2025 Access 3-Tier Prescription Drug List

This Prescription Drug List (PDL) is accurate as of September 1, 2025, and is subject to change after this date. The next anticipated update will be in January 2026. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan[1] you choose and the effective date of the plan.

For the most current list of covered medications or if you have questions:

Visit your plan's member website listed on your member ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Call the toll-free phone number on your member ID card.

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

United Healthcare® Oxford

Effective September 1, 2025

[1] Optum Rx is the administrator of your Oxford pharmacy benefit plan.

Note: Specialized non-standard infant formulas and nutritional supplements may be subject to prior authorization. Please see your Summary of Benefits and Coverage (SBC) for specifics.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in terms does not affect your benefit coverage.

All branded medications are trademarks or registered trademarks of their respective owners.

Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc. Administrative services provided by Oxford Health Plans LLC.

Created September 1, 2025 Prescription Drug List - Oxford Connecticut Access 3-Tier.

© 2025 Oxford Health Plans LLC All Rights Reserved. 16225258-C

Understanding your Prescription Drug List (PDL)

What is a PDL?

This document is a list of covered medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by therapeutic class and placed in tiers that represent the cost you pay out-of-pocket. Then, they are listed in alphabetical order.

Please note: Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. Not all medications listed may be covered by your plan.

How do I use my PDL?

You and your doctor can check the PDL to help you select the most cost effective prescription medications. This guide tells you if there are coverage requirements or limits that apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free phone number on your member ID card.

When a medication is not included in the PDL, you or your representative may request an exception to gain access to the medication. To make a request, contact us in writing or call the toll-free phone number on your member ID card. We will notify you of our determination within 72 hours.

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 4 for more information.

When does the PDL change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available and is placed in a lower tier than the brand.
- Medications may move to a higher tier or be removed from the PDL most often upon your group's renewal.
- When a medication changes tiers, you may have to pay a different amount for that medication.

You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications not covered?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)[2] if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way. In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are not covered on your plan. You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage.

Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

[2] Depending on your benefit, you may have notification or medical necessity requirements for select medications.

Who decides which medications are covered?

The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, senior UnitedHealth Group® doctors and business leaders meet to evaluate overall health care value. They also set coverage and tier status for all medications.

Medication tips

Should I talk to my doctor about over-the-counter (OTC) medications?

An OTC medication may be the right option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

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

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

What if my doctor writes a brand-name prescription?

If your doctor gives you a brand-name prescription, ask if a generic or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option, but not always. For some plans, if a brand-name prescription is filled and a generic is available, your cost-share may be the copayment PLUS the cost difference between the brand-name medication and the generic.

What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require extra care and support. For most plans, these medications are managed through a specialty pharmacy. Take advantage of personalized support designed to help you get the most out of your treatment plan. To learn more, visit your plan's website or call the toll-free phone number on your member ID card. If you're taking a specialty medication that is on a higher tier, call the toll-free phone number on your member ID card to talk with a pharmacist about finding lower-cost options.

Reading your PDL

The PDL gives you choices. This allows you and your doctor to decide your best course of treatment.

Tier information

Using lower-tier medications may lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

$	Drug tier	Includes	Helpful tips
$	**Tier 1** **Your lowest cost**	Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
$$	**Tier 2** **Your mid-range cost**	Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs instead of Tier 3 drugs to help reduce your out-of-pocket costs.
$$$	**Tier 3** **Your highest cost**	Medications that provide the lowest overall value.	Many Tier 3 drugs have lower-cost options in Tiers 1 or 2. Ask your doctor if they could work for you.

Drug list information

In this drug list, some medications are noted with specific coverage requirements or limits. Your plan sets how these medications may be covered for you.

Prior authorization (sometimes referred to as notification or precertification)[2] – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.

Health care reform preventive – This medication is part of a health care reform preventive benefit and may be available at no cost to you.

Quantity limit – The largest quantity of medication covered per copayment or in a defined period of time.

Step therapy – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.

[2] Depending on your benefit, you may have notification or medical necessity requirements for select medications.

Options to fill prescriptions

You have choices on where to fill prescriptions you take regularly. You have the option to fill at a retail pharmacy or have them mailed to your home. It's up to you. Optum® Home Delivery is one of your network pharmacies. There may be other options in your network. Sign in at **myuhc.com** > *Pharmacies & Prescriptions* > *Find a pharmacy.*

How do I locate and fill a prescription through the mail order pharmacy?

Your Oxford plan offers a Mail Order Pharmacy Program. Here's how to fill prescriptions through Optum Home Delivery.

- **E-prescribe:**

  Ask your prescribing provider to electronically send new prescriptions to Optum Home Delivery for up to a 90-day supply.

  Or they can call your doctor for you.

- **Online:**

  Visit **myuhc.com** > *Pharmacies & Prescriptions* > Rx profile to set up an account. You will need to provide your payment method (credit card, debit card or bank account). Next go to the *My prescriptions* tab and select the medication you want ordered through Optum Home Delivery.

- **Phone:**

  Call Optum Home Delivery at the number on the back of your member ID card, any day, time.

