

SERVE YOU

Your 2022 Prescription Drug List

Serve You Rx Select Formulary

Please read:

This document contains information about the drugs covered under your pharmacy benefit plan.

If you have questions:



Call customer service at
800-759-3203.



Visit **serveyourx.com**

- Locate a participating retail pharmacy by ZIP code
- Perform drug cost comparisons
- Search the drug database for generics, brand-names, generic equivalents and other drug information
- View quality and safety information about prescription alternatives

Effective July 1, 2022

Your Prescription Drug List (PDL)

The Prescription Drug List, or formulary, is a listing of the most commonly prescribed medications sorted by therapeutic category. The PDL identifies the drugs available for certain conditions and organizes them into cost levels, also known as tiers. It is intended to be used as a guide to help you and your doctor choose the best course of treatment for you. Drug designation by category is for reference only and not clinical comparison. The PDL is not intended to be a substitute for the clinical knowledge and judgement of the medical practitioner in their choice of drug therapy. In all cases, the prescriber is expected to select appropriate drug therapy for the individual patient and provide high-quality healthcare.

Please note:

- Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule.
- This document is not intended to be a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.
- You may also log on to [serveyourx.com](https://www.serveyourx.com) or call customer service at **800-759-3203** for more information.

At Serve You Rx, we are committed to helping you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the PDL.




How do I use my Prescription Drug List?

Bring this PDL with you when you see your doctor. You and your doctor should consult it when choosing a medication. It is organized by common medical conditions. Medications are then listed alphabetically and identified as generic or brand, and if special rules apply. If your medication is not listed in this document, please visit [serveyourx.com](https://www.serveyourx.com) or call customer service at **800-759-3203**.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or plan sponsor. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific pharmacy plan costs.

| \$ | DRUG TIER | INCLUDES | HELPFUL TIPS |
|---|----------------------------------|--|---|
|  | Tier 1 Lowest Cost | Lower-cost, commonly used generic drugs | Use Tier 1 drugs for the lowest out-of-pocket costs. |
|  | Tier 2 Mid-Range Cost | Many common brand-name drugs, called preferred brands | Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs. |
|  | Tier 3 Highest Cost | Mostly higher-cost brand drugs, also known as non-preferred brands | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you. |

Please note: Plans may have different tiers (4, none, etc.). If your plan has a Tier 4, specialty drugs are included in this tier. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan documents or call customer service at **800-759-3203** for more information about your benefit plan.

When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when its generic becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

Programs and Limits

Some medications are noted with letters or symbols next to them. The letters and symbols refer to pharmacy benefit programs and are provided to help you check which medications may have a program or limit. Your benefit plan determines how these medications may be covered for you.

| | |
|-----------|---|
| PA | Prior Authorization — Your doctor is required to provide additional information to determine coverage. |
| ST | Step Therapy — Trial of lower cost medication(s) is required before a higher cost medication is covered, based on continually updated, evidenced-based research and widely accepted medical practices. |
| QL | Quantity Limits — Amount of medication covered per copayment or in a specific time period. For selected medications, may include conversion from twice-daily dosing to one-time-daily dosing. |
| SP | Specialty Medication — Medication is designated as a specialty pharmacy drug. |
| E | Excluded — May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered. Authorized Brand Alternatives (ABAs) are excluded. |

To learn more about a Serve You Rx Clinical Pharmacy Program, or to find out if it applies to you, please visit serveyourx.com or call customer service at **800-759-3203**.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes the same company that makes a brand-name medication also makes the generic version.

Is it a generic or brand-name drug?

The drug list shows **brand-name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, rosuvastatin).

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit the drug cost comparison tool in the Member Portal at serveyourx.com to be sure.

Are you taking a specialty medication?

Specialty medications treat rare or complex conditions and are typically higher cost medications. Specialty drugs have the following characteristics:

- Treat complex and often costly medical conditions such as cancer, rheumatoid arthritis, multiple sclerosis, hepatitis C, and pulmonary hypertension
- Are often injected or infused (IV) medicines, but may also be taken orally
- Require close monitoring of response to drug therapy
- May require individualized dosing, medical devices to administer the medicine, and/or special handling and delivery
- Require additional education for safe and cost-effective use

Please note, not all specialty medications are listed in the PDL.

Serve You DirectRxSM Specialty Pharmacy stocks most specialty medications and is committed to helping patients navigate the complexity of specialty drug therapy with helpful programs, services, and enhanced patient care. Call customer service at **800-759-3203** and have your prescriptions delivered right to your home or office.

Should I talk to my doctor about OTC medications?

An over-the-counter (OTC, no prescription required) medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered under your pharmacy benefit, they may cost less than your out-of-pocket expense for prescription medications.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit serveyourx.com or call customer service at **800-759-3203** for more current information.

When you register at serveyourx.com, you can use the website's helpful tools and features to:

- Perform drug cost comparisons;
- Learn how to use mail service for home delivery of your medications;
- View your medication history;
- Locate in-plan, out-of-plan, and 24-hour pharmacies near you;
- Refill your prescriptions;
- Search the drug database for generics, brand-names, generic equivalents, and other drug information;
- View quality and safety information about prescription alternatives; and
- View any plan-specific content.



More Information

If you have additional questions, please call customer service at **800-759-3203** or visit serveyourx.com.

Table of Contents

| | | | |
|---|----|--|----|
| Acne/Rosacea..... | 8 | Endocrine: Thyroid Hormone Replacement..... | 21 |
| Addiction/Substance Abuse..... | 8 | Eye Conditions: Antibiotics..... | 21 |
| Anti-Infectives: Antibiotics | 8 | Eye Conditions: Glaucoma..... | 21 |
| Anti-Infectives: Antifungals | 9 | Eye Conditions: Other | 21 |
| Anti-Infectives: Antivirals | 9 | Gastrointestinal: Acid Suppression..... | 22 |
| Blood Disorders..... | 9 | Gastrointestinal: Inflammatory Bowel Disease . | 22 |
| Cancer | 9 | Gastrointestinal: Nausea/Vomiting | 22 |
| Cardiovascular/Heart Disease: Anticoagulants. | 10 | Gastrointestinal: Other | 22 |
| Cardiovascular/Heart Disease: High Blood Pressure..... | 10 | Gout..... | 23 |
| Cardiovascular/Heart Disease: High Cholesterol..... | 12 | HIV/AIDS | 23 |
| Cardiovascular/Heart Disease: Other | 12 | Infertility | 23 |
| Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension..... | 12 | Inflammatory Conditions | 23 |
| Central Nervous System: Alzheimer's/ Dementia..... | 13 | Men's Health: Erectile Dysfunction..... | 24 |
| Central Nervous System: Antipsychotics..... | 13 | Men's Health: Prostate..... | 24 |
| Central Nervous System: Attention Deficit Disorder | 13 | Men's Health: Testosterone Therapy | 24 |
| Central Nervous System: Depression..... | 13 | Miscellaneous | 24 |
| Central Nervous System: Migraine..... | 14 | Musculoskeletal: Osteoarthritis | 26 |
| Central Nervous System: Multiple Sclerosis | 14 | Musculoskeletal: Osteoporosis..... | 26 |
| Central Nervous System: Other..... | 14 | Musculoskeletal: Other..... | 26 |
| Central Nervous System: Parkinson's Disease. | 15 | Musculoskeletal: Pain Relief | 26 |
| Central Nervous System: Sedatives/Hypnotics. | 15 | Overactive Bladder | 27 |
| Central Nervous System: Seizure Disorders | 15 | Respiratory: Asthma/COPD | 28 |
| Dermatology..... | 16 | Respiratory: Nasal Allergies..... | 28 |
| Diabetes/Endocrine Blood: Glucose Monitoring | 17 | Respiratory: Oral Allergies | 29 |
| Diabetes/Endocrine: Insulin..... | 18 | Transplant..... | 29 |
| Diabetes/Endocrine: Non-Insulin | 19 | Vitamins/Electrolytes..... | 29 |
| Endocrine: Growth Hormone..... | 20 | Weight Loss Management | 29 |
| Endocrine: Other | 20 | Women's Health: Birth Control | 29 |
| | | Women's Health: Hormone Replacement | 30 |
| | | Women's Health: Vaginal Anti-Infectives..... | 30 |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--------------------------------------|-----------|---------------------|
| Acne/Rosacea | | |
| Absorica | E | |
| Absorica LD | 3 | PA |
| Claravis | 1 | |
| Minolira | E | |
| Oracea | E | |
| Seysara | 3 | ST |
| Solodyn | E | |
| Addiction/Substance Abuse | | |
| Buprenorphine SL | 1 | QL |
| Buprenorphine/Naloxone | 1 | QL |
| Kloxxado | 2 | |
| LifEMS Naloxone | E | |
| Naltrexone Tab | 1 | |
| Narcan | 2 | |
| Reset | 2 | |
| Reset-O | 2 | |
| Suboxone | E | |
| Sublocade | 3 | SP |
| Zubsolv | 2 | QL |
| Anti-Infectives: Antibiotics | | |
| Acticlate | E | |
| Amoxicillin | 1 | |
| Amoxicillin/Clavulanate | 1 | |
| Azasite | 3 | |
| Azithromycin | 1 | |
| Bethkis | E | SP |
| Cayston | E | SP |
| Cefadroxil | 1 | |
| Cefdinir | 1 | |
| Cefuroxime | 1 | |
| Cephalexin | 1 | |
| Ciprodex | E | |
| Ciprofloxacin/ Dexamethasone Otic | 1 | |
| Ciprofloxacin Tab | 1 | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|---|-----------|---------------------|
| Clarithromycin Tab | 1 | |
| Cleocin Vaginal Gel | E | |
| Clindamycin Cap | 1 | |
| Dificid | 3 | |
| Doryx | E | |
| Doryx MPC | E | |
| Doxycycline Hyclate | 1 | |
| Doxycycline Hyclate Tab 80mg (Dorxy ABA) | E | |
| Doxycycline Monohydrate | 1 | |
| Kitabis | E | SP |
| Levofloxacin Tab | 1 | |
| Metronidazole Tab | 1 | |
| Minocycline Cap | 1 | |
| Neomycin/Polymyxin/ HC Otic | 1 | |
| Nitrofurantoin Macrocrystals | 1 | |
| Nitrofurantoin Monohydrate Macrocrystals | 1 | |
| Nuessa | E | |
| Nuzyra | 3 | PA |
| Ofloxacin Otic | 1 | |
| Otovel | 3 | |
| Penicillin VK | 1 | |
| Solosec | 3 | |
| Sulfamethoxazole- Trimethoprim | 1 | |
| Targadox | E | |
| TOBI Nebulizer | E | SP |
| TOBI Podhaler | 3 | QL, SP |
| Tobramycin Nebulization Solution 300mg/5mL (Kitabis ABA) | E | SP |
| Xenleta | 3 | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|-------------------------------------|-----------|---------------------|
| Anti-Infectives: Antifungals | | |
| Brexafemme | E | |
| Cresemba | 3 | |
| Fluconazole | 1 | |
| Jublia | E | |
| Kerydin | 3 | PA |
| Nystatin Mouth/Throat | 1 | |
| Terbinafine Tab | 1 | QL |
| Tolsura | E | |

| | | |
|---|---|------------|
| Anti-Infectives: Antivirals | | |
| Acyclovir Tab | 1 | |
| Baraclude Tab | E | SP |
| Entecavir | 1 | QL, SP |
| Epclusa | 2 | PA, QL, SP |
| Harvoni | 2 | PA, QL, SP |
| Ledipasvir/Sofosbuvir (Harvoni ABA) | E | SP |
| Mavyret | 2 | PA, QL, SP |
| Oseltamivir Phosphate Cap | 1 | |
| Sofosbuvir/Velpatasvir (Epclusa ABA) | E | SP |
| Tamiflu | E | |
| Valacyclovir | 1 | QL |
| Valtrex | E | |
| Vemlidy | E | SP |
| Vosevi | 2 | PA, QL, SP |
| Xofluza | 3 | QL |
| Zovirax | E | |

| | | |
|------------------------|---|--------|
| Blood Disorders | | |
| Advate | 2 | SP |
| Adynovate | 3 | SP |
| Afstyla | 3 | SP |
| Aranesp | 2 | PA, SP |
| Doptelet | 3 | PA, SP |
| Eloctate | 3 | SP |
| Empaveli | 3 | PA, SP |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|------------------------|-----------|---------------------|
| Epogen | E | SP |
| Esperoct | E | SP |
| Fulphila | E | SP |
| Granix | E | SP |
| Jivi | 3 | SP |
| Koate | 2 | SP |
| Mulpleta | 2 | PA, SP |
| Neulasta | 3 | PA, SP |
| Neulasta Onpro | 3 | PA, SP |
| Neupogen | E | SP |
| Nivestym | 2 | PA, SP |
| Novoeight | 2 | SP |
| Nuwiq | 2 | SP |
| Nyvepria | E | SP |
| Procrit | 2 | PA, SP |
| Recombinate | 2 | SP |
| Retacrit | 2 | PA, SP |
| Sevenfact | E | SP |
| Soliris | 3 | PA, SP |
| Tavalisse | 3 | PA, SP |
| Udenyca | E | SP |
| Ultomiris | 3 | PA, SP |
| Wilate | 2 | SP |
| Xyntha | 2 | SP |
| Xyntha Solofuse | 2 | SP |
| Zarxio | 2 | PA, SP |
| Ziextenzo | 3 | PA, SP |

| | | |
|-------------------------|---|------------|
| Cancer | | |
| Abiraterone | 1 | PA, SP |
| Afinitor | E | SP |
| Afinitor Disperz | E | SP |
| Alecensa | 2 | PA, SP |
| Alunbrig | 2 | PA, QL, SP |
| Anastrozole Tab | 1 | |
| Arimidex | E | |
| Belrapzo | E | SP |
| Cabometyx | 2 | PA, SP |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|------------------------|-----------|---------------------|
| Calquence | 3 | PA, SP |
| Capecitabine | 1 | SP |
| Cosela | E | SP |
| Darzalex Faspro | E | SP |
| Erivedge | 3 | PA, SP |
| Erleada | 3 | PA, SP |
| Fotivda | E | SP |
| Gavreto | 3 | PA, SP |
| Gleevec | E | SP |
| Herzuma | E | SP |
| Ibrance | 3 | PA, SP |
| Idhifa | 3 | PA, QL, SP |
| Imatinib Mesylate | 1 | PA, SP |
| Imbruvica | 3 | PA, SP |
| Inqovi | E | SP |
| Kanjinti | 2 | PA, SP |
| Kisqali | 3 | PA, SP |
| Kisqali Femara | 3 | PA, SP |
| Letrozole | 1 | |
| Lumakras | 3 | PA, SP |
| Lynparza | 2 | PA, SP |
| Mvasi | 2 | PA, SP |
| Nubeqa | 3 | PA, SP |
| Odomzo | 3 | PA, SP |
| Ogivri | E | SP |
| Ontruzant | E | SP |
| Orgovyx | 3 | PA, SP |
| Panretin | 3 | |
| Pemazyre | E | SP |
| Phesgo | 2 | PA, SP |
| Pomalyst | 3 | PA, SP |
| Retevmo | 3 | PA, SP |
| Revlimid | 2 | PA, SP |
| Riabni | E | SP |
| Rozlytrek | 3 | PA, SP |
| Rubraca | 2 | PA, SP |
| Ruxience | 2 | PA, SP |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|----------------------|-----------|---------------------|
| Rylaze | E | SP |
| Sprycel | 2 | PA, SP |
| Stivarga | 3 | PA, SP |
| Sutent | E | SP |
| Tabrecta | 3 | PA, SP |
| Tagrisso | 3 | PA, SP |
| Tamoxifen Tab | 1 | |
| Targretin Cap | E | SP |
| Targretin Gel | 3 | PA, SP |
| Tazverik | E | SP |
| Temozolomide | 1 | PA, SP |
| Tepmetko | E | SP |
| Trazimera | 2 | PA, SP |
| Treanda | E | SP |
| Truxima | E | SP |
| Ukoniq | 3 | PA, QL, SP |
| Vitrakvi | 3 | PA, SP |
| Xtandi | 3 | PA, SP |
| Yonsa | E | SP |
| Zejula | 2 | PA, SP |
| Zirabev | 2 | PA, SP |
| Zytiga | E | SP |

