rules are followed. This list can change throughout the year. New medications can be added, or medications can be removed. Medications will be removed if the Food and Drug Administration (FDA) or the drug's manufacturer deems it unsafe. Medications may also be removed when a lower-cost generic with the same active ingredient is added. Other changes may occur based on new clinical guidelines.

Your specific plan may not cover certain products or categories, regardless of their appearance in this document. Reference your benefit documentation for full coverage details.

Medications are grouped into one of four tiers:

Tier 1

Low-cost generic drugs

Generic drugs have the same active ingredients as brand drugs and are prescribed for the same reasons. The Food and Drug Administration (FDA) requires generics to be safe and work the same as brand drugs. Generic drugs often cost much less.

Tier 2

Higher-cost generic and preferred brand drugs

Tier 3

High cost, mostly brand and specialty drugs

Medications may have additional requirements or limits on coverage:

Prior authorization (PA)

Some medications need approval before being covered by your plan. Your doctor will need to submit information for approval to make sure the medication is being used and covered correctly for your medical condition.

Step therapy (ST)

There is often more than one medication that works to treat a health condition, and costs can vary. Before a prescription is filled for a drug that costs more, you may be asked to try at least one lower-cost medication first. If you have already tried other medications or your doctor thinks they are not right for you, your doctor can submit a request for approval.

Quantity limits (QL)

There may be a limit on how much you can get of certain medications at one time. These limits help prevent misuse and are in place to ensure safe and effective use. If your doctor thinks the limit is not right for your situation, they can submit a request for approval of the additional amount.

Specialty

Specialty medications are used to treat complex or rare conditions such as hemophilia, cancer, multiple sclerosis, hepatitis C and others. They often require special handling and are high cost.

(SP) To help reduce waste, each fill of these medications is limited to a 30-day supply.

(SPP) These medications must be filled at a designated specialty pharmacy equipped for special handling and trained to help educate patients on these medications.

Affordable Care Act (ACA)

Eligible benefit plans include \$0 coverage for these drugs in accordance with the Affordable Care Act. Please reference your benefit materials for full coverage details.

What if my medication is not on the list?

1. Check this list for covered medications in the same drug class or call Customer Care for help identifying alternatives.
2. You or your doctor can request a coverage exception.

Your doctor can visit paforms.com/affirmedrx/ to obtain forms for approvals and exceptions or to submit a request electronically. Submit completed forms by fax to 833-347-0611.

Requests will be reviewed and our decision communicated within 24-72 hours after the request is received from your doctor.

For more detailed information about your plan's prescription medication coverage, please review your Certificate of Coverage/Insurance or Summary Plan Description/Policy of Insurance.

If you have questions about your coverage, please call AffirmedRx Customer Care at 888-460-1579, TTY 711, 24 hours a day, 7 days a week.

This medication list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. Your specific plan may not cover certain products or categories, regardless of their appearance in this document. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of the drug's manufacturer. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. The information contained in this document is proprietary and may not be copied in whole or in part without written permission.

Lowercase = generic

Uppercase BOLD = brand name

Effective 01/01/2027

Label Name	Tier	Requirements/Limits
*5-HT3 Receptor Antagonists**		
<i>ondansetron</i>	1	

Label Name	Tier	Requirements/Limits
<i>ondansetron hcl +rfid</i>	1	
<i>ondansetron hcl solution injection 4 mg/2ml</i>	1	QL
<i>ondansetron hcl solution injection 40 mg/20ml</i>	1	
<i>ondansetron hcl solution oral 4 mg/5ml</i>	2	QL
<i>ondansetron hcl solution prefilled syringe</i>	1	
<i>ondansetron hcl tablet oral 24 mg, 4 mg</i>	1	
<i>ondansetron hcl tablet oral 8 mg</i>	1	QL
SANCUSO	3	QL
*ACE Inhibitors**		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
*Acne Products**		
<i>adapalene cream</i>	3	AL
<i>adapalene gel</i>	1	AL
<i>adapalene-benzoyl peroxide gel topical 0.1-2.5 %</i>	1	AL
<i>adapalene-benzoyl peroxide gel topical 0.3-2.5 %</i>	2	AL
<i>amnestem</i>	3	QL; AL
<i>avita</i>	3	AL
BENZEPRO	3	
<i>benzoyl peroxide</i>	1	
BENZOYL PEROXIDE WASH	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	3	QL; AL
<i>clindacin</i>	3	
<i>clindamycin phos (once-daily)</i>	2	

Label Name	Tier	Requirements/Limits
<i>clindamycin phos (twice-daily)</i>	1	
<i>clindamycin phos-benzoyl perox gel topical 1.2-2.5 %</i>	2	
<i>clindamycin phos-benzoyl perox gel topical 1-5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin-tretinoin</i>	2	AL
<i>dapsone gel</i>	3	
ERY	2	
<i>erythromycin gel</i>	1	
<i>erythromycin solution</i>	1	
<i>isotretinoin</i>	3	QL; AL
<i>medpura benzoyl peroxide</i>	1	
SSS 10-5	2	
<i>sulfacetamide sodium (acne)</i>	3	
<i>sulfacetamide sodium-sulfur cream</i>	3	
<i>sulfacetamide sodium-sulfur liquid</i>	3	
<i>sulfacetamide sodium-sulfur lotion</i>	3	
<i>sulfacetamide sodium-sulfur suspension</i>	2	
<i>sulfacetamide sod-sulfur wash</i>	1	
<i>tretinoin cream topical 0.025 %, 0.05 %</i>	1	AL
<i>tretinoin cream topical 0.1 %</i>	2	AL
<i>tretinoin gel topical 0.01 %, 0.025 %</i>	3	AL
<i>tretinoin gel topical 0.05 %</i>	2	AL
<i>tretinoin microsphere</i>	3	AL
<i>tretinoin microsphere pump</i>	3	AL
<i>zenatane</i>	3	QL; AL
*Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors**		
NEXLETOL	2	QL
*Adrenal Steroid Inhibitors**		
ISTURISA	3	PA; QL; SD; Specialty Pharmacy Required
RECORLEV	3	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
*Agents for Chemical Dependency**		
<i>acamprosate calcium</i>	2	QL
<i>disulfiram</i>	1	QL
*Agents for Chronic Idiopathic Constipation (CIC)**		
TRULANCE	2	QL
*Agents for Gaucher Disease**		
CERDELGA	3	PA; QL; SD; Specialty Pharmacy Required
<i>miglustat</i>	3	PA; QL; SD
*Agents for Pheochromocytoma**		
<i>metyrosine</i>	1	
<i>phenoxybenzamine hcl</i>	1	
*Agents for Sickle Cell Disease**		
DROXIA	2	
*Alkalinizers**		
<i>potassium citrate er</i>	1	
<i>potassium citrate-citric acid</i>	1	
<i>sod citrate-citric acid</i>	1	
<i>sodium citrate-citric acid</i>	1	
*Alkylating Agents**		
<i>cyclophosphamide</i>	3	QL
GLEOSTINE	3	QL; SD
LEUKERAN	3	PA; QL
<i>melphalan</i>	3	QL
MYLERAN	3	PA; QL
<i>temozolomide</i>	3	PA; QL; SD
*Alpha-2 Receptor Antagonists (Tetracyclics)**		
<i>mirtazapine</i>	1	
*Alpha-Beta Blockers**		
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	3	
<i>labetalol hcl</i>	1	
*Alpha-Glucosidase Inhibitors**		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
*ALS Agents**		
RADICAVA ORS	3	PA; QL; SD; Specialty Pharmacy Required
RADICAVA ORS STARTER KIT	3	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
RELYVRIO	3	PA; QL; SD; Specialty Pharmacy Required
<i>riluzole</i>	1	
*Aminoglycosides**		
<i>amikacin sulfate</i>	1	
ARIKAYCE	3	PA; QL; SD; Specialty Pharmacy Required
<i>neomycin sulfate</i>	1	
<i>tobramycin nebulization solution</i>	3	PA; QL; SD; Specialty Pharmacy Required
*Aminopenicillins**		
<i>amoxicillin</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
*AMPA Glutamate Receptor Antagonists**		
FYCOMPA	2	QL
<i>perampanel</i>	2	QL
*Amphetamines**		
<i>amphetamine sulfate</i>	1	QL
<i>amphetamine-dextroamphet er</i>	1	QL
<i>amphetamine-dextroamphetamine</i>	1	QL
<i>amphet-dextroamphet 3-bead er</i>	2	QL
<i>dextroamphetamine sulfate</i>	1	QL
<i>dextroamphetamine sulfate er</i>	1	QL
<i>lisdexamfetamine dimesylate</i>	2	QL
<i>methamphetamine hcl</i>	1	QL
MYDAYIS	3	QL
VYVANSE	3	QL
*Analgesic Combinations**		
<i>bupap</i>	3	QL
<i>butalbital-acetaminophen</i>	1	QL
<i>butalbital-apap-caffeine</i>	1	QL
<i>butalbital-aspirin-caffeine</i>	1	QL
*Analgesics - Sodium Channel Pain Signal Inhibitors**		
JOURNAVX	3	QL
*Anaphylaxis Therapy Agents**		
<i>epinephrine</i>	1	QL
*Androgens**		
<i>danazol</i>	1	

Label Name	Tier	Requirements/Limits
<i>methyltestosterone</i>	3	
<i>testosterone cypionate</i>	1	QL
<i>testosterone enanthate</i>	1	PA; QL
<i>testosterone gel transdermal 10 mg/act (2%)</i>	2	PA
<i>testosterone gel transdermal 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	1	QL
<i>testosterone gel transdermal 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	1	PA; QL
<i>testosterone gel transdermal 20.25 mg/act (1.62%)</i>	1	
<i>testosterone solution</i>	1	
*Anesthetics Topical Oral**		
<i>lidocaine hcl solution mouth/throat 4 %</i>	1	
<i>lidocaine viscous hcl</i>	1	
*Angiotensin II Receptor Antagonists**		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
*Anorexiants Non-Amphetamine**		
<i>diethylpropion hcl</i>	1	PA; QL; Coverage is determined by your prescription medication benefit plan
<i>diethylpropion hcl er</i>	1	PA; QL; Coverage is determined by your prescription medication benefit plan
<i>phendimetrazine tartrate</i>	1	Coverage is determined by your prescription medication benefit plan
<i>phendimetrazine tartrate er</i>	1	PA; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>phentermine hcl</i>	1	Coverage is determined by your prescription medication benefit plan
*Anthelmintics**		
<i>albendazole</i>	1	
<i>benznidazole</i>	2	QL
EGATEN	2	
<i>ivermectin tablet oral 3 mg</i>	1	QL
<i>ivermectin tablet oral 6 mg</i>	3	QL
<i>praziquantel</i>	1	
*Anti-Cataplectic Agents**		
<i>sodium oxybate</i>	3	PA; QL; SD; Specialty Pharmacy Required
*Anti-infective Agents - Misc.**		
AEMCOLO	3	
IMPAVIDO	3	QL
<i>metronidazole</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN	3	PA; QL
*Anti-infective Misc. - Combinations**		
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim pediatric</i>	1	
*Anti-infectives - Throat**		
<i>clotrimazole</i>	1	
<i>nystatin</i>	1	
*Anti-inflammatory Agents - Topical**		
<i>diclofenac sodium</i>	1	
*Anti-Inflammatory Agents**		
<i>cromolyn sodium nebulization solution</i>	1	QL
*Anti-Obesity Agents**		
<i>orlistat</i>	3	PA; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
WEGOVY	2	PA; QL; Coverage is determined by your prescription medication benefit plan
WEGOVY HD	2	PA; QL
ZEPBOUND	2	PA; QL; Coverage is determined by your prescription medication benefit plan
*Anti-TNF-alpha - Monoclonal Antibodies**		
ABRILADA (1 PEN)	3	PA; QL; SD
ABRILADA (2 PEN)	3	PA; QL; SD
ABRILADA (2 SYRINGE)	3	PA; QL; SD
<i>adalimumab-aaty (1 pen)</i>	3	PA; QL; SD
<i>adalimumab-aaty (2 pen)</i>	3	PA; QL; SD
<i>adalimumab-aaty (2 syringe)</i>	3	PA; QL; SD
<i>adalimumab-aaty cd/uc/hs start</i>	3	PA; QL; SD
<i>adalimumab-fkjp (2 pen)</i>	3	PA; QL; SD
<i>adalimumab-fkjp (2 syringe)</i>	3	PA; QL; SD
HADLIMA	3	PA; QL; SD
HADLIMA PUSHTOUCH	3	PA; QL; SD
SIMLANDI (1 PEN)	3	PA; QL; SD
SIMLANDI (2 PEN)	3	PA; QL; SD
SIMLANDI (2 SYRINGE)	3	PA; QL; SD
SIMPONI	3	PA; QL; SD
YUSIMRY	3	PA; QL; SD
*Antiadrenergic Antihypertensives**		
<i>clonidine</i>	2	QL
<i>clonidine hcl</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
*Antianginals-Other**		
<i>ranolazine er</i>	1	QL
*Antianxiety Agents - Misc.**		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	

Label Name	Tier	Requirements/Limits
<i>meprobamate</i>	1	
*Antiarrhythmics Type I-A**		
<i>disopyramide phosphate</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
*Antiarrhythmics Type I-B**		
<i>mexiletine hcl</i>	1	
*Antiarrhythmics Type I-C**		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
*Antiarrhythmics Type III**		
<i>amiodarone hcl</i>	1	
<i>dofetilide</i>	2	QL
MULTAQ	3	
*Antiasthmatic - Monoclonal Antibodies**		
FASENRA	3	PA; QL; SD; Specialty Pharmacy Required
FASENRA PEN	3	PA; QL; SD; Specialty Pharmacy Required
OMLYCLO	3	PA; QL; SD; Specialty Pharmacy Required
XOLAIR	3	PA; QL; SD; Specialty Pharmacy Required
*Antibiotics - Topical**		
ALTABAX	3	
<i>gentamicin sulfate</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
*Anticonvulsants - Benzodiazepines**		
<i>clobazam</i>	1	QL
<i>clonazepam</i>	1	
<i>diazepam gel</i>	1	
NAYZILAM	2	QL
VALTOCO 10 MG DOSE	2	QL
VALTOCO 15 MG DOSE	2	QL
VALTOCO 20 MG DOSE	2	QL
VALTOCO 5 MG DOSE	2	QL
*Anticonvulsants - Misc.**		
<i>carbamazepine</i>	1	

Label Name	Tier	Requirements/Limits
<i>carbamazepine er</i>	1	
EPIDIOLEX	3	PA; SD; Specialty Pharmacy Required
<i>epitol</i>	1	
<i>gabapentin</i>	1	
<i>lacosamide solution</i>	2	QL
<i>lacosamide tablet</i>	1	
<i>lamotrigine</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam</i>	1	
<i>levetiracetam er</i>	1	
<i>oxcarbazepine</i>	1	
<i>pregabalin</i>	2	QL
<i>primidone</i>	1	
<i>roweepra</i>	1	
<i>rufinamide</i>	3	PA; QL
<i>subvenite</i>	1	
<i>subvenite starter kit-blue</i>	1	
<i>subvenite starter kit-green</i>	1	
<i>subvenite starter kit-orange</i>	1	
<i>topiramate capsule sprinkle</i>	1	
<i>topiramate er capsule er 24 hour sprinkle oral 100 mg, 150 mg</i>	1	
<i>topiramate er capsule er 24 hour sprinkle oral 200 mg, 25 mg, 50 mg</i>	1	QL
<i>topiramate er capsule extended release 24 hour</i>	3	QL
<i>topiramate solution</i>	1	QL
<i>topiramate tablet</i>	1	
<i>zonisamide</i>	1	
*Antidementia Agents**		
<i>donepezil hcl tablet disintegrating</i>	1	QL
<i>donepezil hcl tablet oral 10 mg, 5 mg</i>	1	QL

Label Name	Tier	Requirements/Limits
<i>donepezil hcl tablet oral 23 mg</i>	2	QL
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide solution</i>	2	
<i>galantamine hydrobromide tablet</i>	1	
<i>memantine hcl er</i>	2	QL
<i>memantine hcl solution</i>	2	QL
<i>memantine hcl tablet</i>	1	
<i>rivastigmine</i>	2	QL
<i>rivastigmine tartrate</i>	2	QL
*Antidepressants - Misc.**		
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl)</i>	1	
*Antidiabetic Combinations**		
<i>dapagliflozin-metformin hcl er</i>	2	QL
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	QL
<i>pioglitazone hcl-glimepiride</i>	2	QL
<i>pioglitazone hcl-metformin hcl</i>	1	
<i>sitaglipt phos-metformin hcl er</i>	2	QL
<i>sitaglipt base-metform hcl er</i>	2	QL
<i>sitagliptin base-metformin hcl</i>	2	QL
<i>sitagliptin phos-metformin hcl</i>	2	QL
SOLIQUA	2	PA; QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
XIGDUO XR	2	QL
XULTOPHY	2	PA; QL
*Antidotes - Chelating Agents**		
CHEMET	3	
<i>deferasirox</i>	3	PA; QL; SD
<i>deferasirox granules</i>	3	PA; QL; SD
<i>deferiprone</i>	3	PA; QL; SD; Specialty Pharmacy Required
FERRIPROX	3	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
FERRIPROX TWICE-A-DAY	3	PA; QL; SD; Specialty Pharmacy Required
*Antidotes and Specific Antagonists**		
<i>deferoxamine mesylate</i>	3	SD; Specialty Pharmacy Required
RADIOGARDASE	3	QL
VISTOGARD	3	QL; SD; Specialty Pharmacy Required
*Antiemetics - Anticholinergic**		
<i>meclizine hcl</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
*Antiemetics - Miscellaneous**		
BONJESTA	3	QL
<i>doxylamine-pyridoxine</i>	1	
<i>dronabinol</i>	2	QL
*Antiflatulents**		
<i>simethicone</i>	1	
*Antifungal - Glucan Synthesis Inhibitors**		
BREXAFEMME	3	ST
*Antifungals - Topical**		
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole nitrate</i>	1	
<i>hydrocortisone-iodoquinol</i>	1	
<i>iodoquinol-hc-aloe polysacch</i>	1	
<i>iodoquinol-hydrocortisone-aloe</i>	1	
<i>ketoconazole</i>	1	
<i>ketodan</i>	3	
<i>klayesta</i>	1	
<i>miconazole nitrate</i>	1	
<i>miconazole-zinc oxide-petrolat</i>	1	
MYCOZYL AL	3	
<i>mycozyl al</i>	3	
<i>naftifine hcl</i>	1	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	2	