- **Mail:**

  Download an order form at **optumrx.com** > *Information center.* Mail the completed form along with your prescription and applicable mail order pharmacy copayment. Make check or money order payable to Optum. No cash please. New and refill prescription orders should typically arrive within 5 days from the date Optum Home Delivery receives the completed order.

Important Tip: If you are starting a new medication, please request 2 prescriptions from your prescriber. One prescription should be written for a 3-month supply and one can be for a smaller amount, like a 1-month supply. Fill the prescription for the smaller supply at a network pharmacy so you can start taking the medication right away. Ask your prescriber to send the other prescription to the home delivery pharmacy. Once you receive your medication through the mail order pharmacy program, you should stop filling the prescription at the network pharmacy.

Learn more

Call the toll-free member phone number listed on your member ID card, or visit your member website for more information.

Nondiscrimination notice and access to communication services

Oxford Health Plans (CT), Inc. and Oxford Health Insurance, Inc. do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: **UHC_Civil_Rights@uhc.com**

Mail: Civil Rights Coordinator
Oxford Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your member ID card, TTY **711,** Monday through Friday, 8 a.m. to 6 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**
Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**

Phone: Toll free **1-800-368-1019**, **1-800-537-7697** (TDD)

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

We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your member ID card, TTY **711,** Monday through Friday, 8 a.m. to 6 p.m.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어**(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русском (**Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على مُعرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات ترجمه به زبان در اختیار شما می باشد. لطفا با شماره تلفن روی کارت شناسایی شما که در کارتان مشخص شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
1st Generation/Typical - Mood Disorder Drugs	CHLORPROMAZ POW HCL	CHLORPROMAZINE HCL (BULK) POWDER	Tier 3				
1st Generation/Typical - Mood Disorder Drugs	ADASUVE INH 10MG	LOXAPINE AEROSOL POWDER BREATH ACTIVATED 10 MG	Tier 3				
1st Generation/Typical - Mood Disorder Drugs	CHLORPROMAZ TAB 100MG	CHLORPROMAZINE HCL TAB 100 MG	Tier 1		X		
1st Generation/Typical - Mood Disorder Drugs	CHLORPROMAZ TAB 10MG	CHLORPROMAZINE HCL TAB 10 MG	Tier 1		X		
1st Generation/Typical - Mood Disorder Drugs	CHLORPROMAZ TAB 200MG	CHLORPROMAZINE HCL TAB 200 MG	Tier 1		X		
1st Generation/Typical - Mood Disorder Drugs	CHLORPROMAZ TAB 25MG	CHLORPROMAZINE HCL TAB 25 MG	Tier 1		X		
1st Generation/Typical - Mood Disorder Drugs	CHLORPROMAZ TAB 50MG	CHLORPROMAZINE HCL TAB 50 MG	Tier 1		X		
1st Generation/Typical - Mood Disorder Drugs	CHLORPROMAZI CON 100MG/ML	CHLORPROMAZINE HCL CONC 100 MG/ML	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	CHLORPROMAZI CON 30MG/ML	CHLORPROMAZINE HCL CONC 30 MG/ML	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	FLUPHENAZINE CON 5MG/ML	FLUPHENAZINE HCL ORAL CONC 5 MG/ML	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	FLUPHENAZINE ELX 2.5/5ML	FLUPHENAZINE HCL ELIXIR 2.5 MG/5ML	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	FLUPHENAZINE TAB 10MG	FLUPHENAZINE HCL TAB 10 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	FLUPHENAZINE TAB 1MG	FLUPHENAZINE HCL TAB 1 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	FLUPHENAZINE TAB 2.5MG	FLUPHENAZINE HCL TAB 2.5 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	FLUPHENAZINE TAB 5MG	FLUPHENAZINE HCL TAB 5 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	HALOPERIDOL CON 2MG/ML	HALOPERIDOL LACTATE ORAL CONC 2 MG/ML	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	HALOPERIDOL TAB 0.5MG	HALOPERIDOL TAB 0.5 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	HALOPERIDOL TAB 10MG	HALOPERIDOL TAB 10 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	HALOPERIDOL TAB 1MG	HALOPERIDOL TAB 1 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	HALOPERIDOL TAB 20MG	HALOPERIDOL TAB 20 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	HALOPERIDOL TAB 2MG	HALOPERIDOL TAB 2 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	HALOPERIDOL TAB 5MG	HALOPERIDOL TAB 5 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	LOXAPINE CAP 10MG	LOXAPINE SUCCINATE CAP 10 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
