Preferred Drug List

Effective August 1, 2025

The Preferred Drug List is a list of medicines that are covered by your pharmacy benefit. The list includes prescription and non-prescription medicines. In addition to this list, you can use our online search tool. You'll also find the Preferred Drug List on our website at **mibluecrosscomplete.com**. This is an easy-to-use summary of the medicines we cover.

If you have questions, please contact Blue Cross Complete of Michigan's Pharmacy Services at **1-888-288-3231**. You can call this number from 8:30 a.m. until 6 p.m., Monday through Friday.

Encl: Nondiscrimination Notice and Language Services

Blue Cross Complete participates in the Michigan Common Formulary

CURRENT AS OF 8/1/2025

lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**Tier Status** **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA **P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Antidote Therapeutics		
Acetaminophen Antidote		
acetylcysteine inhalation	F	
Alcohol Deterrents (91:02)		
acamprosate calcium	Carve-out	
disulfiram oral	Carve-out	
naltrexone hcl oral	Carve-out	
VIVITROL	Carve-out	
Antidote Therapeutics		
atropine sulfate ophthalmic ointment	F	
atropine sulfate ophthalmic solution 1 %	F	
BAQSIMI ONE PACK	P	QL
BAQSIMI TWO PACK	P	QL
CHEMET	F	
glucagon emergency	NP	PA
gnp naloxone hcl	F	OTC
GVOKE HYPOPEN 1-PACK	P	QL
GVOKE HYPOPEN 2-PACK	P	QL
GVOKE KIT	NP	PA; QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	NP	PA; QL
hyoscyamine sulfate er oral tablet extended release 12 hour	F	AL
hyoscyamine sulfate oral	F	AL
hyoscyamine sulfate sublingual	F	AL
KLOXXADO	F	QL
magnesium sulfate injection solution 50 %	F	

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	F	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	F	
naloxone hcl nasal	F	
NARCAN	F	
phytonadione oral	F	QL
REXTOVY	F	
ZIMHI	F	QL
Antidotes (91:04)		
KIONEX COMBINATION	P	
magnesium sulfate injection solution 50 %	F	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	F	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	F	
naltrexone hcl oral	Carve-out	
RENVELA	NP	PA; 102 day supply allowed
sevelamer carbonate oral packet	NP	PA; 102 day supply allowed
sevelamer carbonate oral tablet	P-PA	PA; 102 day supply allowed
sevelamer hcl	NP	PA; 102 day supply allowed
SPS (SODIUM POLYSTYRENE SULF)	P	
VIVITROL	Carve-out	
ZEGALOGUE	P	
ZIMHI	F	QL
Chemotherapy Antidotes/Protectants		
leucovorin calcium oral	F	
Antihistamine Drugs		
Antihistamine Drugs		
promethazine hcl oral tablet 25 mg	F	AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Ethanolamine Derivatives		
aler-cap	F	OTC; AL
allergy childrens oral liquid	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL
BANOPHEN ORAL LIQUID	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
carbinoxamine maleate oral solution	F	
carbinoxamine maleate oral tablet 4 mg	F	
complete allergy relief	F	OTC; AL
cvs allergy relief adult	F	OTC
cvs allergy relief childrens oral liquid	F	OTC
cvs allergy relief oral capsule 25 mg	F	OTC; AL
cvs allergy relief oral liquid	F	OTC
cvs allergy relief oral tablet 25 mg	F	OTC; AL
cvs childrens allergy	F	OTC
cvs sleep aid nighttime oral tablet	Carve-out	OTC
cvs sleep aid oral tablet 25 mg	Carve-out	OTC
cvs sleep-aid (doxylamine)	Carve-out	OTC
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC
cvs ultra sleep	Carve-out	OTC
diphen oral tablet	F	OTC; AL
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl injection	F	AL
diphenhydramine hcl oral capsule	F	AL

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
eq allergy relief childrens oral liquid	F	OTC
eq allergy relief oral tablet 25 mg	F	OTC; AL
eql allergy oral tablet 25 mg	F	OTC; AL
eql allergy relief oral tablet 25 mg	F	OTC; AL
eql nighttime sleep aid	Carve-out	OTC
eql sleep aid oral capsule	Carve-out	OTC
eql sleep aid oral liquid	Carve-out	OTC
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	.; OTC
ft allergy relief oral tablet 25 mg	F	OTC; AL
ft nighttime sleep aid	Carve-out	OTC
ft sleep aid (doxylamine)	Carve-out	OTC
ft sleep-aid maximum strength	Carve-out	OTC
geri-dryl oral liquid	F	OTC
geri-dryl oral tablet	F	OTC; AL
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp childrens allergy	F	OTC
gnp nighttime sleep-aid max st	Carve-out	OTC
gnp sleep aid	Carve-out	OTC
gnp sleep aid nighttime	Carve-out	OTC
goodsense sleeptime	Carve-out	OTC
h-e-b childrens allergy	F	OTC
KINDERMED KIDS ALLERGY	F	OTC
kls sleep aid	Carve-out	OTC
liquid allergy relief	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
m-dryl	F	OTC
night time sleep aid	Carve-out	OTC
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC
NYTOL QUICKCAPS	Carve-out	OTC
PEDIACARE CHILDRENS ALLERGY	F	OTC
pharbedryl oral capsule 25 mg	F	OTC; AL
qc allergy childrens	F	OTC
qc rest simply	Carve-out	OTC
qc sleep aid max st	Carve-out	OTC
ra allergy medication oral liquid	F	OTC
ra allergy medication oral tablet	F	OTC; AL
ra allergy oral liquid	F	OTC
ra allergy relief childrens oral liquid	F	OTC
ra allergy relief oral capsule 25 mg	F	OTC; AL
ra complete allergy	F	OTC; AL
RA DIPHEDRYL ALLERGY	F	OTC
ra night sleep aid	Carve-out	OTC
ra nighttime sleep aid oral tablet	Carve-out	OTC
ra sleep aid (diphenhydramine)	Carve-out	OTC
ra sleep aid oral capsule	Carve-out	OTC
ra sleep aid oral tablet	Carve-out	OTC
sb allergy medicine oral liquid	F	OTC
sb allergy medicine oral tablet	Carve-out	OTC
sb sleep	Carve-out	OTC
siladryl allergy	F	OTC
SIMPLY SLEEP	Carve-out	OTC
sleep aid (diphenhydramine)	Carve-out	OTC
sleep aid (doxylamine)	Carve-out	OTC
sleep aid oral liquid	Carve-out	OTC
sleep aid oral tablet	Carve-out	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sleep tabs oral tablet 25 mg	Carve-out	OTC
sleep-aid	Carve-out	OTC
sleep-tabs	Carve-out	OTC
SOMINEX	Carve-out	OTC
SOMINEX MAX ST	Carve-out	OTC
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
total allergy	F	OTC; AL
TOTAL ALLERGY MEDICINE	F	OTC
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC
UNISOM SLEEPMINIS	Carve-out	OTC
UNISOM SLEEPTABS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine hcl oral	F	AL
First Generation Antihistamines		
aler-cap	F	OTC; AL
aller-chlor oral tablet	F	OTC
allergy childrens oral liquid	F	OTC
allergy oral tablet 4 mg	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
allergy relief oral tablet 4 mg	F	OTC
BANOPHEN ORAL CAPSULE 25 MG	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL
BANOPHEN ORAL LIQUID	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
carbinoxamine maleate oral solution	F	
carbinoxamine maleate oral tablet 4 mg	F	
chlorhist	F	OTC
chlorpheniramine maleate oral	F	OTC
complete allergy relief	F	OTC; AL
cvs allergy relief adult	F	OTC
cvs allergy relief childrens oral liquid	F	OTC
cvs allergy relief oral capsule 25 mg	F	OTC; AL
cvs allergy relief oral liquid	F	OTC
cvs allergy relief oral tablet 25 mg	F	OTC; AL
cvs childrens allergy	F	OTC
cvs sleep aid nighttime oral tablet	Carve-out	OTC
cvs sleep aid oral tablet 25 mg	Carve-out	OTC
cvs sleep-aid (doxylamine)	Carve-out	OTC
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC
cvs ultra sleep	Carve-out	OTC
cyproheptadine hcl oral	F	AL
diphen oral tablet	F	OTC; AL
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl injection	F	AL
diphenhydramine hcl oral capsule	F	AL
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
eq allergy relief childrens oral liquid	F	OTC
eq allergy relief oral tablet 25 mg	F	OTC; AL
eq chlortabs	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eql allergy oral tablet 25 mg	F	OTC; AL
eql allergy relief oral tablet 25 mg	F	OTC; AL
eql nighttime sleep aid	Carve-out	OTC
eql sleep aid oral capsule	Carve-out	OTC
eql sleep aid oral liquid	Carve-out	OTC
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	.; OTC
ft allergy relief oral tablet 25 mg	F	OTC; AL
ft allergy relief oral tablet 4 mg	F	OTC
ft nighttime sleep aid	Carve-out	OTC
ft sleep aid (doxylamine)	Carve-out	OTC
ft sleep-aid maximum strength	Carve-out	OTC
geri-dryl oral liquid	F	OTC
geri-dryl oral tablet	F	OTC; AL
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp allergy relief oral tablet 4 mg	F	OTC
gnp childrens allergy	F	OTC
gnp nighttime sleep-aid max st	Carve-out	OTC
gnp sleep aid	Carve-out	OTC
gnp sleep aid nighttime	Carve-out	OTC
goodsense sleeptime	Carve-out	OTC
h-e-b childrens allergy	F	OTC
hydroxyzine hcl oral syrup	F	AL
hydroxyzine hcl oral tablet	F	AL
hydroxyzine pamoate oral	F	AL
KINDERMED KIDS ALLERGY	F	OTC
kls sleep aid	Carve-out	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
liquid allergy relief	F	OTC
m-dryl	F	OTC
meclizine hcl oral tablet 12.5 mg, 25 mg	F	
meclizine hcl oral tablet chewable	F	
night time sleep aid	Carve-out	OTC
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC
NYTOL QUICKCAPS	Carve-out	OTC
PEDIACARE CHILDRENS ALLERGY	F	OTC
pharbechlor	F	OTC
pharbedryl oral capsule 25 mg	F	OTC; AL
promethazine hcl oral solution 6.25 mg/5ml	F	AL
promethazine hcl oral syrup	F	
promethazine hcl oral tablet	F	AL
promethazine hcl rectal suppository 12.5 mg	F	QL; AL
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL
qc allergy childrens	F	OTC
qc chlor-pheniramine	F	OTC
qc rest simply	Carve-out	OTC
qc sleep aid max st	Carve-out	OTC
ra allergy medication oral liquid	F	OTC
ra allergy medication oral tablet	F	OTC; AL
ra allergy oral liquid	F	OTC
ra allergy relief childrens oral liquid	F	OTC
ra allergy relief oral capsule 25 mg	F	OTC; AL
ra allergy relief oral tablet 4 mg	F	OTC
ra chlorpheniramine maleate	F	OTC
ra complete allergy	F	OTC; AL
RA DIPHEDRYL ALLERGY	F	OTC
ra night sleep aid	Carve-out	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra nighttime sleep aid oral tablet	Carve-out	OTC
ra sleep aid (diphenhydramine)	Carve-out	OTC
ra sleep aid oral capsule	Carve-out	OTC
ra sleep aid oral tablet	Carve-out	OTC
sb allergy medicine oral liquid	F	OTC
sb allergy medicine oral tablet	Carve-out	OTC
sb chlorpheniramine	F	OTC
sb sleep	Carve-out	OTC
siladryl allergy	F	OTC
SIMPLY SLEEP	Carve-out	OTC
sleep aid (diphenhydramine)	Carve-out	OTC
sleep aid (doxylamine)	Carve-out	OTC
sleep aid oral liquid	Carve-out	OTC
sleep aid oral tablet	Carve-out	OTC
sleep tabs oral tablet 25 mg	Carve-out	OTC
sleep-aid	Carve-out	OTC
sleep-tabs	Carve-out	OTC
SOMINEX	Carve-out	OTC
SOMINEX MAX ST	Carve-out	OTC
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
total allergy	F	OTC; AL
TOTAL ALLERGY MEDICINE	F	OTC
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC
UNISOM SLEEPMINIS	Carve-out	OTC
UNISOM SLEEPTABS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-FINATE	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som	Carve-out	OTC

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
wal-som maximum strength	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
Other Antihistamines		
acid reducer oral tablet 10 mg	F	OTC
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	P	OTC
ALAWAY OPHTHALMIC SOLUTION 0.035 %	P	OTC
bepotastine besilate	NP	PA
BEPREVE	NP	PA
cimetidine 200	F	OTC
cimetidine hcl oral solution 300 mg/5ml	F	
cimetidine oral	F	
cvs olopatadine hcl	P	OTC
eq famotidine max st	F	OTC
eye allergy itch relief	P	OTC
eye allergy itch/redness rel	P	OTC
eye itch relief ophthalmic solution 0.035 %	P	OTC
famotidine maximum strength	F	OTC
famotidine oral suspension reconstituted	F	QL; AL
famotidine oral tablet 10 mg	F	OTC
famotidine oral tablet 20 mg, 40 mg	F	
famotidine orig st	F	OTC
ft eye allergy itch & redness	P	OTC
ft eye allergy itch relief	P	OTC
gnp olopatadine hcl	P	OTC
heartburn relief oral tablet 10 mg	F	OTC
hydroxyzine hcl oral syrup	F	AL
hydroxyzine hcl oral tablet	F	AL
hydroxyzine pamoate oral	F	AL
ketotifen fumarate ophthalmic solution 0.035 %	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LASTACAFT	NP	PA
olopatadine hcl nasal	NP	PA
olopatadine hcl ophthalmic	P	
PATADAY	NP	PA; OTC
qc olopatadine hcl	P	OTC
ra acid reducer max st oral tablet 20 mg	F	OTC
ra acid reducer oral tablet 10 mg	F	OTC
RYALTRIS	NP	PA
ZADITOR OPHTHALMIC SOLUTION 0.035 %	NP	PA; OTC
Phenothiazine Derivatives		
promethazine hcl oral solution 6.25 mg/5ml	F	AL
promethazine hcl oral syrup	F	
promethazine hcl oral tablet	F	AL
promethazine hcl rectal suppository 12.5 mg	F	QL; AL
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL
Propylamine Derivatives		
aller-chlor oral tablet	F	OTC
allergy oral tablet 4 mg	F	OTC
allergy relief oral tablet 4 mg	F	OTC
chlorhist	F	OTC
chlorpheniramine maleate oral	F	OTC
eq chlortabs	F	OTC
ft allergy relief oral tablet 4 mg	F	OTC
gnp allergy relief oral tablet 4 mg	F	OTC
pharbechlor	F	OTC
qc chlor-pheniramine	F	OTC
ra allergy relief oral tablet 4 mg	F	OTC
ra chlorpheniramine maleate	F	OTC
sb chlorpheniramine	F	OTC

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
WAL-FINATE	F	OTC
Second Generation Antihistamines		
12hr allergy relief	P	OTC
24hr allergy relief	P	OTC
all-day allergy childrens	P	OTC
allergy (cetirizine)	P	OTC
allergy 24hour indoor/outdoor	P	OTC
allergy 24-hr	P	OTC
allergy childrens oral solution	P	OTC
allergy childrens oral suspension	P	OTC
allergy rel child (loratadine)	P	OTC
allergy relief (cetirizine) oral capsule	NP	PA; OTC
allergy relief (cetirizine) oral tablet	P	OTC
allergy relief (loratadine) oral tablet	P	OTC
allergy relief 24-hr	P	OTC
allergy relief cetirizine	P	OTC
allergy relief childrens oral solution 1 mg/ml	P	OTC
allergy relief oral tablet 10 mg, 180 mg, 5 mg, 60 mg	P	OTC
allergy relief/indoor/outdoor oral tablet 10 mg	P	OTC
cetirizine hcl allergy child	P	OTC
cetirizine hcl childrens alrgy oral solution	P	OTC
cetirizine hcl childrens oral solution 5 mg/5ml	NP	PA; OTC
cetirizine hcl oral solution 1 mg/ml	P	
cetirizine hcl oral tablet	P	OTC
cetirizine hcl oral tablet chewable	NP	PA; OTC
childrens 24 hour allergy	P	OTC
childrens loratadine oral solution	P	OTC
CLARINEX ORAL TABLET	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG	P	OTC
cvs allergy childrens oral solution	P	OTC
cvs allergy relief childrens oral solution	P	OTC
cvs allergy relief childrens oral suspension	P	OTC
cvs allergy relief oral tablet 10 mg, 180 mg, 5 mg	P	OTC
cvs allergy relief(cetirizine)	P	OTC
cvs indoor/outdoor allergy rlf oral tablet	P	OTC
desloratadine oral tablet	NP	PA
desloratadine oral tablet dispersible 2.5 mg	NP	PA; AL
desloratadine oral tablet dispersible 5 mg	NP	PA
epinastine hcl	NP	PA
eq allerg relief child (cetir)	P	OTC
eq allergy relief (cetirizine)	P	OTC
eq allergy relief oral tablet 10 mg, 180 mg	P	OTC
eq cetirizine hcl oral solution	P	OTC
eql all day allergy	P	OTC
eql allergy relief oral tablet 10 mg, 180 mg	P	OTC
fexofenadine hcl oral tablet 180 mg, 60 mg	P	OTC
ft all day allergy	P	OTC
ft all day allergy childrens	P	OTC
ft all day allergy relief	P	OTC
ft allergy childrens	P	OTC
ft allergy relief 12 hour	P	OTC
ft allergy relief 24 hour	P	OTC
ft allergy relief cetirizine	P	OTC
ft allergy relief loratadine	P	OTC
ft allergy relief oral tablet 10 mg, 180 mg	P	OTC
gnp all day allergy childrens oral solution	P	OTC
gnp all day allergy relief	NP	PA; OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp allergy relief 24 hr	P	OTC
gnp fexofenadine hcl	P	OTC
gnp loratadine childrens oral solution	P	OTC
gnp loratadine oral solution	P	OTC
gnp loratadine oral tablet	P	OTC
gnp loratadine oral tablet dispersible	P	OTC
goodsense all day allergy	P	OTC
goodsense aller-ease	P	OTC
goodsense allergy relief child	P	OTC
goodsense allergy relief oral tablet 10 mg	P	OTC
hm allergy relief oral tablet 60 mg	P	OTC
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML	P	OTC
LASTACAFT	NP	PA
levocetirizine dihydrochloride oral solution	NP	PA
levocetirizine dihydrochloride oral tablet	P	
loradamed	P	OTC
loratadine childrens oral solution	P	OTC
loratadine childrens oral tablet chewable	P	OTC
loratadine oral tablet	P	OTC
loratadine oral tablet dispersible 10 mg	P	OTC
mm fexofenadine hcl	P	OTC
qc all day allergy	P	OTC
qc allergy relief oral tablet 10 mg, 180 mg	P	OTC
qc loratadine allergy relief	P	OTC
ra allergy relief (cetirizine)	P	OTC
ra allergy relief (loratadine)	P	OTC
ra allergy relief childrens oral solution 5 mg/5ml	P	OTC
ra allergy relief oral capsule 10 mg	NP	PA; OTC
ra allergy relief oral tablet 180 mg	P	OTC

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
sb allergy oral tablet	P	OTC
sb loratadine oral tablet	P	OTC
sm allergy childrens oral solution	P	OTC
sm allergy relief oral tablet 60 mg	P	OTC
sm fexofenadine hcl oral tablet 60 mg	P	OTC
sm loratadine oral solution	P	OTC
WAL-FEX ALLERGY	P	OTC
WAL-ITIN CHILDRENS	P	OTC
WAL-ZYR ALL DAY ALLERGY CHILD	P	OTC
WAL-ZYR ALLERGY CHILDRENS	P	OTC
WAL-ZYR CHILDRENS ORAL SOLUTION	P	OTC
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG	NP	PA; OTC
WAL-ZYR ORAL CAPSULE	NP	PA; OTC
WAL-ZYR ORAL TABLET	P	OTC
XYZAL ALLERGY 24HR CHILDRENS	NP	PA; OTC
ZERVIATE	NP	PA
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
cefadroxil oral capsule	P	QL
cefadroxil oral suspension reconstituted	P	
cefadroxil oral tablet	NP	PA; QL
cephalexin	P	
2Nd Generation Cephalosporin Antibiotics		
cefaclor er	NP	PA; QL
cefaclor oral capsule	NP	PA; QL
cefaclor oral suspension reconstituted	NP	PA
cefprozil oral suspension reconstituted	P	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
cefprozil oral tablet	P	QL
cefuroxime axetil oral tablet	P	QL
3Rd Generation Cephalosporin Antibiotics		
cefdinir oral capsule	P	QL
cefdinir oral suspension reconstituted	P	
cefixime oral capsule	P	
cefixime oral suspension reconstituted	NP	PA
cefpodoxime proxetil oral suspension reconstituted	NP	PA
cefpodoxime proxetil oral tablet	NP	PA; QL
Adamantane Antivirals		
amantadine hcl oral capsule	P	102 day supply allowed
amantadine hcl oral solution	P	102 day supply allowed
amantadine hcl oral tablet	NP	PA; 102 day supply allowed
GOCOVRI	NP	PA; Specialty Drug; 102 day supply allowed
rimantadine hcl	P	
Allylamine Antifungals		
athletes foot (terbinafine)	F	OTC
eq athletes foot (terbinafine)	F	OTC
eql athletes foot(terbinafine)	F	OTC
gnp terbinafine hydrochloride	F	OTC
terbinafine hcl external	F	OTC
terbinafine hcl oral	P	QL
Amebicides		
chlorhexidine gluconate mouth/throat	F	
FLAGYL ORAL CAPSULE	NP	PA
HUMATIN	F	
LIKMEZ	NP	PA; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
metronidazole external cream	F	
metronidazole external gel 0.75 %	F	
metronidazole oral capsule	NP	PA
metronidazole oral tablet 125 mg	NP	PA
metronidazole oral tablet 250 mg, 500 mg	P	
metronidazole vaginal	P	
NUVESSA	P	
VANDAZOLE	NP	PA
Aminoglycoside Antibiotics		
BETHKIS	P	Specialty Drug
gentamicin sulfate external	F	
gentamicin sulfate ophthalmic solution	F	
HUMATIN	F	
KITABIS PAK (W/ NEBULIZER)	P	Specialty Drug
neomycin sulfate oral	P	
TOBI	NP	PA; Specialty Drug
TOBI PODHALER	P	Specialty Drug
tobramycin inhalation nebulization solution 300 mg/4ml	NP	PA
tobramycin inhalation nebulization solution 300 mg/5ml	P	Specialty Drug
tobramycin ophthalmic	F	
tobramycin-dexamethasone	F	
Aminopenicillin Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack	NP	PA; QL
amoxicillin oral capsule	F	102 day supply allowed
amoxicillin oral suspension reconstituted	F	102 day supply allowed
amoxicillin oral tablet	F	102 day supply allowed
amoxicillin oral tablet chewable 125 mg, 250 mg	F	102 day supply allowed
amoxicillin-pot clavulanate oral	F	

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
ampicillin oral capsule 500 mg	F	
OMECLAMOX-PAK	NP	PA
VOQUEZNA DUAL PAK	NP	PA
VOQUEZNA TRIPLE PAK	NP	PA
Anthelmintics		
ivermectin oral tablet 3 mg	F	QL
Antifungals, Miscellaneous		
BREXAFEMME	NP	PA; QL
griseofulvin microsize oral suspension	P	
griseofulvin microsize oral tablet	NP	PA
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	NP	PA
Anti-Infectives (Systemic), Misc.		
bis subcit-metronid-tetracyc	NP	PA
bismuth/metronidaz/tetracyclin	NP	PA
PYLERA	P	
Antileprosy Agents		
dapsone oral	F	
Antimalarials		
chloroquine phosphate oral	F	QL
doxycycline hyclate oral capsule	F	
doxycycline hyclate oral tablet 100 mg, 20 mg	F	
doxycycline monohydrate oral capsule 100 mg, 50 mg	F	
doxycycline monohydrate oral suspension reconstituted	F	
doxycycline monohydrate oral tablet 100 mg, 50 mg	F	
hydroxychloroquine sulfate oral	F	
KRINTAFEL	F	PA; QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
mefloquine hcl	F	PA; QL
minocycline hcl oral capsule	F	
MONDOXYNE NL ORAL CAPSULE 100 MG	F	
primaquine phosphate oral tablet 26.3 (15 base) mg	F	
pyrimethamine oral	F	PA; QL
quinidine sulfate oral	F	
Antimycobacterials, Miscellaneous		
dapsone oral	F	
Antiprotozoals, Cryptosporidiosis		
nitazoxanide oral	NP	PA; QL
Antiprotozoals, Miscellaneous		
atovaquone oral	F	
benznidazole	F	PA
bis subcit-metronid-tetracyc	NP	PA
bismuth/metronidaz/tetracyclin	NP	PA
dapsone oral	F	
FLAGYL ORAL CAPSULE	NP	PA
LIKMEZ	NP	PA; QL
metronidazole oral capsule	NP	PA
metronidazole oral tablet 250 mg, 500 mg	P	
nitazoxanide oral	NP	PA; QL
PYLERA	P	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	F	
sulfamethoxazole-trimethoprim oral tablet	F	
SULFATRIM PEDIATRIC	F	
tinidazole oral	P	
Antiprotozoals,Nitroimidazole-Derivative		

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
tinidazole oral	P	
Antiretrovirals, Miscellaneous		
SUNLENCA ORAL TABLET THERAPY PACK	Carve-out	
SUNLENCA SUBCUTANEOUS	Carve-out	
YEZTUGO SUBCUTANEOUS	Carve-out	Specialty
Antituberculosis Agents		
CIPRO ORAL SUSPENSION RECONSTITUTED	P	
CIPRO ORAL TABLET 250 MG	NP	PA; QL
CIPRO ORAL TABLET 500 MG	NP	PA
ciprofloxacin hcl oral	P	QL
clarithromycin er	NP	PA
clarithromycin oral suspension reconstituted	P	
clarithromycin oral tablet	P	QL
cycloserine oral	F	QL
ethambutol hcl oral	F	
isoniazid oral syrup	F	AL
isoniazid oral tablet	F	
levofloxacin oral solution	P	
levofloxacin oral tablet	P	QL
moxifloxacin hcl oral	NP	PA; QL
pretomanid	F	PA
PRIFTIN	F	QL
pyrazinamide oral	F	
rifabutin	F	
rifampin oral	F	
SIRTURO	F	PA
TRECATOR	F	
Antivirals, Miscellaneous		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LIVTENCITY	F	Specialty Drug
PAXLOVID (150/100)	P	
PAXLOVID (300/100 & 150/100)	P	
PAXLOVID (300/100)	P	
PREVYMIS INTRAVENOUS	F	Specialty Drug
PREVYMIS ORAL PACKET	F	Specialty Drug
PREVYMIS ORAL TABLET	F	PA; Specialty Drug
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	NP	PA
XOFLUZA (80 MG DOSE)	NP	PA
Azole Antifungals		
CRESEMBA ORAL CAPSULE 186 MG	NP	PA; AL
CRESEMBA ORAL CAPSULE 74.5 MG	NP	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	NP	PA
DIFLUCAN ORAL TABLET 100 MG	NP	PA
DIFLUCAN ORAL TABLET 150 MG	NP	PA; QL
fluconazole oral suspension reconstituted	P	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	P	
fluconazole oral tablet 150 mg	P	QL
itraconazole oral	NP	PA; QL
ketoconazole external cream	P	
ketoconazole external foam	NP	PA
ketoconazole external shampoo 2 %	P	
ketoconazole oral	P	
KETODAN EXTERNAL FOAM	NP	PA
NOXAFIL ORAL PACKET	NP	PA; AL
NOXAFIL ORAL SUSPENSION	NP	PA
NOXAFIL ORAL TABLET DELAYED RELEASE	NP	PA
posaconazole oral tablet delayed release	NP	PA

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
SPORANOX	NP	PA; QL
tolsura	NP	PA
VFEND	NP	PA
VIVJOA	NP	PA; QL
voriconazole oral	NP	PA
Bacitracin Antibiotics		
bacitracin external	F	OTC
bacitracin ophthalmic	F	
bacitracin zinc external	F	OTC
bacitracin zinc-aloe	F	OTC
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	F	
bacitra-neomycin-polymyxin-hc	F	
cvs bacitracin	F	OTC
cvs bacitracin zinc	F	OTC
eq bacitracin zinc	F	OTC
eq triple antibiotic	F	OTC
eql bacitracin zinc	F	OTC
eql first aid antibiotic external ointment 3.5-400-5000	F	OTC
ft triple antibiotic	F	OTC
gnp bacitracin zinc	F	OTC
gnp triple antibiotic external ointment	F	OTC
goodsense first aid antibiotic	F	OTC
medi-first triple antibiotic	F	OTC
px triple	F	OTC
qc bacitracin	F	OTC
ra bacitracin zinc first aid	F	OTC
ra triple antibiotic external ointment	F	OTC
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 mg-unit	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Coronavirus (Covid-19)		
PAXLOVID (150/100)	P	
PAXLOVID (300/100 & 150/100)	P	
PAXLOVID (300/100)	P	
Endonuclease Inhibitors		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	NP	PA
XOFLUZA (80 MG DOSE)	NP	PA
Erythromycin Antibiotics		
E.E.S. 400 ORAL TABLET	NP	PA
E.E.S. GRANULES	NP	PA
ERYPED 200	NP	PA
ERYPED 400	NP	PA
ERY-TAB	NP	PA
ERYTHROCIN STEARATE ORAL TABLET 250 MG	P	
erythromycin base oral capsule delayed release particles	NP	PA
erythromycin base oral tablet	NP	PA
erythromycin base oral tablet delayed release 250 mg, 500 mg	NP	PA
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	P	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	NP	PA
erythromycin ethylsuccinate oral tablet	P	
erythromycin external solution	F	
erythromycin oral	NP	PA
Glycopeptide Antibiotics		
FIRVANQ	NP	PA
VANCOCIN	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 750 mg	F	
vancomycin hcl oral	P	
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA	Carve-out	
HARVONI	Carve-out	
ledipasvir-sofosbuvir	Carve-out	
sofosbuvir-velpatasvir	Carve-out	
SOVALDI	Carve-out	
VOSEVI	Carve-out	
Hcv Protease Inhibitor Antivirals		
MAVYRET	Carve-out	
VOSEVI	Carve-out	
ZEPATIER	Carve-out	
Hcv Replication Complex Inhibitors		
EPCLUSA	Carve-out	
HARVONI	Carve-out	
ledipasvir-sofosbuvir	Carve-out	
MAVYRET	Carve-out	
sofosbuvir-velpatasvir	Carve-out	
VOSEVI	Carve-out	
ZEPATIER	Carve-out	
Hiv Capsid Inhibitors		
SUNLENCA ORAL TABLET THERAPY PACK	Carve-out	
SUNLENCA SUBCUTANEOUS	Carve-out	
YEZTUGO	Carve-out	Specialty
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
maraviroc	Carve-out	
RUKOBIA	Carve-out	
SELZENTRY ORAL SOLUTION	Carve-out	
SELZENTRY ORAL TABLET 150 MG, 300 MG	Carve-out	
TROGARZO	Carve-out	
Hiv Integrase Inhibitor Antiretrovirals		
APRETUDE	Carve-out	
BIKTARVY	Carve-out	
CABENUVA	Carve-out	Specialty Drug
DOVATO	Carve-out	
GENVOYA	Carve-out	
ISENTRESS	Carve-out	
ISENTRESS HD	Carve-out	
JULUCA	Carve-out	
STRIBILD	Carve-out	
TIVICAY ORAL TABLET 50 MG	Carve-out	
TIVICAY PD	Carve-out	
TRIUMEQ	Carve-out	
triumeq pd	Carve-out	
VOCABRIA	Carve-out	
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
BIKTARVY	Carve-out	
CABENUVA	Carve-out	Specialty Drug
COMPLERA	Carve-out	
DELSTRIGO	Carve-out	
EDURANT	Carve-out	
efavirenz oral tablet	Carve-out	
efavirenz-emtricitab-tenofo df	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
efavirenz-lamivudine-tenofovir	Carve-out	
etravirine	Carve-out	
INTELENCE	Carve-out	
JULUCA	Carve-out	
methocarbamol oral tablet 500 mg	P	
nevirapine	Carve-out	
nevirapine er oral tablet extended release 24 hour 400 mg	Carve-out	
ODEFSEY	Carve-out	
PIFELTRO	Carve-out	
SYMFI	Carve-out	
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir sulfate	Carve-out	
abacavir sulfate-lamivudine	Carve-out	
BIKTARVY	Carve-out	
CIMDUO	Carve-out	
COMPLERA	Carve-out	
DELSTRIGO	Carve-out	
DESCOVY	Carve-out	
DOVATO	Carve-out	
efavirenz-emtricitab-tenofo df	Carve-out	
efavirenz-lamivudine-tenofovir	Carve-out	
emtricitabine	Carve-out	
emtricitabine-tenofovir df	Carve-out	
EMTRIVA	Carve-out	
EPIVIR	Carve-out	
GENVOYA	Carve-out	
lamivudine oral solution 10 mg/ml	Carve-out	
lamivudine oral tablet 100 mg	F	Specialty Drug; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
lamivudine oral tablet 150 mg, 300 mg	Carve-out	
lamivudine-zidovudine	Carve-out	
ODEFSEY	Carve-out	
RETROVIR INTRAVENOUS	Carve-out	
RETROVIR ORAL CAPSULE	Carve-out	
RETROVIR ORAL SYRUP	Carve-out	
STRIBILD	Carve-out	
SYMFI	Carve-out	
SYMTUZA	Carve-out	
tenofovir disoproxil fumarate	Carve-out	
TRIUMEQ	Carve-out	
triumeq pd	Carve-out	
TRUVADA	Carve-out	
VIREAD	Carve-out	
ZIAGEN ORAL SOLUTION	Carve-out	
zidovudine	Carve-out	
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE	Carve-out	
atazanavir sulfate	Carve-out	
darunavir	Carve-out	
EVOTAZ	Carve-out	
fosamprenavir calcium	Carve-out	
KALETRA ORAL SOLUTION	Carve-out	
KALETRA ORAL TABLET	Carve-out	
lopinavir-ritonavir oral tablet	Carve-out	
NORVIR ORAL PACKET	Carve-out	
NORVIR ORAL TABLET	Carve-out	
PREZCOBIX	Carve-out	
PREZISTA ORAL SUSPENSION	Carve-out	

lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**Tier Status** **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA **P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**
Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Carve-out	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	Carve-out	
REYATAZ ORAL PACKET	Carve-out	
ritonavir	Carve-out	
SYMTUZA	Carve-out	
VIRACEPT ORAL TABLET	Carve-out	
Interferon Antivirals		
BESREMI	F	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Carve-out	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out	
Lincomycin Antibiotics		
ACANYA	NP	PA
CLEOCIN VAGINAL CREAM	NP	PA
CLEOCIN VAGINAL SUPPOSITORY	P	
clindamycin hcl oral	F	
clindamycin palmitate hcl	F	AL
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	NP	PA
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	P	
clindamycin phosphate external solution	F	QL
clindamycin phosphate external swab	F	
clindamycin phosphate vaginal	P	
CLINDESSE	P	
NEUAC EXTERNAL GEL	NP	PA
ONEXTON	NP	PA
XACIATO	NP	PA; AL
Monobactam Antibiotics		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CAYSTON	P	Specialty Drug
Monoclonal Antibodies (08:18)		
BEYFORTUS	F	PA; Specialty Drug
ILARIS SUBCUTANEOUS SOLUTION	Carve-out	
SYNAGIS	F	PA; Specialty Drug
Natural Penicillin Antibiotics		
penicillin v potassium	F	102 day supply allowed
Neuraminidase Inhibitor Antivirals		
oseltamivir phosphate oral	P	QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	P	QL
TAMIFLU ORAL CAPSULE	NP	PA; QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	NP	PA; QL
Nitroimidazole Derivative, Trypanocidal		
benznidazole	F	PA
Nitroimidazole Derivatives, Misc		
FLAGYL ORAL CAPSULE	NP	PA
LIKMEZ	NP	PA; QL
metronidazole external cream	F	
metronidazole external gel 0.75 %	F	
metronidazole oral capsule	NP	PA
metronidazole oral tablet 125 mg	NP	PA
metronidazole oral tablet 250 mg, 500 mg	P	
metronidazole vaginal	P	
NUVESSA	P	
VANDAZOLE	NP	PA
Nucleoside And Nucleotide Antivirals		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
acyclovir external	P	102 day supply allowed
acyclovir oral capsule	P	102 day supply allowed
acyclovir oral suspension 200 mg/5ml	P	102 day supply allowed
acyclovir oral tablet	P	102 day supply allowed
adefovir dipivoxil	F	Specialty Drug; QL
COMPLERA	Carve-out	
DESCOVY	Carve-out	
emtricitabine-tenofovir df	Carve-out	
entecavir	F	Specialty Drug; QL
famciclovir oral	P	102 day supply allowed
ODEFSEY	Carve-out	
ribavirin oral capsule	Carve-out	
ribavirin oral tablet 200 mg	Carve-out	
TRUVADA	Carve-out	
valacyclovir hcl oral	P	102 day supply allowed
valganciclovir hcl oral tablet	F	QL
VALTREX	NP	PA; 102 day supply allowed
VEMLIDY	F	PA; Specialty Drug; QL; AL
XERESE	NP	PA; 102 day supply allowed
ZOVIRAX EXTERNAL	NP	PA; 102 day supply allowed
Other Macrolide Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack	NP	PA; QL
azithromycin oral packet	P	QL
azithromycin oral suspension reconstituted	P	
azithromycin oral tablet 250 mg	P	
azithromycin oral tablet 500 mg, 600 mg	P	QL
clarithromycin er	NP	PA
clarithromycin oral suspension reconstituted	P	
clarithromycin oral tablet	P	QL

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
DIFICID ORAL SUSPENSION RECONSTITUTED	NP	PA; AL
DIFICID ORAL TABLET	P	
OMECLAMOX-PAK	NP	PA
VOQUEZNA TRIPLE PAK	NP	PA
ZITHROMAX ORAL PACKET	NP	PA; QL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	NP	PA
ZITHROMAX ORAL TABLET 250 MG	NP	PA
ZITHROMAX ORAL TABLET 500 MG	NP	PA; QL
ZITHROMAX TRI-PAK	NP	PA; QL
ZITHROMAX Z-PAK	NP	PA
Other Macrolides (8:12.12.92)		
amoxicill-clarithro-lansopraz oral therapy pack	NP	PA; QL
azithromycin oral packet	P	QL
azithromycin oral suspension reconstituted	P	
azithromycin oral tablet 250 mg	P	
azithromycin oral tablet 500 mg, 600 mg	P	QL
clarithromycin er	NP	PA
clarithromycin oral suspension reconstituted	P	
clarithromycin oral tablet	P	QL
DIFICID ORAL SUSPENSION RECONSTITUTED	NP	PA; AL
DIFICID ORAL TABLET	P	
OMECLAMOX-PAK	NP	PA
VOQUEZNA TRIPLE PAK	NP	PA
ZITHROMAX ORAL PACKET	NP	PA; QL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	NP	PA
ZITHROMAX ORAL TABLET 250 MG	NP	PA
ZITHROMAX ORAL TABLET 500 MG	NP	PA; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZITHROMAX TRI-PAK	NP	PA; QL
ZITHROMAX Z-PAK	NP	PA
Oxazolidinone Antibiotics		
linezolid oral suspension reconstituted	NP	PA
linezolid oral tablet	P	QL
SIVEXTRO ORAL	NP	PA; QL
ZYVOX ORAL SUSPENSION RECONSTITUTED	NP	PA
ZYVOX ORAL TABLET	NP	PA; QL
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	F	
Polyene Antifungals		
KLAYESTA	P	
NYAMYC	P	
nystatin external	P	
nystatin mouth/throat	P	
nystatin oral tablet	P	
nystatin-triamcinolone	P	
NYSTOP	P	
Polymyxin Antibiotics		
polymyxin b-trimethoprim	F	
Pyrimidine Antifungals		
ANCOBON	NP	PA
flucytosine oral	NP	PA
Quinolone Antibiotics		
BAXDELA ORAL	NP	PA
CIPRO ORAL SUSPENSION RECONSTITUTED	P	
CIPRO ORAL TABLET 250 MG	NP	PA; QL
CIPRO ORAL TABLET 500 MG	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ciprofloxacin hcl oral	P	QL
levofloxacin ophthalmic solution 0.5 %	NP	PA
levofloxacin oral solution	P	
levofloxacin oral tablet	P	QL
moxifloxacin hcl (2x day)	NP	PA
moxifloxacin hcl ophthalmic solution	P	
moxifloxacin hcl oral	NP	PA; QL
OCUFLOX	NP	PA
ofloxacin ophthalmic	P	
ofloxacin oral tablet 300 mg, 400 mg	NP	PA
ofloxacin otic	P	
VIGAMOX	NP	PA
Rifamycin Antibiotics		
PRIFTIN	F	QL
rifabutin	F	
rifampin oral	F	
XIFAXAN ORAL TABLET 200 MG, 550 MG	NP	PA; QL; AL
Sulfonamide Antibiotics (Systemic)		
AZULFIDINE	NP	PA
AZULFIDINE EN-TABS	NP	PA
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	F	
sulfamethoxazole-trimethoprim oral tablet	F	
sulfasalazine oral	P	
SULFATRIM PEDIATRIC	F	
Tetracycline Antibiotics		
bis subcit-metronid-tetracyc	NP	PA
bismuth/metronidaz/tetracyclin	NP	PA
doxycycline hyclate oral capsule	F	
doxycycline hyclate oral tablet 100 mg, 20 mg	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	F	
doxycycline monohydrate oral suspension reconstituted	F	
doxycycline monohydrate oral tablet 100 mg, 50 mg	F	
minocycline hcl oral capsule	F	
MONDOXYNE NL ORAL CAPSULE 100 MG	F	
PYLERA	P	
Urinary Anti-Infectives		
methenamine hippurate	F	
methenamine mandelate oral	F	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	F	QL; AL
nitrofurantoin monohyd macro	F	QL; AL
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	F	
sulfamethoxazole-trimethoprim oral tablet	F	
SULFATRIM PEDIATRIC	F	
trimethoprim oral	F	
Antineoplastic Agents		
Antineoplastic Agents		
abiraterone acetate	F	Specialty Drug
AFINITOR	F	Specialty Drug
AFINITOR DISPERZ	F	Specialty Drug
AKEEGA	F	Specialty Drug
ALECENSA	Carve-out	
ALIMTA	F	Specialty Drug
ALUNBRIG	Carve-out	
anastrozole oral	F	
ARIMIDEX	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
AROMASIN	F	
ARRANON	F	Specialty Drug
ARZERRA	F	Specialty Drug
AUGTYRO	Carve-out	
AVMAPKI FAKZYNJA CO-PACK	Carve-out	
AYVAKIT	Carve-out	
azacitidine	F	Specialty Drug
BALVERSA	Carve-out	
BESREMI	F	
bexarotene	F	Specialty Drug
bicalutamide	F	
BLINCYTO	F	Specialty Drug
bortezomib injection	Carve-out	
BOSULIF	Carve-out	
BRAFTOVI ORAL CAPSULE 75 MG	F	Specialty Drug
BRUKINSA	Carve-out	
CABOMETYX	Carve-out	
CALQUENCE ORAL TABLET	Carve-out	
CAMCEVI	F	
capecitabine	F	Specialty Drug
CAPRELSA	Carve-out	
CARAC	F	Specialty Drug
CASODEX	F	
cladribine intravenous solution 10 mg/10ml	F	Specialty Drug
clofarabine	F	Specialty Drug
CLOLAR	F	Specialty Drug
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Carve-out	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Carve-out	
COMETRIQ (60 MG DAILY DOSE)	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
COPIKTRA	Carve-out	
COTELLIC	Carve-out	
cyclophosphamide oral	F	
CYRAMZA	F	
cytarabine (pf)	F	Specialty Drug
cytarabine injection solution	F	Specialty Drug
DANZITEN	Carve-out	
DAURISMO	F	Specialty Drug
decitabine	F	Specialty Drug
DROXIA	F	102 day supply allowed
EFUDEX EXTERNAL CREAM	F	Specialty Drug
ELIGARD	F	Specialty Drug
EMCYT	F	Specialty Drug
ERIVEDGE	F	Specialty Drug
ERLEADA	F	Specialty Drug
erlotinib hcl	Carve-out	
etoposide oral	F	Specialty Drug
EULEXIN	F	
everolimus	F	Specialty Drug
exemestane	F	
FARESTON	F	
FEMARA	F	
floxuridine injection	F	Specialty Drug
fludarabine phosphate intravenous solution 25 mg/ml	F	
fludarabine phosphate intravenous solution 50 mg/2ml	F	Specialty Drug
fludarabine phosphate intravenous solution reconstituted	F	Specialty Drug
fluorouracil external	F	Specialty Drug
fluorouracil intravenous	F	Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FOLOTYN	F	Specialty Drug
FOTIVDA	Carve-out	
FRUZAQLA	Carve-out	
GAVRETO	Carve-out	
GAZYVA	F	Specialty Drug
gefitinib	Carve-out	
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	F	Specialty Drug
gemcitabine hcl intravenous solution reconstituted	F	Specialty Drug
GILOTRIF	Carve-out	
GLEEVEC	Carve-out	
GOMEKLI	Carve-out	
HYCAMTIN ORAL	F	Specialty Drug
HYDREA	F	102 day supply allowed
hydroxyprogesterone caproate intramuscular solution	F	Specialty Drug
hydroxyurea oral	F	102 day supply allowed
IBRANCE	Carve-out	
ICLUSIG	Carve-out	
IDHIFA	F	Specialty Drug
imatinib mesylate oral	Carve-out	
IMBRUVICA ORAL CAPSULE	Carve-out	
IMBRUVICA ORAL SUSPENSION	Carve-out	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Carve-out	
imkeldi	Carve-out	
INLYTA	Carve-out	
INQOVI	F	Specialty Drug
INREBIC	Carve-out	
IRESSA	Carve-out	
ITOVEBI	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
IWILFIN	Carve-out	
JAKAFI	F	Specialty Drug
JAYPIRCA	Carve-out	
JYLAMVO	F	Specialty Drug
KEYTRUDA INTRAVENOUS SOLUTION	F	Specialty Drug
KISQALI (200 MG DOSE)	Carve-out	
KISQALI (400 MG DOSE)	Carve-out	
KISQALI (600 MG DOSE)	Carve-out	
KISQALI FEMARA (200 MG DOSE)	F	
KISQALI FEMARA (400 MG DOSE)	F	
KISQALI FEMARA (600 MG DOSE)	F	
KOSELUGO	Carve-out	
KRAZATI	F	Specialty Drug
KYPROLIS	Carve-out	
lapatinib ditosylate	Carve-out	
LAZCLUZE	Carve-out	
lenalidomide	F	Specialty Drug
LENVIMA (10 MG DAILY DOSE)	Carve-out	
LENVIMA (12 MG DAILY DOSE)	Carve-out	
LENVIMA (14 MG DAILY DOSE)	Carve-out	
LENVIMA (18 MG DAILY DOSE)	Carve-out	
LENVIMA (20 MG DAILY DOSE)	Carve-out	
LENVIMA (24 MG DAILY DOSE)	Carve-out	
LENVIMA (4 MG DAILY DOSE)	Carve-out	
LENVIMA (8 MG DAILY DOSE)	Carve-out	
letrozole oral	F	
leuprolide acetate injection	F	Specialty Drug
LONSURF	F	Specialty Drug
LOQTORZI	F	Specialty Drug
LORBRENA	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LUMAKRAS	F	Specialty Drug
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	F	Specialty Drug
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	F	Specialty Drug
LUPRON DEPOT (4-MONTH)	F	Specialty Drug
LUPRON DEPOT (6-MONTH)	F	Specialty Drug
LUTRATE DEPOT	F	
LYNPARZA ORAL TABLET	Carve-out	
LYSODREN	F	Specialty Drug
LYTGOBI (12 MG DAILY DOSE)	Carve-out	
LYTGOBI (16 MG DAILY DOSE)	Carve-out	
LYTGOBI (20 MG DAILY DOSE)	Carve-out	
MATULANE	F	Specialty Drug
MAVENCLAD (10 TABS)	NP	PA
MAVENCLAD (4 TABS)	NP	PA
MAVENCLAD (5 TABS)	NP	PA
MAVENCLAD (6 TABS)	NP	PA
MAVENCLAD (7 TABS)	NP	PA
MAVENCLAD (8 TABS)	NP	PA
MAVENCLAD (9 TABS)	NP	PA
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	P	
megestrol acetate oral suspension 625 mg/5ml	NP	PA
megestrol acetate oral tablet	F	
MEKINIST	Carve-out	
MEKTOVI	Carve-out	
mercaptopurine oral	F	Specialty Drug
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
methotrexate sodium (pf) injection solution 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution reconstituted	F	Specialty Drug
methotrexate sodium oral	F	
nelarabine	F	Specialty Drug
NERLYNX	Carve-out	
NEXAVAR	Carve-out	
NILANDRON	F	Specialty Drug
nilutamide	F	Specialty Drug
NINLARO	Carve-out	
NIPENT	F	Specialty Drug
NUBEQA	F	Specialty Drug
ODOMZO	F	Specialty Drug
OGSIVEO ORAL TABLET 50 MG	Carve-out	
OJJAARA	Carve-out	
ONUREG	F	Specialty Drug
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	F	Specialty Drug
OPZELURA	NP	PA; QL; AL
ORGOVYX	F	Specialty Drug
ORSERDU	F	Specialty Drug
oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml	F	Specialty Drug
oxaliplatin intravenous solution reconstituted	F	Specialty Drug
pazopanib hcl	Carve-out	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Carve-out	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PEMAZYRE	Carve-out	
pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg	F	
PIQRAY (200 MG DAILY DOSE)	Carve-out	
PIQRAY (250 MG DAILY DOSE)	Carve-out	
PIQRAY (300 MG DAILY DOSE)	Carve-out	
POMALYST	F	Specialty Drug
pralatrexate	F	
PURIXAN	F	Specialty Drug
QINLOCK	Carve-out	
RETEVMO ORAL TABLET	Carve-out	
REVLIMID	F	Specialty Drug
REVUFORJ ORAL TABLET 110 MG, 160 MG	Carve-out	
REZLIDHIA	F	
RIABNI	F	Specialty Drug
ROMVIMZA	Carve-out	
ROZLYTREK	Carve-out	
RUBRACA	Carve-out	
RYDAPT	Carve-out	
SCEMBLIX	Carve-out	
SIKLOS	F	Specialty; 102 day supply allowed
SOLTAMOX	F	
sorafenib tosylate	Carve-out	
SPRYCEL	Carve-out	
STIVARGA	Carve-out	
sunitinib malate	Carve-out	
SUTENT	Carve-out	
TABLOID	F	
TABRECTA	Carve-out	
TAFINLAR	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TAGRISSO	Carve-out	
TALZENNA	Carve-out	
tamoxifen citrate oral	F	
TARCEVA ORAL TABLET 100 MG	Carve-out	
TARGRETIN	F	Specialty Drug
TASIGNA	Carve-out	
TAZVERIK	F	Specialty Drug
TECENTRIQ	F	Specialty Drug
TECENTRIQ HYBREZA	F	Specialty Drug
temozolomide	F	Specialty Drug
TEPMETKO	Carve-out	
THALOMID	F	
TIBSOVO	F	Specialty Drug
toremifene citrate	F	
TORPENZ	F	Specialty Drug
TRELSTAR MIXJECT	F	
tretinoin external cream 0.025 %, 0.05 %	F	QL; AL
tretinoin oral	F	Specialty Drug
TREXALL	F	
TRUQAP ORAL TABLET 200 MG	Carve-out	
TRUQAP ORAL TABLET THERAPY PACK	Carve-out	
TUKYSA	Carve-out	
TURALIO ORAL CAPSULE 125 MG	Carve-out	
TYKERB	Carve-out	
VANFLYTA	Carve-out	
VELCADE INJECTION	Carve-out	
VENCLEXTA	F	Specialty Drug
VENCLEXTA STARTING PACK	F	Specialty Drug
VERZENIO	Carve-out	
VIDAZA	F	Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VITRAKVI	Carve-out	
VIZIMPRO	Carve-out	
VONJO	Carve-out	
VORANIGO	F	Specialty Drug
VOTRIENT	Carve-out	
WELIREG	Carve-out	
XALKORI	Carve-out	
XATMEP	F	
XELODA	F	Specialty Drug
XOSPATA	Carve-out	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	F	Specialty Drug
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	F	Specialty Drug
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	F	Specialty Drug
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	F	Specialty Drug
XPOVIO (60 MG TWICE WEEKLY)	F	Specialty Drug
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	F	Specialty Drug
XPOVIO (80 MG TWICE WEEKLY)	F	Specialty Drug
XROMI	F	102 day supply allowed
XTANDI	F	Specialty Drug
YERVOY	F	
YONSA	F	Specialty Drug
ZEJULA ORAL TABLET	Carve-out	
ZELBORAF	Carve-out	
ZOLINZA	F	Specialty Drug
ZORTRESS	F	Specialty Drug
ZYDELIG	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZYKADIA ORAL TABLET	Carve-out	
ZYTIGA	F	Specialty Drug
Antitoxins,Immune Glob,Toxoids,Vaccines		
Allergenic Extracts (Therapeutic)		
PALFORZIA (12 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (120 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (160 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (20 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (200 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (240 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (3 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (300 MG MAINTENANCE)	F	PA; Specialty Drug; AL
PALFORZIA (300 MG TITRATION)	F	PA; Specialty Drug; AL
PALFORZIA (40 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (6 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (80 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA INITIAL ESCALATION	F	PA; Specialty Drug; AL
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	F	QL; AL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	F	QL; AL
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	F	QL; AL
INFANRIX	F	QL; AL
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	F	QL; AL
QUADRACEL INTRAMUSCULAR SUSPENSION	F	QL; AL
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
TDVAX	F	QL; AL
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	F	QL; AL
VAXELIS INTRAMUSCULAR SUSPENSION	F	QL; AL
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
Vaccines		
ACTHIB	F	QL; AL
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	F	QL; AL
AFLURIA	F	QL; AL
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
AREXVY	F	QL; AL
BEXSERO	F	QL; AL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	F	QL; AL
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	AL
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	F	QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	F	QL; AL
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	F	QL; AL
FLUAD	F	QL; AL
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	F	QL; AL
FLUCELVAX INTRAMUSCULAR SUSPENSION	F	QL; AL
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
FLUMIST	F	QL; AL
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
FLUZONE INTRAMUSCULAR SUSPENSION	F	QL; AL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
GARDASIL 9	F	QL; AL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	F	QL; AL
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	F	QL; AL
HIBERIX INJECTION	F	QL; AL
INFANRIX	F	QL; AL
IPOL INJECTION INJECTABLE	NP	QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
MENQUADFI INTRAMUSCULAR SOLUTION	F	QL; AL
MENVEO INTRAMUSCULAR SOLUTION	F	QL; AL
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	F	QL; AL
M-M-R II INJECTION	F	QL; AL
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	AL
MRESVIA	F	AL
novavax covid-19 vaccine intramuscular suspension prefilled syringe	F	AL
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
PEDVAX HIB INTRAMUSCULAR SUSPENSION	F	QL; AL
PENBRAYA	F	QL; AL
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	F	QL; AL
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	F	AL
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml	F	AL
PNEUMOVAX 23 INJECTION SOLUTION	F	QL; AL
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	F	QL; AL
PREHEVBRIO	F	QL; AL
PREVNAR 20	F	QL; AL
PRIORIX	F	QL; AL
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	F	QL; AL

lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**Tier Status** **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA **P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**
Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
QUADRACEL INTRAMUSCULAR SUSPENSION	F	QL; AL
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	F	QL; AL
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	F	QL; AL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	F	QL; AL
SPIKEVAX INTRAMUSCULAR SUSPENSION	F	QL; AL
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	AL
TRUMENBA	F	QL; AL
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	F	PA; QL; AL
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	F	QL; AL
VARIVAX INJECTION	F	QL; AL
VAXELIS INTRAMUSCULAR SUSPENSION	F	QL; AL
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
VAXNEUVANCE	F	QL; AL
VIVOTIF	F	PA; QL; AL
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	NP	PA; QL
epinephrine injection solution auto-injector	P	QL
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	QL
NEFFY	NP	PA; QL
Alpha-Adrenergic Agonists		
clonidine	P	102 day supply allowed; QL
clonidine er	P	
clonidine hcl er oral tablet extended release 12 hour	Carve-out	
clonidine hcl oral	P	102 day supply allowed
dexmedetomidine hcl	Carve-out	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	Carve-out	
dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%	Carve-out	
dexmedetomidine hcl-dextrose	Carve-out	
IGALMI	Carve-out	
lofexidine hcl	F	
LUCEMYRA	P	
methyldopa oral	P	102 day supply allowed
midodrine hcl	F	QL
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	P	102 day suppply allowed
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	Carve-out	
Antimuscarinics/Antispasmodics		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	P	102 day supply allowed; QL
atropine sulfate ophthalmic ointment	F	
atropine sulfate ophthalmic solution 1 %	F	
ATROVENT HFA	P	102 day supply allowed; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BEVESPI AEROSPHERE	P	102 day supply allowed; QL
BREZTRI AEROSPHERE	NP	PA; 102 day supply allowed; QL
COMBIVENT RESPIMAT	P	102 day supply allowed; QL
dicyclomine hcl oral capsule	F	AL
dicyclomine hcl oral solution 10 mg/5ml	F	AL
dicyclomine hcl oral tablet	F	AL
diphenoxylate-atropine oral liquid	P	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	P	
DUAKLIR PRESSAIR	NP	PA
glycopyrrolate oral solution	F	AL
glycopyrrolate oral tablet 1 mg, 2 mg	F	
hyoscyamine sulfate er oral tablet extended release 12 hour	F	AL
hyoscyamine sulfate oral	F	AL
hyoscyamine sulfate sublingual	F	AL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	P	102 day supply allowed; QL
ipratropium bromide inhalation	P	102 day supply allowed
ipratropium bromide nasal	P	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	P	102 day supply allowed
scopolamine	F	PA
SPIRIVA HANDIHALER	P	102 day supply allowed; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	P	102 day supply allowed; QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	102 day supply allowed; QL
tiotropium bromide monohydrate	NP	PA; 102 day supply allowed; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	NP	PA; 102 day supply allowed
umeclidinium-vilanterol	NP	PA; 102 day supply allowed; QL
YUPELRI	NP	PA
Antiparkinsonian Agents		
aler-cap	F	OTC; AL
allergy childrens oral liquid	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL
BANOPHEN ORAL LIQUID	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
benztropine mesylate injection	Carve-out	
benztropine mesylate oral	Carve-out	
complete allergy relief	F	OTC; AL
cvs allergy relief adult	F	OTC
cvs allergy relief childrens oral liquid	F	OTC
cvs allergy relief oral capsule 25 mg	F	OTC; AL
cvs allergy relief oral liquid	F	OTC
cvs allergy relief oral tablet 25 mg	F	OTC; AL
cvs childrens allergy	F	OTC
cvs sleep aid nighttime oral tablet	Carve-out	OTC
cvs sleep aid oral tablet 25 mg	Carve-out	OTC
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
diphen oral tablet	F	OTC; AL
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl injection	F	AL
diphenhydramine hcl oral capsule	F	AL
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
eq allergy relief childrens oral liquid	F	OTC
eq allergy relief oral tablet 25 mg	F	OTC; AL
eql allergy oral tablet 25 mg	F	OTC; AL
eql allergy relief oral tablet 25 mg	F	OTC; AL
eql nighttime sleep aid	Carve-out	OTC
eql sleep aid oral capsule	Carve-out	OTC
eql sleep aid oral liquid	Carve-out	OTC
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	.; OTC
ft allergy relief oral tablet 25 mg	F	OTC; AL
ft nighttime sleep aid	Carve-out	OTC
ft sleep-aid maximum strength	Carve-out	OTC
geri-dryl oral liquid	F	OTC
geri-dryl oral tablet	F	OTC; AL
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp childrens allergy	F	OTC
gnp nighttime sleep-aid max st	Carve-out	OTC
gnp sleep aid nighttime	Carve-out	OTC
gnp sleep aid oral liquid	Carve-out	OTC
GOCOVRI	NP	PA; Specialty Drug; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
goodsense sleeptime	Carve-out	OTC
h-e-b childrens allergy	F	OTC
KINDERMED KIDS ALLERGY	F	OTC
liquid allergy relief	F	OTC
m-dryl	F	OTC
night time sleep aid	Carve-out	OTC
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC
NYTOL QUICKCAPS	Carve-out	OTC
PEDIACARE CHILDRENS ALLERGY	F	OTC
pharbedryl oral capsule 25 mg	F	OTC; AL
qc allergy childrens	F	OTC
qc rest simply	Carve-out	OTC
qc sleep aid max st	Carve-out	OTC
ra allergy medication oral liquid	F	OTC
ra allergy medication oral tablet	F	OTC; AL
ra allergy oral liquid	F	OTC
ra allergy relief childrens oral liquid	F	OTC
ra allergy relief oral capsule 25 mg	F	OTC; AL
ra complete allergy	F	OTC; AL
RA DIPHEDRYL ALLERGY	F	OTC
ra nighttime sleep aid oral tablet	Carve-out	OTC
ra sleep aid (diphenhydramine)	Carve-out	OTC
ra sleep aid oral capsule	Carve-out	OTC
sb allergy medicine oral liquid	F	OTC
sb allergy medicine oral tablet	Carve-out	OTC
sb sleep	Carve-out	OTC
siladryl allergy	F	OTC
SIMPLY SLEEP	Carve-out	OTC
sleep aid (diphenhydramine)	Carve-out	OTC
sleep aid oral liquid	Carve-out	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sleep tabs oral tablet 25 mg	Carve-out	OTC
sleep-aid oral capsule	Carve-out	OTC
sleep-tabs	Carve-out	OTC
SOMINEX	Carve-out	OTC
SOMINEX MAX ST	Carve-out	OTC
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
total allergy	F	OTC; AL
TOTAL ALLERGY MEDICINE	F	OTC
trihexyphenidyl hcl	Carve-out	
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC
UNISOM SLEEPMINIS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
wal-som oral tablet dispersible	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
Autonomic Drugs, Miscellaneous		
cvs nicotine mouth/throat gum	F	OTC; QL
cvs nicotine mouth/throat lozenge	F	OTC
cvs nicotine polacrilex mouth/throat gum	F	OTC; QL
cvs nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC
cvs nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC; QL
cvs nicotine transdermal	F	OTC; QL
eq nicotine mouth/throat lozenge	F	OTC; QL
eq nicotine polacrilex mouth/throat gum 2 mg	F	OTC; QL
eq nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC; QL
eq nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC
eq nicotine step 3	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	F	OTC; QL
eql nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC; QL
ft nicotine mini	F	OTC; QL
ft nicotine mouth/throat gum 4 mg	F	OTC; QL
ft nicotine mouth/throat lozenge 2 mg	F	OTC; QL
ft nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	F	OTC; QL
gnp nicotine	F	OTC; QL
gnp nicotine mini	F	OTC; QL
gnp nicotine polacrilex	F	OTC; QL
goodsense nicotine mouth/throat gum	F	OTC; QL
goodsense nicotine mouth/throat lozenge 2 mg	F	OTC
goodsense nicotine mouth/throat lozenge 4 mg	F	OTC; QL
nicotine mini	F	OTC; QL
nicotine polacrilex mini	F	OTC
nicotine polacrilex mouth/throat gum 4 mg	F	OTC; QL
nicotine polacrilex mouth/throat lozenge	F	OTC; QL
nicotine step 1	F	OTC; QL
nicotine step 2	F	OTC; QL
nicotine step 3	F	OTC; QL
nicotine transdermal kit	F	OTC; QL
nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	F	OTC; QL
NICOTROL	F	QL
NICOTROL NS	F	QL
qc nicotine transdermal system	F	OTC; QL
ra mini nicotine	F	OTC; QL
ra nicotine gum mouth/throat gum 2 mg, 4 mg	F	OTC; QL
ra nicotine mouth/throat	F	OTC; QL
ra nicotine polacrilex mouth/throat lozenge	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra nicotine transdermal patch 24 hour 21 mg/24hr	F	OTC; QL
sm nicotine mouth/throat lozenge	F	OTC; QL
sm nicotine polacrilex mouth/throat gum 4 mg	F	OTC; QL
sm nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC; QL
THRIVE MOUTH/THROAT GUM 2 MG	F	OTC; QL
varenicline tartrate (starter)	F	QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	F	QL
varenicline tartrate(continue)	F	QL
Centrally Acting Skeletal Muscle Relaxnt		
AMRIX	NP	PA
chlorzoxazone oral	NP	PA
cyclobenzaprine hcl er	NP	PA
cyclobenzaprine hcl oral	P	
FEXMID	NP	PA
metaxalone	NP	PA
methocarbamol oral	P	
TANLOR	NP	PA
tizanidine hcl oral capsule	NP	PA
tizanidine hcl oral tablet	P	
ZANAFLEX	NP	PA
Direct-Acting Skeletal Muscle Relaxants		
DANTRIUM ORAL CAPSULE 25 MG	NP	PA
dantrolene sodium oral	NP	PA
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral solution 5 mg/5ml	P-PA	PA
baclofen oral suspension	NP	PA
baclofen oral tablet	P	
FLEQSUVY	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LYVISPAH	NP	PA
Indirect-Acting Skeletal Muscle Relaxant		
NORGESIC	NP	PA
norgesic forte	NP	PA
orphenadrine citrate er	P	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NP	PA
Non-Sel. Beta-Adrenergic Blocking Agents		
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
BETIMOL	NP	PA
BYSTOLIC	NP	PA; 102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	NP	PA; 102 day supply allowed
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
ISTALOL	NP	PA
labetalol hcl oral	P	102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed
nebivolol hcl	P	102 day supply allowed
pindolol	NP	PA; 102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SOTYLIZE	NP	PA; 102 day supply allowed
timolol hemihydrate	NP	PA
timolol maleate (once-daily)	NP	PA
TIMOLOL MALEATE OCUDOSE	NP	PA
timolol maleate ophthalmic	P	
timolol maleate oral	NP	PA; 102 day supply allowed
timolol maleate pf	NP	PA
TIMOPTIC OCUDOSE	NP	PA
TIMOPTIC-XE	NP	PA
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
CARDURA	NP	PA; 102 day supply allowed
CARDURA XL	NP	PA; 102 day supply allowed
doxazosin mesylate oral	P	102 day supply allowed
prazosin hcl oral	P	102 day supply allowed
terazosin hcl oral	P	102 day supply allowed
Parasympathomimetic (Cholinergic Agents)		
ADLARITY	F	PA
ARICEPT	NP	PA
bethanechol chloride oral	F	QL
donepezil hcl oral tablet 10 mg, 5 mg	P	
donepezil hcl oral tablet 23 mg	NP	PA
donepezil hcl oral tablet dispersible	P	
EXELON TRANSDERMAL	P	
FIRDAPSE	Carve-out	
galantamine hydrobromide er	NP	PA
galantamine hydrobromide oral solution	NP	PA
galantamine hydrobromide oral tablet	P	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
memantine hcl-donepezil hcl oral capsule extended release 24 hour 28-10 mg	NP	PA
NAMZARIC	NP	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	F	
pilocarpine hcl oral	F	
pyridostigmine bromide oral tablet 60 mg	F	
rivastigmine	NP	PA
rivastigmine tartrate	P	
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin hcl er	P	
carvedilol	P	102 day supply allowed
carvedilol phosphate er	NP	PA; 102 day supply allowed
dutasteride-tamsulosin hcl	NP	PA
labetalol hcl oral	P	102 day supply allowed
RAPAFLO	NP	PA
silodosin	NP	PA
tamsulosin hcl	P	
Selective Beta-2-Adrenergic Agonists		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL
ADVAIR HFA	P	102 day supply allowed; QL
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL
AIRSUPRA	NP	PA; 102 day supply allowed; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	P	102 day supply allowed; QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	P	102 day supply allowed
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	P	102 day supply allowed; QL
arformoterol tartrate	NP	PA; 102 day supply allowed
BEVESPI AEROSPHERE	P	102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL
BREYNA	NP	PA; 102 day supply allowed; QL
BREZTRI AEROSPHERE	NP	PA; 102 day supply allowed; QL
BROVANA	NP	PA; 102 day supply allowed
budesonide-formoterol fumarate	NP	PA; 102 day supply allowed; QL
COMBIVENT RESPIMAT	P	102 day supply allowed; QL
DUAKLIR PRESSAIR	NP	PA
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	P	102 day supply allowed; QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT	P	102 day supply allowed; QL; AL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
formoterol fumarate inhalation	NP	PA; 102 day supply allowed
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	P	102 day supply allowed
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	NP	PA; 102 day supply allowed
levalbuterol tartrate	NP	PA; 102 day supply allowed; QL
PERFOROMIST	NP	PA; 102 day supply allowed
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	NP	PA; 102 day supply allowed; QL
PROAIR RESPICLICK	NP	PA; 102 day supply allowed; QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	102 day supply allowed; QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	102 day supply allowed; QL
STRIVERDI RESPIMAT	NP	PA; 102 day supply allowed
SYMBICORT	P	102 day supply allowed; QL
terbutaline sulfate oral	F	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
umeclidinium-vilanterol	NP	PA; 102 day supply allowed; QL
VENTOLIN HFA	P	102 day supply allowed; QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL
XOPENEX HFA	P	102 day supply allowed; QL
Selective Beta-Adrenergic Blocking Agent		
acebutolol hcl oral	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
atenolol oral	P	102 day supply allowed
betaxolol hcl ophthalmic	NP	PA
betaxolol hcl oral	NP	PA; 102 day supply allowed
BETOPTIC-S	P	
bisoprolol fumarate oral	P	102 day supply allowed
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed
LOPRESSOR ORAL TABLET	NP	PA; 102 day supply allowed
metoprolol succinate er	P	102 day supply allowed
metoprolol tartrate oral	P	102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed
TENORMIN	NP	PA; 102 day supply allowed
TOPROL XL	NP	PA; 102 day supply allowed
Skeletal Muscle Relaxants, Miscellaneous		
NORGESIC	NP	PA
norgesic forte	NP	PA
orphenadrine citrate er	P	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NP	PA
Smoking Cessation Agents		
bupropion hcl er (smoking det)	F	QL
cvs nicotine mouth/throat gum	F	OTC; QL
cvs nicotine mouth/throat lozenge	F	OTC
cvs nicotine polacrilex mouth/throat gum	F	OTC; QL
cvs nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC
cvs nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC; QL
cvs nicotine transdermal	F	OTC; QL
eq nicotine mouth/throat lozenge	F	OTC; QL
eq nicotine polacrilex mouth/throat gum 2 mg	F	OTC; QL
eq nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eq nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC
eq nicotine step 3	F	OTC; QL
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	F	OTC; QL
eql nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC; QL
ft nicotine mini	F	OTC; QL
ft nicotine mouth/throat gum 4 mg	F	OTC; QL
ft nicotine mouth/throat lozenge 2 mg	F	OTC; QL
ft nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	F	OTC; QL
gnp nicotine	F	OTC; QL
gnp nicotine mini	F	OTC; QL
gnp nicotine polacrilex	F	OTC; QL
goodsense nicotine mouth/throat gum	F	OTC; QL
goodsense nicotine mouth/throat lozenge 2 mg	F	OTC
goodsense nicotine mouth/throat lozenge 4 mg	F	OTC; QL
naltrexone hcl oral	Carve-out	
nicotine mini	F	OTC; QL
nicotine polacrilex mini	F	OTC
nicotine polacrilex mouth/throat gum 4 mg	F	OTC; QL
nicotine polacrilex mouth/throat lozenge	F	OTC; QL
nicotine step 1	F	OTC; QL
nicotine step 2	F	OTC; QL
nicotine step 3	F	OTC; QL
nicotine transdermal kit	F	OTC; QL
nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	F	OTC; QL
NICOTROL	F	QL
NICOTROL NS	F	QL
qc nicotine transdermal system	F	OTC; QL
ra mini nicotine	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra nicotine gum mouth/throat gum 2 mg, 4 mg	F	OTC; QL
ra nicotine mouth/throat	F	OTC; QL
ra nicotine polacrilex mouth/throat lozenge	F	OTC; QL
ra nicotine transdermal patch 24 hour 21 mg/24hr	F	OTC; QL
sm nicotine mouth/throat lozenge	F	OTC; QL
sm nicotine polacrilex mouth/throat gum 4 mg	F	OTC; QL
sm nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC; QL
THRIVE MOUTH/THROAT GUM 2 MG	F	OTC; QL
TYRVAYA	NP	PA; QL
varenicline tartrate (starter)	F	QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	F	QL
varenicline tartrate(continue)	F	QL
VIVITROL	Carve-out	
Blood Derivatives		
Blood Derivatives		
ALBUKED 25	Carve-out	
ALBUKED 5	Carve-out	
albumin human	Carve-out	
ALBUMINEX	Carve-out	
albumin-zlb	Carve-out	
alburx	Carve-out	
ALBUTEIN	Carve-out	
FLEXBUMIN	Carve-out	
kedbumin	Carve-out	
OCTAPLAS BLOOD GROUP A	Carve-out	
OCTAPLAS BLOOD GROUP AB	Carve-out	
OCTAPLAS BLOOD GROUP B	Carve-out	
OCTAPLAS BLOOD GROUP O	Carve-out	
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
RYPLAZIM	Carve-out	
Blood Formation, Coagulation, Thrombosis		
Antianemia Drugs		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	P-PA	PA; Specialty Drug
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	P-PA	PA; Specialty Drug
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	P-PA	PA; Specialty Drug
JESDUVROQ	NP	PA; Specialty Drug; AL
PROCRIT	NP	PA; Specialty Drug
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P-PA	PA; Specialty Drug
Anticoagulants, Miscellaneous		
ARIXTRA	NP	PA; Specialty Drug; 102 day supply allowed
CEPROTIN	Carve-out	
fondaparinux sodium	NP	PA; Specialty Drug; 102 day supply allowed
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Carve-out	
Antithrombin Replacements		
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Carve-out	
Blood Form.,Coag,Thrombosis Agents Misc.		
ENJAYMO	Carve-out	
PYRUKYND	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PYRUKYND TAPER PACK	Carve-out	
Coumarin Derivatives		
JANTOVEN	P	102 day supply allowed
warfarin sodium oral	P	102 day supply allowed
Direct Factor Xa Inhibitors		
ELIQUIS	P	102 day supply allowed; QL
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	P	QL
rivaroxaban oral tablet	NP	PA; 102 day supply allowed; QL
SAVAYSA	NP	PA; 102 day supply allowed
XARELTO	P	102 day supply allowed; QL
XARELTO STARTER PACK	P	QL
Direct Thrombin Inhibitors		
dabigatran etexilate mesylate	P	102 day supply allowed; QL
PRADAXA ORAL CAPSULE	NP	PA; 102 day supply allowed; QL
PRADAXA ORAL PACKET	NP	PA; 102 day supply allowed; AL
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	P-PA	PA; Specialty Drug
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	P-PA	PA; Specialty Drug
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	P-PA	PA; Specialty Drug
FULPHILA	NP	PA; Specialty Drug; QL
FYLNETRA	NP	PA; Specialty Drug; QL
GRANIX	NP	PA; Specialty Drug
JESDUVROQ	NP	PA; Specialty Drug; AL
LEUKINE INJECTION SOLUTION RECONSTITUTED	NP	PA; Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
NEULASTA ONPRO	NP	PA; Specialty Drug; QL
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	P	Specialty Drug
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	P	Specialty Drug
NIVESTYM	NP	PA; Specialty Drug
NYVEPRIA	P	Specialty Drug; QL
PROCRIT	NP	PA; Specialty Drug
RELEUKO INJECTION SOLUTION 300 MCG/ML	NP	PA; Specialty Drug
releuko injection solution 480 mcg/1.6ml	NP	PA; Specialty Drug
releuko subcutaneous	NP	PA; Specialty Drug
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P-PA	PA; Specialty Drug
STIMUFEND	F	PA; Specialty Drug; QL
UDENYCA	NP	PA; Specialty Drug; QL
UDENYCA ONBODY	NP	PA; Specialty Drug; QL
VAFSEO	NP	PA; AL
XOLREMDI	Carve-out	
ZARXIO	NP	PA; Specialty Drug; QL
ZIEXTENZO	NP	PA; Specialty Drug; QL
Hemorrheologic Agents		
pentoxifylline er	F	
Hemostatics		
ADVATE	Carve-out	
adynovate	Carve-out	
AFSTYLA	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ALHEMO	Carve-out	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Carve-out	
ALPHANINE SD	Carve-out	
ALPROLIX	Carve-out	
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Carve-out	
aminocaproic acid intravenous	Carve-out	
aminocaproic acid oral solution	Carve-out	
aminocaproic acid oral tablet	Carve-out	
BALFAXAR	Carve-out	
BENEFIX INTRAVENOUS KIT	Carve-out	
COAGADEX	Carve-out	
CORIFACT	Carve-out	
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	Carve-out	
desmopressin ace spray refrig	F	PA
desmopressin acetate oral	F	QL
desmopressin acetate spray	F	PA
ELOCTATE	Carve-out	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Carve-out	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Carve-out	
FIBRYGA	Carve-out	
HEMLIBRA	Carve-out	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Carve-out	
IDELVION	Carve-out	
IXINITY	Carve-out	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Carve-out	
KCENTRA	Carve-out	
KOATE	Carve-out	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Carve-out	
KOGENATE FS	Carve-out	
KOVALTRY	Carve-out	
NOVOEIGHT	Carve-out	
NOVOSEVEN RT	Carve-out	
NUWIQ	Carve-out	
obizur	Carve-out	
PROFILNINE	Carve-out	
QFITLIA	Carve-out	
REBINYN	Carve-out	
RECOMBINATE	Carve-out	
RIASTAP	Carve-out	
rixubis	Carve-out	
ROCTAVIAN	Carve-out	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	Carve-out	
tranexamic acid intravenous solution 1000 mg/10ml	Carve-out	
tranexamic acid oral	Carve-out	
tranexamic acid-nacl	Carve-out	

lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**Tier Status** **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA **P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**
Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Carve-out	
VONVENDI	Carve-out	
WILATE INTRAVENOUS KIT	Carve-out	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Carve-out	
XYNTHA SOLOFUSE	Carve-out	
Heparins		
enoxaparin sodium injection solution 300 mg/3ml	P	Specialty Drug; 102 day supply allowed
enoxaparin sodium injection solution prefilled syringe	P	Specialty Drug; 102 day supply allowed
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	PA; Specialty Drug; 102 day supply allowed
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug; 102 day supply allowed
heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml	F	
LOVENOX INJECTION	NP	PA; Specialty Drug; 102 day supply allowed
Indirect Factor Xa Inhibitors		
ARIXTRA	NP	PA; Specialty Drug; 102 day supply allowed
fondaparinux sodium	NP	PA; Specialty Drug; 102 day supply allowed
Iron Preparations		
BPROTECTED PEDIA IRON	F	OTC
classic prenatal	F	OTC; QL; AL
completenate	F	QL; AL
cvs iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg	F	OTC
FEOSOL ORAL TABLET 200 (65 FE) MG	F	OTC
FERATE ORAL TABLET 240 (27 FE) MG	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FERGON	F	OTC
FER-IN-SOL	F	OTC
FEROSUL ORAL TABLET	F	OTC
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg	F	OTC
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 300 mg/6.8ml, 75 (15 fe) mg/ml	F	OTC; AL
ferrous sulfate oral tablet 325 (65 fe) mg	F	OTC
ferrous sulfate oral tablet delayed release	F	OTC
fe-vite iron	F	OTC
gnp iron oral tablet 200 (65 fe) mg	F	OTC
gnp iron oral tablet extended release 45 mg	F	OTC
iron (ferrous sulfate) oral solution	F	OTC
iron 100 plus	F	OTC; AL
iron 27	F	OTC
iron high-potency oral tablet	F	OTC
iron infant & toddler	F	OTC
iron infant/toddler	F	OTC
iron oral tablet 325 (65 fe) mg	F	OTC
iron supplement oral solution 220 (44 fe) mg/5ml	F	OTC; AL
kp ferrous sulfate	F	OTC
m-natal plus	F	QL; AL
multi-vit/iron/fluoride	F	OTC; QL; AL
multi-vitamin/fluoride/iron	F	QL; AL
NEPHRON FA	F	
NESTABS	F	QL; AL
NIVA-PLUS	F	QL; AL
one daily multivitamin/iron	F	OTC
pc pediatric iron drops	F	OTC
PRENATABS RX	F	OTC; QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
prenatal 19 oral tablet	F	OTC; QL; AL
prenatal oral tablet 27-1 mg	F	QL; AL
prenatal plus	F	QL; AL
prenatal vitamin and mineral	F	OTC; QL; AL
prenatal vitamins oral tablet 28-0.8 mg	F	OTC; QL; AL
qc prenatal	F	OTC; QL; AL
ra iron oral tablet 325 (65 fe) mg	F	OTC
ra slow release iron oral tablet extended release 45 mg	F	OTC
se-natal 19 oral tablet	F	QL; AL
slow release iron oral tablet extended release 45 mg	F	OTC
tab-a-vite/iron	F	OTC
TAB-A-VITE/IRON/BETA CAROTENE	F	OTC
thrivite rx	F	QL; AL
TRICARE	F	QL; AL
trinatal rx 1	F	QL; AL
true ferrous sulfate	F	OTC
westab plus	F	QL; AL
Liver And Stomach Preparations		
cyanocobalamin injection solution 1000 mcg/ml	F	
DODEX	F	
Platelet-Aggregation Inhibitors		
aspirin 81	F	OTC; QL
aspirin adult low dose	F	OTC; QL
aspirin adult low strength oral tablet delayed release	F	OTC; QL
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL
aspirin childrens	F	OTC; QL
aspirin ec adult low dose	F	OTC; QL
aspirin ec low dose	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
aspirin ec low strength	F	OTC; QL
aspirin low dose oral tablet chewable	F	OTC; QL
aspirin low dose oral tablet delayed release	F	OTC; QL
aspirin low strength	F	OTC; QL
aspirin oral tablet 325 mg	F	OTC; QL; AL
aspirin oral tablet chewable	F	OTC; QL
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
aspirin oral tablet delayed release 81 mg	F	OTC; QL
aspirin rectal suppository 300 mg	F	OTC
aspirin regimen	F	OTC; QL
aspirin-dipyridamole er	NP	PA; 102 day supply allowed
BAYER ASPIRIN EC LOW DOSE	F	OTC; QL
BAYER ASPIRIN ORAL TABLET	F	OTC; QL; AL
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE	F	OTC; QL; AL
BAYER LOW DOSE	F	OTC; QL
BRILINTA	P	102 day supply allowed
BUFFERIN	F	OTC; AL
childrens aspirin	F	OTC; QL
cilostazol	F	QL
clopidogrel bisulfate oral	P	102 day supply allowed; QL
cvs aspirin adult low dose	F	OTC; QL
cvs aspirin ec oral tablet delayed release 81 mg	F	OTC; QL
cvs aspirin low dose	F	OTC; QL
cvs aspirin low strength oral tablet delayed release	F	OTC; QL
cvs aspirin oral tablet 325 mg	F	OTC; QL; AL
cvs genuine aspirin	F	OTC; QL; AL
dipyridamole oral	NP	PA; 102 day supply allowed
ECOTRIN LOW STRENGTH	F	OTC; QL
EFFIENT	NP	PA; 102 day supply allowed; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eq aspirin adult low dose	F	OTC; QL
eq aspirin low dose oral tablet chewable	F	OTC; QL
eq aspirin oral tablet	F	OTC; QL; AL
eql aspirin low dose	F	OTC; QL
ft aspirin low dose	F	OTC
ft aspirin oral tablet	F	OTC; QL; AL
ft enteric coated aspirin	F	OTC; QL; AL
gnp aspirin low dose	F	OTC; QL
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
goodsense aspirin adults	F	OTC; QL; AL
goodsense aspirin oral tablet	F	OTC; QL; AL
goodsense aspirin oral tablet chewable	F	OTC; QL
kp aspirin	F	OTC; QL
MEDI-FIRST ASPIRIN	F	OTC; QL; AL
MEDIQUE ASPIRIN	F	OTC; QL; AL
PLAVIX ORAL TABLET 75 MG	NP	PA; 102 day supply allowed; QL
prasugrel hcl	P	102 day supply allowed; AL
px aspirin oral tablet chewable	F	OTC; QL
qc aspirin	F	OTC; QL; AL
qc aspirin low dose	F	OTC; QL
qc enteric aspirin	F	OTC; QL; AL
ra aspirin adult low dose	F	OTC; QL
ra aspirin adult low strength oral tablet chewable	F	OTC; QL
ra aspirin childrens	F	OTC; QL
ra aspirin ec oral tablet delayed release 325 mg	F	OTC; QL; AL
ra aspirin ec oral tablet delayed release 81 mg	F	OTC; QL
ra aspirin oral tablet 325 mg	F	OTC; QL; AL
sb aspirin oral tablet	F	OTC; QL; AL
sb childrens aspirin	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sb low dose asa ec	F	OTC; QL
ST JOSEPH LOW DOSE	F	OTC; QL
ticagrelor	NP	PA; 102 day supply allowed
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
Platelet-Reducing Agents		
anagrelide hcl	F	
Thrombolytic Agents		
aspirin 81	F	OTC; QL
aspirin adult low dose	F	OTC; QL
aspirin adult low strength oral tablet delayed release	F	OTC; QL
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL
aspirin childrens	F	OTC; QL
aspirin ec adult low dose	F	OTC; QL
aspirin ec low dose	F	OTC; QL
aspirin ec low strength	F	OTC; QL
aspirin low dose oral tablet chewable	F	OTC; QL
aspirin low dose oral tablet delayed release	F	OTC; QL
aspirin low strength	F	OTC; QL
aspirin oral tablet 325 mg	F	OTC; QL; AL
aspirin oral tablet chewable	F	OTC; QL
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
aspirin oral tablet delayed release 81 mg	F	OTC; QL
aspirin rectal suppository 300 mg	F	OTC
aspirin regimen	F	OTC; QL
BAYER ASPIRIN EC LOW DOSE	F	OTC; QL
BAYER ASPIRIN ORAL TABLET	F	OTC; QL; AL
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE	F	OTC; QL; AL
BAYER LOW DOSE	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BUFFERIN	F	OTC; AL
childrens aspirin	F	OTC; QL
cvs aspirin adult low dose	F	OTC; QL
cvs aspirin ec oral tablet delayed release 81 mg	F	OTC; QL
cvs aspirin low dose	F	OTC; QL
cvs aspirin low strength oral tablet delayed release	F	OTC; QL
cvs aspirin oral tablet 325 mg	F	OTC; QL; AL
cvs genuine aspirin	F	OTC; QL; AL
ECOTRIN LOW STRENGTH	F	OTC; QL
eq aspirin adult low dose	F	OTC; QL
eq aspirin low dose oral tablet chewable	F	OTC; QL
eq aspirin oral tablet	F	OTC; QL; AL
eql aspirin low dose	F	OTC; QL
ft aspirin low dose	F	OTC
ft aspirin oral tablet	F	OTC; QL; AL
ft enteric coated aspirin	F	OTC; QL; AL
gnp aspirin low dose	F	OTC; QL
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
goodsense aspirin adults	F	OTC; QL; AL
goodsense aspirin oral tablet	F	OTC; QL; AL
goodsense aspirin oral tablet chewable	F	OTC; QL
kp aspirin	F	OTC; QL
MEDI-FIRST ASPIRIN	F	OTC; QL; AL
MEDIQUE ASPIRIN	F	OTC; QL; AL
px aspirin oral tablet chewable	F	OTC; QL
qc aspirin	F	OTC; QL; AL
qc aspirin low dose	F	OTC; QL
qc enteric aspirin	F	OTC; QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra aspirin adult low dose	F	OTC; QL
ra aspirin adult low strength oral tablet chewable	F	OTC; QL
ra aspirin childrens	F	OTC; QL
ra aspirin ec oral tablet delayed release 325 mg	F	OTC; QL; AL
ra aspirin ec oral tablet delayed release 81 mg	F	OTC; QL
ra aspirin oral tablet 325 mg	F	OTC; QL; AL
sb aspirin oral tablet	F	OTC; QL; AL
sb childrens aspirin	F	OTC; QL
sb low dose asa ec	F	OTC; QL
ST JOSEPH LOW DOSE	F	OTC; QL
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
Cardiovascular Drugs		
Acl Inhibitors		
NEXLETOL	NP	PA; 102 day supply allowed; AL
NEXLIZET	NP	PA; 102 day supply allowed; AL
Alpha-Adrenergic Blocking Agents		
CARDURA	NP	PA; 102 day supply allowed
doxazosin mesylate oral	P	102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed
prazosin hcl oral	P	102 day supply allowed
terazosin hcl oral	P	102 day supply allowed
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA	NP	PA; 102 day supply allowed
CARDURA XL	NP	PA; 102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	NP	PA; 102 day supply allowed
doxazosin mesylate oral	P	102 day supply allowed
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	P	102 day supply allowed
prazosin hcl oral	P	102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
terazosin hcl oral	P	102 day supply allowed
Angiotensin Ii Recep Antagonist/Neprolys		
ENTRESTO ORAL CAPSULE SPRINKLE	NP	PA; QL
ENTRESTO ORAL TABLET	P	102 day supply allowed; QL
Angiotensin Ii Receptor Antagon.(Hypotn)		
ATACAND	NP	PA; 102 day supply allowed
AVAPRO	NP	PA; 102 day supply allowed
BENICAR	NP	PA; 102 day supply allowed
candesartan cilexetil	NP	PA; 102 day supply allowed
COZAAR	NP	PA; 102 day supply allowed
DIOVAN	NP	PA; 102 day supply allowed
EDARBI	NP	PA; 102 day supply allowed
irbesartan	NP	PA; 102 day supply allowed
losartan potassium oral	P	102 day supply allowed
MICARDIS	NP	PA; 102 day supply allowed
olmesartan medoxomil oral	P	102 day supply allowed
telmisartan	NP	PA; 102 day supply allowed
valsartan oral solution	NP	PA; 102 day supply allowed
valsartan oral tablet	P	102 day supply allowed
Angiotensin Ii Receptor Antagonists		
amlodipine besylate-valsartan	P	102 day supply allowed
amlodipine-olmesartan	P	102 day supply allowed
amlodipine-valsartan-hctz	P	102 day supply allowed
ATACAND	NP	PA; 102 day supply allowed
ATACAND HCT	NP	PA; 102 day supply allowed
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NP	PA; 102 day supply allowed
AVAPRO	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
AZOR	NP	PA; 102 day supply allowed
BENICAR	NP	PA; 102 day supply allowed
BENICAR HCT	NP	PA; 102 day supply allowed
candesartan cilexetil	NP	PA; 102 day supply allowed
candesartan cilexetil-hctz	NP	PA; 102 day supply allowed
COZAAR	NP	PA; 102 day supply allowed
DIOVAN	NP	PA; 102 day supply allowed
DIOVAN HCT	NP	PA; 102 day supply allowed
EDARBI	NP	PA; 102 day supply allowed
EDARBYCLOR	NP	PA; 102 day supply allowed
ENTRESTO ORAL CAPSULE SPRINKLE	NP	PA; QL
ENTRESTO ORAL TABLET	P	102 day supply allowed; QL
EXFORGE	NP	PA; 102 day supply allowed
EXFORGE HCT	NP	PA; 102 day supply allowed
HYZAAR	NP	PA; 102 day supply allowed
irbesartan	NP	PA; 102 day supply allowed
irbesartan-hydrochlorothiazide	NP	PA; 102 day supply allowed
losartan potassium oral	P	102 day supply allowed
losartan potassium-hctz	P	102 day supply allowed
MICARDIS	NP	PA; 102 day supply allowed
MICARDIS HCT	NP	PA; 102 day supply allowed
olmesartan medoxomil oral	P	102 day supply allowed
olmesartan medoxomil-hctz	P	102 day supply allowed
olmesartan-amlodipine-hctz	NP	PA; 102 day supply allowed
telmisartan	NP	PA; 102 day supply allowed
telmisartan-amlodipine	NP	PA; 102 day supply allowed
telmisartan-hctz	NP	PA; 102 day supply allowed
TRIBENZOR	NP	PA; 102 day supply allowed
valsartan oral solution	NP	PA; 102 day supply allowed
valsartan oral tablet	P	102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
valsartan-hydrochlorothiazide	P	102 day supply allowed
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ACCUPRIL	NP	PA; 102 day supply allowed
ALTACE ORAL CAPSULE	NP	PA; 102 day supply allowed
benazepril hcl oral	P	102 day supply allowed
captopril oral	NP	PA; 102 day supply allowed
enalapril maleate oral solution	NP	PA; 102 day supply allowed
enalapril maleate oral tablet	P	102 day supply allowed
EPANED ORAL SOLUTION	NP	PA; 102 day supply allowed
fosinopril sodium	NP	PA; 102 day supply allowed
lisinopril oral	P	102 day supply allowed
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA; 102 day supply allowed
moexipril hcl	NP	PA; 102 day supply allowed
perindopril erbumine	NP	PA; 102 day supply allowed
quinapril hcl	NP	PA; 102 day supply allowed
ramipril	P	102 day supply allowed
trandolapril	NP	PA; 102 day supply allowed
VASOTEC	NP	PA; 102 day supply allowed
ZESTRIL	NP	PA; 102 day supply allowed
Angiotensin-Converting Enzyme Inhibitors		
ACCUPRIL	NP	PA; 102 day supply allowed
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	NP	PA; 102 day supply allowed
ALTACE ORAL CAPSULE	NP	PA; 102 day supply allowed
amlodipine besy-benazepril hcl	P	102 day supply allowed
benazepril hcl oral	P	102 day supply allowed
benazepril-hydrochlorothiazide	P	102 day supply allowed
captopril oral	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
captopril-hydrochlorothiazide	NP	PA; 102 day supply allowed
enalapril maleate oral solution	NP	PA; 102 day supply allowed
enalapril maleate oral tablet	P	102 day supply allowed
enalapril-hydrochlorothiazide	P	102 day supply allowed
EPANED ORAL SOLUTION	NP	PA; 102 day supply allowed
fosinopril sodium	NP	PA; 102 day supply allowed
fosinopril sodium-hctz	NP	PA; 102 day supply allowed
lisinopril oral	P	102 day supply allowed
lisinopril-hydrochlorothiazide	P	102 day supply allowed
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA; 102 day supply allowed
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA; 102 day supply allowed
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NP	PA; 102 day supply allowed
moexipril hcl	NP	PA; 102 day supply allowed
perindopril erbumine	NP	PA; 102 day supply allowed
QBRELIS	NP	PA; 102 day supply allowed
quinapril hcl	NP	PA; 102 day supply allowed
quinapril-hydrochlorothiazide	NP	PA; 102 day supply allowed
ramipril	P	102 day supply allowed
trandolapril	NP	PA; 102 day supply allowed
trandolapril-verapamil hcl er	NP	PA; 102 day supply allowed
VASERETIC	NP	PA; 102 day supply allowed
VASOTEC	NP	PA; 102 day supply allowed
ZESTORETIC	NP	PA; 102 day supply allowed
ZESTRIL	NP	PA; 102 day supply allowed
Antiarrhythmics, Miscellaneous		
digoxin oral tablet 125 mcg, 250 mcg	F	
magnesium sulfate injection solution 50 %	F	
Antilipemic Agents, Miscellaneous		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
icosapent ethyl	NP	PA; 102 day supply allowed
NEXLETOL	NP	PA; 102 day supply allowed; AL
NEXLIZET	NP	PA; 102 day supply allowed; AL
niacin er (antihyperlipidemic)	NP	PA; 102 day supply allowed
niacin er oral tablet extended release 1000 mg	F	OTC
omega-3-acid ethyl esters	NP	PA; 102 day supply allowed
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG	F	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	P	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 750 MG	P	102 day supply allowed; OTC
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral	NP	PA; 102 day supply allowed
atenolol oral	P	102 day supply allowed
atenolol-chlorthalidone	P	102 day supply allowed
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
betaxolol hcl oral	NP	PA; 102 day supply allowed
BETIMOL	NP	PA
bisoprolol fumarate oral	P	102 day supply allowed
bisoprolol-hydrochlorothiazide	P	102 day supply allowed
BYSTOLIC	NP	PA; 102 day supply allowed
CARDURA	NP	PA; 102 day supply allowed
CARDURA XL	NP	PA; 102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	NP	PA; 102 day supply allowed
doxazosin mesylate oral	P	102 day supply allowed
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
ISTALOL	NP	PA
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed
labetalol hcl oral	P	102 day supply allowed
LOPRESSOR ORAL TABLET	NP	PA; 102 day supply allowed
metoprolol succinate er	P	102 day supply allowed
metoprolol tartrate oral	P	102 day supply allowed
metoprolol-hydrochlorothiazide	NP	PA; 102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed
nebivolol hcl	P	102 day supply allowed
pindolol	NP	PA; 102 day supply allowed
prazosin hcl oral	P	102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed
SOTYLIZE	NP	PA; 102 day supply allowed
TENORETIC 100	NP	PA; 102 day supply allowed
TENORETIC 50	NP	PA; 102 day supply allowed
TENORMIN	NP	PA; 102 day supply allowed
terazosin hcl oral	P	102 day supply allowed
timolol hemihydrate	NP	PA
timolol maleate (once-daily)	NP	PA
TIMOLOL MALEATE OCUDOSE	NP	PA
timolol maleate ophthalmic	P	
timolol maleate oral	NP	PA; 102 day supply allowed
timolol maleate pf	NP	PA
TIMOPTIC OCUDOSE	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TIMOPTIC-XE	NP	PA
TOPROL XL	NP	PA; 102 day supply allowed
Bile Acid Sequestrants		
cholestyramine light	P	102 day supply allowed
cholestyramine oral	P	102 day supply allowed
colesevelam hcl	NP	PA; 102 day supply allowed
COLESTID ORAL GRANULES	NP	PA; 102 day supply allowed
COLESTID ORAL TABLET	NP	PA; 102 day supply allowed
colestipol hcl oral granules	NP	PA; 102 day supply allowed
colestipol hcl oral packet	NP	PA; 102 day supply allowed
colestipol hcl oral tablet	P	102 day supply allowed
PREVALITE	P	102 day supply allowed
QUESTRAN	NP	PA; 102 day supply allowed
QUESTRAN LIGHT ORAL POWDER	NP	PA; 102 day supply allowed
WELCHOL	NP	PA; 102 day supply allowed
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed
TIAZAC	NP	PA; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed
Calcium-Channel Blocking Agents		
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TIAZAC	NP	PA; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed
Calcium-Channel Blocking Agents, Misc.		
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed
TIAZAC	NP	PA; 102 day supply allowed
trandolapril-verapamil hcl er	NP	PA; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed
Carbonic Anhydrase Inhibitors (24:36)		
acetazolamide er	F	QL
acetazolamide oral	F	QL
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide er	F	QL
acetazolamide oral	F	QL
Cardiac Drugs, Miscellaneous		
ASPRUZYO SPRINKLE	F	PA; QL; AL
CAMZYOS	F	PA; QL; AL
CORLANOR ORAL SOLUTION	F	PA
ivabradine hcl	F	PA; Specialty Drug
ranolazine er	F	PA; QL
Cardiotonic Agents		
CORLANOR ORAL SOLUTION	F	PA
digoxin oral tablet 125 mcg, 250 mcg	F	
ivabradine hcl	F	PA; Specialty Drug
Central Alpha-Agonists		
acebutolol hcl oral	NP	PA; 102 day supply allowed
atenolol oral	P	102 day supply allowed
atenolol-chlorthalidone	P	102 day supply allowed
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
betaxolol hcl oral	NP	PA; 102 day supply allowed
bisoprolol fumarate oral tablet 10 mg, 5 mg	P	102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
bisoprolol-hydrochlorothiazide	P	102 day supply allowed
BYSTOLIC	NP	PA; 102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	NP	PA; 102 day supply allowed
clonidine	P	102 day supply allowed; QL
clonidine er	P	
clonidine hcl oral	P	102 day supply allowed
guanfacine hcl oral	P	102 day supply allowed
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	P	102 day supply allowed
LOPRESSOR ORAL TABLET	NP	PA; 102 day supply allowed
methyldopa oral	P	102 day supply allowed
metoprolol succinate er	P	102 day supply allowed
metoprolol tartrate oral	P	102 day supply allowed
metoprolol-hydrochlorothiazide	NP	PA; 102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed
nebivolol hcl	P	102 day supply allowed
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	P	102 day suppply allowed
pindolol	NP	PA; 102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed
SOTYLIZE	NP	PA; 102 day supply allowed
TENORETIC 100	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TENORETIC 50	NP	PA; 102 day supply allowed
TENORMIN	NP	PA; 102 day supply allowed
timolol maleate oral	NP	PA; 102 day supply allowed
TOPROL XL	NP	PA; 102 day supply allowed
Cgmp Synthesis Agent		
VERQUVO	F	PA; QL; AL
Cholesterol Absorption Inhibitors		
ezetimibe	P	
ezetimibe-simvastatin	P	QL
NEXLIZET	NP	PA; 102 day supply allowed; AL
VYTORIN	NP	PA; QL
ZETIA	NP	PA
Class Ia Antiarrhythmics		
disopyramide phosphate oral	F	AL
quinidine sulfate oral	F	
Class Ib Antiarrhythmics		
DILANTIN INFATABS	Carve-out	
DILANTIN ORAL CAPSULE	Carve-out	
mexiletine hcl oral	F	
PHENYTEK	Carve-out	
PHENYTOIN INFATABS	Carve-out	
phenytoin oral suspension 125 mg/5ml	Carve-out	
phenytoin oral tablet chewable	Carve-out	
phenytoin sodium extended	Carve-out	
phenytoin sodium injection	Carve-out	
Class Ic Antiarrhythmics		
flecainide acetate	F	
propafenone hcl	F	
Class Ii Antiarrhythmics		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
acebutolol hcl oral	NP	PA; 102 day supply allowed
atenolol oral	P	102 day supply allowed
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
betaxolol hcl ophthalmic	NP	PA
betaxolol hcl oral	NP	PA; 102 day supply allowed
BETIMOL	NP	PA
BETOPTIC-S	P	
bisoprolol fumarate oral	P	102 day supply allowed
BYSTOLIC	NP	PA; 102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	NP	PA; 102 day supply allowed
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
ISTALOL	NP	PA
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed
labetalol hcl oral	P	102 day supply allowed
LOPRESSOR ORAL TABLET	NP	PA; 102 day supply allowed
metoprolol succinate er	P	102 day supply allowed
metoprolol tartrate oral	P	102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed
nebivolol hcl	P	102 day supply allowed
pindolol	NP	PA; 102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SOTYLIZE	NP	PA; 102 day supply allowed
TENORMIN	NP	PA; 102 day supply allowed
timolol hemihydrate	NP	PA
timolol maleate (once-daily)	NP	PA
TIMOLOL MALEATE OCUDOSE	NP	PA
timolol maleate ophthalmic	P	
timolol maleate oral	NP	PA; 102 day supply allowed
timolol maleate pf	NP	PA
TIMOPTIC OCUDOSE	NP	PA
TIMOPTIC-XE	NP	PA
TOPROL XL	NP	PA; 102 day supply allowed
Class Iii Antiarrhythmics		
amiodarone hcl oral tablet 100 mg	F	QL
amiodarone hcl oral tablet 200 mg, 400 mg	F	
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
dofetilide	F	Specialty Drug
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed
SOTYLIZE	NP	PA; 102 day supply allowed
Class Iv Antiarrhythmics		
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed
TIAZAC	NP	PA; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed
Dihydropyridines		
amlodipine besy-benazepril hcl	P	102 day supply allowed
amlodipine besylate oral	P	102 day supply allowed
amlodipine besylate-valsartan	P	102 day supply allowed
amlodipine-atorvastatin	NP	PA; 102 day supply allowed; QL
amlodipine-olmesartan	P	102 day supply allowed
amlodipine-valsartan-hctz	P	102 day supply allowed
AZOR	NP	PA; 102 day supply allowed
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NP	PA; 102 day supply allowed; QL
EXFORGE	NP	PA; 102 day supply allowed
EXFORGE HCT	NP	PA; 102 day supply allowed
felodipine er	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
isradipine	NP	PA; 102 day supply allowed
KATERZIA	NP	PA; 102 day supply allowed; AL
levamlodipine maleate	NP	PA; 102 day supply allowed
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NP	PA; 102 day supply allowed
nicardipine hcl oral	NP	PA; 102 day supply allowed
nifedipine er	P	102 day supply allowed
nifedipine er osmotic release	P	102 day supply allowed
nifedipine oral	P	102 day supply allowed
nimodipine oral capsule	F	QL
nisoldipine er	NP	PA; 102 day supply allowed
NORLIQVA	P-PA	PA; 102 day supply allowed; AL
NORVASC	NP	PA; 102 day supply allowed
olmesartan-amlodipine-hctz	NP	PA; 102 day supply allowed
PROCARDIA XL	NP	PA; 102 day supply allowed
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NP	PA; 102 day supply allowed
telmisartan-amlodipine	NP	PA; 102 day supply allowed
TRIBENZOR	NP	PA; 102 day supply allowed
Dihydropyridines (Antihypertensive)		
amlodipine besylate oral	P	102 day supply allowed
felodipine er	NP	PA; 102 day supply allowed
isradipine	NP	PA; 102 day supply allowed
KATERZIA	NP	PA; 102 day supply allowed; AL
levamlodipine maleate	NP	PA; 102 day supply allowed
nicardipine hcl oral	NP	PA; 102 day supply allowed
nifedipine er	P	102 day supply allowed
nifedipine er osmotic release	P	102 day supply allowed
nifedipine oral	P	102 day supply allowed
nimodipine oral capsule	F	QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
nisoldipine er	NP	PA; 102 day supply allowed
NORLIQVA	P-PA	PA; 102 day supply allowed; AL
NORVASC	NP	PA; 102 day supply allowed
PROCARDIA XL	NP	PA; 102 day supply allowed
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NP	PA; 102 day supply allowed
Direct Vasodilators		
clonidine	P	102 day supply allowed; QL
clonidine er	P	
clonidine hcl er oral tablet extended release 12 hour	Carve-out	
clonidine hcl oral	P	102 day supply allowed
guanfacine hcl oral	P	102 day supply allowed
hydralazine hcl injection	F	
hydralazine hcl oral	F	QL
methyldopa oral	P	102 day supply allowed
minoxidil oral	F	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	P	102 day suppply allowed
Diuretics, Miscellaneous (Hypotensive)		
theophylline er	F	
theophylline oral	F	
Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 43 mg, 90 mg	NP	PA; 102 day supply allowed
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	P	102 day supply allowed
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	P	102 day supply allowed
fenofibrate oral capsule 150 mg, 50 mg	NP	PA; 102 day supply allowed
fenofibrate oral tablet 120 mg, 40 mg	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	P	102 day supply allowed
fenofibric acid	NP	PA; 102 day supply allowed
FENOGLIDE	NP	PA; 102 day supply allowed
FIBRICOR ORAL TABLET 105 MG	NP	PA; 102 day supply allowed
gemfibrozil oral	P	102 day supply allowed
LIPOFEN	NP	PA; 102 day supply allowed
LOPID	NP	PA; 102 day supply allowed
TRICOR	NP	PA; 102 day supply allowed
TRILIPIX	NP	PA; 102 day supply allowed
Hmg-Coa Reductase Inhibitors		
ALTOPREV	NP	PA; 102 day supply allowed; QL
amlodipine-atorvastatin	NP	PA; 102 day supply allowed; QL
ATORVALIQ	NP	PA; 102 day supply allowed; QL
atorvastatin calcium oral	P	102 day supply allowed; QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NP	PA; 102 day supply allowed; QL
CRESTOR	NP	PA; 102 day supply allowed; QL
EZALLOR SPRINKLE	NP	PA; 102 day supply allowed; QL
ezetimibe-simvastatin	P	QL
fluvastatin sodium	NP	PA; 102 day supply allowed; QL
fluvastatin sodium er	NP	PA; 102 day supply allowed; QL
LESCOL XL	NP	PA; 102 day supply allowed; QL
LIPITOR	NP	PA; 102 day supply allowed; QL
LIVALO	NP	PA; 102 day supply allowed; QL
lovastatin oral	P	102 day supply allowed; QL
pitavastatin calcium	NP	PA; 102 day supply allowed; QL
pravastatin sodium	P	102 day supply allowed; QL
rosuvastatin calcium oral	P	102 day supply allowed; QL
simvastatin oral tablet	P	102 day supply allowed; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VYTORIN	NP	PA; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA; 102 day supply allowed; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	NP	PA; 102 day supply allowed; QL
Kallikrein		
KALBITOR	Carve-out	
ORLADEYO	Carve-out	
TAKHZYRO	Carve-out	
Loop Diuretics (24:36)		
furosemide oral solution 10 mg/ml, 8 mg/ml	F	AL
furosemide oral tablet	F	
torsemide oral	F	
Loop Diuretics (Hypotensive Agents)		
furosemide oral solution 10 mg/ml, 8 mg/ml	F	AL
furosemide oral tablet	F	
torsemide oral	F	
Mineralocorticoid (Aldosterone) Antagnts		
KERENDIA ORAL TABLET 10 MG, 20 MG	F	PA; QL; AL
spironolactone oral tablet	F	
spironolactone-hctz	F	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
spironolactone oral tablet	F	
Nitrates And Nitrites		
acebutolol hcl oral	NP	PA; 102 day supply allowed
atenolol oral	P	102 day supply allowed
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
betaxolol hcl oral	NP	PA; 102 day supply allowed
bisoprolol fumarate oral tablet 10 mg, 5 mg	P	102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	NP	PA; 102 day supply allowed
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	F	
isosorbide mononitrate	F	
isosorbide mononitrate er	F	QL
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	P	102 day supply allowed
LOPRESSOR ORAL TABLET	NP	PA; 102 day supply allowed
metoprolol succinate er	P	102 day supply allowed
metoprolol tartrate oral	P	102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed
NITRO-BID	F	
nitroglycerin sublingual	F	
nitroglycerin transdermal patch 24 hour	F	QL
nitroglycerin translingual solution	F	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 9 MG	F	
pindolol	NP	PA; 102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed
SOTYLIZE	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TENORMIN	NP	PA; 102 day supply allowed
timolol maleate oral	NP	PA; 102 day supply allowed
TOPROL XL	NP	PA; 102 day supply allowed
Omega-3-Mediated Antilipemics		
icosapent ethyl	NP	PA; 102 day supply allowed
omega-3-acid ethyl esters	NP	PA; 102 day supply allowed
Pcsk9 Inhibitors		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; Specialty Drug; 102 day supply allowed; QL
REPATHA	P-PA	PA; Specialty Drug; 102 day supply allowed; QL
REPATHA PUSHTRONEX SYSTEM	P-PA	PA; Specialty Drug; 102 day supply allowed; QL
REPATHA SURECLICK	P-PA	PA; Specialty Drug; 102 day supply allowed; QL
Phosphodiesterase Type 5 Inhibitors		
ADCIRCA	NP	PA; Specialty Drug; 102 day supply allowed
ALYQ	P-PA	PA; Specialty Drug; 102 day supply allowed
aspirin-dipyridamole er	NP	PA; 102 day supply allowed
cilostazol	F	QL
dipyridamole oral	NP	PA; 102 day supply allowed
LIQREV	NP	PA; Specialty Drug; 102 day supply allowed
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tadalafil (pah)	P-PA	PA; Specialty Drug; 102 day supply allowed
TADLIQ	NP	PA; Specialty Drug; 102 day supply allowed; AL
Potassium-Sparing Diuretic		
amiloride hcl oral	F	
spironolactone oral tablet	F	
spironolactone-hctz	F	
Potassium-Sparing Diuretics (Hypoten)		
amiloride hcl oral	F	
spironolactone oral tablet	F	
Renin Inhibitors		
aliskiren fumarate	NP	PA; 102 day supply allowed
TEKTURNA	NP	PA; 102 day supply allowed
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL CAPSULE SPRINKLE	NP	PA; QL
ENTRESTO ORAL TABLET	P	102 day supply allowed; QL
Sodium-Gluc (Sglt) Cotransporter Inhib		
INPEFA ORAL TABLET 200 MG	NP	PA; 102 day supply allowed
INPEFA ORAL TABLET 400 MG	NP	PA; 102 day suppply allowed
Steroidal Mineralocorticoid Receptor Ant		
spironolactone oral tablet	F	
spironolactone-hctz	F	
Thiazide Diuretics (24:36)		
DIURIL	F	AL
hydrochlorothiazide oral	F	
Thiazide Diuretics(Hypotensive Agents)		
DIURIL	F	AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
hydrochlorothiazide oral	F	
Thiazide-Like Diuretics (24:36)		
chlorthalidone oral tablet 25 mg, 50 mg	F	
indapamide oral	F	
metolazone	F	
Thiazide-Like Diuretics(Hypotensive Agt)		
chlorthalidone oral tablet 25 mg, 50 mg	F	
indapamide oral	F	
metolazone	F	
Vasodilating Agents, Miscellaneous		
ambrisentan	P-PA	PA; Specialty Drug; 102 day supply allowed
amlodipine besylate oral	P	102 day supply allowed
bosentan	NP	PA; Specialty Drug; 102 day supply allowed
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
CORLANOR ORAL SOLUTION	F	PA
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
dipyridamole oral	NP	PA; 102 day supply allowed
eql niacin flush free	F	OTC
ivabradine hcl	F	PA; Specialty Drug
KATERZIA	NP	PA; 102 day supply allowed; AL
LETAIRIS	NP	PA; Specialty Drug; 102 day supply allowed
levamlodipine maleate	NP	PA; 102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
niacin flush free oral capsule 500 mg	F	OTC
nicardipine hcl oral	NP	PA; 102 day supply allowed
nifedipine er	P	102 day supply allowed
nifedipine er osmotic release	P	102 day supply allowed
nifedipine oral	P	102 day supply allowed
nimodipine oral capsule	F	QL
NORLIQVA	P-PA	PA; 102 day supply allowed; AL
NORVASC	NP	PA; 102 day supply allowed
OPSUMIT	P-PA	PA; Specialty Drug; 102 day supply allowed
ORENITRAM	NP	PA; Specialty Drug; 102 day supply allowed
ORENITRAM MONTH 1	NP	PA; Specialty Drug
ORENITRAM MONTH 2	NP	PA; Specialty Drug
ORENITRAM MONTH 3	NP	PA; Specialty Drug
PROCARDIA XL	NP	PA; 102 day supply allowed
qc niacin oral capsule	F	OTC
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed
TIAZAC	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRACLEER ORAL TABLET	P-PA	PA; Specialty Drug; 102 day supply allowed
TRACLEER ORAL TABLET SOLUBLE	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO DPI TITRATION KIT	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO REFILL KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO STARTER KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
VENTAVIS	P-PA	PA; Specialty Drug; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed
VERQUVO	F	PA; QL; AL
Cellular And Gene Therapy		
Gene Therapy		
CASGEVY	Carve-out	
ELEVIDYS 10.0-10.4 KG	Carve-out	
ELEVIDYS 10.5-11.4 KG	Carve-out	
ELEVIDYS 11.5-12.4 KG	Carve-out	
ELEVIDYS 12.5-13.4 KG	Carve-out	
ELEVIDYS 13.5-14.4 KG	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ELEVIDYS 14.5-15.4 KG	Carve-out	
ELEVIDYS 15.5-16.4 KG	Carve-out	
ELEVIDYS 16.5-17.4 KG	Carve-out	
ELEVIDYS 17.5-18.4 KG	Carve-out	
ELEVIDYS 18.5-19.4 KG	Carve-out	
ELEVIDYS 19.5-20.4 KG	Carve-out	
ELEVIDYS 20.5-21.4 KG	Carve-out	
ELEVIDYS 21.5-22.4 KG	Carve-out	
ELEVIDYS 22.5-23.4 KG	Carve-out	
ELEVIDYS 23.5-24.4 KG	Carve-out	
ELEVIDYS 24.5-25.4 KG	Carve-out	
ELEVIDYS 25.5-26.4 KG	Carve-out	
ELEVIDYS 26.5-27.4 KG	Carve-out	
ELEVIDYS 27.5-28.4 KG	Carve-out	
ELEVIDYS 28.5-29.4 KG	Carve-out	
ELEVIDYS 29.5-30.4 KG	Carve-out	
ELEVIDYS 30.5-31.4 KG	Carve-out	
ELEVIDYS 31.5-32.4 KG	Carve-out	
ELEVIDYS 32.5-33.4 KG	Carve-out	
ELEVIDYS 33.5-34.4 KG	Carve-out	
ELEVIDYS 34.5-35.4 KG	Carve-out	
ELEVIDYS 35.5-36.4 KG	Carve-out	
ELEVIDYS 36.5-37.4 KG	Carve-out	
ELEVIDYS 37.5-38.4 KG	Carve-out	
ELEVIDYS 38.5-39.4 KG	Carve-out	
ELEVIDYS 39.5-40.4 KG	Carve-out	
ELEVIDYS 40.5-41.4 KG	Carve-out	
ELEVIDYS 41.5-42.4 KG	Carve-out	
ELEVIDYS 42.5-43.4 KG	Carve-out	
ELEVIDYS 43.5-44.4 KG	Carve-out	