Label Name	Tier	Requirements/Limits
*Antifungals**		
<i>flucytosine</i>	3	PA
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>nystatin</i>	1	
<i>terbinafine hcl</i>	1	
*Antihistamines - Ethanolamines**		
<i>carbinoxamine maleate</i>	1	
<i>carbinoxamine maleate er</i>	3	
<i>clemastine fumarate</i>	1	
<i>diphenhydramine hcl</i>	1	
*Antihistamines - Non-Sedating**		
<i>cetirizine hcl</i>	1	
CETIRIZINE HCL ALLERGY CHILD	1	
<i>desloratadine</i>	1	
<i>levocetirizine dihydrochloride</i>	1	
*Antihistamines - Phenothiazines**		
<i>promethazine hcl</i>	1	
PROMETHEGAN	1	
<i>promethegan</i>	1	
*Antihistamines - Piperidines**		
<i>cypheptadine hcl</i>	1	
*Antihyperlipidemics - Combinations**		
<i>ezetimibe-simvastatin</i>	2	QL
NEXLIZET	2	QL
*Antihyperlipidemics - Misc.**		
<i>icosapent ethyl</i>	2	QL
<i>omega-3-acid ethyl esters</i>	1	
*Antihypertensive Combinations**		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	2	QL
<i>amlodipine-valsartan-hctz</i>	2	QL
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>captopril-hydrochlorothiazide</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	

Label Name	Tier	Requirements/Limits
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	2	QL
<i>quinapril-hydrochlorothiazide</i>	1	
<i>telmisartan-amlodipine</i>	3	QL
<i>telmisartan-hctz</i>	2	QL
<i>trandolapril-verapamil hcl er</i>	3	
<i>valsartan-hydrochlorothiazide</i>	1	
*Antimalarial Combinations**		
<i>atovaquone-proguanil hcl</i>	3	QL
*Antimalarials**		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	1	
<i>pyrimethamine</i>	1	
<i>quinine sulfate</i>	2	QL
*Antimanic Agents**		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
*Antimetabolites**		
<i>capecitabine</i>	2	PA; QL
JYLAMVO	3	PA; SD
<i>mercaptopurine suspension</i>	3	PA; QL; SD; Specialty Pharmacy Required
<i>mercaptopurine tablet</i>	2	QL
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
TABLOID	3	PA; QL
TREXALL	3	
XATMEP	3	QL
*Antimyasthenic/Cholinergic Agents**		
FIRDAPSE	3	PA; QL; SD; Specialty Pharmacy Required
<i>pyridostigmine bromide</i>	3	
<i>pyridostigmine bromide er</i>	3	

Label Name	Tier	Requirements/Limits
*Antimycobacterial Agents**		
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
<i>pretomanid</i>	3	QL
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
<i>rifapentine</i>	3	
SIRTURO	3	QL
TRECATOR	3	
*Antineoplastic - Angiogenesis Inhibitors**		
FRUZAQLA	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Anti-HER2 Agents**		
TUKYSA	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Antibodies**		
EPKINLY	3	PA; QL; SD; Specialty Pharmacy Required
TECVAYLI	3	PA; SD; Specialty Pharmacy Required
*Antineoplastic - BCL-2 Inhibitors**		
VENCLEXTA	3	PA; QL; SD; Specialty Pharmacy Required
VENCLEXTA STARTING PACK	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - EGFR Inhibitors**		
<i>erlotinib hcl</i>	3	PA; QL; SD
<i>gefitinib</i>	3	PA; QL; SD; Specialty Pharmacy Required
GILOTRIF	3	PA; QL; SD; Specialty Pharmacy Required
LAZCLUZE	3	PA; QL; SD; Specialty Pharmacy Required
TAGRISSE	3	PA; QL; SD; Specialty Pharmacy Required
VIZIMPRO	3	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
*Antineoplastic - Hedgehog Pathway Inhibitors**		
DAURISMO	3	PA; QL; SD; Specialty Pharmacy Required
ERIVEDGE	3	PA; QL; SD; Specialty Pharmacy Required
ODOMZO	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Hormonal and Related Agents**		
<i>abiraterone acetate</i>	3	PA; QL; SD
<i>abirtega</i>	3	PA; QL; SD
<i>anastrozole</i>	1	QL; ACA Benefit for ages 35 and above
<i>bicalutamide</i>	1	QL
ELIGARD	3	PA; QL; SD
EMCYT	3	QL
<i>exemestane</i>	3	QL; ACA Benefit for Females ages 35 and above
<i>letrozole</i>	1	
<i>leuprolide acetate</i>	3	PA; QL; SD
LUTRATE DEPOT	3	PA; QL
LYSODREN	3	PA; SD; Specialty Pharmacy Required
<i>megestrol acetate</i>	1	
<i>nilutamide</i>	3	PA; QL
ORSERDU	3	PA; QL; SD; Specialty Pharmacy Required
SOLTAMOX	3	PA; QL
<i>tamoxifen citrate</i>	1	ACA Benefit for Females ages 35 and above
<i>toremifene citrate</i>	3	PA; QL
XTANDI	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Hypoxia-Inducible Factor Inhibitors**		
WELIREG	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Immunomodulators**		
<i>pomalidomide</i>	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - Menin Inhibitors**		

Label Name	Tier	Requirements/Limits
REVUFORJ	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - PDGFR-alpha Inhibitors**		
AYVAKIT	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic - XPO1 Inhibitors**		
XPOVIO (100 MG ONCE WEEKLY)	3	PA; QL; SD; Specialty Pharmacy Required
XPOVIO (40 MG ONCE WEEKLY)	3	PA; QL; SD; Specialty Pharmacy Required
XPOVIO (40 MG TWICE WEEKLY)	3	PA; QL; SD; Specialty Pharmacy Required
XPOVIO (60 MG ONCE WEEKLY)	3	PA; QL; SD; Specialty Pharmacy Required
XPOVIO (60 MG TWICE WEEKLY)	3	PA; QL; SD; Specialty Pharmacy Required
XPOVIO (80 MG ONCE WEEKLY)	3	PA; QL; SD; Specialty Pharmacy Required
XPOVIO (80 MG TWICE WEEKLY)	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic Combinations**		
HERCEPTIN HYLECTA	3	PA; SD; Specialty Pharmacy Required
LONSURF	3	PA; QL; SD; Specialty Pharmacy Required
RITUXAN HYCELA	3	PA; SD; Specialty Pharmacy Required
*Antineoplastic Enzyme Inhibitors**		
ALECENSA	3	PA; QL; SD; Specialty Pharmacy Required
ALUNBRIG	3	PA; QL; SD; Specialty Pharmacy Required
AUGTYRO	3	PA; SD
BALVERSA	3	PA; QL; SD; Specialty Pharmacy Required
BOSULIF	3	PA; QL; SD
<i>bosutinib</i>	3	PA; QL; SD
BRAFTOVI	3	PA; QL; SD; Specialty Pharmacy Required
BRUKINSA	3	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
CABOMETYX	3	PA; QL; SD; Specialty Pharmacy Required
CALQUENCE	3	PA; QL; SD; Specialty Pharmacy Required
CAPRELSA	3	PA; QL; SD; Specialty Pharmacy Required
COMETRIQ (100 MG DAILY DOSE)	3	PA; QL; SD; Specialty Pharmacy Required
COMETRIQ (140 MG DAILY DOSE)	3	PA; QL; SD; Specialty Pharmacy Required
COMETRIQ (60 MG DAILY DOSE)	3	PA; QL; SD; Specialty Pharmacy Required
COPIKTRA	3	PA; QL; SD; Specialty Pharmacy Required
COTELLIC	3	PA; QL; SD; Specialty Pharmacy Required
DANZITEN	3	PA; QL; SD; Specialty Pharmacy Required
<i>dasatinib</i>	3	PA; QL; SD
<i>everolimus tablet oral 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	PA; QL; SD
<i>everolimus tablet soluble</i>	3	PA; QL; SD
FOTIVDA	3	PA; QL; SD; Specialty Pharmacy Required
GAVRETO	3	PA; QL; SD; Specialty Pharmacy Required
GOMEKLI	3	PA; QL; SD; Specialty Pharmacy Required
ICLUSIG	3	PA; QL; SD; Specialty Pharmacy Required
IDHIFA	3	PA; QL; SD; Specialty Pharmacy Required
<i>imatinib mesylate</i>	3	PA; QL; SD
ITOVEBI	3	PA; QL; SD; Specialty Pharmacy Required
JAKAFI	3	PA; QL; SD; Specialty Pharmacy Required
JAKAFI XR	3	PA; QL; SD; Specialty Pharmacy Required
JAYPIRCA	3	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
KISQALI (200 MG DOSE)	3	PA; QL; SD
KISQALI (400 MG DOSE)	3	PA; QL; SD
KISQALI (600 MG DOSE)	3	PA; QL; SD
KOSELUGO	3	PA; QL; SD; Specialty Pharmacy Required
<i>lapatinib ditosylate</i>	3	PA; QL; SD
LORBRENA	3	PA; QL; SD; Specialty Pharmacy Required
LUMAKRAS	3	PA; QL; SD; Specialty Pharmacy Required
LYNPARZA	3	PA; QL; SD; Specialty Pharmacy Required
LYTGOBI (12 MG DAILY DOSE)	3	PA; QL; SD; Specialty Pharmacy Required
LYTGOBI (16 MG DAILY DOSE)	3	PA; QL; SD; Specialty Pharmacy Required
LYTGOBI (20 MG DAILY DOSE)	3	PA; QL; SD; Specialty Pharmacy Required
MEKINIST	3	PA; QL; SD; Specialty Pharmacy Required
MEKTOVI	3	PA; QL; SD; Specialty Pharmacy Required
NERLYNX	3	PA; QL; SD; Specialty Pharmacy Required
<i>nilotinib d-tartrate</i>	3	PA; QL; SD
<i>nilotinib hcl</i>	3	PA; QL; SD
OGSIVEO TABLET ORAL 100 MG, 150 MG	3	PA; QL; SD
OGSIVEO TABLET ORAL 50 MG	3	PA; SD
OJEMDA	3	PA; SD; Specialty Pharmacy Required
<i>pazopanib hcl</i>	3	PA; QL; SD; Specialty Pharmacy Required
PEMAZYRE	3	PA; QL; SD; Specialty Pharmacy Required
PIQRAY (200 MG DAILY DOSE)	3	PA; QL; SD
PIQRAY (250 MG DAILY DOSE)	3	PA; QL; SD
PIQRAY (300 MG DAILY DOSE)	3	PA; QL; SD
QINLOCK	3	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
RETEVMO	3	PA; QL; SD; Specialty Pharmacy Required
REZLIDHIA	3	PA; QL; SD; Specialty Pharmacy Required
ROZLYTREK CAPSULE	3	PA; QL; SD; Specialty Pharmacy Required
ROZLYTREK PACKET	3	PA; QL
RYDAPT	3	PA; QL; SD; Specialty Pharmacy Required
SCEMBLIX TABLET ORAL 100 MG	3	PA; SD; Specialty Pharmacy Required
SCEMBLIX TABLET ORAL 20 MG, 40 MG	3	PA; QL; SD; Specialty Pharmacy Required
<i>sorafenib tosylate</i>	3	PA; QL; SD
STIVARGA	3	PA; QL; SD; Specialty Pharmacy Required
<i>sunitinib malate</i>	3	PA; QL; SD
TABRECTA	3	PA; QL; SD
TAFINLAR	3	PA; QL; SD; Specialty Pharmacy Required
TAZVERIK	3	PA; SD; Specialty Pharmacy Required
TEPMETKO	3	PA; QL; SD; Specialty Pharmacy Required
TIBSOVO	3	PA; QL; SD; Specialty Pharmacy Required
TRUQAP	3	PA; QL; SD
VERZENIO	3	PA; QL; SD; Specialty Pharmacy Required
VITRAKVI	3	PA; QL; SD; Specialty Pharmacy Required
VONJO	3	PA; QL; SD; Specialty Pharmacy Required
VORANIGO	3	PA; QL; SD; Specialty Pharmacy Required
XOSPATA	3	PA; QL; SD; Specialty Pharmacy Required
<i>yulithira</i>	3	PA; QL; SD
ZELBORAF	3	PA; QL; SD; Specialty Pharmacy Required
ZOLINZA	3	PA; QL; SD

Label Name	Tier	Requirements/Limits
ZYDELIG	3	PA; QL; SD; Specialty Pharmacy Required
ZYKADIA	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastic or Premalignant Lesion Agents - Topical**		
<i>bexarotene</i>	3	PA; QL; SD; Specialty Pharmacy Required
<i>diclofenac sodium</i>	1	
<i>fluorouracil</i>	1	
VALCHLOR	3	PA; QL; SD; Specialty Pharmacy Required
*Antineoplastics Misc.**		
ACTIMMUNE	3	PA; QL; SD; Specialty Pharmacy Required
BESREMI	3	PA; QL; SD; Specialty Pharmacy Required
BESREMI PEN	3	PA; QL; SD; Specialty Pharmacy Required
<i>bexarotene</i>	3	PA; QL; SD; Specialty Pharmacy Required
<i>hydroxyurea</i>	1	
MATULANE	3	PA; SD; Specialty Pharmacy Required
<i>tretinoin capsule</i>	3	PA; QL
*Antiparkinson Adjunctive Therapy**		
<i>carbidopa</i>	1	
NOURIANZ	3	PA; QL
*Antiparkinson Anticholinergics**		
<i>benztropine mesylate</i>	1	
<i>trihexyphenidyl hcl</i>	1	
*Antiparkinson COMT Inhibitors**		
<i>entacapone</i>	2	
ONGENTYS	3	PA; QL
*Antiparkinson Dopaminergics**		
<i>amantadine hcl</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa tablet</i>	1	
<i>carbidopa-levodopa tablet disintegrating</i>	2	

Label Name	Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone</i>	1	
INBRIJA	3	PA; QL; SD; Specialty Pharmacy Required
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	3	QL
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	2	QL
*Antiparkinson Monoamine Oxidase Inhibitors**		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
*Antiperistaltic Agents**		
<i>diphenoxylate-atropine</i>	1	
<i>loperamide hcl</i>	1	
*Antiprotozoal Agents**		
ALINIA	3	
<i>atovaquone</i>	3	QL
LAMPIT	3	
<i>nitazoxanide</i>	3	QL
*Antipruritics - Topical**		
<i>doxepin hcl cream</i>	3	QL
*Antipsoriatics**		
<i>acitretin</i>	1	
<i>calcipotriene</i>	3	QL
<i>calcitrene</i>	1	
ICOTYDE	3	PA; QL; SD; Specialty Pharmacy Required
<i>methoxsalen rapid</i>	1	
SKYRIZI	3	PA; QL; SD
SKYRIZI PEN	3	PA; QL; SD
STARJEMZA	3	PA; QL; SD
TALTZ	3	PA; QL; SD; Specialty Pharmacy Required
<i>tazarotene cream topical 0.05 %</i>	3	
<i>tazarotene cream topical 0.1 %</i>	1	
<i>tazarotene gel</i>	1	
TREMFYA	3	PA; QL; SD
TREMFYA ONE-PRESS	3	PA; QL; SD
TREMFYA PEN	3	PA; QL; SD
<i>ustekinumab-aauz</i>	3	PA; QL; SD
*Antipsychotics - Misc.**		