1st Generation/Typical - Mood Disorder Drugs	LOXAPINE CAP 25MG	LOXAPINE SUCCINATE CAP 25 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	LOXAPINE CAP 50MG	LOXAPINE SUCCINATE CAP 50 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	LOXAPINE CAP 5MG	LOXAPINE SUCCINATE CAP 5 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	MOLINDONE TAB HCL 10MG	MOLINDONE HCL TAB 10 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	MOLINDONE TAB HCL 25MG	MOLINDONE HCL TAB 25 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	MOLINDONE TAB HCL 5MG	MOLINDONE HCL TAB 5 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	PIMOZIDE TAB 1MG	PIMOZIDE TAB 1 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	PIMOZIDE TAB 2MG	PIMOZIDE TAB 2 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	THIORIDAZINE TAB 100MG	THIORIDAZINE HCL TAB 100 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	THIORIDAZINE TAB 10MG	THIORIDAZINE HCL TAB 10 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	THIORIDAZINE TAB 25MG	THIORIDAZINE HCL TAB 25 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	THIORIDAZINE TAB 50MG	THIORIDAZINE HCL TAB 50 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	THIOTHIXENE CAP 10MG	THIOTHIXENE CAP 10 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	THIOTHIXENE CAP 1MG	THIOTHIXENE CAP 1 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	THIOTHIXENE CAP 2MG	THIOTHIXENE CAP 2 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	THIOTHIXENE CAP 5MG	THIOTHIXENE CAP 5 MG	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	TRIFLUOPERAZ TAB 10MG	TRIFLUOPERAZINE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	TRIFLUOPERAZ TAB 1MG	TRIFLUOPERAZINE HCL TAB 1 MG (BASE EQUIVALENT)	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	TRIFLUOPERAZ TAB 2MG	TRIFLUOPERAZINE HCL TAB 2 MG (BASE EQUIVALENT)	Tier 1				
1st Generation/Typical - Mood Disorder Drugs	TRIFLUOPERAZ TAB 5MG	TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ABILIFY TAB 10MG	ARIPIPRAZOLE TAB 10 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ABILIFY TAB 15MG	ARIPIPRAZOLE TAB 15 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ABILIFY TAB 20MG	ARIPIPRAZOLE TAB 20 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
2nd Generation/Atypical - Mood Disorder Drugs	ABILIFY TAB 2MG	ARIPIPRAZOLE TAB 2 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ABILIFY TAB 30MG	ARIPIPRAZOLE TAB 30 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ABILIFY TAB 5MG	ARIPIPRAZOLE TAB 5 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ARIPIPRAZOLE SOL 1MG/ML	ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ARIPIPRAZOLE TAB 10MG	ARIPIPRAZOLE TAB 10 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ARIPIPRAZOLE TAB 10MG ODT	ARIPIPRAZOLE ORALLY DISINTEGRATING TAB 10 MG	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	ARIPIPRAZOLE TAB 15MG	ARIPIPRAZOLE TAB 15 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ARIPIPRAZOLE TAB 15MG ODT	ARIPIPRAZOLE ORALLY DISINTEGRATING TAB 15 MG	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	ARIPIPRAZOLE TAB 20MG	ARIPIPRAZOLE TAB 20 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ARIPIPRAZOLE TAB 2MG	ARIPIPRAZOLE TAB 2 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ARIPIPRAZOLE TAB 30MG	ARIPIPRAZOLE TAB 30 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ARIPIPRAZOLE TAB 5MG	ARIPIPRAZOLE TAB 5 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ASENAPINE SUB 10MG	ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	ASENAPINE SUB 2.5MG	ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	ASENAPINE SUB 5MG	ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	CAPLYTA CAP 10.5MG	LUMATEPERONE TOSYLATE CAP 10.5 MG	Tier 3	X	X		
2nd Generation/Atypical - Mood Disorder Drugs	CAPLYTA CAP 21MG	LUMATEPERONE TOSYLATE CAP 21 MG	Tier 3	X	X		
2nd Generation/Atypical - Mood Disorder Drugs	CAPLYTA CAP 42MG	LUMATEPERONE TOSYLATE CAP 42 MG	Tier 3	X	X		
2nd Generation/Atypical - Mood Disorder Drugs	CLOZAPINE TAB 100/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	CLOZAPINE TAB 12.5/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	CLOZAPINE TAB 150/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	CLOZAPINE TAB 200/ ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	CLOZAPINE TAB 25MG ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