Cardiovascular/Heart Disease: Anticoagulants

| | | |
|--|---|----|
| Aspirin/Omeprazole (Yosprala ABA) | E | |
| Brilinta | 2 | |
| Clopidogrel | 1 | |
| Eliquis | 2 | QL |
| Enoxaparin | 1 | |
| Plavix | E | |
| Pradaxa | 2 | QL |
| Prasugrel | 1 | |
| Warfarin | 1 | |
| Xarelto | 2 | QL |
| Yosprala | E | |

Cardiovascular/Heart Disease: High Blood Pressure

| | | |
|---------------|---|--|
| Altace | E | |
|---------------|---|--|

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Amlodipine | 1 | |
| Amlodipine/Benazepril | 1 | |
| Amlodipine/Olmesartan | 1 | |
| Amlodipine/Olmesartan/HCTZ | 1 | |
| Amlodipine/Valsartan | 1 | |
| Atacand | E | |
| Atenolol | 1 | |
| Atenolol/Chlorthalidone | 1 | |
| Avapro | E | |
| Azor | E | |
| Benazepril | 1 | |
| Benicar | E | |
| Benicar HCT | E | |
| Bisoprolol | 1 | |
| Bisoprolol/HCTZ | 1 | |
| Bumetanide | 1 | |
| Bystolic | E | |
| Candesartan | 1 | |
| Cardizem LA 180mg, 240mg, 300mg, 360mg, 420mg | E | |
| Carvedilol | 1 | |
| Catapres-TTS | E | |
| Chlorthalidone | 1 | |
| Clonidine Tab | 1 | |
| Conjupri | E | |
| Consensi | E | |
| Coreg | E | |
| Coreg CR | E | |
| Cozaar | E | |
| Diltiazem ER | 1 | |
| Diovan | E | |
| Diovan HCT | E | |
| Doxazosin | 1 | |
| Edarbi | 3 | ST |
| Edarbyclor | 3 | ST |
| Enalapril | 1 | |
| Exforge | E | |
| Exforge HCT | E | |
| Furosemide | 1 | |
| Guanfacine | 1 | |
| Hydralazine | 1 | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--------------------------|-----------|---------------------|
| Hydrochlorothiazide | 1 | |
| Hyzaar | E | |
| Inderal LA | E | |
| Inderal XL | E | |
| Innopran XL | E | |
| Irbesartan | 1 | |
| Irbesartan/HCTZ | 1 | |
| Kaspargo Sprinkle | E | |
| Katerzia | E | |
| Labetalol | 1 | |
| Lasix | E | |
| Lisinopril | 1 | |
| Lisinopril/HCTZ | 1 | |
| Losartan | 1 | |
| Losartan/HCTZ | 1 | |
| Lotrel | E | |
| Metoprolol Succinate ER | 1 | |
| Metoprolol Tartrate | 1 | |
| Micardis | E | |
| Micardis HCT | E | |
| Nebivolol | 1 | |
| Nifedipine ER | 1 | |
| Nifedipine ER Osmotic | 1 | |
| Norvasc | E | |
| Olmesartan | 1 | |
| Olmesartan/HCTZ | 1 | |
| Prazosin | 1 | |
| Propranolol | 1 | |
| Propranolol ER | 1 | |
| Ramipril | 1 | |
| Spirolactone | 1 | |
| Tekturna | 2 | ST |
| Tekturna HCT | 2 | ST |
| Telmisartan | 1 | |
| Telmisartan/HCTZ | 1 | |
| Tenormin | E | |
| Toprol XL | E | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|------------------|-----------|---------------------|
| Torsemide | 1 | |
| Triamterene/HCTZ | 1 | |
| Tribenzor | E | |
| Valsartan Tab | 1 | |
| Valsartan/HCTZ | 1 | |
| Verapamil ER | 1 | |
| Zestril | E | |

Cardiovascular/Heart Disease: High Cholesterol

| | | |
|--|---|--------|
| Atorvastatin | 1 | |
| Colestid | E | |
| Colestid Flavored | E | |
| Colestipol Tab | 1 | |
| Crestor | E | |
| Ezetimibe | 1 | |
| Ezetimibe/Rosuvastatin (Roszet ABA) | E | |
| Fenofibrate | 1 | |
| Fenofibrate Micronized | 1 | |
| Fenofibric Acid | 1 | |
| Gemfibrozil | 1 | |
| Icosapent Ethyl | 1 | |
| Lescol XL | E | |
| Lipitor | E | |
| Livalo | E | |
| Lovastatin | 1 | |
| Lovaza | E | |
| Niaspan | E | |
| Nexletol | 2 | PA, QL |
| Nexlizet | 2 | PA, QL |
| Omega-3 Acid | 1 | |
| Praluent | E | |
| Pravastatin | 1 | |
| Questran | E | |
| Questran Light | E | |
| Repatha | 2 | PA, QL |
| Rosuvastatin | 1 | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|------------------|-----------|---------------------|
| Roszet | E | |
| Simvastatin | 1 | |
| Tricor | E | |
| Vascepa | 2 | |
| Vytorin | E | |
| Welchol | E | |
| Zetia | E | |
| Zocor | E | |
| Zypitamag | E | |

Cardiovascular/Heart Disease: Other

| | | |
|---------------------------|---|--------|
| Amiodarone | 1 | |
| BiDil | 3 | |
| Corlanor | 3 | PA, QL |
| Digoxin | 1 | |
| Entresto | 2 | QL |
| Flecainide | 1 | |
| Isosorbide Mononitrate ER | 1 | |
| Multaq | 3 | |
| Nitroglycerin SL | 1 | |
| Nitrostat | E | |
| Ranexa | E | |
| Ranolazine ER | 1 | |
| Tikosyn | E | |
| Verquvo | 3 | PA, QL |

Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension

| | | |
|-------------------------------|---|------------|
| Adcirca | E | SP |
| Adempas | 2 | PA, QL, SP |
| Letairis | E | SP |
| Opsumit | 2 | PA, QL, SP |
| Orenitram | 3 | PA, SP |
| Remodulin | E | SP |
| Sildenafil Tab 20mg | 1 | PA, QL |
| Tracleer 62.5mg, 125mg | E | SP |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

Central Nervous System: Alzheimer's/Dementia

| | | |
|-----------------|---|----|
| Aduhelm | E | SP |
| Donepezil | 1 | |
| Memantine | 1 | |
| Namzaric | 2 | QL |

Central Nervous System: Antipsychotics

| | | |
|-------------------------|---|----|
| Abilify | E | |
| Abilify Maintena | 3 | |
| Aripiprazole | 1 | QL |
| Aristada | 3 | |
| Aristada Initio | 3 | |
| Invega Sustenna | 3 | |
| Invega Trinza | 3 | |
| Latuda | 3 | QL |
| Olanzapine | 1 | |
| Perseris | 3 | |
| Quetiapine | 1 | |
| Quetiapine ER | 1 | QL |
| Rexulti | 3 | QL |
| Risperdal | E | |
| Risperidone | 1 | |
| Saphris | E | |
| Secuado | E | |
| Seroquel | E | |
| Seroquel XR | E | |
| Vraylar | 3 | QL |
| Ziprasidone | 1 | |
| Zyprexa | E | |

Central Nervous System: Attention Deficit Disorder

| | | |
|-----------------------------------|---|--|
| Adderall | E | |
| Adderall XR | E | |
| Adhansia XR | E | |
| Amphetamine/ Dextroamphetamine | 1 | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

| | | |
|---|---|----|
| Amphetamine/ Dextroamphetamine ER | 1 | |
| Atomoxetine | 1 | |
| Azstarys | E | |
| Concerta | E | |
| Dexmethylphenidate | 1 | |
| Dexmethylphenidate ER | 1 | |
| Evekeo | E | |
| Focalin | E | |
| Focalin XR | E | |
| Guanfacine ER | 1 | |
| Intuniv | E | |
| Jornay PM | 3 | ST |
| Methylphenidate CD | 1 | |
| Methylphenidate ER | 1 | |
| Methylphenidate LA | 1 | |
| Methylphenidate Tab | 1 | |
| Methylphenidate XR | 1 | |
| Qelbree | E | |
| Ritalin | E | |
| Ritalin LA | E | |
| Strattera | E | |
| Vyvanse | 2 | |

Central Nervous System: Depression

| | | |
|--|---|----|
| Amitriptyline | 1 | |
| Bupropion | 1 | |
| Bupropion SR | 1 | QL |
| Bupropion XL 150mg, 300mg | 1 | QL |
| Bupropion XL 450mg (Forfivo XL ABA) | E | |
| Celexa | E | |
| Citalopram Tab | 1 | |
| Cymbalta | E | |
| Desvenlafaxine ER | 1 | QL |
| Doxepin | 1 | |
| Duloxetine | 1 | QL |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|----------------------|-----------|---------------------|
| Effexor XR | E | |
| Escitalopram Tab | 1 | |
| Fluoxetine | 1 | |
| Fluvoxamine | 1 | |
| Forfivo XL | E | |
| Lexapro | E | |
| Mirtazapine | 1 | |
| Nortriptyline | 1 | |
| Paroxetine Tab | 1 | |
| Paxil CR | E | |
| Paxil Tab | E | |
| Pristiq | E | |
| Prozac | E | |
| Sertraline Tab | 1 | |
| Spravato | 3 | PA, SP |
| Trazodone | 1 | |
| Trintellix | 3 | QL, ST |
| Venlafaxine | 1 | |
| Venlafaxine ER | 1 | |
| Viibryd | 3 | QL |
| Wellbutrin SR | E | |
| Wellbutrin XL | E | |
| Zoloft | E | |

Central Nervous System: Migraine

| | | |
|------------------------------------|---|--------|
| Aimovig | 2 | PA, QL |
| Ajovy | 2 | PA, QL |
| Butalbital/Acetaminophen /Caffeine | 1 | |
| Eletriptan | 1 | QL |
| Emgality 100mg/mL | 2 | PA, QL |
| Emgality 120mg/mL | E | |
| Imitrex | E | |
| Imitrex Statdose | E | |
| Maxalt | E | |
| Maxalt-MLT | E | |
| Nurtec | 2 | PA, QL |
| Onzetra Xsail | E | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--------------------------|-----------|---------------------|
| Relpax | E | |
| Rizatriptan | 1 | QL |
| Reyvow | E | |
| Sumatriptan Tab | 1 | QL |
| Tosymra | E | |
| Treximet | E | |
| Ubrelvy | 2 | PA, QL |
| Zembrace Symtouch | E | |
| Zomig Tab | E | |
| Zomig ZMT | E | |

Central Nervous System: Multiple Sclerosis

| | | |
|--------------------|---|------------|
| Ampyra | 3 | PA, QL, SP |
| Aubagio | 3 | PA, QL, SP |
| Avonex | 2 | PA, QL, SP |
| Bafiertam | 2 | PA, QL, SP |
| Betaseron | 2 | PA, QL, SP |
| Copaxone | 2 | PA, QL, SP |
| Dimethyl Fumarate | 1 | PA, QL, SP |
| Extavia | E | SP |
| Gilenya | 3 | PA, QL, SP |
| Glatiramer Acetate | 1 | PA, QL, SP |
| Kesimpta | 2 | PA, QL, SP |
| Mavenclad | 3 | PA, SP |
| Mayzent | 3 | PA, QL, SP |
| Plegridy | E | SP |
| Ponvory | E | SP |
| Rebif | E | SP |
| Tecfidera | E | SP |
| Vumerity | 2 | PA, QL, SP |
| Zeposia | 3 | PA, QL, SP |

Central Nervous System: Other

| | | |
|-------------------|---|------------|
| Alprazolam Tab | 1 | QL |
| Armodafinil | 1 | |
| Ativan Tab | E | |
| Austedo | 3 | PA, QL, SP |
| Buspirone | 1 | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|---------------------|-----------|---------------------|
| Diazepam Tab | 1 | |
| Exservan | E | |
| Gralise | 3 | PA, QL, ST |
| Horizant | 3 | PA, QL |
| Hydroxyzine HCL | 1 | |
| Hydroxyzine Pamoate | 1 | |
| Lithium | 1 | |
| Lithium ER | 1 | |
| Lorazepam Tab | 1 | |
| Loreev XR | E | |
| Modafinil | 1 | |
| Nuvigil | E | |
| Provigil | E | |
| Sunosi | 2 | PA, QL |
| Tegsedi | 3 | PA, SP |
| Tiglutik | 3 | PA, QL |
| Valium | E | |
| Wakix | 3 | PA, QL, SP |
| Xanax | E | |
| Xanax ER | E | |
| Xyrem | 3 | PA, QL, SP |
| Xywav | 3 | PA, QL, SP |

Central Nervous System: Parkinson's Disease

| | | |
|--------------------|---|------------|
| Benzotropine | 1 | |
| Carbidopa-Levodopa | 1 | |
| Gocovri | E | |
| Inbrija | 3 | PA, SP |
| Kynmobi | 3 | PA, QL, SP |
| Neupro | 3 | ST |
| Nourianz | 3 | |
| Ongentys | 3 | QL, ST |
| Osmolex ER | E | |
| Pramipexole | 1 | |
| Ropinirole | 1 | |
| Rytary | 3 | ST |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Central Nervous System: Sedatives/Hypnotics | | |
| Ambien | E | |
| Ambien CR | E | |
| Belsomra | 3 | QL, ST |
| Dayvigo | 3 | QL, ST |
| Eszopiclone | 1 | QL |
| Lunesta | E | |
| Restoril | E | |
| Silenor | 3 | QL |
| Temazepam | 1 | |
| Triazolam | 1 | QL |
| Zolpidem | 1 | QL |
| Zolpidem ER | 1 | QL |