Label Name	Tier	Requirements/Limits
<i>lurasidone hcl</i>	1	QL
NUPLAZID	3	PA; QL; SD; Specialty Pharmacy Required
VRAYLAR	3	QL
<i>ziprasidone hcl</i>	1	QL
*Antiretrovirals**		
<i>abacavir sulfate</i>	2	QL
<i>abacavir sulfate-lamivudine</i>	3	QL
APRETUDE	3	SD; ACA Benefit; Specialty Pharmacy Required
<i>atazanavir sulfate</i>	3	QL
BIKTARVY	3	QL
CIMDUO	3	QL
<i>darunavir</i>	3	QL
DESCOVY TABLET ORAL 120-15 MG	2	QL
DESCOVY TABLET ORAL 200-25 MG	2	QL; ACA Benefit
DOVATO	3	QL
EDURANT PED	3	QL
<i>efavirenz</i>	2	QL
<i>efavirenz-emtricitab-tenofo df</i>	3	QL
<i>efavirenz-lamivudine-tenofovir</i>	3	QL
<i>emtricitabine</i>	3	QL
<i>emtricitabine-tenofovir df tablet oral 100-150 mg, 133-200 mg, 167-250 mg</i>	2	QL; ACA Benefit
<i>emtricitabine-tenofovir df tablet oral 200-300 mg</i>	1	QL; ACA Benefit
EMTRIVA	2	QL
<i>etravirine</i>	3	QL
EVOTAZ	3	QL
<i>fosamprenavir calcium</i>	3	QL
FUZEON	3	QL
GENVOYA	3	QL
INTELENCE	3	QL
ISENTRESS	3	QL
ISENTRESS HD	3	QL
JULUCA	3	QL

Label Name	Tier	Requirements/Limits
<i>lamivudine</i>	2	QL
<i>lamivudine-zidovudine</i>	2	QL
LEXIVA	3	QL
<i>lopinavir-ritonavir solution</i>	3	
<i>lopinavir-ritonavir tablet</i>	3	QL
<i>maraviroc</i>	3	QL
<i>nevirapine er</i>	2	QL
<i>nevirapine suspension</i>	2	QL
<i>nevirapine tablet</i>	1	QL
ODEFSEY	3	QL
PIFELTRO	3	QL
PREZCOBIX	3	QL
PREZISTA	3	QL
REYATAZ	3	
<i>rilpivirine hcl</i>	3	QL
<i>ritonavir</i>	2	QL
RUKOBIA	3	QL
SELZENTRY	3	QL
STRIBILD	3	QL
SYMTUZA	3	QL
<i>tenofovir disoproxil fumarate</i>	2	QL
TIVICAY	3	QL
TIVICAY PD	3	QL
TRIUMEQ	3	QL
TRIUMEQ PD	3	QL
TRIZIVIR	3	QL
TYBOST	3	QL
VIREAD	3	QL
<i>zidovudine capsule</i>	2	QL
<i>zidovudine syrup</i>	1	
<i>zidovudine tablet</i>	1	QL
*Antirheumatic - Enzyme Inhibitors**		
RINVOQ	3	PA; QL; SD
RINVOQ LQ	3	PA; QL; SD
<i>tofacitinib citrate</i>	3	PA; QL; SD; Specialty Pharmacy Required
<i>tofacitinib citrate er</i>	3	PA; QL; SD; Specialty Pharmacy Required
*Antiseborrheic Products**		
PLEXION NS	3	

Label Name	Tier	Requirements/Limits
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide</i>	1	
<i>sulfacetamide sodium (cleans)</i>	1	
*Antiseptics - Mouth/Throat**		
<i>chlorhexidine gluconate</i>	1	
<i>periogard</i>	1	
*Antispasmodics**		
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyoscyamine sulfate er</i>	1	
<i>hyoscyamine sulfate sl</i>	1	
HYOSYNE	1	
<i>methscopolamine bromide</i>	1	
*Antithyroid Agents**		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
*Antitussives**		
<i>benzonatate</i>	1	
<i>hydrocodone bit-homatrop mbr</i>	1	QL
HYDROMET	1	QL
*Antiviral Combinations**		
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
*Antivirals - Topical**		
<i>acyclovir</i>	1	
<i>penciclovir</i>	1	
*Attention-Deficit/Hyperactivity Disorder (ADHD) Agents**		
<i>atomoxetine hcl</i>	1	QL
<i>clonidine hcl er</i>	1	QL
<i>guanfacine hcl er</i>	1	QL
QELBREE	3	QL
*Azithromycin**		
<i>azithromycin</i>	1	
*Bacterial Vaccines**		
ACTHIB	3	ACA Benefit
<i>bcg vaccine</i>	3	
BEXSERO	3	ACA Benefit
CAPVAXIVE	3	ACA Benefit

Label Name	Tier	Requirements/Limits
HIBERIX	3	ACA Benefit
MENACTRA	3	ACA Benefit
MENQUADFI	3	ACA Benefit
MENVEO	3	ACA Benefit
PEDVAXHIB	3	ACA Benefit
PENBRAYA	3	ACA Benefit
PENMENVY	3	ACA Benefit
PNEUMOVAX 23	3	ACA Benefit
PREVNAR 13	3	ACA Benefit
PREVNAR 20	3	ACA Benefit
TRUMENBA	3	ACA Benefit
VAXNEUVANCE	3	ACA Benefit
*Barbiturate Hypnotics**		
<i>phenobarbital</i>	1	
*Benzisoxazoles**		
INVEGA SUSTENNA	3	QL
<i>paliperidone er</i>	2	QL
<i>risperidone microspheres er</i>	3	QL
<i>risperidone solution</i>	1	
<i>risperidone tablet</i>	1	
<i>risperidone tablet disintegrating</i>	2	QL
*Benzodiazepines**		
<i>alprazolam</i>	1	QL
<i>alprazolam er</i>	1	QL
ALPRAZOLAM INTENSOL	1	
ALPRAZOLAM XR	1	QL
<i>chlordiazepoxide hcl</i>	1	QL
<i>clorazepate dipotassium</i>	1	
<i>diazepam concentrate</i>	1	QL
<i>diazepam intensol</i>	1	QL
<i>diazepam solution</i>	1	QL
<i>diazepam tablet</i>	1	QL
<i>lorazepam concentrate</i>	1	QL
<i>lorazepam intensol</i>	1	QL
<i>lorazepam solution</i>	1	
<i>lorazepam solution prefilled syringe</i>	1	
<i>lorazepam tablet</i>	1	QL
<i>oxazepam</i>	1	
*Beta Blockers Cardio-Selective**		

Label Name	Tier	Requirements/Limits
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
LOPRESSOR	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nebivolol hcl</i>	1	
*Beta Blockers Non-Selective**		
HEMANGEOL	3	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
SOTYLIZE	3	
<i>timolol maleate tablet</i>	1	
*Beta-blockers - Ophthalmic**		
<i>betaxolol hcl</i>	1	
<i>brimonidine tartrate-timolol</i>	2	QL
<i>carteolol hcl</i>	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	2	QL
<i>levobunolol hcl</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate gel forming solution</i>	2	QL
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate pf</i>	1	
<i>timolol maleate solution</i>	1	
*Biguanides**		
<i>metformin hcl er</i>	1	
<i>metformin hcl solution</i>	2	QL
<i>metformin hcl tablet oral 1000 mg, 500 mg</i>	1	
<i>metformin hcl tablet oral 850 mg</i>	1	ACA Benefit for Preventive Use Only
*Bile Acid Sequestrants**		
<i>cholestyramine</i>	1	

Label Name	Tier	Requirements/Limits
<i>cholestyramine light</i>	1	
<i>colesevelam hcl</i>	1	
<i>colestipol hcl</i>	1	
<i>prevalite</i>	1	
*Bile Acid Synthesis Disorder Agents**		
CHOLBAM	3	PA; QL; SD; Specialty Pharmacy Required
*Bone Density Regulators**		
<i>alendronate sodium</i>	1	
BILDYOS	3	PA; SD; Specialty Pharmacy Required
BILPREVDA	3	PA; SD; Specialty Pharmacy Required
BONSITY	3	PA; QL; SD; Specialty Pharmacy Required
<i>calcitonin (salmon) solution injection 200 unit/ml</i>	3	PA; QL
<i>calcitonin (salmon) solution nasal 200 unit/act</i>	1	
ENOBV	3	PA; SD; Specialty Pharmacy Required
<i>ibandronate sodium</i>	1	QL
OSPOMYV	3	PA; SD; Specialty Pharmacy Required
<i>risedronate sodium</i>	2	QL
<i>teriparatide</i>	3	PA; QL; SD; Specialty Pharmacy Required
TYMLOS	3	PA; QL; SD
XTRENBO	3	PA; SD; Specialty Pharmacy Required
*Bradykinin B2 Receptor Antagonists**		
<i>icatibant acetate</i>	3	PA; QL; SD; Specialty Pharmacy Required
*Bronchodilators - Anticholinergics**		
<i>ipratropium bromide</i>	1	
SPIRIVA RESPIMAT	2	QL
<i>tiotropium bromide</i>	2	QL
*Burn Products**		
<i>mafenide acetate</i>	1	
<i>silver sulfadiazine</i>	1	

Label Name	Tier	Requirements/Limits
<i>ssd</i>	1	
*Butyrophenones**		
<i>haloperidol</i>	1	
<i>haloperidol lactate</i>	1	
*Calcitonin Gene-Related Peptide (CGRP) Receptor Antag**		
AIMOVIG	2	ST; QL
AJOVY	2	ST; QL
EMGALITY	2	ST; QL
EMGALITY (300 MG DOSE)	2	ST; QL
NURTEC	2	ST; QL
QULIPTA	2	ST; QL
UBRELVY	2	ST; QL
*Calcium Channel Blockers**		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
DILT-XR	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>levamlodipine maleate</i>	2	
<i>matzim la</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine er</i>	3	QL
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
*Calcium**		
CALCIFOL	1	
*Carbamates**		
<i>felbamate</i>	1	
XCOPRI	2	QL
XCOPRI (250 MG DAILY DOSE)	2	QL

Label Name	Tier	Requirements/Limits
XCOPRI (350 MG DAILY DOSE)	2	QL
*Carbonic Anhydrase Inhibitors**		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>acetazolamide sodium</i>	1	
<i>dichlorphenamide</i>	3	PA; QL; SD; Specialty Pharmacy Required
<i>methazolamide</i>	2	
*Cardiac Glycosides**		
<i>digoxin</i>	1	
*Cardiac Myosin Inhibitors**		
CAMZYOS	3	PA; QL; SD; Specialty Pharmacy Required
*Cardiovascular Agents Misc. - Combinations**		
<i>amlodipine-atorvastatin</i>	2	QL
ENTRESTO	2	QL
<i>isosorb dinitrate-hydralazine</i>	1	
<i>sacubitril-valsartan</i>	2	QL
*Central Muscle Relaxants**		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>fexmid</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl</i>	1	
<i>vanadom</i>	2	QL
*Cephalosporins - 1st Generation**		
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cephalexin</i>	1	
*Cephalosporins - 2nd Generation**		
<i>cefaclor</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
*Cephalosporins - 3rd Generation**		
<i>cefdinir</i>	1	
<i>cefixime</i>	1	

Label Name	Tier	Requirements/Limits
<i>cefepodoxime proxetil</i>	1	
*Cephalosporins - 4th Generation**		
<i>cefepime hcl</i>	1	
*Chelating Agents**		
CUVRIOR	3	PA; QL; SD; Specialty Pharmacy Required
<i>penicillamine</i>	3	PA; QL; SD
<i>trientine hcl capsule oral 250 mg</i>	3	PA; QL; SD
<i>trientine hcl capsule oral 500 mg</i>	3	PA; QL
*Chemotherapy Rescue/Antidote/Protective Agents**		
IWILFIN	3	PA; SD
<i>leucovorin calcium</i>	1	
<i>mesna</i>	2	
*Cholinesterase Inhibitors**		
<i>pyridostigmine bromide er</i>	3	
*Clarithromycin**		
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
*CMV Agents**		
PREVYMIS	3	QL
<i>valganciclovir hcl</i>	3	QL
*Cobalamins**		
<i>cyanocobalamin</i>	1	
<i>dodex</i>	1	
*Combination Contraceptives - Oral**		
<i>afirmelle</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>altavera</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
ALYACEN 1/35	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
ALYACEN 7/7/7	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>amethia</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>amethyst</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>apri</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
ARANELLE	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>ashlyna</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aubra eq</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aurovela 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aurovela 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aurovela 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aurovela fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>aurovela fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>aviane</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>ayuna</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>azurette</i>	1	ACA Benefit
BALCOLTRA	3	Coverage is determined by your prescription medication benefit plan
<i>balziva</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>blisovi 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>blisovi fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>blisovi fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
BRIELLYN	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>camrese</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>camrese lo</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>charlotte 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>chateal eq</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>cryselle</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>cryselle-28</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>cyred eq</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>dasetta 1/35 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>dasetta 7/7/7</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>daysee</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>delyla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>dolishale</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>drospiren-eth estrad-levomefol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>drospirenone-ethinyl estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>elinest</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>enpresse-28</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>enskyce</i>	1	ACA Benefit
<i>estarylla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>ethynodiol diac-eth estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>falmina</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>feirza 1.5/30</i>	1	ACA Benefit
<i>feirza 1/20</i>	1	ACA Benefit
<i>finzala</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>gemmily</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>hailey 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>hailey 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>hailey fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>hailey fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>iclevia</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>introvale</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>isibloom</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>jaimiess</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>jasmiel</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>jolessa</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>joyeaux</i>	3	Coverage is determined by your prescription medication benefit plan
<i>juleber</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>junel 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>junel 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>junel fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>junel fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>junel fe 24</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>kaitlib fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>kalliga</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>kariva</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>kelnor 1/35</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>kelnor 1/50</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>kurvelo</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>larin 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>larin 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>larin 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>larin fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>larin fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>layolis fe</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>leena</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>lessina</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levonest</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levonorgest-eth est & eth est</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levonorgest-eth estrad 91-day</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levonorgestrel-ethinyl estrad</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levonorg-eth estrad triphasic</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>levora 0.15/30 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
LO LOESTRIN FE	2	Coverage is determined by your prescription medication benefit plan
<i>loestrin 1.5/30 (21)</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>loestrin 1/20 (21)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>loestrin fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>loestrin fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>lojaimiess</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>loryna</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>low-ogestrel</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>lo-zumandimine</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>luizza 1.5/30</i>	1	ACA Benefit
<i>luizza 1/20</i>	1	ACA Benefit
<i>lutra</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
MARLISSA	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>merzee</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>mibelas 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>microgestin 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>microgestin 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>microgestin fe 1.5/30</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>microgestin fe 1/20</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>mili</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>minzoya</i>	3	
<i>mono-lynyah</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
NATAZIA	3	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>necon 0.5/35 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
NEXTSTELLIS	3	Coverage is determined by your prescription medication benefit plan
<i>nikki</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norethin ace-eth estrad-fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norethindrone acet-ethinyl est</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norethindron-ethinyl estrad-fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norethin-eth estradiol-fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norgestimate-eth estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norgestim-eth estrad triphasic</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>nortrel 0.5/35 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>nortrel 1/35 (21)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>nortrel 1/35 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>nortrel 7/7/7</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>nylia 1/35</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>nylia 7/7/7</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>ocella</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>philith</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>pimtrea</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>portia-28</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>reclipsen</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>rivelsa</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>rosyrah</i>	1	ACA Benefit

Label Name	Tier	Requirements/Limits
<i>setlakin</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>simliya</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>simpesse</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>sprintec 28</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>sronyx</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>syeda</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tarina 24 fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tarina fe 1/20 eq</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>taysofy</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tilia fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>tri-estarylla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-legest fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-linyah</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-lo-estarylla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-lo-marzia</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-lo-mili</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-lo-sprintec</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-mili</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-nymyo</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-sprintec</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>trivora (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-vylibra</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tri-vylibra lo</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>turqoz</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>tydemy</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>valtya 1/35</i>	1	ACA Benefit
VALTYA 1/50	1	ACA Benefit
VELIVET	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>vestura</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>vienva</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
VIORELE	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>volnea</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>vyfemla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>vylibra</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>wera</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>wymzya fe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>xarah fe</i>	1	ACA Benefit
<i>xelria fe</i>	1	ACA Benefit
<i>zovia 1/35 (28)</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>zumandimine</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
*Combination Contraceptives - Transdermal**		
<i>norelgestromin-eth estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
TWIRLA	3	QL; Coverage is determined by your prescription medication benefit plan
<i>xulane</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
<i>zafemy</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
*Combination Contraceptives - Vaginal**		
ANNOVERA	3	QL; Coverage is determined by your prescription medication benefit plan
<i>eluryng</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>enilloring</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>etonogestrel-ethinyl estradiol</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>haloette</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
*Combination Psychotherapeutics**		
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>olanzapine-fluoxetine hcl</i>	2	QL
<i>perphenazine-amitriptyline</i>	1	
*Complement Inhibitors**		
HAEGARDA	3	PA; QL; SD; Specialty Pharmacy Required
TAVNEOS	3	PA; QL; SD; Specialty Pharmacy Required
*Contraceptives**		
AIMSCO LUBRICATED	1	ACA Benefit
CAYA	1	ACA Benefit
<i>condoms</i>	1	ACA Benefit
DUREX EXTRA SENSITIVE THIN	1	ACA Benefit
DUREX REALFEEL	1	ACA Benefit
FANTASY LUBRICATED	3	ACA Benefit