2nd Generation/Atypical - Mood Disorder Drugs	FANAPT PAK	ILOPERIDONE TAB 1 MG & 2 MG & 4 MG & 6 MG TITRATION PAK	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	FANAPT TAB 10MG	ILOPERIDONE TAB 10 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	FANAPT TAB 12MG	ILOPERIDONE TAB 12 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	FANAPT TAB 1MG	ILOPERIDONE TAB 1 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	FANAPT TAB 2MG	ILOPERIDONE TAB 2 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	FANAPT TAB 4MG	ILOPERIDONE TAB 4 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	FANAPT TAB 6MG	ILOPERIDONE TAB 6 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	FANAPT TAB 8MG	ILOPERIDONE TAB 8 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	GEODON CAP 20MG	ZIPRASIDONE HCL CAP 20 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	GEODON CAP 40MG	ZIPRASIDONE HCL CAP 40 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	GEODON CAP 60MG	ZIPRASIDONE HCL CAP 60 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	GEODON CAP 80MG	ZIPRASIDONE HCL CAP 80 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	INVEGA TAB 1.5MG	PALIPERIDONE TAB ER 24HR 1.5 MG	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	INVEGA TAB 3MG	PALIPERIDONE TAB ER 24HR 3 MG	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	INVEGA TAB 6MG	PALIPERIDONE TAB ER 24HR 6 MG	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	INVEGA TAB 9MG	PALIPERIDONE TAB ER 24HR 9 MG	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	LATUDA TAB 120MG	LURASIDONE HCL TAB 120 MG	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	LATUDA TAB 20MG	LURASIDONE HCL TAB 20 MG	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	LATUDA TAB 40MG	LURASIDONE HCL TAB 40 MG	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	LATUDA TAB 60MG	LURASIDONE HCL TAB 60 MG	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	LATUDA TAB 80MG	LURASIDONE HCL TAB 80 MG	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	LURASIDONE TAB 120MG	LURASIDONE HCL TAB 120 MG	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	LURASIDONE TAB 20MG	LURASIDONE HCL TAB 20 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
2nd Generation/Atypical - Mood Disorder Drugs	LURASIDONE TAB 40MG	LURASIDONE HCL TAB 40 MG	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	LURASIDONE TAB 60MG	LURASIDONE HCL TAB 60 MG	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	LURASIDONE TAB 80MG	LURASIDONE HCL TAB 80 MG	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	NUPLAZID CAP 34MG	PIMAVANSERIN TARTRATE CAP 34 MG (BASE EQUIVALENT)	Tier 3	X	X		
2nd Generation/Atypical - Mood Disorder Drugs	NUPLAZID TAB 10MG	PIMAVANSERIN TARTRATE TAB 10 MG (BASE EQUIVALENT)	Tier 3	X	X		
2nd Generation/Atypical - Mood Disorder Drugs	OLANZAPINE TAB 10MG	OLANZAPINE TAB 10 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	OLANZAPINE TAB 10MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	OLANZAPINE TAB 15MG	OLANZAPINE TAB 15 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	OLANZAPINE TAB 15MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	OLANZAPINE TAB 2.5MG	OLANZAPINE TAB 2.5 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	OLANZAPINE TAB 20MG	OLANZAPINE TAB 20 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	OLANZAPINE TAB 20MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	OLANZAPINE TAB 5MG	OLANZAPINE TAB 5 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	OLANZAPINE TAB 5MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	OLANZAPINE TAB 7.5MG	OLANZAPINE TAB 7.5 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	OPIPZA MIS 10MG	ARIPIPRAZOLE ORAL FILM 10 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	OPIPZA MIS 2MG	ARIPIPRAZOLE ORAL FILM 2 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	OPIPZA MIS 5MG	ARIPIPRAZOLE ORAL FILM 5 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	PALIPERIDONE TAB ER 1.5MG	PALIPERIDONE TAB ER 24HR 1.5 MG	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	PALIPERIDONE TAB ER 3MG	PALIPERIDONE TAB ER 24HR 3 MG	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	PALIPERIDONE TAB ER 6MG	PALIPERIDONE TAB ER 24HR 6 MG	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	PALIPERIDONE TAB ER 9MG	PALIPERIDONE TAB ER 24HR 9 MG	Tier 1		X		