Central Nervous System: Seizure Disorders

| | | |
|-------------------------------|---|--------|
| Aptiom | 3 | |
| Briviact | 3 | ST |
| Carbamazepine | 1 | |
| Carbatrol | E | |
| Clonazepam | 1 | QL |
| Depakote | E | |
| Depakote ER | E | |
| Depakote Sprinkles | E | |
| Dilantin Capsule 100mg | E | |
| Dilantin Infatabs | E | |
| Dilantin Suspension | E | |
| Divalproex DR | 1 | |
| Divalproex ER | 1 | |
| Elepsia XR | E | |
| Epidiolex | 3 | PA, SP |
| Fycompa | 3 | |
| Gabapentin | 1 | |
| Keppra | E | |
| Keppra XR | E | |
| Klonopin | E | |
| Lamictal | E | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|----------------------|-----------|---------------------|
| Lamictal ODT | E | |
| Lamictal Starter Kit | E | |
| Lamictal XR | E | |
| Lamotrigine | 1 | |
| Lamotrigine ER | 1 | |
| Levetiracetam | 1 | |
| Lyrica | E | |
| Lyrica CR | E | |
| Nayzilam | 3 | QL |
| Neurontin | E | |
| Onfi | E | |
| Oxcarbazepine | 1 | |
| Oxtellar XR | E | |
| Pregabalin | 1 | QL |
| Primidone | 1 | |
| Qudexy XR | E | |
| Sabril | E | SP |
| Sympazan | 3 | PA |
| Tegretol | E | |
| Tegretol-XR | E | |
| Topamax | E | |
| Topamax Sprinkle | E | |
| Topiramate | 1 | |
| Trileptal | E | |
| Trokendi XR | 3 | ST |
| Valtoco | 3 | QL |
| Vimpat | 3 | |
| Xcopri | 3 | ST |
| Zonegran | E | |
| Zonisamide | 1 | |
| Dermatology | | |
| Acanya | E | |
| Aczone Gel 5% | E | |
| Aczone Gel 7.5% | 2 | |
| Aklief | E | |
| Ala Scalp | E | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|---|-----------|---------------------|
| Amzeeq | 3 | |
| Apexicon E | E | |
| Arazlo | E | |
| Avita | E | |
| Benzamycin | E | |
| Betamethasone Cream | 1 | |
| Bryhali | 3 | |
| Calcipotriene Foam 0.005% (Sorilux ABA) | E | |
| Capex | E | |
| Ciclopirox Solution | 1 | |
| Clindagel | E | |
| Clindamycin Lotion, Solution, Swab | 1 | |
| Clindamycin Gel | 1 | |
| Clindamycin/Benzoyl Peroxide Gel 1-5% | 1 | |
| Clobetasol Cream, Ointment, Solution | 1 | |
| Clobex | E | |
| Cloderm | E | |
| Clotrimazole/Betamethasone Cream | 1 | |
| Clotrimazole Cream | 1 | |
| Cordran Tape | E | |
| Differin Cream, Gel, Lotion | E | |
| Duobrii | E | |
| Elidel | E | |
| Enstilar | 3 | QL |
| Epiduo | E | |
| Epiduo Forte | 3 | |
| Eucrisa | 2 | ST |
| Fabior | E | |
| Finacea | 3 | ST |
| Fluocinonide Solution | 1 | |
| Fluoroplex | 3 | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Fluorouracil Cream 0.5% | 2 | |
| Fluorouracil Cream 5% | 1 | |
| Halobetasol Propionate Foam (Lexette ABA) | E | |
| Halog Cream, Ointment | E | |
| Hydrocortisone Cream, Ointment | 1 | |
| Imiquimod Cream | 1 | |
| Impeklo | E | |
| Impoyz | E | |
| Kenalog Spray | E | |
| Ketoconazole Cream, Shampoo | 1 | |
| Klisyri | 3 | ST |
| Lexette | E | |
| Lidocaine/Prilocaine Cream | 1 | |
| Metrogel | E | |
| Metronidazole Cream, Gel | 1 | |
| Mirvaso | 3 | |
| Mometasone Cream | 1 | |
| Mupirocin Cream, Ointment | 1 | |
| Natroba | E | |
| Noritate | E | |
| Nystatin Cream, Ointment | 1 | |
| Onexton | 3 | |
| Pandel | E | |
| Psorcon | E | |
| Retin-A | E | |
| Retin-A Micro 0.06%, 0.08% | 2 | PA |
| Retin-A-Micro 0.04%, 0.1% | E | |
| Rhofade | 3 | PA |
| Silvadene | E | |
| Soolantra | 3 | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|---|-----------|---------------------|
| Sorilux | E | |
| Taclonex Ointment | E | |
| Taclonex Suspension | 3 | QL |
| Tacrolimus Ointment | 1 | |
| Tazarotene Foam | E | |
| Tazorac | E | |
| Topicort Spray | E | |
| Tretinoin Cream | 1 | PA |
| Triamcinolone Cream, Ointment | 1 | |
| Trianex | E | |
| Ultravate | E | |
| Vectical | E | |
| Veltin | E | |
| Verdeso | E | |
| Winlevi | E | |
| Wynzora | E | |
| Xepi | 3 | |
| Ximino | 3 | |
| Ziana | E | |
| Zilxi | 3 | ST |
| Zovirax | E | |
| Zyclara | E | |
| Zyclara Pump | E | |
| Diabetes/Endocrine Blood: Glucose Monitoring | | |
| Accu-Chek FastClix Lancet Kit | 2 | |
| Accu-Chek Guide Test Strips | E | |
| Accu-Chek Softclix Lancet Device Kit | 2 | |
| BD Autosshield Duo Pen Needles | 2 | |
| BD Ultra-Fine Insulin Syringes | 2 | |
| BD Ultra-Fine Pen Needles | 2 | |
| Contour Monitor Device | 2 | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|---|-----------|---------------------|
| Contour Monitor Kit w/ Device | 2 | |
| Contour Next EZ Kit w/ Device | 2 | |
| Contour Next Link Kit w/ Device | 2 | |
| Contour Next Monitor Kit w/ Device | 2 | |
| Contour Next One Kit | 2 | |
| Contour Next Test Strips | 2 | |
| Contour Test Strips | 2 | |
| Dexcom G5 Receiver Kit, Mobile Receiver, Mobile Transmitter | 2 | |
| Dexcom G6 Receiver, Sensor, Transmitter | 2 | |
| FreeStyle Libre Reader | E | |
| FreeStyle Libre 2 Reader, Sensor | E | |
| FreeStyle Libre 14 Reader, Sensor | E | |
| GHT Test | E | |
| Guardian Link 3 Transmitter | 3 | |
| Guardian Sensor (3) | 3 | |
| Novofine Autocover Pen Needles | 2 | |
| Novofine Pen Needles | 2 | |
| Novofine Plus Pen Needles | 2 | |
| Novotwist Pen Needles | 2 | |
| OneTouch Ultra Test Strips | E | |
| OneTouch Ultra 2 Kit w/ Device | E | |
| OneTouch Ultra Mini Kit w/ Device | E | |
| OneTouch Verio Flex System | E | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| OneTouch Verio IQ System | E | |
| OneTouch Verio Kit w/ Device | E | |
| OneTouch Verio Reflect Kit w/ Device | E | |
| OneTouch Verio Sync System Kit w/ Device | E | |
| OneTouch Verio Test Strips | E | |
| V-Go 20 | 2 | PA, QL |
| V-Go 30 | 2 | PA, QL |
| V-Go 40 | 2 | PA, QL |
| Diabetes/Endocrine: Insulin | | |
| Admelog | E | |
| Admelog Solostar | E | |
| Apidra | E | |
| Apidra Solostar | E | |
| Basaglar KwikPen | E | |
| Fiasp | E | |
| Fiasp FlexTouch | E | |
| Fiasp Penfill | E | |
| Humalog Mix 50/50 Vials and KwikPen | 2 | |
| Humalog Mix 75/25 Vials and KwikPen | 2 | |
| Humalog U-100 Junior KwikPen | 2 | |
| Humalog Vials and KwikPen | 2 | |
| Humulin 70/30 Vials and KwikPen | 2 | |
| Humulin N Vials and KwikPen | 2 | |
| Humulin R U-500 Vials and KwikPen | 2 | |
| Humulin R Vials | 2 | |
| Insulin Aspart (Novolog ABA) | E | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|---|-----------|---------------------|
| Insulin Aspart Flexpen (Novolog FlexPen ABA) | E | |
| Insulin Aspart Mix 70/30 (Novolog Mix 70/30 ABA) | E | |
| Insulin Aspart Mix 70/30 FlexPen (Novolog Mix 70/30 FlexPen ABA) | E | |
| Insulin Aspart Penfill (Novolog Penfill ABA) | E | |
| Insulin Glargine-yfgn | E | |
| Insulin Lispro (Humalog ABA) | E | |
| Insulin Lispro Junior KwikPen (Humalog Junior KwikPen ABA) | E | |
| Insulin Lispro KwikPen (Humalog KwikPen ABA) | E | |
| Insulin Lispro Mix 75/25 KwikPen (Humalog Mix 75/25 KwikPen ABA) | E | |
| Lantus Solostar | 2 | |
| Lantus U-100 Vials | 2 | |
| Levemir U-100 FlexTouch | E | |
| Levemir U-100 Vials | E | |
| Lyumjev Vials and KwikPen | 2 | |
| Novolin 70/30 FlexPen and FlexPen Relion | E | |
| Novolin 70/30 Relion | E | |
| Novolin 70/30 Vials | E | |
| Novolin N Flexpen and Flexpen Relion | E | |
| Novolin N Relion | E | |
| Novolin N Vials | E | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Novolin R Flexpen and Flexpen Relion | E | |
| Novolin R Relion | E | |
| Novolin R Vials | E | |
| Novolog Flexpen and Flexpen Relion | E | |
| Novolog Mix 70/30 Flexpen | E | |
| Novolog Mix 70/30 Relion | E | |
| Novolog Mix 70/30 Vials | E | |
| Novolog Penfill | E | |
| Novolog Relion | E | |
| Novolog U-100 Vials | E | |
| Semglee | E | |
| Semglee (yfgn) | E | |
| Soliqua | 2 | QL, ST |
| Toujeo Max SoloStar | 2 | |
| Toujeo SoloStar | 2 | |
| Tresiba | E | |
| Tresiba FlexTouch | E | |
| Diabetes/Endocrine: Non-Insulin | | |
| Adlyxin | E | |
| Alogliptin (Nesina ABA) | E | |
| Alogliptin/Metformin (Kazano ABA) | E | |
| Alogliptin/Pioglitazone (Oseni ABA) | E | |
| Baqsimi | 2 | |
| Bydureon BCise | 2 | QL, ST |
| Byetta | 2 | QL, ST |
| Farxiga | 2 | ST |
| Glimepiride | 1 | |
| Glipizide | 1 | |
| Glipizide ER | 1 | |
| GlucaGen HypoKit | E | |
| Glucagon Emergency Kit (Lilly manufacturer) | E | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Glucagon Emergency Kit (Fresenius manufacturer) | 2 | |
| Glumetza | E | |
| Glyburide | 1 | |
| Glyxambi | 2 | ST |
| Gvoke HypoPen | E | |
| Gvoke Kit | E | |
| Gvoke PFS | E | |
| Invokamet | E | |
| Invokamet XR | E | |
| Invokana | E | |
| Janumet | 2 | ST |
| Janumet XR | 2 | ST |
| Januvia | 2 | ST |
| Jardiance | 2 | ST |
| Jentaduetto | 2 | ST |
| Jentaduetto XR | 2 | ST |
| Kazano | E | |
| Kombiglyze XR | E | |
| Metformin | 1 | |
| Metformin ER | 1 | |
| Metformin ER Modified Release (generic Glumetza) | E | |
| Metformin ER Osmotic (generic Fortamet) | E | |
| Nesina | E | |
| Onglyza | E | |
| Oseni | E | |
| Ozempic | 2 | QL, ST |
| Pioglitazone | 1 | |
| Qtern | E | |
| Rybelsus | 2 | QL, ST |
| Segluromet | E | |
| Steglatro | E | |
| Steglujan | E | |
| SymlinPen | 3 | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|---|-----------|---------------------|
| Synjardy | 2 | ST |
| Synjardy XR | 2 | ST |
| Tradjenta | 2 | ST |
| Trijardy XR | 2 | ST |
| Trulicity | 2 | QL, ST |
| Victoza | 2 | QL, ST |
| Xigduo XR | 2 | ST |
| Zegalogue | 2 | |
| Endocrine: Growth Hormone | | |
| Genotropin | E | SP |
| Humatrope | E | SP |
| Norditropin FlexPro | 2 | PA, SP |
| Nutropin AQ NuSpin | 2 | PA, SP |
| Omnitrope | E | SP |
| Saizen | E | SP |
| Zomacton | E | SP |
| Endocrine: Other | | |
| Acthar | 2 | PA, SP |
| Alkindi Sprinkle | E | |
| Cabergoline | 1 | |
| Calcitriol Cap | 1 | |
| Cortef | E | |
| Dexamethasone Tab | 1 | |
| Fensolvi | 3 | PA, QL, SP |
| Hemady | E | |
| Hydrocortisone Tab | 1 | |
| Isturisa | E | SP |
| Kenalog-40 | E | |
| Lupron Depot 7.5mg, 22.5mg, 30mg, 45mg | 2 | PA, SP |
| Methylprednisolone Tab | 1 | |
| Mycapssa | E | SP |
| Ortikos | E | |
| Osphena | 3 | |
| Prednisone | 1 | |
| Prednisolone Tab | 1 | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Prednisolone Sodium Phosphate Solution | 1 | |
| Rayos | E | |
| Signifor | E | SP |
| Somatuline Depot | 3 | PA, SP |
| Supprelin LA | 2 | PA, QL, SP |
| TaperDex 6-Day | 3 | |
| TaperDex 7-Day | 3 | |
| TaperDex 12-Day | 3 | |
| Triptodur | 3 | PA, QL, SP |

Endocrine: Thyroid Hormone Replacement

| | | |
|---|---|----|
| Armour Thyroid | 3 | ST |
| Cytomel | E | |
| Euthyrox | 1 | |
| Levothyroxine Tab | 1 | |
| Levothyroxine Cap (Tirosint ABA) | E | |
| Levoxyl | 1 | |
| Liothyronine | 1 | |
| Methimazole | 1 | |
| NP Thyroid | 1 | |
| Synthroid | E | |
| Thyquidity | E | |
| Tirosint | E | |

Eye Conditions: Antibiotics

| | | |
|--|---|--|
| Besivance | 3 | |
| Ciprofloxacin Ophthalmic | 1 | |
| Erythromycin Ophthalmic | 1 | |
| Moxeza | 2 | |
| Moxifloxacin Ophthalmic | 1 | |
| Ofloxacin Ophthalmic | 1 | |
| Polymyxin B/ Trimethoprim Ophthalmic | 1 | |
| Tobradex | E | |
| Tobradex ST | 3 | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Tobramycin/ Dexamethasone Ophthalmic | 1 | |
| Vigamox | E | |
| Zylet | 3 | |