Label Name	Tier	Requirements/Limits
FANTASY LUBRICATED/SPERMICIDE	3	ACA Benefit
FC2 FEMALE CONDOM	3	ACA Benefit
FEMCAP	2	ACA Benefit
KAMELEON LUBRICATED	3	ACA Benefit
KIMONO	1	ACA Benefit
KIMONO COLORS	3	ACA Benefit
KIMONO MAXX-LARGE FLARE	3	ACA Benefit
KIMONO MICRO THIN	1	ACA Benefit
KIMONO MICRO THIN PLUS	1	ACA Benefit
KIMONO PLUS	1	ACA Benefit
KIMONO PS	1	ACA Benefit
KIMONO PS PLUS	1	ACA Benefit
KIMONO SENSATION	1	ACA Benefit
KIMONO SENSATION PLUS	1	ACA Benefit
KIMONO SPECIAL	3	ACA Benefit
MAXX	1	ACA Benefit
MAXX PLUS	1	ACA Benefit
OMNIFLEX DIAPHRAGM	1	ACA Benefit
REALITY LATEX CONDOMS	3	ACA Benefit
REALITY LATEX/ULTRA TEXTURED	3	ACA Benefit
REALITY LATEX/ULTRA THIN	3	ACA Benefit
TRUSTEX COLOR CONDOMS + LUBE	1	ACA Benefit
TRUSTEX LUB/RIBBED/STUDDERED	1	ACA Benefit
TRUSTEX LUB/SPERMICIDE EX ST	1	ACA Benefit
TRUSTEX LUB/SPERMICIDE XL	1	ACA Benefit
TRUSTEX LUBRICATED	1	ACA Benefit
TRUSTEX LUBRICATED EX LARGE	1	ACA Benefit
TRUSTEX LUBRICATED EXTRA ST	1	ACA Benefit
TRUSTEX LUBRICATED/SPERMICIDE	1	ACA Benefit
TRUSTEX NATURAL CONDOMS + LUBE	1	ACA Benefit
TRUSTEX NON-LUBRICATED	1	ACA Benefit

Label Name	Tier	Requirements/Limits
TRUSTEX RIA LUB/SPERMICIDE	1	ACA Benefit
TRUSTEX RIA LUBRICATED	1	ACA Benefit
TRUSTEX RIA NON-LUBRICATED	1	ACA Benefit
TRUSTEX-NONOXYNOL-9/RIB/STUD	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 60	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 65	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 70	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 75	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 80	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 85	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 90	1	ACA Benefit
WIDE-SEAL DIAPHRAGM 95	1	ACA Benefit
*Corticosteroids - Topical**		
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	3	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone valerate</i>	1	
<i>calcipotriene-betameth diprop</i>	3	
CAPEX	3	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate emulsion</i>	1	
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	3	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	3	
<i>fluocinolone acetonide</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>flurandrenolide</i>	1	
<i>fluticasone propionate cream</i>	1	
<i>fluticasone propionate lotion</i>	1	
<i>fluticasone propionate ointment</i>	1	
<i>halcinonide</i>	1	
<i>halobetasol propionate</i>	1	

Label Name	Tier	Requirements/Limits
<i>hydrocortisone</i>	1	
<i>hydrocortisone ace-pramoxine</i>	1	
<i>hydrocortisone butyr lipo base</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate cream</i>	1	
<i>mometasone furoate ointment</i>	1	
<i>mometasone furoate solution</i>	1	
<i>tovet</i>	3	
<i>triamcinolone acetonide</i>	1	
<i>triamcinolone in absorbbase</i>	1	
<i>triderm</i>	3	
*Corticotropin**		
ACTHAR	3	PA; QL; SD; Specialty Pharmacy Required
ACTHAR GEL	3	PA; QL; SD; Specialty Pharmacy Required
CORTROPHIN	3	PA; QL; SD; Specialty Pharmacy Required
CORTROPHIN GEL	3	PA; QL; SD; Specialty Pharmacy Required
*Cough/Cold/Allergy Combinations**		
CLARINEX-D 12 HOUR	3	
<i>hydrocod poli-chlorphe poli er</i>	1	QL
NOHIST-DM	1	
PROMETHAZINE VC	1	
PROMETHAZINE VC/CODEINE	1	
<i>promethazine-codeine</i>	1	QL
<i>promethazine-dm</i>	1	
<i>pseudoeph-bromphen-dm</i>	1	
TUXARIN ER	3	QL
*Coumarin Anticoagulants**		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
*Cycloplegic Mydriatics**		
ALTAFRIN	1	
<i>atropine sulfate</i>	1	
CYCLOMYDRIL	1	
<i>cyclopentolate hcl</i>	1	
<i>phenylephrine hcl</i>	1	

Label Name	Tier	Requirements/Limits
<i>tropicamide</i>	1	
*Cystic Fibrosis Agents**		
ALYFTREK	3	PA; QL; SD; Specialty Pharmacy Required
KALYDECO	3	PA; QL; SD; Specialty Pharmacy Required
ORKAMBI	3	PA; QL; SD; Specialty Pharmacy Required
PULMOZYME	3	PA; QL; SD; Specialty Pharmacy Required
SYMDEKO	3	PA; QL; SD; Specialty Pharmacy Required
TRIKAFTA	3	PA; QL; SD; Specialty Pharmacy Required
*Cystinosis Agents**		
CYSTAGON	3	PA; QL; SD; Specialty Pharmacy Required
PROCYSBI	3	PA; QL; SD; Specialty Pharmacy Required
*Dental Products**		
CLINPRO 5000	1	
DENTA 5000 PLUS	1	
<i>denta 5000 plus</i>	1	
DENTAGEL	1	
EASYGEL	1	
<i>easygel</i>	1	
FLUORIDEX	1	
<i>fluoridex</i>	1	
FLUORIDEX DAILY RENEWAL	1	
FLUORIDEX ENHANCED WHITENING	1	
FLUORIMAX 5000	1	
JUST RIGHT 5000	1	
<i>just right 5000</i>	1	
SF	1	
SF 5000 PLUS	1	
SODIUM FLUORIDE 5000 ENAMEL	1	
SODIUM FLUORIDE 5000 PLUS	1	

Label Name	Tier	Requirements/Limits
SODIUM FLUORIDE 5000 PPM CREAM	1	
SODIUM FLUORIDE 5000 PPM PASTE	1	ACA Benefit
<i>sodium fluoride cream</i>	1	
<i>sodium fluoride gel</i>	1	
*Diabetic Other**		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide</i>	1	
<i>glucagon emergency</i>	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
<i>mifepristone</i>	3	PA; QL; SD; Specialty Pharmacy Required
*Diabetic Supplies**		
ACCU-CHEK FASTCLIX LANCET	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE	2	
ACCU-CHEK GUIDE CONTROL	2	
ACCU-CHEK GUIDE ME	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
DEXCOM G6 RECEIVER	2	ST; QL
DEXCOM G6 SENSOR	2	ST; QL
DEXCOM G6 TRANSMITTER	2	ST; QL
DEXCOM G7 15 DAY SENSOR	2	ST; QL
DEXCOM G7 RECEIVER	2	ST; QL
DEXCOM G7 SENSOR	2	ST; QL
FREESTYLE LIBRE 14 DAY READER	2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; QL
FREESTYLE LIBRE 2 PLUS SENSOR	2	ST; QL
FREESTYLE LIBRE 2 READER	2	ST; QL
FREESTYLE LIBRE 2 SENSOR	2	ST; QL

Label Name	Tier	Requirements/Limits
FREESTYLE LIBRE 3 PLUS SENSOR	2	ST; QL
FREESTYLE LIBRE 3 READER	2	ST; QL
FREESTYLE LIBRE 3 SENSOR	2	ST; QL
FREESTYLE LIBRE READER	2	ST; QL
MINIMED MIO ADVANCE INFUSE SET	2	
MINIMED PUMP RESERVOIR 3ML	2	
MINIMED QUICK SET INF SET 18"	2	
MINIMED QUICK SET INF SET 23"	2	
MINIMED QUICK SET INF SET 32"	2	
MINIMED QUICK SET INF SET 43"	2	
MINIMED QUICK-SERTER	2	
MINIMED RESERVOIR 1.8ML	2	
MINIMED RESERVOIR 3ML	2	
MINIMED SILHOUETTE INF SET 32"	2	
MINIMED SILHOUETTE INF SET 43"	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	QL
OMNIPOD 5 G7 INTRO (GEN 5)	2	QL
OMNIPOD 5 G7 PODS (GEN 5)	2	QL
OMNIPOD 5 LIBRE INTRO	2	QL
OMNIPOD 5 LIBRE PODS	2	QL
OMNIPOD CLASSIC PODS (GEN 3)	2	QL
OMNIPOD DASH INTRO (GEN 4)	2	QL
OMNIPOD DASH PDM (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4)	2	QL
OMNIPOD GO	2	
*Diagnostic Tests**		
ACCU-CHEK GUIDE TEST	2	
LUCIRA COVID-19 & FLU TEST	3	

Label Name	Tier	Requirements/Limits
*Dibenzapines**		
<i>asenapine maleate</i>	3	
<i>clozapine</i>	2	
<i>loxapine succinate</i>	1	
<i>olanzapine</i>	1	
<i>quetiapine fumarate</i>	1	
<i>quetiapine fumarate er</i>	1	
ZYPREXA RELPREVV	3	QL
*Dietary Management Products**		
AVAILNEX	1	
AXONA	2	
*Digestive Enzymes**		
CREON	2	
ZENPEP	2	
*Dihydroindolones**		
<i>molindone hcl</i>	3	QL
*Dipeptidyl Peptidase-4 (DPP-4) Inhibitors**		
<i>sitagliptin</i>	2	QL
<i>sitagliptin phosphate</i>	2	QL
*Direct Factor Xa Inhibitors**		
ELIQUIS (1.5 MG PACK)	2	
ELIQUIS (2 MG PACK)	2	
ELIQUIS CAPSULE SPRINKLE	2	
ELIQUIS DVT/PE STARTER PACK	2	QL
ELIQUIS TABLET	2	QL
ELIQUIS TABLET SOLUBLE	2	
<i>rivaroxaban</i>	2	QL
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
*Direct Muscle Relaxants**		
<i>dantrolene sodium</i>	1	
*Direct Renin Inhibitors**		
<i>aliskiren fumarate</i>	1	
*Diuretic Combinations**		
<i>amiloride-hydrochlorothiazide</i>	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
*Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)s**		
SUNOSI	3	PA; QL
*Eczema Agents**		

Label Name	Tier	Requirements/Limits
DUPIXENT	3	PA; QL; SD; Specialty Pharmacy Required
*Emergency Contraceptives**		
ELLA	3	QL; Coverage is determined by your prescription medication benefit plan
<i>levonorgestrel</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>my choice</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
*Enzymes - Topical**		
SANTYL	3	PA; QL
*Erythromycins**		
E.E.S. 400	3	
<i>e.e.s. 400</i>	3	
<i>erythromycin base capsule delayed release particles</i>	3	
<i>erythromycin base tablet</i>	1	
<i>erythromycin base tablet delayed release</i>	1	
<i>erythromycin ethylsuccinate</i>	2	
<i>erythromycin tablet delayed release</i>	2	
*Estrogen Combinations**		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>amabelz</i>	1	
ANGELIQ	3	
BIJUVA	3	
CLIMARA PRO	3	
COMBIPATCH	3	
<i>est estrogens-methyltest</i>	1	
<i>est estrogens-methyltest ds</i>	1	
<i>est estrogens-methyltest hs</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	1	

Label Name	Tier	Requirements/Limits
<i>jinteli</i>	1	
<i>mimvey</i>	1	
MYFEMBREE	2	QL
<i>norethindrone-eth estradiol</i>	1	
ORIAHNN	2	QL
PREMPHASE	2	
PREMPRO	2	
*Estrogens**		
<i>dotti</i>	1	
ELESTRIN	3	QL
<i>estradiol gel transdermal 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	1	
<i>estradiol gel transdermal 0.75 mg/1.25 gm (0.06%)</i>	3	QL
<i>estradiol patch twice weekly</i>	1	
<i>estradiol patch weekly</i>	1	
<i>estradiol tablet</i>	1	
<i>estradiol valerate</i>	1	
ESTROGEL	3	QL
<i>estrogens conjugated</i>	2	
EVAMIST	3	
<i>lyllana</i>	1	
MENOSTAR	3	QL
PREMARIN	2	
*Farnesoid X Receptor (FXR) Agonists**		
OICALIVA	3	PA; QL; SD; Specialty Pharmacy Required
*Fertility Regulators**		
<i>chorionic gonadotropin</i>	3	PA; SD; Coverage is determined by your prescription medication benefit plan
<i>clomid</i>	3	QL; Coverage is determined by your prescription medication benefit plan
FOLLISTIM AQ	3	PA; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
GONAL-F	3	PA; SD; Coverage is determined by your prescription medication benefit plan
GONAL-F RFF	3	PA; SD; Coverage is determined by your prescription medication benefit plan
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR SUBCUTANEOUS 300 UNT/0.48ML, 450 UNT/0.72ML	3	PA; SD; Specialty Pharmacy Required; Coverage is determined by your prescription medication benefit plan
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR SUBCUTANEOUS 900 UNT/1.44ML	3	PA; SD; Coverage is determined by your prescription medication benefit plan
MENOPUR	3	PA; SD; Coverage is determined by your prescription medication benefit plan
<i>milophene</i>	3	QL; Coverage is determined by your prescription medication benefit plan
OVIDREL	3	PA; QL; SD; Coverage is determined by your prescription medication benefit plan
*Fibric Acid Derivatives**		
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibric acid</i>	1	
<i>gemfibrozil</i>	1	
*Fibromyalgia Agents**		
<i>milnacipran hcl</i>	2	QL
*Fluoride**		
<i>sodium fluoride solution</i>	1	ACA Benefit for ages 0-5

Label Name	Tier	Requirements/Limits
<i>sodium fluoride tablet</i>	1	ACA Benefit for ages 0-5
<i>sodium fluoride tablet chewable</i>	1	ACA Benefit for ages 0-5
*Fluoroquinolones**		
BAXDELA	3	QL
CIPRO	3	
<i>ciprofloxacin hcl</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>ofloxacin</i>	1	
*Folic Acid/Folates**		
CVS FOLIC ACID	1	ACA Benefit, for ages 0-45
<i>fa-8</i>	1	ACA Benefit, for ages 0-45
FOLATE	1	ACA Benefit, for ages 0-45
<i>folic acid</i>	1	ACA Benefit, for ages 0-45
GNP FOLIC ACID	1	ACA Benefit, for ages 0-45
KP FOLIC ACID	1	ACA Benefit, for ages 0-45
PX FOLIC ACID	1	ACA Benefit, for ages 0-45
QC FOLIC ACID	1	ACA Benefit, for ages 0-45
RA FOLIC ACID	1	ACA Benefit, for ages 0-45
YL FOLIC ACID	1	ACA Benefit, for ages 0-45
*Friedrich's Ataxia Agents**		
SKYCLARYS	3	PA; QL; SD; Specialty Pharmacy Required
*GABA Modulators**		
<i>tiagabine hcl</i>	2	QL
<i>vigabatrin</i>	3	PA; QL; SD
<i>vigpoder</i>	3	QL; SD
*GABA Receptor Modulator - Neuroactive Steroid**		

Label Name	Tier	Requirements/Limits
ZURZUVAE	3	PA; QL; SD; Specialty Pharmacy Required
*Gallstone Solubilizing Agents**		
<i>ursodiol capsule</i>	2	
<i>ursodiol tablet</i>	1	
*Gastrointestinal Antiallergy Agents**		
<i>cromolyn sodium concentrate</i>	1	
*Gastrointestinal Chloride Channel Activators**		
<i>lubiprostone</i>	2	QL
*Gastrointestinal Stimulants**		
<i>metoclopramide hcl solution</i>	1	
<i>metoclopramide hcl tablet</i>	1	
<i>metoclopramide hcl tablet disintegrating</i>	3	QL
*Glucocorticosteroids**		
<i>betamethasone sod phos & acet</i>	1	
<i>budesonide capsule delayed release particles</i>	1	
<i>budesonide er</i>	1	
<i>deflazacort</i>	3	PA; SD; Specialty Pharmacy Required
<i>dexamethasone</i>	1	
DEXAMETHASONE INTENSOL	1	
<i>hidex 6-day</i>	1	
<i>hydrocortisone</i>	1	
JAYTHARI	3	PA; SD; Specialty Pharmacy Required
<i>kymbee</i>	3	PA; SD; Specialty Pharmacy Required
<i>methylprednisolone</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate solution</i>	1	
<i>prednisolone sodium phosphate tablet disintegrating</i>	2	
<i>prednisone</i>	1	
PREDNISONE INTENSOL	3	
<i>pyquvi</i>	3	PA; SD; Specialty Pharmacy Required
*Glycopeptides**		