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ELEVIDYS 44.5-45.4 KG	Carve-out	
ELEVIDYS 45.5-46.4 KG	Carve-out	
ELEVIDYS 46.5-47.4 KG	Carve-out	
ELEVIDYS 47.5-48.4 KG	Carve-out	
ELEVIDYS 48.5-49.4 KG	Carve-out	
ELEVIDYS 49.5-50.4 KG	Carve-out	
ELEVIDYS 50.5-51.4 KG	Carve-out	
ELEVIDYS 51.5-52.4 KG	Carve-out	
ELEVIDYS 52.5-53.4 KG	Carve-out	
ELEVIDYS 53.5-54.4 KG	Carve-out	
ELEVIDYS 54.5-55.4 KG	Carve-out	
ELEVIDYS 55.5-56.4 KG	Carve-out	
ELEVIDYS 56.5-57.4 KG	Carve-out	
ELEVIDYS 57.5-58.4 KG	Carve-out	
ELEVIDYS 58.5-59.4 KG	Carve-out	
ELEVIDYS 59.5-60.4 KG	Carve-out	
ELEVIDYS 60.5-61.4 KG	Carve-out	
ELEVIDYS 61.5-62.4 KG	Carve-out	
ELEVIDYS 62.5-63.4 KG	Carve-out	
ELEVIDYS 63.5-64.4 KG	Carve-out	
ELEVIDYS 64.5-65.4 KG	Carve-out	
ELEVIDYS 65.5-66.4 KG	Carve-out	
ELEVIDYS 66.5-67.4 KG	Carve-out	
ELEVIDYS 67.5-68.4 KG	Carve-out	
ELEVIDYS 68.5-69.4 KG	Carve-out	
ELEVIDYS 69.5 KG PLUS	Carve-out	
LYFGENIA	Carve-out	
ROCTAVIAN	Carve-out	
ZYNTEGLO	Carve-out	
Central Nervous System Agents		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Adamantanes (Cns)		
amantadine hcl oral capsule	P	102 day supply allowed
amantadine hcl oral solution	P	102 day supply allowed
amantadine hcl oral tablet	NP	PA; 102 day supply allowed
GOCOVRI	NP	PA; Specialty Drug; 102 day supply allowed
Adenosine A2a Receptor Antagonists		
NOURIANZ	NP	PA; 102 day supply allowed
Amphetamine Derivatives		
ADIPEX-P	P-PA	PA; AL
diethylpropion hcl er	P-PA	PA; AL
diethylpropion hcl oral	P-PA	PA; AL
LOMAIRA	P-PA	PA; AL
phendimetrazine tartrate	P-PA	PA; AL
phendimetrazine tartrate er	P-PA	PA; AL
phentermine hcl oral	P-PA	PA; AL
Amphetamines		
ADDERALL	Carve-out	
ADDERALL XR	Carve-out	
ADZENYS XR-ODT	Carve-out	
amphetamine sulfate	Carve-out	
amphetamine-dextroamphet er	Carve-out	
amphetamine-dextroamphetamine	Carve-out	
amphet-dextroamphet 3-bead er	Carve-out	
benzphetamine hcl oral tablet 50 mg	P-PA	PA; AL
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	Carve-out	
dextroamphetamine sulfate er	Carve-out	
dextroamphetamine sulfate oral	Carve-out	

lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**Tier Status** **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA **P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**
Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	Carve-out	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	Carve-out	
EVEKEO	Carve-out	
lisdexamfetamine dimesylate	Carve-out	
methamphetamine hcl	Carve-out	
MYDAYIS	Carve-out	
PROCENTRA	Carve-out	
VYVANSE	Carve-out	
XELSTRYM	Carve-out	
ZENZEDI	Carve-out	
Amyotrophic Lateral Sclerosis(Als) Agent		
EXSERVAN	F	PA; AL
riluzole	F	
TIGLUTIK	F	PA; AL
Analgesics And Antipyretics, Misc.		
8 hr arthritis pain relief	F	OTC
acetaminophen 8 hour oral tablet extended release	F	OTC
acetaminophen childrens oral suspension 160 mg/5ml	F	OTC
acetaminophen extra strength oral tablet	F	OTC
acetaminophen infants	F	OTC
acetaminophen junior strength	F	OTC
acetaminophen oral liquid	F	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml	F	OTC
acetaminophen oral suspension 160 mg/5ml	F	OTC
acetaminophen oral tablet 325 mg	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
acetaminophen rectal suppository 120 mg, 650 mg	F	OTC
acetaminophen-codeine oral solution	P	AL
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	P	AL
acetaminophen-ibuprofen	NP	PA; OTC
ADVIL DUAL ACTION	NP	PA; OTC
apap-caff-dihydrocodeine oral capsule	NP	PA; AL
APHEN	F	OTC
arthritis pain reliever oral	F	OTC
BAC (BUTALBITAL-ACETAMIN-CAFF)	F	QL; AL
betatemp childrens	F	OTC
butalbital-acetaminophen oral tablet 50-325 mg	F	QL; AL
butalbital-apap-caff-cod	NP	PA; AL
butalbital-apap-caffeine oral tablet 50-325-40 mg	F	QL; AL
childrens apap	F	OTC
childrens non-aspirin oral tablet chewable	F	OTC
childrens silapap	F	OTC
cvs 8hr arthritis pain relief	F	OTC
cvs 8hr muscle aches & pain	F	OTC
cvs acetaminophen ex st oral tablet	F	OTC
cvs acetaminophen oral tablet	F	OTC
cvs arthritis pain relief oral	F	OTC
cvs pain & fever childrens	F	OTC
cvs pain relief extra strength	F	OTC
dual action pain relief	NP	PA; OTC
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	P	
eq 8hr arthritis pain relief	F	OTC
eq acetaminophen oral tablet 500 mg	F	OTC
eq pain & fever childrens oral suspension	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eq pain & fever infants	F	OTC
eq pain reliever ex st oral tablet	F	OTC
eq pain reliever oral tablet 325 mg	F	OTC
eql acetaminophen childrens	F	OTC
eql acetaminophen ex st	F	OTC
ESGIC ORAL TABLET	F	QL; AL
FEVERALL ADULTS	F	OTC
FEVERALL CHILDRENS	F	OTC
FEVERALL JUNIOR STRENGTH	F	OTC
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NP	PA; AL
ft dual action	NP	PA; OTC
ft pain & fever childrens	F	OTC
ft pain & fever infants	F	OTC
ft pain relief adult extra st	F	OTC
ft pain relief extra strength	F	OTC
ft pain relief oral tablet 325 mg	F	OTC
ft pain reliever children	F	OTC
ft pain reliever ex str adult	F	OTC
ft rapid release pain relief	F	OTC
gabapentin oral capsule	Carve-out	
gabapentin oral solution	Carve-out	
gabapentin oral tablet 600 mg, 800 mg	Carve-out	
GABARONE	Carve-out	
gnp 8 hour arthritis relief	F	OTC
gnp 8 hour pain reliever	F	OTC
gnp acetaminophen oral tablet	F	OTC
gnp acetaminophen/ibuprofen	NP	PA; OTC
gnp children's pain & fever	F	OTC
gnp infants pain/fever	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp pain & fever childrens oral suspension 160 mg/5ml	F	OTC
gnp pain & fever infants	F	OTC
goodsense arthritis pain oral	F	OTC
goodsense dual action	NP	PA; OTC
goodsense pain & fever child	F	OTC
goodsense pain & fever infants	F	OTC
goodsense pain relief extra st	F	OTC
goodsense pain relief oral tablet	F	OTC
GRALISE ORAL TABLET	P	
HEALTHY MAMA SHAKE THAT ACHE	F	OTC
hm pain relief	F	OTC
HORIZANT ORAL TABLET EXTENDED RELEASE	P	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	P	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	P	
ILARIS SUBCUTANEOUS SOLUTION	Carve-out	
infants pain & fever	F	OTC
kls acetaminophen ex st	F	OTC
liquid acetaminophen	F	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID	F	OTC
LYRICA CR	Carve-out	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG	F	OTC
mapap oral capsule	F	OTC
mapap oral tablet chewable	F	OTC
MM ACETAMINOPHEN EX STR	F	OTC
m-pap	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
nalocet	NP	PA
NEURONTIN	Carve-out	
non-aspirin extra strength oral tablet	F	OTC
non-aspirin oral tablet	F	OTC
non-aspirin pain relief	F	OTC
oxycodone-acetaminophen oral solution 5-325 mg/5ml	P	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	P	
pain & fever infants	F	OTC
pain relief regular strength	F	OTC
pain reliever extra strength oral tablet 500 mg	F	OTC
pain reliever oral tablet 325 mg	F	OTC
pain reliever/fever reducer	F	OTC
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NP	PA
PHARBETOL EXTRA STRENGTH	F	OTC
PHARBETOL ORAL TABLET 325 MG	F	OTC
pregabalin er	Carve-out	
PROLATE	NP	PA
qc acetaminophen 8 hours	F	OTC
qc acetaminophen infants	F	OTC
qc arthritis pain relief	F	OTC
qc non-aspirin extra strength	F	OTC
qc pain relief childrens	F	OTC
qc pain relief extra strength oral tablet 500 mg	F	OTC
qc pain relief oral tablet	F	OTC
ra acetaminophen ex st	F	OTC
ra acetaminophen oral tablet	F	OTC
ra arthritis pain relief oral	F	OTC
ra fever reducer/pain reliever	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra pain relief acetaminophen	F	OTC
sb non-aspirin extra strength	F	OTC
sb non-aspirin oral tablet	F	OTC
sb pain reliever ex st	F	OTC
TENCON ORAL TABLET 50-325 MG	F	QL; AL
tramadol-acetaminophen	P	AL
TYLENOL 8 HOUR	F	OTC
TYLENOL CHILDRENS ORAL SUSPENSION	F	OTC
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION	F	OTC
TYLENOL EXTRA STRENGTH ORAL TABLET	F	OTC
TYLENOL FOR CHILDREN + ADULTS	F	OTC
TYLENOL INFANTS PAIN+FEVER	F	OTC
Anorexigenic Agents		
phentermine-topiramate er	P-PA	PA; AL
Anorexigenic Agents And Stimulants, Misc		
phentermine-topiramate er	P-PA	PA; AL
Anorexigenic Agents, Miscellaneous		
IMCIVREE	Carve-out	
liraglutide	NP	PA; 102 day supply allowed; QL
SAXENDA	P-PA	PA; QL; AL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
WEGOVY	P-PA	PA; QL; AL
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	P	PA; QL; AL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Anticholinergic Agents (Cns)		
aler-cap	F	OTC; AL
allergy childrens oral liquid	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL
BANOPHEN ORAL LIQUID	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
benztropine mesylate injection	Carve-out	
benztropine mesylate oral	Carve-out	
complete allergy relief	F	OTC; AL
cvs allergy relief adult	F	OTC
cvs allergy relief childrens oral liquid	F	OTC
cvs allergy relief oral capsule 25 mg	F	OTC; AL
cvs allergy relief oral liquid	F	OTC
cvs allergy relief oral tablet 25 mg	F	OTC; AL
cvs childrens allergy	F	OTC
cvs sleep aid nighttime oral tablet	Carve-out	OTC
cvs sleep aid oral tablet 25 mg	Carve-out	OTC
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC
diphen oral tablet	F	OTC; AL
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl injection	F	AL
diphenhydramine hcl oral capsule	F	AL
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eq allergy relief childrens oral liquid	F	OTC
eq allergy relief oral tablet 25 mg	F	OTC; AL
eql allergy oral tablet 25 mg	F	OTC; AL
eql allergy relief oral tablet 25 mg	F	OTC; AL
eql nighttime sleep aid	Carve-out	OTC
eql sleep aid oral capsule	Carve-out	OTC
eql sleep aid oral liquid	Carve-out	OTC
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	.; OTC
ft allergy relief oral tablet 25 mg	F	OTC; AL
ft nighttime sleep aid	Carve-out	OTC
ft sleep-aid maximum strength	Carve-out	OTC
geri-dryl oral liquid	F	OTC
geri-dryl oral tablet	F	OTC; AL
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp childrens allergy	F	OTC
gnp nighttime sleep-aid max st	Carve-out	OTC
gnp sleep aid nighttime	Carve-out	OTC
gnp sleep aid oral liquid	Carve-out	OTC
goodsense sleeptime	Carve-out	OTC
h-e-b childrens allergy	F	OTC
KINDERMED KIDS ALLERGY	F	OTC
liquid allergy relief	F	OTC
m-dryl	F	OTC
night time sleep aid	Carve-out	OTC
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC
NYTOL QUICKCAPS	Carve-out	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
orphenadrine citrate er	P	
PEDIACARE CHILDRENS ALLERGY	F	OTC
pharbedryl oral capsule 25 mg	F	OTC; AL
qc allergy childrens	F	OTC
qc rest simply	Carve-out	OTC
qc sleep aid max st	Carve-out	OTC
ra allergy medication oral liquid	F	OTC
ra allergy medication oral tablet	F	OTC; AL
ra allergy oral liquid	F	OTC
ra allergy relief childrens oral liquid	F	OTC
ra allergy relief oral capsule 25 mg	F	OTC; AL
ra complete allergy	F	OTC; AL
RA DIPHEDRYL ALLERGY	F	OTC
ra nighttime sleep aid oral tablet	Carve-out	OTC
ra sleep aid (diphenhydramine)	Carve-out	OTC
ra sleep aid oral capsule	Carve-out	OTC
sb allergy medicine oral liquid	F	OTC
sb allergy medicine oral tablet	Carve-out	OTC
sb sleep	Carve-out	OTC
siladryl allergy	F	OTC
SIMPLY SLEEP	Carve-out	OTC
sleep aid (diphenhydramine)	Carve-out	OTC
sleep aid oral liquid	Carve-out	OTC
sleep tabs oral tablet 25 mg	Carve-out	OTC
sleep-aid oral capsule	Carve-out	OTC
sleep-tabs	Carve-out	OTC
SOMINEX	Carve-out	OTC
SOMINEX MAX ST	Carve-out	OTC
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
total allergy	F	OTC; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TOTAL ALLERGY MEDICINE	F	OTC
trihexyphenidyl hcl	Carve-out	
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC
UNISOM SLEEPMINIS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
wal-som oral tablet dispersible	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
Anticonvulsants, Miscellaneous		
acetazolamide er	F	QL
acetazolamide oral	F	QL
APTIOM	Carve-out	
BANZEL	Carve-out	
BRIVIACT	Carve-out	
carbamazepine er	Carve-out	
carbamazepine oral suspension 100 mg/5ml	Carve-out	
carbamazepine oral tablet	Carve-out	
carbamazepine oral tablet chewable 100 mg	Carve-out	
CARBATROL	Carve-out	
DEPAKOTE	Carve-out	
DEPAKOTE ER	Carve-out	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Carve-out	
DIACOMIT	Carve-out	
divalproex sodium er oral tablet extended release 24 hour	Carve-out	
divalproex sodium oral capsule delayed release sprinkle	Carve-out	
divalproex sodium oral tablet delayed release	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ELEPSIA XR	Carve-out	
EPIDIOLEX	Carve-out	
EPITOL	Carve-out	
EPRONTIA	Carve-out	
EQUETRO	Carve-out	
felbamate	Carve-out	
FELBATOL ORAL TABLET	Carve-out	
FINTEPLA	Carve-out	
FYCOMPA	Carve-out	
gabapentin oral capsule	Carve-out	
gabapentin oral solution	Carve-out	
gabapentin oral tablet 600 mg, 800 mg	Carve-out	
GRALISE ORAL TABLET	P	
HORIZANT ORAL TABLET EXTENDED RELEASE	P	
KEPPRA	Carve-out	
KEPPRA XR	Carve-out	
lacosamide intravenous	Carve-out	
lacosamide oral solution 10 mg/ml	Carve-out	
lacosamide oral tablet	Carve-out	
LAMICTAL ODT	Carve-out	
LAMICTAL ORAL TABLET	Carve-out	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	Carve-out	
LAMICTAL STARTER	Carve-out	
LAMICTAL XR	Carve-out	
lamotrigine er	Carve-out	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	Carve-out	
lamotrigine oral tablet	Carve-out	
lamotrigine oral tablet chewable	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
lamotrigine oral tablet dispersible	Carve-out	
lamotrigine starter kit-blue	Carve-out	
lamotrigine starter kit-green	Carve-out	
lamotrigine starter kit-orange	Carve-out	
levetiracetam er	Carve-out	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	Carve-out	
levetiracetam intravenous	Carve-out	
levetiracetam oral solution	Carve-out	
levetiracetam oral tablet	Carve-out	
LYRICA	Carve-out	
magnesium sulfate injection solution 50 %	F	
MOTPOLY XR	Carve-out	
NEURONTIN	Carve-out	
oxcarbazepine	Carve-out	
OXTELLAR XR	Carve-out	
pregabalin oral	Carve-out	
ROWEEPRA ORAL TABLET 500 MG	Carve-out	
rufinamide	Carve-out	
SABRIL	Carve-out	
SPRITAM	Carve-out	
SUBVENITE	Carve-out	
SUBVENITE STARTER KIT-BLUE	Carve-out	
SUBVENITE STARTER KIT-GREEN	Carve-out	
SUBVENITE STARTER KIT-ORANGE	Carve-out	
TEGRETOL ORAL SUSPENSION	Carve-out	
TEGRETOL ORAL TABLET	Carve-out	
TEGRETOL-XR	Carve-out	
tiagabine hcl	Carve-out	
TOPAMAX	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TOPAMAX SPRINKLE	Carve-out	
topiramate er	Carve-out	
topiramate oral capsule sprinkle 15 mg, 25 mg	Carve-out	
topiramate oral tablet	Carve-out	
TRILEPTAL	Carve-out	
TROKENDI XR	Carve-out	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Carve-out	
valproic acid oral capsule	Carve-out	
valproic acid oral solution 250 mg/5ml	Carve-out	
vigabatrin	Carve-out	
VIGADRONE	Carve-out	
VIGPODER	Carve-out	
VIMPAT	Carve-out	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Carve-out	
XCOPRI (350 MG DAILY DOSE)	Carve-out	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Carve-out	
XCOPRI ORAL TABLET THERAPY PACK	Carve-out	
ZONEGRAN	Carve-out	
ZONISADE	Carve-out	
zonisamide oral	Carve-out	
ZTALMY	Carve-out	
Antidepressants, Miscellaneous		
APLENZIN	Carve-out	
AUVELITY	Carve-out	
bupropion hcl er (smoking det)	F	QL
bupropion hcl er (sr)	Carve-out	
bupropion hcl er (xl)	Carve-out	
bupropion hcl oral	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FORFIVO XL	Carve-out	
mirtazapine oral	Carve-out	
REMERON ORAL TABLET 15 MG, 30 MG	Carve-out	
REMERON SOLTAB	Carve-out	
SPRAVATO (56 MG DOSE)	Carve-out	
SPRAVATO (84 MG DOSE)	Carve-out	
WELLBUTRIN SR	Carve-out	
WELLBUTRIN XL	Carve-out	
ZURZUVAE	Carve-out	Specialty Drug
Antimanic Agents		
ABILIFY ASIMTUFII	Carve-out	Specialty Drug
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Carve-out	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Carve-out	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	Carve-out	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	Carve-out	
ABILIFY ORAL TABLET	Carve-out	
aripiprazole	Carve-out	
ARISTADA	Carve-out	
ARISTADA INITIO	Carve-out	
asenapine maleate	Carve-out	
carbamazepine er	Carve-out	
carbamazepine oral suspension 100 mg/5ml	Carve-out	
carbamazepine oral tablet	Carve-out	
carbamazepine oral tablet chewable 100 mg	Carve-out	
CARBATROL	Carve-out	
DEPAKOTE	Carve-out	
DEPAKOTE ER	Carve-out	

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Carve-out	
divalproex sodium er oral tablet extended release 24 hour	Carve-out	
divalproex sodium oral capsule delayed release sprinkle	Carve-out	
divalproex sodium oral tablet delayed release	Carve-out	
EPITOL	Carve-out	
EQUETRO	Carve-out	
GEODON	Carve-out	
LAMICTAL ODT	Carve-out	
LAMICTAL ORAL TABLET	Carve-out	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	Carve-out	
LAMICTAL STARTER	Carve-out	
LAMICTAL XR	Carve-out	
lamotrigine er	Carve-out	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	Carve-out	
lamotrigine oral tablet	Carve-out	
lamotrigine oral tablet chewable	Carve-out	
lamotrigine oral tablet dispersible	Carve-out	
lamotrigine starter kit-blue	Carve-out	
lamotrigine starter kit-green	Carve-out	
lamotrigine starter kit-orange	Carve-out	
lithium	Carve-out	
lithium carbonate er	Carve-out	
lithium carbonate oral	Carve-out	
LITHOBID	Carve-out	
LYBALVI	Carve-out	
olanzapine	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg	Carve-out	
OPIPZA	Carve-out	
PERSERIS	Carve-out	
quetiapine fumarate	Carve-out	
quetiapine fumarate er	Carve-out	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Carve-out	
RISPERDAL ORAL SOLUTION	Carve-out	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Carve-out	
risperidone	Carve-out	
risperidone microspheres er	Carve-out	
RYKINDO	Carve-out	
SAPHRIS	Carve-out	
SECUADO	Carve-out	
SEROQUEL	Carve-out	
SEROQUEL XR	Carve-out	
SUBVENITE	Carve-out	
SUBVENITE STARTER KIT-BLUE	Carve-out	
SUBVENITE STARTER KIT-GREEN	Carve-out	
SUBVENITE STARTER KIT-ORANGE	Carve-out	
SYMBYAX ORAL CAPSULE 3-25 MG	Carve-out	
TEGRETOL ORAL SUSPENSION	Carve-out	
TEGRETOL ORAL TABLET	Carve-out	
TEGRETOL-XR	Carve-out	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Carve-out	
valproic acid oral capsule	Carve-out	
valproic acid oral solution 250 mg/5ml	Carve-out	
ziprasidone hcl	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ziprasidone mesylate	Carve-out	
ZYPREXA INTRAMUSCULAR	Carve-out	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	Carve-out	
Antimigraine Agents, Miscellaneous		
8 hr arthritis pain relief	F	OTC
acetaminophen 8 hour oral tablet extended release	F	OTC
acetaminophen childrens oral suspension 160 mg/5ml	F	OTC
acetaminophen extra strength oral tablet	F	OTC
acetaminophen infants	F	OTC
acetaminophen junior strength	F	OTC
acetaminophen oral liquid	F	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml	F	OTC
acetaminophen oral suspension 160 mg/5ml	F	OTC
acetaminophen oral tablet 325 mg	F	OTC
acetaminophen rectal suppository 120 mg, 650 mg	F	OTC
ADVIL JUNIOR STRENGTH	P	OTC
ADVIL MIGRAINE	P	OTC
ADVIL ORAL TABLET	P	OTC
all day pain relief	P	OTC
all day relief	P	OTC
ANAPROX DS	NP	PA
APHEN	F	OTC
arthritis pain reliever oral	F	OTC
aspirin 81	F	OTC; QL
aspirin adult low dose	F	OTC; QL
aspirin adult low strength oral tablet delayed release	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL
aspirin childrens	F	OTC; QL
aspirin ec adult low dose	F	OTC; QL
aspirin ec low dose	F	OTC; QL
aspirin ec low strength	F	OTC; QL
aspirin low dose oral tablet chewable	F	OTC; QL
aspirin low dose oral tablet delayed release	F	OTC; QL
aspirin low strength	F	OTC; QL
aspirin oral tablet 325 mg	F	OTC; QL; AL
aspirin oral tablet chewable	F	OTC; QL
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
aspirin oral tablet delayed release 81 mg	F	OTC; QL
aspirin rectal suppository 300 mg	F	OTC
aspirin regimen	F	OTC; QL
BAYER ASPIRIN EC LOW DOSE	F	OTC; QL
BAYER ASPIRIN ORAL TABLET	F	OTC; QL; AL
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE	F	OTC; QL; AL
BAYER LOW DOSE	F	OTC; QL
betatemp childrens	F	OTC
BUFFERIN	F	OTC; AL
butorphanol tartrate nasal	NP	PA; QL
caffeine citrate oral solution 60 mg/3ml	F	AL
childrens apap	F	OTC
childrens aspirin	F	OTC; QL
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	P	OTC
childrens non-aspirin oral tablet chewable	F	OTC
childrens silapap	F	OTC
cvs 8hr arthritis pain relief	F	OTC
cvs 8hr muscle aches & pain	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
cvs acetaminophen ex st oral tablet	F	OTC
cvs acetaminophen oral tablet	F	OTC
cvs all day pain relief	P	OTC
cvs arthritis pain relief oral	F	OTC
cvs aspirin adult low dose	F	OTC; QL
cvs aspirin ec oral tablet delayed release 81 mg	F	OTC; QL
cvs aspirin low dose	F	OTC; QL
cvs aspirin low strength oral tablet delayed release	F	OTC; QL
cvs aspirin oral tablet 325 mg	F	OTC; QL; AL
cvs genuine aspirin	F	OTC; QL; AL
cvs ibuprofen	P	OTC
cvs ibuprofen childrens oral suspension 100 mg/5ml	P	OTC
cvs naproxen sodium	P	OTC
cvs pain & fever childrens	F	OTC
cvs pain relief extra strength	F	OTC
DEPAKOTE	Carve-out	
DEPAKOTE ER	Carve-out	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Carve-out	
divalproex sodium er oral tablet extended release 24 hour	Carve-out	
divalproex sodium oral capsule delayed release sprinkle	Carve-out	
divalproex sodium oral tablet delayed release	Carve-out	
ec-naproxen	NP	PA
ECOTRIN LOW STRENGTH	F	OTC; QL
ELYXYB	NP	PA; QL; AL
EPRONTIA	Carve-out	
eq 8hr arthritis pain relief	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eq acetaminophen oral tablet 500 mg	F	OTC
eq all day pain relief	P	OTC
eq aspirin adult low dose	F	OTC; QL
eq aspirin low dose oral tablet chewable	F	OTC; QL
eq aspirin oral tablet	F	OTC; QL; AL
eq ibuprofen childrens	P	OTC
eq ibuprofen junior	P	OTC
eq ibuprofen oral tablet	P	OTC
eq pain & fever childrens oral suspension	F	OTC
eq pain & fever infants	F	OTC
eq pain reliever ex st oral tablet	F	OTC
eq pain reliever oral tablet 325 mg	F	OTC
eql acetaminophen childrens	F	OTC
eql acetaminophen ex st	F	OTC
eql aspirin low dose	F	OTC; QL
eql childrens ibuprofen	P	OTC
eql ibuprofen	P	OTC
eql ibuprofen infants	P	OTC
FEVERALL ADULTS	F	OTC
FEVERALL CHILDRENS	F	OTC
FEVERALL JUNIOR STRENGTH	F	OTC
ft all day pain relief	P	OTC
ft aspirin low dose	F	OTC
ft aspirin oral tablet	F	OTC; QL; AL
ft enteric coated aspirin	F	OTC; QL; AL
ft ibuprofen childrens	P	OTC
ft ibuprofen infants	P	OTC
ft ibuprofen minis	P	OTC
ft ibuprofen oral capsule	P	OTC
ft naproxen sodium	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ft pain & fever childrens	F	OTC
ft pain & fever infants	F	OTC
ft pain relief adult extra st	F	OTC
ft pain relief extra strength	F	OTC
ft pain relief oral tablet 200 mg	P	OTC
ft pain relief oral tablet 325 mg	F	OTC
ft pain reliever children	F	OTC
ft pain reliever ex str adult	F	OTC
ft rapid release pain relief	F	OTC
gnp 8 hour arthritis relief	F	OTC
gnp 8 hour pain reliever	F	OTC
gnp acetaminophen oral tablet	F	OTC
gnp aspirin low dose	F	OTC; QL
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
gnp childrens ibuprofen	P	OTC
gnp children's pain & fever	F	OTC
gnp ibuprofen childrens	P	OTC
gnp ibuprofen infants	P	OTC
gnp infants pain/fever	F	OTC
gnp naproxen sodium oral tablet	P	OTC
gnp pain & fever childrens oral suspension 160 mg/5ml	F	OTC
gnp pain & fever infants	F	OTC
goodsense arthritis pain oral	F	OTC
goodsense aspirin adults	F	OTC; QL; AL
goodsense aspirin oral tablet	F	OTC; QL; AL
goodsense aspirin oral tablet chewable	F	OTC; QL
goodsense ibuprofen	P	OTC
goodsense ibuprofen childrens	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
goodsense ibuprofen infants	P	OTC
goodsense naproxen sodium	P	OTC
goodsense pain & fever child	F	OTC
goodsense pain & fever infants	F	OTC
goodsense pain relief extra st	F	OTC
goodsense pain relief oral tablet	F	OTC
HEALTHY MAMA SHAKE THAT ACHE	F	OTC
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL
hm naproxen sodium oral capsule	P	OTC
hm pain relief	F	OTC
IBU	P	
ibuprofen childrens	P	OTC
ibuprofen infants	P	OTC
ibuprofen junior strength oral tablet chewable	P	OTC
ibuprofen oral capsule	P	OTC
ibuprofen oral suspension 100 mg/5ml	P	
ibuprofen oral tablet 200 mg	P	OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	P	
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INFANTS ADVIL	P	OTC
infants ibuprofen	P	OTC
infants pain & fever	F	OTC
INNOPRAN XL	NP	PA; 102 day supply allowed
ketoprofen er	NP	PA
ketoprofen oral capsule 50 mg	NP	PA
KIPROFEN	NP	PA
kls acetaminophen ex st	F	OTC
kls ibuprofen	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
kp aspirin	F	OTC; QL
liquid acetaminophen	F	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID	F	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG	F	OTC
mapap oral capsule	F	OTC
mapap oral tablet chewable	F	OTC
MEDI-FIRST ASPIRIN	F	OTC; QL; AL
MEDI-FIRST IBUPROFEN	P	OTC
MEDIPROXEN	P	OTC
MEDIQUE ASPIRIN	F	OTC; QL; AL
meijer ibuprofen	P	OTC
MM ACETAMINOPHEN EX STR	F	OTC
MOTRIN IB ORAL CAPSULE	P	OTC
m-pap	F	OTC
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NP	PA
NAPROSYN ORAL SUSPENSION	NP	PA
naproxen dr oral tablet delayed release 500 mg	NP	PA
naproxen oral suspension	NP	PA
naproxen oral tablet	P	
naproxen oral tablet delayed release	NP	PA
naproxen sodium er	NP	PA
naproxen sodium oral capsule	P	OTC
naproxen sodium oral tablet 220 mg	P	OTC
naproxen sodium oral tablet 275 mg, 550 mg	NP	PA
non-aspirin extra strength oral tablet	F	OTC
non-aspirin oral tablet	F	OTC
non-aspirin pain relief	F	OTC
pain & fever infants	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
pain relief regular strength	F	OTC
pain reliever extra strength oral tablet 500 mg	F	OTC
pain reliever oral tablet 325 mg	F	OTC
pain reliever/fever reducer	F	OTC
PHARBETOL EXTRA STRENGTH	F	OTC
PHARBETOL ORAL TABLET 325 MG	F	OTC
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
px aspirin oral tablet chewable	F	OTC; QL
px ibuprofen	P	OTC
qc acetaminophen 8 hours	F	OTC
qc acetaminophen infants	F	OTC
qc arthritis pain relief	F	OTC
qc aspirin	F	OTC; QL; AL
qc aspirin low dose	F	OTC; QL
qc enteric aspirin	F	OTC; QL; AL
qc ibuprofen ib	P	OTC
qc ibuprofen oral tablet	P	OTC
qc naproxen sodium oral tablet	P	OTC
qc non-aspirin extra strength	F	OTC
qc pain relief childrens	F	OTC
qc pain relief extra strength oral tablet 500 mg	F	OTC
qc pain relief oral tablet	F	OTC
ra acetaminophen ex st	F	OTC
ra acetaminophen oral tablet	F	OTC
ra arthritis pain relief oral	F	OTC
ra aspirin adult low dose	F	OTC; QL
ra aspirin adult low strength oral tablet chewable	F	OTC; QL
ra aspirin childrens	F	OTC; QL
ra aspirin ec oral tablet delayed release 325 mg	F	OTC; QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra aspirin ec oral tablet delayed release 81 mg	F	OTC; QL
ra aspirin oral tablet 325 mg	F	OTC; QL; AL
ra fever reducer/pain reliever	F	OTC
ra ibuprofen childrens	P	OTC
ra ibuprofen infants	P	OTC
ra ibuprofen junior strength	P	OTC
ra ibuprofen oral tablet	P	OTC
ra pain relief acetaminophen	F	OTC
ra pain relief ibuprofen	P	OTC
sb aspirin oral tablet	F	OTC; QL; AL
sb childrens aspirin	F	OTC; QL
sb ibuprofen	P	OTC
sb low dose asa ec	F	OTC; QL
sb naproxen sodium	P	OTC
sb non-aspirin extra strength	F	OTC
sb non-aspirin oral tablet	F	OTC
sb pain reliever ex st	F	OTC
sm ibuprofen ib oral tablet	P	OTC
sm ibuprofen oral capsule	P	OTC
ST JOSEPH LOW DOSE	F	OTC; QL
timolol maleate oral	NP	PA; 102 day supply allowed
TOPAMAX	Carve-out	
TOPAMAX SPRINKLE	Carve-out	
topiramate er oral capsule extended release 24 hour	Carve-out	
topiramate oral capsule sprinkle 15 mg, 25 mg	Carve-out	
topiramate oral tablet	Carve-out	
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
TROKENDI XR	Carve-out	
TYLENOL 8 HOUR	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TYLENOL CHILDRENS ORAL SUSPENSION	F	OTC
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION	F	OTC
TYLENOL EXTRA STRENGTH ORAL TABLET	F	OTC
TYLENOL FOR CHILDREN + ADULTS	F	OTC
TYLENOL INFANTS PAIN+FEVER	F	OTC
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Carve-out	
valproic acid oral capsule	Carve-out	
valproic acid oral solution 250 mg/5ml	Carve-out	
WAL-PROFEN ORAL CAPSULE	P	OTC
Antipsychotics, Miscellaneous		
ADASUVE	Carve-out	
COBENFY	Carve-out	
COBENFY STARTER PACK	Carve-out	
loxapine succinate oral	Carve-out	
molindone hcl	Carve-out	
pimozide	Carve-out	
Anxiolytics,Sedatives,And Hypnotics,Misc		
aler-cap	F	OTC; AL
allergy childrens oral liquid	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
AMBIEN	Carve-out	
AMBIEN CR	Carve-out	
BANOPHEN ORAL CAPSULE 25 MG	F	OTC
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BANOPHEN ORAL LIQUID	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
BELSOMRA	Carve-out	
buspirone hcl oral	Carve-out	
complete allergy relief	F	OTC; AL
cvs allergy relief adult	F	OTC
cvs allergy relief childrens oral liquid	F	OTC
cvs allergy relief oral capsule 25 mg	F	OTC; AL
cvs allergy relief oral liquid	F	OTC
cvs allergy relief oral tablet 25 mg	F	OTC; AL
cvs childrens allergy	F	OTC
cvs sleep aid nighttime oral tablet	Carve-out	OTC
cvs sleep aid oral tablet 25 mg	Carve-out	OTC
cvs sleep-aid (doxylamine)	Carve-out	OTC
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC
cvs ultra sleep	Carve-out	OTC
DAYVIGO	Carve-out	
dexmedetomidine hcl	Carve-out	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	Carve-out	
dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%	Carve-out	
dexmedetomidine hcl-dextrose	Carve-out	
diphen oral tablet	F	OTC; AL
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl injection	F	AL
diphenhydramine hcl oral capsule	F	AL
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
droperidol injection	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
EDLUAR	Carve-out	
eq allergy relief childrens oral liquid	F	OTC
eq allergy relief oral tablet 25 mg	F	OTC; AL
eql allergy oral tablet 25 mg	F	OTC; AL
eql allergy relief oral tablet 25 mg	F	OTC; AL
eql nighttime sleep aid	Carve-out	OTC
eql sleep aid oral capsule	Carve-out	OTC
eql sleep aid oral liquid	Carve-out	OTC
eszopiclone	Carve-out	
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	.; OTC
ft allergy relief oral tablet 25 mg	F	OTC; AL
ft nighttime sleep aid	Carve-out	OTC
ft sleep aid (doxylamine)	Carve-out	OTC
ft sleep-aid maximum strength	Carve-out	OTC
geri-dryl oral liquid	F	OTC
geri-dryl oral tablet	F	OTC; AL
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp childrens allergy	F	OTC
gnp nighttime sleep-aid max st	Carve-out	OTC
gnp sleep aid	Carve-out	OTC
gnp sleep aid nighttime	Carve-out	OTC
goodsense sleeptime	Carve-out	OTC
h-e-b childrens allergy	F	OTC
HETLIOZ	Carve-out	
HETLIOZ LQ	Carve-out	
hydroxyzine hcl oral syrup	F	AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
hydroxyzine hcl oral tablet	F	AL
hydroxyzine pamoate oral	F	AL
IGALMI	Carve-out	
KINDERMED KIDS ALLERGY	F	OTC
kls sleep aid	Carve-out	OTC
liquid allergy relief	F	OTC
l-tryptophan oral	Carve-out	OTC
LUNESTA	Carve-out	
m-dryl	F	OTC
meprobamate	Carve-out	
night time sleep aid	Carve-out	OTC
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC
NYTOL QUICKCAPS	Carve-out	OTC
PEDIACARE CHILDRENS ALLERGY	F	OTC
pharbedryl oral capsule 25 mg	F	OTC; AL
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	Carve-out	
promethazine hcl oral solution 6.25 mg/5ml	F	AL
promethazine hcl oral syrup	F	
promethazine hcl oral tablet	F	AL
promethazine hcl rectal suppository 12.5 mg	F	QL; AL
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL
qc allergy childrens	F	OTC
qc rest simply	Carve-out	OTC
qc sleep aid max st	Carve-out	OTC
ra allergy medication oral liquid	F	OTC
ra allergy medication oral tablet	F	OTC; AL
ra allergy oral liquid	F	OTC
ra allergy relief childrens oral liquid	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra allergy relief oral capsule 25 mg	F	OTC; AL
ra complete allergy	F	OTC; AL
RA DIPHEDRYL ALLERGY	F	OTC
ra night sleep aid	Carve-out	OTC
ra nighttime sleep aid oral tablet	Carve-out	OTC
ra sleep aid (diphenhydramine)	Carve-out	OTC
ra sleep aid oral capsule	Carve-out	OTC
ra sleep aid oral tablet	Carve-out	OTC
ramelteon	Carve-out	
ROZEREM	Carve-out	
sb allergy medicine oral liquid	F	OTC
sb allergy medicine oral tablet	Carve-out	OTC
sb sleep	Carve-out	OTC
siladryl allergy	F	OTC
SIMPLY SLEEP	Carve-out	OTC
sleep aid (diphenhydramine)	Carve-out	OTC
sleep aid (doxylamine)	Carve-out	OTC
sleep aid oral liquid	Carve-out	OTC
sleep aid oral tablet	Carve-out	OTC
sleep tabs oral tablet 25 mg	Carve-out	OTC
sleep-aid	Carve-out	OTC
sleep-tabs	Carve-out	OTC
SOMINEX	Carve-out	OTC
SOMINEX MAX ST	Carve-out	OTC
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
tasimelteon	Carve-out	
total allergy	F	OTC; AL
TOTAL ALLERGY MEDICINE	F	OTC
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
UNISOM SLEEPMINIS	Carve-out	OTC
UNISOM SLEEPTABS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
zaleplon	Carve-out	
zolpidem tartrate	Carve-out	
zolpidem tartrate er	Carve-out	
ZZZQUIL	Carve-out	OTC
Atypical Antipsychotics		
ABILIFY ASIMTUFII	Carve-out	Specialty Drug
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Carve-out	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Carve-out	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	Carve-out	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	Carve-out	
ABILIFY ORAL TABLET	Carve-out	
aripiprazole	Carve-out	
ARISTADA	Carve-out	
ARISTADA INITIO	Carve-out	
asenapine maleate	Carve-out	
CAPLYTA	Carve-out	
clozapine	Carve-out	
CLOZARIL ORAL TABLET 100 MG, 25 MG	Carve-out	
FANAPT	Carve-out	
FANAPT TITRATION PACK	Carve-out	
FANAPT TITRATION PACK A	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
GEODON	Carve-out	
INVEGA HAFYERA	Carve-out	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	Carve-out	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Carve-out	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Carve-out	
LATUDA	Carve-out	
lurasidone hcl	Carve-out	
LYBALVI	Carve-out	
NUPLAZID ORAL CAPSULE	Carve-out	
NUPLAZID ORAL TABLET 10 MG	Carve-out	
olanzapine	Carve-out	
olanzapine-fluoxetine hcl	Carve-out	
OPIPZA	Carve-out	
paliperidone er	Carve-out	
PERSERIS	Carve-out	
quetiapine fumarate	Carve-out	
quetiapine fumarate er	Carve-out	
REXULTI	Carve-out	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Carve-out	
RISPERDAL ORAL SOLUTION	Carve-out	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Carve-out	
risperidone	Carve-out	
risperidone microspheres er	Carve-out	
RYKINDO	Carve-out	
SAPHRIS	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SECUADO	Carve-out	
SEROQUEL	Carve-out	
SEROQUEL XR	Carve-out	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	Carve-out	
UZEDY	Carve-out	Specialty Drug
VERSACLOZ	Carve-out	
VRAYLAR ORAL CAPSULE	Carve-out	
ziprasidone hcl	Carve-out	
ziprasidone mesylate	Carve-out	
ZYPREXA INTRAMUSCULAR	Carve-out	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	Carve-out	
Barbiturates (Anticonvulsants)		
MYSOLINE	Carve-out	
phenobarbital oral elixir	Carve-out	
phenobarbital oral tablet	Carve-out	
phenobarbital sodium injection	Carve-out	
primidone oral	Carve-out	
SEZABY	Carve-out	
Barbiturates (Anxiolytic, Sedative/Hyp)		
ASCOMP-CODEINE	NP	PA; AL
BAC (BUTALBITAL-ACETAMIN-CAFF)	F	QL; AL
butalbital-acetaminophen oral tablet 50-325 mg	F	QL; AL
butalbital-apap-caff-cod	NP	PA; AL
butalbital-apap-caffeine oral tablet 50-325-40 mg	F	QL; AL
butalbital-asa-caff-codeine	NP	PA; AL
butalbital-aspirin-caffeine oral capsule	F	AL
ESGIC ORAL TABLET	F	QL; AL
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NP	PA; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
pentobarbital sodium injection	Carve-out	
phenobarbital oral elixir	Carve-out	
phenobarbital oral tablet	Carve-out	
phenobarbital sodium injection	Carve-out	
SEZABY	Carve-out	
TENCON ORAL TABLET 50-325 MG	F	QL; AL
Benzodiazepines (Anticonvulsants)		
ATIVAN	Carve-out	
clobazam oral suspension 2.5 mg/ml	Carve-out	
clobazam oral tablet	Carve-out	
clonazepam oral	Carve-out	
clorazepate dipotassium	Carve-out	
diazepam injection	Carve-out	
DIAZEPAM INTENSOL	Carve-out	
diazepam oral concentrate	Carve-out	
diazepam oral solution 5 mg/5ml	Carve-out	
diazepam oral tablet	Carve-out	
diazepam rectal	Carve-out	
KLONOPIN	Carve-out	
lorazepam injection	Carve-out	
LORAZEPAM INTENSOL	Carve-out	
lorazepam oral	Carve-out	
LOREEV XR	Carve-out	
NAYZILAM	Carve-out	
ONFI ORAL SUSPENSION	Carve-out	
ONFI ORAL TABLET 10 MG, 20 MG	Carve-out	
SYMPAZAN	Carve-out	
VALIUM	Carve-out	
VALTOCO 10 MG DOSE	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Carve-out	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Carve-out	
VALTOCO 5 MG DOSE	Carve-out	
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
alprazolam er	Carve-out	
ALPRAZOLAM INTENSOL	Carve-out	
alprazolam oral	Carve-out	
alprazolam xr	Carve-out	
ATIVAN	Carve-out	
chlordiazepoxide hcl	Carve-out	
chlordiazepoxide-amitriptyline	Carve-out	
clobazam oral suspension 2.5 mg/ml	Carve-out	
clobazam oral tablet	Carve-out	
clonazepam oral	Carve-out	
clorazepate dipotassium	Carve-out	
diazepam injection	Carve-out	
DIAZEPAM INTENSOL	Carve-out	
diazepam oral concentrate	Carve-out	
diazepam oral solution 5 mg/5ml	Carve-out	
diazepam oral tablet	Carve-out	
diazepam rectal	Carve-out	
estazolam	Carve-out	
flurazepam hcl	Carve-out	
HALCION	Carve-out	
KLONOPIN	Carve-out	
lorazepam injection	Carve-out	
LORAZEPAM INTENSOL	Carve-out	
lorazepam oral	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LOREEV XR	Carve-out	
NAYZILAM	Carve-out	
ONFI ORAL SUSPENSION	Carve-out	
ONFI ORAL TABLET 10 MG, 20 MG	Carve-out	
oxazepam	Carve-out	
quazepam	Carve-out	
RESTORIL	Carve-out	
SYMPAZAN	Carve-out	
temazepam	Carve-out	
triazolam	Carve-out	
VALIUM	Carve-out	
XANAX	Carve-out	
XANAX XR	Carve-out	
Butyrophenones		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	Carve-out	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Carve-out	
haloperidol lactate injection solution 5 mg/ml	Carve-out	
haloperidol lactate oral	Carve-out	
haloperidol oral	Carve-out	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	P-PA	PA; 102 day supply allowed; QL; AL
AJOVY	P-PA	PA; 102 day supply allowed; QL; AL
EMGALITY	P-PA	PA; 102 day supply allowed; QL; AL
NURTEC	P-PA	PA; 102 day supply allowed; QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
QULIPTA	NP	PA; 102 day supply allowed; QL; AL
UBRELVY	NP	PA; QL; AL
ZAVZPRET	NP	PA; QL; AL
Catechol-O-Methyltransferase(Comt)Inhib.		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	NP	PA; 102 day supply allowed
entacapone	P	102 day supply allowed
ONGENTYS	NP	PA; 102 day supply allowed
TASMAR ORAL TABLET 100 MG	NP	PA; 102 day supply allowed
tolcapone	NP	PA; 102 day supply allowed
Central Nervous System Agents, Misc.		
acamprosate calcium	Carve-out	
atomoxetine hcl	Carve-out	
DAYBUE	Carve-out	Specialty Drug
EXSERVAN	F	PA; AL
guanfacine hcl er	Carve-out	
guanfacine hcl oral	P	102 day supply allowed
INTUNIV	Carve-out	
memantine hcl er	NP	PA
memantine hcl oral	P	
memantine hcl-donepezil hcl oral capsule extended release 24 hour 28-10 mg	NP	PA
NAMENDA ORAL TABLET 5 MG	NP	PA
NAMENDA TITRATION PAK	NP	PA
NAMENDA XR	NP	PA
NAMZARIC	NP	PA
NOURIANZ	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
QELBREE	Carve-out	
riluzole	F	
sodium oxybate	F	PA; QL; AL
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 60 MG	Carve-out	
TIGLUTIK	F	PA; AL
XYWAV	F	PA; Specialty Drug; QL; AL
Cyclooxygenase-2 (Cox-2) Inhibitors		
CELEBREX	NP	PA; QL
celecoxib oral	P	QL
ELYXYB	NP	PA; QL; AL
SEGLENTIS	NP	PA; QL; AL
Dibenzoxapines		
ADASUVE	Carve-out	
loxapine succinate oral	Carve-out	
Dihydroindolones		
molindone hcl	Carve-out	
Diphenylbutylperidines		
pimozide	Carve-out	
Dopamine Precursors		
carbidopa oral	NP	PA; 102 day supply allowed
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	P	102 day supply allowed
carbidopa-levodopa oral tablet	P	102 day supply allowed
carbidopa-levodopa oral tablet dispersible	NP	PA; 102 day supply allowed
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	NP	PA; 102 day supply allowed
CREXONT	NP	PA; AL
DHIVY ORAL TABLET 25-100 MG	NP	PA; 102 day supply allowed

lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**Tier Status** **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA **P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**
Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
DUOPA ENTERAL	NP	PA; 102 day supply allowed
INBRIJA	NP	PA; 102 day supply allowed
LODOSYN	NP	PA; 102 day supply allowed
RYTARY	NP	PA; 102 day supply allowed
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	NP	PA; 102 day supply allowed
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	NP	PA; AL
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral	NP	PA; 102 day supply allowed
cabergoline	F	
Fibromyalgia Agents		
CYMBALTA	Carve-out	
duloxetine hcl oral	Carve-out	
LYRICA	Carve-out	
LYRICA CR	Carve-out	
pregabalin er	Carve-out	
pregabalin oral	Carve-out	
SAVELLA	P	
SAVELLA TITRATION PACK	P	
Gaba-Mediated Anticonvulsants		
DEPAKOTE	Carve-out	
DEPAKOTE ER	Carve-out	
DIACOMIT	Carve-out	
divalproex sodium er oral tablet extended release 24 hour	Carve-out	
divalproex sodium oral tablet delayed release	Carve-out	
gabapentin oral capsule	Carve-out	
gabapentin oral solution	Carve-out	
gabapentin oral tablet 600 mg, 800 mg	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
GABARONE	Carve-out	
GRALISE ORAL TABLET	P	
HORIZANT ORAL TABLET EXTENDED RELEASE	P	
LYRICA	Carve-out	
LYRICA CR	Carve-out	
NEURONTIN	Carve-out	
pregabalin er	Carve-out	
pregabalin oral	Carve-out	
SABRIL	Carve-out	
tiagabine hcl	Carve-out	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Carve-out	
valproic acid oral solution 250 mg/5ml	Carve-out	
vigabatrin	Carve-out	
VIGADRONE	Carve-out	
VIGPODER	Carve-out	
ZTALMY	Carve-out	
General Anesthetics, Miscellaneous		
ketamine hcl sublingual	Carve-out	
Hydantoins		
CEREBYX	Carve-out	
DILANTIN INFATABS	Carve-out	
DILANTIN ORAL CAPSULE	Carve-out	
fosphenytoin sodium	Carve-out	
PHENYTEK	Carve-out	
PHENYTOIN INFATABS	Carve-out	
phenytoin oral suspension 125 mg/5ml	Carve-out	
phenytoin oral tablet chewable	Carve-out	
phenytoin sodium extended	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
phenytoin sodium injection	Carve-out	
Ion Channel Inhibition Agents		
APTIOM	Carve-out	
BANZEL	Carve-out	
lacosamide intravenous	Carve-out	
lacosamide oral solution 10 mg/ml	Carve-out	
lacosamide oral tablet	Carve-out	
MOTPOLY XR	Carve-out	
oxcarbazepine	Carve-out	
OXTELLAR XR	Carve-out	
rufinamide	Carve-out	
TRILEPTAL	Carve-out	
VIMPAT	Carve-out	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Carve-out	
XCOPRI (350 MG DAILY DOSE)	Carve-out	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Carve-out	
XCOPRI ORAL TABLET THERAPY PACK	Carve-out	
ZONEGRAN	Carve-out	
ZONISADE	Carve-out	
zonisamide oral	Carve-out	
Melatonin Receptor Agonists		
HETLIOZ	Carve-out	
HETLIOZ LQ	Carve-out	
ramelteon	Carve-out	
ROZEREM	Carve-out	
tasimelteon	Carve-out	
Monoamine Oxidase B Inhibitors		
AZILECT	NP	PA; 102 day supply allowed; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
EMSAM	Carve-out	
rasagiline mesylate oral	P-PA	PA; 102 day supply allowed; AL
selegiline hcl oral	NP	PA; 102 day supply allowed
XADAGO	NP	PA; 102 day supply allowed
ZELAPAR	NP	PA; 102 day supply allowed
Monoamine Oxidase Inhibitors		
AZILECT	NP	PA; 102 day supply allowed; AL
EMSAM	Carve-out	
MARPLAN	Carve-out	
NARDIL	Carve-out	
PARNATE	Carve-out	
phenelzine sulfate oral	Carve-out	
rasagiline mesylate oral	P-PA	PA; 102 day supply allowed; AL
selegiline hcl oral	NP	PA; 102 day supply allowed
tranylcypromine sulfate	Carve-out	
XADAGO	NP	PA; 102 day supply allowed
ZELAPAR	NP	PA; 102 day supply allowed
Nmda Antagonists		
SPRAVATO (56 MG DOSE)	Carve-out	
SPRAVATO (84 MG DOSE)	Carve-out	
Non-Barbiturates		
ketamine hcl sublingual	Carve-out	
Non-Benzodiazepine Anxiolytics		
buspirone hcl oral	Carve-out	
meprobamate	Carve-out	
Non-Benzodiazepine Hypnotics		
AMBIEN	Carve-out	
AMBIEN CR	Carve-out	
EDLUAR	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eszopiclone	Carve-out	
LUNESTA	Carve-out	
zaleplon	Carve-out	
zolpidem tartrate	Carve-out	
zolpidem tartrate er	Carve-out	
Nonergot-Deriv.Dopamine Receptor Agonist		
NEUPRO	NP	PA; 102 day supply allowed; QL
pramipexole dihydrochloride	P	102 day supply allowed
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	NP	PA; 102 day supply allowed
ropinirole hcl	P	102 day supply allowed
ropinirole hcl er	NP	PA; 102 day supply allowed
Non-Opioid Analgesics		
8 hr arthritis pain relief	F	OTC
acetaminophen 8 hour oral tablet extended release	F	OTC
acetaminophen childrens oral suspension 160 mg/5ml	F	OTC
acetaminophen extra strength oral tablet	F	OTC
acetaminophen infants	F	OTC
acetaminophen junior strength	F	OTC
acetaminophen oral liquid	F	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml	F	OTC
acetaminophen oral suspension 160 mg/5ml	F	OTC
acetaminophen oral tablet 325 mg	F	OTC
acetaminophen rectal suppository 120 mg, 650 mg	F	OTC
acetaminophen-codeine oral solution	P	AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	P	AL
acetaminophen-ibuprofen	NP	PA; OTC
ADVIL DUAL ACTION	NP	PA; OTC
apap-caff-dihydrocodeine oral capsule	NP	PA; AL
APHEN	F	OTC
arthritis pain reliever oral	F	OTC
BAC (BUTALBITAL-ACETAMIN-CAFF)	F	QL; AL
betatemp childrens	F	OTC
butalbital-acetaminophen oral tablet 50-325 mg	F	QL; AL
butalbital-apap-caff-cod	NP	PA; AL
butalbital-apap-caffeine oral tablet 50-325-40 mg	F	QL; AL
childrens apap	F	OTC
childrens non-aspirin oral tablet chewable	F	OTC
childrens silapap	F	OTC
cvs 8hr arthritis pain relief	F	OTC
cvs 8hr muscle aches & pain	F	OTC
cvs acetaminophen ex st oral tablet	F	OTC
cvs acetaminophen oral tablet	F	OTC
cvs arthritis pain relief oral	F	OTC
cvs pain & fever childrens	F	OTC
cvs pain relief extra strength	F	OTC
dual action pain relief	NP	PA; OTC
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	P	
eq 8hr arthritis pain relief	F	OTC
eq acetaminophen oral tablet 500 mg	F	OTC
eq pain & fever childrens oral suspension	F	OTC
eq pain & fever infants	F	OTC
eq pain reliever ex st oral tablet	F	OTC
eq pain reliever oral tablet 325 mg	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eql acetaminophen childrens	F	OTC
eql acetaminophen ex st	F	OTC
ESGIC ORAL TABLET	F	QL; AL
FEVERALL ADULTS	F	OTC
FEVERALL CHILDRENS	F	OTC
FEVERALL JUNIOR STRENGTH	F	OTC
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NP	PA; AL
ft dual action	NP	PA; OTC
ft pain & fever childrens	F	OTC
ft pain & fever infants	F	OTC
ft pain relief adult extra st	F	OTC
ft pain relief extra strength	F	OTC
ft pain relief oral tablet 325 mg	F	OTC
ft pain reliever children	F	OTC
ft pain reliever ex str adult	F	OTC
ft rapid release pain relief	F	OTC
gnp 8 hour arthritis relief	F	OTC
gnp 8 hour pain reliever	F	OTC
gnp acetaminophen oral tablet	F	OTC
gnp acetaminophen/ibuprofen	NP	PA; OTC
gnp children's pain & fever	F	OTC
gnp infants pain/fever	F	OTC
gnp pain & fever childrens oral suspension 160 mg/5ml	F	OTC
gnp pain & fever infants	F	OTC
goodsense arthritis pain oral	F	OTC
goodsense dual action	NP	PA; OTC
goodsense pain & fever child	F	OTC
goodsense pain & fever infants	F	OTC
goodsense pain relief extra st	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
goodsense pain relief oral tablet	F	OTC
HEALTHY MAMA SHAKE THAT ACHE	F	OTC
hm pain relief	F	OTC
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	P	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	P	
infants pain & fever	F	OTC
kls acetaminophen ex st	F	OTC
liquid acetaminophen	F	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID	F	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG	F	OTC
mapap oral capsule	F	OTC
mapap oral tablet chewable	F	OTC
MM ACETAMINOPHEN EX STR	F	OTC
m-pap	F	OTC
nalocet	NP	PA
non-aspirin extra strength oral tablet	F	OTC
non-aspirin oral tablet	F	OTC
non-aspirin pain relief	F	OTC
oxycodone-acetaminophen oral solution 5-325 mg/5ml	P	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	P	
pain & fever infants	F	OTC
pain relief regular strength	F	OTC
pain reliever extra strength oral tablet 500 mg	F	OTC
pain reliever oral tablet 325 mg	F	OTC
pain reliever/fever reducer	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NP	PA
PHARBETOL EXTRA STRENGTH	F	OTC
PHARBETOL ORAL TABLET 325 MG	F	OTC
PROLATE	NP	PA
qc acetaminophen 8 hours	F	OTC
qc acetaminophen infants	F	OTC
qc arthritis pain relief	F	OTC
qc non-aspirin extra strength	F	OTC
qc pain relief childrens	F	OTC
qc pain relief extra strength oral tablet 500 mg	F	OTC
qc pain relief oral tablet	F	OTC
ra acetaminophen ex st	F	OTC
ra acetaminophen oral tablet	F	OTC
ra arthritis pain relief oral	F	OTC
ra fever reducer/pain reliever	F	OTC
ra pain relief acetaminophen	F	OTC
sb non-aspirin extra strength	F	OTC
sb non-aspirin oral tablet	F	OTC
sb pain reliever ex st	F	OTC
TENCON ORAL TABLET 50-325 MG	F	QL; AL
tramadol-acetaminophen	P	AL
TYLENOL 8 HOUR	F	OTC
TYLENOL CHILDRENS ORAL SUSPENSION	F	OTC
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION	F	OTC
TYLENOL EXTRA STRENGTH ORAL TABLET	F	OTC
TYLENOL FOR CHILDREN + ADULTS	F	OTC
TYLENOL INFANTS PAIN+FEVER	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Nonsteroidal Anti-Inflamm. Agents, Misc		
acetaminophen-ibuprofen	NP	PA; OTC
ADVIL DUAL ACTION	NP	PA; OTC
ADVIL JUNIOR STRENGTH	P	OTC
ADVIL MIGRAINE	P	OTC
ADVIL ORAL TABLET	P	OTC
all day pain relief	P	OTC
all day relief	P	OTC
ANAPROX DS	NP	PA
ARTHROTEC ORAL TABLET DELAYED RELEASE	NP	PA
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	P	OTC
cvs all day pain relief	P	OTC
cvs ibuprofen	P	OTC
cvs ibuprofen childrens oral suspension 100 mg/5ml	P	OTC
cvs naproxen sodium	P	OTC
DAYPRO	NP	PA
diclofenac epolamine external	NP	PA; QL
diclofenac potassium oral capsule	NP	PA
diclofenac potassium oral tablet	NP	PA
diclofenac sodium er	NP	PA
diclofenac sodium oral	P	
diclofenac-misoprostol oral tablet delayed release	NP	PA
diflunisal oral	NP	PA
dual action pain relief	NP	PA; OTC
ec-naproxen	NP	PA
eq all day pain relief	P	OTC
eq ibuprofen childrens	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eq ibuprofen junior	P	OTC
eq ibuprofen oral tablet	P	OTC
eql childrens ibuprofen	P	OTC
eql ibuprofen	P	OTC
eql ibuprofen infants	P	OTC
etodolac er	NP	PA
etodolac oral	NP	PA
fenoprofen calcium oral capsule 400 mg	NP	PA
fenoprofen calcium oral tablet	NP	PA
flurbiprofen oral tablet 100 mg	NP	PA
ft all day pain relief	P	OTC
ft dual action	NP	PA; OTC
ft ibuprofen childrens	P	OTC
ft ibuprofen infants	P	OTC
ft ibuprofen minis	P	OTC
ft ibuprofen oral capsule	P	OTC
ft naproxen sodium	P	OTC
ft pain relief oral tablet 200 mg	P	OTC
gnp acetaminophen/ibuprofen	NP	PA; OTC
gnp childrens ibuprofen	P	OTC
gnp ibuprofen childrens	P	OTC
gnp ibuprofen infants	P	OTC
gnp naproxen sodium oral tablet	P	OTC
goodsense dual action	NP	PA; OTC
goodsense ibuprofen	P	OTC
goodsense ibuprofen childrens	P	OTC
goodsense ibuprofen infants	P	OTC
goodsense naproxen sodium	P	OTC
hm naproxen sodium oral capsule	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	NP	PA
IBU	P	
ibuprofen childrens	P	OTC
ibuprofen infants	P	OTC
ibuprofen junior strength oral tablet chewable	P	OTC
ibuprofen oral capsule	P	OTC
ibuprofen oral suspension 100 mg/5ml	P	
ibuprofen oral tablet 200 mg	P	OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	P	
ibuprofen-famotidine	NP	PA
indomethacin er	NP	PA
indomethacin oral capsule 25 mg, 50 mg	P	
indomethacin oral suspension	NP	PA
INFANTS ADVIL	P	OTC
infants ibuprofen	P	OTC
ketoprofen er	NP	PA
ketoprofen oral capsule 50 mg	NP	PA
ketorolac tromethamine injection solution 15 mg/ml	P	
ketorolac tromethamine oral	P	QL
KIPROFEN	NP	PA
kls ibuprofen	P	OTC
LODINE	NP	PA
LOFENA	NP	PA
meclofenamate sodium oral	NP	PA
MEDI-FIRST IBUPROFEN	P	OTC
MEDIPROXEN	P	OTC
mefenamic acid oral	NP	PA
meijer ibuprofen	P	OTC
meloxicam oral capsule	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
meloxicam oral tablet	P	
MOTRIN IB ORAL CAPSULE	P	OTC
nabumetone oral	P	
NALFON ORAL CAPSULE 400 MG	NP	PA
NALFON ORAL TABLET	NP	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NP	PA
NAPROSYN ORAL SUSPENSION	NP	PA
naproxen dr oral tablet delayed release 500 mg	NP	PA
naproxen oral suspension	NP	PA
naproxen oral tablet	P	
naproxen oral tablet delayed release	NP	PA
naproxen sodium er	NP	PA
naproxen sodium oral capsule	P	OTC
naproxen sodium oral tablet 220 mg	P	OTC
naproxen sodium oral tablet 275 mg, 550 mg	NP	PA
naproxen-esomeprazole mg	NP	PA
oxaprozin oral tablet	NP	PA
piroxicam oral	NP	PA
px ibuprofen	P	OTC
qc ibuprofen ib	P	OTC
qc ibuprofen oral tablet	P	OTC
qc naproxen sodium oral tablet	P	OTC
ra ibuprofen childrens	P	OTC
ra ibuprofen infants	P	OTC
ra ibuprofen junior strength	P	OTC
ra ibuprofen oral tablet	P	OTC
ra pain relief ibuprofen	P	OTC
RELAFEN DS	NP	PA
sb ibuprofen	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sb naproxen sodium	P	OTC
sm ibuprofen ib oral tablet	P	OTC
sm ibuprofen oral capsule	P	OTC
sulindac oral	P	
sumatriptan-naproxen sodium	NP	PA
TOLECTIN 600	NP	PA
tolmetin sodium oral capsule	NP	PA
tolmetin sodium oral tablet 600 mg	NP	PA
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	NP	PA
WAL-PROFEN ORAL CAPSULE	P	OTC
Opioid Agonists (28:08)		
acetaminophen-codeine oral solution	P	AL
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	P	AL
apap-caff-dihydrocodeine oral capsule	NP	PA; AL
ASCOMP-CODEINE	NP	PA; AL
butalbital-apap-caff-cod	NP	PA; AL
butalbital-asa-caff-codeine	NP	PA; AL
codeine sulfate oral tablet	P	QL; AL
CONZIP	NP	PA; AL
DILAUDID ORAL	NP	PA; QL
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	P	
fentanyl citrate buccal lozenge on a handle 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	NP	PA; QL
fentanyl citrate buccal tablet	NP	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	P	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	NP	PA; QL
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NP	PA; AL
hydrocodone bitartrate er oral capsule extended release 12 hour	NP	PA
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	NP	PA
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	P	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	P	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	NP	PA
hydromorphone hcl er oral tablet extended release 24 hour	NP	PA
hydromorphone hcl oral	P	QL
hydromorphone hcl rectal	NP	PA
HYSINGLA ER	NP	PA
levorphanol tartrate oral	NP	PA
meperidine hcl oral solution	NP	PA; QL
meperidine hcl oral tablet 50 mg	NP	PA; QL
METHADONE HCL INTENSOL	NP	PA
methadone hcl oral	NP	PA
METHADOSE ORAL CONCENTRATE 10 MG/ML	NP	PA
METHADOSE ORAL TABLET SOLUBLE	NP	PA
METHADOSE SUGAR-FREE	NP	PA
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	P	QL
morphine sulfate er beads	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	NP	PA
morphine sulfate er oral tablet extended release	P	
morphine sulfate oral	P	QL
morphine sulfate rectal	P	
MS CONTIN ORAL TABLET EXTENDED RELEASE	NP	PA
nalocet	NP	PA
NUCYNTA	NP	PA
NUCYNTA ER	NP	PA
oxycodone hcl oral capsule	NP	PA; QL
oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml	NP	PA; QL
oxycodone hcl oral solution	P	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg	P	QL
oxycodone hcl oral tablet 20 mg, 30 mg	NP	PA; QL
oxycodone-acetaminophen oral solution 5-325 mg/5ml	P	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	P	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	P	QL
oxymorphone hcl	NP	PA; QL
oxymorphone hcl er	NP	PA
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NP	PA
PROLATE	NP	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	NP	PA; QL
ROXYBOND	NP	PA; QL
SEGLENTIS	NP	PA; QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	NP	PA; AL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	P	AL
tramadol hcl er	P	AL
tramadol hcl oral solution	NP	PA; QL; AL
tramadol hcl oral tablet 100 mg, 50 mg	P	AL
tramadol-acetaminophen	P	AL
XTAMPZA ER	NP	PA; QL
Opioid Antagonists (28:10)		
buprenorphine hcl-naloxone hcl	Carve-out	
gnp naloxone hcl	F	OTC
KLOXXADO	F	QL
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	F	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	F	
naloxone hcl nasal	F	
naltrexone hcl oral	Carve-out	
NARCAN	F	
OPVEE	F	QL
pentazocine-naloxone hcl	NP	PA
RELISTOR ORAL	NP	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	NP	PA
REXTOVY	F	
SUBOXONE SUBLINGUAL FILM	Carve-out	
VIVITROL	Carve-out	
ZIMHI	F	QL
ZUBSOLV	Carve-out	
Opioid Partial Agonists		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BELBUCA	NP	PA; QL
BRIXADI	Carve-out	Specialty Drug
BRIXADI (WEEKLY)	Carve-out	Specialty Drug
buprenorphine hcl sublingual	Carve-out	
buprenorphine hcl-naloxone hcl	Carve-out	
buprenorphine transdermal	NP	PA; QL
butorphanol tartrate nasal	NP	PA; QL
BUTRANS	P	QL
pentazocine-naloxone hcl	NP	PA
SUBLOCADE	Carve-out	
SUBOXONE SUBLINGUAL FILM	Carve-out	
ZUBSOLV	Carve-out	
Orexin Receptor Antagonists		
BELSOMRA	Carve-out	
DAYVIGO	Carve-out	
QUVIVIQ	Carve-out	
Phenothiazines		
chlorpromazine hcl injection	Carve-out	
chlorpromazine hcl oral	Carve-out	
fluphenazine decanoate injection	Carve-out	
fluphenazine hcl injection	Carve-out	
fluphenazine hcl oral	Carve-out	
perphenazine oral	Carve-out	
perphenazine-amitriptyline	Carve-out	
prochlorperazine	F	QL
prochlorperazine maleate oral	F	QL
thioridazine hcl oral	Carve-out	
trifluoperazine hcl oral	Carve-out	
Respiratory And Cns Stimulants		
ammonia inhalants	Carve-out	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
apap-caff-dihydrocodeine oral capsule	NP	PA; AL
APTENSIO XR	Carve-out	
ASCOMP-CODEINE	NP	PA; AL
atomoxetine hcl	Carve-out	
AZSTARYS	Carve-out	
BAC (BUTALBITAL-ACETAMIN-CAFF)	F	QL; AL
butalbital-apap-caff-cod	NP	PA; AL
butalbital-apap-caffeine oral tablet 50-325-40 mg	F	QL; AL
butalbital-asa-caff-codeine	NP	PA; AL
butalbital-aspirin-caffeine oral capsule	F	AL
caffeine citrate oral solution 60 mg/3ml	F	AL
CONCERTA	Carve-out	
COTEMPLA XR-ODT	Carve-out	
DAYTRANA	Carve-out	
dexmethylphenidate hcl	Carve-out	
dexmethylphenidate hcl er	Carve-out	
DOPRAM	Carve-out	
ESGIC ORAL TABLET	F	QL; AL
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NP	PA; AL
FOCALIN	Carve-out	
FOCALIN XR	Carve-out	
JORNAY PM	Carve-out	
METADATE CD	Carve-out	
METHYLIN ORAL SOLUTION	Carve-out	
methylphenidate	Carve-out	
methylphenidate hcl er	Carve-out	
methylphenidate hcl er (cd)	Carve-out	
methylphenidate hcl er (la)	Carve-out	
methylphenidate hcl er (osm)	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
methylphenidate hcl er (xr)	Carve-out	
methylphenidate hcl oral	Carve-out	
NORGESIC	NP	PA
norgesic forte	NP	PA
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NP	PA
qc aromatic ammonia	Carve-out	OTC
QELBREE	Carve-out	
QUILLICHEW ER	Carve-out	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	Carve-out	
RELEXXII	Carve-out	
RITALIN	Carve-out	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	Carve-out	
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 60 MG	Carve-out	
theophylline er	F	
theophylline oral	F	
Reversible Cox-1/Cox-2 Inhibitors		
acetaminophen-ibuprofen	NP	PA; OTC
ACULAR	NP	PA
ACULAR LS	NP	PA
ACUVAIL	NP	PA
ADVIL DUAL ACTION	NP	PA; OTC
ADVIL JUNIOR STRENGTH	P	OTC
ADVIL MIGRAINE	P	OTC
ADVIL ORAL TABLET	P	OTC
all day pain relief	P	OTC
all day relief	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ANAPROX DS	NP	PA
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	P	OTC
cvs all day pain relief	P	OTC
cvs ibuprofen	P	OTC
cvs ibuprofen childrens oral suspension 100 mg/5ml	P	OTC
cvs naproxen sodium	P	OTC
DAYPRO	NP	PA
diclofenac sodium external gel 3 %	F	
diflunisal oral	NP	PA
DOLOBID	NP	PA
dual action pain relief	NP	PA; OTC
ec-naproxen	NP	PA
eq all day pain relief	P	OTC
eq ibuprofen childrens	P	OTC
eq ibuprofen junior	P	OTC
eq ibuprofen oral tablet	P	OTC
eql childrens ibuprofen	P	OTC
eql ibuprofen	P	OTC
eql ibuprofen infants	P	OTC
etodolac er	NP	PA
etodolac oral	NP	PA
fenoprofen calcium oral capsule 400 mg	NP	PA
fenoprofen calcium oral tablet	NP	PA
flurbiprofen oral tablet 100 mg	NP	PA
flurbiprofen sodium	P	
ft all day pain relief	P	OTC
ft dual action	NP	PA; OTC
ft ibuprofen childrens	P	OTC
ft ibuprofen infants	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ft ibuprofen minis	P	OTC
ft ibuprofen oral capsule	P	OTC
ft naproxen sodium	P	OTC
ft pain relief oral tablet 200 mg	P	OTC
gnp acetaminophen/ibuprofen	NP	PA; OTC
gnp childrens ibuprofen	P	OTC
gnp ibuprofen childrens	P	OTC
gnp ibuprofen infants	P	OTC
gnp naproxen sodium oral tablet	P	OTC
goodsense dual action	NP	PA; OTC
goodsense ibuprofen	P	OTC
goodsense ibuprofen childrens	P	OTC
goodsense ibuprofen infants	P	OTC
goodsense naproxen sodium	P	OTC
hm naproxen sodium oral capsule	P	OTC
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	NP	PA
IBU	P	
ibuprofen childrens	P	OTC
ibuprofen infants	P	OTC
ibuprofen junior strength oral tablet chewable	P	OTC
ibuprofen oral capsule	P	OTC
ibuprofen oral suspension 100 mg/5ml	P	
ibuprofen oral tablet 200 mg	P	OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	P	
ibuprofen-famotidine	NP	PA
indomethacin er	NP	PA
indomethacin oral capsule 25 mg, 50 mg	P	
indomethacin oral suspension	NP	PA
INFANTS ADVIL	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
infants ibuprofen	P	OTC
ketorolac tromethamine injection solution 15 mg/ml	P	
ketorolac tromethamine ophthalmic solution 0.4 %	NP	PA
ketorolac tromethamine ophthalmic solution 0.5 %	P	
ketorolac tromethamine oral	P	QL
kls ibuprofen	P	OTC
LODINE	NP	PA
meclofenamate sodium oral	NP	PA
MEDI-FIRST IBUPROFEN	P	OTC
MEDIPROXEN	P	OTC
mefenamic acid oral	NP	PA
meijer ibuprofen	P	OTC
meloxicam oral capsule	NP	PA
meloxicam oral tablet	P	
MOTRIN IB ORAL CAPSULE	P	OTC
nabumetone oral	P	
NALFON ORAL CAPSULE 400 MG	NP	PA
NALFON ORAL TABLET	NP	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NP	PA
NAPROSYN ORAL SUSPENSION	NP	PA
naproxen dr oral tablet delayed release 500 mg	NP	PA
naproxen oral suspension	NP	PA
naproxen oral tablet	P	
naproxen oral tablet delayed release	NP	PA
naproxen sodium er	NP	PA
naproxen sodium oral capsule	P	OTC
naproxen sodium oral tablet 220 mg	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
naproxen sodium oral tablet 275 mg, 550 mg	NP	PA
naproxen-esomeprazole mg	NP	PA
oxaprozin oral tablet	NP	PA
piroxicam oral	NP	PA
px ibuprofen	P	OTC
qc ibuprofen ib	P	OTC
qc ibuprofen oral tablet	P	OTC
qc naproxen sodium oral tablet	P	OTC
ra ibuprofen childrens	P	OTC
ra ibuprofen infants	P	OTC
ra ibuprofen junior strength	P	OTC
ra ibuprofen oral tablet	P	OTC
ra pain relief ibuprofen	P	OTC
RELAFEN DS	NP	PA
sb ibuprofen	P	OTC
sb naproxen sodium	P	OTC
sm ibuprofen ib oral tablet	P	OTC
sm ibuprofen oral capsule	P	OTC
sulindac oral	P	
sumatriptan-naproxen sodium	NP	PA
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	NP	PA
WAL-PROFEN ORAL CAPSULE	P	OTC
Salicylates		
ASCOMP-CODEINE	NP	PA; AL
aspirin 81	F	OTC; QL
aspirin adult low dose	F	OTC; QL
aspirin adult low strength oral tablet delayed release	F	OTC; QL
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
aspirin childrens	F	OTC; QL
aspirin ec adult low dose	F	OTC; QL
aspirin ec low dose	F	OTC; QL
aspirin ec low strength	F	OTC; QL
aspirin low dose oral tablet chewable	F	OTC; QL
aspirin low dose oral tablet delayed release	F	OTC; QL
aspirin low strength	F	OTC; QL
aspirin oral tablet 325 mg	F	OTC; QL; AL
aspirin oral tablet chewable	F	OTC; QL
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
aspirin oral tablet delayed release 81 mg	F	OTC; QL
aspirin rectal suppository 300 mg	F	OTC
aspirin regimen	F	OTC; QL
aspirin-dipyridamole er	NP	PA; 102 day supply allowed
BAYER ASPIRIN EC LOW DOSE	F	OTC; QL
BAYER ASPIRIN ORAL TABLET	F	OTC; QL; AL
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE	F	OTC; QL; AL
BAYER LOW DOSE	F	OTC; QL
BUFFERIN	F	OTC; AL
butalbital-asa-caff-codeine	NP	PA; AL
butalbital-aspirin-caffeine oral capsule	F	AL
childrens aspirin	F	OTC; QL
cvs aspirin adult low dose	F	OTC; QL
cvs aspirin ec oral tablet delayed release 81 mg	F	OTC; QL
cvs aspirin low dose	F	OTC; QL
cvs aspirin low strength oral tablet delayed release	F	OTC; QL
cvs aspirin oral tablet 325 mg	F	OTC; QL; AL
cvs genuine aspirin	F	OTC; QL; AL
ECOTRIN LOW STRENGTH	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eq aspirin adult low dose	F	OTC; QL
eq aspirin low dose oral tablet chewable	F	OTC; QL
eq aspirin oral tablet	F	OTC; QL; AL
eql aspirin low dose	F	OTC; QL
ft aspirin low dose	F	OTC
ft aspirin oral tablet	F	OTC; QL; AL
ft enteric coated aspirin	F	OTC; QL; AL
gnp aspirin low dose	F	OTC; QL
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
goodsense aspirin adults	F	OTC; QL; AL
goodsense aspirin oral tablet	F	OTC; QL; AL
goodsense aspirin oral tablet chewable	F	OTC; QL
kp aspirin	F	OTC; QL
MEDI-FIRST ASPIRIN	F	OTC; QL; AL
MEDIQUE ASPIRIN	F	OTC; QL; AL
NORGESIC	NP	PA
norgesic forte	NP	PA
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NP	PA
px aspirin oral tablet chewable	F	OTC; QL
qc aspirin	F	OTC; QL; AL
qc aspirin low dose	F	OTC; QL
qc enteric aspirin	F	OTC; QL; AL
ra aspirin adult low dose	F	OTC; QL
ra aspirin adult low strength oral tablet chewable	F	OTC; QL
ra aspirin childrens	F	OTC; QL
ra aspirin ec oral tablet delayed release 325 mg	F	OTC; QL; AL
ra aspirin ec oral tablet delayed release 81 mg	F	OTC; QL
ra aspirin oral tablet 325 mg	F	OTC; QL; AL

lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**Tier Status** **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA **P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**
Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
sb aspirin oral tablet	F	OTC; QL; AL
sb childrens aspirin	F	OTC; QL
sb low dose asa ec	F	OTC; QL
ST JOSEPH LOW DOSE	F	OTC; QL
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
Sel.Serotonin,Norepi Reuptake Inhibitor		
CYMBALTA	Carve-out	
desvenlafaxine er	Carve-out	
desvenlafaxine succinate er	Carve-out	
DRIZALMA SPRINKLE	Carve-out	
duloxetine hcl oral	Carve-out	
DULOXICAINE	Carve-out	
EFFEXOR XR	Carve-out	
FETZIMA	Carve-out	
FETZIMA TITRATION	Carve-out	
PRISTIQ	Carve-out	
SAVELLA	P	
SAVELLA TITRATION PACK	P	
venlafaxine besylate er	Carve-out	
venlafaxine hcl	Carve-out	
venlafaxine hcl er	Carve-out	
Selective Serotonin Agonists		
almotriptan malate	NP	PA; QL
eletriptan hydrobromide	NP	PA; QL
FROVA	NP	PA; QL
frovatriptan succinate	NP	PA; QL
IMITREX ORAL	NP	PA; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; QL
MAXALT ORAL TABLET 10 MG	NP	PA; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	NP	PA; QL
naratriptan hcl	NP	PA; QL
RELPAX	NP	PA; QL
REYVOW	NP	PA; QL; AL
rizatriptan benzoate oral tablet	P	QL
rizatriptan benzoate oral tablet dispersible 10 mg	P	
sumatriptan nasal	P	QL
sumatriptan succinate oral	P	QL
sumatriptan succinate refill subcutaneous solution cartridge	P	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	P	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	P	QL
sumatriptan-naproxen sodium	NP	PA
TOSYMRA	NP	PA; QL
ZEMBRACE SYMTOUCH	NP	PA
zolmitriptan nasal	NP	PA
zolmitriptan oral	NP	PA; QL
ZOMIG NASAL	NP	PA
ZOMIG ORAL	NP	PA; QL
Selective-Serotonin Reuptake Inhibitors		
CELEXA ORAL TABLET	Carve-out	
citalopram hydrobromide	Carve-out	
escitalopram oxalate oral solution 5 mg/5ml	Carve-out	
escitalopram oxalate oral tablet	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
fluoxetine hcl (pmdd) oral tablet	Carve-out	
fluoxetine hcl oral	Carve-out	
fluvoxamine maleate	Carve-out	
fluvoxamine maleate er	Carve-out	
LEXAPRO ORAL TABLET	Carve-out	
olanzapine-fluoxetine hcl	Carve-out	
paroxetine hcl	Carve-out	
paroxetine hcl er	Carve-out	
paroxetine mesylate	Carve-out	
PAXIL CR	Carve-out	
PAXIL ORAL TABLET	Carve-out	
PROZAC ORAL CAPSULE	Carve-out	
sertraline hcl oral	Carve-out	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	Carve-out	
ZOLOFT	Carve-out	
Serotonin Modulators		
mirtazapine oral	Carve-out	
nefazodone hcl	Carve-out	
REMERON ORAL TABLET 15 MG, 30 MG	Carve-out	
REMERON SOLTAB	Carve-out	
trazodone hcl oral	Carve-out	
TRINTELLIX	Carve-out	
VIIBRYD ORAL TABLET	Carve-out	
vilazodone hcl	Carve-out	
Succinimides		
CELONTIN	Carve-out	
ethosuximide oral	Carve-out	
methsuximide	Carve-out	
ZARONTIN	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Thioxanthenes		
thiothixene oral	Carve-out	
Tricyclics, Other Norepi-Ru Inhibitors		
amitriptyline hcl oral	Carve-out	
amoxapine	Carve-out	
ANAFRANIL	Carve-out	
chlordiazepoxide-amitriptyline	Carve-out	
clomipramine hcl oral	Carve-out	
desipramine hcl oral	Carve-out	
doxepin hcl oral	Carve-out	
imipramine hcl oral	Carve-out	
imipramine pamoate	Carve-out	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Carve-out	
nortriptyline hcl oral	Carve-out	
PAMELOR ORAL CAPSULE	Carve-out	
perphenazine-amitriptyline	Carve-out	
protriptyline hcl	Carve-out	
SILENOR	Carve-out	
trimipramine maleate oral	Carve-out	
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO	F	PA; Specialty Drug; AL
AUSTEDO XR	F	PA; Specialty Drug; AL
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	F	PA; Specialty Drug; AL
INGREZZA ORAL CAPSULE	F	PA; Specialty Drug; AL
INGREZZA ORAL CAPSULE THERAPY PACK	F	PA; Specialty Drug; AL
Wakefulness-Promoting Agents		

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
armodafinil	Carve-out	
diclofenac sodium oral tablet delayed release 75 mg	P	
modafinil oral	Carve-out	
NUVIGIL	Carve-out	
PROVIGIL	Carve-out	
sodium oxybate	F	PA; QL; AL
SUNOSI	Carve-out	
WAKIX	Carve-out	
Dental Agents		
Dental Agents		
DENTA 5000 PLUS	F	
denta 5000 plus sensitive dental gel	F	
DENTAGEL	F	
fraiche 5000 dental	F	
multi-vitamin/fluoride oral solution	F	QL; AL
multivitamin/fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL
sf	F	
sf 5000 plus	F	
sod fluoride-potassium nitrate	F	
sodium fluoride 5000 plus	F	
sodium fluoride 5000 ppm dental cream	F	
sodium fluoride 5000 ppm dental gel	F	
sodium fluoride dental cream	F	
sodium fluoride dental gel 1.1 %	F	
sodium fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	F	QL; AL
sodium fluoride oral tablet chewable	F	QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
vitamins acd-fluoride	F	OTC; QL; AL
Nutritional Supplements		
DENTA 5000 PLUS	F	
DENTAGEL	F	
fraiche 5000 dental	F	
multi-vitamin/fluoride oral solution	F	QL; AL
multivitamin/fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL
sf	F	
sf 5000 plus	F	
sodium fluoride 5000 plus	F	
sodium fluoride 5000 ppm dental cream	F	
sodium fluoride 5000 ppm dental gel	F	
sodium fluoride dental cream	F	
sodium fluoride dental gel 1.1 %	F	
sodium fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	F	QL; AL
sodium fluoride oral tablet chewable	F	QL; AL
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
vitamins acd-fluoride	F	OTC; QL; AL
Devices		
Devices		
ACCU-CHEK AVIVA IN VITRO SOLUTION	F	OTC
ACCU-CHEK FASTCLIX LANCETS	F	OTC; QL
ACCU-CHEK GUIDE	F	OTC; QL
ACCU-CHEK GUIDE CONTROL	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ACCU-CHEK GUIDE ME	F	OTC; QL
ACCU-CHEK SMARTVIEW CONTROL	F	OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	F	OTC; QL
ACCU-CHEK SOFTCLIX LANCETS	F	OTC; QL
ACE AEROSOL CLOUD ENHANCER	F	QL
adult mask large	F	QL
AEROCHAMBER MINI CHAMBER	F	QL
AEROCHAMBER MV	F	QL
AEROCHAMBER PLS FLOVU MTHPIECE	F	QL
AEROCHAMBER PLUS FLO-VU	F	QL
AEROCHAMBER PLUS FLO-VU INTERM	F	QL
AEROCHAMBER PLUS FLO-VU LARGE	F	QL
AEROCHAMBER PLUS FLO-VU MEDIUM	F	QL
AEROCHAMBER PLUS FLO-VU SMALL	F	QL
AEROCHAMBER PLUS FLO-VU W/MASK	F	QL
AEROCHAMBER PLUS FLOW VU	F	QL
AEROCHAMBER W/FLOWSIGNAL	F	QL
AEROCHAMBER Z-STAT PLUS	F	QL
AEROCHAMBER Z-STAT PLUS CHAMBR	F	QL
AEROCHAMBER Z-STAT PLUS/LARGE	F	QL
AEROCHAMBER Z-STAT PLUS/MEDIUM	F	QL
AEROCHAMBER Z-STAT PLUS/SMALL	F	QL
AEROTRACH PLUS	F	QL
AEROVENT PLUS	F	QL
AIRZONE PEAK FLOW METER	F	OTC; QL
alcohol prep	F	OTC; QL
alcohol swabs	F	OTC; QL
BD AUTOSHIELD DUO	F	OTC; QL
BD INS SYR ULTRAFINE 1/2UNIT	F	OTC; QL
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BD INSULIN SYRINGE U-500	F	QL
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	F	OTC; QL
BD PEN NEEDLE MICRO ULTRAFINE	F	OTC; QL
BD PEN NEEDLE MINI U/F	F	OTC; QL
BD PEN NEEDLE MINI ULTRAFINE	F	OTC; QL
BD PEN NEEDLE NANO 2ND GEN	F	OTC; QL
BD PEN NEEDLE NANO ULTRAFINE	F	OTC; QL
BD PEN NEEDLE ORIG ULTRAFINE	F	OTC; QL
BD PEN NEEDLE SHORT ULTRAFINE	F	OTC; QL
BD SWAB SINGLE USE REGULAR	F	OTC; QL
BD VEO INSULIN SYR U/F 1/2UNIT	F	OTC; QL
BD VEO INSULIN SYR ULTRAFINE	F	OTC; QL
BD VEO INSULIN SYRINGE U/F	F	QL
blood pressure monitor	F	OTC; QL
blood pressure monitor device	F	OTC; QL
blood pressure monitor/arm	F	OTC; QL
BREATHERITE VALVED MDI CHAMBER	F	QL
CLEVER CHOICE BP MONITOR/ARM	F	OTC; QL
CLEVER CHOICE HOLDING CHAMBER	F	QL
COMPACT SPACE CHAMBER	F	QL
COMPACT SPACE CHAMBER/LG MASK	F	QL
COMPACT SPACE CHAMBER/MED MASK	F	QL
COMPACT SPACE CHAMBER/SM MASK	F	QL
cvs alcohol prep pads	F	OTC; QL
cvs blood pressure monitor	F	OTC; QL
cvs prep	F	OTC; QL
DEXCOM G6 RECEIVER	F	ST; QL
DEXCOM G6 SENSOR	F	ST; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DEXCOM G6 TRANSMITTER	F	ST; QL
DEXCOM G7 RECEIVER	F	ST; QL
DEXCOM G7 SENSOR	F	ST; QL
DIASCREEN 1K	F	OTC; QL
EASIVENT	F	QL
EASIVENT MASK LARGE	F	QL
EASIVENT MASK MEDIUM	F	QL
EASIVENT MASK SMALL	F	QL
EASY TOUCH ALCOHOL PREP MEDIUM	F	OTC; QL
EMBECTA AUTOSHIELD DUO	F	OTC; QL
EMBECTA INS SYR U/F 1/2 UNIT	F	OTC; QL
EMBECTA INSULIN SYR ULTRAFINE	F	OTC; QL
EMBECTA INSULIN SYRINGE	F	QL
EMBECTA INSULIN SYRINGE U-100	F	OTC; QL
EMBECTA INSULIN SYRINGE U-500	F	QL
EMBECTA PEN NEEDLE NANO	F	OTC; QL
EMBECTA PEN NEEDLE NANO 2 GEN	F	OTC; QL
EMBECTA PEN NEEDLE ULTRAFINE	F	OTC; QL
eq space chamber anti-static	F	QL
eq space chamber anti-static l	F	QL
eq space chamber anti-static m	F	QL
eq space chamber anti-static s	F	QL
EVERSENSE SENSOR/HOLDER	F	PA; QL
EVERSENSE SMART TRANSMITTER	F	PA; QL
FLEXICHAMBER ADULT MASK/SMALL	F	QL
FLEXICHAMBER CHILD MASK/LARGE	F	QL
FLEXICHAMBER CHILD MASK/SMALL	F	QL
FORA P20 BP MONITOR SYSTEM	F	OTC; QL
FREESTYLE LIBRE 14 DAY READER	F	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	F	ST; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FREESTYLE LIBRE 2 READER	F	ST; QL
FREESTYLE LIBRE 2 SENSOR	F	ST; QL
FREESTYLE LIBRE 3 PLUS SENSOR	F	ST; QL
FREESTYLE LIBRE 3 READER	F	ST; QL
FREESTYLE LIBRE 3 SENSOR	F	ST; QL
FREESTYLE LIBRE READER	F	ST; QL
gnp alcohol swabs pad 70 %	F	OTC; QL
health sense bp monitor	F	OTC; QL
H-E-B INCONTROL BP MONITOR	F	OTC; QL
hm blood pressure monitor	F	OTC; QL
IN-CHECK INSPIRATORY FLOW MTR	F	QL
kroger blood pressure monitor	F	OTC; QL
LITETOUCH MASK LARGE	F	QL
LITETOUCH MASK MEDIUM	F	QL
LITETOUCH MASK SMALL	F	QL
MICROCHAMBER	F	QL
microlife bp monitor	F	OTC; QL
microlife deluxe bp monitor device	F	OTC; QL
MICROLIFE DIGITAL PEAK FLOW	F	OTC; QL
MICROSPACER	F	QL
MINI WRIGHT PEAK FLOW METER	F	OTC; QL
one-way valved expiratory	F	OTC; QL
one-way valved inspiratory	F	OTC; QL
OPTICHAMBER DIAMOND	F	QL
OPTICHAMBER DIAMOND-LG MASK	F	QL
OPTICHAMBER DIAMOND-MD MASK	F	QL
OPTICHAMBER DIAMOND-SM MASK	F	QL
PANDA MASK LARGE	F	OTC; QL
PANDA MASK MEDIUM	F	OTC; QL
PANDA MASK SMALL	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PARI VORTEX ADULT MASK	F	OTC; QL
PEAK AIR PEAK FLOW METER	F	OTC; QL
pediatric medium mask	F	OTC; QL
pediatric mouthpiece	F	OTC; QL
PEDIATRIC PANDA MASK	F	OTC; QL
pediatric small mask	F	OTC; QL
PERSONAL BEST FULL RANGE	F	OTC; QL
PIKO 1	F	OTC; QL
POCKET CHAMBER	F	QL
POCKET PEAK FLOW METER	F	OTC; QL
pro comfort spacer adult	F	OTC; QL
pro comfort spacer child	F	OTC; QL
PRO HEALTH MINI TALKING MONITR	F	OTC; QL
procare spacer/adult mask	F	OTC; QL
procare spacer/child mask	F	OTC; QL
prochamber vhc	F	QL
qc blood pressure monitor	F	OTC; QL
ra alcohol swabs	F	OTC; QL
ra blood pressure cuff monitor	F	OTC; QL
RITEFLO	F	QL
SIDESTREAM PEDIATRIC FACE MASK	F	QL
silicone mask/infant	F	QL
silicone mask/pediatric	F	QL
sm blood pressure monitor	F	OTC; QL
SURELIFE BP MONITOR/ARM	F	OTC; QL
SURELIFE BP MONITOR/WRIST	F	OTC; QL
talking sense bp monitor	F	OTC; QL
TRIVIX	NP	PA
TRUZONE PEAK FLOW METER	F	QL
ULTICARE ALCOHOL SWABS	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VORTEX HOLD CHMBR/MASK/TODDLER	F	QL
VORTEX VALVED HOLDING CHAMBER	F	QL
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR	Carve-out	
CORTROPHIN	Carve-out	
CORTROSYN	Carve-out	
cosyntropin injection	Carve-out	
Cardiac Function		
aspirin-dipyridamole er	NP	PA; 102 day supply allowed
dipyridamole oral	NP	PA; 102 day supply allowed
Diabetes Mellitus		
ACCU-CHEK AVIVA PLUS IN VITRO	F	OTC; QL
ACCU-CHEK GUIDE TEST	F	OTC; QL
ACCU-CHEK SMARTVIEW	F	OTC; QL
Ketones		
CHEMSTRIP K	F	OTC; QL
ketone test	F	OTC; QL
KETOSTIX	F	OTC; QL
RELION KETONE TEST	F	OTC; QL
Urine And Feces Contents		
CVS KETONE CARE	F	OTC; QL
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
K-PHOS NO 2	F	
Alkalinizing Agents		
cytra-2	F	OTC
potassium citrate er	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
potassium citrate-citric acid oral solution	F	
sod citrate-citric acid	F	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 3 GM/TSP	Carve-out	
BUPHENYL ORAL TABLET	Carve-out	
CARBAGLU ORAL TABLET SOLUBLE	Carve-out	
carglumic acid oral tablet soluble	Carve-out	
constulose	F	
enulose	Carve-out	
generlac	Carve-out	
lactulose encephalopathy oral solution 10 gm/15ml	Carve-out	
lactulose oral solution	F	
LITHOSTAT	Carve-out	
OLPRUVA (2 GM DOSE)	Carve-out	
OLPRUVA (3 GM DOSE)	Carve-out	
OLPRUVA (4 GM DOSE)	Carve-out	
OLPRUVA (5 GM DOSE)	Carve-out	
OLPRUVA (6 GM DOSE)	Carve-out	
OLPRUVA (6.67 GM DOSE)	Carve-out	
PHEBURANE	Carve-out	Specialty Drug
RAVICTI	Carve-out	
sod benz-sod phenylacet	Carve-out	
sodium phenylbutyrate oral powder 3 gm/tsp	Carve-out	
sodium phenylbutyrate oral tablet	Carve-out	
Carbonic Anhydrase Inhibitors		
acetazolamide er	F	QL
acetazolamide oral	F	QL
Diuretics, Miscellaneous		
theophylline er	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
theophylline oral	F	
Loop Diuretics (40:28)		
furosemide oral solution 10 mg/ml, 8 mg/ml	F	AL
furosemide oral tablet	F	
torsemide oral	F	
Phosphate-Removing Agents		
AURYXIA	NP	PA; 102 day supply allowed
calcium acetate (phos binder)	P-PA	PA; 102 day supply allowed
calcium acetate oral tablet 667 mg	P-PA	PA; 102 day supply allowed
ferric citrate oral	NP	PA; 102 day supply allowed
FOSRENOL ORAL PACKET	NP	PA; 102 day supply allowed
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NP	PA; 102 day supply allowed
lanthanum carbonate	NP	PA; 102 day supply allowed
RENVELA	NP	PA; 102 day supply allowed
sevelamer carbonate oral packet	NP	PA; 102 day supply allowed
sevelamer carbonate oral tablet	P-PA	PA; 102 day supply allowed
sevelamer hcl	NP	PA; 102 day supply allowed
VELPHORO	NP	PA; 102 day supply allowed
XPHOZAH	NP	PA; 102 Day Supply Allowed
Potassium-Removing Agents		
KIONEX COMBINATION	P	
LOKELMA	P	
SPS (SODIUM POLYSTYRENE SULF)	P	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	NP	PA; 102 day supply allowed
XPHOZAH ORAL TABLET 30 MG	NP	PA; 102 Day Supply Allowed
Potassium-Sparing Diuretics		
amiloride hcl oral	F	
amiloride-hydrochlorothiazide	F	

lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**Tier Status** **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA **P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**
Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
spironolactone oral tablet	F	
spironolactone-hctz	F	
triamterene-hctz oral capsule 37.5-25 mg	F	
triamterene-hctz oral tablet	F	
Replacement Preparations		
600+d3	F	OTC
a thru z select 50+ advanced	F	OTC
a thru z select 50+ mens	F	OTC
ADVANTAGE CARE ELECTROLYTE PED	F	OTC
BACMIN	F	
BEELITH	F	OTC
calcium + d3 oral tablet 250-3 mg-mcg	F	OTC
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	F	OTC
calcium 500 + d oral tablet 500-5 mg-mcg	F	OTC
calcium 500 + d3 oral tablet 500-15 mg-mcg	F	OTC
calcium 500+d high potency oral tablet 500-10 mg-mcg	F	OTC
calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
calcium 600	F	OTC
calcium 600 + d oral tablet 600-5 mg-mcg	F	OTC
calcium 600 +d high potency oral tablet 600-10 mg-mcg	F	OTC
calcium 600/vitamin d oral tablet 600-10 mg-mcg	F	OTC
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	F	OTC
calcium 600+d high potency oral tablet 600-10 mg-mcg	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	F	OTC
calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	F	OTC
calcium acetate (phos binder)	P-PA	PA; 102 day supply allowed
calcium acetate oral tablet 667 mg	P-PA	PA; 102 day supply allowed
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg	F	OTC
calcium carbonate oral tablet 1500 (600 ca) mg	F	OTC
calcium carbonate-vitamin d oral tablet 600-5 mg-mcg	F	OTC
calcium citrate oral tablet 250 mg, 950 (200 ca) mg	F	OTC
calcium citrate+d3	F	OTC
calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg	F	OTC
calcium gluconate intravenous solution	F	
calcium high potency oral tablet 1500 (600 ca) mg	F	OTC
calcium high potency/vitamin d oral tablet 600-5 mg-mcg	F	OTC
calcium plus vitamin d oral tablet	F	OTC
calcium plus vitamin d3 oral tablet 600-20 mg-mcg	F	OTC
calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg	F	OTC
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG	F	OTC
CENTRUM ADULTS ORAL TABLET	F	OTC
CENTRUM SILVER 50+MEN	F	OTC
CENTRUM SILVER ADULT 50+	F	OTC
CENTRUM SILVER MEN 50+	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CENTRUM ULTRA WOMENS	F	OTC
CENTRUM WOMEN	F	OTC
CEROVITE SENIOR	F	OTC
CERTAVITE SENIOR	F	OTC
CERTAVITE SENIOR/ANTIOXIDANT	F	OTC
CERTAVITE/ANTIOXIDANTS ORAL TABLET	F	OTC
chelated magnesium	F	OTC
CITRACAL MAXIMUM	F	OTC
cvs calcium + d3 oral tablet	F	OTC
cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg	F	OTC
cvs calcium 600+d oral tablet 600-20 mg-mcg	F	OTC
cvs calcium oral tablet 600 mg	F	OTC
cvs magnesium oral tablet 500 mg	F	OTC
cvs one daily essential	F	OTC
cvs ped electrolyte freeze pop	F	OTC
cvs spectravite adult 50+ oral tablet	F	OTC
cvs spectravite adults	F	OTC
cvs spectravite advanced oral tablet	F	OTC
cvs spectravite men 50+	F	OTC
cvs spectravite ultra men 50+	F	OTC
cvs spectravite ultra mens	F	OTC
cvs spectravite ultra women	F	OTC
cvs spectravite women 50+	F	OTC
cvs spectravite women oral tablet	F	OTC
cvs spectravite womens senior	F	OTC
DEKAS PLUS	F	OTC
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%	Carve-out	
dexmedetomidine hcl-dextrose	Carve-out	
DIALYVITE 3000	F	
DIALYVITE 5000	F	
dialyvite 800/ultra d	F	OTC
DIALYVITE 800/ZINC	F	OTC
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	F	OTC
DIALYVITE SUPREME D ORAL TABLET	F	
DIALYVITE/ZINC	F	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	F	
ENFAMIL ENFALYTE	F	OTC
eq calcium 500+d oral tablet 500-5 mg-mcg	F	OTC
eq calcium 600+d oral tablet 600-20 mg-mcg	F	OTC
eq calcium citrate+d	F	OTC
eq complete multivit adult 50+	F	OTC
eq complete multivitamin-adult	F	OTC
eql calcium/vitamin d oral tablet 600-10 mg-mcg	F	OTC
eql calcium/vitamin d3 oral tablet 600-20 mg-mcg	F	OTC
ESSENTIA	F	OTC
glucosamine chondr 1500 complx	Carve-out	OTC
GLYCOPHOS	F	
gnp calcium 500 +d3 oral tablet 500-15 mg-mcg	F	OTC
gnp calcium 600 +d3 oral tablet 600-20 mg-mcg	F	OTC
gnp electrolyte solution	F	OTC
gnp mega multi for men	F	OTC
gnp mega multi for women	F	OTC
gnp one daily mens health 50+	F	OTC
gnp one daily mens/lycopene	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp therapeutic-m	F	OTC
goodsense electrolyte	F	OTC
h-e-b oral electrolyte	F	OTC
high pot multivitamin/beta-car	F	OTC
high potency multivit/fa	F	OTC
HYDRALYTE ORAL SOLUTION	F	OTC
ICAPS MV	F	OTC
KINDERLYTE ORAL SOLUTION	F	OTC
KINDERLYTE PREMAX ORAL SOLUTION	F	OTC
KLOR-CON M10	F	
KLOR-CON M20	F	
KLOR-CON/EF	F	
kp adults 50+ daily formula	F	OTC
kp calcium 600+d oral tablet 600-20 mg-mcg	F	OTC
K-PHOS	F	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	Carve-out	
magnesium chloride injection	F	
magnesium citrate oral tablet 100 mg	F	OTC
magnesium gluconate oral tablet 27.5 mg	F	OTC
magnesium oral tablet 200 mg	F	OTC
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg	F	OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	F	OTC
MEGA MULTI MEN ORAL TABLET	F	OTC
mgo oral tablet 400 (240 mg) mg	F	OTC
multi complete/iron	F	OTC
multivitamin adults 50+	F	OTC
multivitamin men 50+	F	OTC
multivitamin women	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
multivitamin women 50+	F	OTC
MVW COMPLETE FORMULATION	F	OTC
MVW COMPLETE FORMULATION D3000	F	OTC
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	F	OTC
MVW COMPLETE FORMULATION MINIS	F	OTC
NANOVM 1-3 YEARS ORAL POWDER	F	OTC
NANOVM 4-8 YEARS ORAL POWDER	F	OTC
NANOVM 9-18 YEARS	F	OTC
NANOVM T/F ORAL POWDER	F	OTC
NEPHPLEX RX	F	
NU-MAG	F	OTC
ONCOVITE	F	OTC
one daily for men 50+ advanced	F	OTC
one daily for men/lycopene	F	OTC
one daily mens health	F	OTC
ONE-A-DAY TEEN ADVANTAGE/HER	F	OTC
ONE-A-DAY TEEN ADVANTAGE/HIM	F	OTC
oral electrolytes	F	OTC
oralyte	F	OTC
ORAZINC	F	OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	F	OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG	F	OTC
OYSCO 500+D ORAL TABLET	F	OTC
oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
oyster shell calcium + d3 oral tablet 500-10 mg-mcg	F	OTC
oyster shell calcium oral tablet 500 mg	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
oyster shell calcium plus d oral tablet 500-5 mg-mcg	F	OTC
oyster shell calcium w/d oral tablet 500-5 mg-mcg	F	OTC
oyster shell calcium/d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	F	OTC
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	F	OTC
ped electrolyte freeze pops	F	OTC
ped electrolyte freezer pops	F	OTC
PEDIALYTE ADVANCED CARE	F	OTC
PEDIALYTE FREEZER POPS	F	OTC
PEDIALYTE ORAL SOLUTION	F	OTC
PEDIALYTE SINGLES	F	OTC
pediatric electrolyte oral solution	F	OTC
phos-nak	F	OTC
phosphorus supplement	F	OTC
phosphorus w/sod & potassium	F	OTC
PHOSPHO-TRIN K500	F	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	F	
potassium chloride er oral capsule extended release	F	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	F	
potassium phosphates	F	
potassium phosphates(66 meq k)	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	Carve-out	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG	F	OTC
PRORENAL + D	F	OTC
PRORENAL + D W/ OMEGA-3	F	OTC
pure calcium carbonate oral tablet 1500 (600 ca) mg	F	OTC
qc mens daily multivitamin	F	OTC
ra calcium 600 oral tablet 1500 (600 ca) mg	F	OTC
ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg	F	OTC
ra calcium cit plus vit d-3	F	OTC
RA CENTRAL-VITE	F	OTC
ra central-vite womens mature	F	OTC
ra pediatric electrolyte	F	OTC
REHYDRALYTE	F	OTC
senior tabs	F	OTC
sentry	F	OTC
SLOW-MAG ORAL TABLET DELAYED RELEASE	F	OTC
sm pediatric electrolyte	F	OTC
sodium chloride oral tablet	F	OTC
sodium phosphates	F	
sodium-potassium-phosphorus	F	OTC
SPECTRAVITE	F	OTC
super calcium oral tablet 1500 (600 ca) mg	F	OTC
super thera vite m	F	OTC
THERA M PLUS	F	OTC
true magnesium oxide	F	OTC
v-c forte	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VIC-FORTE	F	
VITAL-D RX	F	
well magnesium oxide	F	OTC
YELETS TEENAGE FORMULA	F	OTC
zinc gluconate oral tablet 100 mg	F	OTC
zinc oral capsule 220 (50 zn) mg	F	OTC
zinc sulfate oral capsule 220 (50 zn) mg	F	OTC
zinc sulfate oral tablet 220 (50 zn) mg	F	OTC
Thiazide Diuretics		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	NP	PA; 102 day supply allowed
amiloride-hydrochlorothiazide	F	
amlodipine-valsartan-hctz	P	102 day supply allowed
ATACAND HCT	NP	PA; 102 day supply allowed
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NP	PA; 102 day supply allowed
benazepril-hydrochlorothiazide	P	102 day supply allowed
BENICAR HCT	NP	PA; 102 day supply allowed
bisoprolol-hydrochlorothiazide	P	102 day supply allowed
candesartan cilexetil-hctz	NP	PA; 102 day supply allowed
captopril-hydrochlorothiazide	NP	PA; 102 day supply allowed
DIOVAN HCT	NP	PA; 102 day supply allowed
DIURIL	F	AL
EDARBYCLOR	NP	PA; 102 day supply allowed
enalapril-hydrochlorothiazide	P	102 day supply allowed
EXFORGE HCT	NP	PA; 102 day supply allowed
fosinopril sodium-hctz	NP	PA; 102 day supply allowed
hydrochlorothiazide oral	F	
HYZAAR	NP	PA; 102 day supply allowed
irbesartan-hydrochlorothiazide	NP	PA; 102 day supply allowed