Eye Conditions: Glaucoma

| | | |
|-----------------------------------|---|----|
| Alphagan P 0.1% | 2 | |
| Alphagan P 0.15% | E | |
| Azopt | E | |
| Betimol | 3 | |
| Brimonidine Ophthalmic | 1 | |
| Combigan | 2 | |
| Cosopt | E | |
| Cosopt PF | E | |
| Dorzolamide/Timolol Ophthalmic | 1 | |
| Latanoprost Ophthalmic | 1 | QL |
| Lumigan | 2 | QL |
| Rhopressa | 3 | |
| Rocklatan | 3 | QL |
| Simbrinza | 2 | |
| Timolol Ophthalmic | 1 | |
| Timoptic | E | |
| Timoptic Ocudose | E | |
| Timoptic-XE | E | |
| Travatan Z | E | |
| Vyzulta | E | |
| Xalatan | E | |
| Zioptan | E | |

Eye Conditions: Other

| | | |
|-------------------------|---|--------|
| Bepreve | E | |
| Bromsite | E | |
| Cequa | E | |
| Cyclosporine Ophthalmic | 1 | PA |
| Eysuvis | 3 | PA, QL |
| Flarex | 3 | |
| Ilevro | E | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Inveltys | 3 | |
| Ketorolac Ophthalmic | 1 | |
| Latisse | E | |
| Lotemax Gel, Ointment | 3 | |
| Lotemax Suspension | E | |
| Lotemax SM | 3 | |
| Neomycin/Polymyxin/ Dexamethasone Ophthalmic Ointment, Suspension | 1 | |
| Nevanac | E | |
| Olopatadine Ophthalmic | 1 | |
| Pred Forte | E | |
| Prednisolone Ophthalmic | 1 | |
| Prolensa | 2 | QL |
| Restasis | 2 | PA |
| Restasis Multidose | 2 | PA |
| Xiidra | 2 | PA |
| Zerviate | E | |

Gastrointestinal: Acid Suppression

| | | |
|-------------------------------------|---|----|
| Aciphex | E | |
| Carafate Tab | E | |
| Dexilant | E | |
| Duexis | E | |
| Esomeprazole Magnesium (Rx only) | 1 | QL |
| Famotidine (Rx only) | 1 | |
| Ibuprofen/Famotidine | E | |
| Lansoprazole (Rx only) | 1 | QL |
| Misoprostol | 1 | |
| Nexium Cap | E | |
| Omeprazole (Rx only) | 1 | QL |
| Omeprazole/Sodium Bicarbonate | E | |
| Pantoprazole | 1 | QL |
| Prevacid | E | |
| Prevacid SoluTab | E | |
| Protonix Tab | E | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Rabeprazole | 1 | QL |
| Rabeprazole Sprinkle (Aciphex Sprinkle ABA) | E | |
| Sucralfate Tab | 1 | |
| Vimovo | E | |
| Zegerid | E | |

Gastrointestinal: Inflammatory Bowel Disease

| | | |
|---------------------------|---|--|
| Apriso | 2 | |
| Asacol HD | E | |
| Canasa | E | |
| Cortifoam | 3 | |
| Delzicol | E | |
| Dipentum | E | |
| Hydrocortisone (Perianal) | 1 | |
| Lialda | E | |
| Mesalamine DR | 1 | |
| Mesalamine ER 0.375gm | 1 | |
| Pentasa | 3 | |
| Proctofoam-HC | 2 | |
| Sulfasalazine | 1 | |
| Uceris Rectal | 3 | |
| Uceris Tab | E | |

Gastrointestinal: Nausea/Vomiting

| | | |
|-----------------------------|---|----|
| Gimoti | E | |
| Meclizine | 1 | |
| Metoclopramide | 1 | |
| Ondansetron ODT | 1 | |
| Ondansetron Tab 4mg, 8mg | 1 | |
| Prochlorperazine | 1 | |
| Sancuso | E | |
| Scopolamine | 1 | |
| Varubi | 3 | QL |

Gastrointestinal: Other

| | | |
|----------------|---|--|
| Amitiza | E | |
|----------------|---|--|

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Clenpiq | 3 | |
| Creon | 2 | |
| Dicyclomine | 1 | |
| Diphenoxylate/Atropine | 1 | |
| Glycopyrrolate Tab 1mg, 2mg | 1 | |
| Golytely | E | |
| Hyoscyamine Sulfate SL | 1 | |
| Lactulose | 1 | |
| Linzess | 2 | QL, ST |
| Lubiprostone (Amitiza ABA) | E | |
| Motegrity | 3 | QL, ST |
| Motofen | E | |
| Movantik | E | |
| Moviprep | E | |
| Nulytely Lemon-Lime | E | |
| Omeclamox-Pak | 2 | |
| OsmoPrep | E | |
| Pancreaze | E | |
| PEG 3350-KCl-Na Bicarb-NaCl | 1 | |
| Pertzye | E | |
| Plenvu | E | |
| Pylera | 2 | |
| Relistor | E | |
| Reltone | E | |
| Suprep Bowel Prep | 3 | |
| Sutab | 3 | |
| Symproic | 2 | QL, ST |
| Talicia | 3 | |
| Trulance | E | |
| Ursodiol Cap 200mg, 400mg (Reltone ABA) | E | |
| Viberzi | 3 | PA, QL |
| Viokace | E | |
| Zelnorm | 3 | PA, QL |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Zenpep | 2 | |
| Gout | | |
| Allopurinol | 1 | |
| Colchicine Capsule (Mitigare ABA) | E | |
| Colchicine Tab | 1 | |
| Colcrys | E | |
| Febuxostat | 1 | |
| Gloperba | E | |
| Mitigare | E | |
| HIV/AIDS | | |
| Atripla | E | |
| Biktarvy | 3 | |
| Cabenuva | E | |
| Cimduo | 2 | |
| Descovy | E | |
| Dovato | 2 | |
| Emtricitabine/Tenofovir Disoproxil Fumarate | 1 | |
| Genvoya | 3 | |
| Juluca | 2 | |
| Odefsey | 3 | |
| Prezcobix | 2 | |
| Rukobia | 2 | |
| Symfi | 2 | |
| Symfi Lo | 2 | |
| Temixys | E | |
| Tivicay | 2 | |
| Triumeq | 2 | |
| Truvada | E | |
| Vocabria | E | |
| Infertility | | |
| Cetrotide | E | SP |
| Clomiphene Citrate | 1 | |
| Follistim AQ | 2 | PA, SP |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|----------------------------------|-----------|---------------------|
| Ganirelix (Organon manufacturer) | 1 | SP |
| Gonal-f | E | SP |
| Gonal-f RFF | E | SP |
| Ovidrel | 3 | SP |
| Inflammatory Conditions | | |
| Actemra⁺ | 3 | PA, SP |
| Avsola | 2 | PA, SP |
| Cimzia | 2 | PA, SP |
| Cosentyx | E | SP |
| Enbrel | 3 | PA, SP |
| Humira | 2 | PA, SP |
| Hydroxychloroquine | 1 | |
| Inflectra | 2 | PA, SP |
| Infliximab | E | SP |
| Leflunomide | 1 | |
| Methotrexate | 1 | |
| Olumiant | E | SP |
| Orencia⁺ | 3 | PA, SP |
| Otezla | 2 | PA, SP |
| Otrexup | E | |
| Plaquenil | E | |
| Rasuvo | 2 | PA, QL |
| RediTrex | E | |
| Remicade | E | SP |
| Renflexis | E | SP |
| Rinvoq | 2 | PA, SP |
| Simponi | 2 | PA, SP |
| Skyrizi | 2 | PA, SP |
| Stelara | 2 | PA, QL, SP |
| Taltz⁺ | 3 | PA, SP |
| Tremfya | 2 | PA, SP |
| Trexall | 3 | |
| Xeljanz | 2 | PA, SP |
| Xeljanz XR | 2 | PA, SP |
| + Tier 3 Preferred | | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|---|-----------|---------------------|
| Men's Health: Erectile Dysfunction | | |
| Cialis | E | |
| Sildenafil 25mg, 50mg, 100mg | 1 | QL |
| Stendra | E | |
| Tadalafil | 1 | QL |
| Viagra | E | |
| Men's Health: Prostate | | |
| Alfuzosin ER | 1 | |
| Avodart | E | |
| Cialis 2.5mg, 5mg | E | |
| Dutasteride | 1 | |
| Finasteride 5mg | 1 | |
| Flomax | E | |
| Tamsulosin | 1 | |
| Men's Health: Testosterone Therapy | | |
| Androderm | 2 | PA |
| Androgel | E | |
| Aveed | E | |
| Depo-Testosterone | E | |
| Fortesta | E | |
| Jatenzo | E | |
| Natesto | E | |
| Testim | E | |
| Testopel | E | |
| Testosterone Cypionate IM Injection | 1 | PA |
| Testosterone Gel 1%, 1.62%, 2% | 1 | PA |
| Vogelxo | E | |
| Xyosted | 3 | PA |
| Miscellaneous | | |
| Addyi | 3 | PA, QL |
| Amondys 45 | E | SP |
| Arakoda | 3 | |
| Asceniv | E | SP |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|-----------------------------|-----------|---------------------|
| Auryxia | 3 | |
| Auvi-Q 0.15mg, 0.3mg | E | |
| Benlysta | 3 | PA, SP |
| Benzonatate | 1 | |
| Beovu | E | SP |
| Botox (non-cosmetic) | 2 | PA, SP |
| Brisdelle | E | |
| Bronchitol | E | |
| Cerdelga | 3 | PA, SP |
| Chlorhexidine Mouth/Throat | 1 | |
| Clarinex | E | |
| Clarinex-D | E | |
| Cuprimine | E | SP |
| Cutaquig | E | SP |
| Depen Titratabs | 2 | SP |
| Dojolvi | E | |
| Dupilxent | 2 | PA, QL, SP |
| Elmiron | E | |
| Emverm | 2 | |
| Endari | 3 | PA |
| Epinephrine Auto-Injector | 1 | |
| Epipen | 3 | ST |
| Epipen Jr | E | |
| Esbriet | 3 | PA, SP |
| Exondys 51 | E | SP |
| Fasenra | 2 | PA, SP |
| Firazyr | E | SP |
| Firdapse | E | SP |
| Haegarda | 3 | PA, SP |
| Hemangeol | 3 | |
| Hetlioz | E | SP |
| Hetlioz LQ | E | SP |
| Ingrezza | 3 | PA, QL, SP |
| Ivermectin Tab | 1 | |
| Jynarque | E | SP |
| Kerendia | 3 | PA, QL |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|------------------------------------|-----------|---------------------|
| Kuvan | E | SP |
| Lidocaine Viscous | 1 | |
| Lupkynis | E | SP |
| Makena | 2 | PA, SP |
| Nityr | 3 | PA, SP |
| Nocdurna | 3 | |
| Nucala | 2 | PA, QL, SP |
| Ofev | 3 | PA, SP |
| Orfadin | 3 | PA, SP |
| Oriahnn | 2 | PA, QL |
| Orilissa | 2 | PA, QL |
| Orladeyo | 3 | PA, QL, SP |
| Oxbryta | E | SP |
| Palforzia | E | SP |
| Panzyga | E | SP |
| Penicillamine Cap | E | SP |
| Phenazopyridine (Rx only) | 1 | |
| Promethazine | 1 | |
| Promethazine/Codeine | 1 | PA, QL |
| Promethazine DM | 1 | |
| Propecia | E | |
| Pseudoephedrine/Brompheniramine/DM | 1 | |
| Pulmozyme | 2 | PA, SP |
| Qbrexza | 3 | QL |
| Royaldee | 3 | PA |
| Renagel | E | |
| Rezurock | E | SP |
| Ruconest | 3 | PA, SP |
| Sandostatin | E | SP |
| Sensipar | E | |
| Strensiq | 2 | PA, SP |
| Symjepi | 3 | |
| Takhzyro | 3 | PA, SP |
| Thiola | 3 | SP |
| Thiola EC | 3 | SP |
| Trikafta | 3 | PA, QL, SP |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|------------|-----------|---------------------|
| Velphoro | 3 | |
| Viltepso | E | SP |
| Vyleesi | 3 | PA, QL |
| Vyondys 53 | E | SP |
| Xembify | 3 | PA, SP |
| Xhance | E | |
| Zolgensma | 3 | SP |

Musculoskeletal: Osteoarthritis

| | | |
|-------------|---|--------|
| Durolane | 2 | PA, SP |
| Euflexxa | 2 | PA, SP |
| Gelsyn-3 | 2 | PA, SP |
| Gel-One | E | SP |
| Genvisc 850 | E | SP |
| Hyalgan | E | SP |
| Hymovis | E | SP |
| Monovisc | E | SP |
| Orthovisc | E | SP |
| Supartz FX | E | SP |
| Synvisc | E | SP |
| Synvisc-One | E | SP |
| Triluron | E | SP |
| TriVisc | E | SP |
| Visco-3 | E | SP |

Musculoskeletal: Osteoporosis

| | | |
|----------------------------|---|------------|
| Alendronate Tab | 1 | QL |
| Binosto | 3 | QL |
| Forteo | E | SP |
| Ibandronate | 1 | QL |
| Prolia | 2 | PA, QL, SP |
| Teriparatide (Recombinant) | 2 | PA, QL, SP |
| Tymlos | 2 | PA, SP |

Musculoskeletal: Other

| | | |
|--------------|---|--|
| Amrix | E | |
| Baclofen Tab | 1 | |
| Carisoprodol | 1 | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|---------------------|-----------|---------------------|
| Cyclobenzaprine Tab | 1 | |
| Lorzone | 3 | |
| Metaxalone | 1 | |
| Methocarbamol | 1 | |
| Ozobax | E | |
| Skelaxin | E | |
| Soma | E | |
| Tizanidine Tab | 1 | |
| Vanadom | E | |
| Zanaflex | E | |