Label Name	Tier	Requirements/Limits
<i>vancomycin hcl capsule oral 125 mg</i>	1	QL
<i>vancomycin hcl capsule oral 250 mg</i>	2	QL
<i>vancomycin hcl solution reconstituted</i>	2	
*GnRH/LHRH Antagonists**		
<i>cetrorelix acetate</i>	3	PA; SD; Specialty Pharmacy Required
<i>fyremadel</i>	3	PA
<i>ganirelix acetate</i>	3	PA
ORILISSA	2	QL
*Gout Agent Combinations**		
<i>colchicine-probenecid</i>	1	
*Gout Agents**		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>febuxostat</i>	2	QL
*Growth Hormone Receptor Antagonists**		
SOMAVERT	3	PA; QL; SD; Specialty Pharmacy Required
*Growth Hormone Releasing Hormones (GHRH)**		
EGRIFTA SV	3	PA; QL; SD; Specialty Pharmacy Required
EGRIFTA WR	3	PA; QL; SD; Specialty Pharmacy Required
*Growth Hormones**		
GENOTROPIN	3	PA; QL; SD
GENOTROPIN MINIQUICK	3	PA; QL; SD
NGENLA	3	PA; QL; SD
OMNITROPE SOLUTION CARTRIDGE	3	PA; QL; SD
OMNITROPE SOLUTION RECONSTITUTED	3	PA; SD
*H-2 Antagonists**		
<i>cimetidine</i>	1	
<i>famotidine</i>	1	
<i>nizatidine</i>	1	
*Hemataologic - Tyrosine Kinase Inhibitors**		

Label Name	Tier	Requirements/Limits
TAVALISSE	3	PA; QL; SD; Specialty Pharmacy Required
*Hematopoietic Growth Factors**		
DOPTELET	3	PA; QL; SD; Specialty Pharmacy Required
DOPTELET SPRINKLE	3	PA; QL; SD; Specialty Pharmacy Required
<i>eltrombopag olamine</i>	3	PA; QL; SD; Specialty Pharmacy Required
FILKRI	3	PA; SD; Specialty Pharmacy Required
FULPHILA	3	PA; QL; SD; Specialty Pharmacy Required
NYPOZI	3	PA; SD
RETACRIT	3	PA; QL; SD; Specialty Pharmacy Required
*Hematopoietic Mixtures**		
ABANEU-SL	1	
ACTIVE FE	3	
AIRAVITE	1	
BP VIT 3	2	
CHROMAGEN	1	
CORVITA 150	1	
FABB	1	
FEROTRINSIC	1	
FERRALET 90	3	
FERRO-PLEX	2	
FOLBEE	1	
FOLIVANE-F	1	
FOLIVANE-PLUS	1	
FOLPLEX 2.2	1	
FOLTRIN	1	
HEMATINIC PLUS VIT/MINERALS	1	
HEMATINIC/FOLIC ACID	1	
HEMATOGEN FA	2	
HEMOCYTE PLUS	1	
<i>iferex 150 forte</i>	1	
INTEGRA F	1	
INTEGRA PLUS	1	
IRON FOLATE PLUS	1	

Label Name	Tier	Requirements/Limits
IRON FOLATE-F	1	
K-TAN PLUS	1	
NUFOL	1	
POLY-IRON 150 FORTE	1	
POLYSACCHARIDE IRON FORTE	1	
PUREVIT DUALFE PLUS	1	
SE-TAN PLUS	1	
TARON FORTE	2	
TRICON	1	
TRIGELS-F FORTE	1	
WESTAB ONE	1	
*Hematorheologic Agents**		
<i>pentoxifylline er</i>	1	
*Hemostatics - Systemic**		
<i>aminocaproic acid</i>	1	
<i>tranexamic acid</i>	1	
*Heparins And Heparinoid-Like Agents**		
<i>enoxaparin sodium</i>	2	QL
*Hepatitis Agents**		
<i>adefovir dipivoxil</i>	1	
<i>entecavir</i>	3	QL
<i>lamivudine</i>	2	QL
<i>ledipasvir-sofosbuvir</i>	3	PA; QL; SD; Specialty Pharmacy Required
MAVYRET	3	PA; QL; SD
<i>sofosbuvir-velpatasvir</i>	3	PA; QL; SD
*Herpes Agents**		
<i>acyclovir</i>	1	
<i>famciclovir</i>	2	QL
<i>valacyclovir hcl</i>	1	
*Histamine H3-Receptor Antagonist/Inverse Agonists**		
WAKIX	3	PA; QL; SD; Specialty Pharmacy Required
*HMG CoA Reductase Inhibitors**		
<i>atorvastatin calcium</i>	1	ACA Benefit for ages 40-75
<i>fluvastatin sodium</i>	2	QL; ACA Benefit for ages 40-75
<i>fluvastatin sodium er</i>	2	QL; ACA Benefit for ages 40-75

Label Name	Tier	Requirements/Limits
<i>lovastatin</i>	1	ACA Benefit for ages 40-75
<i>pravastatin sodium</i>	1	ACA Benefit for ages 40-75
<i>rosuvastatin calcium</i>	1	ACA Benefit for ages 40-75
<i>simvastatin tablet oral 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA Benefit for ages 40-75
<i>simvastatin tablet oral 80 mg</i>	1	
*Hormone Receptor Modulators**		
OSPHENA	3	
<i>raloxifene hcl</i>	2	QL; ACA Benefit for Females ages 35 and above
*Hydantoins**		
<i>fosphenytoin sodium</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
*Ileal Bile Acid Transporter (IBAT) Inhibitors**		
BYLVAY	3	PA; QL; SD; Specialty Pharmacy Required
BYLVAY (PELLETS)	3	PA; QL; SD; Specialty Pharmacy Required
LIVMARLI SOLUTION	3	PA; QL; SD; Specialty Pharmacy Required
LIVMARLI TABLET	3	PA; QL; SD
*Imidazole-Related Antifungals**		
CRESEMBA	3	PA; QL
<i>fluconazole</i>	1	
<i>itraconazole</i>	2	QL
<i>ketoconazole</i>	1	
<i>posaconazole</i>	3	PA; QL
<i>voriconazole suspension reconstituted</i>	3	PA; QL; AL
<i>voriconazole tablet</i>	2	QL
*Immunomodulating Agents - Topical**		
<i>imiquimod cream topical 3.75 %</i>	3	QL
<i>imiquimod cream topical 5 %</i>	2	QL

Label Name	Tier	Requirements/Limits
<i>imiquimod pump</i>	3	QL
*Immunomodulators**		
JOENJA	3	PA; QL; SD; Specialty Pharmacy Required
<i>lenalidomide</i>	3	PA; QL; SD; Specialty Pharmacy Required
REZUROCK	3	PA; QL; SD; Specialty Pharmacy Required
THALOMID	3	PA; QL; SD; Specialty Pharmacy Required
*Immunosuppressive Agents - Topical**		
<i>pimecrolimus</i>	2	
<i>tacrolimus ointment</i>	2	
*Immunosuppressive Agents**		
<i>azasan</i>	1	
<i>azathioprine</i>	1	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
ENSPRYNG	3	PA; QL; SD; Specialty Pharmacy Required
ENVARUS XR	3	
<i>everolimus tablet oral 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	3	QL; SD
<i>engraf</i>	1	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
PROGRAF	3	
<i>sirolimus solution</i>	3	
<i>sirolimus tablet oral 0.5 mg</i>	3	
<i>sirolimus tablet oral 1 mg, 2 mg</i>	3	QL
<i>tacrolimus capsule oral 0.5 mg, 1 mg</i>	2	
<i>tacrolimus capsule oral 5 mg</i>	2	QL
<i>tacrolimus er</i>	3	
*Incretin Mimetic Agents**		
MOUNJARO	2	PA; QL
OZEMPIC	2	PA; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	PA; QL

Label Name	Tier	Requirements/Limits
OZEMPIC (1 MG/DOSE)	2	PA; QL
OZEMPIC (2 MG/DOSE)	2	PA; QL
RYBELSUS	2	PA; QL
TRULICITY	2	PA; QL
*Inflammatory Bowel Agents**		
<i>balsalazide disodium</i>	2	QL
<i>mesalamine capsule delayed release</i>	2	QL
<i>mesalamine enema</i>	1	QL
<i>mesalamine er capsule extended release</i>	3	
<i>mesalamine er capsule extended release 24 hour</i>	2	QL
<i>mesalamine suppository</i>	2	QL
<i>mesalamine tablet delayed release</i>	2	QL
<i>mesalamine-cleanser</i>	2	QL
SFROWASA	3	QL
SKYRIZI	3	PA; QL; SD
<i>sulfasalazine</i>	1	
TREMFYA	3	PA; QL; SD
TREMFYA PEN	3	PA; QL; SD
TREMFYA-CD/UC INDUCTION	3	PA; QL; SD
*Influenza Agents**		
<i>oseltamivir phosphate</i>	1	QL
<i>rimantadine hcl</i>	1	
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
*Insulin Sensitizing Agents**		
<i>pioglitazone hcl</i>	1	
*Insulin**		
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG TEMPO PEN	2	
HUMULIN 70/30	2	

Label Name	Tier	Requirements/Limits
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
<i>insulin asp prot & asp flexpen</i>	2	
<i>insulin aspart</i>	2	
<i>insulin aspart flexpen</i>	2	
<i>insulin aspart penfill</i>	2	
<i>insulin aspart prot & aspart</i>	2	
<i>insulin degludec</i>	2	
<i>insulin degludec flextouch</i>	2	
<i>insulin glargine max solostar</i>	2	
<i>insulin glargine solostar</i>	2	
<i>insulin glargine-yfgn solution</i>	2	
<i>insulin glargine-yfgn solution pen-injector</i>	1	
<i>insulin lispro</i>	1	
<i>insulin lispro (1 unit dial)</i>	1	
<i>insulin lispro junior kwikpen</i>	1	
<i>insulin lispro prot & lispro</i>	1	
KIRSTY	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
MERILOG	2	
MERILOG SOLOSTAR	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	

Label Name	Tier	Requirements/Limits
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
*Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX	3	PA; QL; SD; Specialty Pharmacy Required
*Interleukin-1 Blockers**		
ARCALYST	3	PA; QL; SD; Specialty Pharmacy Required
*Interleukin-6 Receptor Inhibitors**		
TYENNE	3	PA; QL; SD; Specialty Pharmacy Required
*Intestinal Acidifiers**		
ENULOSE	1	
GENERLAC	1	
<i>lactulose encephalopathy</i>	1	
*Intestinal Cholesterol Absorption Inhibitors**		
<i>ezetimibe</i>	1	QL
*Intrarectal Steroids**		
<i>budesonide foam</i>	1	
<i>hydrocortisone</i>	1	
*Irritable Bowel Syndrome (IBS) Agents**		
<i>alosetron hcl</i>	2	QL
LINZESS	2	QL
*Keratolytic/Antimitotic/Vesicant Agents**		
KERALYT	2	
<i>podofilox gel</i>	3	
<i>podofilox solution</i>	1	
<i>salicylic acid</i>	1	

Label Name	Tier	Requirements/Limits
SALICYLIC ACID WART REMOVER	1	
<i>salicylic acid wart remover</i>	1	
<i>salicylic acid-cleanser</i>	1	
*Laxative Combinations**		
GAVILYTE-C	1	ACA Benefit for ages 45-75
<i>gavilyte-g</i>	1	ACA Benefit for ages 45-75
<i>na sulfate-k sulfate-mg sulf</i>	1	ACA Benefit for ages 45-75
<i>peg 3350-kcl-na bicarb-nacl</i>	1	ACA Benefit for ages 45-75
<i>peg-3350/electrolytes</i>	1	ACA Benefit for ages 45-75
PEG-3350/ELECTROLYTES/ASCORBAT	1	ACA Benefit for ages 45-75
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	ACA Benefit for ages 45-75
*Laxatives - Miscellaneous**		
CONSTULOSE	1	
<i>lactulose</i>	1	
<i>polyethylene glycol 3350</i>	1	
*Leprostatics**		
<i>dapsone tablet</i>	1	
*Leukotriene Modulators**		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
*LHRH/GnRH Agonist Analog Pituitary Suppressants**		
SYNAREL	3	PA; QL
*Lincosamides**		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
*Lipotropics**		
<i>lecithin</i>	1	
*Local Anesthetics - Topical**		
<i>lidocaine</i>	1	QL
<i>lidocaine hcl cream</i>	1	
<i>lidocaine hcl lotion</i>	1	
<i>lidocaine hcl solution topical 4 %</i>	1	QL

Label Name	Tier	Requirements/Limits
<i>lidocaine hcl urethral/mucosal</i>	1	QL
<i>lidocaine-prilocaine</i>	1	QL
LIDOPIN	1	
TOPICAL L.E.T.	1	
*Loop Diuretics**		
<i>bumetanide</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide</i>	1	
<i>torsemide</i>	1	
*Lubricant Laxatives**		
<i>mineral oil</i>	1	
<i>mineral oil heavy</i>	1	
<i>mineral oil light</i>	1	
*Magnesium**		
<i>magnesium carbonate</i>	1	
<i>magnesium carbonate heavy</i>	1	
<i>magnesium chloride</i>	1	
*Meglitinide Analogues**		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
*Metabolic Modifiers**		
<i>calcitriol</i>	1	
<i>cinacalcet hcl</i>	2	QL
<i>doxercalciferol</i>	3	
<i>levocarnitine</i>	1	
<i>levocarnitine sf</i>	1	
MYALEPT	3	PA; QL; SD; Specialty Pharmacy Required
<i>nitisinone</i>	3	PA; QL; SD; Specialty Pharmacy Required
PALYNZIQ	3	PA; ST; QL; SD; Specialty Pharmacy Required
<i>paricalcitol</i>	2	QL
<i>sapropterin dihydrochloride</i>	3	PA; SD; Specialty Pharmacy Required
<i>sodium phenylbutyrate</i>	3	PA; SD; Specialty Pharmacy Required
STRENSIQ	3	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
XURIDEN	3	PA; QL; SD; Specialty Pharmacy Required
*Migraine Combinations**		
<i>ergotamine-caffeine</i>	2	
MIGERGOT	2	
*Migraine Products**		
<i>dihydroergotamine mesylate</i>	2	
*Mineralocorticoid Receptor Antagonists**		
KERENDIA	3	PA; QL
*Mineralocorticoids**		
<i>fludrocortisone acetate</i>	1	
*Miotics**		
<i>pilocarpine hcl</i>	1	
*Misc. Anti-Ulcer**		
<i>sucralfate</i>	1	
*Misc. Antivirals**		
TEMBEXA	3	QL
TPOXX	3	
*Misc. Dermatological Products**		
DEXERYL	1	
*Misc. Devices**		
GNP ALCOHOL SWABS	1	
*Misc. Respiratory Inhalants**		
HYPERSAL	3	
NEBUSAL	1	
PULMOSAL	1	
<i>sodium chloride</i>	1	
*Mitotic Inhibitors**		
<i>etoposide</i>	3	PA; QL
*Monoamine Oxidase Inhibitors (MAOIs)**		
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
*Movement Disorder Drug Therapy**		
AUSTEDO	3	PA; QL; SD
AUSTEDO XR	3	PA; QL; SD
AUSTEDO XR PATIENT TITRATION	3	PA; QL; SD
INGREZZA	3	PA; QL; SD
<i>tetrabenazine</i>	3	PA; QL; SD
*Mucolytics**		

Label Name	Tier	Requirements/Limits
<i>acetylcysteine</i>	1	
*Multiple Sclerosis Agents**		
<i>dalfampridine er</i>	3	QL; SD
<i>dimethyl fumarate</i>	3	PA; QL; SD
<i>dimethyl fumarate starter pack</i>	3	PA; QL; SD
<i>fingolimod hcl</i>	3	PA; QL; SD
<i>glatiramer acetate</i>	3	PA; QL; SD
<i>glatopa</i>	3	PA; QL; SD
KESIMPTA	3	PA; QL; SD; Specialty Pharmacy Required
REBIF	3	PA; QL; SD
REBIF REBIDOSE	3	PA; QL; SD
REBIF REBIDOSE TITRATION PACK	3	PA; QL; SD
REBIF TITRATION PACK	3	PA; QL; SD
<i>teriflunomide</i>	3	PA; QL; SD
*Muscle Relaxant Combinations**		
<i>orphenadrine-aspirin-caffeine</i>	1	QL
*N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists**		
SPRAVATO (56 MG DOSE)	3	PA; QL
SPRAVATO (84 MG DOSE)	3	PA; QL
*Nasal Agent Combinations**		
<i>azelastine-fluticasone</i>	1	QL
*Nasal Antiallergy**		
<i>azelastine hcl solution nasal 0.1 % , 0.15 % , 137 mcg/spray</i>	1	QL
<i>olopatadine hcl solution nasal 0.6 %</i>	1	QL
*Nasal Anticholinergics**		
<i>ipratropium bromide</i>	1	
*Nasal Steroids**		
<i>flunisolide</i>	1	QL
<i>fluticasone propionate suspension</i>	1	QL
<i>mometasone furoate suspension</i>	1	QL
*Natriuretic Peptides**		
VOXZOGO	3	PA; QL; SD; Specialty Pharmacy Required
*Natural Penicillins**		
<i>penicillin v potassium</i>	1	

Label Name	Tier	Requirements/Limits
*Neurogenic Orthostatic Hypotension (NOH) - Agents**		
<i>droxidopa capsule oral 100 mg, 300 mg</i>	3	PA; QL; SD
<i>droxidopa capsule oral 200 mg</i>	3	QL; SD
*Nicotinic Acid Derivatives**		
<i>niacin er (antihyperlipidemic)</i>	1	
*Nitrates**		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitro-bid</i>	3	
<i>nitroglycerin patch 24 hour</i>	1	QL
<i>nitroglycerin solution</i>	1	
<i>nitroglycerin tablet sublingual</i>	1	
*Non-Barbiturate Hypnotics**		
<i>estazolam</i>	1	QL
<i>eszopiclone</i>	1	QL
<i>midazolam hcl</i>	1	
<i>temazepam</i>	1	QL
<i>triazolam</i>	1	QL
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
<i>zolpidem tartrate er</i>	1	QL
*Nonsteroidal Anti-inflammatory Agents (NSAIDs)**		
<i>celecoxib</i>	1	QL
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac-misoprostol</i>	1	
EC-NAPROXEN	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>flurbiprofen</i>	1	
<i>ibu</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen er</i>	3	
<i>ketorolac tromethamine</i>	1	
<i>meclofenamate sodium</i>	2	