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
UPPERCASE = Brand name drugs
P = PDL Preferred
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
lisinopril-hydrochlorothiazide	P	102 day supply allowed
losartan potassium-hctz	P	102 day supply allowed
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA; 102 day supply allowed
metoprolol-hydrochlorothiazide	NP	PA; 102 day supply allowed
MICARDIS HCT	NP	PA; 102 day supply allowed
olmesartan medoxomil-hctz	P	102 day supply allowed
olmesartan-amlodipine-hctz	NP	PA; 102 day supply allowed
quinapril-hydrochlorothiazide	NP	PA; 102 day supply allowed
spironolactone-hctz	F	
telmisartan-hctz	NP	PA; 102 day supply allowed
triamterene-hctz oral capsule 37.5-25 mg	F	
triamterene-hctz oral tablet	F	
TRIBENZOR	NP	PA; 102 day supply allowed
valsartan-hydrochlorothiazide	P	102 day supply allowed
VASERETIC	NP	PA; 102 day supply allowed
ZESTORETIC	NP	PA; 102 day supply allowed
Thiazide-Like Diuretics		
atenolol-chlorthalidone	P	102 day supply allowed
chlorthalidone oral tablet 25 mg, 50 mg	F	
indapamide oral	F	
metolazone	F	
TENORETIC 100	NP	PA; 102 day supply allowed
TENORETIC 50	NP	PA; 102 day supply allowed
Uricosuric Agents		
colchicine-probenecid	P	
probenecid oral	P	
Vasopressin Antagonists		
tolvaptan	F	PA; Specialty; QL; AL
Enzymes		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Enzyme Cofactors/Chaperones		
GALAFOLD	Carve-out	
JAVYGTOR	Carve-out	
KUVAN ORAL PACKET	Carve-out	
KUVAN ORAL TABLET	Carve-out	
MIPLYFFA	Carve-out	
sapropterin dihydrochloride oral packet	Carve-out	
sapropterin dihydrochloride oral tablet	Carve-out	
Enzyme Inhibitors		
CERDELGA	Carve-out	
miglustat	Carve-out	
nitisinone	Carve-out	
NITYR	Carve-out	
OPFOLDA	Carve-out	Specialty Drug
ORFADIN	Carve-out	
ZAVESCA	Carve-out	
ZOKINVY	Carve-out	
Enzymes		
ALDURAZYME	Carve-out	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Carve-out	
CREON	P-PA	PA; 102 day supply allowed
ELAPRASE	Carve-out	
ELELYSO	Carve-out	
FABRAZYME	Carve-out	
LAMZEDE	Carve-out	
LUMIZYME	Carve-out	
MEPSEVII	Carve-out	
NAGLAZYME	Carve-out	
PERTZYE	NP	PA; 102 day supply allowed

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	F	PA; Specialty Drug; QL
REVCOVI	Carve-out	
STRENSIQ	Carve-out	
SUCRAID	Carve-out	
VIMIZIM	Carve-out	
VIOKACE	NP	PA; 102 day supply allowed
VPRIV	Carve-out	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	P-PA	PA; 102 day supply allowed
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P	NP	PA
apraclonidine hcl	P	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	NP	PA
brimonidine tartrate ophthalmic solution 0.2 %	P	
brimonidine tartrate-timolol	NP	PA
COMBIGAN	P	
IOPIDINE OPHTHALMIC SOLUTION 1 %	NP	PA
SIMBRINZA	P	
Antiallergic Agents		
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	P	OTC
ALAWAY OPHTHALMIC SOLUTION 0.035 %	P	OTC
allergy nasal spray nasal solution	P	OTC
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	P	

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
azelastine hcl ophthalmic	P	
azelastine-fluticasone	NP	PA
bepotastine besilate	NP	PA
BEPREVE	NP	PA
cromolyn sodium nasal	F	OTC
cromolyn sodium ophthalmic	P	
cromolyn sodium oral	F	
cvs olopatadine hcl	P	OTC
DYMISTA	NP	PA
epinastine hcl	NP	PA
eye allergy itch relief	P	OTC
eye allergy itch/redness rel	P	OTC
eye allergy relief ophthalmic solution 0.025-0.3 %	F	OTC
eye itch relief ophthalmic solution 0.035 %	P	OTC
ft eye allergy itch & redness	P	OTC
ft eye allergy itch relief	P	OTC
GASTROCROM	F	
gnp olopatadine hcl	P	OTC
ketotifen fumarate ophthalmic solution 0.035 %	P	OTC
LASTACAFT	NP	PA
NAPHCON-A	F	OTC
NASALCROM	F	OTC
olopatadine hcl nasal	NP	PA
olopatadine hcl ophthalmic	P	
PATADAY	NP	PA; OTC
qc olopatadine hcl	P	OTC
RYALTRIS	NP	PA
ZADITOR OPHTHALMIC SOLUTION 0.035 %	NP	PA; OTC
ZERVIATE	NP	PA
Antibacterials (52:04)		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
AZASITE	NP	PA
bacitracin external	F	OTC
bacitracin ophthalmic	F	
bacitracin zinc external	F	OTC
bacitracin zinc-aloe	F	OTC
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	F	
bacitra-neomycin-polymyxin-hc	F	
BESIVANCE	NP	PA
BETHKIS	P	Specialty Drug
CETRAXAL	NP	PA
CILOXAN OPHTHALMIC OINTMENT	NP	PA
CIPRO HC	NP	PA
ciprofloxacin hcl ophthalmic	P	
ciprofloxacin hcl otic	NP	PA
ciprofloxacin-dexamethasone	P	
ciprofloxacin-fluocinolone pf	NP	PA
cvs bacitracin	F	OTC
cvs bacitracin zinc	F	OTC
eq bacitracin zinc	F	OTC
eq triple antibiotic	F	OTC
eql bacitracin zinc	F	OTC
eql first aid antibiotic external ointment 3.5-400-5000	F	OTC
erythromycin external solution	F	
erythromycin ophthalmic	P	
ft triple antibiotic	F	OTC
gatifloxacin ophthalmic	NP	PA
gentamicin sulfate external	F	
gentamicin sulfate ophthalmic solution	F	
gnp bacitracin zinc	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp triple antibiotic external ointment	F	OTC
goodsense first aid antibiotic	F	OTC
KITABIS PAK (W/ NEBULIZER)	P	Specialty Drug
levofloxacin ophthalmic solution 0.5 %	NP	PA
medi-first triple antibiotic	F	OTC
minocycline hcl oral capsule	F	
moxifloxacin hcl (2x day)	NP	PA
moxifloxacin hcl ophthalmic solution	P	
neomycin sulfate oral	P	
neomycin-bacitracin zn-polymyx	F	
neomycin-polymyxin-dexameth	F	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	F	
neomycin-polymyxin-hc otic	P	
OCUFLOX	NP	PA
ofloxacin ophthalmic	P	
ofloxacin otic	P	
OTOVEL	NP	PA
polymyxin b-trimethoprim	F	
px triple	F	OTC
qc bacitracin	F	OTC
ra bacitracin zinc first aid	F	OTC
ra triple antibiotic external ointment	F	OTC
sulfacetamide sodium ophthalmic	F	
sulfacetamide-prednisolone ophthalmic solution	F	
TOBI	NP	PA; Specialty Drug
TOBI PODHALER	P	Specialty Drug
tobramycin inhalation nebulization solution 300 mg/4ml	NP	PA
tobramycin inhalation nebulization solution 300 mg/5ml	P	Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tobramycin ophthalmic	F	
tobramycin-dexamethasone	F	
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 mg-unit	F	OTC
VIGAMOX	NP	PA
Anti-Infectives, Miscellaneous (52:04)		
artificial tears ophthalmic solution 0.5-0.6 %, 5-6 mg/ml	F	OTC
chlorhexidine gluconate mouth/throat	F	
CLEAR EYES NATURAL TEARS	F	OTC
gnp artificial tears	F	OTC
px artificial tears	F	OTC
qc artificial tears ophthalmic solution 0.5-0.6 %	F	OTC
STYE OPHTHALMIC SOLUTION	F	OTC
Anti-Inflammatory Agents (Eent)		
CEQUA	NP	PA; QL
cyclosporine intravenous	F	Specialty Drug
cyclosporine modified	F	Specialty Drug
cyclosporine ophthalmic	NP	PA; QL
cyclosporine oral capsule	F	Specialty Drug
GENGRAF ORAL CAPSULE 100 MG, 25 MG	F	Specialty Drug
GENGRAF ORAL SOLUTION	F	Specialty Drug
MIEBO	NP	PA; QL; AL
NEORAL	F	Specialty Drug
OXERVATE	F	PA; Specialty Drug; QL; AL
RESTASIS	P	QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	NP	PA; QL
SANDIMMUNE	F	Specialty Drug
VERKAZIA	NP	PA; QL; AL
VEVYE	NP	PA; QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
XIIDRA	P	QL
Astringents (52:04)		
chlorhexidine gluconate mouth/throat	F	
Beta-Adrenergic Blocking Agents (Eent)		
betaxolol hcl ophthalmic	NP	PA
BETIMOL	NP	PA
BETOPTIC-S	P	
brimonidine tartrate-timolol	NP	PA
carteolol hcl	P	
COMBIGAN	P	
COSOPT	NP	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	NP	PA
dorzolamide hcl-timolol mal	P	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	NP	PA
ISTALOL	NP	PA
levobunolol hcl ophthalmic solution 0.5 %	NP	PA
timolol hemihydrate	NP	PA
timolol maleate (once-daily)	NP	PA
TIMOLOL MALEATE OCUDOSE	NP	PA
timolol maleate ophthalmic	P	
timolol maleate pf	NP	PA
TIMOPTIC OCUDOSE	NP	PA
TIMOPTIC-XE	NP	PA
Carbonic Anhydrase Inhibitors (Eent)		
acetazolamide er	F	QL
acetazolamide oral	F	QL
AZOPT	NP	PA
brinzolamide	P	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
COSOPT	NP	PA
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	NP	PA
dorzolamide hcl ophthalmic	P	
dorzolamide hcl-timolol mal	P	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	NP	PA
SIMBRINZA	P	
Corticosteroids (Eent)		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL
ADVAIR HFA	P	102 day supply allowed; QL
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL
AIRSUPRA	NP	PA; 102 day supply allowed; QL
ALKINDI SPRINKLE	F	
allergy nasal spray (momet)	NP	PA; OTC
allergy nasal spray nasal suspension	NP	PA; OTC
allergy relief nasal	NP	PA; OTC
allergy spray 24 hour nasal suspension	NP	PA; OTC
ALREX	NP	PA
ALVESCO	P	
anti-itch maximum strength external cream 1 %	P	OTC
AQUAPHOR ITCH RELIEF MAX STR	P	OTC
ARMONAIR DIGIHALER	NP	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	AL
azelastine-fluticasone	NP	PA
bacitra-neomycin-polymyxin-hc	F	
BECONASE AQ	NP	PA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL
budesonide nasal	NP	PA; OTC
CAPEX	NP	PA
CIPRO HC	NP	PA
ciprofloxacin-dexamethasone	P	
ciprofloxacin-fluocinolone pf	NP	PA
CORTEF	F	
CORTIZONE-10 EXTERNAL OINTMENT	P	OTC
CORTIZONE-10 FEMININE ITCH	P	OTC
CORTIZONE-10 INTENSIVE HEALING	P	OTC
CORTIZONE-10 OVERNIGHT ITCH	P	OTC
CORTIZONE-10 PLUS	P	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	P	OTC
CORTIZONE-10/ALOE EXTERNAL LIQUID	NP	PA; OTC
cvs budesonide	NP	PA; OTC
cvs cortisone maximum strength external ointment	P	OTC
cvs fluticasone propionate	NP	PA; OTC
cvs nasal allergy spray	NP	PA; OTC
DERMA-SMOOTHE/FS BODY	NP	PA
DERMA-SMOOTHE/FS SCALP	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DEXAMETHASONE INTENSOL	F	
dexamethasone oral	F	
dexamethasone sod phosphate pf	F	
dexamethasone sodium phosphate injection	F	
dexamethasone sodium phosphate ophthalmic	F	
DYMISTA	NP	PA
eq allergy relief nasal	NP	PA; OTC
eq budesonide nasal	NP	PA; OTC
eq hydrocortisone	P	OTC
eq nasal allergy	NP	PA; OTC
eql anti-itch intensive heal	P	OTC
eql anti-itch maximum strength	P	OTC
eql fluticasone propionate	NP	PA; OTC
EYSUVIS	NP	PA; QL
FLONASE ALLERGY REL CHILDRENS	NP	PA; OTC
flunisolide nasal solution 25 mcg/act (0.025%)	NP	PA
fluocinolone acetonide body	NP	PA
fluocinolone acetonide external	NP	PA
fluocinolone acetonide scalp	NP	PA
fluorometholone ophthalmic	F	QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL
fluticasone propionate diskus	NP	PA
fluticasone propionate hfa inhalation aerosol 110 mcg/act	P	QL
fluticasone propionate hfa inhalation aerosol 220 mcg/act, 44 mcg/act	P	102 day supply allowed; QL
fluticasone propionate nasal	P	
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL
ft 24 hour nasal allergy	NP	PA; OTC
ft allergy relief 24 hr	NP	PA; OTC
ft itch relief max strength	P	OTC
gnp 24 hour nasal allergy	NP	PA; OTC
gnp budesonide nasal spray	NP	PA; OTC
gnp fluticasone propionate	NP	PA; OTC
gnp hydrocortisone external cream 0.5 %	P	OTC
gnp hydrocortisone max st	P	OTC
gnp hydrocortisone plus	P	OTC
gnp hydrocortisone/aloe	P	OTC
goodsense 24-hr allergy nasal	NP	PA; OTC
goodsense nasal allergy spray	NP	PA; OTC
HEMADY	F	
HIDEX 6-DAY	F	
hydrocortisone (perianal) external cream 2.5 %	F	
hydrocortisone acetate external cream	P	OTC
hydrocortisone acetate external ointment 1 %	P	OTC
hydrocortisone anti-itch	P	OTC
hydrocortisone butyr lipo base	NP	PA
hydrocortisone butyrate external	NP	PA
hydrocortisone external cream 0.5 %	P	OTC
hydrocortisone external cream 1 %, 2.5 %	P	
hydrocortisone external lotion 2.5 %	P	
hydrocortisone external ointment 1 %, 2.5 %	P	
hydrocortisone external solution 2.5 %	NP	PA
hydrocortisone max st	P	OTC
hydrocortisone max st/12 moist	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
hydrocortisone oral	F	
hydrocortisone valerate	NP	PA
hydrocortisone/aloe max str	P	OTC
hydrocortisone-acetic acid	F	
KLS ALLER-CORT	NP	PA; OTC
LOCOID EXTERNAL LOTION	NP	PA
loteprednol etabonate ophthalmic suspension 0.2 %	NP	PA
MEDPURA HYDROCORTISONE	P	OTC
mometasone furoate external	P	
mometasone furoate nasal	NP	PA
MONISTAT CARE INSTANT ITCH RLF	P	OTC
nasal allergy 24 hour	NP	PA; OTC
NASONEX 24HR	NP	PA; OTC
neomycin-polymyxin-dexameth	F	
neomycin-polymyxin-hc otic	P	
OMNARIS	NP	PA
ORAPRED ODT	F	
OTOVEL	NP	PA
PEDIAPRED	F	
prednisolone acetate ophthalmic	F	
prednisolone oral solution	F	
prednisolone oral tablet	F	
prednisolone sodium phosphate ophthalmic	F	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	F	
prednisolone sodium phosphate oral tablet dispersible	F	
PREPARATION H EXTERNAL CREAM 1 %	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM	P	OTC
PROCTO-MED HC EXTERNAL	F	
PROCTOSOL HC EXTERNAL	F	
PROCTOZONE-HC EXTERNAL	F	
px hydrocream	P	OTC
qc allergy relief nasal	NP	PA; OTC
qc anti-itch aloe	P	OTC
QNASL	NP	PA
QNASL CHILDRENS	NP	PA
ra anti-itch maximum strength	P	OTC
ra budesonide	NP	PA; OTC
ra hydrocortisone plus 12	P	OTC
ra nasal allergy	NP	PA; OTC
RYALTRIS	NP	PA
sb hydrocortisone	P	OTC
scalp relief maximum strength	NP	PA; OTC
SOLU-CORTEF	F	
sulfacetamide-prednisolone ophthalmic solution	F	
SYNALAR EXTERNAL CREAM	NP	PA
SYNALAR EXTERNAL OINTMENT	NP	PA
TAPERDEX 12-DAY	F	
TAPERDEX 6-DAY	F	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	F	
TEXACORT	NP	PA
tobramycin-dexamethasone	F	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
triamcinolone acetonide nasal aerosol	NP	PA; OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL
XHANCE	NP	PA
ZETONNA	NP	PA
Eent Anti-Inflammatory Agents, Misc.		
CEQUA	NP	PA; QL
cyclosporine ophthalmic	NP	PA; QL
RESTASIS	P	QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	NP	PA; QL
VERKAZIA	NP	PA; QL; AL
VEVYE	NP	PA; QL; AL
XIIDRA	P	QL
Eent Drugs, Miscellaneous		
acetic acid otic	F	
altamist spray	F	OTC
apraclonidine hcl	P	
artificial tears ophthalmic solution 0.5-0.6 %, 5-6 mg/ml	F	OTC
artificial tears pf	F	OTC
carboxymethylcellulose sod pf	F	OTC
carboxymethylcellulose sodium ophthalmic gel	F	OTC
carboxymethylcellulose sodium ophthalmic solution 0.5 %	F	OTC
CLEAR EYES NATURAL TEARS	F	OTC
cromolyn sodium nasal	F	OTC
cromolyn sodium ophthalmic	P	
cromolyn sodium oral	F	
cvs lubricant drops fast act	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
cvs lubricant drops long last	F	OTC
cvs lubricant eye drops (pf) ophthalmic solution 0.5 %	F	OTC
cvs natural tears pf	F	OTC
cvs saline nasal spray	F	OTC
cvs sod chloride hypertonicity	F	OTC
cvs sodium chloride	F	OTC
deep sea nasal spray	F	OTC
eq restore plus lubricant eye	F	OTC
eq restore tears	F	OTC
eq saline nasal spray	F	OTC
eql saline nasal spray	F	OTC
eye drops ophthalmic solution 0.5 %	F	OTC
eye lubricant	F	OTC
GASTROCROM	F	
GENTEAL TEARS MODERATE PF	F	OTC
GENTEAL TEARS PF	F	OTC
GENTEAL TEARS SEVERE DAY/NIGHT	F	OTC
gnp artificial tears	F	OTC
gnp nasal moisturizing	F	OTC
goodsense lubricating eye drop	F	OTC
hydrocortisone-acetic acid	F	
IOPIDINE OPHTHALMIC SOLUTION 1 %	NP	PA
LITTLE REMEDIES SALINE	F	OTC
lubricant eye	F	OTC
lubricant eye drops ophthalmic solution 0.5 %	F	OTC
lubricant eye drops pf	F	OTC
lubricant eye nighttime	F	OTC
lubricant eye pm	F	OTC
lubricant pm	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
lubricating eye drops ophthalmic solution 0.4-0.3 %	F	OTC
MIEBO	NP	PA; QL; AL
MURO 128 OPHTHALMIC OINTMENT	F	OTC
MURO 128 OPHTHALMIC SOLUTION 5 %	F	OTC
nasal moisturizing spray	F	OTC
NASALCROM	F	OTC
OCEAN NASAL SPRAY	F	OTC
OXERVATE	F	PA; Specialty Drug; QL; AL
polyvinyl alcohol ophthalmic	F	OTC
px artificial tears	F	OTC
px saline nasal spray	F	OTC
qc artificial tears ophthalmic solution 0.5-0.6 %	F	OTC
ra lubricant eye drops ophthalmic solution 0.5 %	F	OTC
ra lubricant eye ophthalmic solution 0.4-0.3 %	F	OTC
REFRESH LACRI-LUBE	F	OTC
REFRESH LIQUIGEL OPHTHALMIC GEL	F	OTC
REFRESH P.M.	F	OTC
REFRESH PLUS	F	OTC
REFRESH TEARS	F	OTC
saline mist spray	F	OTC
saline nasal spray	F	OTC
sm nasal spray saline	F	OTC
sodium chloride (hypertonic) ophthalmic solution	F	OTC
STYE OPHTHALMIC SOLUTION	F	OTC
SYSTANE	F	OTC
SYSTANE ULTRA	F	OTC
TYRVAYA	NP	PA; QL
Eent Nonsteroidal Anti-Inflam. Agents		
ACULAR	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ACULAR LS	NP	PA
ACUVAIL	NP	PA
bromfenac sodium (once-daily)	NP	PA
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	NP	PA
BROMSITE	NP	PA
diclofenac sodium ophthalmic	P	
flurbiprofen oral tablet 100 mg	NP	PA
flurbiprofen sodium	P	
ILEVRO	NP	PA
ketorolac tromethamine injection solution 15 mg/ml	P	
ketorolac tromethamine ophthalmic solution 0.4 %	NP	PA
ketorolac tromethamine ophthalmic solution 0.5 %	P	
ketorolac tromethamine oral	P	QL
NEVANAC	NP	PA
PROLENSA	NP	PA
Local Anesthetics (Eent)		
ENEMEEZ PLUS	F	OTC
lidocaine viscous hcl	F	
proparacaine hcl ophthalmic	F	
Miotics		
PHOSPHOLINE IODIDE	F	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	F	
pilocarpine hcl oral	F	
Mydriatics		
atropine sulfate ophthalmic ointment	F	
atropine sulfate ophthalmic solution 1 %	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
cyclopentolate hcl ophthalmic solution 1 %	F	
phenylephrine hcl ophthalmic solution 2.5 %	F	
tropicamide ophthalmic	F	
Prostaglandin Analogs		
bimatoprost ophthalmic	NP	PA
IYUZEH	NP	PA
latanoprost ophthalmic	P	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	NP	PA
ROCKLATAN	P	
tafluprost (pf)	NP	PA
TRAVATAN Z	NP	PA
travoprost (bak free)	NP	PA
VYZULTA	NP	PA
XALATAN	NP	PA
XELPROS	NP	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	NP	PA
Rho Kinase Inhibitors		
RHOPRESSA	P	
ROCKLATAN	P	
Vasoconstrictors		
eye allergy relief ophthalmic solution 0.025-0.3 %	F	OTC
NAPHCON-A	F	OTC
phenylephrine hcl ophthalmic solution 2.5 %	F	
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO ORAL	NP	PA; Specialty Drug; QL
ANZEMET ORAL TABLET 50 MG	NP	PA; QL
granisetron hcl oral	P	QL
ondansetron hcl oral solution	P	QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ondansetron hcl oral tablet 4 mg, 8 mg	P	QL
ondansetron oral tablet dispersible 16 mg	NP	PA; QL
ondansetron oral tablet dispersible 4 mg, 8 mg	P	QL
SANCUSO	NP	PA; Specialty Drug; QL
Antacids And Adsorbents		
ACID GONE ORAL SUSPENSION	F	OTC
ALMACONE DOUBLE STRENGTH	F	OTC
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	F	OTC
aluminum hydroxide gel oral suspension 320 mg/5ml	F	OTC
aluminum-magnesium-simethicone	F	OTC
antacid & anti-gas max str	F	OTC
antacid & antigas oral suspension 2400-2400-240 mg/30ml	F	OTC
antacid anti-gas max strength	F	OTC
antacid calcium	F	OTC
antacid calcium rich	F	OTC
antacid extra strength oral tablet chewable 750 mg	F	OTC
ANTACID FLAVOR CHEWS	F	OTC
antacid liquid	F	OTC
antacid m	F	OTC
antacid maximum strength	F	OTC
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml	F	OTC
antacid oral tablet chewable 750 mg	F	OTC
antacid regular strength oral suspension	F	OTC
antacid/antigas	F	OTC
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL
bismuth	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BUFFERIN	F	OTC; AL
calcium antacid extra strength	F	OTC
calcium carbonate antacid oral suspension	F	OTC
calcium carbonate antacid oral tablet chewable 500 mg	F	OTC
CAL-GEST ANTACID	F	OTC
comfort gel antacid & anti-gas	F	OTC
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	F	OTC
cvs antacid extra strength oral tablet chewable 750 mg	F	OTC
cvs antacid kids	F	OTC
cvs antacid maximum strength	F	OTC
cvs antacid plus antigas	F	OTC
cvs antacid ultra strength	F	OTC
cvs antacid/anti-gas	F	OTC
cvs anti-diarrheal oral suspension	F	OTC
CVS CHEWY NOT CHALKY FLAVOR	F	OTC
cvs omeprazole-sod bicarbonate	NP	PA; OTC
cvs smooth antacid extra st	F	OTC
cvs stomach relief max st	F	OTC
cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml	F	OTC
cvs stomach relief oral tablet	F	OTC
cvs stomach relief oral tablet chewable	F	OTC
diarrhea	F	OTC
diotame oral tablet chewable	F	OTC
eq antacid maximum strength oral suspension	F	OTC
eq antacid oral tablet chewable	F	OTC
eq stomach relief oral suspension	F	OTC
eql antacid	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eql stomach relief oral suspension 262 mg/15ml	F	OTC
eql stomach relief oral tablet chewable	F	OTC
ft antacid & antigas oral suspension 200-200-20 mg/5ml	P	OTC
ft stomach relief oral tablet	F	OTC
geri-lanta maximum strength	F	OTC
geri-lanta oral suspension 200-200-20 mg/5ml	F	OTC
geri-mox	F	OTC
geri-mox maximum strength	F	OTC
gnp antacid & anti-gas oral suspension	F	OTC
gnp antacid extra strength oral tablet chewable 750 mg	F	OTC
gnp antacid oral tablet chewable 500 mg	F	OTC
gnp antacid regular strength	F	OTC
gnp antacid ultra strength	F	OTC
gnp pink bismuth oral tablet	F	OTC
gnp pink bismuth oral tablet chewable	F	OTC
gnp pink bismuth ultra str	F	OTC
gnp stomach relief oral suspension 525 mg/30ml	F	OTC
goodsense advanced antacid	F	OTC
goodsense antacid & gas relief oral suspension 400-400-40 mg/5ml	F	OTC
goodsense antacid oral tablet chewable 500 mg, 750 mg	F	OTC
goodsense stomach relief oral suspension 525 mg/30ml	F	OTC
goodsense stomach relief oral tablet chewable	F	OTC
HEALTHY MAMA TAME THE FLAME	F	OTC
hm antacid extra strength	F	OTC
hm antacid oral suspension	F	OTC
HYVEE ADVANCED ANTACID	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
KAOPECTATE EXTRA STRENGTH	F	OTC
KAOPECTATE ORAL TABLET	F	OTC
KONVOMEP	NP	PA
long lasting antacid	F	OTC
MAALOX MAX ORAL SUSPENSION	F	OTC
mag 440	F	OTC
mag-al plus	F	OTC
mag-al plus xs	F	OTC
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	F	OTC
magnesium oxide oral tablet 400 mg, 420 mg	F	OTC
MAOX	F	OTC
mintox maximum strength	F	OTC
MINTOX ORAL SUSPENSION	F	OTC
MYLANTA MAXIMUM STRENGTH	F	OTC
omeprazole-sodium bicarbonate	NP	PA
PEPTO-BISMOL MAX STRENGTH	F	OTC
PEPTO-BISMOL ORAL SUSPENSION 262 MG/15ML	F	OTC
PEPTO-BISMOL ORAL TABLET	F	OTC
PEPTO-BISMOL ORAL TABLET CHEWABLE	F	OTC
PEPTO-BISMOL TO-GO	F	OTC
qc antacid	F	OTC
qc antacid extra strength	F	OTC
qc antacid/antigas	F	OTC
qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	F	OTC
qc diarrhea relief	F	OTC
qc stomach relief	F	OTC
ra antacid	F	OTC
ra antacid/anti-gas	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra antacid/anti-gas max st	F	OTC
ra antacid/gas relief max st	F	OTC
ra stomach relief oral suspension	F	OTC
sb antacid	F	OTC
sb antacid anti-gas	F	OTC
sb antacid extra strength	F	OTC
sm antacid oral suspension	F	OTC
sodium bicarbonate oral tablet 325 mg, 650 mg	F	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	F	OTC
SOOTHE ORAL TABLET CHEWABLE	F	OTC
stomach relief extra strength	F	OTC
stomach relief oral suspension 525 mg/15ml	F	OTC
stomach relief oral tablet	F	OTC
stomach relief oral tablet chewable	F	OTC
stomach relief ultra	F	OTC
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
TUMS	F	OTC
TUMS CHEWY BITES	F	OTC
TUMS E-X 750	F	OTC
TUMS EXTRA STRENGTH	F	OTC
TUMS EXTRA STRENGTH 750	F	OTC
TUMS LASTING EFFECTS	F	OTC
TUMS SMOOTHIES	F	OTC
TUMS ULTRA 1000	F	OTC
ZEGERID	NP	PA
Antidiarrhea Agents		
anti-diarrheal oral solution	P	OTC
anti-diarrheal oral tablet	P	OTC
bis subcit-metronid-tetracyc	NP	PA
bismuth	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
bismuth/metronidaz/tetracyclin	NP	PA
CULTURELLE HEALTH & WELLNESS	F	OTC
CULTURELLE HEALTH (INULIN)	F	OTC
CULTURELLE IMMUNITY SUPPORT	F	OTC
CULTURELLE ORAL CAPSULE	F	OTC
CULTURELLE PRO-WELL HEALTH	F	OTC
cvs anti-diarrheal oral suspension	F	OTC
cvs stomach relief max st	F	OTC
cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml	F	OTC
cvs stomach relief oral tablet	F	OTC
cvs stomach relief oral tablet chewable	F	OTC
diarrhea	F	OTC
diotame oral tablet chewable	F	OTC
diphenoxylate-atropine oral liquid	P	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	P	
eq anti-diarrheal oral capsule	P	OTC
eq stomach relief oral suspension	F	OTC
eql stomach relief oral suspension 262 mg/15ml	F	OTC
eql stomach relief oral tablet chewable	F	OTC
ft anti-diarrheal oral capsule	P	OTC
ft anti-diarrheal oral solution	P	OTC
ft stomach relief oral tablet	F	OTC
gnp anti-diarrheal oral capsule	P	OTC
gnp loperamide hcl oral solution	P	OTC
gnp pink bismuth oral tablet	F	OTC
gnp pink bismuth oral tablet chewable	F	OTC
gnp pink bismuth ultra str	F	OTC
gnp stomach relief oral suspension 525 mg/30ml	F	OTC
goodsense anti-diarrheal oral solution	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
goodsense stomach relief oral suspension 525 mg/30ml	F	OTC
goodsense stomach relief oral tablet chewable	F	OTC
KAOPECTATE EXTRA STRENGTH	F	OTC
KAOPECTATE ORAL TABLET	F	OTC
loperamide hcl oral capsule	P	
loperamide hcl oral solution 1 mg/7.5ml	P	OTC
loperamide hcl oral suspension	P	OTC
PEPTO-BISMOL MAX STRENGTH	F	OTC
PEPTO-BISMOL ORAL SUSPENSION 262 MG/15ML	F	OTC
PEPTO-BISMOL ORAL TABLET	F	OTC
PEPTO-BISMOL ORAL TABLET CHEWABLE	F	OTC
PEPTO-BISMOL TO-GO	F	OTC
PYLERA	P	
qc anti-diarrheal	P	OTC
qc diarrhea relief	F	OTC
qc stomach relief	F	OTC
ra allergy relief oral capsule 10 mg	NP	PA; OTC
ra anti-diarrheal oral tablet	F	OTC
ra stomach relief oral suspension	F	OTC
sm anti-diarrheal oral solution	P	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	F	OTC
SOOTHE ORAL TABLET CHEWABLE	F	OTC
stomach relief extra strength	F	OTC
stomach relief oral suspension 525 mg/15ml	F	OTC
stomach relief oral tablet	F	OTC
stomach relief oral tablet chewable	F	OTC
stomach relief ultra	F	OTC
VIBERZI	NP	PA; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Antiemetics, Miscellaneous		
dronabinol	F	PA
LYBALVI	Carve-out	
olanzapine	Carve-out	
olanzapine-fluoxetine hcl	Carve-out	
promethazine hcl oral solution 6.25 mg/5ml	F	AL
promethazine hcl oral syrup	F	
promethazine hcl oral tablet	F	AL
promethazine hcl rectal suppository 12.5 mg	F	QL; AL
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL
scopolamine	F	PA
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	Carve-out	
ZYPREXA INTRAMUSCULAR	Carve-out	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	Carve-out	
Antiflatulents		
ALMACONE DOUBLE STRENGTH	F	OTC
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	F	OTC
aluminum-magnesium-simethicone	F	OTC
antacid & anti-gas max str	F	OTC
antacid & antigas oral suspension 2400-2400-240 mg/30ml	F	OTC
antacid anti-gas max strength	F	OTC
antacid liquid	F	OTC
antacid m	F	OTC
antacid maximum strength	F	OTC
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
antacid regular strength oral suspension	F	OTC
antacid/antigas	F	OTC
anti-gas oral capsule	Carve-out	OTC
BEANO MELTAWAYS ORAL TABLET DISPERSIBLE 450 UNIT	Carve-out	OTC
BEANO ULTRA 800	Carve-out	OTC
comfort gel antacid & anti-gas	F	OTC
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	F	OTC
cvs antacid maximum strength oral suspension	F	OTC
cvs antacid plus antigas	F	OTC
cvs antacid/anti-gas	F	OTC
CVS BEANAID	Carve-out	OTC
cvs gas relief extra strength oral tablet chewable	F	OTC
cvs gas relief infants	F	OTC
cvs gas relief oral tablet chewable	F	OTC
cvs infants gas relief	F	OTC
drxchoice gas relief	F	OTC
eq antacid maximum strength oral suspension	F	OTC
eq gas relief extra strength oral tablet chewable	F	OTC
eq infants gas relief oral suspension 40 mg/0.6ml	F	OTC
ft antacid & antigas oral suspension 200-200-20 mg/5ml	P	OTC
ft gas relief infants	F	OTC
gas relief & prevention	Carve-out	OTC
gas relief extra strength oral tablet chewable	F	OTC
gas relief infants oral suspension 20 mg/0.3ml	F	OTC
gas relief oral liquid	F	OTC
gas relief oral tablet chewable	F	OTC
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
GAS-X PREVENTION	Carve-out	OTC
geri-lanta maximum strength	F	OTC
geri-lanta oral suspension 200-200-20 mg/5ml	F	OTC
geri-mox	F	OTC
geri-mox maximum strength	F	OTC
gnp antacid & anti-gas oral suspension	F	OTC
gnp antacid regular strength	F	OTC
gnp gas relief	F	OTC
gnp gas relief extra strength oral tablet chewable	F	OTC
gnp infant gas relief	F	OTC
goodsense advanced antacid	F	OTC
goodsense antacid & gas relief oral suspension 400-400-40 mg/5ml	F	OTC
hm antacid oral suspension	F	OTC
HYVEE ADVANCED ANTACID	F	OTC
infants gas relief oral suspension 20 mg/0.3ml	F	OTC
LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION	F	OTC
LITTLE REMEDIES GAS RELIEF	F	OTC
MAALOX MAX ORAL SUSPENSION	F	OTC
mag-al plus	F	OTC
mag-al plus xs	F	OTC
mintox maximum strength	F	OTC
MINTOX ORAL SUSPENSION	F	OTC
MYLANTA MAXIMUM STRENGTH	F	OTC
MYLICON INFANTS GAS RELIEF	F	OTC
qc antacid oral suspension	F	OTC
qc antacid/antigas	F	OTC
qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	F	OTC
qc gas relief extra strength oral tablet chewable	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra antacid/anti-gas	F	OTC
ra antacid/anti-gas max st	F	OTC
ra antacid/gas relief max st	F	OTC
ra gas relief extra strength oral tablet chewable	F	OTC
sb antacid anti-gas	F	OTC
simethicone drops infants oral suspension	F	OTC
simethicone oral tablet chewable	F	OTC
sm antacid oral suspension	F	OTC
Antihistamines (Gi Drugs)		
meclizine hcl oral tablet 12.5 mg, 25 mg	F	
meclizine hcl oral tablet chewable	F	
prochlorperazine	F	QL
prochlorperazine maleate oral	F	QL
Anti-Inflammatory Agents (Gi Drugs)		
alosetron hcl	NP	PA
APRISO	P	
AZULFIDINE	NP	PA
AZULFIDINE EN-TABS	NP	PA
balsalazide disodium	NP	PA
COLAZAL	NP	PA
DELZICOL	NP	PA
DIPENTUM	NP	PA
LIALDA	NP	PA
LOTRONEX	NP	PA
mesalamine er	NP	PA
mesalamine oral capsule delayed release	NP	PA
mesalamine oral tablet delayed release 1.2 gm	P	
mesalamine oral tablet delayed release 800 mg	NP	PA
mesalamine rectal enema	F	
PENTASA	P	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sulfasalazine oral	P	
Antiulcer Agents And Acid Suppress.,Misc		
bis subcit-metronid-tetracyc	NP	PA
bismuth/metronidaz/tetracyclin	NP	PA
PYLERA	P	
TALICIA	NP	PA
Antiulcer Agents And Acid Suppressants		
aluminum hydroxide gel oral suspension 320 mg/5ml	F	OTC
amoxicillin oral capsule	F	102 day supply allowed
amoxicillin oral suspension reconstituted	F	102 day supply allowed
amoxicillin oral tablet	F	102 day supply allowed
amoxicillin oral tablet chewable 125 mg, 250 mg	F	102 day supply allowed
antacid calcium	F	OTC
antacid calcium rich	F	OTC
antacid extra strength oral tablet chewable 750 mg	F	OTC
ANTACID FLAVOR CHEWS	F	OTC
antacid oral tablet chewable 750 mg	F	OTC
bismuth	F	OTC
calcium antacid extra strength	F	OTC
calcium carbonate antacid oral suspension	F	OTC
calcium carbonate antacid oral tablet chewable 500 mg	F	OTC
CAL-GEST ANTACID	F	OTC
clarithromycin er	NP	PA
clarithromycin oral suspension reconstituted	P	
clarithromycin oral tablet	P	QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
cvs antacid extra strength oral tablet chewable 750 mg	F	OTC
cvs antacid kids	F	OTC
cvs antacid maximum strength oral tablet chewable	F	OTC
cvs antacid ultra strength	F	OTC
cvs anti-diarrheal oral suspension	F	OTC
CVS CHEWY NOT CHALKY FLAVOR	F	OTC
cvs smooth antacid extra st	F	OTC
cvs stomach relief max st	F	OTC
cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml	F	OTC
cvs stomach relief oral tablet	F	OTC
cvs stomach relief oral tablet chewable	F	OTC
diarrhea	F	OTC
diotame oral tablet chewable	F	OTC
eq antacid oral tablet chewable	F	OTC
eq stomach relief oral suspension	F	OTC
eql antacid	F	OTC
eql stomach relief oral suspension 262 mg/15ml	F	OTC
eql stomach relief oral tablet chewable	F	OTC
FLAGYL ORAL CAPSULE	NP	PA
ft stomach relief oral tablet	F	OTC
gnp antacid extra strength oral tablet chewable 750 mg	F	OTC
gnp antacid oral tablet chewable 500 mg	F	OTC
gnp antacid ultra strength	F	OTC
gnp pink bismuth oral tablet	F	OTC
gnp pink bismuth oral tablet chewable	F	OTC
gnp pink bismuth ultra str	F	OTC
gnp stomach relief oral suspension 525 mg/30ml	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
goodsense antacid oral tablet chewable 500 mg, 750 mg	F	OTC
goodsense stomach relief oral suspension 525 mg/30ml	F	OTC
goodsense stomach relief oral tablet chewable	F	OTC
HEALTHY MAMA TAME THE FLAME	F	OTC
hm antacid extra strength	F	OTC
KAOPECTATE EXTRA STRENGTH	F	OTC
KAOPECTATE ORAL TABLET	F	OTC
LIKMEZ	NP	PA; QL
long lasting antacid	F	OTC
mag 440	F	OTC
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	F	OTC
magnesium oxide oral tablet 400 mg, 420 mg	F	OTC
MAOX	F	OTC
metronidazole oral capsule	NP	PA
metronidazole oral tablet 250 mg, 500 mg	P	
PEPTO-BISMOL MAX STRENGTH	F	OTC
PEPTO-BISMOL ORAL SUSPENSION 262 MG/15ML	F	OTC
PEPTO-BISMOL ORAL TABLET	F	OTC
PEPTO-BISMOL ORAL TABLET CHEWABLE	F	OTC
PEPTO-BISMOL TO-GO	F	OTC
qc antacid extra strength	F	OTC
qc antacid oral tablet chewable	F	OTC
qc diarrhea relief	F	OTC
qc stomach relief	F	OTC
ra antacid	F	OTC
ra stomach relief oral suspension	F	OTC
sb antacid	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sb antacid extra strength	F	OTC
sodium bicarbonate oral tablet 325 mg, 650 mg	F	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	F	OTC
SOOTHE ORAL TABLET CHEWABLE	F	OTC
stomach relief extra strength	F	OTC
stomach relief oral suspension 525 mg/15ml	F	OTC
stomach relief oral tablet	F	OTC
stomach relief oral tablet chewable	F	OTC
stomach relief ultra	F	OTC
TUMS	F	OTC
TUMS CHEWY BITES	F	OTC
TUMS E-X 750	F	OTC
TUMS EXTRA STRENGTH	F	OTC
TUMS EXTRA STRENGTH 750	F	OTC
TUMS LASTING EFFECTS	F	OTC
TUMS SMOOTHIES	F	OTC
TUMS ULTRA 1000	F	OTC
Cathartics And Laxatives		
ACID GONE ORAL SUSPENSION	F	OTC
ALOPHEN	F	OTC
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL
BEELITH	F	OTC
bisacodyl ec	F	
bisacodyl oral	F	OTC
bisacodyl rectal	F	OTC
BUFFERIN	F	OTC; AL
CITROMA	F	OTC
COLACE 2-IN-1	F	OTC
COLACE CLEAR	F	OTC
COLACE ORAL CAPSULE 100 MG	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CULTURELLE HEALTH (INULIN)	F	OTC
cvs enema ready-to-use	F	OTC
cvs gentle laxative	F	OTC
cvs gentle laxative womens	F	OTC
cvs laxative dietary supplemnt	F	OTC
cvs laxative pills max st	F	OTC
cvs magnesium citrate oral solution	F	OTC
cvs milk of magnesia oral suspension 1200 mg/15ml	F	OTC
cvs mineral oil enema	F	OTC
cvs natural daily fiber oral powder 43 %	F	OTC
CVS PURELAX ORAL POWDER	F	OTC
cvs stool softener oral capsule 100 mg, 250 mg, 50 mg	F	OTC
cvs stool softener/laxative	F	OTC
docqlace	F	OTC
docuprene	F	OTC
docusate calcium	F	OTC
docusate mini	F	OTC
docusate sodium oral capsule 100 mg	F	OTC
docusate sodium oral capsule 250 mg	F	
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml	F	OTC
docuzen	F	OTC
DOK ORAL CAPSULE 100 MG	F	OTC
DOK ORAL TABLET	F	OTC
dss	F	OTC
DULCOLAX ORAL	F	OTC
DULCOLAX PINK LAXATIVE	F	OTC
DULCOLAX PINK STOOL SOFTENER	F	OTC
easy-lax	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
easy-lax plus	F	OTC
enema disposable rectal	F	OTC
enema pediatric	F	OTC
enema ready-to-use	F	OTC
enema rectal enema	F	OTC
ENEMEEZ MINI	F	OTC
ENEMEEZ PLUS	F	OTC
EQ CLEARLAX	F	OTC
eq laxative maximum strength	F	OTC
eq magnesium citrate	F	OTC
eq natural vegetable laxative	F	OTC
eq stool softener/laxative	F	OTC
eq vegetable laxative	F	OTC
EQL CLEARLAX	F	OTC
eql fiber therapy oral powder 43 %	F	OTC
eql gentle laxative	F	OTC
eql magnesium citrate	F	OTC
eql ready-to-use enema	F	OTC
eql senna laxative	F	OTC
eql senna-s	F	OTC
EVAC-U-GEN ORAL TABLET	F	OTC
EX-LAX MAXIMUM STRENGTH	F	OTC
FLEET ENEMA RECTAL ENEMA	F	OTC
FLEET OIL	F	OTC
FLEET PEDIATRIC	F	OTC
ft clearlax	F	OTC
ft enema mineral oil	F	OTC
ft enema saline	F	OTC
ft gentle laxative	F	OTC
ft laxative	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ft magnesium citrate	F	OTC
ft milk of magnesia	F	OTC
ft senna laxative	F	OTC
ft senna laxatives	F	OTC
ft stool softener oral capsule 100 mg	F	OTC
ft stool softener oral tablet 100 mg	F	OTC
gavilax oral powder	F	OTC
GAVILYTE-C	F	
GAVILYTE-G	F	
GAVILYTE-N WITH FLAVOR PACK	F	
gentle laxative oral tablet delayed release	F	OTC
gentle laxative rectal	F	OTC
geri-kot	F	OTC
GLYCOLAX	F	OTC
GNP CLEARLAX ORAL POWDER	F	OTC
gnp fiber oral powder	F	OTC
gnp gentle laxative oral	F	OTC
gnp magnesium citrate	F	OTC
gnp milk of magnesia	F	OTC
gnp senna lax	F	OTC
gnp senna plus	F	OTC
gnp stool softener oral capsule 100 mg	F	OTC
gnp womens gentle laxative	F	OTC
goodsense bisacodyl laxative	F	OTC
GOODSENSE CLEARLAX	F	OTC
goodsense milk of magnesia	F	OTC
goodsense senna laxative oral tablet 8.6 mg	F	OTC
HEALTHY MAMA MOVE IT ALONG	F	OTC
hm enema	F	OTC
hm enema mineral oil	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
hm laxative oral	F	OTC
kp bisacodyl	F	OTC
kp senna	F	OTC
laxative regular strength	F	OTC
magnesium citrate oral solution 1.745 gm/30ml	F	OTC
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	F	OTC
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	F	QL
natural fiber therapy oral powder 30 %	F	OTC
natural senna laxative oral tablet 8.6 mg	F	OTC
NEPHRON FA	F	
ONELAX	F	OTC
ONELAX MAGNESIUM CITRATE	F	OTC
ONELAX SENNA	F	OTC
peg 3350 oral powder	F	OTC
peg 3350-kcl-na bicarb-nacl	F	
peg-3350/electrolytes	F	
PERDIEM OVERNIGHT RELIEF	F	OTC
PHILLIPS ORAL TABLET	F	OTC
polyethylene glycol 3350 oral powder	F	
prenatal 19 oral tablet	F	OTC; QL; AL
PROMOLAXIN	F	OTC
psyldex	F	OTC
px docusate sodium	F	OTC
px laxative	F	OTC
qc enema	F	OTC
qc gentle laxative rectal	F	OTC
qc magnesium citrate	F	OTC
qc milk of magnesia	F	OTC
qc natura-lax	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
qc stool softener oral capsule 100 mg	F	OTC
qc stool softener pls laxative oral tablet 8.6-50 mg	F	OTC
qc vegetable laxative	F	OTC
ra enema	F	OTC
ra laxative oral powder	F	OTC
ra laxative oral tablet delayed release	F	OTC
ra magnesium citrate	F	OTC
ra milk of magnesia oral suspension	F	OTC
ra p col-rite	F	OTC
ra womens laxative	F	OTC
sb senna-lax	F	OTC
se-natal 19 oral tablet	F	QL; AL
senna oral capsule	F	OTC
senna oral liquid	F	OTC
senna oral syrup 8.8 mg/5ml	F	
senna oral tablet 8.6 mg	F	OTC
senna plus oral tablet	F	OTC
SENNA SMOOTH	F	OTC
senna-docusate sodium	F	OTC
senna-lax	F	OTC
senna-plus	F	OTC
senna-tabs	F	OTC
senna-time	F	OTC
senna-time s	F	OTC
sennosides-docusate sodium	F	OTC
SENOKOT	F	OTC
SENOKOT EXTRA STRENGTH	F	OTC
SENOKOT S	F	OTC
sm enema rectal enema 7-19 gm/118ml	F	OTC
stimulant laxative oral tablet	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
stool softener laxative oral capsule 100 mg	F	OTC
stool softener oral tablet	F	OTC
stool softener plus laxative	F	OTC
stool softener/laxative oral tablet	F	OTC
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
vegetable lax+stool softener	F	OTC
WAL-MUCIL ORAL POWDER 43 %	F	OTC
womans laxative oral tablet delayed release	F	OTC
Chloride Channel Activators		
AMITIZA	NP	PA; QL; AL
lubiprostone	P	QL; AL
Cholelitholytic Agents		
BYLVAY	Carve-out	
BYLVAY (PELLETS)	Carve-out	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Carve-out	
RELTONE	NP	PA; 102 day supply allowed
URSO FORTE	NP	PA; 102 day supply allowed
ursodiol oral capsule 300 mg	P	102 day supply allowed
ursodiol oral capsule 400 mg	NP	PA; 102 day supply allowed
ursodiol oral tablet	P	102 day supply allowed
Digestants		
betaine hcl oral capsule 650-2-130 mg	Carve-out	OTC
CREON	P-PA	PA; 102 day supply allowed
cvs dairy relief	Carve-out	OTC
cvs dairy relief ex st	Carve-out	OTC
cvs dairy relief fast acting oral tablet	Carve-out	OTC
cvs lactase enzyme ultra str	Carve-out	OTC
dairy digestive ultra	Carve-out	OTC
dairy relief oral tablet 3000 unit	Carve-out	OTC
digestive enzyme	Carve-out	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
digestive enzymes oral capsule	Carve-out	OTC
digestive enzymes oral tablet	Carve-out	OTC
enzyme digest	Carve-out	OTC
eq dairy digestive fast acting	Carve-out	OTC
eql dairy digest fast acting	Carve-out	OTC
eql digestive enzymes	Carve-out	OTC
GASTRACID	Carve-out	OTC
gnp dairy relief	Carve-out	OTC
gnp fast acting dairy relief	Carve-out	OTC
LACTAID FAST ACT	Carve-out	OTC
LACTAID ORAL TABLET	Carve-out	OTC
lactase enzyme	Carve-out	OTC
lactase fast acting	Carve-out	OTC
lactose fast acting relief	Carve-out	OTC
panplex 2-phase oral tablet delayed release	Carve-out	OTC
PERTZYE	NP	PA; 102 day supply allowed
ra dairy aid	Carve-out	OTC
ra dairy relief fast acting oral tablet chewable	Carve-out	OTC
sb dairy relief	Carve-out	OTC
sb lactase	Carve-out	OTC
surelac	Carve-out	OTC
VIOKACE	NP	PA; 102 day supply allowed
XYMOZYME	Carve-out	OTC
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	P-PA	PA; 102 day supply allowed
Dopamine Receptor Antagonists		
droperidol injection	Carve-out	
promethazine hcl rectal suppository 12.5 mg	F	QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL
Gi Drugs, Miscellaneous		
ABRILADA (1 PEN)	NP	PA
ABRILADA (2 PEN)	NP	PA; Specialty Drug
ABRILADA (2 SYRINGE)	NP	PA; Specialty Drug
adalimumab-aacf(cd/uc/hs strt)	NP	PA; Specialty
adalimumab-aacf(ps/uv starter)	NP	PA; Specialty
adalimumab-aaty (1 pen)	NP	PA; Specialty Drug
adalimumab-aaty (2 pen)	NP	PA; Specialty Drug
adalimumab-aaty (2 syringe)	NP	PA; Specialty Drug
adalimumab-aaty cd/uc/hs start	NP	PA; Specialty
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	NP	PA; Specialty
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml	NP	PA; Specialty
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-fkjp	NP	PA; Specialty Drug
adalimumab-fkjp (2 pen)	NP	PA; Specialty Drug
adalimumab-fkjp (2 syringe)	NP	PA; Specialty Drug
adalimumab-ryvk (2 pen)	NP	PA; Specialty Drug
adalimumab-ryvk (2 syringe)	NP	PA; Specialty Drug
AMITIZA	NP	PA; QL; AL
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	NP	PA