Musculoskeletal: Pain Relief

| | | |
|---|---|--------|
| Acetaminophen w/ Codeine | 1 | QL |
| Acetaminophen w/ Codeine #2, #3, #4 | 1 | QL |
| Acetaminophen/Caffeine/Dihydrocodeine | 1 | QL |
| Apadaz | E | |
| Arthrotec | E | |
| Belbuca | 2 | PA, QL |
| Benzhydrocodone/Acetaminophen | E | QL |
| Butrans | E | |
| Cambia | E | |
| Celebrex | E | |
| Celecoxib | 1 | QL |
| Conzip | E | |
| Diclofenac Cap 35mg (Zorvolex ABA) | E | |
| Diclofenac Gel 1% | 1 | QL |
| Diclofenac Patch 1.3% (Flector ABA) | E | |
| Diclofenac Tab | 1 | |
| Dilaudid Liquid, Tab | E | |
| Etodolac | 1 | |
| Fentanyl Citrate Buccal Tablet (Fentora ABA) | E | |
| Fentanyl Patch | 1 | PA, QL |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Fentora | E | |
| Fiorcet | E | |
| Fioricet/Codeine | E | |
| Flector | E | |
| Hydrocodone/ Acetaminophen | 1 | QL |
| Hydromorphone Tab | 1 | QL |
| Hysingla ER | 2 | PA, QL |
| Ibuprofen Tab (Rx only) | 1 | |
| Indomethacin Cap 20mg | 3 | |
| Indomethacin Cap 25mg, 50mg | 1 | |
| Ketorolac Tab | 1 | QL |
| Ketorolac Tromethamine Nasal Spray (Sprix ABA) | E | |
| Lazanda | E | |
| Licart | E | |
| Lidocaine Patch | 1 | |
| Lidoderm | E | |
| Meloxicam | 1 | |
| Mobic | E | |
| Morphine Sulfate ER | 1 | PA, QL |
| MS Contin | E | |
| Nabumetone | 1 | |
| Nalfon | E | |
| Naprelan | 3 | |
| Naproxen (Rx only) | 1 | |
| Norgesic Forte | E | |
| Nucynta | E | |
| Nucynta ER | E | |
| Orphengesic Forte (Norgesic Forte ABA) | E | |
| Oxycodone w/ Acetaminophen Tab 2.5/325mg, 5/325mg, 7.5/325mg, 10/325mg | 1 | QL |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Oxycodone w/ Acetaminophen Tab 2.5/300mg, 5/300mg, 10/300mg | 3 | QL |
| Oxycodone ER (Oxycontin ABA) | E | |
| Oxycodone Tab | 1 | QL |
| Oxycontin | 2 | PA, QL |
| Pennsaid | E | |
| Percocet | E | |
| Qdolo | E | |
| Relafen | E | |
| Relafen DS | E | |
| Roxicodone | E | |
| Sprix | E | |
| Subsys | E | |
| Tramadol | 1 | QL |
| Tramadol ER (Conzip ABA) | E | |
| Tramadol Solution (Qdolo ABA) | E | |
| Trezip | 3 | QL |
| Ultracet | E | |
| Ultram | E | |
| Xtampza ER | 2 | PA, QL |
| Zipsor | E | |
| Zorvolex | E | |
| ZTlido | E | |
| Overactive Bladder | | |
| Gemtesa | E | |
| Myrbetriq Suspension | E | |
| Myrbetriq Tab | 2 | |
| Oxybutynin | 1 | |
| Oxybutynin ER | 1 | |
| Solifenacin | 1 | |
| Tolterodine ER | 1 | |
| Toviaz | 3 | |
| Vesicare | E | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Vesicare LS | E | |
| Respiratory: Asthma/COPD | | |
| Advair Diskus | 2 | QL |
| Advair HFA | 2 | QL |
| AirDuo Digihaler | E | |
| AirDuo RespiClick | E | |
| Albuterol HFA | 1 | QL |
| Albuterol HFA (Ventolin HFA ABA) | E | |
| Albuterol Inhalation Solution | 1 | QL |
| Alvesco | E | |
| Anoro Ellipta | 2 | QL |
| ArmonAir Digihaler | E | |
| Arnuity Ellipta | 2 | QL |
| Asmanex | E | |
| Asmanex HFA | E | |
| Atrovent HFA | 3 | QL |
| Bevespi Aerosphere | E | |
| Breo Ellipta | 2 | QL |
| Breztri Aerosphere | 2 | QL |
| Brovana | E | |
| Budesonide Inhalation Suspension | 1 | QL |
| Budesonide/Formoterol (Symbicort ABA) | E | |
| Combivent Respimat | 2 | QL |
| Duaklir Pressair | E | |
| Dulera | E | |
| Flovent Diskus | 2 | QL |
| Flovent HFA | 2 | QL |
| Fluticasone/Salmeterol 100/50, 250/50, 500/50 | 1 | QL |
| Fluticasone/Salmeterol 55/14, 113/14, 232/14 (AirDuo RespiClick ABA) | E | |
| Incruse Ellipta | E | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|-------------------------------------|-----------|---------------------|
| Ipratropium/Albuterol | 1 | QL |
| Levalbuterol HFA (Xopenex HFA ABA) | E | |
| Lonhala Magnair | 3 | QL |
| Montelukast | 1 | |
| Perforomist | 3 | QL |
| ProAir Digihaler | E | |
| ProAir HFA | E | |
| ProAir RespiClick | E | |
| Proventil HFA | E | |
| Pulmicort Flexhaler | 2 | QL |
| Pulmicort Suspension | E | |
| Qvar RediHaler | E | |
| Serevent Diskus | 2 | QL |
| Singulair | E | |
| Spiriva HandiHaler | 2 | QL |
| Spiriva Respimat | 2 | QL |
| Stiolto Respimat | 2 | QL |
| Striverdi Respimat | 2 | QL |
| Symbicort | 2 | QL |
| Trelegy Ellipta | 2 | QL |
| Tudorza Pressair | E | |
| Ventolin HFA | E | |
| Wixela Inhub | 1 | QL |
| Xolair | 2 | PA, SP |
| Xopenex HFA | E | |
| Yupelri | 3 | QL |
| Respiratory: Nasal Allergies | | |
| Azelastine Nasal Spray | 1 | QL |
| Azelastine/Fluticasone Nasal Spray | 1 | QL |
| Dymista Spray | 2 | QL |
| Fluticasone Nasal Spray | 1 | |
| Ipratropium Nasal Spray | 1 | |
| Mometasone Nasal Spray | 1 | QL |
| Omnamis | 3 | QL |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--------------------------------------|-----------|---------------------|
| QNasi | 3 | QL |
| Zetonna | 3 | QL |
| Respiratory: Oral Allergies | | |
| Cetirizine Solution | 1 | |
| Cyproheptadine Tab | 1 | |
| Levocetirizine | 1 | |
| Transplant | | |
| Azathioprine Tab | 1 | |
| Cyclosporine Modified Cap | 1 | |
| Envarsus XR | 3 | |
| Mycophenolate Mofetil | 1 | |
| Mycophenolate Sodium | 1 | |
| Sirolimus Tab | 1 | |
| Tacrolimus Cap | 1 | |
| Vitamins/Electrolytes | | |
| Accrufer | E | |
| Carnitor | E | |
| Carnitor SF | E | |
| Cyanocobalamin Injection 1000mcg/mL | 1 | |
| Folic Acid 1mg (Rx only) | 1 | |
| K-Tab | E | |
| Klor-Con m20 | 1 | |
| Lokelma | 3 | |
| Nascobal | 3 | |
| Potassium Chloride Crys ER | 1 | |
| Potassium Chloride ER | 1 | |
| Potassium Citrate ER | 1 | |
| Veltassa | 3 | |
| Vitamin D (ergocalciferol) (Rx only) | 1 | |
| Weight Loss Management | | |
| Adipex-P | E | |
| Contrave | E | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Imcivree | E | SP |
| Phentermine | 1 | PA |
| Qsymia | 3 | PA |
| Saxenda | 3 | PA |
| Wegovy | 3 | PA |
| Women's Health: Birth Control | | |
| Altavera | 1 | |
| Annovera | 3 | |
| Apri | 1 | |
| Aurovela 24 Fe | 1 | |
| Aurovela Fe 1/20 | 1 | |
| Aviane | 1 | |
| Beyaz | E | |
| Blisovi 24 Fe | 1 | |
| Blisovi Fe 1/20 | 1 | |
| Cryselle-28 | 1 | |
| Drospirenone/Ethinyl Estradiol | 1 | |
| Eluryng | 1 | |
| Enskyce | 1 | |
| Estasylla | 1 | |
| Estradiol/Norethindrone Acetate | 1 | |
| Etonogestrel/Ethinyl Estradiol | 1 | |
| Generess Fe | E | |
| Isibloom | 1 | |
| Junel 1/20 | 1 | |
| Junel Fe 1/20 | 1 | |
| Junel Fe 1.5/30 | 1 | |
| Larin Fe 1/20 | 1 | |
| Larissia | 1 | |
| Lessina | 1 | |
| Levonorgestrel/Ethinyl Estradiol | 1 | |
| Levonorgestrel/Ethinyl Estradiol and Ethinyl Estradiol | 1 | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Lo Loestrin Fe | E | |
| Loestrin | E | |
| Loestrin Fe | E | |
| Loryna | 1 | |
| Low-ogestrel | 1 | |
| Medroxyprogesterone Acetate Injection | 1 | QL |
| Mili | 1 | |
| Minastrin 24 Fe | E | |
| Mirena | 3 | |
| Mono-Linyah | 1 | |
| Natazia | 2 | |
| Nextstellis | E | |
| Nikki | 1 | |
| Norethindrone | 1 | |
| Norethindrone Acetate | 1 | |
| Norethindrone Acetate/Ethinyl Estradiol | 1 | |
| Norethindrone Acetate/Ethinyl Estradiol/Fe | 1 | |
| Norgestimate/Ethinyl Estradiol Triphasic | 1 | |
| Nortrel 1/35 | 1 | |
| Phexxi | E | |
| Safyral | E | |
| Seasonique | E | |
| Slynd | E | |
| Sprintec 28 | 1 | |
| Tri Femynor | 1 | |
| Tri-Estarylla | 1 | |
| Tri-Lo-Marzia | 1 | |
| Tri-Lo-Mili | 1 | |
| Tri-Lo-Sprintec | 1 | |
| Tri-Sprintec | 1 | |
| Twirla | E | |
| Vestura | 1 | |
| Vienva | 1 | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|--|-----------|---------------------|
| Xulane | 1 | |
| Yasmin 28 | E | |
| Yaz | E | |
| Zafemy | 1 | |
| Women's Health: Hormone Replacement | | |
| Bijuva | 3 | |
| Climara | E | |
| Climara Pro | 2 | |
| Delestrogen IM Injection | E | |
| Divigel | 3 | |
| Dotti | 1 | |
| Duavee | 2 | |
| Elestrin | 3 | |
| Endometrin | 2 | |
| Estrace | E | |
| Estradiol Patch, Tab, Vaginal Cream | 1 | |
| EstroGel | 3 | |
| Evamist | 3 | |
| Imvexxy | 2 | |
| Medroxyprogesterone Acetate Tab | 1 | |
| Myfembree | 2 | PA, QL |
| Premarin Tab | 2 | |
| Premarin Vaginal Cream | 2 | |
| Premphase | 2 | |
| Prempro | 2 | |
| Progesterone Cap | 1 | |
| Prometrium | E | |
| Vagifem | E | |
| Vivelle-Dot | E | |
| Yuvaferm | 1 | |
| Women's Health: Vaginal Anti-Infectives | | |
| Clindesse | 3 | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|---------------------------------|-----------|---------------------|
| Gynazole-1 Vaginal Cream | 3 | |
| Metronidazole Vaginal Gel | 1 | |

| DRUG NAME | DRUG TIER | PROGRAMS AND LIMITS |
|---------------------------|-----------|---------------------|
| Terconazole Vaginal Cream | 1 | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

Index

A

| | | | | | |
|---|----|---|----|------------------------------------|----|
| Abilify | 13 | Ala Scalp | 16 | Apriso | 22 |
| Abilify Maintena | 13 | Albuterol HFA | 28 | Aptiom | 15 |
| Abiraterone | 9 | Albuterol HFA (Ventolin HFA ABA) .. | 28 | Arakoda | 24 |
| Absorica | 8 | Albuterol Inhalation Solution | 28 | Aranesp | 9 |
| Absorica LD | 8 | Alecensa | 9 | Arazlo | 16 |
| Acanya | 16 | Alendronate Tab | 26 | Arimidex | 9 |
| Accrufer | 29 | Alfuzosin ER | 24 | Aripiprazole | 13 |
| Accu-Chek FastClix Lancet Kit | 17 | Alkindi Sprinkle | 20 | Aristada | 13 |
| Accu-Chek Guide Test Strips | 17 | Allopurinol | 23 | Aristada Initio | 13 |
| Accu-Chek Softclix Lancet Device Kit | 17 | Alogliptin (Nesina ABA) | 19 | Armodafinil | 14 |
| Acetaminophen w/ Codeine | 26 | Alogliptin/Metformin (Kazano ABA) | 19 | ArmonAir Digihaler | 28 |
| Acetaminophen w/ Codeine #2, #3, #4 | 26 | Alogliptin/Pioglitazone (Oseni ABA) | 19 | Armour Thyroid | 21 |
| Acetaminophen/Caffeine/ Dihydrocodeine | 26 | Alphagan P 0.1% | 21 | Arnuity Ellipta | 28 |
| Aciphex | 22 | Alphagan P 0.15% | 21 | Arthrotec | 26 |
| Actemra | 24 | Alprazolam Tab | 14 | Asacol HD | 22 |
| Acthar | 20 | Altace | 10 | Asceniv | 24 |
| Acticlate | 8 | Altavera | 29 | Asmanex | 28 |
| Acyclovir Tab | 9 | Alunbrig | 9 | Asmanex HFA | 28 |
| Aczone Gel 5% | 16 | Alvesco | 28 | Aspirin/Omeprazole (Yosprala ABA) | 10 |
| Aczone Gel 7.5% | 16 | Ambien | 15 | Atacand | 11 |
| Adcirca | 12 | Ambien CR | 15 | Atenolol | 11 |
| Adderall | 13 | Amiodarone | 12 | Atenolol/Chlorthalidone | 11 |
| Adderall XR | 13 | Amitiza | 22 | Ativan Tab | 14 |
| Addyi | 24 | Amitriptyline | 13 | Atomoxetine | 13 |
| Adempas | 12 | Amlodipine | 11 | Atorvastatin | 12 |
| Adhansia XR | 13 | Amlodipine/Benazepril | 11 | Atripla | 23 |
| Adipex-P | 29 | Amlodipine/Olmesartan | 11 | Atrovent HFA | 28 |
| Adlyxin | 19 | Amlodipine/Valsartan | 11 | Aubagio | 14 |
| Admelog | 18 | Amondys 45 | 24 | Aurovela 24 Fe | 29 |
| Admelog Solostar | 18 | Amoxicillin | 8 | Aurovela Fe 1/20 | 29 |
| Aduhelm | 13 | Amoxicillin/Clavulanate | 8 | Auryxia | 25 |
| Advair Diskus | 28 | Amphetamine/ Dextroamphetamine | 13 | Austedo | 14 |
| Advair HFA | 28 | Amphetamine/Dextroamphetamine ER | 13 | Auvi-Q 0.15mg, 0.3mg | 25 |
| Advate | 9 | Ampyra | 14 | Avapro | 11 |
| Adynovate | 9 | Amrix | 26 | Aveed | 24 |
| Afinitor | 9 | Amzeeq | 16 | Aviane | 29 |
| Afinitor Disperz | 9 | Anastrozole Tab | 9 | Avita | 16 |
| Afstyla | 9 | Androderm | 24 | Avodart | 24 |
| Aimovig | 14 | Androgel | 24 | Avonex | 14 |
| AirDuo Digihaler | 28 | Annovera | 29 | Avsola | 24 |
| AirDuo RespiClick | 28 | Anrozol | 28 | Azasite | 8 |
| Ajovy | 14 | Apadaz | 26 | Azathioprine Tab | 29 |
| Aklief | 16 | Apexicon E | 16 | Azelastine Nasal Spray | 28 |
| | | Apidra | 18 | Azelastine/Fluticasone Nasal Spray | 28 |
| | | Apidra Solostar | 18 | Azithromycin | 8 |
| | | Apri | 29 | Azopt | 21 |
| | | | | Azor | 11 |
| | | | | Azstarys | 13 |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