Label Name	Tier	Requirements/Limits
<i>mefenamic acid</i>	1	
<i>meloxicam suspension</i>	2	
<i>meloxicam tablet</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
*Nutritional Supplements**		
AMINOPMRMS	2	
APP SLIM RMS	2	
ASILNASALRMS	1	
CAMINO PRO COMPLETE/GLYTACTIN	3	
*Oil Soluble Vitamins**		
<i>vitamin d (ergocalciferol)</i>	1	
*Ophthalmic Adrenergic Agents**		
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate solution ophthalmic 0.1 %</i>	2	
<i>brimonidine tartrate solution ophthalmic 0.15 %, 0.2 %</i>	1	
SIMBRINZA	2	QL
*Ophthalmic Anti-infectives**		
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin ointment</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin sulfate</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>moxifloxacin hcl (2x day)</i>	1	
NATACYN	3	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	

Label Name	Tier	Requirements/Limits
<i>ofloxacin</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>povidone-iodine</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution</i>	1	
<i>tobramycin-vancomycin hcl</i>	1	
<i>trifluridine</i>	1	
*Ophthalmic Immunomodulators**		
<i>cyclosporine (pf)</i>	1	
*Ophthalmic Kinase Inhibitors**		
RHOPRESSA	3	QL
ROCKLATAN	3	QL
*Ophthalmic Local Anesthetics**		
ALTACAINE	1	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl</i>	1	
*Ophthalmic Nerve Growth Factors**		
OXERVATE	3	PA; QL; SD; Specialty Pharmacy Required
*Ophthalmic Steroids**		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>difluprednate</i>	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate solution</i>	1	
<i>prednisolon-gatiflox-bromfenac</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX	2	
<i>tobramycin-dexamethasone</i>	1	
*Ophthalmics - Misc.**		
<i>azelastine hcl solution</i> <i>ophthalmic 0.05 %</i>	1	

Label Name	Tier	Requirements/Limits
<i>bepotastine besilate</i>	1	
<i>brinzolamide</i>	1	
<i>bromfenac sodium</i>	1	
<i>bromfenac sodium (once-daily)</i>	1	
<i>cromolyn sodium solution</i>	1	
CYSTADROPS	3	PA; QL; SD; Specialty Pharmacy Required
CYSTARAN	3	PA; QL; SD; Specialty Pharmacy Required
<i>diclofenac sodium</i>	1	
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine</i>	1	
LASTACAFT	1	
<i>olopatadine hcl solution</i> <i>ophthalmic 0.2 %</i>	1	
*Opioid Agonists**		
<i>codeine sulfate</i>	1	QL
DURAMORPH	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	3	PA; QL
<i>fentanyl citrate (pf)</i>	1	
<i>hydrocodone bitartrate er</i>	1	QL
<i>hydromorphone hcl</i>	1	QL
<i>hydromorphone hcl er</i>	1	QL
<i>meperidine hcl</i>	1	QL
<i>methadone hcl</i>	1	QL
<i>methadone hcl intensol</i>	1	QL
<i>methadose</i>	1	QL
<i>morphine sulfate (concentrate)</i>	1	
<i>morphine sulfate er</i>	1	QL
<i>morphine sulfate er beads</i>	1	QL
<i>morphine sulfate solution</i>	1	
<i>morphine sulfate suppository</i>	1	QL
<i>morphine sulfate tablet</i>	1	QL
<i>oxycodone hcl</i>	1	QL
<i>oxycodone hcl er</i>	1	QL
<i>oxymorphone hcl</i>	1	QL

Label Name	Tier	Requirements/Limits
<i>oxymorphone hcl er</i>	1	QL
<i>tramadol hcl</i>	1	QL
<i>tramadol hcl (er biphasic)</i>	1	QL
<i>tramadol hcl er</i>	1	QL
XTAMPZA ER	2	QL
*Opioid Antagonists**		
KLOXXADO	3	QL
<i>naloxone hcl liquid</i>	1	QL
<i>naloxone hcl solution</i>	1	
<i>naloxone hcl solution cartridge</i>	1	
<i>naloxone hcl solution prefilled syringe</i>	1	
<i>naltrexone hcl</i>	1	
VIVITROL	3	QL
*Opioid Combinations**		
<i>acetaminophen-codeine</i>	1	QL
<i>apap-caff-dihydrocodeine</i>	2	QL
<i>ascomp-codeine</i>	1	QL
<i>butalbital-apap-caff-cod</i>	1	QL
<i>butalbital-asa-caff-codeine</i>	1	QL
<i>endocet</i>	1	QL
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydrocodone-ibuprofen</i>	1	QL
<i>oxycodone-acetaminophen</i>	1	QL
<i>tramadol-acetaminophen</i>	1	QL
*Opioid Partial Agonists**		
<i>buprenorphine</i>	1	QL
<i>buprenorphine hcl</i>	1	QL
<i>buprenorphine hcl-naloxone hcl film</i>	1	QL
<i>buprenorphine hcl-naloxone hcl tablet sublingual</i>	2	QL
<i>butorphanol tartrate</i>	1	QL
<i>pentazocine-naloxone hcl</i>	1	QL
*Otic Agents - Miscellaneous**		
<i>acetic acid</i>	1	
*Otic Anti-infectives**		
CETRAXAL	3	
<i>ciprofloxacin hcl</i>	1	
<i>ofloxacin</i>	1	

Label Name	Tier	Requirements/Limits
*Otic Combinations**		
<i>ciprofloxacin-dexamethasone</i>	2	QL
<i>ciprofloxacin-fluocinolone pf</i>	3	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
PRAMOTIC	1	
*Otic Steroids**		
<i>flac</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
*Oxazolidinones**		
<i>linezolid</i>	3	QL
SIVEXTRO	3	QL
*Oxytocics**		
<i>methylergonovine maleate</i>	1	
*Parenteral Therapy Supplies**		
1ST TIER UNIFINE PENTIPS	1	
1ST TIER UNIFINE PENTIPS PLUS	1	
ABOUTTIME PEN NEEDLE	3	
ADVOCATE INSULIN PEN NEEDLE	3	
ADVOCATE INSULIN PEN NEEDLES	3	
ADVOCATE INSULIN SYRINGE	3	
AQ INSULIN SYRINGE	3	
AQINJECT PEN NEEDLE	3	
ASSURE ID DUO PRO PEN NEEDLES	3	
ASSURE ID PRO PEN NEEDLES	3	
ASSURE ID SAFETY PEN NEEDLES	3	
AUM INSULIN SAFETY PEN NEEDLE	1	
AUM MINI INSULIN PEN NEEDLE	1	
AUM PEN NEEDLE	1	
AUM READYGARD DUO PEN NEEDLE	3	
AUM SAFETY PEN NEEDLE	3	
AURORA PEN NEEDLES	1	

Label Name	Tier	Requirements/Limits
AUTOKEEPER SAFETY PEN NEEDLE	3	
BD AUTOSHIELD DUO	3	
BD BLUNT FILL NEEDLE	3	
BD ECLIPSE NEEDLE	3	
BD INS SYR ULTRAFINE 1/2UNIT	3	
BD INSULIN SYR ULTRAFINE II	3	
BD INSULIN SYRINGE	3	
BD INSULIN SYRINGE HALF-UNIT	3	
BD INSULIN SYRINGE MICROFINE	3	
BD INSULIN SYRINGE U/F	3	
BD INSULIN SYRINGE U-500	3	
BD INSULIN SYRINGE ULTRAFINE	3	
BD LUER-LOK SYRINGE	3	
BD PEN NEEDLE MICRO ULTRAFINE	3	
BD PEN NEEDLE MINI ULTRAFINE	3	
BD PEN NEEDLE NANO 2ND GEN	3	
BD PEN NEEDLE NANO ULTRAFINE	3	
BD PEN NEEDLE ORIG ULTRAFINE	3	
BD PEN NEEDLE SHORT ULTRAFINE	3	
BD SAFETYGLIDE INSULIN SYRINGE	3	
BD SYRINGE LUER SLIP TIP	3	
BD SYRINGE LUER-LOK	3	
BD SYRINGE SLIP TIP	3	
BD VEO INSULIN SYR U/F 1/2UNIT	3	
BD VEO INSULIN SYR ULTRAFINE	3	
CAREFINE PEN NEEDLES	3	
CAREONE INSULIN SYRINGE	1	
CAREONE UNIFINE PENTIPS PLUS	1	

Label Name	Tier	Requirements/Limits
CAREPOINT POLY HUB NEEDLE	3	
CAREPOINT PRECISION POLY HUB	3	
CAREPOINT SAFETY 1ST NEEDLE	3	
CAREPOINT SAFETY1ST SYR/NEEDLE	3	
CAREPOINT SYRINGE CATHETER TIP	3	
CAREPOINT SYRINGE LUER LOCK	3	
CAREPOINT SYRINGE LUER SLIP	3	
CARETOUCH INSULIN SYRINGE	3	
CARETOUCH PEN NEEDLES	3	
CEQR SIMPLICITY INSERTER	3	
CLEVER CHOICE COMFORT EZ	3	
CLICKFINE PEN NEEDLES MISCELLANEOUS 31G X 5 MM, 31G X 6 MM, 32G X 4 MM	3	
CLICKFINE PEN NEEDLES MISCELLANEOUS 31G X 8 MM	1	
COMFORT ASSIST INSULIN SYRINGE	3	
COMFORT EZ INSULIN SYRINGE	3	
COMFORT EZ MICRO PEN NEEDLES	3	
COMFORT EZ PEN NEEDLES	3	
COMFORT EZ PRO PEN NEEDLES	3	
COMFORT EZ SHORT PEN NEEDLES	3	
COMFORT TOUCH INSULIN PEN NEED	3	
DEFLUX METAL NEEDLE	3	
DIATHRIVE PEN NEEDLE	3	
DROPLET INSULIN SYRINGE	3	
DROPLET MICRON	3	
DROPLET PEN NEEDLES	3	
DROPSAFE SAFETY PEN NEEDLES	1	
DROPSAFE SAFETY SYRINGE/NEEDLE	3	
DROPSAFE SICURA	3	

Label Name	Tier	Requirements/Limits
DRUG MART UNIFINE PENTIPS	1	
DRUG MART UNIFINE PENTIPS PLUS	1	
EASY COMFORT INSULIN SYRINGE	1	
EASY COMFORT PEN NEEDLES	1	
EASY GLIDE PEN NEEDLES	1	
EASY TOUCH FLIPLOCK INSULIN SY	3	
EASY TOUCH INSULIN SAFETY SYR	3	
EASY TOUCH INSULIN SYRINGE	3	
EASY TOUCH PEN NEEDLES	3	
EASY TOUCH SAFETY PEN NEEDLES	3	
EASY TOUCH SHEATHLOCK SYRINGE	3	
EASYPOINT NEEDLE	3	
EASYPOINT NEEDLE/SYRINGE	3	
EMBECTA AUTOSHIELD DUO	3	
EMBECTA INS SYR U/F 1/2 UNIT	3	
EMBECTA INSULIN SYR ULTRAFINE MISCELLANEOUS 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	
EMBECTA INSULIN SYR ULTRAFINE MISCELLANEOUS 31G X 15/64" 0.5 ML	1	
EMBECTA INSULIN SYRINGE	3	
EMBECTA INSULIN SYRINGE U-100	3	
EMBECTA INSULIN SYRINGE U-500	3	
EMBECTA PEN NEEDLE NANO	3	
EMBECTA PEN NEEDLE NANO 2 GEN	3	
EMBECTA PEN NEEDLE ULTRAFINE	3	

Label Name	Tier	Requirements/Limits
EMBRACE PEN NEEDLES	3	
EQL INSULIN SYRINGE	1	
FIFTY50 PEN NEEDLES	3	
FIFTY50 SUPERIOR COMFORT SYR	3	
GLOBAL EASE INJECT PEN NEEDLES	1	
GLOBAL EASY GLIDE INSULIN SYR	1	
GLOBAL EASY GLIDE PEN NEEDLES	1	
GLOBAL INJECT EASE INSULIN SYR	1	
GLOBAL INSULIN SYRINGES	1	
GLUCOPRO INSULIN SYRINGE	3	
GNP CLICKFINE PEN NEEDLES	1	
GNP INSULIN SYRINGE	1	
GNP INSULIN SYRINGES	1	
GNP INSULIN SYRINGES 28GX1/2"	1	
GNP INSULIN SYRINGES 29GX1/2"	1	
GNP INSULIN SYRINGES 30GX5/16"	1	
GNP INSULIN SYRINGES 31GX5/16"	1	
GNP ULTICARE PEN NEEDLES	1	
GNP ULTIGUARD SAFEPAK NEEDLE	3	
GNP ULTRA COM INSULIN SYRINGE	1	
GOODSENSE CLICKFINE PEN NEEDLE	1	
GOODSENSE PEN NEEDLE PENFINE	3	
HEALTHWISE INSULIN SYR/NEEDLE	1	
HEALTHWISE MICRON PEN NEEDLES	1	
HEALTHWISE SHORT PEN NEEDLES	1	

Label Name	Tier	Requirements/Limits
H-E-B INCONTROL PEN NEEDLES	1	
H-E-B INCONTROL UNIFINE PENTIP	3	
HM ULTICARE INSULIN SYRINGE	3	
HM ULTICARE MINI PEN NEEDLES	3	
HM ULTICARE SHORT PEN NEEDLES	3	
INCONTROL ULTICARE PEN NEEDLES	3	
<i>insulin syringe</i>	1	
<i>insulin syringe-needle u-100</i>	1	
INSUPEN PEN NEEDLES	1	
INSUPEN SENSITIVE	3	
INSUPEN ULTRAFIN	3	
J-TIP KIT W/VIAL ADAPTERS	3	
KINRAY INSULIN SYRINGE	1	
KMART VALU INSULIN SYRINGE 29G	1	
KMART VALU INSULIN SYRINGE 30G	1	
KROGER INSULIN SYRINGE	1	
KROGER PEN NEEDLES	1	
LEADER INSULIN SYRINGE	1	
LEADER UNIFINE PENTIPS	3	
LEADER UNIFINE PENTIPS PLUS	3	
LITETOUCH INSULIN SYRINGE	3	
LITETOUCH PEN NEEDLES	3	
LONGS INSULIN SYRINGE	1	
MAGELLAN INSULIN SAFETY SYR	3	
MAGELLAN SYRINGE-SAFETY NEEDLE	3	
MAGELLAN TUBERCULIN SYRINGE	3	
MARATHON MEDICAL PENTIPS	3	
MAXICOMFORT II PEN NEEDLE	3	
MAXI-COMFORT INSULIN SYRINGE	3	

Label Name	Tier	Requirements/Limits
MAXI-COMFORT SAFETY PEN NEEDLE	3	
MAXICOMFORT SYR 27G X 1/2"	3	
MEDIC INSULIN SYRINGE	1	
MEDICINE SHOPPE PEN NEEDLES	1	
MEIJER PEN NEEDLES	1	
MICRODOT PEN NEEDLE	3	
MM INSULIN SYRINGE/NEEDLE	1	
MM PEN NEEDLES	3	
MONOJECT ALLERGIST TRAY	3	
MONOJECT BLUNTIP CANNULA	3	
MONOJECT BLUNTIP SYR/CANNULA	3	
MONOJECT CONTROL SYRINGE	3	
MONOJECT FILTER NEEDLE	3	
MONOJECT HYPODERMIC NEEDLE	3	
MONOJECT INSULIN SYRINGE	3	
MONOJECT INTRODUCER NEEDLE	3	
MONOJECT LIFESHIELD SYRINGE	3	
MONOJECT MAGELLAN SAFETY NDL	3	
MONOJECT MAGELLAN SYRINGE	3	
MONOJECT PHARMACY TRAY	3	
MONOJECT PISTON SYRINGE	3	
MONOJECT SHARPS CONTAINER	3	
MONOJECT SYRINGE	3	
MONOJECT SYRINGE CATH TIP	3	
MONOJECT SYRINGE ECC LUER	3	
MONOJECT SYRINGE ECCENTRIC TIP	3	
MONOJECT SYRINGE LUER LOCK	3	
MONOJECT SYRINGE LUER-LOCK TIP	3	
MONOJECT SYRINGE PHARMACY TRAY	3	
MONOJECT SYRINGE REG LUER	3	