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
AMJEVITA-PED 10KG TO <15KG	NP	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	NP	PA
BYLVAY	Carve-out	
BYLVAY (PELLETS)	Carve-out	
CIMZIA (2 SYRINGE)	NP	PA; Specialty Drug
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA; Specialty Drug
CIMZIA-STARTER	NP	PA; Specialty Drug
CYLTEZO (2 SYRINGE)	NP	PA; Specialty Drug
dronabinol	F	PA
ENTYVIO INTRAVENOUS	NP	PA; Specialty Drug
ENTYVIO PEN	NP	PA; Specialty Drug
HADLIMA	NP	PA; Specialty Drug
HADLIMA PUSHTOUCH	NP	PA; Specialty Drug
HULIO (2 PEN)	NP	PA; Specialty Drug
HULIO (2 SYRINGE)	NP	PA; Specialty Drug
HUMIRA (1 PEN)	P	Specialty Drug
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	P	Specialty Drug
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	P	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	P	Specialty Drug
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug
HUMIRA-PED<40KG CROHNS STARTER	P	Specialty Drug
HUMIRA-PED>/=40KG CROHNS START	P	Specialty Drug
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA; Specialty Drug
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA; Specialty Drug
HYRIMOZ-CROHNS/UC STARTER	NP	PA; Specialty Drug
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA; Specialty Drug
HYRIMOZ-PED>/=40KG CROHN START	NP	PA; Specialty Drug
HYRIMOZ-PLAQ PSOR/UVEIT START	NP	PA; Specialty Drug
HYRIMOZ-PLAQUE PSORIASIS START	NP	PA; Specialty Drug
IBSRELA	NP	PA; QL; AL
IDACIO (2 PEN)	NP	PA; Specialty Drug
IDACIO (2 SYRINGE)	NP	PA; Specialty Drug
IDACIO-CROHNS/UC STARTER	NP	PA; Specialty Drug
IDACIO-PSORIASIS STARTER	NP	PA; Specialty Drug
LINZESS	P	QL; AL
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Carve-out	
lubiprostone	P	QL; AL
MOTEGRITY	NP	PA
MOVANTIK	NP	PA
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	F	PA
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml	F	PA; Specialty Drug
OMVOH INTRAVENOUS	NP	PA; Specialty Drug; AL
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; AL
orlistat oral	P-PA	PA; QL; AL
prucalopride succinate	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
RELISTOR ORAL	NP	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	NP	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NP	PA; Specialty Drug
SIMLANDI (2 PEN)	NP	PA; Specialty
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	NP	PA; Specialty Drug
SIMPONI ARIA	NP	PA; Specialty Drug
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; Specialty Drug
STELARA INTRAVENOUS	NP	PA; Specialty Drug
SYMPROIC	NP	PA
TRULANCE	NP	PA
VIBERZI	NP	PA; QL
XENICAL	P-PA	PA; QL; AL
XPHOZAH ORAL TABLET 30 MG	NP	PA; 102 Day Supply Allowed
YUFLYMA (1 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 SYRINGE)	NP	PA; Specialty Drug
YUFLYMA-CD/UC/HS STARTER	NP	PA; Specialty Drug
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL
ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS	P	QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRULANCE	NP	PA
Histamine H2-Antagonists		
acid reducer oral tablet 10 mg	F	OTC
cimetidine 200	F	OTC
cimetidine hcl oral solution 300 mg/5ml	F	
cimetidine oral	F	
eq famotidine max st	F	OTC
famotidine maximum strength	F	OTC
famotidine oral suspension reconstituted	F	QL; AL
famotidine oral tablet 10 mg	F	OTC
famotidine oral tablet 20 mg, 40 mg	F	
famotidine orig st	F	OTC
heartburn relief oral tablet 10 mg	F	OTC
ibuprofen-famotidine	NP	PA
ra acid reducer max st oral tablet 20 mg	F	OTC
ra acid reducer oral tablet 10 mg	F	OTC
Immunomodulatory Agents (56:44)		
ENTYVIO INTRAVENOUS	NP	PA; Specialty Drug
ENTYVIO PEN	NP	PA; Specialty Drug
OMVOH (300 MG DOSE)	NP	PA; Specialty Drug; AL
OMVOH INTRAVENOUS	NP	PA; Specialty Drug; AL
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; AL
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug; AL
VELSIPITY	NP	PA; Specialty Drug; AL
Lipotropic Agents		
b complex formula 1 (lipotrop)	F	OTC
balanced b-50 complex	F	OTC
b-stress	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
complex b-100-inositol	F	OTC
scopolamine	F	PA
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL	NP	PA; Specialty Drug; QL
aprepitant oral	NP	PA; QL; AL
aprepitant oral capsule 125 mg, 40 mg, 80 mg	P	QL; AL
aprepitant oral capsule 80 & 125 mg	NP	PA; QL; AL
EMEND BIPACK	NP	PA; QL; AL
EMEND ORAL SUSPENSION RECONSTITUTED	NP	PA; AL
EMEND TRIPACK	NP	PA; QL; AL
Opioid Antagonists (56:18)		
MOVANTIK	NP	PA
RELISTOR ORAL	NP	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	NP	PA
SYMPROIC	NP	PA
Potassium-Competitive Acid Blockers		
VOQUEZNA	F	PA; QL; AL
VOQUEZNA DUAL PAK	NP	PA
VOQUEZNA TRIPLE PAK	NP	PA
Prokinetic Agents		
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	F	
metoclopramide hcl oral tablet	F	
Prostaglandins		
ARTHROTEC ORAL TABLET DELAYED RELEASE	NP	PA
diclofenac-misoprostol oral tablet delayed release	NP	PA
misoprostol oral	F	QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Protectants		
sucralfate oral tablet	F	QL
Proton-Pump Inhibitors		
acid reducer oral capsule delayed release	NP	PA; OTC
amoxicill-clarithro-lansopraz oral therapy pack	NP	PA; QL
cvs esomeprazole magnesium	NP	PA; OTC
cvs lansoprazole oral tablet delayed release dispersible	NP	PA; OTC
cvs omeprazole magnesium	NP	PA; OTC
cvs omeprazole oral tablet delayed release	NP	PA; OTC
cvs omeprazole oral tablet delayed release dispersible	NP	PA; OTC
cvs omeprazole-sod bicarbonate	NP	PA; OTC
DEXILANT	NP	PA
dexlansoprazole	NP	PA
eq omeprazole magnesium	NP	PA; OTC
eq omeprazole oral tablet delayed release	NP	PA; OTC
eql omeprazole	NP	PA; OTC
esomeprazole magnesium oral capsule delayed release	NP	PA
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	NP	PA; QL
esomeprazole magnesium oral tablet delayed release	NP	PA; OTC
ft acid reducer oral capsule delayed release	NP	PA; OTC
ft omeprazole	NP	PA; OTC
gnp lansoprazole	NP	PA; OTC
gnp omeprazole	NP	PA; OTC
GOODSENSE ESOMEPRAZOLE	NP	PA; OTC
goodsense lansoprazole oral capsule delayed release	NP	PA; OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
kls esomeprazole magnesium	NP	PA; OTC
KONVOMEP	NP	PA
lansoprazole oral capsule delayed release	NP	PA
lansoprazole oral tablet delayed release dispersible	NP	PA
naproxen-esomeprazole mg	NP	PA
NEXIUM 24HR CLEAR MINIS	NP	PA; OTC
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	NP	PA; OTC
NEXIUM ORAL CAPSULE DELAYED RELEASE	NP	PA
NEXIUM ORAL PACKET	P	QL
OMECLAMOX-PAK	NP	PA
omeprazole magnesium	NP	PA; OTC
omeprazole oral capsule delayed release	P	QL
omeprazole oral tablet delayed release	NP	PA; OTC
omeprazole oral tablet delayed release dispersible	NP	PA; OTC
omeprazole-sodium bicarbonate	NP	PA
pantoprazole sodium oral packet	NP	PA; QL
pantoprazole sodium oral tablet delayed release	P	QL
PREVACID 24HR	NP	PA; OTC
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	NP	PA
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	NP	PA
PRILOSEC ORAL PACKET	NP	PA
PROTONIX ORAL PACKET	P	QL
PROTONIX ORAL TABLET DELAYED RELEASE	NP	PA; QL
qc omeprazole magnesium	NP	PA; OTC
ra esomeprazole magnesium	NP	PA; OTC
ra omeprazole	NP	PA; OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
rabeprazole sodium oral tablet delayed release	NP	PA
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	NP	PA
VOQUEZNA	F	PA; QL; AL
ZEGERID	NP	PA
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	F	
Hormones And Synthetic Substitutes		
Adrenals		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL
ADVAIR HFA	P	102 day supply allowed; QL
AGAMREE	F	Specialty Drug
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL
AIRSUPRA	NP	PA; 102 day supply allowed; QL
ALKINDI SPRINKLE	F	
allergy nasal spray (momet)	NP	PA; OTC
allergy nasal spray nasal suspension	NP	PA; OTC
allergy relief nasal	NP	PA; OTC
allergy spray 24 hour nasal suspension	NP	PA; OTC
ALVESCO	P	
anti-itch maximum strength external cream 1 %	P	OTC
AQUAPHOR ITCH RELIEF MAX STR	P	OTC
ARMONAIR DIGIHALER	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	AL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT	P	QL; AL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	NP	PA; QL
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT	NP	PA; QL; AL
BECONASE AQ	NP	PA
betamethasone dipropionate aug	NP	PA
betamethasone dipropionate external	P	
betamethasone valerate external cream	P	
betamethasone valerate external foam	NP	PA
betamethasone valerate external lotion	P	
betamethasone valerate external ointment	P	

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL
BREYNA	NP	PA; 102 day supply allowed; QL
BREZTRI AEROSPHERE	NP	PA; 102 day supply allowed; QL
budesonide er oral tablet extended release 24 hour	NP	PA
budesonide inhalation	P	QL; AL
budesonide oral	F	PA
budesonide-formoterol fumarate	NP	PA; 102 day supply allowed; QL
CORTEF	F	
CORTIZONE-10 EXTERNAL OINTMENT	P	OTC
CORTIZONE-10 FEMININE ITCH	P	OTC
CORTIZONE-10 INTENSIVE HEALING	P	OTC
CORTIZONE-10 OVERNIGHT ITCH	P	OTC
CORTIZONE-10 PLUS	P	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	P	OTC
CORTIZONE-10/ALOE EXTERNAL LIQUID	NP	PA; OTC
cvs cortisone maximum strength external ointment	P	OTC
cvs fluticasone propionate	NP	PA; OTC
deflazacort oral tablet	F	Specialty Drug
DEPO-MEDROL	F	
DEXAMETHASONE INTENSOL	F	
dexamethasone oral	F	
dexamethasone sod phosphate pf	F	
dexamethasone sodium phosphate injection	F	
DIPROLENE EXTERNAL OINTMENT	NP	PA
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	P	102 day supply allowed; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DULERA INHALATION AEROSOL 50-5 MCG/ACT	P	102 day supply allowed; QL; AL
EMFLAZA	F	Specialty Drug
EOHILIA	F	PA; Specialty Drug; QL; AL
eq allergy relief nasal	NP	PA; OTC
eq hydrocortisone	P	OTC
eql anti-itch intensive heal	P	OTC
eql anti-itch maximum strength	P	OTC
eql fluticasone propionate	NP	PA; OTC
FLONASE ALLERGY REL CHILDRENS	NP	PA; OTC
fludrocortisone acetate oral	F	
flunisolide nasal solution 25 mcg/act (0.025%)	NP	PA
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL
fluticasone propionate diskus	NP	PA
fluticasone propionate external cream	P	
fluticasone propionate external lotion	NP	PA
fluticasone propionate external ointment	P	
fluticasone propionate hfa inhalation aerosol 110 mcg/act	P	QL
fluticasone propionate hfa inhalation aerosol 220 mcg/act, 44 mcg/act	P	102 day supply allowed; QL
fluticasone propionate nasal	P	
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL
ft allergy relief 24 hr	NP	PA; OTC
ft itch relief max strength	P	OTC
gnp fluticasone propionate	NP	PA; OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp hydrocortisone external cream 0.5 %	P	OTC
gnp hydrocortisone max st	P	OTC
gnp hydrocortisone plus	P	OTC
gnp hydrocortisone/aloe	P	OTC
goodsense 24-hr allergy nasal	NP	PA; OTC
HEMADY	F	
HIDEX 6-DAY	F	
hydrocortisone (perianal) external cream 2.5 %	F	
hydrocortisone acetate external cream	P	OTC
hydrocortisone acetate external ointment 1 %	P	OTC
hydrocortisone anti-itch	P	OTC
hydrocortisone butyr lipo base	NP	PA
hydrocortisone butyrate external	NP	PA
hydrocortisone external cream 0.5 %	P	OTC
hydrocortisone external cream 1 %, 2.5 %	P	
hydrocortisone external lotion 2.5 %	P	
hydrocortisone external ointment 1 %, 2.5 %	P	
hydrocortisone external solution 2.5 %	NP	PA
hydrocortisone max st	P	OTC
hydrocortisone max st/12 moist	P	OTC
hydrocortisone oral	F	
hydrocortisone valerate	NP	PA
hydrocortisone/aloe max str	P	OTC
hydrocortisone-acetic acid	F	
KENALOG EXTERNAL	NP	PA
KENALOG-10	F	
KENALOG-40	F	
LOCOID EXTERNAL LOTION	NP	PA
MEDPURA HYDROCORTISONE	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	F	
MEDROL ORAL TABLET THERAPY PACK	F	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	F	
methylprednisolone oral	F	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	F	
mometasone furoate external	P	
mometasone furoate nasal	NP	PA
MONISTAT CARE INSTANT ITCH RLF	P	OTC
NASONEX 24HR	NP	PA; OTC
OMNARIS	NP	PA
ORAPRED ODT	F	
PEDIAPRED	F	
prednisolone acetate ophthalmic	F	
prednisolone oral solution	F	
prednisolone oral tablet	F	
prednisolone sodium phosphate ophthalmic	F	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	F	
prednisolone sodium phosphate oral tablet dispersible	F	
PREDNISONE INTENSOL	F	
prednisone oral solution	F	
prednisone oral tablet	F	
prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)	F	
prednisone oral tablet therapy pack 10 mg (48)	F	Specialty Drug
PREPARATION H EXTERNAL CREAM 1 %	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM	P	OTC
PROCTO-MED HC EXTERNAL	F	
PROCTOSOL HC EXTERNAL	F	
PROCTOZONE-HC EXTERNAL	F	
PULMICORT	NP	PA; QL; AL
PULMICORT FLEXHALER	P	QL
px hydrocream	P	OTC
qc allergy relief nasal	NP	PA; OTC
qc anti-itch aloe	P	OTC
QNASL	NP	PA
QNASL CHILDRENS	NP	PA
QVAR REDIHALER	P	
ra anti-itch maximum strength	P	OTC
ra hydrocortisone plus 12	P	OTC
RAYOS	F	
RYALTRIS	NP	PA
sb hydrocortisone	P	OTC
scalp relief maximum strength	NP	PA; OTC
SERNIVO	NP	PA
SOLU-CORTEF	F	
SOLU-MEDROL (PF)	F	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	F	
SYMBICORT	P	102 day supply allowed; QL
TAPERDEX 12-DAY	F	
TAPERDEX 6-DAY	F	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	F	
TEXACORT	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
triamcinolone acetonide external aerosol solution	NP	PA
triamcinolone acetonide external cream	P	
triamcinolone acetonide external lotion	P	
triamcinolone acetonide external ointment	P	
triamcinolone acetonide injection suspension 40 mg/ml	F	
triamcinolone in absorbase	P	
TRIDERM EXTERNAL CREAM 0.5 %	P	
TRITOCIN	P	
UCERIS ORAL	NP	PA
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL
XHANCE	NP	PA
ZETONNA	NP	PA
Alpha-Glucosidase Inhibitors		
acarbose oral	P	102 day supply allowed
miglitol	P	102 day supply allowed
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed
Androgens		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	NP	PA
danazol oral	F	
FORTESTA	NP	PA

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
NATESTO	NP	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	F	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	P-PA	PA
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	NP	PA
testosterone transdermal solution	NP	PA
VOGELXO PUMP	NP	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	NP	PA
Antidiabetic Agents, Miscellaneous		
colesevelam hcl	NP	PA; 102 day supply allowed
WELCHOL	NP	PA; 102 day supply allowed
Antiestrogens		
anastrozole oral	F	
ARIMIDEX	F	
AROMASIN	F	
exemestane	F	
FEMARA	F	
KISQALI FEMARA (200 MG DOSE)	F	
KISQALI FEMARA (400 MG DOSE)	F	
KISQALI FEMARA (600 MG DOSE)	F	
letrozole oral	F	
Antigonadtropins		
AFTERA	F	OTC
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	NP	PA
ECONTRA ONE-STEP	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FORTESTA	NP	PA
HER STYLE	F	OTC
levonorgestrel oral tablet 1.5 mg	F	OTC
MY CHOICE	F	OTC
MY WAY	F	12 month supply allowed; OTC
MYFEMBREE	P	PA; QL; AL
NATESTO	NP	PA
NEW DAY	F	OTC
OPCICON ONE-STEP	F	12 month supply allowed; OTC
OPTION 2	F	OTC; AL
ORGOVYX	F	Specialty Drug
ORIAHNN	P-PA	PA; QL; AL
ORILISSA	P-PA	PA; QL; AL
REACT	F	OTC; AL
TAKE ACTION	F	OTC
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	F	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	P-PA	PA
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	NP	PA
testosterone transdermal solution	NP	PA
VOGELXO PUMP	NP	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	NP	PA
Antihypoglycemic Agents, Miscellaneous		
diazoxide oral	NP	PA; 102 day supply allowed
PROGLYCEM	P	102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Antiparathyroid Agents		
calcitonin (salmon) nasal	P	Specialty Drug
cinacalcet hcl	F	PA; Specialty Drug; QL
Antithyroid Agents		
methimazole oral	F	
propylthiouracil oral	F	
Biguanides		
ACTOPLUS MET ORAL TABLET 15-850 MG	NP	PA; 102 day supply allowed
alogliptin-metformin hcl	NP	PA; 102 day supply allowed
dapagliflozin pro-metformin er	NP	PA; 102 day supply allowed
glipizide-metformin hcl	NP	PA; 102 day supply allowed
GLUMETZA	NP	PA; 102 day supply allowed
glyburide-metformin	P	102 day supply allowed
INVOKAMET	NP	PA; 102 day supply allowed
INVOKAMET XR	NP	PA; 102 day supply allowed
JANUMET	P	102 day supply allowed; QL
JANUMET XR	P	102 day supply allowed
JENTADUETO	P	102 day supply allowed
JENTADUETO XR	NP	PA; 102 day supply allowed
KAZANO	NP	PA; 102 day supply allowed
metformin hcl er	P	102 day supply allowed
metformin hcl er (mod)	NP	PA; 102 day supply allowed
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	NP	PA; 102 day supply allowed
metformin hcl oral solution	NP	PA; 102 day supply allowed
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	P	102 day supply allowed
metformin hcl oral tablet 625 mg, 750 mg	NP	PA; 102 day supply allowed
pioglitazone hcl-metformin hcl	NP	PA; 102 day supply allowed
RIOMET	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
saxagliptin-metformin er	NP	PA; 102 Day Supply allowed
SEGLUROMET	NP	PA; 102 day supply allowed
sitaglipt base-metform hcl er	NP	PA; 102 day supply allowed
sitagliptin base-metformin hcl	NP	PA; 102 day supply allowed
SYNJARDY	P	102 day supply allowed
SYNJARDY XR	P	102 day supply allowed
TRIJARDY XR	NP	PA
XIGDUO XR	P	102 day supply allowed
ZITUVIMET	NP	PA; 102 day supply allowed
ZITUVIMET XR	NP	PA; 102 day supply allowed
Contraceptives		
AFIRMELLE	F	12 month supply allowed
AFTERA	F	OTC
alyacen 1/35	F	12 month supply allowed
alyacen 7/7/7	F	12 month supply allowed
APRI	F	12 month supply allowed
ARANELLE	F	12 month supply allowed
AUBRA EQ	F	12 month supply allowed
AUROVELA 1.5/30	F	12 month supply allowed
AUROVELA 1/20	F	12 month supply allowed
AUROVELA 24 FE	F	
AUROVELA FE 1.5/30	F	12 month supply allowed
AUROVELA FE 1/20	F	12 month supply allowed
AVIANE	F	12 month supply allowed
AYUNA	F	12 month supply allowed
AZURETTE	F	12 month supply allowed
BALZIVA	F	12 month supply allowed
BLISOVI 24 FE	F	12 month supply allowed
BLISOVI FE 1.5/30	F	12 month supply allowed
BLISOVI FE 1/20	F	12 month supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
briellyn	F	12 month supply allowed
CAMILA	F	12 month supply allowed
CHARLOTTE 24 FE	F	12 month supply allowed
CHATEAL EQ	F	12 month supply allowed
CRYSELLE-28	F	12 month supply allowed
CYRED EQ	F	12 month supply allowed
DASETTA 1/35 (28)	F	12 month supply allowed
DASETTA 7/7/7	F	12 month supply allowed
DEBLITANE	F	12 month supply allowed
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	F	12 month supply allowed
drospirenone-ethinyl estradiol	F	12 month supply allowed
ECONTRA ONE-STEP	F	OTC
ELINEST	F	12 month supply allowed
ELLA	F	12 month supply allowed
ELURYNG	F	QL
ENILLORING	F	QL
ENPRESSE-28	F	12 month supply allowed
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	F	12 month supply allowed
ERRIN	F	12 month supply allowed
ethynodiol diac-eth estradiol	F	12 month supply allowed
etonogestrel-ethinyl estradiol	F	12 month supply allowed; QL
FALMINA	F	12 month supply allowed
FINZALA	F	12 month supply allowed
HAILEY 1.5/30	F	12 month supply allowed
HAILEY FE 1.5/30	F	12 month supply allowed
HAILEY FE 1/20	F	12 month supply allowed
HALOETTE	F	QL
HEATHER	F	12 month supply allowed
HER STYLE	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ICLEVIA	F	12 month supply allowed
INCASSIA	F	12 month supply allowed
INTROVALE	F	12 month supply allowed
ISIBLOOM	F	12 month supply allowed
JASMIEL	F	12 month supply allowed
JENCYCLA	F	12 month supply allowed
JOLESSA	F	12 month supply allowed
JULEBER	F	12 month supply allowed
JUNEL 1.5/30	F	12 month supply allowed
JUNEL 1/20	F	12 month supply allowed
JUNEL FE 1.5/30	F	12 month supply allowed
JUNEL FE 1/20	F	12 month supply allowed
KALLIGA	F	12 month supply allowed
KARIVA	F	12 month supply allowed
KELNOR 1/35	F	12 month supply allowed
KELNOR 1/50	F	12 month supply allowed
KURVELO	F	12 month supply allowed
LARIN 1.5/30	F	12 month supply allowed
LARIN 1/20	F	12 month supply allowed
LARIN FE 1.5/30	F	12 month supply allowed
LARIN FE 1/20	F	12 month supply allowed
LEENA	F	12 month supply allowed
LESSINA	F	12 month supply allowed
LEVONEST	F	12 month supply allowed
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	F	12 month supply allowed
levonorgestrel oral tablet 1.5 mg	F	OTC
levonorgestrel-ethinyl estrad	F	12 month supply allowed
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	F	12 month supply allowed
LOESTRIN FE 1.5/30	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LORYNA	F	12 month supply allowed
LOW-OGESTREL	F	12 month supply allowed
LO-ZUMANDIMINE	F	12 month supply allowed
LUTERA	F	12 month supply allowed
LYLEQ	F	12 month supply allowed
LYZA	F	12 month supply allowed
marlissa	F	12 month supply allowed
medroxyprogesterone acetate intramuscular suspension	F	QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	F	102 day supply allowed; QL
MIBELAS 24 FE	F	12 month supply allowed
MICROGESTIN 1.5/30	F	12 month supply allowed
MICROGESTIN 1/20	F	12 month supply allowed
MICROGESTIN FE 1.5/30	F	12 month supply allowed
MICROGESTIN FE 1/20	F	12 month supply allowed
MILI	F	12 month supply allowed
MONO-LINYAH	F	12 month supply allowed
MY CHOICE	F	OTC
MY WAY	F	12 month supply allowed; OTC
NEW DAY	F	OTC
NIKKI	F	12 month supply allowed
NORA-BE	F	12 month supply allowed
norelgestromin-eth estradiol	F	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	F	12 month supply allowed
norethin ace-eth estrad-fe oral tablet chewable	F	12 month supply allowed
norethindrone acet-ethinyl est oral tablet	F	12 month supply allowed
norethindrone oral	F	12 month supply allowed
norethindron-ethinyl estrad-fe	F	12 month supply allowed
norethin-eth estradiol-fe	F	12 month supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	F	12 month supply allowed
norgestim-eth estrad triphasic	F	12 month supply allowed
NORLYDA	F	12 month supply allowed
NORTREL 0.5/35 (28)	F	12 month supply allowed
NORTREL 1/35 (28)	F	12 month supply allowed
NORTREL 7/7/7	F	12 month supply allowed
NYLIA 1/35	F	12 month supply allowed
NYLIA 7/7/7	F	12 month supply allowed
NYMYO	F	12 month supply allowed
OCELLA	F	12 month supply allowed
OPCICON ONE-STEP	F	12 month supply allowed; OTC
OPILL	F	12 month supply allowed; OTC
OPTION 2	F	OTC; AL
ORSYTHIA	F	12 month supply allowed
PHILITH	F	12 month supply allowed
PIMTREA	F	12 month supply allowed
PIRMELLA 7/7/7	F	12 month supply allowed
PORTIA-28	F	12 month supply allowed
REACT	F	OTC; AL
RECLIPSEN	F	12 month supply allowed
SETLAKIN	F	12 month supply allowed
SHAROBEL	F	12 month supply allowed
SIMLIYA	F	12 month supply allowed
SPRINTEC 28	F	12 month supply allowed
SRONYX	F	12 month supply allowed
TAKE ACTION	F	OTC
TARINA FE 1/20 EQ	F	12 month supply allowed
TILIA FE	F	12 month supply allowed
TRI-LEGEST FE	F	12 month supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRI-LINYAH	F	12 month supply allowed
TRI-LO-ESTARYLLA	F	12 month supply allowed
TRI-LO-MARZIA	F	12 month supply allowed
TRI-LO-MILI	F	12 month supply allowed
TRI-LO-SPRINTEC	F	12 month supply allowed
TRI-MILI	F	12 month supply allowed
TRI-NYMYO	F	12 month supply allowed
TRI-SPRINTEC	F	12 month supply allowed
TRIVORA (28)	F	12 month supply allowed
TRI-VYLIBRA	F	12 month supply allowed
TRI-VYLIBRA LO	F	12 month supply allowed
VELIVET	F	12 month supply allowed
VESTURA	F	12 month supply allowed
VIENVA	F	
viorele	F	12 month supply allowed
VOLNEA	F	12 month supply allowed
VYFEMLA	F	12 month supply allowed
VYLIBRA	F	12 month supply allowed
WERA	F	12 month supply allowed
WYMZYA FE	F	12 month supply allowed
XULANE	F	12 month supply allowed
ZAFEMY	F	12 month supply allowed
ZOVIA 1/35 (28)	F	12 month supply allowed
ZUMANDIMINE	F	12 month supply allowed
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
alogliptin benzoate	NP	PA; 102 day supply allowed
alogliptin-metformin hcl	NP	PA; 102 day supply allowed
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
GLYXAMBI	NP	PA; 102 day supply allowed
JANUMET	P	102 day supply allowed; QL
JANUMET XR	P	102 day supply allowed
JANUVIA	P-PA	PA; 102 day supply allowed; QL
JENTADUETO	P	102 day supply allowed
JENTADUETO XR	NP	PA; 102 day supply allowed
KAZANO	NP	PA; 102 day supply allowed
NESINA	NP	PA; 102 day supply allowed
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	NP	PA; 102 day supply allowed
QTERN	NP	PA; 102 day supply allowed
saxagliptin hcl	NP	PA; 102 Day Supply allowed
saxagliptin-metformin er	NP	PA; 102 Day Supply allowed
sitaglipt base-metform hcl er	NP	PA; 102 day supply allowed
sitagliptin	NP	PA; 102 Day Supply Allowed
sitagliptin base-metformin hcl	NP	PA; 102 day supply allowed
STEGLUJAN	NP	PA; 102 day supply allowed
TRADJENTA	P-PA	PA; 102 day supply allowed
TRIJARDY XR	NP	PA
ZITUVIMET	NP	PA; 102 day supply allowed
ZITUVIMET XR	NP	PA; 102 day supply allowed
ZITUVIO	NP	PA; 102 Day Supply Allowed
Estrogen Agonist-Antagonists		
EVISTA	NP	PA
FARESTON	F	
raloxifene hcl	P	
SOLTAMOX	F	
tamoxifen citrate oral	F	
toremifene citrate	F	
Estrogens		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
AFIRMELLE	F	12 month supply allowed
alyacen 1/35	F	12 month supply allowed
alyacen 7/7/7	F	12 month supply allowed
APRI	F	12 month supply allowed
ARANELLE	F	12 month supply allowed
AUBRA EQ	F	12 month supply allowed
AUROVELA 1.5/30	F	12 month supply allowed
AUROVELA 1/20	F	12 month supply allowed
AUROVELA 24 FE	F	
AUROVELA FE 1.5/30	F	12 month supply allowed
AUROVELA FE 1/20	F	12 month supply allowed
AVIANE	F	12 month supply allowed
AYUNA	F	12 month supply allowed
AZURETTE	F	12 month supply allowed
BALZIVA	F	12 month supply allowed
BLISOVI 24 FE	F	12 month supply allowed
BLISOVI FE 1.5/30	F	12 month supply allowed
BLISOVI FE 1/20	F	12 month supply allowed
briellyn	F	12 month supply allowed
CHARLOTTE 24 FE	F	12 month supply allowed
CHATEAL EQ	F	12 month supply allowed
CRYSELLE-28	F	12 month supply allowed
CYRED EQ	F	12 month supply allowed
DASETTA 1/35 (28)	F	12 month supply allowed
DASETTA 7/7/7	F	12 month supply allowed
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	F	102 day supply allowed
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	F	Specialty Drug; 102 day supply allowed
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	F	12 month supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR, 0.075 MG/24HR	F	QL; AL
drospirenone-ethinyl estradiol	F	12 month supply allowed
ELINEST	F	12 month supply allowed
ELURYNG	F	QL
ENILLORING	F	QL
ENPRESSE-28	F	12 month supply allowed
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	F	12 month supply allowed
estradiol oral	F	AL
estradiol transdermal patch twice weekly	F	QL; AL
estradiol transdermal patch weekly	F	QL; AL
estradiol vaginal cream	F	QL
estradiol vaginal tablet	F	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	F	102 day supply allowed
estradiol-norethindrone acet	F	AL
ethynodiol diac-eth estradiol	F	12 month supply allowed
etonogestrel-ethinyl estradiol	F	12 month supply allowed; QL
FALMINA	F	12 month supply allowed
FINZALA	F	12 month supply allowed
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	F	12 month supply allowed; QL; AL
FYAVOLV ORAL TABLET 1-5 MG-MCG	F	12 month supply allowed; AL
HAILEY 1.5/30	F	12 month supply allowed
HAILEY FE 1.5/30	F	12 month supply allowed
HAILEY FE 1/20	F	12 month supply allowed
HALOETTE	F	QL
ICLEVIA	F	12 month supply allowed
INTROVALE	F	12 month supply allowed
ISIBLOOM	F	12 month supply allowed
JASMIEL	F	12 month supply allowed
JINTELI	F	12 month supply allowed; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
JOLESSA	F	12 month supply allowed
JULEBER	F	12 month supply allowed
JUNEL 1.5/30	F	12 month supply allowed
JUNEL 1/20	F	12 month supply allowed
JUNEL FE 1.5/30	F	12 month supply allowed
JUNEL FE 1/20	F	12 month supply allowed
KALLIGA	F	12 month supply allowed
KARIVA	F	12 month supply allowed
KELNOR 1/35	F	12 month supply allowed
KELNOR 1/50	F	12 month supply allowed
KURVELO	F	12 month supply allowed
LARIN 1.5/30	F	12 month supply allowed
LARIN 1/20	F	12 month supply allowed
LARIN FE 1.5/30	F	12 month supply allowed
LARIN FE 1/20	F	12 month supply allowed
LEENA	F	12 month supply allowed
LESSINA	F	12 month supply allowed
LEVONEST	F	12 month supply allowed
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	F	12 month supply allowed
levonorgestrel-ethinyl estrad	F	12 month supply allowed
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	F	12 month supply allowed
LOESTRIN FE 1.5/30	F	
LORYNA	F	12 month supply allowed
LOW-OGESTREL	F	12 month supply allowed
LO-ZUMANDIMINE	F	12 month supply allowed
LUTERA	F	12 month supply allowed
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.075 MG/24HR	F	QL; AL
marlissa	F	12 month supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
MENEST	F	AL
MIBELAS 24 FE	F	12 month supply allowed
MICROGESTIN 1.5/30	F	12 month supply allowed
MICROGESTIN 1/20	F	12 month supply allowed
MICROGESTIN FE 1.5/30	F	12 month supply allowed
MICROGESTIN FE 1/20	F	12 month supply allowed
MILI	F	12 month supply allowed
MONO-LINYAH	F	12 month supply allowed
MYFEMBREE	P	PA; QL; AL
NIKKI	F	12 month supply allowed
norelgestromin-eth estradiol	F	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	F	12 month supply allowed
norethin ace-eth estrad-fe oral tablet chewable	F	12 month supply allowed
norethindrone acet-ethinyl est oral tablet	F	12 month supply allowed
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	F	12 month supply allowed; QL; AL
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	F	12 month supply allowed; AL
norethindron-ethinyl estrad-fe	F	12 month supply allowed
norethin-eth estradiol-fe	F	12 month supply allowed
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	F	12 month supply allowed
norgestim-eth estrad triphasic	F	12 month supply allowed
NORTREL 0.5/35 (28)	F	12 month supply allowed
NORTREL 1/35 (28)	F	12 month supply allowed
NORTREL 7/7/7	F	12 month supply allowed
NYLIA 1/35	F	12 month supply allowed
NYLIA 7/7/7	F	12 month supply allowed
NYMYO	F	12 month supply allowed
OCELLA	F	12 month supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ORIAHNN	P-PA	PA; QL; AL
ORSYTHIA	F	12 month supply allowed
PHILITH	F	12 month supply allowed
PIMTREA	F	12 month supply allowed
PIRMELLA 7/7/7	F	12 month supply allowed
PORTIA-28	F	12 month supply allowed
PREMARIN ORAL	F	QL; AL
PREMPHASE	F	QL; AL
PREMPRO	F	QL; AL
RECLIPSEN	F	12 month supply allowed
SETLAKIN	F	12 month supply allowed
SIMLIYA	F	12 month supply allowed
SPRINTEC 28	F	12 month supply allowed
SRONYX	F	12 month supply allowed
TARINA FE 1/20 EQ	F	12 month supply allowed
TILIA FE	F	12 month supply allowed
TRI-LEGEST FE	F	12 month supply allowed
TRI-LINYAH	F	12 month supply allowed
TRI-LO-ESTARYLLA	F	12 month supply allowed
TRI-LO-MARZIA	F	12 month supply allowed
TRI-LO-MILI	F	12 month supply allowed
TRI-LO-SPRINTEC	F	12 month supply allowed
TRI-MILI	F	12 month supply allowed
TRI-NYMYO	F	12 month supply allowed
TRI-SPRINTEC	F	12 month supply allowed
TRIVORA (28)	F	12 month supply allowed
TRI-VYLIBRA	F	12 month supply allowed
TRI-VYLIBRA LO	F	12 month supply allowed
VAGIFEM VAGINAL TABLET 10 MCG	F	
VELIVET	F	12 month supply allowed

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VESTURA	F	12 month supply allowed
VIENVA	F	
viorele	F	12 month supply allowed
VOLNEA	F	12 month supply allowed
VYFEMLA	F	12 month supply allowed
VYLIBRA	F	12 month supply allowed
WERA	F	12 month supply allowed
WYMZYA FE	F	12 month supply allowed
XULANE	F	12 month supply allowed
YUVAFEM	F	
ZAFEMY	F	12 month supply allowed
ZOVIA 1/35 (28)	F	12 month supply allowed
ZUMANDIMINE	F	12 month supply allowed
Glycogenolytic Agents		
BAQSIMI ONE PACK	P	QL
BAQSIMI TWO PACK	P	QL
glucagon emergency	NP	PA
GVOKE HYPOPEN 1-PACK	P	QL
GVOKE HYPOPEN 2-PACK	P	QL
GVOKE KIT	NP	PA; QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	NP	PA; QL
ZEGALOGUE	P	
Gonadotropins		
CAMCEVI	F	
ELIGARD	F	Specialty Drug
leuprolide acetate injection	F	Specialty Drug
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	F	Specialty Drug
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	F	Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LUPRON DEPOT (4-MONTH)	F	Specialty Drug
LUPRON DEPOT (6-MONTH)	F	Specialty Drug
LUTRATE DEPOT	F	
TRELSTAR MIXJECT	F	
Incretin Mimetics		
BYDUREON BCISE	NP	PA; 102 day supply allowed; QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
exenatide	NP	PA; 102 day supply allowed; QL
liraglutide	NP	PA; 102 day supply allowed; QL
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; 102 day supply allowed; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	P-PA	PA; 102 day supply allowed; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	P-PA	PA; 102 day supply allowed; QL
OZEMPIC (2 MG/DOSE)	P-PA	PA; 102 day supply allowed; QL
RYBELSUS	NP	PA; 102 day supply allowed; QL
RYBELSUS (FORMULATION R2)	NP	PA; 102 day supply allowed; QL
SAXENDA	P-PA	PA; QL; AL
SOLIQUA	NP	PA; 102 day supply allowed; QL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; 102 day suppply allowed; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
WEGOVY	P-PA	PA; QL; AL
XULTOPHY	NP	PA; 102 day supply allowed; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	P	PA; QL; AL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; QL; AL
Intermediate-Acting Insulins		
HUMULIN 70/30	P	102 day supply allowed; OTC; QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	102 day supply allowed; OTC; QL
HUMULIN N	P	102 day supply allowed; OTC; QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN RELION	NP	PA; 102 day supply allowed; OTC
NOVOLIN 70/30 RELION	NP	PA; 102 day supply allowed; OTC
NOVOLIN N	P	102 day supply allowed; OTC; QL
NOVOLIN N FLEXPEN	P	102 day supply allowed; QL
NOVOLIN N FLEXPEN RELION	P	102 day supply allowed; OTC
NOVOLIN N RELION	P	102 day supply allowed; OTC
Leptins		
MYALEPT	Carve-out	
Long-Acting Insulins		
BASAGLAR KWIKPEN	NP	PA; 102 day supply allowed; QL
BASAGLAR TEMPO PEN	NP	PA; 102 day supply allowed; QL
insulin degludec	NP	PA; 102 day supply allowed; QL
insulin degludec flextouch	NP	PA; 102 day supply allowed; QL
insulin glargine max solostar	NP	PA; 102 day supply allowed; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	NP	PA; 102 day supply allowed; QL
insulin glargine-yfgn	NP	PA; 102 day supply allowed; QL
LANTUS	P	102 day supply allowed; QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed; QL
LEVEMIR	P	102 day supply allowed; QL
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed; QL
REZVOGLAR KWIKPEN	NP	PA; 102 day supply allowed
SEMGLEE (YFGN)	NP	PA; 102 day supply allowed; QL
SOLIQUA	NP	PA; 102 day supply allowed; QL
TOUJEO MAX SOLOSTAR	NP	PA; 102 day supply allowed; QL
TOUJEO SOLOSTAR	NP	PA; 102 day supply allowed; QL
TRESIBA	NP	PA; 102 day supply allowed; QL
TRESIBA FLEXTOUCH	NP	PA; 102 day supply allowed; QL
XULTOPHY	NP	PA; 102 day supply allowed; QL
Meglitinides		
nateglinide	P	102 day supply allowed
repaglinide	P	102 day supply allowed
Melanocortin Receptor Antagonists		
IMCIVREE	Carve-out	
Parathyroid Agents		
BONSITY	NP	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	NP	PA; Specialty
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	NP	PA; Specialty
teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml	NP	PA; Specialty Drug
TYMLOS	NP	PA; Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
YORVIPATH	F	PA; Specialty; QL; AL
Pituitary		
ACTHAR	Carve-out	
CORTROPHIN	Carve-out	
desmopressin ace spray refrig	F	PA
desmopressin acetate oral	F	QL
desmopressin acetate spray	F	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	P-PA	PA; Specialty Drug
GENOTROPIN SUBCUTANEOUS CARTRIDGE	P-PA	PA; Specialty Drug
HUMATROPE INJECTION CARTRIDGE	NP	PA; Specialty Drug
NGENLA	NP	PA; Specialty Drug; AL
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; Specialty Drug
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; Specialty Drug
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	NP	PA; Specialty Drug
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	NP	PA; Specialty Drug
SKYTROFA	NP	PA; Specialty Drug; AL
SOGROYA	NP	PA; Specialty Drug; QL
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	NP	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	NP	PA; Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZORBTIVE	NP	PA
Progestins		
AFIRMELLE	F	12 month supply allowed
AFTERA	F	OTC
alyacen 1/35	F	12 month supply allowed
alyacen 7/7/7	F	12 month supply allowed
APRI	F	12 month supply allowed
ARANELLE	F	12 month supply allowed
AUBRA EQ	F	12 month supply allowed
AUROVELA 1.5/30	F	12 month supply allowed
AUROVELA 1/20	F	12 month supply allowed
AUROVELA 24 FE	F	
AUROVELA FE 1.5/30	F	12 month supply allowed
AUROVELA FE 1/20	F	12 month supply allowed
AVIANE	F	12 month supply allowed
AYUNA	F	12 month supply allowed
AZURETTE	F	12 month supply allowed
BALZIVA	F	12 month supply allowed
BLISOVI 24 FE	F	12 month supply allowed
BLISOVI FE 1.5/30	F	12 month supply allowed
BLISOVI FE 1/20	F	12 month supply allowed
briellyn	F	12 month supply allowed
CAMILA	F	12 month supply allowed
CHARLOTTE 24 FE	F	12 month supply allowed
CHATEAL EQ	F	12 month supply allowed
CRINONE VAGINAL GEL 4 %	NP	PA; 102 day supply allowed
CRINONE VAGINAL GEL 8 %	NP	PA
CRYSELLE-28	F	12 month supply allowed
CYRED EQ	F	12 month supply allowed
DASETTA 1/35 (28)	F	12 month supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DASETTA 7/7/7	F	12 month supply allowed
DEBLITANE	F	12 month supply allowed
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	F	12 month supply allowed
drospirenone-ethinyl estradiol	F	12 month supply allowed
ECONTRA ONE-STEP	F	OTC
ELINEST	F	12 month supply allowed
ELLA	F	12 month supply allowed
ELURYNG	F	QL
ENILLORING	F	QL
ENPRESSE-28	F	12 month supply allowed
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	F	12 month supply allowed
ERRIN	F	12 month supply allowed
estradiol-norethindrone acet	F	AL
ethynodiol diac-eth estradiol	F	12 month supply allowed
etonogestrel-ethinyl estradiol	F	12 month supply allowed; QL
FALMINA	F	12 month supply allowed
FINZALA	F	12 month supply allowed
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	F	12 month supply allowed; QL; AL
FYAVOLV ORAL TABLET 1-5 MG-MCG	F	12 month supply allowed; AL
GALLIFREY	P	
HAILEY 1.5/30	F	12 month supply allowed
HAILEY FE 1.5/30	F	12 month supply allowed
HAILEY FE 1/20	F	12 month supply allowed
HALOETTE	F	QL
HEATHER	F	12 month supply allowed
HER STYLE	F	OTC
hydroxyprogesterone caproate intramuscular solution	F	Specialty Drug
ICLEVIA	F	12 month supply allowed
INCASSIA	F	12 month supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
INTROVALE	F	12 month supply allowed
ISIBLOOM	F	12 month supply allowed
JASMIEL	F	12 month supply allowed
JENCYCLA	F	12 month supply allowed
JINTELI	F	12 month supply allowed; AL
JOLESSA	F	12 month supply allowed
JULEBER	F	12 month supply allowed
JUNEL 1.5/30	F	12 month supply allowed
JUNEL 1/20	F	12 month supply allowed
JUNEL FE 1.5/30	F	12 month supply allowed
JUNEL FE 1/20	F	12 month supply allowed
KALLIGA	F	12 month supply allowed
KARIVA	F	12 month supply allowed
KELNOR 1/35	F	12 month supply allowed
KELNOR 1/50	F	12 month supply allowed
KURVELO	F	12 month supply allowed
LARIN 1.5/30	F	12 month supply allowed
LARIN 1/20	F	12 month supply allowed
LARIN FE 1.5/30	F	12 month supply allowed
LARIN FE 1/20	F	12 month supply allowed
LEENA	F	12 month supply allowed
LESSINA	F	12 month supply allowed
LEVONEST	F	12 month supply allowed
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	F	12 month supply allowed
levonorgestrel oral tablet 1.5 mg	F	OTC
levonorgestrel-ethinyl estrad	F	12 month supply allowed
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	F	12 month supply allowed
LOESTRIN FE 1.5/30	F	
LORYNA	F	12 month supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LOW-OGESTREL	F	12 month supply allowed
LO-ZUMANDIMINE	F	12 month supply allowed
LUTERA	F	12 month supply allowed
LYLEQ	F	12 month supply allowed
LYZA	F	12 month supply allowed
marlissa	F	12 month supply allowed
medroxyprogesterone acetate intramuscular suspension	F	QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	F	102 day supply allowed; QL
medroxyprogesterone acetate oral	P	102 day supply allowed
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	P	
megestrol acetate oral suspension 625 mg/5ml	NP	PA
megestrol acetate oral tablet	F	
MIBELAS 24 FE	F	12 month supply allowed
MICROGESTIN 1.5/30	F	12 month supply allowed
MICROGESTIN 1/20	F	12 month supply allowed
MICROGESTIN FE 1.5/30	F	12 month supply allowed
MICROGESTIN FE 1/20	F	12 month supply allowed
MILI	F	12 month supply allowed
MONO-LINYAH	F	12 month supply allowed
MY CHOICE	F	OTC
MY WAY	F	12 month supply allowed; OTC
MYFEMBREE	P	PA; QL; AL
NEW DAY	F	OTC
NIKKI	F	12 month supply allowed
NORA-BE	F	12 month supply allowed
norelgestromin-eth estradiol	F	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	F	12 month supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
norethin ace-eth estrad-fe oral tablet chewable	F	12 month supply allowed
norethindrone acetate oral	P	102 day supply allowed
norethindrone acet-ethinyl est oral tablet	F	12 month supply allowed
norethindrone oral	F	12 month supply allowed
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	F	12 month supply allowed; QL; AL
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	F	12 month supply allowed; AL
norethindron-ethinyl estrad-fe	F	12 month supply allowed
norethin-eth estradiol-fe	F	12 month supply allowed
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	F	12 month supply allowed
norgestim-eth estrad triphasic	F	12 month supply allowed
NORLYDA	F	12 month supply allowed
NORTREL 0.5/35 (28)	F	12 month supply allowed
NORTREL 1/35 (28)	F	12 month supply allowed
NORTREL 7/7/7	F	12 month supply allowed
NYLIA 1/35	F	12 month supply allowed
NYLIA 7/7/7	F	12 month supply allowed
NYMYO	F	12 month supply allowed
OCELLA	F	12 month supply allowed
OPCICON ONE-STEP	F	12 month supply allowed; OTC
OPILL	F	12 month supply allowed; OTC
OPTION 2	F	OTC; AL
ORIAHNN	P-PA	PA; QL; AL
ORSYTHIA	F	12 month supply allowed
PHILITH	F	12 month supply allowed
PIMTREA	F	12 month supply allowed
PIRMELLA 7/7/7	F	12 month supply allowed
PORTIA-28	F	12 month supply allowed
PREMPHASE	F	QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PREMPRO	F	QL; AL
progesterone intramuscular	NP	PA; 102 day supply allowed
progesterone oral	P	102 day supply allowed
PROMETRIUM	NP	PA; 102 day supply allowed
PROVERA	NP	PA; 102 day supply allowed
REACT	F	OTC; AL
RECLIPSEN	F	12 month supply allowed
SETLAKIN	F	12 month supply allowed
SHAROBEL	F	12 month supply allowed
SIMLIYA	F	12 month supply allowed
SPRINTEC 28	F	12 month supply allowed
SRONYX	F	12 month supply allowed
TAKE ACTION	F	OTC
TARINA FE 1/20 EQ	F	12 month supply allowed
TILIA FE	F	12 month supply allowed
TRI-LEGEST FE	F	12 month supply allowed
TRI-LINYAH	F	12 month supply allowed
TRI-LO-ESTARYLLA	F	12 month supply allowed
TRI-LO-MARZIA	F	12 month supply allowed
TRI-LO-MILI	F	12 month supply allowed
TRI-LO-SPRINTEC	F	12 month supply allowed
TRI-MILI	F	12 month supply allowed
TRI-NYMYO	F	12 month supply allowed
TRI-SPRINTEC	F	12 month supply allowed
TRIVORA (28)	F	12 month supply allowed
TRI-VYLIBRA	F	12 month supply allowed
TRI-VYLIBRA LO	F	12 month supply allowed
VELIVET	F	12 month supply allowed
VESTURA	F	12 month supply allowed
VIENVA	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
viorele	F	12 month supply allowed
VOLNEA	F	12 month supply allowed
VYFEMLA	F	12 month supply allowed
VYLIBRA	F	12 month supply allowed
WERA	F	12 month supply allowed
WYMZYA FE	F	12 month supply allowed
XULANE	F	12 month supply allowed
ZAFEMY	F	12 month supply allowed
ZOVIA 1/35 (28)	F	12 month supply allowed
ZUMANDIMINE	F	12 month supply allowed
Rapid-Acting Insulins		
ADMELOG INJECTION	NP	PA; 102 day supply allowed; QL
ADMELOG SOLOSTAR	NP	PA; 102 day supply allowed; QL
AFREZZA INHALATION POWDER 12 UNIT, 8 UNIT, 90 X 8 UNIT & 90X12 UNIT	NP	PA; 102 day supply allowed
AFREZZA INHALATION POWDER 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 90 X 4 UNIT & 90X8 UNIT	NP	PA; 102 day supply allowed; QL
APIDRA	P	102 day supply allowed; QL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed; QL
FIASP FLEXTOUCH	NP	PA; 102 day supply allowed; QL
FIASP INJECTION	NP	PA; 102 day supply allowed; QL
FIASP PENFILL	NP	PA; 102 day supply allowed; QL
FIASP PUMPCART	NP	PA; 102 day supply allowed; QL
HUMALOG INJECTION	P	102 day supply allowed; QL
HUMALOG JUNIOR KWIKPEN	P	102 day supply allowed; QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	102 day supply allowed; QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	NP	PA; 102 day supply allowed; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	102 day supply allowed; QL
HUMALOG MIX 75/25	P	102 day supply allowed; QL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NP	PA; 102 day supply allowed; QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	P	102 day supply allowed; QL
HUMALOG TEMPO PEN	P	102 day supply allowed; QL
insulin asp prot & asp flexpen	P	102 day supply allowed; QL
insulin aspart flexpen	P	102 day supply allowed; QL
insulin aspart injection	P	102 day supply allowed; QL
insulin aspart penfill	P	102 day supply allowed; QL
insulin aspart prot & aspart	P	102 day supply allowed; QL
insulin lispro (1 unit dial)	P	102 day supply allowed; QL
insulin lispro injection	P	102 day supply allowed; QL
insulin lispro junior kwikpen	P	102 day supply allowed; QL
insulin lispro prot & lispro	P	102 day supply allowed; QL
LYUMJEV	NP	PA; 102 day supply allowed; QL
LYUMJEV KWIKPEN	NP	PA; 102 day supply allowed; QL
LYUMJEV TEMPO PEN	NP	PA; 102 day supply allowed; QL
NOVOLOG 70/30 FLEXPEN RELION	NP	PA; 102 day supply allowed
NOVOLOG FLEXPEN RELION	NP	PA; 102 day supply allowed
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; 102 day supply allowed; QL
NOVOLOG INJECTION	NP	PA; 102 day supply allowed; QL
NOVOLOG MIX 70/30	NP	PA; 102 day supply allowed; QL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NP	PA; 102 day supply allowed
NOVOLOG MIX 70/30 RELION	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; 102 day supply allowed; QL
NOVOLOG RELION INJECTION	NP	PA
Short-Acting Insulins		
HUMULIN 70/30	P	102 day supply allowed; OTC; QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	102 day supply allowed; OTC; QL
HUMULIN R	P	102 day supply allowed; OTC; QL
HUMULIN R U-500 (CONCENTRATED)	P	102 day supply allowed; QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed; QL
NOVOLIN 70/30	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN RELION	NP	PA; 102 day supply allowed; OTC
NOVOLIN 70/30 RELION	NP	PA; 102 day supply allowed; OTC
NOVOLIN R	P	102 day supply allowed; OTC; QL
NOVOLIN R FLEXPEN	P	102 day supply allowed; OTC; QL
NOVOLIN R FLEXPEN RELION	P	102 day supply allowed; OTC
NOVOLIN R RELION	P	102 day supply allowed; OTC
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
dapagliflozin pro-metformin er	NP	PA; 102 day supply allowed
dapagliflozin propanediol	NP	PA; 102 Day Supply Allowed
FARXIGA	P	102 day supply allowed
GLYXAMBI	NP	PA; 102 day supply allowed
INPEFA ORAL TABLET 200 MG	NP	PA; 102 day supply allowed
INPEFA ORAL TABLET 400 MG	NP	PA; 102 day suppply allowed
INVOKAMET	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
INVOKAMET XR	NP	PA; 102 day supply allowed
INVOKANA	NP	PA; 102 day supply allowed
JARDIANCE	P	102 day supply allowed
QTERN	NP	PA; 102 day supply allowed
SEGLUROMET	NP	PA; 102 day supply allowed
STEGLATRO	NP	PA; 102 day supply allowed
STEGLUJAN	NP	PA; 102 day supply allowed
SYNJARDY	P	102 day supply allowed
SYNJARDY XR	P	102 day supply allowed
TRIJARDY XR	NP	PA
XIGDUO XR	P	102 day supply allowed
Somatostatin Agonists		
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	F	PA
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml	F	PA; Specialty Drug
Somatotropin Agonists		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	P-PA	PA; Specialty Drug
GENOTROPIN SUBCUTANEOUS CARTRIDGE	P-PA	PA; Specialty Drug
HUMATROPE INJECTION CARTRIDGE	NP	PA; Specialty Drug
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; Specialty Drug
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	NP	PA; Specialty Drug
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	NP	PA; Specialty Drug
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	NP	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	NP	PA; Specialty Drug
ZORBTIVE	NP	PA
Sulfonylureas		
DUETACT	NP	PA; 102 day supply allowed
glimepiride oral tablet 1 mg, 2 mg, 4 mg	P	102 day supply allowed
glipizide er	P	102 day supply allowed
glipizide oral tablet 10 mg, 5 mg	P	102 day supply allowed
glipizide xl	P	102 day supply allowed
glipizide-metformin hcl	NP	PA; 102 day supply allowed
GLUCOTROL XL	NP	PA; 102 day supply allowed
glyburide micronized	P	102 day supply allowed
glyburide oral	P	102 day supply allowed
glyburide-metformin	P	102 day supply allowed
pioglitazone hcl-glimepiride	NP	PA; 102 day supply allowed
Thiazolidinediones		
ACTOPLUS MET ORAL TABLET 15-850 MG	NP	PA; 102 day supply allowed
ACTOS	NP	PA; 102 day supply allowed
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	NP	PA; 102 day supply allowed
DUETACT	NP	PA; 102 day supply allowed
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	NP	PA; 102 day supply allowed
pioglitazone hcl	P	102 day supply allowed
pioglitazone hcl-glimepiride	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
pioglitazone hcl-metformin hcl	NP	PA; 102 day supply allowed
Thyroid Agents		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	F	
ARMOUR THYROID	F	
CYTOMEL	F	
ERMEZA	F	
LEVO-T	F	
levothyroxine sodium intravenous solution reconstituted	F	
levothyroxine sodium oral tablet	F	
LEVOXYL	F	
liothyronine sodium intravenous	F	
liothyronine sodium oral	F	
NP THYROID	F	
SYNTHROID	F	
THYQUIDITY	F	
UNITHROID	F	
Immunomodulatory Agents (90:00)		
Amino Acid Polymers		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	P	Specialty Drug
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	NP	PA; Specialty Drug
glatiramer acetate	NP	PA; Specialty Drug
GLATOPA	NP	PA; Specialty Drug
Antimetabolites		
AUBAGIO	NP	PA; Specialty Drug
cladribine intravenous solution 10 mg/10ml	F	Specialty Drug
MAVENCLAD (10 TABS)	NP	PA
MAVENCLAD (4 TABS)	NP	PA

lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**Tier Status** **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA **P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**
Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
MAVENCLAD (5 TABS)	NP	PA
MAVENCLAD (6 TABS)	NP	PA
MAVENCLAD (7 TABS)	NP	PA
MAVENCLAD (8 TABS)	NP	PA
MAVENCLAD (9 TABS)	NP	PA
teriflunomide	P	Specialty Drug
Antimetabolites, Immunosupp Therapy Misc		
AZASAN	F	Specialty Drug
azathioprine oral	F	Specialty Drug
CELLCEPT ORAL CAPSULE	F	Specialty Drug
IMURAN	F	Specialty Drug
mycophenolate mofetil oral capsule	F	Specialty Drug
Calcineurin Inhibitors, Misc (90:28)		
ASTAGRAF XL	F	Specialty Drug
CEQUA	NP	PA; QL
cyclosporine intravenous	F	Specialty Drug
cyclosporine modified	F	Specialty Drug
cyclosporine ophthalmic	NP	PA; QL
cyclosporine oral capsule	F	Specialty Drug
ENVARSUS XR	F	Specialty Drug
GENGRAF ORAL CAPSULE 100 MG, 25 MG	F	Specialty Drug
GENGRAF ORAL SOLUTION	F	Specialty Drug
NEORAL	F	Specialty Drug
PROGRAF	F	Specialty Drug
RESTASIS	P	QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	NP	PA; QL
SANDIMMUNE	F	Specialty Drug
tacrolimus external ointment 0.03 %, 0.1 %	P	QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tacrolimus oral	F	Specialty Drug
VERKAZIA	NP	PA; QL; AL
VEVYE	NP	PA; QL; AL
Complement Inhibitor Agents (90:20)		
ENJAYMO	Carve-out	
FABHALTA	Carve-out	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Carve-out	
TAVNEOS	Carve-out	
Complement Inhibitors (90:08)		
ZILBRYSQ	Carve-out	
Disease-Modifying Antirheumat Drugs Misc		
ENTYVIO INTRAVENOUS	NP	PA; Specialty Drug
ENTYVIO PEN	NP	PA; Specialty Drug
ORENCIA CLICKJECT	NP	PA; Specialty Drug
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
Disease-Modifying Antirheumatic Drugs		
AZULFIDINE	NP	PA
AZULFIDINE EN-TABS	NP	PA
CIMZIA (2 SYRINGE)	NP	PA; Specialty Drug
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA; Specialty Drug
CIMZIA-STARTER	NP	PA; Specialty Drug
hydroxychloroquine sulfate oral	F	
JYLAMVO	F	Specialty Drug
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml	F	
methotrexate sodium (pf) injection solution 50 mg/2ml	F	Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution reconstituted	F	Specialty Drug
methotrexate sodium oral	F	
sulfasalazine oral	P	
TREMFYA ONE-PRESS	NP	PA; Specialty Drug
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	NP	PA; Specialty Drug
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	NP	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	NP	PA; Specialty Drug
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	NP	PA; Specialty
TREXALL	F	
XATMEP	F	
ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL
ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL
Fumarates		
BAFIERTAM	NP	PA; Specialty Drug; QL
dimethyl fumarate oral	P	Specialty Drug
dimethyl fumarate starter pack oral capsule delayed release therapy pack	P	Specialty Drug
TECFIDERA ORAL CAPSULE DELAYED RELEASE	NP	PA; Specialty Drug
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	NP	PA; Specialty Drug
VUMERITY	NP	PA
Immunomodulatory Agents (90:00)		
AFINITOR	F	Specialty Drug