B

Baclofen Tab26
 Bafiertam14
 Baqsimi.....19
 Baraclude Tab9
 Basaglar KwikPen18
 BD Autoschild Duo Pen Needles17
 BD Ultra-Fine Insulin Syringes.....17
 BD Ultra-Fine Pen Needles.....17
 Belbuca26
 Belrapzo9
 Belsomra15
 Benazepril11
 Benicar11
 Benicar HCT.....11
 Benlysta.....25
 Benzamycin16
 Benzhydrocodone/Acetaminophen.26
 Benzonatate25
 Benztropine.....15
 Beovu25
 Bepreve21
 Besivance21
 Betamethasone Cream16
 Betaseron14
 Bethkis8
 Betimol.....21
 Bevespi Aerosphere28
 Beyaz.....29
 BiDil12
 Bijuva30
 Biktarvy23
 Binosto26
 Bisoprolol11
 Bisoprolol/HCTZ11
 Blisovi 24 Fe29
 Blisovi Fe 1/20.....29
 Botox (non-cosmetic).....25
 Breo Ellipta.....28
 Brexafemme.....9
 Breztri Aerosphere28
 Brilinta.....10
 Brimonidine Ophthalmic.....21
 Brisdelle25
 Briviact15
 Bromsite.....21
 Bronchitol.....25
 Brovana28
 Bryhali16
 Budesonide Inhalation Suspension ..28

Budesonide/Formoterol (Symbicort
 ABA).....28
 Bumetanide11
 Buprenorphine.....8
 Buprenorphine SL8
 Buprenorphine/Naloxone.....8
 Bupropion13
 Bupropion SR13
 Bupropion XL 450mg (Forfivo XL
 ABA).....13
 Buspirone.....14
 Butalbital/Acetaminophen/Caffeine14
 Butrans.....26
 Bydureon19
 Bydureon BCise.....19
 Byetta.....19
 Bystolic.....11

C

Cabenuva23
 Cabergoline.....20
 Cabometyx.....9
 Calcipotriene Foam 0.005% (Sorilux
 ABA).....16
 Calcitriol Cap20
 Calquence10
 Cambia26
 Canasa.....22
 Candesartan.....11
 Capecitabine.....10
 Capex16
 Carafate Tab.....22
 Carbamazepine15
 Carbatrol15
 Carbidopa-Levodopa.....15
 Cardizem LA 180mg, 240mg, 300mg,
 360mg, 420mg.....11
 Carisoprodol26
 Carnitor29
 Carnitor SF29
 Carvedilol11
 Catapres-TTS.....11
 Cayston8
 Cefadroxil.....8
 Cefdinir8
 Cefuroxime8
 Celebrex.....26
 Celecoxib.....26
 Celexa13
 Cephalixin8

Cequa.....21
 Cerdelga.....25
 Cetirizine Solution29
 Cetrotide.....23
 Chlorhexidine Mouth.....25
 Chlorthalidone11
 Cialis.....24
 Cialis 2.5mg, 5mg.....24
 Ciclopirox Solution.....16
 Cimduo23
 Cimzia24
 Ciprodex8
 Ciprofloxacin Ophthalmic21
 Ciprofloxacin Tab8
 Ciprofloxacin/Dexamethasone Otic...8
 Citalopram Tab13
 Claravis8
 Clarinex.....25
 Clarinex-D25
 Clarithromycin Tab8
 Clenpiq.....23
 Cleocin Vaginal Gel8
 Climara.....30
 Climara Pro30
 Clindagel16
 Clindamycin Cap8
 Clindamycin Gel.....16
 Clindamycin Lotion, Solution, Swab 16
 Clindamycin/Benzoyl Peroxide Gel
 1-5%16
 Clindesse.....30
 Clobetasol Cream, Ointment,
 Solution16
 Clobex16
 Cloderm16
 Clomiphene Citrate.....23
 Clonazepam15
 Clonidine Tab.....11
 Clopidogrel10
 Clotrimazole Cream16
 Colchicine Capsule (Mitigare ABA) ..23
 Colchicine Tab.....23
 Colcrys23
 Colestid12
 Colestid Flavored12
 Colestipol Tab12
 Combigan.....21
 Combivent Respimat28
 Concerta13
 Conjupri11
 Consensi11