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 100MG	QUETIAPINE FUMARATE TAB 100 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 150MG	QUETIAPINE FUMARATE TAB 150 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 150MG ER	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 200MG	QUETIAPINE FUMARATE TAB 200 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 200MG ER	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 25MG	QUETIAPINE FUMARATE TAB 25 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 300MG	QUETIAPINE FUMARATE TAB 300 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 300MG ER	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 400MG	QUETIAPINE FUMARATE TAB 400 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 400MG ER	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 50MG	QUETIAPINE FUMARATE TAB 50 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	QUETIAPINE TAB 50MG ER	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	REXULTI TAB 0.25MG	BREXPIPRAZOLE TAB 0.25 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	REXULTI TAB 0.5MG	BREXPIPRAZOLE TAB 0.5 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	REXULTI TAB 1MG	BREXPIPRAZOLE TAB 1 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	REXULTI TAB 2MG	BREXPIPRAZOLE TAB 2 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	REXULTI TAB 3MG	BREXPIPRAZOLE TAB 3 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	REXULTI TAB 4MG	BREXPIPRAZOLE TAB 4 MG	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	RISPERDAL SOL 1MG/ML	RISPERIDONE SOLN 1 MG/ML	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	RISPERDAL TAB 0.5MG	RISPERIDONE TAB 0.5 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	RISPERDAL TAB 1MG	RISPERIDONE TAB 1 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	RISPERDAL TAB 2MG	RISPERIDONE TAB 2 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	RISPERDAL TAB 3MG	RISPERIDONE TAB 3 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	RISPERDAL TAB 4MG	RISPERIDONE TAB 4 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE SOL 1MG/ML	RISPERIDONE SOLN 1 MG/ML	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 0.25 ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 0.25MG	RISPERIDONE TAB 0.25 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 0.5MG	RISPERIDONE TAB 0.5 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 0.5MG OD	RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 1MG	RISPERIDONE TAB 1 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 1MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 2MG	RISPERIDONE TAB 2 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 2MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 3MG	RISPERIDONE TAB 3 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 3MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 4MG	RISPERIDONE TAB 4 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	RISPERIDONE TAB 4MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	SAPHRIS SUB 10MG	ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	SAPHRIS SUB 2.5MG	ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	SAPHRIS SUB 5MG	ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	SECUADO DIS 3.8MG	ASENAPINE TD PATCH 24 HR 3.8 MG/24HR	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	SECUADO DIS 5.7MG	ASENAPINE TD PATCH 24 HR 5.7 MG/24HR	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	SECUADO DIS 7.6MG	ASENAPINE TD PATCH 24 HR 7.6 MG/24HR	Tier 3		X	X	
2nd Generation/Atypical - Mood Disorder Drugs	SEROQUEL TAB 100MG	QUETIAPINE FUMARATE TAB 100 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	SEROQUEL TAB 200MG	QUETIAPINE FUMARATE TAB 200 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	SEROQUEL TAB 25MG	QUETIAPINE FUMARATE TAB 25 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	SEROQUEL TAB 300MG	QUETIAPINE FUMARATE TAB 300 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
2nd Generation/Atypical - Mood Disorder Drugs	SEROQUEL TAB 400MG	QUETIAPINE FUMARATE TAB 400 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	SEROQUEL TAB 50MG	QUETIAPINE FUMARATE TAB 50 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	SEROQUEL XR TAB 150MG	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	SEROQUEL XR TAB 200MG	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	SEROQUEL XR TAB 300MG	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	SEROQUEL XR TAB 400MG	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	SEROQUEL XR TAB 50MG	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	VERSACLOZ SUS 50MG/ML	CLOZAPINE SUSP 50 MG/ML	Tier 3				
2nd Generation/Atypical - Mood Disorder Drugs	VRAYLAR CAP 1.5-3MG	CARIPRAZINE HCL CAP THERAPY PACK 1.5 MG (1) & 3 MG (6)	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	VRAYLAR CAP 1.5MG	CARIPRAZINE HCL CAP 1.5 MG (BASE EQUIVALENT)	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	VRAYLAR CAP 3MG	CARIPRAZINE HCL CAP 3 MG (BASE EQUIVALENT)	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	VRAYLAR CAP 4.5MG	CARIPRAZINE HCL CAP 4.5 MG (BASE EQUIVALENT)	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	VRAYLAR CAP 6MG	CARIPRAZINE HCL CAP 6 MG (BASE EQUIVALENT)	Tier 3		X		