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
AFINITOR DISPERZ	F	Specialty Drug
cyclophosphamide oral	F	
everolimus	F	Specialty Drug
mercaptopurine oral	F	Specialty Drug
PURIXAN	F	Specialty Drug
TORPENZ	F	Specialty Drug
ZORTRESS	F	Specialty Drug
Interferons		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	P	Specialty Drug
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	P	Specialty Drug; QL
BETASERON SUBCUTANEOUS KIT	P	Specialty Drug
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Carve-out	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML	NP	PA; Specialty Drug
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML	NP	PA; Specialty Drug; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
Interleukin Inhibitor Agents, Misc		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; AL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P-PA	PA; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Interleukin-Mediated Agents, Misc		
ACTEMRA ACTPEN	NP	PA; Specialty Drug
ACTEMRA SUBCUTANEOUS	NP	PA; Specialty Drug
COSENTYX (300 MG DOSE)	P	Specialty Drug
COSENTYX SENSOREADY (300 MG)	P	Specialty Drug
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	Specialty Drug
COSENTYX SUBCUTANEOUS	P	Specialty Drug
COSENTYX UNOREADY	P	Specialty Drug
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out	
STELARA INTRAVENOUS	NP	PA; Specialty Drug
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	NP	PA; Specialty Drug
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
STEQEYMA INTRAVENOUS	NP	PA; Specialty
STEQEYMA SUBCUTANEOUS	NP	PA; Specialty
TALTZ	NP	PA; Specialty Drug
TYENNE SUBCUTANEOUS	NP	PA; Specialty Drug
YESINTEK	NP	PA; Specialty
Janus Kinase Inhibitors, Miscellaneous		
CIBINQO	NP	PA; AL
OLUMIANT ORAL TABLET 1 MG, 2 MG	NP	PA; Specialty Drug
OLUMIANT ORAL TABLET 4 MG	NP	PA
RINVOQ	NP	PA; Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
RINVOQ LQ	NP	PA; Specialty Drug
XELJANZ	NP	PA; Specialty Drug
XELJANZ XR	NP	PA; Specialty Drug
Monocarboxylic Acid Amide Agents		
leflunomide oral	F	QL
Monoclonal Antibodies (90:12)		
ENSPRYNG	F	PA; Specialty Drug; QL; AL
Mtor Inhibitors, Miscellaneous		
HYFTOR	F	PA; AL
RAPAMUNE ORAL TABLET 1 MG, 2 MG	F	Specialty Drug
sirolimus oral	F	Specialty Drug
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET	NP	PA; Specialty Drug
OTEZLA ORAL TABLET THERAPY PACK	NP	PA; Specialty Drug
Sphingosine 1-Phosphate (S1p) Agents		
fingolimod hcl	P	Specialty Drug
GILENYA ORAL CAPSULE 0.25 MG	NP	PA
GILENYA ORAL CAPSULE 0.5 MG	NP	PA; Specialty Drug
MAYZENT	NP	PA
MAYZENT STARTER PACK	NP	PA
TASCENSO ODT	NP	PA; Specialty Drug; AL
T-Cell Costimulatory Blockers, Misc		
NULOJIX	F	Specialty Drug
Tumor Necrosis Factor Inhibitors, Misc		
ABRILADA (1 PEN)	NP	PA
ABRILADA (2 PEN)	NP	PA; Specialty Drug
ABRILADA (2 SYRINGE)	NP	PA; Specialty Drug
adalimumab-aacf(cd/uc/hs strt)	NP	PA; Specialty
adalimumab-aacf(ps/uv starter)	NP	PA; Specialty

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
adalimumab-aaty (1 pen)	NP	PA; Specialty Drug
adalimumab-aaty (2 pen)	NP	PA; Specialty Drug
adalimumab-aaty (2 syringe)	NP	PA; Specialty Drug
adalimumab-aaty cd/uc/hs start	NP	PA; Specialty
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	NP	PA; Specialty
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml	NP	PA; Specialty
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-fkjp	NP	PA; Specialty Drug
adalimumab-fkjp (2 pen)	NP	PA; Specialty Drug
adalimumab-fkjp (2 syringe)	NP	PA; Specialty Drug
adalimumab-ryvk (2 pen)	NP	PA; Specialty Drug
adalimumab-ryvk (2 syringe)	NP	PA; Specialty Drug
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	NP	PA
AMJEVITA-PED 10KG TO <15KG	NP	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	NP	PA

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CIMZIA (2 SYRINGE)	NP	PA; Specialty Drug
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA; Specialty Drug
CIMZIA-STARTER	NP	PA; Specialty Drug
CYLTEZO (2 PEN)	NP	PA; Specialty Drug
CYLTEZO (2 SYRINGE)	NP	PA; Specialty Drug
CYLTEZO-CD/UC/HS STARTER	NP	PA; Specialty Drug
CYLTEZO-PSORIASIS/UV STARTER	NP	PA; Specialty Drug
ENBREL MINI	P	Specialty Drug
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	P	Specialty Drug
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	Specialty Drug
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	Specialty Drug
HADLIMA	NP	PA; Specialty Drug
HADLIMA PUSHTOUCH	NP	PA; Specialty Drug
HULIO (2 PEN)	NP	PA; Specialty Drug
HULIO (2 SYRINGE)	NP	PA; Specialty Drug
HUMIRA (1 PEN)	P	Specialty Drug
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	P	Specialty Drug
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	P	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	P	Specialty Drug
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug
HUMIRA-PED<40KG CROHNS STARTER	P	Specialty Drug
HUMIRA-PED>/=40KG CROHNS START	P	Specialty Drug
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA; Specialty Drug
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA; Specialty Drug
HYRIMOZ-CROHNS/UC STARTER	NP	PA; Specialty Drug
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA; Specialty Drug
HYRIMOZ-PED>/=40KG CROHN START	NP	PA; Specialty Drug
HYRIMOZ-PLAQ PSOR/UVEIT START	NP	PA; Specialty Drug
HYRIMOZ-PLAQUE PSORIASIS START	NP	PA; Specialty Drug
IDACIO (2 PEN)	NP	PA; Specialty Drug
IDACIO (2 SYRINGE)	NP	PA; Specialty Drug
IDACIO-CROHNS/UC STARTER	NP	PA; Specialty Drug
IDACIO-PSORIASIS STARTER	NP	PA; Specialty Drug
SIMLANDI (1 PEN)	NP	PA; Specialty Drug
SIMLANDI (1 SYRINGE)	NP	PA; Specialty Drug
SIMLANDI (2 PEN)	NP	PA; Specialty
SIMLANDI (2 SYRINGE)	NP	PA; Specialty Drug
SIMPONI ARIA	NP	PA; Specialty Drug
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
YUFLYMA (1 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 SYRINGE)	NP	PA; Specialty Drug
YUFLYMA-CD/UC/HS STARTER	NP	PA; Specialty Drug
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL
ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART	NP	PA
dutasteride oral	P	
dutasteride-tamsulosin hcl	NP	PA
finasteride oral tablet 5 mg	P	
PROSCAR	NP	PA
5-Alpha-Reductase Inhibitors (92:04)		
AVODART	NP	PA
disulfiram oral	Carve-out	
dutasteride oral	P	
dutasteride-tamsulosin hcl	NP	PA
finasteride oral tablet 5 mg	P	
naltrexone hcl oral	Carve-out	
PROSCAR	NP	PA
VIVITROL	Carve-out	
Antidotes (92:12)		
acetylcysteine inhalation	F	
BAQSIMI ONE PACK	P	QL
BAQSIMI TWO PACK	P	QL
CHEMET	F	
FOSRENOL ORAL PACKET	NP	PA; 102 day supply allowed
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NP	PA; 102 day supply allowed
glucagon emergency	NP	PA
GVOKE HYPOPEN 1-PACK	P	QL
GVOKE HYPOPEN 2-PACK	P	QL
GVOKE KIT	NP	PA; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	NP	PA; QL
KIONEX COMBINATION	P	
lanthanum carbonate	NP	PA; 102 day supply allowed
leucovorin calcium oral	F	
magnesium sulfate injection solution 50 %	F	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	F	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	F	
naltrexone hcl oral	Carve-out	
phytonadione oral	F	QL
RENVELA	NP	PA; 102 day supply allowed
sevelamer carbonate oral packet	NP	PA; 102 day supply allowed
sevelamer carbonate oral tablet	P-PA	PA; 102 day supply allowed
sevelamer hcl	NP	PA; 102 day supply allowed
SPS (SODIUM POLYSTYRENE SULF)	P	
VIVITROL	Carve-out	
ZEGALOGUE	P	
ZIMHI	F	QL
Antigout Agents		
all day pain relief	P	OTC
all day relief	P	OTC
allopurinol oral	P	
ANAPROX DS	NP	PA
colchicine oral capsule	NP	PA
colchicine oral tablet	P	
colchicine-probenecid	P	
cvs all day pain relief	P	OTC
cvs naproxen sodium	P	OTC
ec-naproxen	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eq all day pain relief	P	OTC
febuxostat	NP	PA
ft all day pain relief	P	OTC
ft naproxen sodium	P	OTC
GLOPERBA	NP	PA
gnp naproxen sodium oral tablet	P	OTC
goodsense naproxen sodium	P	OTC
hm naproxen sodium oral capsule	P	OTC
indomethacin er	NP	PA
indomethacin oral capsule 25 mg, 50 mg	P	
indomethacin oral suspension	NP	PA
MEDIPROXEN	P	OTC
MITIGARE	NP	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NP	PA
NAPROSYN ORAL SUSPENSION	NP	PA
naproxen dr oral tablet delayed release 500 mg	NP	PA
naproxen oral suspension	NP	PA
naproxen oral tablet	P	
naproxen oral tablet delayed release	NP	PA
naproxen sodium er	NP	PA
naproxen sodium oral capsule	P	OTC
naproxen sodium oral tablet 220 mg	P	OTC
naproxen sodium oral tablet 275 mg, 550 mg	NP	PA
probenecid oral	P	
qc naproxen sodium oral tablet	P	OTC
sb naproxen sodium	P	OTC
ULORIC	NP	PA
ZYLOPRIM	NP	PA
Antisense Oligonucleotides		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
amondys 45	Carve-out	
EXONDYS 51	Carve-out	
sodium oxybate	F	PA; QL; AL
SPINRAZA	Carve-out	
VILTEPSO	Carve-out	
VYONDYS 53	Carve-out	
Bone Anabolic Agents		
BONSITY	NP	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	NP	PA; Specialty
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	NP	PA; Specialty
teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml	NP	PA; Specialty Drug
TYMLOS	NP	PA; Specialty Drug
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG	NP	PA
ACTONEL ORAL TABLET 35 MG	NP	PA; QL
alendronate sodium oral solution	NP	PA
alendronate sodium oral tablet 10 mg, 5 mg	P	
alendronate sodium oral tablet 35 mg, 70 mg	P	QL
ATELVIA	NP	PA; QL
BINOSTO	NP	PA
calcitonin (salmon) nasal	P	Specialty Drug
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	F	102 day supply allowed
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	F	Specialty Drug; 102 day supply allowed
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR, 0.075 MG/24HR	F	QL; AL
estradiol oral	F	AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
estradiol transdermal patch twice weekly	F	QL; AL
estradiol transdermal patch weekly	F	QL; AL
estradiol vaginal cream	F	QL
estradiol vaginal tablet	F	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	F	102 day supply allowed
EVISTA	NP	PA
FOSAMAX ORAL TABLET 70 MG	NP	PA; QL
FOSAMAX PLUS D	NP	PA; QL
ibandronate sodium oral	NP	PA; Specialty Drug; QL
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.075 MG/24HR	F	QL; AL
MENEST	F	AL
PREMARIN ORAL	F	QL; AL
raloxifene hcl	P	
risedronate sodium oral tablet 150 mg, 30 mg, 5 mg	NP	PA
risedronate sodium oral tablet 35 mg	NP	PA; QL
risedronate sodium oral tablet delayed release	NP	PA; QL
VAGIFEM VAGINAL TABLET 10 MCG	F	
YUVAFEM	F	
Cariostatic Agents		
DENTA 5000 PLUS	F	
denta 5000 plus sensitive dental gel	F	
DENTAGEL	F	
fraiche 5000 dental	F	
multi-vit/iron/fluoride	F	OTC; QL; AL
multi-vitamin/fluoride oral solution	F	QL; AL
multivitamin/fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
multi-vitamin/fluoride/iron	F	QL; AL
sf	F	
sf 5000 plus	F	
sod fluoride-potassium nitrate	F	
sodium fluoride 5000 plus	F	
sodium fluoride 5000 ppm dental cream	F	
sodium fluoride 5000 ppm dental gel	F	
sodium fluoride dental cream	F	
sodium fluoride dental gel 1.1 %	F	
sodium fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	F	QL; AL
sodium fluoride oral tablet chewable	F	QL; AL
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
vitamins acd-fluoride	F	OTC; QL; AL
Complement Inhibitors		
BERINERT	Carve-out	
CINRYZE	Carve-out	
EMPAVELI	Carve-out	
FABHALTA	Carve-out	
HAEGARDA	Carve-out	
RUCONEST	Carve-out	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Carve-out	
TAVNEOS	Carve-out	
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	Carve-out	
VEOPOZ	Carve-out	
VOYDEYA	Carve-out	
ZILBRYSQ	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Complement Inhibitors (92:32)		
BERINERT	Carve-out	
CINRYZE	Carve-out	
EMPAVELI	Carve-out	
HAEGARDA	Carve-out	
KALBITOR	Carve-out	
ORLADEYO	Carve-out	
RUCONEST	Carve-out	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Carve-out	
TAKHZYRO SUBCUTANEOUS SOLUTION	Carve-out	
TAVNEOS	Carve-out	
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	Carve-out	
Disease-Modifying Antirheumatic Agents		
ABRILADA (1 PEN)	NP	PA
ABRILADA (2 PEN)	NP	PA; Specialty Drug
ABRILADA (2 SYRINGE)	NP	PA; Specialty Drug
ACTEMRA ACTPEN	NP	PA; Specialty Drug
ACTEMRA SUBCUTANEOUS	NP	PA; Specialty Drug
adalimumab-aacf(cd/uc/hs strt)	NP	PA; Specialty
adalimumab-aacf(ps/uv starter)	NP	PA; Specialty
adalimumab-aaty (1 pen)	NP	PA; Specialty Drug
adalimumab-aaty (2 pen)	NP	PA; Specialty Drug
adalimumab-aaty (2 syringe)	NP	PA; Specialty Drug
adalimumab-aaty cd/uc/hs start	NP	PA; Specialty
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	NP	PA; Specialty

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml	NP	PA; Specialty
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-fkjp	NP	PA; Specialty Drug
adalimumab-fkjp (2 pen)	NP	PA; Specialty Drug
adalimumab-fkjp (2 syringe)	NP	PA; Specialty Drug
adalimumab-ryvk (2 pen)	NP	PA; Specialty Drug
adalimumab-ryvk (2 syringe)	NP	PA; Specialty Drug
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	NP	PA
AMJEVITA-PED 10KG TO <15KG	NP	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	NP	PA
AZASAN	F	Specialty Drug
azathioprine oral	F	Specialty Drug
AZULFIDINE	NP	PA
AZULFIDINE EN-TABS	NP	PA
CIBINQO	NP	PA; AL
CIMZIA (2 SYRINGE)	NP	PA; Specialty Drug
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA; Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CIMZIA-STARTER	NP	PA; Specialty Drug
COSENTYX (300 MG DOSE)	P	Specialty Drug
COSENTYX SENSOREADY (300 MG)	P	Specialty Drug
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	Specialty Drug
COSENTYX SUBCUTANEOUS	P	Specialty Drug
COSENTYX UNOREADY	P	Specialty Drug
cyclosporine intravenous	F	Specialty Drug
cyclosporine modified	F	Specialty Drug
cyclosporine oral capsule	F	Specialty Drug
CYLTEZO (2 PEN)	NP	PA; Specialty Drug
CYLTEZO (2 SYRINGE)	NP	PA; Specialty Drug
CYLTEZO-CD/UC/HS STARTER	NP	PA; Specialty Drug
CYLTEZO-PSORIASIS/UV STARTER	NP	PA; Specialty Drug
ENBREL MINI	P	Specialty Drug
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	P	Specialty Drug
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	Specialty Drug
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	Specialty Drug
GENGRAF ORAL CAPSULE 100 MG, 25 MG	F	Specialty Drug
GENGRAF ORAL SOLUTION	F	Specialty Drug
HADLIMA	NP	PA; Specialty Drug
HADLIMA PUSHTOUCH	NP	PA; Specialty Drug
HULIO (2 PEN)	NP	PA; Specialty Drug
HULIO (2 SYRINGE)	NP	PA; Specialty Drug
HUMIRA (1 PEN)	P	Specialty Drug
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	P	Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	P	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	P	Specialty Drug
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug
HUMIRA-PED<40KG CROHNS STARTER	P	Specialty Drug
HUMIRA-PED>/=40KG CROHNS START	P	Specialty Drug
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug
hydroxychloroquine sulfate oral	F	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA; Specialty Drug
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA; Specialty Drug
HYRIMOZ-CROHNS/UC STARTER	NP	PA; Specialty Drug
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA; Specialty Drug
HYRIMOZ-PED>/=40KG CROHN START	NP	PA; Specialty Drug
HYRIMOZ-PLAQ PSOR/UVEIT START	NP	PA; Specialty Drug
HYRIMOZ-PLAQUE PSORIASIS START	NP	PA; Specialty Drug
IDACIO (2 PEN)	NP	PA; Specialty Drug
IDACIO (2 SYRINGE)	NP	PA; Specialty Drug
IDACIO-CROHNS/UC STARTER	NP	PA; Specialty Drug
IDACIO-PSORIASIS STARTER	NP	PA; Specialty Drug
IMURAN	F	Specialty Drug
JYLAMVO	F	Specialty Drug
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out	
leflunomide oral	F	QL
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml	F	
methotrexate sodium (pf) injection solution 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution reconstituted	F	Specialty Drug
methotrexate sodium oral	F	
NEORAL	F	Specialty Drug
OLUMIANT ORAL TABLET 1 MG, 2 MG	NP	PA; Specialty Drug
OLUMIANT ORAL TABLET 4 MG	NP	PA
ORENCIA CLICKJECT	NP	PA; Specialty Drug
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
OTEZLA ORAL TABLET 30 MG	NP	PA; Specialty Drug
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	NP	PA; Specialty Drug
RIABNI	F	Specialty Drug
RINVOQ	NP	PA; Specialty Drug
SANDIMMUNE	F	Specialty Drug
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NP	PA; Specialty Drug
SIMLANDI (2 PEN)	NP	PA; Specialty
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	NP	PA; Specialty Drug
SIMPONI ARIA	NP	PA; Specialty Drug

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
sulfasalazine oral	P	
TREXALL	F	
XATMEP	F	
XELJANZ	NP	PA; Specialty Drug
XELJANZ XR	NP	PA; Specialty Drug
YUFLYMA (1 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 SYRINGE)	NP	PA; Specialty Drug
YUFLYMA-CD/UC/HS STARTER	NP	PA; Specialty Drug
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL
ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL
Immunomodulatory Agents		
ABRILADA (1 PEN)	NP	PA
ABRILADA (2 PEN)	NP	PA; Specialty Drug
ABRILADA (2 SYRINGE)	NP	PA; Specialty Drug
ACTEMRA ACTPEN	NP	PA; Specialty Drug
ACTEMRA SUBCUTANEOUS	NP	PA; Specialty Drug
adalimumab-aacf(cd/uc/hs strt)	NP	PA; Specialty
adalimumab-aacf(ps/uv starter)	NP	PA; Specialty
adalimumab-aaty (1 pen)	NP	PA; Specialty Drug
adalimumab-aaty (2 pen)	NP	PA; Specialty Drug
adalimumab-aaty (2 syringe)	NP	PA; Specialty Drug
adalimumab-aaty cd/uc/hs start	NP	PA; Specialty
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	NP	PA; Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	NP	PA; Specialty
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml	NP	PA; Specialty
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-fkjp	NP	PA; Specialty Drug
adalimumab-fkjp (2 pen)	NP	PA; Specialty Drug
adalimumab-fkjp (2 syringe)	NP	PA; Specialty Drug
adalimumab-ryvk (2 pen)	NP	PA; Specialty Drug
adalimumab-ryvk (2 syringe)	NP	PA; Specialty Drug
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	NP	PA
AMJEVITA-PED 10KG TO <15KG	NP	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	NP	PA
AUBAGIO	NP	PA; Specialty Drug
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	P	Specialty Drug
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	P	Specialty Drug; QL
AZASAN	F	Specialty Drug
azathioprine oral	F	Specialty Drug
AZULFIDINE	NP	PA
AZULFIDINE EN-TABS	NP	PA
BAFIERTAM	NP	PA; Specialty Drug; QL
BESREMI	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BETASERON SUBCUTANEOUS KIT	P	Specialty Drug
CIMZIA (2 SYRINGE)	NP	PA; Specialty Drug
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA; Specialty Drug
CIMZIA-STARTER	NP	PA; Specialty Drug
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	P	Specialty Drug
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	NP	PA; Specialty Drug
cyclosporine intravenous	F	Specialty Drug
cyclosporine modified	F	Specialty Drug
cyclosporine oral capsule	F	Specialty Drug
CYLTEZO (2 SYRINGE)	NP	PA; Specialty Drug
dimethyl fumarate oral	P	Specialty Drug
dimethyl fumarate starter pack oral capsule delayed release therapy pack	P	Specialty Drug
ENBREL MINI	P	Specialty Drug
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	P	Specialty Drug
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	Specialty Drug
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	Specialty Drug
ENSPRYNG	F	PA; Specialty Drug; QL; AL
fingolimod hcl	P	Specialty Drug
GENGRAF ORAL CAPSULE 100 MG, 25 MG	F	Specialty Drug
GENGRAF ORAL SOLUTION	F	Specialty Drug
GILENYA ORAL CAPSULE 0.25 MG	NP	PA
GILENYA ORAL CAPSULE 0.5 MG	NP	PA; Specialty Drug
glatiramer acetate	NP	PA; Specialty Drug
GLATOPA	NP	PA; Specialty Drug
HADLIMA	NP	PA; Specialty Drug
HADLIMA PUSHTOUCH	NP	PA; Specialty Drug

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
HULIO (2 PEN)	NP	PA; Specialty Drug
HULIO (2 SYRINGE)	NP	PA; Specialty Drug
HUMIRA (1 PEN)	P	Specialty Drug
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	P	Specialty Drug
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	P	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	P	Specialty Drug
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug
HUMIRA-PED<40KG CROHNS STARTER	P	Specialty Drug
HUMIRA-PED>/=40KG CROHNS START	P	Specialty Drug
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug
hydroxychloroquine sulfate oral	F	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA; Specialty Drug
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA; Specialty Drug
HYRIMOZ-CROHNS/UC STARTER	NP	PA; Specialty Drug
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA; Specialty Drug
HYRIMOZ-PED>/=40KG CROHN START	NP	PA; Specialty Drug
HYRIMOZ-PLAQ PSOR/UVEIT START	NP	PA; Specialty Drug
HYRIMOZ-PLAQUE PSORIASIS START	NP	PA; Specialty Drug
IDACIO (2 PEN)	NP	PA; Specialty Drug
IDACIO (2 SYRINGE)	NP	PA; Specialty Drug
IDACIO-CROHNS/UC STARTER	NP	PA; Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
IDACIO-PSORIASIS STARTER	NP	PA; Specialty Drug
IMURAN	F	Specialty Drug
JYLAMVO	F	Specialty Drug
KESIMPTA	P	Specialty Drug
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out	
leflunomide oral	F	QL
lenalidomide	F	Specialty Drug
MAVENCLAD (10 TABS)	NP	PA
MAVENCLAD (4 TABS)	NP	PA
MAVENCLAD (5 TABS)	NP	PA
MAVENCLAD (6 TABS)	NP	PA
MAVENCLAD (7 TABS)	NP	PA
MAVENCLAD (8 TABS)	NP	PA
MAVENCLAD (9 TABS)	NP	PA
MAYZENT	NP	PA
MAYZENT STARTER PACK	NP	PA
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml	F	
methotrexate sodium (pf) injection solution 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution reconstituted	F	Specialty Drug
methotrexate sodium oral	F	
NEORAL	F	Specialty Drug
ORENCIA CLICKJECT	NP	PA; Specialty Drug
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
OTEZLA ORAL TABLET	NP	PA; Specialty Drug
OTEZLA ORAL TABLET THERAPY PACK	NP	PA; Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Carve-out	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out	
PLEGRIDY INTRAMUSCULAR	NP	PA; Specialty Drug
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
POMALYST	F	Specialty Drug
PONVORY	NP	PA; AL
PONVORY STARTER PACK	NP	PA; AL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML	NP	PA; Specialty Drug
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML	NP	PA; Specialty Drug; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
REVLIMID	F	Specialty Drug
SANDIMMUNE	F	Specialty Drug
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NP	PA; Specialty Drug
SIMLANDI (2 PEN)	NP	PA; Specialty

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
UPPERCASE = Brand name drugs
P = PDL Preferred
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	NP	PA; Specialty Drug
SIMPONI ARIA	NP	PA; Specialty Drug
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
sulfasalazine oral	P	
TASCENSO ODT	NP	PA; Specialty Drug; AL
TECFIDERA ORAL CAPSULE DELAYED RELEASE	NP	PA; Specialty Drug
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	NP	PA; Specialty Drug
teriflunomide	P	Specialty Drug
THALOMID	F	
TREXALL	F	
VELSIPITY	NP	PA; Specialty Drug; AL
VUMERITY	NP	PA
XATMEP	F	
YUFLYMA (1 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 SYRINGE)	NP	PA; Specialty Drug
YUFLYMA-CD/UC/HS STARTER	NP	PA; Specialty Drug
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
ZEPOSIA	NP	PA; Specialty Drug; AL
ZEPOSIA 7-DAY STARTER PACK	NP	PA; Specialty Drug; AL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	NP	PA; Specialty Drug; AL
ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL
ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Immunosuppressive Agents		
ASTAGRAF XL	F	Specialty Drug
AZASAN	F	Specialty Drug
azathioprine oral	F	Specialty Drug
CELLCEPT	F	Specialty Drug
CELLCEPT INTRAVENOUS	F	Specialty Drug
cyclophosphamide oral	F	
cyclosporine intravenous	F	Specialty Drug
cyclosporine modified	F	Specialty Drug
cyclosporine oral capsule	F	Specialty Drug
ELIDEL	P-PA	PA; QL; AL
ENVARSUS XR	F	Specialty Drug
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	F	Specialty Drug
GENGRAF ORAL CAPSULE 100 MG, 25 MG	F	Specialty Drug
GENGRAF ORAL SOLUTION	F	Specialty Drug
HYFTOR	F	PA; AL
IMURAN	F	Specialty Drug
JYLAMVO	F	Specialty Drug
leflunomide oral	F	QL
MAVENCLAD (10 TABS)	NP	PA
MAVENCLAD (4 TABS)	NP	PA
MAVENCLAD (5 TABS)	NP	PA
MAVENCLAD (6 TABS)	NP	PA
MAVENCLAD (7 TABS)	NP	PA
MAVENCLAD (8 TABS)	NP	PA
MAVENCLAD (9 TABS)	NP	PA
mercaptopurine oral	F	Specialty Drug
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
methotrexate sodium (pf) injection solution 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution reconstituted	F	Specialty Drug
methotrexate sodium oral	F	
mycophenolate mofetil hcl	F	Specialty Drug
mycophenolate mofetil intravenous	F	
mycophenolate mofetil oral	F	Specialty Drug
mycophenolate sodium	F	Specialty Drug
MYFORTIC	F	Specialty Drug
NEORAL	F	Specialty Drug
NULOJIX	F	Specialty Drug
pimecrolimus	P-PA	PA; QL; AL
PROGRAF	F	Specialty Drug
PURIXAN	F	Specialty Drug
RAPAMUNE ORAL TABLET 1 MG, 2 MG	F	Specialty Drug
SANDIMMUNE	F	Specialty Drug
sirolimus oral	F	Specialty Drug
tacrolimus external ointment 0.03 %, 0.1 %	P	QL; AL
tacrolimus oral	F	Specialty Drug
TREXALL	F	
XATMEP	F	
ZORTRESS	F	Specialty Drug
Kallikrein Inhibitors		
KALBITOR	Carve-out	
ORLADEYO	Carve-out	
TAKHZYRO	Carve-out	
Other Miscellaneous Therapeutic Agents		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
AMVUTTRA	NP	PA
ARCALYST	Carve-out	
betaine	Carve-out	
CARNITOR	Carve-out	
CARNITOR SF	Carve-out	
CERDELGA	Carve-out	
cvs fish oil oral capsule delayed release	F	OTC
CYSTADANE	Carve-out	
CYSTAGON	Carve-out	
dalfampridine er	F	PA; Specialty Drug; QL; AL
DUVYZAT	Carve-out	
ELMIRON	F	PA; QL
EVOTAZ	Carve-out	
EVRYSDI	Carve-out	
FIRDAPSE	Carve-out	
fish oil concentrate oral capsule 1000 mg	F	OTC
fish oil oral capsule 1000 mg, 500 mg	F	OTC
fish oil oral capsule delayed release 1000 mg	F	OTC
GALAFOLD	Carve-out	
glucosamine chondr 1500 complx	Carve-out	OTC
gnp fish oil oral capsule delayed release 1000 mg	F	OTC
hm fish oil oral capsule 1200 mg	F	OTC
ILARIS SUBCUTANEOUS SOLUTION	Carve-out	
JAVYGTOR	Carve-out	
KUVAN ORAL PACKET	Carve-out	
KUVAN ORAL TABLET	Carve-out	
levocarnitine intravenous	Carve-out	
levocarnitine oral solution	Carve-out	
levocarnitine oral tablet	Carve-out	
levocarnitine sf	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
l-glutamine oral packet	F	PA; QL; AL
LYDIA PINKHAM ORAL LIQUID	Carve-out	OTC
MAX SLEEP JUNIOR	F	OTC
melatonin oral liquid 1 mg/ml	F	OTC
miglustat	Carve-out	
movana	Carve-out	OTC
nitisinone	Carve-out	
NITYR	Carve-out	
omega-3 fish oil oral capsule 1200 mg	F	OTC
OPFOLDA	Carve-out	Specialty Drug
ORFADIN	Carve-out	
PREZCOBIX	Carve-out	
PROCYSBI	Carve-out	
ra fish oil oral capsule 1000 mg	F	OTC
ra st johns wort oral tablet	Carve-out	OTC
REZUROCK	F	
RIVFLOZA	Carve-out	
sapropterin dihydrochloride oral packet	Carve-out	
sapropterin dihydrochloride oral tablet	Carve-out	
SKYCLARYS	Carve-out	Specialty Drug
sm fish oil oral capsule delayed release	F	OTC
SOHONOS	Carve-out	
st johns wort oral capsule 1000 mg, 150 mg, 300 mg	Carve-out	OTC
st johns wort oral tablet 300 mg	Carve-out	OTC
st johns wort positive mood	Carve-out	OTC
STRIBILD	Carve-out	
SYMTUZA	Carve-out	
TYBOST	Carve-out	
VIJOICE ORAL TABLET THERAPY PACK	Carve-out	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VOXZOGO	Carve-out	
ZARBEES SLEEP CHILD/MELATONIN ORAL LIQUID	F	OTC
ZAVESCA	Carve-out	
ZOKINVY	Carve-out	
Protective Agents		
adapalene external gel 0.1 %	F	QL
adapalene external gel 0.3 %	F	QL; AL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	F	QL; AL
CABTREO	NP	PA
dalfampridine er	F	PA; Specialty Drug; QL; AL
gnp adapalene	F	OTC; QL
mesna oral	F	Specialty Drug
MESNEX ORAL	F	Specialty Drug
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
aimsco lubricated	F	OTC; QL
CAYA	F	
FANTASY LUBRICATED	F	OTC; QL
FANTASY LUBRICATED/SPERMICIDE	F	OTC; QL
FC2 FEMALE CONDOM	F	OTC; QL
FEMCAP	F	
kimono	F	OTC; QL
kimono micro thin	F	OTC; QL
kimono micro thin plus	F	OTC; QL
kimono sensation	F	OTC; QL
kimono sensation plus	F	OTC; QL
maxx	F	OTC; QL
PHEXXI	F	QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRUSTEX LUB/RIBBED/STUDDED	F	OTC; QL
TRUSTEX LUB/SPERMICIDE EX ST	F	OTC; QL
TRUSTEX LUB/SPERMICIDE XL	F	OTC; QL
TRUSTEX LUBRICATED	F	OTC; QL
TRUSTEX LUBRICATED EX LARGE	F	OTC; QL
TRUSTEX LUBRICATED EXTRA ST	F	OTC; QL
TRUSTEX LUBRICATED/SPERMICIDE	F	OTC; QL
TRUSTEX NON-LUBRICATED	F	OTC; QL
TRUSTEX RIA LUB/SPERMICIDE	F	OTC; QL
TRUSTEX RIA LUBRICATED	F	OTC; QL
TRUSTEX RIA NON-LUBRICATED	F	OTC; QL
TRUSTEX-NONOXYNOL-9/RIB/STUD	F	OTC; QL
WIDE-SEAL DIAPHRAGM 60	F	
WIDE-SEAL DIAPHRAGM 65	F	
WIDE-SEAL DIAPHRAGM 70	F	
WIDE-SEAL DIAPHRAGM 75	F	
WIDE-SEAL DIAPHRAGM 80	F	
WIDE-SEAL DIAPHRAGM 85	F	
WIDE-SEAL DIAPHRAGM 90	F	
WIDE-SEAL DIAPHRAGM 95	F	
Oxytocics		
Oxytocics		
methylergonovine maleate oral	F	QL; AL
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	NP	PA; QL
epinephrine injection solution auto-injector	P	QL

lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**Tier Status** **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA **P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**
Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	QL
Anticholinergic Agents (Respir.Tract)		
atropine sulfate ophthalmic ointment	F	
atropine sulfate ophthalmic solution 1 %	F	
ATROVENT HFA	P	102 day supply allowed; QL
COMBIVENT RESPIMAT	P	102 day supply allowed; QL
DUAKLIR PRESSAIR	NP	PA
hyoscyamine sulfate er oral tablet extended release 12 hour	F	AL
hyoscyamine sulfate oral	F	AL
hyoscyamine sulfate sublingual	F	AL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	P	102 day supply allowed; QL
ipratropium bromide inhalation	P	102 day supply allowed
ipratropium bromide nasal	P	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	P	102 day supply allowed
SPIRIVA HANDIHALER	P	102 day supply allowed; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	P	102 day supply allowed; QL
tiotropium bromide monohydrate	NP	PA; 102 day supply allowed; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	NP	PA; 102 day supply allowed
YUPELRI	NP	PA
Anti-Inflammatory Agents (Respiratory)		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; AL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	NP	PA; AL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	NP	PA; Specialty Drug; AL
Antitussives		
aler-cap	F	OTC; AL
allergy childrens oral liquid	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL
BANOPHEN ORAL LIQUID	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
codeine sulfate oral tablet	P	QL; AL
complete allergy relief	F	OTC; AL
cvs allergy relief adult	F	OTC
cvs allergy relief childrens oral liquid	F	OTC
cvs allergy relief oral capsule 25 mg	F	OTC; AL
cvs allergy relief oral liquid	F	OTC
cvs allergy relief oral tablet 25 mg	F	OTC; AL
cvs childrens allergy	F	OTC
cvs sleep aid nighttime oral tablet	Carve-out	OTC
cvs sleep aid oral tablet 25 mg	Carve-out	OTC
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC
diphen oral tablet	F	OTC; AL
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC
diphenhydramine hcl childrens	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
diphenhydramine hcl injection	F	AL
diphenhydramine hcl oral capsule	F	AL
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
eq allergy relief childrens oral liquid	F	OTC
eq allergy relief oral tablet 25 mg	F	OTC; AL
eql allergy oral tablet 25 mg	F	OTC; AL
eql allergy relief oral tablet 25 mg	F	OTC; AL
eql nighttime sleep aid	Carve-out	OTC
eql sleep aid oral capsule	Carve-out	OTC
eql sleep aid oral liquid	Carve-out	OTC
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	.; OTC
ft allergy relief oral tablet 25 mg	F	OTC; AL
ft nighttime sleep aid	Carve-out	OTC
ft sleep-aid maximum strength	Carve-out	OTC
geri-dryl oral liquid	F	OTC
geri-dryl oral tablet	F	OTC; AL
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp childrens allergy	F	OTC
gnp nighttime sleep-aid max st	Carve-out	OTC
gnp sleep aid nighttime	Carve-out	OTC
gnp sleep aid oral liquid	Carve-out	OTC
goodsense sleeptime	Carve-out	OTC
h-e-b childrens allergy	F	OTC
KINDERMED KIDS ALLERGY	F	OTC
liquid allergy relief	F	OTC

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
UPPERCASE = Brand name drugs
P = PDL Preferred
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
m-dryl	F	OTC
night time sleep aid	Carve-out	OTC
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC
NYTOL QUICKCAPS	Carve-out	OTC
PEDIACARE CHILDRENS ALLERGY	F	OTC
pharbedryl oral capsule 25 mg	F	OTC; AL
qc allergy childrens	F	OTC
qc rest simply	Carve-out	OTC
qc sleep aid max st	Carve-out	OTC
ra allergy medication oral liquid	F	OTC
ra allergy medication oral tablet	F	OTC; AL
ra allergy oral liquid	F	OTC
ra allergy relief childrens oral liquid	F	OTC
ra allergy relief oral capsule 25 mg	F	OTC; AL
ra complete allergy	F	OTC; AL
RA DIPHEDRYL ALLERGY	F	OTC
ra nighttime sleep aid oral tablet	Carve-out	OTC
ra sleep aid (diphenhydramine)	Carve-out	OTC
ra sleep aid oral capsule	Carve-out	OTC
sb allergy medicine oral liquid	F	OTC
sb allergy medicine oral tablet	Carve-out	OTC
sb sleep	Carve-out	OTC
siladryl allergy	F	OTC
SIMPLY SLEEP	Carve-out	OTC
sleep aid (diphenhydramine)	Carve-out	OTC
sleep aid oral liquid	Carve-out	OTC
sleep tabs oral tablet 25 mg	Carve-out	OTC
sleep-aid oral capsule	Carve-out	OTC
sleep-tabs	Carve-out	OTC
SOMINEX	Carve-out	OTC

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
SOMINEX MAX ST	Carve-out	OTC
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
total allergy	F	OTC; AL
TOTAL ALLERGY MEDICINE	F	OTC
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC
UNISOM SLEEPMINIS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
wal-som oral tablet dispersible	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
Corticosteroids (Respiratory Tract)		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL
ADVAIR HFA	P	102 day supply allowed; QL
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL
AIRSUPRA	NP	PA; 102 day supply allowed; QL
allergy nasal spray (momet)	NP	PA; OTC
allergy nasal spray nasal suspension	NP	PA; OTC
allergy relief nasal	NP	PA; OTC
allergy spray 24 hour nasal suspension	NP	PA; OTC
ALVESCO	P	
ARMONAIR DIGIHALER	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	AL
azelastine-fluticasone	NP	PA
BECONASE AQ	NP	PA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL
budesonide inhalation	P	QL; AL
budesonide nasal	NP	PA; OTC
cvs budesonide	NP	PA; OTC
cvs fluticasone propionate	NP	PA; OTC
cvs nasal allergy spray	NP	PA; OTC
DYMISTA	NP	PA
eq allergy relief nasal	NP	PA; OTC
eq budesonide nasal	NP	PA; OTC
eq nasal allergy	NP	PA; OTC
eql fluticasone propionate	NP	PA; OTC
FLONASE ALLERGY REL CHILDRENS	NP	PA; OTC
flunisolide nasal solution 25 mcg/act (0.025%)	NP	PA
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL
fluticasone propionate diskus	NP	PA
fluticasone propionate hfa inhalation aerosol 110 mcg/act	P	QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
fluticasone propionate hfa inhalation aerosol 220 mcg/act, 44 mcg/act	P	102 day supply allowed; QL
fluticasone propionate nasal	P	
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL
ft 24 hour nasal allergy	NP	PA; OTC
ft allergy relief 24 hr	NP	PA; OTC
gnp 24 hour nasal allergy	NP	PA; OTC
gnp budesonide nasal spray	NP	PA; OTC
gnp fluticasone propionate	NP	PA; OTC
goodsense 24-hr allergy nasal	NP	PA; OTC
goodsense nasal allergy spray	NP	PA; OTC
KLS ALLER-CORT	NP	PA; OTC
mometasone furoate external	P	
mometasone furoate nasal	NP	PA
nasal allergy 24 hour	NP	PA; OTC
NASONEX 24HR	NP	PA; OTC
OMNARIS	NP	PA
PULMICORT	NP	PA; QL; AL
PULMICORT FLEXHALER	P	QL
qc allergy relief nasal	NP	PA; OTC
QNASL	NP	PA
QNASL CHILDRENS	NP	PA
QVAR REDIHALER	P	
ra budesonide	NP	PA; OTC
ra nasal allergy	NP	PA; OTC
RYALTRIS	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
triamcinolone acetonide nasal aerosol	NP	PA; OTC
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL
XHANCE	NP	PA
ZETONNA	NP	PA
Cystic Fibrosis (Cftr) Correctors		
ALYFTREK	Carve-out	
ORKAMBI	Carve-out	
SYMDEKO	Carve-out	
TRIKAFTA	Carve-out	
Cystic Fibrosis (Cftr) Potentiators		
ALYFTREK	Carve-out	
KALYDECO	Carve-out	
ORKAMBI	Carve-out	
SYMDEKO	Carve-out	
TRIKAFTA	Carve-out	
Endothelin Receptor Antagonists		
ambrisentan	P-PA	PA; Specialty Drug; 102 day supply allowed
bosentan	NP	PA; Specialty Drug; 102 day supply allowed
LETAIRIS	NP	PA; Specialty Drug; 102 day supply allowed
OPSUMIT	P-PA	PA; Specialty Drug; 102 day supply allowed
OPSYNVI	NP	PA; QL; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRACLEER ORAL TABLET	P-PA	PA; Specialty Drug; 102 day supply allowed
TRACLEER ORAL TABLET SOLUBLE	NP	PA; Specialty Drug; 102 day supply allowed
TRYVIO	F	PA; QL; AL
First Generation Antihist.(Respir Tract)		
aler-cap	F	OTC; AL
aller-chlor oral tablet	F	OTC
allergy childrens oral liquid	F	OTC
allergy oral tablet 4 mg	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
allergy relief oral tablet 4 mg	F	OTC
BANOPHEN ORAL CAPSULE 25 MG	F	OTC
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL
BANOPHEN ORAL LIQUID	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
carbinoxamine maleate oral solution	F	
carbinoxamine maleate oral tablet 4 mg	F	
chlorhist	F	OTC
chlorpheniramine maleate oral	F	OTC
complete allergy relief	F	OTC; AL
cvs allergy relief adult	F	OTC
cvs allergy relief childrens oral liquid	F	OTC
cvs allergy relief oral capsule 25 mg	F	OTC; AL
cvs allergy relief oral liquid	F	OTC
cvs allergy relief oral tablet 25 mg	F	OTC; AL
cvs childrens allergy	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
cvs sleep aid nighttime oral tablet	Carve-out	OTC
cvs sleep aid oral tablet 25 mg	Carve-out	OTC
cvs sleep-aid (doxylamine)	Carve-out	OTC
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC
cvs ultra sleep	Carve-out	OTC
cyproheptadine hcl oral	F	AL
diphen oral tablet	F	OTC; AL
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl injection	F	AL
diphenhydramine hcl oral capsule	F	AL
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
eq allergy relief childrens oral liquid	F	OTC
eq allergy relief oral tablet 25 mg	F	OTC; AL
eq chlortabs	F	OTC
eql allergy oral tablet 25 mg	F	OTC; AL
eql allergy relief oral tablet 25 mg	F	OTC; AL
eql nighttime sleep aid	Carve-out	OTC
eql sleep aid oral capsule	Carve-out	OTC
eql sleep aid oral liquid	Carve-out	OTC
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	.; OTC
ft allergy relief oral tablet 25 mg	F	OTC; AL
ft allergy relief oral tablet 4 mg	F	OTC
ft nighttime sleep aid	Carve-out	OTC
ft sleep aid (doxylamine)	Carve-out	OTC
ft sleep-aid maximum strength	Carve-out	OTC
geri-dryl oral liquid	F	OTC
geri-dryl oral tablet	F	OTC; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp allergy relief oral tablet 4 mg	F	OTC
gnp childrens allergy	F	OTC
gnp nighttime sleep-aid max st	Carve-out	OTC
gnp sleep aid	Carve-out	OTC
gnp sleep aid nighttime	Carve-out	OTC
goodsense sleeptime	Carve-out	OTC
h-e-b childrens allergy	F	OTC
KINDERMED KIDS ALLERGY	F	OTC
kls sleep aid	Carve-out	OTC
liquid allergy relief	F	OTC
m-dryl	F	OTC
night time sleep aid	Carve-out	OTC
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC
NYTOL QUICKCAPS	Carve-out	OTC
PEDIACARE CHILDRENS ALLERGY	F	OTC
pharbechlor	F	OTC
pharbedryl oral capsule 25 mg	F	OTC; AL
promethazine hcl oral solution 6.25 mg/5ml	F	AL
promethazine hcl oral syrup	F	
promethazine hcl oral tablet	F	AL
promethazine hcl rectal suppository 12.5 mg	F	QL; AL
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL
qc allergy childrens	F	OTC
qc chlor-pheniramine	F	OTC
qc rest simply	Carve-out	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
qc sleep aid max st	Carve-out	OTC
ra allergy medication oral liquid	F	OTC
ra allergy medication oral tablet	F	OTC; AL
ra allergy oral liquid	F	OTC
ra allergy relief childrens oral liquid	F	OTC
ra allergy relief oral capsule 25 mg	F	OTC; AL
ra allergy relief oral tablet 4 mg	F	OTC
ra chlorpheniramine maleate	F	OTC
ra complete allergy	F	OTC; AL
RA DIPHEDRYL ALLERGY	F	OTC
ra night sleep aid	Carve-out	OTC
ra nighttime sleep aid oral tablet	Carve-out	OTC
ra sleep aid (diphenhydramine)	Carve-out	OTC
ra sleep aid oral capsule	Carve-out	OTC
ra sleep aid oral tablet	Carve-out	OTC
sb allergy medicine oral liquid	F	OTC
sb allergy medicine oral tablet	Carve-out	OTC
sb chlorpheniramine	F	OTC
sb sleep	Carve-out	OTC
siladryl allergy	F	OTC
SIMPLY SLEEP	Carve-out	OTC
sleep aid (diphenhydramine)	Carve-out	OTC
sleep aid (doxylamine)	Carve-out	OTC
sleep aid oral liquid	Carve-out	OTC
sleep aid oral tablet	Carve-out	OTC
sleep tabs oral tablet 25 mg	Carve-out	OTC
sleep-aid	Carve-out	OTC
sleep-tabs	Carve-out	OTC
SOMINEX	Carve-out	OTC
SOMINEX MAX ST	Carve-out	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
total allergy	F	OTC; AL
TOTAL ALLERGY MEDICINE	F	OTC
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC
UNISOM SLEEPMINIS	Carve-out	OTC
UNISOM SLEEPTABS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-FINATE	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
Interleukin Antagonists		
ARCALYST	Carve-out	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML	P-PA	PA; Specialty Drug
FASENRA PEN	P-PA	PA; Specialty Drug; AL
ILARIS SUBCUTANEOUS SOLUTION	Carve-out	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug; AL
Leukotriene Modifiers		
ACCOLATE	NP	PA; 102 day supply allowed
montelukast sodium oral packet	NP	PA; 102 day supply allowed; AL
montelukast sodium oral tablet	P	102 day supply allowed
montelukast sodium oral tablet chewable 4 mg, 5 mg	P	102 day supply allowed; AL
SINGULAIR ORAL PACKET	NP	PA; 102 day supply allowed; AL
SINGULAIR ORAL TABLET	NP	PA; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG	NP	PA; 102 day supply allowed; AL
zafirlukast	NP	PA; 102 day supply allowed
zileuton er	NP	PA; 102 day supply allowed
ZYFLO	NP	PA; 102 day supply allowed
Mast-Cell Stabilizers		
cromolyn sodium nasal	F	OTC
cromolyn sodium ophthalmic	P	
cromolyn sodium oral	F	
GASTROCROM	F	
NASALCROM	F	OTC
Mucolytic Agents		
acetylcysteine inhalation	F	
altamist spray	F	OTC
cvs saline nasal spray	F	OTC
deep sea nasal spray	F	OTC
eq saline nasal spray	F	OTC
eql saline nasal spray	F	OTC
gnp nasal moisturizing	F	OTC
HYPERSAL	F	
LITTLE REMEDIES SALINE	F	OTC
nasal moisturizing spray	F	OTC
NEBUSAL	F	
OCEAN NASAL SPRAY	F	OTC
PULMOSAL	F	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	F	PA; Specialty Drug; QL
px saline nasal spray	F	OTC
saline mist spray	F	OTC
saline nasal spray	F	OTC

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
sm nasal spray saline	F	OTC
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	F	
Nasal Preparations (Steroids)		
allergy nasal spray (momet)	NP	PA; OTC
allergy nasal spray nasal suspension	NP	PA; OTC
allergy relief nasal	NP	PA; OTC
allergy spray 24 hour nasal suspension	NP	PA; OTC
azelastine-fluticasone	NP	PA
BECONASE AQ	NP	PA
budesonide nasal	NP	PA; OTC
cvs budesonide	NP	PA; OTC
cvs fluticasone propionate	NP	PA; OTC
cvs nasal allergy spray	NP	PA; OTC
DYMISTA	NP	PA
eq allergy relief nasal	NP	PA; OTC
eq budesonide nasal	NP	PA; OTC
eq nasal allergy	NP	PA; OTC
eql fluticasone propionate	NP	PA; OTC
FLONASE ALLERGY REL CHILDRENS	NP	PA; OTC
flunisolide nasal solution 25 mcg/act (0.025%)	NP	PA
fluticasone propionate nasal	P	
ft 24 hour nasal allergy	NP	PA; OTC
ft allergy relief 24 hr	NP	PA; OTC
gnp 24 hour nasal allergy	NP	PA; OTC
gnp budesonide nasal spray	NP	PA; OTC
gnp fluticasone propionate	NP	PA; OTC
goodsense 24-hr allergy nasal	NP	PA; OTC
goodsense nasal allergy spray	NP	PA; OTC
KLS ALLER-CORT	NP	PA; OTC