Label Name	Tier	Requirements/Limits
MONOJECT SYRINGE REGULAR TIP	3	
MONOJECT SYRINGE TOOMEY TYPE	3	
MONOJECT TB SAFETY SYRINGE	3	
MONOJECT TB SYRINGE	3	
MONOJECT ULTRA COMFORT SYRINGE	3	
MS INSULIN SYRINGE	1	
NORDIPEN 5 INJECTION DEVICE	3	
NORM-JECT LUER SLIP SYRINGE	3	
NOVOFINE AUTOCOVER PEN NEEDLE	3	
NOVOFINE PEN NEEDLE	3	
NOVOFINE PLUS PEN NEEDLE	3	
PC UNIFINE PENTIPS	1	
<i>pen needles</i>	1	
<i>pen needles 5/16"</i>	1	
PENTIPS	3	
PENTIPS GENERIC PEN NEEDLES	3	
PIP PEN NEEDLES 31G X 5MM	1	
PIP PEN NEEDLES 32G X 4MM	1	
PRECISION SURE-DOSE SYRINGE	3	
PREFERRED PLUS INSULIN SYRINGE	1	
PREFERRED PLUS UNIFINE PENTIPS	1	
PREVENT DROPSAFE PEN NEEDLES	3	
PREVENT SAFETY PEN NEEDLES	3	
PRO COMFORT INSULIN SYRINGE	3	
PRO COMFORT PEN NEEDLES	1	
PRODIGY INSULIN SYRINGE	3	
PURE COMFORT PEN NEEDLE	1	
PURE COMFORT SAFETY PEN NEEDLE	3	
PX EXTRA SHORT PEN NEEDLES	1	
PX INSULIN SYRINGE	1	

Label Name	Tier	Requirements/Limits
PX MINI PEN NEEDLES	1	
PX PEN NEEDLE	1	
PX SHORTLENGTH PEN NEEDLES	1	
QC PEN NEEDLES	1	
QC UNIFINE PENTIPS	1	
RA INSULIN SYRINGE	1	
RA PEN NEEDLES	1	
RAYA SURE PEN NEEDLE	1	
REALITY INSULIN SYRINGE	1	
RELION INSULIN SYRINGE	3	
RELION MINI PEN NEEDLES	3	
RELION PEN NEEDLES	3	
RELION SHORT PEN NEEDLES	3	
<i>safety pen needles</i>	1	
SB INSULIN SYRINGE	1	
SECURESAFE INSULIN SYRINGE	3	
SECURESAFE SAFETY PEN NEEDLES	3	
<i>sharps container</i>	3	
SOL-M SYRINGE LUER LOCK	3	
SURE COMFORT INSULIN SYRINGE	1	
SURE COMFORT PEN NEEDLES	1	
<i>syringe luer lock</i>	1	
<i>syringe luer slip</i>	1	
TECHLITE INSULIN SYRINGE	1	
TECHLITE PEN NEEDLES	3	
TECHLITE PLUS PEN NEEDLES	3	
THE EPINEPHRINE SYRINGE	3	
TODAYS HEALTH PEN NEEDLES	1	
TODAYS HEALTH SHORT PEN NEEDLE	1	
<i>toomey syringe</i>	1	
TOPCARE CLICKFINE PEN NEEDLES	1	
TOPCARE ULTRA COMFORT INS SYR	1	
TOPFINE INSULIN PEN NEEDLE	3	
TRUE COMFORT INSULIN SYRINGE	1	

Label Name	Tier	Requirements/Limits
TRUE COMFORT PEN NEEDLES	1	
TRUE COMFORT PRO INSULIN SYR	1	
TRUE COMFORT PRO PEN NEEDLES	1	
TRUEPLUS 5-BEVEL PEN NEEDLES	3	
TRUEPLUS INSULIN SYRINGE	3	
TRUEPLUS PEN NEEDLES	3	
ULTICARE INSULIN SAFETY SYR	3	
ULTICARE INSULIN SYR 1/2 UNIT	3	
ULTICARE INSULIN SYRINGE	3	
ULTICARE MICRO PEN NEEDLES	3	
ULTICARE MINI PEN NEEDLES	3	
ULTICARE PEN NEEDLES	3	
ULTICARE SHORT PEN NEEDLES	3	
ULTIGUARD SAFEPAK PEN NEEDLE	3	
ULTIGUARD SAFEPAK SYR/NEEDLE	3	
ULTILET PEN NEEDLE	3	
ULTRA COMFORT INSULIN SYRINGE	1	
ULTRA FLO INSULIN PEN NEEDLES	3	
ULTRA FLO INSULIN SYR 1/2 UNIT	3	
ULTRA FLO INSULIN SYRINGE	3	
ULTRA THIN PEN NEEDLES	3	
ULTRACARE INSULIN SYRINGE	1	
ULTRACARE PEN NEEDLES	1	
ULTRA-THIN II INS SYR SHORT	3	
ULTRA-THIN II INSULIN SYRINGE	3	
ULTRA-THIN II MINI PEN NEEDLE	3	
ULTRA-THIN II PEN NEEDLE SHORT	3	
ULTRA-THIN II PEN NEEDLES	3	

Label Name	Tier	Requirements/Limits
UNIFINE OTC PEN NEEDLES	3	
UNIFINE PENTIPS	3	
UNIFINE PENTIPS PLUS	3	
UNIFINE PROTECT PEN NEEDLE	3	
UNIFINE SAFECONTROL PEN NEEDLE	3	
UNIFINE ULTRA PEN NEEDLE	3	
VALUE HEALTH INSULIN SYRINGE	1	
VANISHPOINT INSULIN SYRINGE	3	
VERIFINE INSULIN PEN NEEDLE	3	
VERIFINE INSULIN SYRINGE	3	
VERIFINE PLUS PEN NEEDLE	3	
VERISAFE SAFE STERILE SYRINGE	3	
VERISAFE SAFETY STERILE NEEDLE	3	
VP INSULIN SYRINGE	1	
WEGMANS UNIFINE PENTIPS PLUS	1	
ZEVRX INSULIN SYRINGE	1	
ZEVRX PEN NEEDLES	1	
*Passive Immunizing Agents - Combinations**		
HYQVIA	3	PA; SD; Specialty Pharmacy Required
*Penicillin Combinations**		
<i>amoxicillin-pot clavulanate</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>ampicillin-sulbactam sodium</i>	1	
AUGMENTIN	3	
*Penicillinase-Resistant Penicillins**		
<i>dicloxacillin sodium</i>	1	
*Peripheral Opioid Receptor Antagonists**		
<i>alvimopan</i>	1	
MOVANTIK	2	PA; QL
*Phenothiazines**		
<i>chlorpromazine hcl concentrate</i>	3	
<i>chlorpromazine hcl tablet</i>	1	
<i>compro</i>	1	

Label Name	Tier	Requirements/Limits
<i>fluphenazine hcl</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
*Phosphate Binder Agents**		
<i>calcium acetate</i>	1	
<i>calcium acetate (phos binder)</i>	1	
<i>lanthanum carbonate</i>	2	
<i>sevelamer carbonate</i>	2	QL
<i>sevelamer hcl</i>	2	QL
*Phosphate**		
PHOSPHA 250 NEUTRAL	3	
<i>phosphorous</i>	1	
PHOSPHO-TRIN 250 NEUTRAL	3	
PHOSPHO-TRIN K500	3	
*Phosphodiesterase 4 (PDE4) Inhibitors - Topical**		
EUCRISA	2	
*Phosphodiesterase 4 (PDE4) Inhibitors**		
OTEZLA	3	PA; QL; SD
OTEZLA XR	3	PA; QL; SD
OTEZLA/OTEZLA XR INITIATION PK	3	PA; QL; SD
*PIK3CA-Related Overgrowth Spectrum (PROS) Agents**		
VIJOICE	3	PA; QL; SD; Specialty Pharmacy Required
*Plasma Kallikrein Inhibitors**		
KALBITOR	3	PA; SD; Specialty Pharmacy Required
TAKHZYRO	3	PA; QL; SD; Specialty Pharmacy Required
*Platelet Aggregation Inhibitors**		
<i>anagrelide hcl</i>	2	
<i>aspirin-dipyridamole er</i>	3	
CABLIVI	3	PA; QL; SD; Specialty Pharmacy Required
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	QL
<i>dipyridamole</i>	1	QL

Label Name	Tier	Requirements/Limits
<i>prasugrel hcl</i>	1	QL
<i>ticagrelor</i>	2	QL
ZONTIVITY	3	PA; QL
*Posterior Pituitary Hormones**		
<i>desmopressin ace spray refrig</i>	3	ST; QL
<i>desmopressin acetate pf</i>	3	
<i>desmopressin acetate solution injection 4 mcg/ml</i>	3	
<i>desmopressin acetate solution nasal 1.5 mg/ml</i>	3	QL
<i>desmopressin acetate spray</i>	3	QL
<i>desmopressin acetate tablet</i>	2	QL
*Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents**		
<i>pregabalin er</i>	3	QL
*Potassium Removing Agents**		
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
SPS (SODIUM POLYSTYRENE SULF)	1	
<i>sps (sodium polystyrene sulf)</i>	1	
VELTASSA	2	QL
*Potassium Sparing Diuretics**		
<i>amiloride hcl</i>	1	
<i>spironolactone</i>	1	
*Potassium**		
EFFER-K	1	
KLOR-CON	1	
<i>klor-con</i>	1	
KLOR-CON 10	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>k-prime</i>	1	
<i>potassium chloride</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	
*Prenatal Vitamins**		
COMPLETE NATAL DHA	1	

Label Name	Tier	Requirements/Limits
COMPLETENATE	1	
JENLIVA PRENATAL/POSTNATAL	1	
M-NATAL PLUS	1	
NEONATAL + DHA	1	
ONE VITE WOMENS PLUS	1	
PNV-DHA	1	
PNV-DHA+DOCUSATE	1	
PNV-OMEGA	1	
PRENA 1 TRUE	1	
PRENA1	1	
PRENAISSANCE PLUS	1	
PRENATAL 19	1	
PRENATVITE PLUS	1	
PRENATVITE RX	1	
SE-NATAL 19	1	
THRIVITE RX	1	
TRINATAL RX 1	1	
WESCAP-C DHA	1	
WESCAP-PN DHA	1	
WESNATE DHA	1	
WESTAB PLUS	1	
*Progeria Treatment Agents**		
ZOKINVY	3	PA; QL; SD; Specialty Pharmacy Required
*Progestin Contraceptives - Injectable**		
DEPO-SUBQ PROVERA 104	1	QL; Coverage is determined by your prescription medication benefit plan
<i>medroxyprogesterone acetate suspension</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>medroxyprogesterone acetate suspension prefilled syringe</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
*Progestin Contraceptives - Oral**		
<i>camila</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>deblitane</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>errin</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>heather</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>incassia</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>jencycla</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>lyleq</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>lyza</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>meleya</i>	1	ACA Benefit
<i>nora-be</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norethindrone</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
<i>norlyroc</i>	1	ACA Benefit; Coverage is determined by your

Label Name	Tier	Requirements/Limits
		prescription medication benefit plan
<i>orquidea</i>	1	
<i>sharobel</i>	1	ACA Benefit; Coverage is determined by your prescription medication benefit plan
SLYND	3	Coverage is determined by your prescription medication benefit plan
*Progestins**		
<i>medroxyprogesterone acetate tablet</i>	1	
<i>megestrol acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone capsule</i>	1	
<i>progesterone oil</i>	1	
*Prolactin Inhibitors**		
<i>cabergoline</i>	1	QL
*Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors**		
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM	2	QL
REPATHA SURECLICK	2	QL
*Prostaglandin Vasodilators**		
ORENITRAM	3	PA; QL; SD; Specialty Pharmacy Required
ORENITRAM MONTH 1	3	PA; QL; SD; Specialty Pharmacy Required
ORENITRAM MONTH 2	3	PA; QL; SD; Specialty Pharmacy Required
ORENITRAM MONTH 3	3	PA; QL; SD; Specialty Pharmacy Required
TYVASO	3	PA; QL; SD; Specialty Pharmacy Required
TYVASO DPI MAINTENANCE KIT	3	PA; QL; SD; Specialty Pharmacy Required
TYVASO DPI TITRATION KIT	3	PA; QL; SD; Specialty Pharmacy Required
TYVASO REFILL KIT	3	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
TYVASO STARTER KIT	3	PA; QL; SD; Specialty Pharmacy Required
VENTAVIS	3	PA; QL; SD; Specialty Pharmacy Required
*Prostaglandins - Ophthalmic**		
<i>latanoprost</i>	1	
<i>tafluprost (pf)</i>	2	QL
<i>travoprost (bak free)</i>	2	QL
*Prostatic Hypertrophy Agents**		
<i>alfuzosin hcl er</i>	1	
CARDURA XL	3	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	2	QL
<i>finasteride</i>	1	
<i>silodosin</i>	1	QL
<i>tamsulosin hcl</i>	1	
*Proton Pump Inhibitors**		
<i>dexlansoprazole</i>	1	
<i>esomeprazole magnesium capsule delayed release</i>	1	
<i>esomeprazole magnesium packet</i>	2	QL
FIRST-LANSOPRAZOLE	3	
FIRST-PANTOPRAZOLE	1	
<i>lansoprazole capsule delayed release</i>	1	
<i>lansoprazole tablet delayed release disintegrating</i>	3	QL
<i>omeprazole</i>	1	
<i>pantoprazole sodium packet</i>	3	QL
<i>pantoprazole sodium tablet delayed release</i>	1	
<i>rabeprazole sodium capsule sprinkle</i>	3	QL
<i>rabeprazole sodium tablet delayed release</i>	1	QL
*Psychotherapeutic and Neurological Agents - Misc.**		
<i>ergoloid mesylates</i>	2	
<i>pimozide</i>	1	
*Pulmonary Fibrosis Agents**		

Label Name	Tier	Requirements/Limits
<i>pirfenidone</i>	3	PA; QL; SD
*Pulmonary Hypertension - Endothelin Receptor Antagonists**		
<i>ambrisentan</i>	3	PA; QL; SD
<i>bosentan</i>	3	PA; QL; SD
<i>macitentan</i>	3	PA; QL; SD; Specialty Pharmacy Required
*Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
<i>sildenafil citrate suspension reconstituted</i>	3	PA; QL; SD
<i>sildenafil citrate tablet</i>	1	PA; QL
<i>tadalafil (pah)</i>	1	PA; QL
*Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI	3	PA; QL; SD; Specialty Pharmacy Required
UPTRAVI TITRATION	3	PA; QL; SD; Specialty Pharmacy Required
*Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator**		
ADEMPAS	3	PA; QL; SD; Specialty Pharmacy Required
*Pyrimidine Synthesis Inhibitors**		
<i>leflunomide</i>	1	QL
*Pyruvate Kinase Activators**		
PYRUKYND	3	PA; QL; SD; Specialty Pharmacy Required
PYRUKYND TAPER PACK	3	PA; QL; SD; Specialty Pharmacy Required
*Quinolinone Derivatives**		
ABILIFY MAINTENA	3	QL
<i>aripiprazole solution</i>	3	QL
<i>aripiprazole tablet</i>	1	QL
<i>aripiprazole tablet disintegrating</i>	3	QL
ARISTADA	3	QL
ARISTADA INITIO	3	QL
REXULTI	3	QL
*Rectal Combinations**		
<i>lidocaine-hydrocort (perianal)</i>	1	
*Rectal Steroids**		
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>procto-med hc</i>	1	

Label Name	Tier	Requirements/Limits
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
*Respiratory Syncytial Virus (RSV) Agents**		
<i>ribavirin</i>	3	QL
*Respiratory Therapy Supplies**		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS	2	
AEROCHAMBER Z-STAT PLUS CHAMBR	2	
AEROCHAMBER Z-STAT PLUS/LARGE	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	
AEROCHAMBER Z-STAT PLUS/SMALL	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AEROVENT PLUS	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	

Label Name	Tier	Requirements/Limits
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
EQ SPACE CHAMBER ANTI-STATIC	2	
EQ SPACE CHAMBER ANTI-STATIC L	2	
EQ SPACE CHAMBER ANTI-STATIC M	2	
EQ SPACE CHAMBER ANTI-STATIC S	2	
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
INSPIREASE	1	
INSPIREASE RESERVOIR BAGS	1	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
POCKET CHAMBER	2	
POCKET SPACER	2	

Label Name	Tier	Requirements/Limits
PROCHAMBER VHC	3	
RITEFLO	2	
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
*Rett Syndrome Agents**		
DAYBUE	3	PA; QL; SD; Specialty Pharmacy Required
DAYBUE STIX	3	PA; QL; SD; Specialty Pharmacy Required
*Rosacea Agents**		
<i>azelaic acid</i>	2	
<i>ivermectin cream</i>	1	
<i>metronidazole</i>	1	
*Salicylates**		
ADULT ASPIRIN REGIMEN	1	ACA Benefit
<i>aspirin</i>	1	ACA Benefit
ASPIRIN 81	1	ACA Benefit
ASPIRIN ADULT LOW DOSE	1	ACA Benefit
ASPIRIN ADULT LOW STRENGTH	1	ACA Benefit
ASPIRIN CHILDRENS	1	ACA Benefit
ASPIRIN EC ADULT LOW DOSE	1	ACA Benefit
ASPIRIN EC LOW DOSE	1	ACA Benefit
ASPIRIN EC LOW STRENGTH	1	ACA Benefit
ASPIRIN LOW DOSE	1	ACA Benefit
<i>aspirin low dose</i>	1	ACA Benefit
ASPIRIN REGIMEN	1	ACA Benefit
<i>bayer aspirin ec low dose</i>	1	ACA Benefit
<i>bayer low dose</i>	1	ACA Benefit
CHILDRENS ASPIRIN	1	ACA Benefit
CVS ASPIRIN ADULT LOW DOSE	1	ACA Benefit
CVS ASPIRIN ADULT LOW STRENGTH	1	ACA Benefit
CVS ASPIRIN EC	1	ACA Benefit
CVS ASPIRIN LOW DOSE	1	ACA Benefit