2nd Generation/Atypical - Mood Disorder Drugs	ZIPRASIDONE CAP 20MG	ZIPRASIDONE HCL CAP 20 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ZIPRASIDONE CAP 40MG	ZIPRASIDONE HCL CAP 40 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ZIPRASIDONE CAP 60MG	ZIPRASIDONE HCL CAP 60 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ZIPRASIDONE CAP 80MG	ZIPRASIDONE HCL CAP 80 MG	Tier 1				
2nd Generation/Atypical - Mood Disorder Drugs	ZYPREXA TAB 10MG	OLANZAPINE TAB 10 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ZYPREXA TAB 15MG	OLANZAPINE TAB 15 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ZYPREXA TAB 2.5MG	OLANZAPINE TAB 2.5 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ZYPREXA TAB 20MG	OLANZAPINE TAB 20 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ZYPREXA TAB 5MG	OLANZAPINE TAB 5 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ZYPREXA TAB 7.5MG	OLANZAPINE TAB 7.5 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
2nd Generation/Atypical - Mood Disorder Drugs	ZYPREXA ZYDI TAB 10MG	OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ZYPREXA ZYDI TAB 15MG	OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ZYPREXA ZYDI TAB 20MG	OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG	Tier 3			X	
2nd Generation/Atypical - Mood Disorder Drugs	ZYPREXA ZYDI TAB 5MG	OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG	Tier 3			X	
Alcohol Deterrents/ Anti-craving - Antidotes/ Deterrents/Protectants	ACAMPRO CAL TAB 333MG	ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG	Tier 1				
Alcohol Deterrents/ Anti-craving - Antidotes/ Deterrents/Protectants	DISULFIRAM TAB 250MG	DISULFIRAM TAB 250 MG	Tier 1				
Alcohol Deterrents/ Anti-craving - Antidotes/ Deterrents/Protectants	DISULFIRAM TAB 500MG	DISULFIRAM TAB 500 MG	Tier 1				
Alcohol Deterrents/ Anti-craving - Antidotes/ Deterrents/Protectants	LOFEXIDINE TAB 0.18MG	LOFEXIDINE HCL TAB 0.18 MG (BASE EQUIVALENT)	Tier 1		X		
Alcohol Deterrents/ Anti-craving - Antidotes/ Deterrents/Protectants	LUCEMYRA TAB 0.18MG	LOFEXIDINE HCL TAB 0.18 MG (BASE EQUIVALENT)	Tier 3		X		
Alkylating Agents - Chemotherapy Agents	ALKERAN TAB 2MG	MELPHALAN TAB 2 MG	Tier 3				X
Alkylating Agents - Chemotherapy Agents	CYCLOPHOSPH CAP 25MG	CYCLOPHOSPHAMIDE CAP 25 MG	Tier 1				
Alkylating Agents - Chemotherapy Agents	CYCLOPHOSPH CAP 50MG	CYCLOPHOSPHAMIDE CAP 50 MG	Tier 1				
Alkylating Agents - Chemotherapy Agents	CYCLOPHOSPH TAB 25MG	CYCLOPHOSPHAMIDE TAB 25 MG	Tier 2				X
Alkylating Agents - Chemotherapy Agents	CYCLOPHOSPH TAB 50MG	CYCLOPHOSPHAMIDE TAB 50 MG	Tier 2				X
Alkylating Agents - Chemotherapy Agents	GLEOSTINE CAP 100MG	LOMUSTINE CAP 100 MG	Tier 2				X
Alkylating Agents - Chemotherapy Agents	GLEOSTINE CAP 10MG	LOMUSTINE CAP 10 MG	Tier 2				X
Alkylating Agents - Chemotherapy Agents	GLEOSTINE CAP 40MG	LOMUSTINE CAP 40 MG	Tier 2				X
Alkylating Agents - Chemotherapy Agents	HEPZATO/50MM INJ 50MG	MELPHALAN HCL FOR INTRA-ARTERIAL SOLN 50 MG (BASE EQUIV)	Tier 3				
Alkylating Agents - Chemotherapy Agents	HEPZATO/62MM INJ 50MG	MELPHALAN HCL FOR INTRA-ARTERIAL SOLN 50 MG (BASE EQUIV)	Tier 3				
Alkylating Agents - Chemotherapy Agents	LEUKERAN TAB 2MG	CHLORAMBUCIL TAB 2 MG	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Alkylating Agents - Chemotherapy Agents	MATULANE CAP 50MG	PROCARBAZINE HCL CAP 50 MG	Tier 2				X
Alkylating Agents - Chemotherapy Agents	MELPHALAN TAB 2MG	MELPHALAN TAB 2 MG	Tier 1				X
Alkylating Agents - Chemotherapy Agents	MYLERAN TAB 2MG	BUSULFAN TAB 2 MG	Tier 2				
Alkylating Agents - Chemotherapy Agents	TEMOZOLOMIDE CAP 100MG	TEMOZOLOMIDE CAP 100 MG	Tier 1	X			X
Alkylating Agents - Chemotherapy Agents	TEMOZOLOMIDE CAP 140MG	TEMOZOLOMIDE CAP 140 MG	Tier 1	X			X
Alkylating Agents - Chemotherapy Agents	TEMOZOLOMIDE CAP 180MG	TEMOZOLOMIDE CAP 180 MG	Tier 1	X			X
Alkylating Agents - Chemotherapy Agents	TEMOZOLOMIDE CAP 20MG	TEMOZOLOMIDE CAP 20 MG	Tier 1	X			X
Alkylating Agents - Chemotherapy Agents	TEMOZOLOMIDE CAP 250MG	TEMOZOLOMIDE CAP 250 MG	Tier 1	X			X
Alkylating Agents - Chemotherapy Agents	TEMOZOLOMIDE CAP 5MG	TEMOZOLOMIDE CAP 5 MG	Tier 1	X			X
Alkylating Agents - Chemotherapy Agents	VALCHLOR GEL 0.016%	MECHLORETHAMINE HCL GEL 0.016% (BASE EQUIVALENT)	Tier 2	X			X
Alpha-adrenergic Agonists - Blood Pressure Drugs	CATAPRES-TTS DIS 0.1/24HR	CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR	Tier 3			X	