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	**Tier Status**	**Coverage Requirements and Limits**
mometasone furoate nasal	NP	PA
nasal allergy 24 hour	NP	PA; OTC
NASONEX 24HR	NP	PA; OTC
qc allergy relief nasal	NP	PA; OTC
QNASL	NP	PA
QNASL CHILDRENS	NP	PA
ra budesonide	NP	PA; OTC
ra nasal allergy	NP	PA; OTC
RYALTRIS	NP	PA
triamcinolone acetonide nasal aerosol	NP	PA; OTC
XHANCE	NP	PA
Orally Inhaled Preparations (Steroids)		
AIRSUPRA	NP	PA; 102 day supply allowed; QL
ARMONAIR DIGIHALER	NP	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	AL
budesonide inhalation	P	QL; AL
fluticasone propionate diskus	NP	PA
fluticasone propionate hfa inhalation aerosol 110 mcg/act	P	QL
fluticasone propionate hfa inhalation aerosol 220 mcg/act, 44 mcg/act	P	102 day supply allowed; QL
PULMICORT	NP	PA; QL; AL
PULMICORT FLEXHALER	P	QL
QVAR REDIHALER	P	
Phosphodiesterase Type 4 Inhibitors		
DALIRESP	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
roflumilast	P-PA	PA
ZORYVE EXTERNAL CREAM	F	PA; AL
ZORYVE EXTERNAL FOAM	F	PA; AL
Phosphodiesterase-5 Inhibitors (Respir)		
ADCIRCA	NP	PA; Specialty Drug; 102 day supply allowed
ALYQ	P-PA	PA; Specialty Drug; 102 day supply allowed
LIQREV	NP	PA; Specialty Drug; 102 day supply allowed
OPSYNVI	NP	PA; QL; AL
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed
tadalafil (pah)	P-PA	PA; Specialty Drug; 102 day supply allowed
TADLIQ	NP	PA; Specialty Drug; 102 day supply allowed; AL
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM	NP	PA; Specialty Drug; 102 day supply allowed
ORENITRAM MONTH 1	NP	PA; Specialty Drug
ORENITRAM MONTH 2	NP	PA; Specialty Drug
ORENITRAM MONTH 3	NP	PA; Specialty Drug
TYVASO	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	NP	PA; Specialty Drug; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TYVASO DPI TITRATION KIT	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO REFILL KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO STARTER KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
VENTAVIS	P-PA	PA; Specialty Drug; 102 day supply allowed
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL	F	PA; QL; AL
BRONCHITOL TOLERANCE TEST	F	PA; QL; AL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug; AL
WINREVAIR	NP	PA; Specialty Drug; 102 day supply allowed
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; AL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P-PA	PA; AL
Second Generation Antihist(Respir Tract)		
12hr allergy relief	P	OTC
24hr allergy relief	P	OTC
all-day allergy childrens	P	OTC
allergy (cetirizine)	P	OTC
allergy 24hour indoor/outdoor	P	OTC
allergy 24-hr	P	OTC
allergy childrens oral solution	P	OTC
allergy childrens oral suspension	P	OTC
allergy nasal spray nasal solution	P	OTC
allergy rel child (loratadine)	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
allergy relief (cetirizine) oral capsule	NP	PA; OTC
allergy relief (cetirizine) oral tablet	P	OTC
allergy relief (loratadine) oral tablet	P	OTC
allergy relief 24-hr	P	OTC
allergy relief cetirizine	P	OTC
allergy relief childrens oral solution 1 mg/ml	P	OTC
allergy relief oral tablet 10 mg, 180 mg, 60 mg	P	OTC
allergy relief/indoor/outdoor oral tablet 10 mg	P	OTC
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	P	
azelastine hcl ophthalmic	P	
azelastine-fluticasone	NP	PA
cetirizine hcl allergy child	P	OTC
cetirizine hcl childrens alrgy oral solution	P	OTC
cetirizine hcl childrens oral solution 5 mg/5ml	NP	PA; OTC
cetirizine hcl oral solution 1 mg/ml	P	
cetirizine hcl oral tablet	P	OTC
cetirizine hcl oral tablet chewable	NP	PA; OTC
childrens 24 hour allergy	P	OTC
childrens loratadine oral solution	P	OTC
CLARINEX ORAL TABLET	NP	PA
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG	P	OTC
cvs allergy childrens oral solution	P	OTC
cvs allergy relief childrens oral solution	P	OTC
cvs allergy relief childrens oral suspension	P	OTC
cvs allergy relief oral tablet 10 mg, 180 mg	P	OTC
cvs allergy relief(cetirizine)	P	OTC
cvs indoor/outdoor allergy rlf oral tablet	P	OTC
desloratadine oral tablet	NP	PA
desloratadine oral tablet dispersible 2.5 mg	NP	PA; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
desloratadine oral tablet dispersible 5 mg	NP	PA
DYMISTA	NP	PA
eq allerg relief child (cetir)	P	OTC
eq allergy relief (cetirizine)	P	OTC
eq allergy relief oral tablet 10 mg, 180 mg	P	OTC
eq cetirizine hcl oral solution	P	OTC
eql all day allergy	P	OTC
eql allergy relief oral tablet 10 mg, 180 mg	P	OTC
fexofenadine hcl oral tablet 180 mg, 60 mg	P	OTC
ft all day allergy	P	OTC
ft all day allergy childrens	P	OTC
ft all day allergy relief	P	OTC
ft allergy childrens	P	OTC
ft allergy relief 12 hour	P	OTC
ft allergy relief 24 hour	P	OTC
ft allergy relief cetirizine	P	OTC
ft allergy relief loratadine	P	OTC
ft allergy relief oral tablet 10 mg, 180 mg	P	OTC
gnp all day allergy childrens oral solution	P	OTC
gnp all day allergy relief	NP	PA; OTC
gnp fexofenadine hcl	P	OTC
gnp loratadine childrens oral solution	P	OTC
gnp loratadine oral solution	P	OTC
gnp loratadine oral tablet	P	OTC
gnp loratadine oral tablet dispersible	P	OTC
goodsense all day allergy	P	OTC
goodsense aller-ease	P	OTC
goodsense allergy relief child	P	OTC
goodsense allergy relief oral tablet 10 mg	P	OTC
hm allergy relief oral tablet 60 mg	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML	P	OTC
loradamed	P	OTC
loratadine childrens oral solution	P	OTC
loratadine childrens oral tablet chewable	P	OTC
loratadine oral tablet	P	OTC
loratadine oral tablet dispersible 10 mg	P	OTC
mm fexofenadine hcl	P	OTC
qc all day allergy	P	OTC
qc allergy relief oral tablet 10 mg, 180 mg	P	OTC
qc loratadine allergy relief	P	OTC
ra allergy relief (cetirizine)	P	OTC
ra allergy relief (loratadine)	P	OTC
ra allergy relief childrens oral solution 5 mg/5ml	P	OTC
ra allergy relief oral capsule 10 mg	NP	PA; OTC
ra allergy relief oral tablet 180 mg	P	OTC
sb allergy oral tablet	P	OTC
sb loratadine oral tablet	P	OTC
sm allergy childrens oral solution	P	OTC
sm allergy relief oral tablet 60 mg	P	OTC
sm fexofenadine hcl oral tablet 60 mg	P	OTC
sm loratadine oral solution	P	OTC
WAL-FEX ALLERGY	P	OTC
WAL-ITIN CHILDRENS	P	OTC
WAL-ZYR ALL DAY ALLERGY CHILD	P	OTC
WAL-ZYR ALLERGY CHILDRENS	P	OTC
WAL-ZYR CHILDRENS ORAL SOLUTION	P	OTC
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG	NP	PA; OTC
WAL-ZYR ORAL CAPSULE	NP	PA; OTC
WAL-ZYR ORAL TABLET	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZERVIATE	NP	PA
Select.Beta-2-Adrenergic Agonist(Respir)		
AIRSUPRA	NP	PA; 102 day supply allowed; QL
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	P	102 day supply allowed; QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	P	102 day supply allowed
arformoterol tartrate	NP	PA; 102 day supply allowed
BROVANA	NP	PA; 102 day supply allowed
formoterol fumarate inhalation	NP	PA; 102 day supply allowed
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	NP	PA; 102 day supply allowed
levalbuterol tartrate	NP	PA; 102 day supply allowed; QL
PERFOROMIST	NP	PA; 102 day supply allowed
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	NP	PA; 102 day supply allowed; QL
PROAIR RESPICLICK	NP	PA; 102 day supply allowed; QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	102 day supply allowed; QL
STRIVERDI RESPIMAT	NP	PA; 102 day supply allowed
terbutaline sulfate oral	F	
VENTOLIN HFA	P	102 day supply allowed; QL
XOPENEX HFA	P	102 day supply allowed; QL
Vasodilating Agents (Respiratory Tract)		
ADCIRCA	NP	PA; Specialty Drug; 102 day supply allowed
ADEMPAS	P-PA	PA; Specialty Drug; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ALYQ	P-PA	PA; Specialty Drug; 102 day supply allowed
ambrisentan	P-PA	PA; Specialty Drug; 102 day supply allowed
bosentan	NP	PA; Specialty Drug; 102 day supply allowed
LETAIRIS	NP	PA; Specialty Drug; 102 day supply allowed
OPSUMIT	P-PA	PA; Specialty Drug; 102 day supply allowed
ORENITRAM	NP	PA; Specialty Drug; 102 day supply allowed
ORENITRAM MONTH 1	NP	PA; Specialty Drug
ORENITRAM MONTH 2	NP	PA; Specialty Drug
ORENITRAM MONTH 3	NP	PA; Specialty Drug
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed
tadalafil (pah)	P-PA	PA; Specialty Drug; 102 day supply allowed
TADLIQ	NP	PA; Specialty Drug; 102 day supply allowed; AL
TRACLEER ORAL TABLET	P-PA	PA; Specialty Drug; 102 day supply allowed
TRACLEER ORAL TABLET SOLUBLE	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	NP	PA; Specialty Drug; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TYVASO DPI TITRATION KIT	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO REFILL KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO STARTER KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
UPTRAVI ORAL	P-PA	PA; Specialty Drug; 102 day supply allowed
UPTRAVI TITRATION	P-PA	PA; Specialty Drug; 102 day supply allowed
VENTAVIS	P-PA	PA; Specialty Drug; 102 day supply allowed
Vasodilating Agents, Misc		
ADEMPAS	P-PA	PA; Specialty Drug; 102 day supply allowed
UPTRAVI ORAL	P-PA	PA; Specialty Drug; 102 day supply allowed
UPTRAVI TITRATION	P-PA	PA; Specialty Drug; 102 day supply allowed
Xanthine Derivatives		
theophylline er	F	
theophylline oral	F	
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
ALPHAGAN P	NP	PA
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	NP	PA
brimonidine tartrate ophthalmic solution 0.2 %	P	
brimonidine tartrate-timolol	NP	PA
COMBIGAN	P	
Allylamines (Skin And Mucous Membrane)		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
athletes foot (terbinafine)	F	OTC
eq athletes foot (terbinafine)	F	OTC
eql athletes foot(terbinafine)	F	OTC
gnp terbinafine hydrochloride	F	OTC
naftifine hcl external cream	NP	PA
naftifine hcl external gel 2 %	NP	PA
NAFTIN EXTERNAL GEL	NP	PA
terbinafine hcl external	F	OTC
Antibacterials (84:04)		
ACANYA	NP	PA
bacitracin external	F	OTC
bacitracin ophthalmic	F	
bacitracin zinc external	F	OTC
bacitracin zinc-aloe	F	OTC
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	F	
bacitra-neomycin-polymyxin-hc	F	
benzoyl peroxide-erythromycin	F	
CABTREO	NP	PA
CLEOCIN VAGINAL CREAM	NP	PA
CLEOCIN VAGINAL SUPPOSITORY	P	
clindamycin hcl oral	F	
clindamycin palmitate hcl	F	AL
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	NP	PA
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	P	
clindamycin phosphate external solution	F	QL
clindamycin phosphate external swab	F	
clindamycin phosphate vaginal	P	
CLINDESSE	P	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
cvs bacitracin	F	OTC
cvs bacitracin zinc	F	OTC
dapsone oral	F	
doxycycline hyclate oral capsule	F	
doxycycline hyclate oral tablet 100 mg, 20 mg	F	
doxycycline monohydrate oral capsule 100 mg, 50 mg	F	
doxycycline monohydrate oral suspension reconstituted	F	
doxycycline monohydrate oral tablet 100 mg, 50 mg	F	
eq bacitracin zinc	F	OTC
eq triple antibiotic	F	OTC
eql bacitracin zinc	F	OTC
eql first aid antibiotic external ointment 3.5-400-5000	F	OTC
erythromycin external solution	F	
FLAGYL ORAL CAPSULE	NP	PA
ft triple antibiotic	F	OTC
gentamicin sulfate external	F	
gentamicin sulfate ophthalmic solution	F	
gnp bacitracin zinc	F	OTC
gnp triple antibiotic external ointment	F	OTC
goodsense first aid antibiotic	F	OTC
levofloxacin oral solution	P	
levofloxacin oral tablet	P	QL
LIKMEZ	NP	PA; QL
medi-first triple antibiotic	F	OTC
metronidazole external cream	F	
metronidazole external gel 0.75 %	F	
metronidazole oral capsule	NP	PA

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
metronidazole oral tablet 125 mg	NP	PA
metronidazole oral tablet 250 mg, 500 mg	P	
metronidazole vaginal	P	
minocycline hcl oral capsule	F	
MONDOXYNE NL ORAL CAPSULE 100 MG	F	
moxifloxacin hcl oral	NP	PA; QL
mupirocin calcium	NP	PA
mupirocin external	P	
neomycin sulfate oral	P	
NEUAC EXTERNAL GEL	NP	PA
NUVESSA	P	
ONEXTON	NP	PA
polymyxin b-trimethoprim	F	
px triple	F	OTC
qc bacitracin	F	OTC
ra bacitracin zinc first aid	F	OTC
ra triple antibiotic external ointment	F	OTC
sulfacetamide sodium-sulfur external liquid 10-5 %	F	QL
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 mg-unit	F	OTC
VANDAZOLE	NP	PA
XACIATO	NP	PA; AL
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	P-PA	PA; QL; AL
VTAMA	F	PA; QL; AL
Antiproliferants		
bexarotene	F	Specialty Drug
CARAC	F	Specialty Drug
EFUDEX EXTERNAL CREAM	F	Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
fluorouracil external	F	Specialty Drug
fluorouracil intravenous	F	Specialty Drug
imiquimod external cream 5 %	F	
TARGRETIN	F	Specialty Drug
VALCHLOR	F	Specialty Drug
Antipruritics And Local Anesthetics		
ASPERCREME LIDOCAINE EXTERNAL PATCH	F	OTC; QL
asperflex max st	F	OTC; QL
ASPERFLEX PAIN RELIEVING	F	OTC; QL
BLUE-EMU PAIN RELIEF DRY	F	OTC; QL
cvs pain relief external patch	F	OTC; QL
doxepin hcl oral	Carve-out	
DULOXICAINE	Carve-out	
ENEMEEZ PLUS	F	OTC
eq lidocaine pain relieving	F	OTC; QL
GLYDO EXTERNAL PREFILLED SYRINGE	F	
gnp lidocaine pain relief	F	OTC; QL
LIDO KING	F	OTC; QL
lidocaine external ointment 5 %	F	QL
lidocaine external patch 5 %	F	PA; QL
lidocaine hcl external cream 3 %	F	QL
lidocaine hcl urethral/mucosal external prefilled syringe	F	
lidocaine max st 24 hours	F	OTC; QL
lidocaine pain relief	F	OTC; QL
lidocaine pain relief max st external patch	F	OTC; QL
lidocaine pain relieving	F	OTC; QL
lidocaine-prilocaine external cream	F	QL
LIDOCARE ARM/NECK/LEG	F	OTC; QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LIDOCARE BACK/SHOULDER	F	OTC; QL
lidozo	F	OTC; QL
phenazopyridine hcl oral tablet 100 mg, 200 mg	F	
SALONPAS PAIN RELIEVING	F	OTC; QL
SILENOR	Carve-out	
Antivirals (Skin And Mucous Membrane)		
acyclovir external	P	102 day supply allowed
acyclovir oral capsule	P	102 day supply allowed
acyclovir oral suspension 200 mg/5ml	P	102 day supply allowed
acyclovir oral tablet	P	102 day supply allowed
DENAVIR	P	102 day supply allowed
docosanol external	F	OTC
ft docosanol	F	OTC
gnp docosanol	F	OTC
penciclovir	NP	PA; 102 day supply allowed
XERESE	NP	PA; 102 day supply allowed
ZOVIRAX EXTERNAL	NP	PA; 102 day supply allowed
Astringents (84:12)		
BEVESPI AEROSPHERE	P	102 day supply allowed; QL
glycopyrrolate oral solution	F	AL
glycopyrrolate oral tablet 1 mg, 2 mg	F	
miconazole-zinc oxide-petrolat	NP	PA; AL
VUSION	NP	PA; AL
Astringents, Anti-Infective		
chlorhexidine gluconate mouth/throat	F	
selenium sulfide external lotion	F	
silver sulfadiazine external	F	
SSD	F	
SSD (SILVER SULFADIAZINE)	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Azoles (Skin And Mucous Membrane)		
3 day vaginal	F	OTC
antifungal (clotrimazole)	P	OTC
antifungal clotrimazole	P	OTC
anti-fungal external cream 1 %	P	OTC
antifungal external cream 2 %	P	OTC
athletes foot (clotrimazole)	P	OTC
athletes foot external solution	F	OTC
baza antifungal	P	OTC
clotrimazole 3	F	OTC
clotrimazole af	P	OTC
clotrimazole anti-fungal	P	OTC
clotrimazole athletes foot	P	OTC
clotrimazole external cream	P	
clotrimazole external solution	P	
clotrimazole mouth/throat troche	P	
clotrimazole vaginal cream 1 %	F	
clotrimazole-7	F	OTC
clotrimazole-betamethasone external cream	P	
clotrimazole-betamethasone external lotion	NP	PA
cvs clotrimazole	P	OTC
cvs clotrimazole 3	F	OTC
cvs itch relief external cream 1 %	P	OTC
cvs miconazole 3 combo pack	F	OTC
cvs miconazole 3 combo-supp	F	OTC
cvs miconazole 7	F	OTC
cvs ringworm	P	OTC
econazole nitrate external	NP	PA
eq athletes foot external cream	P	OTC
eq jock itch	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eql miconazole 7	F	OTC
ERTACZO	NP	PA
EXELDERM	NP	PA
ft 7 day vaginal	F	OTC
ft antifungal external cream 2 %	P	OTC
ft athletes foot (clotrimaz)	P	OTC
ft clotrimazole	F	OTC
ft miconazole 3 combo pack	F	OTC
gnp athletes foot external cream	P	OTC
gnp clotrimazole 3	F	OTC
gnp miconazole 3	F	OTC
gnp miconazole 7	F	OTC
goodsense athletes foot	P	OTC
jock itch	P	OTC
jock itch relief	P	OTC
JUBLIA	NP	PA; AL
ketoconazole external cream	P	
ketoconazole external foam	NP	PA
ketoconazole external shampoo 2 %	P	
KETODAN	NP	PA
LOTRIMIN AF EXTERNAL CREAM	NP	PA; OTC
luliconazole	NP	PA
LUZU	NP	PA
miconazole 3 combo pack	F	OTC
miconazole 3 combo pack app	F	OTC
miconazole 3 combo-supp	F	OTC
miconazole 7	F	OTC
miconazole antifungal	P	OTC
miconazole nitrate external cream	P	
miconazole nitrate external solution	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
miconazole-zinc oxide-petrolat	NP	PA; AL
MICOTRIN AC	NP	PA; OTC
MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM)	F	OTC
MONISTAT 3 COMBO PACK APP	F	OTC
MYCOZYL AC	NP	PA; OTC
ORAVIG	NP	PA
oxiconazole nitrate	NP	PA
OXISTAT EXTERNAL LOTION	NP	PA
px athletic foot	P	OTC
qc clotrimazole external	P	OTC
qc clotrimazole vaginal	F	OTC
qc miconazole 7 vaginal cream	F	OTC
ra athletes foot	P	OTC
ra clotrimazole	P	OTC
ra clotrimazole 7	F	OTC
ra jock itch	P	OTC
ra miconazole 3 combo pack	F	OTC
ra miconazole 3 combo pack app	F	OTC
ra miconazole 7	F	OTC
sulconazole nitrate	NP	PA
terconazole vaginal cream	F	
tm-clotrimazole	P	OTC
VUSION	NP	PA; AL
Basic Lotions And Liniments		
ammonium lactate external	F	QL
Basic Ointments And Protectants		
calcipotriene external cream	F	PA; AL
calcipotriene external ointment	F	PA; AL
calcipotriene external solution	F	PA; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CALCITRENE	F	
CORTIZONE-10 INTENSIVE HEALING	P	OTC
CORTIZONE-10 PLUS	P	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	P	OTC
CORTIZONE-10/ALOE EXTERNAL LIQUID	NP	PA; OTC
gnp hydrocortisone/aloe	P	OTC
hydrocortisone external cream 0.5 %	P	OTC
hydrocortisone external cream 1 %	P	
hydrocortisone/aloe max str	P	OTC
qc anti-itch aloe	P	OTC
SYNALAR (CREAM)	NP	PA
SYNALAR (OINTMENT)	NP	PA
TRIVIX	NP	PA
VTAMA	F	PA; QL; AL
Benzylamines (Skin And Mucous Membrane)		
butenafine hcl	NP	PA; OTC
cvs butenafine hcl	NP	PA; OTC
eq athletes foot ultra	NP	PA; OTC
ft athletes foot (butenafine)	NP	PA; OTC
Cell Stimulants And Proliferants		
finasteride oral tablet 5 mg	P	
minoxidil oral	F	
PROSCAR	NP	PA
tretinoin external cream 0.025 %, 0.05 %	F	QL; AL
tretinoin oral	F	Specialty Drug
Corticosteroids (Skin, Mucous Membrane)		
alclometasone dipropionate	NP	PA
ALKINDI SPRINKLE	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
amcinonide external cream	NP	PA
anti-itch maximum strength external cream 1 %	P	OTC
AQUAPHOR ITCH RELIEF MAX STR	P	OTC
betamethasone dipropionate aug	NP	PA
betamethasone dipropionate external	P	
betamethasone valerate external cream	P	
betamethasone valerate external foam	NP	PA
betamethasone valerate external lotion	P	
betamethasone valerate external ointment	P	
BRYHALI	NP	PA
CAPEX	NP	PA
clobetasol propionate e	NP	PA
clobetasol propionate emulsion	NP	PA
clobetasol propionate external cream 0.025 %	NP	PA
clobetasol propionate external cream 0.05 %	P	
clobetasol propionate external foam	NP	PA
clobetasol propionate external gel	NP	PA
clobetasol propionate external liquid	NP	PA
clobetasol propionate external lotion	NP	PA
clobetasol propionate external ointment	P	
clobetasol propionate external shampoo	NP	PA
clobetasol propionate external solution	P	
CLOBEX EXTERNAL SHAMPOO	NP	PA
CLOBEX SPRAY	NP	PA
clocortolone pivalate	NP	PA
CLODAN	NP	PA
clotrimazole-betamethasone external cream	P	
clotrimazole-betamethasone external lotion	NP	PA
CORTEF	F	
CORTIZONE-10 EXTERNAL OINTMENT	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CORTIZONE-10 FEMININE ITCH	P	OTC
CORTIZONE-10 INTENSIVE HEALING	P	OTC
CORTIZONE-10 OVERNIGHT ITCH	P	OTC
CORTIZONE-10 PLUS	P	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	P	OTC
CORTIZONE-10/ALOE EXTERNAL LIQUID	NP	PA; OTC
cvs cortisone maximum strength external ointment	P	OTC
DERMA-SMOOTHE/FS BODY	NP	PA
DERMA-SMOOTHE/FS SCALP	NP	PA
desonide external	NP	PA
desoximetasone external	NP	PA
DESRX	NP	PA
diflorasone diacetate external	NP	PA
DIPROLENE EXTERNAL OINTMENT	NP	PA
eq hydrocortisone	P	OTC
eql anti-itch intensive heal	P	OTC
eql anti-itch maximum strength	P	OTC
fluocinolone acetonide body	NP	PA
fluocinolone acetonide external	NP	PA
fluocinolone acetonide scalp	NP	PA
fluocinonide emulsified base	NP	PA
fluocinonide external	P	
flurandrenolide external lotion	NP	PA
fluticasone propionate external cream	P	
fluticasone propionate external lotion	NP	PA
fluticasone propionate external ointment	P	
ft itch relief max strength	P	OTC
gnp hydrocortisone external cream 0.5 %	P	OTC
gnp hydrocortisone max st	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp hydrocortisone plus	P	OTC
gnp hydrocortisone/aloe	P	OTC
halcinonide external cream	NP	PA
halobetasol propionate external cream	P	
halobetasol propionate external foam	NP	PA
halobetasol propionate external ointment	P	
HALOG EXTERNAL CREAM	NP	PA
HALOG EXTERNAL SOLUTION	NP	PA
hydrocortisone (perianal) external cream 2.5 %	F	
hydrocortisone acetate external cream	P	OTC
hydrocortisone acetate external ointment 1 %	P	OTC
hydrocortisone anti-itch	P	OTC
hydrocortisone butyr lipo base	NP	PA
hydrocortisone butyrate external	NP	PA
hydrocortisone external cream 0.5 %	P	OTC
hydrocortisone external cream 1 %, 2.5 %	P	
hydrocortisone external lotion 2.5 %	P	
hydrocortisone external ointment 1 %, 2.5 %	P	
hydrocortisone external solution 2.5 %	NP	PA
hydrocortisone max st	P	OTC
hydrocortisone max st/12 moist	P	OTC
hydrocortisone oral	F	
hydrocortisone valerate	NP	PA
hydrocortisone/aloe max str	P	OTC
hydrocortisone-acetic acid	F	
KENALOG EXTERNAL	NP	PA
LOCOID EXTERNAL LOTION	NP	PA
MEDPURA HYDROCORTISONE	P	OTC
mometasone furoate external	P	
MONISTAT CARE INSTANT ITCH RLF	P	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
nystatin-triamcinolone	P	
PREPARATION H EXTERNAL CREAM 1 %	P	OTC
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM	P	OTC
PROCTO-MED HC EXTERNAL	F	
PROCTOSOL HC EXTERNAL	F	
PROCTOZONE-HC EXTERNAL	F	
px hydrocream	P	OTC
qc anti-itch aloe	P	OTC
ra anti-itch maximum strength	P	OTC
ra hydrocortisone plus 12	P	OTC
sb hydrocortisone	P	OTC
scalp relief maximum strength	NP	PA; OTC
SERNIVO	NP	PA
SOLU-CORTEF	F	
SYNALAR (CREAM)	NP	PA
SYNALAR (OINTMENT)	NP	PA
SYNALAR EXTERNAL CREAM	NP	PA
SYNALAR EXTERNAL OINTMENT	NP	PA
TEXACORT	NP	PA
TOPICORT EXTERNAL CREAM	NP	PA
TOPICORT EXTERNAL GEL	NP	PA
TOPICORT EXTERNAL OINTMENT	NP	PA
TOPICORT SPRAY	NP	PA
TOVET	NP	PA
triamcinolone acetonide external aerosol solution	NP	PA
triamcinolone acetonide external cream	P	
triamcinolone acetonide external lotion	P	
triamcinolone acetonide external ointment	P	
triamcinolone acetonide mouth/throat	F	QL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
triamcinolone in absorbase	P	
TRIDERM EXTERNAL CREAM 0.5 %	P	
TRIDESILON	NP	PA
TRITOCIN	P	
TRIVIX	NP	PA
ULTRAVATE EXTERNAL LOTION	NP	PA
VANOS	NP	PA
XERESE	NP	PA; 102 day supply allowed
Detergents		
CLODAN EXTERNAL KIT	NP	PA
Emollients, Demulcents, And Protectants		
miconazole-zinc oxide-petrolat	NP	PA; AL
VUSION	NP	PA; AL
Hydroxypyridones (Skin, Mucous Membrane)		
CICLODAN EXTERNAL SOLUTION	NP	PA
ciclopirox external gel	NP	PA
ciclopirox external shampoo	NP	PA
ciclopirox external solution	P	
ciclopirox olamine external cream	P	
ciclopirox olamine external suspension	NP	PA
ciclopirox treatment	NP	PA
LOPROX EXTERNAL KIT 0.77 % (SUSP)	NP	PA
LOPROX EXTERNAL SUSPENSION	NP	PA
Immunomodulatory Agents (84:06)		
ADBRY	P-PA	PA; QL
ASTAGRAF XL	F	Specialty Drug
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	NP	PA; Specialty Drug; AL

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	NP	PA; Specialty Drug; AL
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; Specialty Drug; AL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P-PA	PA; Specialty Drug
EBGLYSS	NP	PA; QL; AL
ELIDEL	P-PA	PA; QL; AL
ENVARSUS XR	F	Specialty Drug
HYFTOR	F	PA; AL
ILUMYA	NP	PA; Specialty Drug
NEMLUVIO	NP	PA; QL
pimecrolimus	P-PA	PA; QL; AL
PROGRAF	F	Specialty Drug
RAPAMUNE ORAL TABLET 1 MG, 2 MG	F	Specialty Drug
SILIQ	NP	PA; Specialty Drug
sirolimus oral	F	Specialty Drug
SKYRIZI PEN	NP	PA; Specialty Drug
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
tacrolimus external ointment 0.03 %, 0.1 %	P	QL; AL
tacrolimus oral	F	Specialty Drug
TREMFYA ONE-PRESS	NP	PA; Specialty Drug
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	NP	PA; Specialty Drug
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	NP	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	NP	PA; Specialty Drug
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	NP	PA; Specialty

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Janus Kinase Inhibitors (84:06)		
CIBINQO	NP	PA; AL
DALIRESP	NP	PA
JAKAFI	F	Specialty Drug
LITFULO	F	PA; Specialty Drug; QL; AL
OPZELURA	NP	PA; QL; AL
roflumilast	P-PA	PA
SOTYKTU	NP	PA; Specialty Drug; QL; AL
ZORYVE EXTERNAL CREAM	F	PA; AL
ZORYVE EXTERNAL FOAM	F	PA; AL
Keratolytic Agents		
acitretin	F	PA; QL
adapalene external gel 0.1 %	F	QL
adapalene external gel 0.3 %	F	QL; AL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	F	QL; AL
AMNESTEEM	F	PA; QL
CABTREO	NP	PA
CLARAVIS	F	PA; QL
gnp adapalene	F	OTC; QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	F	PA; QL
podofilox external solution	F	
sulfacetamide sodium-sulfur external liquid 10-5 %	F	QL
tazarotene external cream	F	PA
tazarotene external gel	F	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	F	PA; QL
ZENATANE ORAL CAPSULE 30 MG	F	QL
Local Anti-Infectives, Miscellaneous		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ACANYA	NP	PA
acne medication 10 external gel	F	OTC; QL
acne treatment external gel	F	OTC; QL
acne-clear	F	OTC; QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	F	QL; AL
benzoyl peroxide external gel 10 %	F	QL
benzoyl peroxide external gel 5 %	F	OTC
benzoyl peroxide external liquid 10 %	F	
benzoyl peroxide wash external liquid 10 %	F	
benzoyl peroxide wash external liquid 5 %	F	OTC
benzoyl peroxide-erythromycin	F	
CABTREO	NP	PA
chlorhexidine gluconate mouth/throat	F	
CLEAN & CLEAR PERSA-GEL MAX ST	F	OTC; QL
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	NP	PA
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	P	
cvs acne treatment external gel	F	OTC; QL
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 10 %	F	OTC; QL
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 5 %	F	OTC
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID	F	OTC
NEUAC EXTERNAL GEL	NP	PA
ONEXTON	NP	PA
PANOXYL FOAMING WASH	F	OTC
selenium sulfide external lotion	F	
silver sulfadiazine external	F	
SSD	F	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SSD (SILVER SULFADIAZINE)	F	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
arthritis pain reliever external	P	OTC
cvs diclofenac sodium	P	OTC
diclofenac sodium external gel 1 %	P	
diclofenac sodium external gel 3 %	F	
diclofenac sodium external solution 1.5 %	P	
diclofenac sodium external solution 2 %	NP	PA
eq arthritis pain external	P	OTC
ft arthritis pain	P	OTC
gnp arthritis pain external	P	OTC
goodsense arthritis pain external	P	OTC
kls diclofenac sodium	P	OTC
PENNSAID EXTERNAL	NP	PA
qc diclofenac sodium	P	OTC
Oxaboroles		
tavaborole	NP	PA
Phosphodiesterase-4 Inhibitors (84:06)		
DALIRESP	NP	PA
EUCRISA	P-PA	PA; QL; AL
roflumilast	P-PA	PA
ZORYVE EXTERNAL CREAM	F	PA; AL
Polyenes (Skin And Mucous Membrane)		
KLAYESTA	P	
NYAMYC	P	
nystatin external	P	
nystatin mouth/throat	P	
nystatin-triamcinolone	P	
NYSTOP	P	

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Scabicides And Pediculicides		
cvs lice killing	F	OTC; QL
cvs lice treatment	F	OTC; QL
eql lice killing max st	F	OTC; QL
ft lice killing max st	F	OTC
gnp lice killing	F	OTC
gnp lice treatment external liquid	F	OTC; QL
goodsense lice killing	F	OTC; QL
ivermectin external lotion	F	AL
lice killing external shampoo 0.33-4 %	F	OTC; QL
lice killing shampoo max str	F	OTC
lice treatment external liquid 1 %	F	OTC; QL
malathion external	F	QL; AL
NIX CREME RINSE	F	OTC; QL
permethrin external cream	F	QL
ra lice maximum strength external shampoo	F	OTC; QL
RID LICE KILLING SHAMPOO	F	OTC; QL
sb lice killing max st	F	OTC; QL
sm lice treatment external liquid	F	OTC; QL
spinosad	F	QL; AL
Skin And Mucous Membrane Agents, Misc.		
acitretin	F	PA; QL
adapalene external gel 0.1 %	F	QL
adapalene external gel 0.3 %	F	QL; AL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	F	QL; AL
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P-PA	PA; QL
AMNESTEEM	F	PA; QL

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
UPPERCASE = Brand name drugs
P = PDL Preferred
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
arthritis pain reliever external	P	OTC
bexarotene external	F	Specialty Drug
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	NP	PA; Specialty Drug; AL
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	NP	PA; Specialty Drug; AL
CABTREO	NP	PA
calcipotriene external cream	F	PA; AL
calcipotriene external ointment	F	PA; AL
calcipotriene external solution	F	PA; AL
CALCITRENE	F	
calcitriol external	F	PA; AL
CARAC	F	Specialty Drug
CIBINQO	NP	PA; AL
CLARAVIS	F	PA; QL
COSENTYX (300 MG DOSE)	P	Specialty Drug
COSENTYX SENSOREADY (300 MG)	P	Specialty Drug
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	Specialty Drug
COSENTYX SUBCUTANEOUS	P	Specialty Drug
COSENTYX UNOREADY	P	Specialty Drug
cvs diclofenac sodium	P	OTC
dapsone oral	F	
diclofenac sodium external gel 1 %	P	
diclofenac sodium external solution 1.5 %	P	
diclofenac sodium external solution 2 %	NP	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; Specialty Drug; AL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	P-PA	PA; Specialty Drug
EFUDEX EXTERNAL CREAM	F	Specialty Drug

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ELIDEL	P-PA	PA; QL; AL
eq arthritis pain external	P	OTC
fluorouracil external	F	Specialty Drug
ft arthritis pain	P	OTC
gnp adapalene	F	OTC; QL
gnp arthritis pain external	P	OTC
goodsense arthritis pain external	P	OTC
HYFTOR	F	PA; AL
ILUMYA	NP	PA; Specialty Drug
imiquimod external cream 5 %	F	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	F	PA; QL
KETODAN EXTERNAL KIT	NP	PA
kls diclofenac sodium	P	OTC
l-glutamine oral packet	F	PA; QL; AL
LITFULO	F	PA; Specialty Drug; QL; AL
LOPROX EXTERNAL KIT 0.77 % (SUSP)	NP	PA
OPZELURA	NP	PA; QL; AL
OTEZLA ORAL TABLET	NP	PA; Specialty Drug
OTEZLA ORAL TABLET THERAPY PACK	NP	PA; Specialty Drug
PENNSAID EXTERNAL	NP	PA
pimecrolimus	P-PA	PA; QL; AL
podofilox external solution	F	
qc diclofenac sodium	P	OTC
SILIQ	NP	PA; Specialty Drug
SKYRIZI PEN	NP	PA; Specialty Drug
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
SOTYKTU	NP	PA; Specialty Drug; QL; AL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	NP	PA; Specialty Drug

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
tacrolimus external ointment 0.03 %, 0.1 %	P	QL; AL
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	NP	PA; Specialty Drug
TARGRETIN EXTERNAL	F	Specialty Drug
tazarotene external cream	F	PA
tazarotene external gel	F	PA
TREMFYA ONE-PRESS	NP	PA; Specialty Drug
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	NP	PA; Specialty Drug
VALCHLOR	F	Specialty Drug
VTAMA	F	PA; QL; AL
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	F	PA; QL
ZENATANE ORAL CAPSULE 30 MG	F	QL
ZORYVE EXTERNAL CREAM 0.3 %	F	PA; AL
ZORYVE EXTERNAL FOAM	F	PA; AL
ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL
ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL
Thiocarbamates(Skin And Mucous Membrane)		
antifungal (tolnaftate)	P	OTC
ft antifungal external cream 1 %	P	OTC
gnp tolnaftate	P	OTC
qc tolnaftate	P	OTC
tolnaftate external cream	P	OTC
tolnaftate external powder	P	OTC
Smooth Muscle Relaxants		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Antimuscarinics		
COBENFY	Carve-out	
COBENFY STARTER PACK	Carve-out	
darifenacin hydrobromide er	NP	PA
DETROL	NP	PA
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG	NP	PA
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	NP	PA
fesoterodine fumarate er	P	
flavoxate hcl	NP	PA
oxybutynin chloride er	P	
oxybutynin chloride oral solution	P	
oxybutynin chloride oral tablet	P	
OXYTROL	NP	PA
OXYTROL FOR WOMEN	F	OTC
solifenacin succinate	P	
tolterodine tartrate	NP	PA
tolterodine tartrate er	NP	PA
TOVIAZ	NP	PA
trospium chloride	NP	PA
trospium chloride er	NP	PA
VESICARE	NP	PA
VESICARE LS	NP	PA
Respiratory Smooth Muscle Relaxants		
LIQREV	NP	PA; Specialty Drug; 102 day supply allowed
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed
theophylline er	F	
theophylline oral	F	
Selective Beta-3-Adrenergic Agonists		
GEMTESA	NP	PA
mirabegron er	NP	PA
MYRBETRIQ	NP	PA
Vitamins		
Multivitamin Preparations		
a thru z select 50+ advanced	F	OTC
a thru z select 50+ mens	F	OTC
activite	F	
b complex (folic acid)	F	OTC
b complex formula 1 (lipotrop)	F	OTC
b complex vitamins (w/ fa)	F	OTC
b-100 b-complex	F	OTC
BACMIN	F	
balance b-50	F	OTC
balanced b-50 complex	F	OTC
b-complex (folic acid)	F	OTC
benfotiamine multi-b	F	OTC
b-stress	F	OTC
CENTRUM ADULTS ORAL TABLET	F	OTC
CENTRUM SILVER 50+MEN	F	OTC
CENTRUM SILVER ADULT 50+	F	OTC
CENTRUM SILVER MEN 50+	F	OTC
CENTRUM ULTRA WOMENS	F	OTC
CENTRUM WOMEN	F	OTC
CEROVITE SENIOR	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CERTAVITE SENIOR	F	OTC
CERTAVITE SENIOR/ANTIOXIDANT	F	OTC
CERTAVITE/ANTIOXIDANTS ORAL TABLET	F	OTC
classic prenatal	F	OTC; QL; AL
completenate	F	QL; AL
complex b-100-inositol	F	OTC
cvs one daily essential	F	OTC
cvs spectravite adult 50+ oral tablet	F	OTC
cvs spectravite adults	F	OTC
cvs spectravite advanced oral tablet	F	OTC
cvs spectravite men 50+	F	OTC
cvs spectravite ultra men 50+	F	OTC
cvs spectravite ultra mens	F	OTC
cvs spectravite ultra women	F	OTC
cvs spectravite women 50+	F	OTC
cvs spectravite women oral tablet	F	OTC
cvs spectravite womens senior	F	OTC
daily value multivitamin	F	OTC
daily vites	F	OTC
daily-vite	F	OTC
daily-vite multivitamin	F	OTC
dekas essential	F	OTC
DEKAS PLUS	F	OTC
DIALYVITE	F	
DIALYVITE 3000	F	
DIALYVITE 5000	F	
DIALYVITE 800 ORAL TABLET	F	OTC
DIALYVITE 800 PLUS D	F	OTC
dialyvite 800/ultra d	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DIALYVITE 800/ZINC	F	OTC
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	F	OTC
DIALYVITE SUPREME D ORAL TABLET	F	
DIALYVITE/ZINC	F	
eq complete multivit adult 50+	F	OTC
eq complete multivitamin-adult	F	OTC
eql b complex 50 oral tablet	F	OTC
ESSENTIA	F	OTC
full spectrum b/vitamin c	F	OTC
gnp essential one daily	F	OTC
gnp mega multi for men	F	OTC
gnp mega multi for women	F	OTC
gnp one daily mens health 50+	F	OTC
gnp one daily mens/lycopene	F	OTC
gnp therapeutic-m	F	OTC
high pot multivitamin/beta-car	F	OTC
high potency multivit/fa	F	OTC
high potency multivitamin	F	OTC
ICAPS MV	F	OTC
kobee	F	OTC
kp adults 50+ daily formula	F	OTC
MEGA MULTI MEN ORAL TABLET	F	OTC
MG PLUS PROTEIN	F	OTC
m-natal plus	F	QL; AL
multi complete/iron	F	OTC
multiple vitamins oral tablet	F	OTC
multi-vit/iron/fluoride	F	OTC; QL; AL
multivitamin adults 50+	F	OTC
multivitamin men 50+	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
multivitamin oral tablet	F	OTC
multivitamin women	F	OTC
multivitamin women 50+	F	OTC
multi-vitamin/fluoride oral solution	F	QL; AL
multivitamin/fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL
multi-vitamin/fluoride/iron	F	QL; AL
multi-vitamins	F	OTC
MVW COMPLETE FORMULATION	F	OTC
MVW COMPLETE FORMULATION D3000	F	OTC
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	F	OTC
MVW COMPLETE FORMULATION MINIS	F	OTC
MYNEPHRON	F	
NANOVM 1-3 YEARS ORAL POWDER	F	OTC
NANOVM 4-8 YEARS ORAL POWDER	F	OTC
NANOVM 9-18 YEARS	F	OTC
NANOVM T/F ORAL POWDER	F	OTC
NEPHPLEX RX	F	
nephro vitamins	F	OTC
NEPHRO-VITE	F	OTC
NESTABS	F	QL; AL
NIVA-PLUS	F	QL; AL
once daily	F	OTC
ONCOVITE	F	OTC
one daily for men 50+ advanced	F	OTC
one daily for men/lycopene	F	OTC
one daily mens health	F	OTC
one daily multivitamin/iron	F	OTC
ONE-A-DAY ESSENTIAL	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ONE-A-DAY TEEN ADVANTAGE/HER	F	OTC
ONE-A-DAY TEEN ADVANTAGE/HIM	F	OTC
one-daily multi vitamins	F	OTC
one-daily multi-vitamin oral tablet	F	OTC
PRENATABS RX	F	OTC; QL; AL
prenatal 19 oral tablet	F	OTC; QL; AL
prenatal oral tablet 27-1 mg	F	QL; AL
prenatal plus	F	QL; AL
prenatal vitamin and mineral	F	OTC; QL; AL
prenatal vitamins oral tablet 28-0.8 mg	F	OTC; QL; AL
PRORENAL + D	F	OTC
PRORENAL + D W/ OMEGA-3	F	OTC
qc mens daily multivitamin	F	OTC
qc prenatal	F	OTC; QL; AL
quintabs	F	OTC
ra balanced b-100	F	OTC
ra balanced b-50	F	OTC
RA CENTRAL-VITE	F	OTC
ra central-vite womens mature	F	OTC
RENAL ORAL CAPSULE	F	
renal vitamin	F	OTC
rena-vite	F	OTC
se-natal 19 oral tablet	F	QL; AL
senior tabs	F	OTC
sentry	F	OTC
SPECTRAVITE	F	OTC
stress formula	F	OTC
SUPER QUINTS B-50	F	OTC
super thera vite m	F	OTC
TAB-A-VITE	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TAB-A-VITE/BETA CAROTENE	F	OTC
tab-a-vite/iron	F	OTC
TAB-A-VITE/IRON/BETA CAROTENE	F	OTC
THERA	F	OTC
THERA M PLUS	F	OTC
thera-tabs	F	OTC
THEREMS	F	OTC
thrivite rx	F	QL; AL
tm-vite rx	F	
TRICARE	F	QL; AL
trinatal rx 1	F	QL; AL
triphrocaps	F	
TRI-VI-SOL A/C/D	F	OTC
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
tronvite	F	
v-c forte	F	
VIC-FORTE	F	
virt-caps	F	
VITAL-D RX	F	
vitamin a/c/d/ infant/toddler	F	OTC
vitamin a-c-d infant	F	OTC
vitamins acd-fluoride	F	OTC; QL; AL
vitasure	F	
wescaps	F	
westab plus	F	QL; AL
YELETS TEENAGE FORMULA	F	OTC
Vitamin A		
beta carotene oral capsule 25000 unit	F	OTC
beta carotene provitamin a	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRI-VI-SOL A/C/D	F	OTC
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
vitamin a/c/d/ infant/toddler	F	OTC
vitamin a-beta carotene oral capsule	F	OTC
vitamin a-c-d infant	F	OTC
vitamins acd-fluoride	F	OTC; QL; AL
yl beta carotene	F	OTC
Vitamin B Complex		
activite	F	
b complex (folic acid)	F	OTC
b complex oral capsule	F	OTC
b complex vitamins (w/ fa)	F	OTC
b-100 b-complex	F	OTC
balance b-50	F	OTC
b-complex (folic acid)	F	OTC
b-complex injection solution	F	
b-complex/b-12 oral	F	OTC
BEELITH	F	OTC
benfotiamine multi-b	F	OTC
biotin oral tablet 5 mg, 5000 mcg	F	OTC
classic prenatal	F	OTC; QL; AL
completenate	F	QL; AL
cvs folic acid oral tablet 800 mcg	F	OTC
cyanocobalamin injection solution 1000 mcg/ml	F	
DIALYVITE	F	
DIALYVITE 3000	F	
DIALYVITE 5000	F	
DIALYVITE 800 ORAL TABLET	F	OTC
DIALYVITE 800 PLUS D	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DIALYVITE 800/ZINC	F	OTC
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	F	OTC
DIALYVITE SUPREME D ORAL TABLET	F	
DIALYVITE/ZINC	F	
DODEX	F	
ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG	F	OTC
eql b complex 50 oral tablet	F	OTC
fabb	F	
folate	F	OTC; QL
folbee	F	OTC
FOLBIC	F	OTC
folic acid oral tablet 1 mg	F	
folic acid oral tablet 400 mcg	F	OTC; QL
folic acid oral tablet 800 mcg	F	OTC
FOLTABS 800	F	OTC
full spectrum b/vitamin c	F	OTC
gnp folic acid	F	OTC; QL
hm folic acid	F	OTC; QL
iron 100 plus	F	OTC; AL
kobee	F	OTC
kp folic acid	F	OTC
kp niacin	P	102 day supply allowed; OTC
leucovorin calcium oral	F	
m-natal plus	F	QL; AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL
MYNEPHRON	F	
NEPHPLEX RX	F	
nephro vitamins	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
NEPHRON FA	F	
NEPHRO-VITE	F	OTC
NESTABS	F	QL; AL
niacin er (antihyperlipidemic)	NP	PA; 102 day supply allowed
niacin er oral tablet extended release 1000 mg	F	OTC
niacin oral tablet 100 mg, 500 mg	P	102 day supply allowed; OTC
niacin oral tablet 250 mg, 50 mg	F	OTC
niacinamide er	F	OTC
niacinamide oral tablet 500 mg	F	OTC
NIVA-FOL	F	OTC
NIVA-PLUS	F	QL; AL
PRENATABS RX	F	OTC; QL; AL
prenatal 19 oral tablet	F	OTC; QL; AL
prenatal oral tablet 27-1 mg	F	QL; AL
prenatal plus	F	QL; AL
prenatal vitamin and mineral	F	OTC; QL; AL
prenatal vitamins oral tablet 28-0.8 mg	F	OTC; QL; AL
px folic acid	F	OTC; QL
qc prenatal	F	OTC; QL; AL
ra balanced b-100	F	OTC
ra balanced b-50	F	OTC
ra b-complex	F	OTC
ra b-complex with b-12	F	OTC
ra folic acid oral tablet 400 mcg	F	OTC; QL
ra folic acid oral tablet 800 mcg	F	OTC
ra niacin oral tablet 100 mg	P	102 day supply allowed; OTC
ra no flush niacin	F	102 day supply allowed; OTC
RENAL ORAL CAPSULE	F	
renal vitamin	F	OTC
rena-vite	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
se-natal 19 oral tablet	F	QL; AL
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG	F	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	P	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 750 MG	P	102 day supply allowed; OTC
super biotin oral tablet	F	OTC
SUPER QUINTS B-50	F	OTC
thrivite rx	F	QL; AL
tm-vite rx	F	
TRICARE	F	QL; AL
trinatal rx 1	F	QL; AL
triphrocaps	F	
tronvite	F	
true vitamin b2	F	OTC
virt-caps	F	
VIRT-GARD	F	
VITAL-D RX	F	
vitamin b complex 100 injection solution	F	
vitamin b complex oral tablet	F	OTC
vitamin b complex w/b-12	F	OTC
vitamin b-2	F	OTC
vitamin b-complex 100 injection solution	F	
vitasure	F	
wescaps	F	
westab max	F	OTC
westab one	F	OTC
westab plus	F	QL; AL
yl folic acid	F	OTC; QL
Vitamin C		

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
activite	F	
cvs vitamin c oral tablet 500 mg	F	OTC
DIALYVITE	F	
DIALYVITE 3000	F	
DIALYVITE 5000	F	
DIALYVITE 800 ORAL TABLET	F	OTC
DIALYVITE 800 PLUS D	F	OTC
DIALYVITE 800/ZINC	F	OTC
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	F	OTC
DIALYVITE/ZINC	F	
full spectrum b/vitamin c	F	OTC
glucosamine chondr 1500 complx	Carve-out	OTC
iron 100 plus	F	OTC; AL
meijer c	F	OTC
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	F	OTC
MVW COMPLETE FORMULATION ORAL SOLUTION	F	OTC
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	F	OTC
MYNEPHRON	F	
NEPHPLEX RX	F	
nephro vitamins	F	OTC
NEPHRON FA	F	
NEPHRO-VITE	F	OTC
ra vitamin c oral tablet 500 mg	F	OTC
ra vitamin c/rose hips oral tablet 500 mg	F	OTC
RENAL ORAL CAPSULE	F	
renal vitamin	F	OTC
rena-vite	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tm-vite rx	F	
triphrocaps	F	
TRI-VI-SOL A/C/D	F	OTC
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
tronvite	F	
virt-caps	F	
VITAL-D RX	F	
vitamin a/c/d/ infant/toddler	F	OTC
vitamin a-c-d infant	F	OTC
vitamin c oral tablet 500 mg	F	OTC
vitamins acd-fluoride	F	OTC; QL; AL
vitasure	F	
wescaps	F	
Vitamin D		
600+d3	F	OTC
aqueous vitamin d oral liquid 10 mcg/ml	F	OTC
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	F	OTC
CALCIDOL ORAL SOLUTION 200 MCG/ML	F	OTC
calcitriol oral capsule	F	QL
calcitriol oral solution	F	AL
calcium + d3 oral tablet 250-3 mg-mcg	F	OTC
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	F	OTC
calcium 500 + d oral tablet 500-5 mg-mcg	F	OTC
calcium 500 + d3 oral tablet 500-15 mg-mcg	F	OTC
calcium 500+d high potency oral tablet 500-10 mg-mcg	F	OTC
calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
calcium 600 + d oral tablet 600-5 mg-mcg	F	OTC
calcium 600 +d high potency oral tablet 600-10 mg-mcg	F	OTC
calcium 600/vitamin d oral tablet 600-10 mg-mcg	F	OTC
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	F	OTC
calcium 600+d high potency oral tablet 600-10 mg-mcg	F	OTC
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	F	OTC
calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	F	OTC
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg	F	OTC
calcium carbonate-vitamin d oral tablet 600-5 mg-mcg	F	OTC
calcium citrate+d3	F	OTC
calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg	F	OTC
calcium high potency/vitamin d oral tablet 600-5 mg-mcg	F	OTC
calcium plus vitamin d oral tablet	F	OTC
calcium plus vitamin d3 oral tablet 600-20 mg-mcg	F	OTC
calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg	F	OTC
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG	F	OTC
cholecalciferol oral tablet	F	OTC
CITRACAL MAXIMUM	F	OTC

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
lowercase = Generic drugs
P = PDL Preferred
UPPERCASE = Brand name drugs
P-PA = PDL Preferred, requires PA
Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
cvs calcium + d3 oral tablet	F	OTC
cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg	F	OTC
cvs calcium 600+d oral tablet 600-20 mg-mcg	F	OTC
cvs d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	F	OTC
d 1000 oral capsule	F	OTC
d 5000 oral capsule	F	OTC
d-1000 extra strength	F	OTC
d2000 ultra strength	F	OTC
d3 2000	F	OTC
d3 5000	F	OTC
d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	F	OTC
d3 maximum strength oral capsule	F	OTC
d3 oral tablet	F	OTC
d3-1000	F	OTC
D3-50	F	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	F	OTC
DIALYVITE 800 PLUS D	F	OTC
DIALYVITE VITAMIN D 5000	F	OTC
DIALYVITE VITAMIN D3 MAX	F	OTC
D-VI-SOL ORAL LIQUID 10 MCG/ML	F	OTC
d-vite pediatric	F	OTC
eq calcium 500+d oral tablet 500-5 mg-mcg	F	OTC
eq calcium 600+d oral tablet 600-20 mg-mcg	F	OTC
eq calcium citrate+d	F	OTC
eql calcium/vitamin d oral tablet 600-10 mg-mcg	F	OTC
eql calcium/vitamin d3 oral tablet 600-20 mg-mcg	F	OTC
eql vitamin d3 oral capsule	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FOSAMAX PLUS D	NP	PA; QL
gnp calcium 500 +d3 oral tablet 500-15 mg-mcg	F	OTC
gnp calcium 600 +d3 oral tablet 600-20 mg-mcg	F	OTC
gnp d 1000	F	OTC
gnp vitamin d maximum strength	F	OTC
gnp vitamin d oral tablet 25 mcg (1000 ut)	F	OTC
gnp vitamin d super strength	F	OTC
gnp vitamin d3 extra strength	F	OTC
kp calcium 600+d oral tablet 600-20 mg-mcg	F	OTC
kp vitamin d3	F	OTC
natural vitamin d-3	F	OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	F	OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG	F	OTC
OYSCO 500+D ORAL TABLET	F	OTC
oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
oyster shell calcium + d3 oral tablet 500-10 mg-mcg	F	OTC
oyster shell calcium plus d oral tablet 500-5 mg-mcg	F	OTC
oyster shell calcium w/d oral tablet 500-5 mg-mcg	F	OTC
oyster shell calcium/d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	F	OTC
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	F	OTC

	Tier Status **Carve-out** = Carve-out **F** = Supplemental Formulary **NP** = PDL Non-Preferred, requires PA	
lowercase = Generic drugs **UPPERCASE** = Brand name drugs	**P** = PDL Preferred **P-PA** = PDL Preferred, requires PA	**Coverage Requirements and Limits**

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
pharmacist choice d-vitamin	F	OTC
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG	F	OTC
PRONUTRIENTS VITAMIN D3	F	OTC
ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg	F	OTC
ra calcium cit plus vit d-3	F	OTC
ra vitamin d-3	F	OTC
RADIANCE PLATINUM VITAMIN D3	F	OTC
sm vitamin d3 oral tablet 25 mcg (1000 ut)	F	OTC
THERA-D 2000	F	OTC
THERA-D RAPID REPLETION	F	OTC
TRI-VI-SOL A/C/D	F	OTC
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
true vitamin d3 oral capsule 50 mcg (2000 ut)	F	OTC
VITAL-D RX	F	
vitamin a/c/d/ infant/toddler	F	OTC
vitamin a-c-d infant	F	OTC
vitamin d (cholecalciferol) oral capsule	F	OTC
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)	F	OTC
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	F	
vitamin d high potency	F	OTC
vitamin d infant oral liquid 10 mcg/ml	F	OTC
vitamin d oral capsule 50 mcg (2000 ut)	F	OTC
vitamin d oral liquid 10 mcg/ml	F	OTC
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	F	OTC
VITAMIN D-1000 MAX ST	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
vitamin d3 maximum strength	F	OTC
vitamin d-3 oral capsule	F	OTC
vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 50 mcg (2000 ut)	F	OTC
vitamin d3 oral liquid 10 mcg/ml	F	OTC
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	F	OTC
vitamin d3 super strength	F	OTC
vitamin d3 ultra strength	F	OTC
vitamins acd-fluoride	F	OTC; QL; AL
WEEKLY-D	F	OTC
well vitamin d3 oral capsule 50 mcg (2000 ut)	F	OTC
Vitamin E		
aqueous vitamin e oral solution 15 mg/0.67ml	F	OTC
cvs vitamin e oral capsule 450 mg (1000 ut)	F	OTC
DIALYVITE 3000	F	
DIALYVITE 5000	F	
e 1000 oral capsule 450 mg (1000 ut)	F	OTC
ra vitamin e oral capsule 268 mg (400 unit)	F	OTC
sm vitamin e oral capsule 450 mg (1000 ut)	F	OTC
true vitamin e	F	OTC
vitamin e blend oral capsule 400 unit	F	OTC
vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit), 450 mg (1000 ut)	F	OTC
vitamin e oral solution 15 mg/0.67ml	F	OTC
vitamin e oral tablet 100 unit, 67 mg (100 unit)	F	OTC
vitamin e water soluble oral capsule 450 mg (1000 ut)	F	OTC
vitamin e/d-alpha natural oral capsule 268 mg (400 unit)	F	OTC

lowercase = Generic drugs
UPPERCASE = Brand name drugs

Tier Status
Carve-out = Carve-out
F = Supplemental Formulary
NP = PDL Non-Preferred, requires PA
P = PDL Preferred
P-PA = PDL Preferred, requires PA

Coverage Requirements and Limits

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Vitamin K Activity		
phytonadione oral	F	QL

BCC Formulary

B

D

H

O

T

U

Z

Blue Cross complete of Michigan

Nondiscrimination Notice and Language Services

Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs or activities. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

Blue Cross Complete of Michigan:

- Provides free (no cost) reasonable modifications and appropriate auxiliary aids and services for individuals with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters; and,
  - Information in other formats (large print, audio, accessible electronic formats).
- Provides free (no cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters; and,
  - Information written in other languages.

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554 (TDD/TTY: 1-888-987-5832).**

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with:

- **Blue Cross Complete of Michigan**
  Attn: Civil Rights Coordinator
  P.O. Box 41789
  North Charleston, SC 29423
  1-800-228-8554
  (**TDD/TTY: 1-888-987-5832**)
  grievance@mibluecrosscomplete.com
- If you need help filing a grievance, Blue Cross Complete of Michigan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019
(TDD/TTY: 1-800-537-7697)

Complaint forms are available at: **hhs.gov/ocr/office/file/index.html**.

Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call **1-800-228-8554 (TTY: 1-888-987-5832)**.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554 (TTY: 1-888-987-5832)**.

Arabic:
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-228-8554** **(TTY: 1-888-987-5832)**.

Chinese Mandarin: 注意：如果您说中文普通话/国语，我们可为您提供免费语言援助服务。请致电：**1-800-228-8554 (TTY: 1-888-987-5832)**。

Chinese Cantonese: 注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電 **1-800-228-8554 (TTY: 1-888-987-5832)**。

Syriac:
ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܗܡܙܡܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܐ ܡܨܝܬܘܢ ܕܡܦܠܚܝܬܘܢ ܚܠܡܬܐ ܕܗܝܪܬܐ ܒܠܫܢܐ ܡܓܢܢܐܝܬ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ **1-800-228-8554** **(TTY: 1-888-987-5832)**

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-228-8554 (TTY: 1-888-987-5832)**.

Albanian: VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-228-8554 (TTY: 1-888-987-5832)**.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-228-8554 (TTY: 1-888-987-5832)** 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলায় কথা বলেন, তাহলে নিঃখরচায় ভাষা সহায়তা পেতে পারেন। **1-800-228-8554 (TTY: 1-888-987-5832)** নম্বরে ফোন করুন।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-228-8554 (TTY: 1-888-987-5832)**.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-228-8554 (TTY: 1-888-987-5832)**.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-228-8554 (TTY: 1-888-987-5832)**.

Japanese: 注意事項：日本語を話される場合、無料の通訳サービスをご利用いただけます。**1-800-228-8554 (TTY: 1-888-987-5832)** まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-228-8554 (TTY: 1-888-987-5832)**.

Serbo-Croatian: PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-228-8554 (TTY: 1-888-987-5832)**.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-228-8554 (TTY: 1-888-987-5832)**.