Label Name	Tier	Requirements/Limits
CVS ASPIRIN LOW STRENGTH	1	ACA Benefit
<i>diflunisal</i>	1	
<i>ecotrin low strength</i>	1	ACA Benefit
EQ ASPIRIN ADULT LOW DOSE	1	ACA Benefit
EQ ASPIRIN LOW DOSE	1	ACA Benefit
EQL ASPIRIN LOW DOSE	1	ACA Benefit
GNP ADULT ASPIRIN LOW STRENGTH	1	ACA Benefit
GNP ASPIRIN	1	ACA Benefit
GNP ASPIRIN LOW DOSE	1	ACA Benefit
GOODSENSE ASPIRIN	1	ACA Benefit
GOODSENSE ASPIRIN LOW DOSE	1	ACA Benefit
H-E-B ASPIRIN	1	ACA Benefit
HM ASPIRIN EC LOW DOSE	1	ACA Benefit
KLS ASPIRIN LOW DOSE	1	ACA Benefit
KP ASPIRIN	1	ACA Benefit
MM ASPIRIN	1	ACA Benefit
PX ASPIRIN	1	ACA Benefit
PX ENTERIC ASPIRIN	1	ACA Benefit
QC ASPIRIN LOW DOSE	1	ACA Benefit
QC CHILDRENS ASPIRIN	1	ACA Benefit
RA ASPIRIN ADULT LOW DOSE	1	ACA Benefit
RA ASPIRIN ADULT LOW STRENGTH	1	ACA Benefit
RA ASPIRIN CHILDRENS	1	ACA Benefit
RA ASPIRIN EC	1	ACA Benefit
RA ASPIRIN EC ADULT LOW ST	1	ACA Benefit
<i>salsalate</i>	1	
SB CHILDRENS ASPIRIN	1	ACA Benefit
SB LOW DOSE ASA EC	1	ACA Benefit
SM ASPIRIN ADULT LOW STRENGTH	1	ACA Benefit
SM ASPIRIN LOW DOSE	1	ACA Benefit
SM CHILDRENS ASPIRIN	1	ACA Benefit
<i>st joseph aspirin</i>	1	ACA Benefit
<i>st joseph low dose</i>	1	ACA Benefit
*Scabicides & Pediculicides**		
CROTAN	1	
<i>ivermectin lotion</i>	1	

Label Name	Tier	Requirements/Limits
<i>malathion</i>	1	
<i>permethrin</i>	1	
<i>spinosad</i>	2	QL
*Selective Aldosterone Receptor Antagonists (SARAs)**		
<i>eplerenone</i>	1	
*Selective Melatonin Receptor Agonists**		
<i>ramelteon</i>	2	QL
*Selective Phosphodiesterase 4 (PDE4) Inhibitors**		
<i>roflumilast</i>	2	QL
*Selective Serotonin Reuptake Inhibitors (SSRIs)**		
<i>citalopram hydrobromide</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	QL
<i>fluvoxamine maleate er</i>	2	QL
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
<i>sertraline hcl</i>	1	
*Serotonin Agonists**		
<i>almotriptan malate</i>	2	QL
<i>eletriptan hydrobromide</i>	2	QL
<i>frovatriptan succinate</i>	2	QL
<i>naratriptan hcl</i>	2	QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate</i>	1	QL
<i>sumatriptan succinate refill</i>	1	QL
<i>zolmitriptan</i>	1	QL
*Serotonin Modulators**		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl</i>	1	
TRINTELLIX	2	PA; QL
<i>vilazodone hcl</i>	2	
*Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**		
<i>desvenlafaxine succinate er</i>	1	
<i>duloxetine hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er capsule extended release 24 hour</i>	1	

Label Name	Tier	Requirements/Limits
<i>venlafaxine hcl er tablet extended release 24 hour</i>	1	QL
*Short Bowel Syndrome (SBS) Agents**		
GATTEX	3	PA; QL; SD; Specialty Pharmacy Required
Sinus Node Inhibitors		
CORLANOR	3	QL
<i>ivabradine hcl</i>	3	QL
*Smoking Deterrents**		
<i>bupropion hcl er (smoking det)</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
CVS NICOTINE	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
CVS NICOTINE POLACRILEX	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
EQ NICOTINE	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
EQ NICOTINE POLACRILEX	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
EQ NICOTINE STEP 3	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
GNP NICOTINE GUM MOUTH/THROAT 2 MG	1	ACA Benefit 168 day supply in 365 days

Label Name	Tier	Requirements/Limits
GNP NICOTINE GUM MOUTH/THROAT 4 MG	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
GNP NICOTINE MINI	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
GNP NICOTINE PATCH 24 HOUR	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
GNP NICOTINE POLACRILEX	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
GOODSENSE NICOTINE	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
<i>nicotine</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
NICOTINE MINI	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
<i>nicotine polacrilex</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
NICOTINE POLACRILEX MINI	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
NICOTINE STEP 1	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
NICOTINE STEP 2	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
NICOTINE STEP 3	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
NICOTROL NS	3	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
QC NICOTINE TRANSDERMAL SYSTEM	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
RA MINI NICOTINE	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
RA NICOTINE	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan

Label Name	Tier	Requirements/Limits
RA NICOTINE GUM	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
RA NICOTINE POLACRILEX	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
SM NICOTINE	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
SM NICOTINE POLACRILEX	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
<i>varenicline tartrate</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
<i>varenicline tartrate (starter)</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
<i>varenicline tartrate(continue)</i>	1	ACA Benefit 168 day supply in 365 days; Coverage is determined by your prescription medication benefit plan
*Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors**		
<i>dapagliflozin</i>	1	QL
JARDIANCE	2	QL
*Somatostatic Agents**		
MYCAPSSA	3	PA; QL; SD; Specialty Pharmacy Required

Label Name	Tier	Requirements/Limits
<i>octreotide acetate</i>	3	PA; QL; SD; Specialty Pharmacy Required
SIGNIFOR	3	PA; QL; SD; Specialty Pharmacy Required
SOMATULINE DEPOT	3	PA; QL; SD; Specialty Pharmacy Required
*Spermicides**		
ENCARE	1	ACA Benefit
OPTIONS GYNOL II CONTRACEPTIVE	3	ACA Benefit
TODAY SPONGE	3	ACA Benefit
VCF VAGINAL CONTRACEPTIVE	3	ACA Benefit
*Spinal Muscular Atrophy Agents (SMA)**		
EVRYSDI	3	PA; QL; SD; Specialty Pharmacy Required
*Stem Cell Mobilizers**		
<i>plerixafor</i>	3	PA; QL; SD; Specialty Pharmacy Required
*Steroid Inhalants**		
<i>budesonide suspension</i>	1	QL
<i>fluticasone furoate ellipta</i>	2	QL
<i>fluticasone propionate diskus</i>	2	QL
<i>fluticasone propionate hfa</i>	2	QL
*Steroids - Mouth/Throat/Dental**		
<i>triamcinolone acetonide</i>	1	
*Stimulant Laxatives**		
BISACODYL EC	1	
*Stimulants - Misc.**		
<i>armodafinil</i>	1	QL
AZSTARYS	3	
<i>dexmethylphenidate hcl</i>	1	QL
<i>dexmethylphenidate hcl er</i>	1	QL
<i>methylphenidate</i>	1	QL
<i>methylphenidate hcl</i>	1	QL
<i>methylphenidate hcl er</i>	1	QL
<i>methylphenidate hcl er (cd)</i>	1	QL
<i>methylphenidate hcl er (la)</i>	1	QL
<i>methylphenidate hcl er (osm)</i>	1	QL
<i>methylphenidate hcl er (xr)</i>	1	QL
<i>methylphenidate hcl er(diffus)</i>	1	QL

Label Name	Tier	Requirements/Limits
<i>modafinil</i>	3	QL
*Substance P/Neurokinin 1 (NK1) Receptor Antagonists**		
<i>aprepitant</i>	2	QL
EMEND	3	QL
VARUBI (180 MG DOSE)	3	QL
*Succinimides**		
<i>ethosuximide</i>	1	
*Sulfonamides**		
<i>sulfadiazine</i>	1	
*Sulfonylureas**		
<i>glimepiride tablet oral 1 mg, 2 mg, 4 mg</i>	1	
<i>glimepiride tablet oral 3 mg</i>	3	QL
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
GLIPIZIDE XL	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
*Surfactant Laxatives**		
<i>docusate sodium</i>	1	
*Sympathomimetic Decongestants**		
<i>epinephrine hcl (nasal)</i>	1	
<i>pseudoephedrine hcl</i>	1	
<i>sudogest</i>	1	
*Sympathomimetics**		
<i>albuterol sulfate hfa</i>	1	QL
<i>albuterol sulfate nebulization solution</i>	1	QL
<i>albuterol sulfate syrup</i>	1	
<i>albuterol sulfate tablet</i>	1	
<i>arformoterol tartrate</i>	1	QL
<i>breyna</i>	1	QL
<i>budesonide-formoterol fumarate</i>	1	QL
<i>fluticasone furoate-vilanterol</i>	2	QL
<i>fluticasone-salmeterol aerosol</i>	3	QL
<i>fluticasone-salmeterol aerosol powder breath activated</i>	1	QL
<i>formoterol fumarate</i>	1	QL
<i>ipratropium-albuterol</i>	1	
<i>isoproterenol hcl</i>	1	

Label Name	Tier	Requirements/Limits
<i>levalbuterol hcl</i>	1	QL
<i>levalbuterol tartrate</i>	1	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
<i>terbutaline sulfate</i>	1	
TRELEGY ELLIPTA	2	QL
<i>wixela inhub</i>	1	QL
*Systemic Lupus Erythematosus Agents**		
BENLYSTA	3	PA; QL; SD; Specialty Pharmacy Required
*Tetracyclines**		
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>minocycline hcl</i>	1	
<i>mondoxyne nl</i>	1	
<i>tetracycline hcl</i>	1	
*Thiazides and Thiazide-Like Diuretics**		
<i>chlorthalidone</i>	1	
HEMICLOR	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
*Thioxanthenes**		
<i>thiothixene</i>	1	
*Throat Products - Misc.**		
CAPHOSOL	3	
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl</i>	1	
*Thrombin Inhibitors**		
<i>dabigatran etexilate mesylate</i>	1	
*Thyroid Hormones**		
AMERITHROID	2	
ARMOUR THYROID	3	
ERMEZA	3	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	

Label Name	Tier	Requirements/Limits
<i>liothyronine sodium</i>	1	
NP THYROID	1	
SYNTHROID	2	
<i>unithroid</i>	1	
*Topoisomerase I Inhibitors**		
HYCANTIN	3	PA; QL; SD
*Toxoid Combinations**		
ADACEL	3	ACA Benefit
BOOSTRIX	3	ACA Benefit
DAPTACEL	3	ACA Benefit
INFANRIX	3	ACA Benefit
KINRIX	3	ACA Benefit
PEDIARIX	3	ACA Benefit
PENTACEL	3	ACA Benefit
QUADRACEL	3	ACA Benefit
TDVAX	3	ACA Benefit
TENIVAC	3	ACA Benefit
<i>tetanus-diphtheria toxoids td</i>	3	ACA Benefit
VAXELIS	3	ACA Benefit
*Transthyretin Stabilizers**		
ATTRUBY	3	PA; QL; SD; Specialty Pharmacy Required
VYNDAMAX	3	PA; QL; SD; Specialty Pharmacy Required
VYNDAQEL	3	PA; QL; SD; Specialty Pharmacy Required
*Tricyclic Agents**		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl capsule</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
*Tryptophan Hydroxylase Inhibitors**		

Label Name	Tier	Requirements/Limits
XERMELO	3	PA; QL; SD; Specialty Pharmacy Required
*Ulcer Drugs - Prostaglandins**		
<i>misoprostol</i>	1	
*Ulcer Therapy Combinations**		
<i>amoxicill-clarithro-lansopraz</i>	3	
<i>bis subcit-metronid-tetracyc</i>	3	
<i>bismuth/metronidaz/tetracyclin</i>	3	
*Uricosurics**		
<i>probenecid</i>	2	
*Urinary Analgesics**		
<i>phenazo</i>	1	
<i>phenazopyridine hcl</i>	1	
*Urinary Anti-infectives**		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>nitrofurantoin suspension oral 25 mg/5ml, 50 mg/5ml</i>	3	QL; AL
<i>nitrofurantoin suspension oral 50 mg/10ml</i>	3	
*Urinary Antispasmodic - Antimuscarinics (Anticholinergic)**		
<i>darifenacin hydrobromide er</i>	1	
<i>fesoterodine fumarate er</i>	1	QL
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	2	QL
<i>tolterodine tartrate er</i>	2	QL
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	2	QL
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists**		
<i>mirabegron er</i>	3	QL
*Urinary Antispasmodics - Cholinergic Agonists**		
<i>bethanechol chloride</i>	1	
*Urinary Antispasmodics - Direct Muscle Relaxants**		
<i>flavoxate hcl</i>	1	
*Urinary Stone Agents**		

Label Name	Tier	Requirements/Limits
LITHOSTAT	3	
<i>tiopronin</i>	3	SD
*Vaginal Anti-infectives**		
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>clotrimazole</i>	1	
GYNAZOLE-1	3	
<i>metronidazole</i>	1	
MICONAZOLE 3	1	
<i>terconazole</i>	1	
*Vaginal Contraceptive - pH Modulators**		
PHEXX	3	QL; ACA Benefit
PHEXXI	3	QL; ACA Benefit; Coverage is determined by your prescription medication benefit plan
*Vaginal Estrogens**		
<i>estradiol cream</i>	1	
<i>estradiol tablet</i>	1	
PREMARIN	2	
<i>yuvafem</i>	1	
*Vaginal Progestins**		
CRINONE GEL VAGINAL 4 %	2	QL
CRINONE GEL VAGINAL 8 %	2	
FIRST-PROGESTERONE VGS	3	
<i>progesterone insert</i>	2	
*Valproic Acid**		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid</i>	1	
*Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)**		
VERQUVO	2	PA; QL
*Vasodilators**		
<i>hydralazine hcl</i>	1	
<i>minoxidil</i>	1	
*Vasomotor Symptom Agents**		
<i>paroxetine mesylate</i>	3	QL
*Vasopressin Receptor Antagonists**		

Label Name	Tier	Requirements/Limits
JYNARQUE	3	PA; QL; SD; Specialty Pharmacy Required
<i>tolvaptan (hyponatremia)</i>	3	PA; QL; SD
<i>tolvaptan tablet</i>	3	PA; QL; SD
<i>tolvaptan tablet therapy pack</i>	3	PA; QL; SD; Specialty Pharmacy Required
*Vasopressors**		
<i>midodrine hcl</i>	1	
*Viral Vaccines**		
ABRYVO	3	ACA Benefit
AFLURIA	3	ACA Benefit
AFLURIA PRESERVATIVE FREE	3	ACA Benefit
AREXVY	3	ACA Benefit
COMIRNATY	3	ACA Benefit
COMIRNATY 5-11 YEARS	3	ACA Benefit
ENGERIX-B	3	ACA Benefit
FLUAD	3	ACA Benefit
FLUARIX	3	ACA Benefit
FLUCELVAX	3	ACA Benefit
FLULAVAL	3	ACA Benefit
FLUMIST	3	ACA Benefit
FLUZONE	3	ACA Benefit
FLUZONE HIGH-DOSE	3	ACA Benefit
GARDASIL 9	3	ACA Benefit
HAVRIX	3	ACA Benefit
HEPLISAV-B	3	ACA Benefit
IPO	3	ACA Benefit
JYNNEOS	3	ACA Benefit
M-M-R II	3	ACA Benefit
MNEXSPIKE	3	ACA Benefit
MODERNA COVID-19 VAC 6M-11Y	3	ACA Benefit
MRESVIA	3	ACA Benefit
NOVAVAX COVID-19 VACCINE	3	ACA Benefit
NUVAXOVID COVID-19 VACCINE	3	ACA Benefit
PFIZER COVID-19 VAC-TRIS 5-11Y	3	ACA Benefit
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	ACA Benefit
PREHEVBRIO	3	ACA Benefit

Label Name	Tier	Requirements/Limits
PRIORIX	3	ACA Benefit
PROQUAD	3	ACA Benefit
RECOMBIVAX HB	3	ACA Benefit
ROTARIX	3	ACA Benefit
ROTATEQ	3	ACA Benefit
SHINGRIX	3	ACA Benefit
SPIKEVAX	3	ACA Benefit
SPIKEVAX 6M-11Y	3	ACA Benefit
TWINRIX	3	ACA Benefit
VAQTA	3	ACA Benefit
VARIVAX	3	ACA Benefit
*Xanthines**		
<i>elixophyllin</i>	1	
<i>theophylline</i>	1	
<i>theophylline er</i>	1	

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