Alpha-adrenergic Agonists - Blood Pressure Drugs	CATAPRES-TTS DIS 0.2/24HR	CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR	Tier 3			X	
Alpha-adrenergic Agonists - Blood Pressure Drugs	CATAPRES-TTS DIS 0.3/24HR	CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR	Tier 3			X	
Alpha-adrenergic Agonists - Blood Pressure Drugs	CLONIDINE DIS 0.1/24HR	CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	CLONIDINE DIS 0.1/24HR	CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	CLONIDINE DIS 0.2/24HR	CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	CLONIDINE DIS 0.2/24HR	CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	CLONIDINE DIS 0.3/24HR	CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	CLONIDINE DIS 0.3/24HR	CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	CLONIDINE TAB 0.1MG	CLONIDINE HCL TAB 0.1 MG	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	CLONIDINE TAB 0.2MG	CLONIDINE HCL TAB 0.2 MG	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	CLONIDINE TAB 0.3MG	CLONIDINE HCL TAB 0.3 MG	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	CLONIDINE ER TAB 0.17MG	CLONIDINE TAB ER 24HR 0.17 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Alpha-adrenergic Agonists - Blood Pressure Drugs	GUANFACINE TAB 1MG	GUANFACINE HCL TAB 1 MG	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	GUANFACINE TAB 2MG	GUANFACINE HCL TAB 2 MG	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	METHYLDOPA TAB 250MG	METHYLDOPA TAB 250 MG	Tier 1	X			
Alpha-adrenergic Agonists - Blood Pressure Drugs	METHYLDOPA TAB 500MG	METHYLDOPA TAB 500 MG	Tier 1	X			
Alpha-adrenergic Agonists - Blood Pressure Drugs	MIDODRINE TAB 10MG	MIDODRINE HCL TAB 10 MG	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	MIDODRINE TAB 2.5MG	MIDODRINE HCL TAB 2.5 MG	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	MIDODRINE TAB 5MG	MIDODRINE HCL TAB 5 MG	Tier 1				
Alpha-adrenergic Agonists - Blood Pressure Drugs	NEXICLON XR TAB 0.17MG	CLONIDINE TAB ER 24HR 0.17 MG	Tier 3			X	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	CARDURA TAB 1MG	DOXAZOSIN MESYLATE TAB 1 MG	Tier 3				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	CARDURA TAB 2MG	DOXAZOSIN MESYLATE TAB 2 MG	Tier 3				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	CARDURA TAB 4MG	DOXAZOSIN MESYLATE TAB 4 MG	Tier 3				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	CARDURA TAB 8MG	DOXAZOSIN MESYLATE TAB 8 MG	Tier 3				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	DIBENZYLINE CAP 10MG	PHENOXYBENZAMINE HCL CAP 10 MG	Tier 3			X	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	DOXAZOSIN TAB 1MG	DOXAZOSIN MESYLATE TAB 1 MG	Tier 1				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	DOXAZOSIN TAB 2MG	DOXAZOSIN MESYLATE TAB 2 MG	Tier 1				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	DOXAZOSIN TAB 4MG	DOXAZOSIN MESYLATE TAB 4 MG	Tier 1				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	DOXAZOSIN TAB 8MG	DOXAZOSIN MESYLATE TAB 8 MG	Tier 1				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	MINIPRESS CAP 1MG	PRAZOSIN HCL CAP 1 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	MINIPRESS CAP 2MG	PRAZOSIN HCL CAP 2 MG	Tier 3				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	MINIPRESS CAP 5MG	PRAZOSIN HCL CAP 5 MG	Tier 3				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	PHENOXYBENZA CAP 10MG	PHENOXYBENZAMINE HCL CAP 10 MG	Tier 1				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	PRAZOSIN HCL CAP 1MG	PRAZOSIN HCL CAP 1 MG	Tier 1				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	PRAZOSIN HCL CAP 2MG	PRAZOSIN HCL CAP 2 MG	Tier 1				
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	PRAZOSIN HCL CAP 5MG	PRAZOSIN HCL CAP 5 MG	Tier 1				
Aminoglycosides - Antibiotics	ARIKAYCE SUS	AMIKACIN SULFATE LIPOSOME INHAL SUSP 590 MG/8.4ML (BASE EQ)	Tier 3	X	X		X
Aminoglycosides - Antibiotics	GENTAMICIN CRE 0.1%	GENTAMICIN SULFATE CREAM 0.1%	Tier 1				
Aminoglycosides - Antibiotics	GENTAMICIN OIN 0.1%	GENTAMICIN SULFATE OINT 0.1%	Tier 1				
Aminoglycosides - Antibiotics	HUMATIN CAP 250MG	PAROMOMYCIN SULFATE CAP 250 MG	Tier 2				
Aminoglycosides - Antibiotics	NEOMYCIN TAB 500MG	NEOMYCIN SULFATE TAB 500 MG	Tier 1				
Aminoglycosides - Antibiotics	TOBRADEX OIN 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE OPHTH OINT 0.3-0.1%	Tier 3				
Aminosalicylates - Inflammatory Bowel Disease Drugs	APRISO CAP 0.375GM	MESALAMINE CAP ER 24HR 0.375 GM	Tier 1				
Aminosalicylates - Inflammatory Bowel Disease Drugs	BALSALAZIDE CAP 750MG	BALSALAZIDE DISODIUM CAP 750 MG	Tier 1				