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| | | | | | |
|--|----|--|----|--|----|
| Contour Monitor Device | 17 | Dexamethasone Tab | 20 | Duobrii | 16 |
| Contour Monitor Kit w/ Device | 18 | Dexcom G5 Receiver Kit, Mobile Receiver, Mobile Transmitter | 18 | Dupixent | 25 |
| Contour Next EZ Kit w/ Device | 18 | Dexcom G6 Receiver, Sensor, Transmitter | 18 | Durolane | 26 |
| Contour Next Link Kit w/ Device | 18 | Dexilant | 22 | Dutasteride | 24 |
| Contour Next Monitor Kit w/ Device | 18 | Dexmethylphenidate | 13 | Dymista Spray | 28 |
| Contour Next One Kit | 18 | Dexmethylphenidate ER | 13 | E | |
| Contour Next Test Strips | 18 | Diazepam Tab | 15 | Edarbi | 11 |
| Contour Test Strips | 18 | Diclofenac Cap 35mg (Zorvolex ABA) | 26 | Edarbyclor | 11 |
| Contrave | 29 | Diclofenac Gel 1% | 26 | Effexor XR | 14 |
| Conzip | 26 | Diclofenac Patch 1.3% (Flector ABA) | 26 | Elepsia XR | 15 |
| Copaxone | 14 | Diclofenac Tab | 26 | Elestrin | 30 |
| Cordran Tape | 16 | Dicyclomine | 23 | Eletriptan | 14 |
| Coreg | 11 | Differin Cream, Gel, Lotion | 16 | Elidel | 16 |
| Coreg CR | 11 | Difcid | 8 | Eliquis | 10 |
| Corlanor | 12 | Digoxin | 12 | Elmiron | 25 |
| Cortef | 20 | Dilantin Capsule 100mg | 15 | Eloctate | 9 |
| Cortifoam | 22 | Dilantin Infatabs | 15 | Eluryng | 29 |
| Cosela | 10 | Dilantin Suspension | 15 | Emgality 100mg/mL | 14 |
| Cosentyx | 24 | Dilaudid Liquid, Tab | 26 | Emgality 120mg/mL | 14 |
| Cosopt | 21 | Diltiazem ER | 11 | Empaveli | 9 |
| Cosopt PF | 21 | Dimethyl Fumarate | 14 | Emtricitabine/Tenofovir Disoproxil Fumarate | 23 |
| Cozaar | 11 | Diovan | 11 | Emverm | 25 |
| Creon | 23 | Diovan HCT | 11 | Enalapril | 11 |
| Cresemba | 9 | Dipentum | 22 | Enbrel | 24 |
| Crestor | 12 | Diphenoxylate/Atropine | 23 | Endari | 25 |
| Cryselle-28 | 29 | Divalproex DR | 15 | Endometrin | 30 |
| Cuprimine | 25 | Divalproex ER | 15 | Enoxaparin | 10 |
| Cutaquig | 25 | Divigel | 30 | Enskyce | 29 |
| Cyanocobalamin Injection 1000mcg/mL | 29 | Dojolvi | 25 | Enstilar | 16 |
| Cyclobenzaprine Tab | 26 | Donepezil | 13 | Entecavir | 9 |
| Cyclosporine Modified Cap | 29 | Doptelet | 9 | Entresto | 12 |
| Cyclosporine Ophthalmic | 21 | Doryx | 8 | Envarsus XR | 29 |
| Cymbalta | 13 | Doryx MPC | 8 | Epclusa | 9 |
| Cyproheptadine Tab | 29 | Dorzolamide/Timolol Ophthalmic ... | 21 | Epidiolex | 15 |
| Cytomel | 21 | Dotti | 30 | Epiduo | 16 |
| D | | Dovato | 23 | Epiduo Forte | 16 |
| Darzalex Faspro | 10 | Doxazosin | 11 | Epinephrine Auto-Injector | 25 |
| Dayvigo | 15 | Doxepin | 13 | Epipen | 25 |
| Delestrogen IM Injection | 30 | Doxycycline Hyclate | 8 | Epipen Jr | 25 |
| Delzicol | 22 | Doxycycline Hyclate Tab 80mg (Dorxy ABA) | 8 | Epogen | 9 |
| Depakote | 15 | Doxycycline Monohydrate | 8 | Erivedge | 10 |
| Depakote ER | 15 | Drospirenone/Ethinyl Estradiol | 29 | Erleada | 10 |
| Depakote Sprinkles | 15 | Duaklir Pressair | 28 | Erythromycin Ophthalmic | 21 |
| Depen Titratabs | 25 | Duavee | 30 | Esbriet | 25 |
| Depo-Testosterone | 24 | Duexis | 22 | Escitalopram Tab | 14 |
| Descovy | 23 | Dulera | 28 | Esomeprazole Magnesium (Rx only) | 22 |
| Desvenlafaxine ER | 13 | Duloxetine | 13 | Esperoct | 9 |
| | | | | Estarylla | 29 |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| | | | | | |
|---|----|---|----|--|----|
| Estrace | 30 | Flovent HFA..... | 28 | GlucaGen HypoKit..... | 19 |
| Estradiol Patch, Tab, Vaginal Cream | 30 | Fluconazole | 9 | Glucagon Emergency Kit (Fresenius manufacturer) | 20 |
| Estradiol/Norethindrone Acetate | 29 | Fluocinonide Solution | 16 | Glucagon Emergency Kit (Lilly manufacturer) | 19 |
| EstroGel..... | 30 | Fluoroplex | 16 | Glumetza | 20 |
| Eszopiclone | 15 | Fluorouracil Cream 0.5%..... | 17 | Glyburide | 20 |
| Etodolac | 26 | Fluorouracil Cream 5%..... | 17 | Glycopyrrolate Tab 1mg, 2mg | 23 |
| Etonogestrel/Ethinyl Estradiol | 29 | Fluoxetine | 14 | Glyxambi..... | 20 |
| Eucrisa..... | 16 | Fluticasone Nasal Spray | 28 | Gocovri | 15 |
| Euflexxa..... | 26 | Fluticasone/Salmeterol 100/50, 250/50, 500/50..... | 28 | Golytely..... | 23 |
| Euthyrox..... | 21 | Fluticasone/Salmeterol 55/14, 113/14, 232/14 (AirDuo RespiClick ABA)..... | 28 | Gonal-f..... | 24 |
| Evamist..... | 30 | Fluvoxamine..... | 14 | Gonal-f RFF | 24 |
| Evekeo..... | 13 | Focalin..... | 13 | Gralise..... | 15 |
| Exforge | 11 | Focalin XR..... | 13 | Granix | 9 |
| Exforge HCT..... | 11 | Folic Acid 1mg (Rx only) | 29 | Guanfacine..... | 11 |
| Exondys 51 | 25 | Follistim AQ..... | 23 | Guanfacine ER..... | 13 |
| Exservan..... | 15 | Forfivo XL | 14 | Guardian Link 3 Transmitter | 18 |
| Extavia..... | 14 | Forteo | 26 | Guardian Sensor (3)..... | 18 |
| Eysuvis..... | 21 | Fortesta..... | 24 | Gvoke HypoPen | 20 |
| Ezetimibe | 12 | Fotivda | 10 | Gvoke Kit | 20 |
| Ezetimibe/Rosuvastatin (Roszet ABA) | 12 | FreeStyle Libre 14 Reader, Sensor ... | 18 | Gvoke PFS | 20 |
| F | | FreeStyle Libre 2 Reader, Sensor | 18 | Gynazole-1 Vaginal Cream..... | 31 |
| Fabior | 16 | FreeStyle Libre Reader | 18 | H | |
| Famotidine (Rx only) | 22 | Fulphila | 9 | Haegarda | 25 |
| Farxiga..... | 19 | Furosemide | 11 | Halobetasol Propionate Foam (Lexette ABA) | 17 |
| Fasenra..... | 25 | Fycompa..... | 15 | Halog Cream, Ointment..... | 17 |
| Febuxostat | 23 | G | | Harvoni | 9 |
| Fenofibrate | 12 | Gabapentin | 15 | Hemady | 20 |
| Fenofibrate Micronized | 12 | Ganirelix (Organon manufacturer) .. | 24 | Hemangeol | 25 |
| Fenofibric Acid | 12 | Gavreto | 10 | Herzuma | 10 |
| Fensolvi | 20 | Gel-One..... | 26 | Hetlioz..... | 25 |
| Fentanyl Citrate Buccal Tablet (Fentora ABA) | 26 | Gelsyn-3..... | 26 | Hetlioz LQ | 25 |
| Fentanyl Patch | 26 | Gemfibrozil | 12 | Horizant | 15 |
| Fentora..... | 27 | Gemtesa..... | 27 | Humalog | 18 |
| Fiasp..... | 18 | Generess Fe | 29 | Humalog Mix 50/50 Vials and KwikPen..... | 18 |
| Fiasp FlexTouch..... | 18 | Genotropin..... | 20 | Humalog Mix 75/25 Vials and KwikPen..... | 18 |
| Fiasp Penfill | 18 | Genvisc 850..... | 26 | Humalog U-100 Junior KwikPen | 18 |
| Finacea | 16 | Genvoya | 23 | Humalog Vials and KwikPen | 18 |
| Finasteride 5mg | 24 | GHT Test | 18 | Humatrope | 20 |
| Fiorcet | 27 | Gilenya | 14 | Humira | 24 |
| Fioricet/Codeine | 27 | Gimoti | 22 | Humulin 70/30 Vials and KwikPen... | 18 |
| Firazyr | 25 | Glatiramer Acetate | 14 | Humulin N Vials and KwikPen..... | 18 |
| Firdapse..... | 25 | Gleevec | 10 | Humulin R U-500 Vials and KwikPen | 18 |
| Flarex..... | 21 | Glimepiride | 19 | Humulin R Vials..... | 18 |
| Flecainide | 12 | Glipizide | 19 | Hyalgan | 26 |
| Flector | 27 | Glipizide ER | 19 | | |
| Flomax..... | 24 | Gloperba | 23 | | |
| Flovent Diskus | 28 | | | | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| | | | | | |
|--|----|---|----|---|----|
| Hydralazine | 11 | Insulin Aspart Mix 70/30 FlexPen (Novolog Mix 70/30 FlexPen ABA)..... | 19 | Kapsargo Sprinkle | 11 |
| Hydrochlorothiazide | 11 | Insulin Aspart Penfill (Novolog Penfill ABA)..... | 19 | Katerzia | 11 |
| Hydrocodone/Acetaminophen | 27 | Insulin Glargine-yfgn..... | 19 | Kazano | 20 |
| Hydrocortisone (Perianal)..... | 22 | Insulin Lispro (Humalog ABA) | 19 | Kenalog Spray | 17 |
| Hydrocortisone Cream, Ointment ... | 17 | Insulin Lispro Junior KwikPen (Humalog Junior KwikPen ABA) ... | 19 | Kenalog-40..... | 20 |
| Hydrocortisone Tab | 20 | Insulin Lispro KwikPen (Humalog KwikPen ABA) | 19 | Keppra | 15 |
| Hydromorphone Tab..... | 27 | Insulin Lispro Mix 75/25 KwikPen (Humalog Mix 75/25 KwikPen ABA)..... | 19 | Keppra XR | 15 |
| Hydroxychloroquine..... | 24 | Intuniv..... | 13 | Kerendia | 25 |
| Hydroxyzine HCL | 15 | Invega Sustenna..... | 13 | Kerydin..... | 9 |
| Hydroxyzine Pamoate | 15 | Invega Trinza..... | 13 | Kesimpta..... | 14 |
| Hymovis | 26 | Inveltys..... | 22 | Ketoconazole Cream, Shampoo..... | 17 |
| Hyoscyamine Sulfate SL | 23 | Invokamet..... | 20 | Ketorolac Ophthalmic..... | 22 |
| Hysingla ER..... | 27 | Invokamet XR..... | 20 | Ketorolac Tab..... | 27 |
| Hyzaar | 11 | Invokana | 20 | Ketorolac Tromethamine Nasal Spray (Sprix ABA) | 27 |
| I | | Ipratropium Nasal Spray | 28 | Kisqali..... | 10 |
| Ibandronate | 26 | Ipratropium/Albuterol | 28 | Kisqali Femara | 10 |
| Ibrance | 10 | Irbesartan | 11 | Kitabis | 8 |
| Ibuprofen Tab (Rx only) | 27 | Irbesartan/HCTZ..... | 11 | Klisyri | 17 |
| Ibuprofen/Famotidine | 22 | Isibloom | 29 | Klonopin..... | 15 |
| Icosapent Ethyl..... | 12 | Isosorbide Mononitrate ER..... | 12 | Klor-Con m20..... | 29 |
| Idhifa | 10 | Isturisa | 20 | Kloxxado | 8 |
| Ilevro | 21 | Ivermectin Tab | 25 | Koate | 9 |
| Imatinib Mesylate | 10 | J | | Kombiglyze XR | 20 |
| Imbruvica | 10 | Janumet | 20 | K-Tab..... | 29 |
| Imiquimod Cream | 17 | Janumet XR | 20 | Kuvan | 25 |
| Imitrex..... | 14 | Januvia | 20 | Kynmobi..... | 15 |
| Imitrex Statdose..... | 14 | Jardiance..... | 20 | L | |
| Impeklo | 17 | Jatenzo..... | 24 | Labetalol | 11 |
| Impozy..... | 17 | Jentadueto..... | 20 | Lactulose..... | 23 |
| Imvexxy | 30 | Jentadueto XR..... | 20 | Lamictal | 15 |
| Inbrija | 15 | Jivi | 9 | Lamictal ODT | 16 |
| Incivree | 29 | Jornay PM | 13 | Lamictal Starter Kit | 16 |
| Incruse Ellipta..... | 28 | Jublia..... | 9 | Lamictal XR | 16 |
| Inderal LA | 11 | Juluca | 23 | Lamotrigine..... | 16 |
| Inderal XL | 11 | Junel..... | 29 | Lamotrigine ER..... | 16 |
| Indomethacin Cap 20mg..... | 27 | Junel 1/20 | 29 | Lansoprazole (Rx only)..... | 22 |
| Indomethacin Cap 25mg, 50mg..... | 27 | Junel Fe 1.5/30..... | 29 | Lantus Solostar | 19 |
| Inflectra..... | 24 | Junel Fe 1/20..... | 29 | Lantus U-100 Vials | 19 |
| Infliximab | 24 | Jynarque | 25 | Larin Fe 1/20..... | 29 |
| Ingrezza..... | 25 | K | | Larissia | 29 |
| Innopran XL..... | 11 | Kanjinti..... | 10 | Lasix | 11 |
| Inqovi | 10 | | | Latanoprost Ophthalmic..... | 21 |
| Insulin Aspart (Novolog ABA)..... | 18 | | | Latisse | 22 |
| Insulin Aspart Flexpen (Novolog FlexPen ABA) | 19 | | | Latuda..... | 13 |
| Insulin Aspart Mix 70/30 (Novolog Mix 70/30 ABA)..... | 19 | | | Lazanda..... | 27 |
| | | | | Ledipasvir/Sofosbuvir (Harvoni ABA) 9 | 9 |
| | | | | Leflunomide..... | 24 |
| | | | | Lescol XL | 12 |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| | | | | | |
|--|----|---|----|---------------------------------|----|
| Lessina..... | 29 | Low-ogestrel | 30 | Micardis | 11 |
| Letairis..... | 12 | Lubiprostone (Amitiza ABA)..... | 23 | Micardis HCT..... | 11 |
| Letrozole | 10 | Lumakras..... | 10 | Mili..... | 30 |
| Levalbuterol HFA (Xopenex HFA ABA)..... | 28 | Lumigan | 21 | Minastrin 24 Fe..... | 30 |
| Levemir U-100 FlexTouch | 19 | Lunesta | 15 | Minocycline Cap | 8 |
| Levemir U-100 Vials | 19 | Lupkynis | 25 | Minolira | 8 |
| Levemir Vials and KwikPen | 19 | Lupron Depot 7.5mg, 22.5mg, 30mg, 45mg..... | 20 | Mirena | 30 |
| Levetiracetam | 16 | Lynparza..... | 10 | Mirtazapine | 14 |
| Levocetirizine | 29 | Lyrice..... | 16 | Mirvaso..... | 17 |
| Levofloxacin Tab | 8 | Lyrice CR..... | 16 | Misoprostol | 22 |
| Levonorgestrel/Ethinyl Estradiol..... | 29 | | | Mitigare | 23 |
| Levonorgestrel/Ethinyl Estradiol and Ethinyl Estradiol..... | 29 | M | | Mobic..... | 27 |
| Levothyroxine Cap (Tirosint ABA) | 21 | Makena | 25 | Modafinil | 15 |
| Levothyroxine Tab..... | 21 | Mavenclad | 14 | Mometasone Cream | 17 |
| Levoxyl | 21 | Mavyret | 9 | Mometasone Nasal Spray..... | 28 |
| Lexapro | 14 | Maxalt..... | 14 | Mono-Linyah..... | 30 |
| Lexette | 17 | Maxalt-MLT..... | 14 | Monovisc | 26 |
| Lialda..... | 22 | Mayzent..... | 14 | Montelukast | 28 |
| Licart | 27 | Meclizine..... | 22 | Morphine Sulfate ER..... | 27 |
| Lidocaine Patch | 27 | Medroxyprogesterone Acetate Injection..... | 30 | Motegrity..... | 23 |
| Lidocaine Viscous | 25 | Medroxyprogesterone Acetate Tab..... | 30 | Motofen..... | 23 |
| Lidocaine/Prilocaine Cream | 17 | Meloxicam | 27 | Movantik..... | 23 |
| Lidoderm..... | 27 | Memantine | 13 | Moviprep | 23 |
| LifEMS Naloxone | 8 | Mesalamine DR..... | 22 | Moxeza | 21 |
| Linzess | 23 | Mesalamine ER 0.375gm | 22 | Moxifloxacin Ophthalmic..... | 21 |
| Liothyronine..... | 21 | Metaxalone | 26 | MS Contin | 27 |
| Lipitor | 12 | Metformin | 20 | Mulpleta | 9 |
| Lisinopril..... | 11 | Metformin ER..... | 20 | Multaq | 12 |
| Lisinopril/HCTZ..... | 11 | Metformin ER Modified Release (generic Glumetza) | 20 | Mupirocin Cream, Ointment | 17 |
| Lithium | 15 | Metformin ER Osmotic (generic Fortamet) | 20 | Mvasi | 10 |
| Lithium ER | 15 | Methimazole..... | 21 | Mycapssa | 20 |
| Livalo | 12 | Methocarbamol | 26 | Mycophenolate Mofetil..... | 29 |
| Lo Loestrin Fe..... | 30 | Methotrexate..... | 24 | Mycophenolate Sodium | 29 |
| Loestrin | 30 | Methylphenidate CD..... | 13 | Myfembree | 30 |
| Loestrin Fe..... | 30 | Methylphenidate ER | 13 | Myrbetriq Suspension | 27 |
| Lokelma..... | 29 | Methylphenidate LA | 13 | Myrbetriq Tab..... | 27 |
| Lonhala Magnair | 28 | Methylphenidate Tab | 13 | | |
| Lorazepam Tab..... | 15 | Methylphenidate XR | 13 | N | |
| Loreev XR | 15 | Methylprednisolone Tab..... | 20 | Nabumetone..... | 27 |
| Loryna | 30 | Metoclopramide | 22 | Nalfon | 27 |
| Lorzone | 26 | Metoprolol Succinate ER | 11 | Naltrexone Tab | 8 |
| Losartan | 11 | Metoprolol Tartrate..... | 11 | Namzaric..... | 13 |
| Losartan/HCTZ | 11 | Metrogel | 17 | Naprelan | 27 |
| Lotemax Gel, Ointment..... | 22 | Metronidazole Cream, Gel..... | 17 | Naproxen (Rx only) | 27 |
| Lotemax SM | 22 | Metronidazole Tab..... | 8 | Narcan | 8 |
| Lotemax Suspension | 22 | Metronidazole Vaginal Gel | 31 | Nascobal | 29 |
| Lotrel..... | 11 | | | Natazia..... | 30 |
| Lovastatin..... | 12 | | | Natesto | 24 |
| Lovaza | 12 | | | Natroba..... | 17 |
| | | | | Nayzilam | 16 |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| | | | | | |
|---|----|-----------------------------------|----|--|----|
| Nebivolol..... | 11 | Novolin N Flexpen and Flexpen | | Ondansetron 4mg, 8mg..... | 22 |
| Neomycin/Polymyxin/ HC Otic | 8 | Relion..... | 19 | Ondansetron ODT..... | 22 |
| Neomycin/Polymyxin/ Dexamethasone Ophthalmic | | Novolin N Relion | 19 | OneTouch Ultra 2 Kit w/ Device | 18 |
| Ointment, Suspension | 22 | Novolin N Vials..... | 19 | OneTouch Ultra Mini Kit w/ Device . | 18 |
| Nesina | 20 | Novolin R Flexpen and Flexpen | | OneTouch Ultra Test Strips..... | 18 |
| Neulasta | 9 | Relion..... | 19 | OneTouch Verio Flex System | 18 |
| Neulasta Onpro | 9 | Novolin R Relion..... | 19 | OneTouch Verio IQ System..... | 18 |
| Neupogen..... | 9 | Novolin R Vials | 19 | OneTouch Verio Kit w/ Device..... | 18 |
| Neupro | 15 | Novolog Flexpen and Flexpen | | OneTouch Verio Reflect Kit w/ Device..... | 18 |
| Neurontin..... | 16 | Relion..... | 19 | OneTouch Verio Sync System Kit w/ Device..... | 18 |
| Nevanac | 22 | Novolog Mix 70/30 Flexpen | 19 | OneTouch Verio Test Strips | 18 |
| Nexium Cap..... | 22 | Novolog Mix 70/30 Relion | 19 | Onexton | 17 |
| Nexletol..... | 12 | Novolog Mix 70/30 Vials..... | 19 | Onfi | 16 |
| Nexlizet | 12 | Novolog Penfill..... | 19 | Ongentys..... | 15 |
| Nextstellis..... | 30 | Novolog U-100 Vials..... | 19 | Onglyza | 20 |
| Niaspan | 12 | Novotwist Pen Needles..... | 18 | Ontruzant | 10 |
| Nifedipine ER..... | 11 | NP Thyroid | 21 | Onzetra Xsail..... | 14 |
| Nifedipine ER Osmotic | 11 | Nubeqa | 10 | Opsumit | 12 |
| Nikki | 30 | Nucala | 25 | Oracea | 8 |
| Nitrofurantoin Macrocrystals | 8 | Nucynta..... | 27 | Orencia | 24 |
| Nitrofurantoin Monohydrate Macrocrystals | 8 | Nucynta ER..... | 27 | Orenitram | 12 |
| Nitroglycerin SL | 12 | Nulytely Lemon-Lime | 23 | Orfadin..... | 25 |
| Nitrostat..... | 12 | Nurtec | 14 | Orgovyx..... | 10 |
| Nityr | 25 | Nutropin AQ NuSpin | 20 | Oriahnn..... | 25 |
| Nivestym | 9 | Nuessa..... | 8 | Orilissa | 25 |
| Nocdurna | 25 | Nuvigil | 15 | Orladeyo | 25 |
| Norditropin FlexPro | 20 | Nuwiq..... | 9 | Orphengesic Forte (Norgesic Forte ABA)..... | 27 |
| Norethindrone | 30 | Nuzyra..... | 8 | Orthovisc | 26 |
| Norethindrone Acetate..... | 30 | Nystatin Cream, Ointment..... | 17 | Ortikos | 20 |
| Norethindrone Acetate/Ethinyl Estradiol..... | 30 | Nystatin Mouth/Throat | 9 | Oseltamivir Phosphate Cap | 9 |
| Norethindrone Acetate/Ethinyl Estradiol/Fe | 30 | Nyvepria..... | 9 | Oseni..... | 20 |
| Norgesic Forte..... | 27 | O | | Osmolex ER..... | 15 |
| Norgestimate/Ethinyl Estradiol Triphasic | 30 | Odefsey..... | 23 | OsmoPrep | 23 |
| Noritate..... | 17 | Odanzo | 10 | Osphena..... | 20 |
| Nortrel 1/35 | 30 | Ofev | 25 | Otezla..... | 24 |
| Nortriptyline | 14 | Ofloxacin Ophthalmic | 21 | Otovel | 8 |
| Norvasc | 11 | Ofloxacin Otic | 8 | Otrexup..... | 24 |
| Nourianz..... | 15 | Ogivri..... | 10 | Ovidrel | 24 |
| Novoeight..... | 9 | Olanzapine | 13 | Oxbryta | 25 |
| Novofine Autocover Pen Needles | 18 | Olmesartan | 11 | Oxcarbazepine | 16 |
| Novofine Pen Needles..... | 18 | Olmesartan/HCTZ | 11 | Oxtellar XR | 16 |
| Novofine Plus Pen Needles | 18 | Olopatadine Ophthalmic | 22 | Oxybutynin | 27 |
| Novolin 70/30 FlexPen and FlexPen Relion..... | 19 | Olumiant | 24 | Oxybutynin ER | 27 |
| Novolin 70/30 Relion | 19 | Omeclamox-Pak..... | 23 | Oxycodone ER (Oxycontin ABA) | 27 |
| Novolin 70/30 Vials..... | 19 | Omega-3 Acid | 12 | Oxycodone Tab..... | 27 |
| | | Omeprazole (Rx only) | 22 | Oxycodone w/ Acetaminophen Tab 2.5/300mg, 5/300mg, 10/300mg | 27 |
| | | Omeprazole/Sodium Bicarbonate ... | 22 | | |
| | | Omniaris | 28 | | |
| | | Omnitrope | 20 | | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

Oxycodone w/ Acetaminophen Tab
2.5/325mg, 5/325mg, 7.5/325mg,
10/325mg27
Oxycontin27
Ozempic20
Ozobax26

P

Palforzia25
Pancreaze23
Pandel17
Panretin.....10
Pantoprazole22
Panzyga25
Paroxetine Tab14
Paxil CR.....14
Paxil Tab14
PEG 3350-KCl-Na Bicarb-NaCl23
Pemazyre10
Penicillamine Cap25
Penicillin VK.....8
Pennsaid.....27
Pentasa22
Percocet27
Perforomist28
Perseris13
Pertzze23
Phenazopyridine (Rx only)25
Phentermine29
Phesgo.....10
Phexxi30
Pioglitazone.....20
Plaquenil24
Plavix10
Plegridy14
Plenvu23
Polymyxin-B/Trimethoprim
Ophthalmic21
Pomalyst10
Ponvory14
Potassium Chloride Crys ER29
Potassium Chloride ER29
Potassium Citrate ER.....29
Pradaxa10
Praluent.....12
Pramipexole15
Prasugrel10
Pravastatin12
Prazosin.....11
Pred Forte22

Prednisolone Ophthalmic22
Prednisolone Sodium Phosphate
Solution21
Prednisolone Tab20
Prednisone20
Pregabalin16
Premarin Tab30
Premarin Vaginal Cream30
Premphase30
Prempro30
Prevacid22
Prevacid SoluTab.....22
Prezcobix.....23
Primidone16
Pristiq14
ProAir Digihaler.....28
ProAir HFA28
ProAir RespiClick28
Prochlorperazine22
Procrit9
Proctofoam-HC22
Progesterone Cap30
Prolensa22
Prolia26
Promethazine.....25
Promethazine DM25
Promethazine/Codeine.....25
Prometrium30
Propecia25
Propranolol11
Propranolol ER11
Protonix Tab.....22
Proventil HFA28
Provigil15
Prozac14
Pseudoephedrine/Brompheniramine/
DM25
Psorcon17
Pulmicort Flexhaler28
Pulmicort Suspension28
Pulmozyme25
Pylera23

Q

Qbrexza25
Qdolo27
Qelbree13
QNasl29
Qsymia29
Qtern.....20

Qudexy XR16
Questran12
Questran Light12
Quetiapine13
Quetiapine ER13
Qvar RediHaler28

R

Rabeprazole22
Rabeprazole Sprinkle (Aciphex
Sprinkle ABA).....22
Ramipril11
Ranexa12
Ranolazine ER12
Rasuvo24
Rayaldee25
Rayos21
Rebif.....14
Recombinate.....9
RediTrex.....24
Relafen.....27
Relafen DS27
Relistor.....23
Relpax14
Reltone23
Remicade24
Remodulin12
Renagel25
Renflexis24
Repatha12
Reset8
Reset-O8
Restasis22
Restasis Multidose.....22
Restoril.....15
Retacrit9
Retevmo10
Retin-A17
Retin-A Micro 0.06%, 0.08%17
Retin-A-Micro 0.04%, 0.1%.....17
Revlimid10
Rexulti.....13
Reyvow14
Rezurock25
Rhofade17
Rhopressa21
Riabni.....10
Rinvoq.....24
Risperdal13
Risperidone.....13

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

Ritalin13
 Ritalin LA13
 Rizatriptan14
 Rocklatan21
 Ropinirole.....15
 Rosuvastatin.....12
 Roszet.....12
 Roxicodeone27
 Rozlytrek10
 Rubraca10
 Ruconest25
 Rukobia23
 Ruxience.....10
 Rybelsus20
 Rylaze10
 Rytary15

S

Sabril16
 Safyral30
 Saizen20
 Sancuso22
 Sandostatin25
 Saphris13
 Saxenda.....29
 Scopolamine.....22
 Seasonique.....30
 Secuado.....13
 Segluromet.....20
 Semglee.....19
 Semglee (yfgn)19
 Sensipar.....25
 Serevent Diskus.....28
 Seroquel13
 Seroquel XR13
 Sertraline Tab14
 Sevenfact9
 Seysara8
 Signifor21
 Sildenafil 25mg, 50mg, 100mg.....24
 Sildenafil Tab 20mg.....12
 Silenor15
 Silvadene.....17
 Simbrinza21
 Simponi24
 Simvastatin.....12
 Singulair28
 Sirolimus Tab.....29
 Skelaxin26
 Skyrizi24

Slynd30
 Sofosbuvir/Velpatasvir (Epclusa ABA)9
 Solifenacin27
 Soliqua19
 Soliris9
 Solodyn8
 Solosec.....8
 Soma26
 Somatuline Depot21
 Soolantra.....17
 Sorilux17
 Spiriva HandiHaler28
 Spiriva Respimat28
 Spironolactone.....11
 Spravato.....14
 Sprintec 28.....30
 Sprix27
 Sprycel10
 Steglatro20
 Steglujan20
 Stelara24
 Stendra24
 Stiolto Respimat.....28
 Stivarga10
 Strattera.....13
 Strensiq.....25
 Striverdi Respimat28
 Sublocade8
 Suboxone8
 Subsys27
 Sucralfate Tab22
 Sulfamethoxazole-Trimethoprim.....8
 Sulfasalazine22
 Sumatriptan Tab14
 Sunosi15
 Supartz FX26
 Supprelin LA.....21
 Suprep Bowel Prep23
 Sutab.....23
 Sutent10
 Symbicort.....28
 Symfi23
 Symfi Lo23
 Symjepi25
 SymlinPen20
 Sympazan.....16
 Symproic23
 Synjardy20
 Synjardy XR20
 Synthroid21
 Synvisc26

Synvisc-One 26

T

Tabrecta..... 10
 Taclonex Ointment 17
 Taclonex Suspension 17
 Tacrolimus Cap 29
 Tacrolimus Ointment 17
 Tadalafil 24
 Tagrisso..... 10
 Takhzyro 25
 Talicia..... 23
 Taltz 24
 Tamiflu..... 9
 Tamoxifen Tab 10
 Tamsulosin..... 24
 TaperDex 12-Day 21
 TaperDex 6-Day 21
 TaperDex 7-Day 21
 Targadox 8
 Targretin Cap 10
 Targretin Gel 10
 Tavalisse 9
 Tazarotene Foam 17
 Tazorac 17
 Tazverik..... 10
 Tecfidera 14
 Tegretol 16
 Tegretol-XR..... 16
 Tegsedi..... 15
 Tekturna 11
 Tekturna HCT 11
 Telmisartan 11
 Telmisartan/HCTZ 11
 Temazepam 15
 Temixys..... 23
 Temozolomide 10
 Tenormin 11
 Tepmetko 10
 Terbinafine Tab..... 9
 Terconazole Vaginal Cream 31
 Teriparatide (Recombinant) 26
 Testim 24
 Testopel 24
 Testosterone Cypionate IM
 Injection 24
 Testosterone Gel 1%, 1.62%, 2% 24
 Thiola 25
 Thiola EC 25
 Thyquidity 21

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

| | | | | | |
|-------------------------------------|----|---------------------------|----|---|----|
| Tiglutik | 15 | Tribenzor..... | 12 | Velphoro | 26 |
| Tikosyn | 12 | Tricor..... | 12 | Veltassa | 29 |
| Timolol Ophthalmic..... | 21 | Tri-Estarylla | 30 | Veltin | 17 |
| Timoptic | 21 | Trijardy XR..... | 20 | Vemlidy..... | 9 |
| Timoptic Ocudose | 21 | Trikafta..... | 25 | Venlafaxine | 14 |
| Timoptic-XE | 21 | Trileptal..... | 16 | Venlafaxine ER..... | 14 |
| Tirosint | 21 | Tri-Lo-Marzia..... | 30 | Ventolin HFA..... | 28 |
| Tivicay | 23 | Tri-Lo-Mili..... | 30 | Verapamil ER | 12 |
| Tizanidine Tab | 26 | Tri-Lo-Sprintec | 30 | Verdeso..... | 17 |
| TOBI Nebulizer | 8 | Triluron | 26 | Verquvo | 12 |
| TOBI Podhaler | 8 | Trintellix..... | 14 | Vesicare | 27 |
| Tobradex..... | 21 | Triptodur..... | 21 | Vesicare LS..... | 28 |
| Tobradex ST | 21 | Tri-Sprintec | 30 | Vestura | 30 |
| Tobramycin/Dexamethasone | | Triumeq..... | 23 | V-Go 20..... | 18 |
| Ophthalmic | 21 | TriVisc | 26 | V-Go 30..... | 18 |
| Tobramycin Nebulization Solution | | Trokendi XR..... | 16 | V-Go 40..... | 18 |
| 300mg/5mL (Kitabis ABA)..... | 8 | Trulance | 23 | Viagra..... | 24 |
| Tolsura | 9 | Trulicity | 20 | Viberzi..... | 23 |
| Tolterodine ER | 27 | Truvada | 23 | Victoza | 20 |
| Topamax | 16 | Truxima | 10 | Vienna | 30 |
| Topamax Sprinkle..... | 16 | Tudorza Pressair | 28 | Vigamox..... | 21 |
| Topicort Spray..... | 17 | Twirla | 30 | Viibryd | 14 |
| Topiramate..... | 16 | Tymlos..... | 26 | Viltepso..... | 26 |
| Toprol XL | 11 | | | Vimovo..... | 22 |
| Torse mide | 12 | U | | Vimpat | 16 |
| Tosymra | 14 | Ubrelvy..... | 14 | Viokace | 23 |
| Toujeo Max SoloStar | 19 | Uceris Rectal | 22 | Visco-3 | 26 |
| Toujeo SoloStar | 19 | Uceris Tab | 22 | Vitamin D (ergocalciferol) (Rx only)..... | 29 |
| Toviaz | 27 | Udenyca | 9 | Vitrakvi..... | 10 |
| Tracleer 62.5mg, 125mg | 12 | Ukoniq..... | 10 | Vivelle-Dot | 30 |
| Tradjenta..... | 20 | Ultomiris | 9 | Vocabria..... | 23 |
| Tramadol..... | 27 | Ultracet | 27 | Vogelxo | 24 |
| Tramadol ER (Conzip ABA) | 27 | Ultram..... | 27 | Vosevi | 9 |
| Tramadol Solution (Qdolo ABA)..... | 27 | Ultravate..... | 17 | Vraylar | 13 |
| Travatan Z | 21 | Ursodiol Cap 200mg, 400mg | | Vumerity | 14 |
| Trazimera | 10 | (Reltone ABA) | 23 | Vyleesi | 26 |
| Trazodone | 14 | | | Vyondys 53 | 26 |
| Treanda | 10 | V | | Vytorin | 12 |
| Trelegy Ellipta..... | 28 | Vagifem..... | 30 | Vyvanse..... | 13 |
| Tremfya..... | 24 | Valacyclovir..... | 9 | Vyzulta | 21 |
| Tresiba | 19 | Valium..... | 15 | | |
| Tresiba FlexTouch | 19 | Valsartan..... | 12 | W | |
| Tretinoin Cream | 17 | Valsartan/HCTZ..... | 12 | Wakix..... | 15 |
| Trexall..... | 24 | Valsartan/Tab..... | 12 | Warfarin..... | 10 |
| Treximet..... | 14 | Valtoco..... | 16 | Wegovy..... | 29 |
| Trexix..... | 27 | Valtrex..... | 9 | Welchol..... | 12 |
| Tri Femynor..... | 30 | Vanadom..... | 26 | Wellbutrin SR..... | 14 |
| Triamcinolone Cream, Ointment | 17 | Varubi | 22 | Wellbutrin XL..... | 14 |
| Triamterene/HCTZ | 12 | Vascepa..... | 12 | Wilate | 9 |
| Trianex | 17 | Vectical | 17 | Winlevi..... | 17 |
| Triazolam | 15 | | | | |

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

Wixela Inhub28
 Wyzora17

X

Xalatan21
 Xanax15
 Xanax ER15
 Xarelto10
 Xcopri16
 Xeljanz24
 Xeljanz XR24
 Xembify26
 Xenleta8
 Xepi17
 Xhance26
 Xigduo XR20
 Xiidra22
 Ximino17
 Xofluza9
 Xolair28
 Xopenex HFA28
 Xtampza ER27
 Xtandi10
 Xulane30
 Xyntha9
 Xyntha Solofuse9
 Xyosted24

Xyrem15
 Xywav15

Y

Yasmin 2830
 Yaz30
 Yonsa10
 Yosprala10
 Yupelri28
 Yuvaferm30

Z

Zafemy30
 Zanaflex26
 Zarxio9
 Zegalogue20
 Zegerid22
 Zejula10
 Zelnorm23
 Zembrace Symtouch14
 Zenpep23
 Zeposia14
 Zerviate22
 Zestril12
 Zetia12
 Zetonna29
 Ziana17

Ziextenzo9
 Zilxi17
 Zioptan21
 Ziprasidone13
 Zipsor27
 Zirabev10
 Zocor12
 Zolgensma26
 Zolofit14
 Zolpidem15
 Zolpidem ER15
 Zomacton20
 Zomig14
 Zomig Tab14
 Zomig ZMT14
 Zonegran16
 Zonisamide16
 Zorvolex27
 Zovirax9, 17
 ZTlido27
 Zubsolv8
 Zyclara17
 Zyclara Pump17
 Zylet21
 Zypitamag12
 Zyprexa13
 Zytiga10

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

“My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

| Name of Medicine and Strength | Drug Tier | I Take This Medicine For | Directions | Doctor |
|--------------------------------------|------------------|---------------------------------|-------------------------|--------------------|
| <i>Example: Lisinopril, 20 mg</i> | <i>Tier 1</i> | <i>High blood pressure</i> | <i>One tablet daily</i> | <i>Dr. Johnson</i> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Bold type = Brand name drug [Plain type = Generic drug]
E Excluded **PA** Prior Authorization **ST** Step Therapy **QL** Quantity Limits **SP** Specialty Program