Aminosalicylates - Inflammatory Bowel Disease Drugs	CANASA SUP 1000MG	MESALAMINE SUPPOS 1000 MG	Tier 3			X	
Aminosalicylates - Inflammatory Bowel Disease Drugs	COLAZAL CAP 750MG	BALSALAZIDE DISODIUM CAP 750 MG	Tier 3			X	
Aminosalicylates - Inflammatory Bowel Disease Drugs	DELZICOL CAP 400MG	MESALAMINE CAP DR 400 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Aminosalicylates - Inflammatory Bowel Disease Drugs	DIPENTUM CAP 250MG	OLSALAZINE SODIUM CAP 250 MG	Tier 3				
Aminosalicylates - Inflammatory Bowel Disease Drugs	LIALDA TAB 1.2GM	MESALAMINE TAB DELAYED RELEASE 1.2 GM	Tier 3			X	
Aminosalicylates - Inflammatory Bowel Disease Drugs	MESALAMINE CAP 0.375GM	MESALAMINE CAP ER 24HR 0.375 GM	Tier 1			X	
Aminosalicylates - Inflammatory Bowel Disease Drugs	MESALAMINE CAP 400MG DR	MESALAMINE CAP DR 400 MG	Tier 1				
Aminosalicylates - Inflammatory Bowel Disease Drugs	MESALAMINE CAP 500MG ER	MESALAMINE CAP ER 500 MG	Tier 1			X	
Aminosalicylates - Inflammatory Bowel Disease Drugs	MESALAMINE ENE 4GM	MESALAMINE ENEMA 4 GM	Tier 1				
Aminosalicylates - Inflammatory Bowel Disease Drugs	MESALAMINE KIT 4GM	MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT	Tier 1		X		
Aminosalicylates - Inflammatory Bowel Disease Drugs	MESALAMINE SUP 1000MG	MESALAMINE SUPPOS 1000 MG	Tier 1		X		
Aminosalicylates - Inflammatory Bowel Disease Drugs	MESALAMINE TAB 1.2GM	MESALAMINE TAB DELAYED RELEASE 1.2 GM	Tier 1				
Aminosalicylates - Inflammatory Bowel Disease Drugs	MESALAMINE TAB 800MG DR	MESALAMINE TAB DELAYED RELEASE 800 MG	Tier 1			X	
Aminosalicylates - Inflammatory Bowel Disease Drugs	PENTASA CAP 250MG CR	MESALAMINE CAP ER 250 MG	Tier 3			X	
Aminosalicylates - Inflammatory Bowel Disease Drugs	PENTASA CAP 500MG CR	MESALAMINE CAP ER 500 MG	Tier 3			X	
Aminosalicylates - Inflammatory Bowel Disease Drugs	ROWASA KIT 4GM	MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT	Tier 3		X		
Aminosalicylates - Inflammatory Bowel Disease Drugs	SFROWASA ENE 4GM	MESALAMINE SULFITE-FREE (SF) ENEMA 4 GM/60ML	Tier 3				
Aminosalicylates - Inflammatory Bowel Disease Drugs	VELSIPITY TAB 2MG	ETRASIMOD ARGININE TAB 2 MG	Tier 3	X	X	X	X
Analgesics - Miscellaneous Analgesics	ALLZITAL TAB 25-325MG	BUTALBITAL-ACETAMINOPHEN TAB 25-325 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Analgesics - Miscellaneous Analgesics	BAC TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 1		X		
Analgesics - Miscellaneous Analgesics	BUPAP TAB 50-300MG	BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG	Tier 3			X	
Analgesics - Miscellaneous Analgesics	BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	Tier 1		X		
Analgesics - Miscellaneous Analgesics	BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	Tier 1		X		
Analgesics - Miscellaneous Analgesics	BUT/APAP/CAF TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 1		X		
Analgesics - Miscellaneous Analgesics	BUT/ASA/CAFF CAP	BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG	Tier 1				
Analgesics - Miscellaneous Analgesics	BUTAL/APAP CAP 50-300MG	BUTALBITAL-ACETAMINOPHEN CAP 50-300 MG	Tier 3		X	X	
Analgesics - Miscellaneous Analgesics	BUTAL/APAP CAP 50-300MG	BUTALBITAL-ACETAMINOPHEN CAP 50-300 MG	Tier 1		X	X	
Analgesics - Miscellaneous Analgesics	BUTAL/APAP TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	Tier 1				
Analgesics - Miscellaneous Analgesics	BUTALB/ACETA TAB 50-300MG	BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG	Tier 1			X	
Analgesics - Miscellaneous Analgesics	COMBOGESIC TAB 325/97.5	IBUPROFEN-ACETAMINOPHEN TAB 97.5-325 MG	Tier 3			X	
Analgesics - Miscellaneous Analgesics	DYCLOPRO SOL 0.5%	DYCLONINE HCL SOLN 0.5%	Tier 3				
Analgesics - Miscellaneous Analgesics	EQ PAIN RELI TAB 500MG	ACETAMINOPHEN TAB 500 MG	Tier 1				
Analgesics - Miscellaneous Analgesics	ESGIC CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	Tier 3		X		
Analgesics - Miscellaneous Analgesics	ESGIC TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 3		X		
Analgesics - Miscellaneous Analgesics	FIORICET CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	Tier 3		X		
Analgesics - Miscellaneous Analgesics	TENCON TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	Tier 3				
Analgesics - Miscellaneous Analgesics	TRAMADOL CRE 5%	TRAMADOL HCL CREAM 5% (COMPOUND KIT)	Tier 3	X			
Analgesics - Miscellaneous Analgesics	TURPENTINE SOL SPIRITS	TURPENTINE SPIRIT	Tier 1				
Analgesics - Miscellaneous Analgesics	ZEBUTAL CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	Tier 3		X		
Androgens - Hormone Replacement/Modifying Drugs	ANDROGEL GEL 1.62%	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	DANAZOL CAP 100MG	DANAZOL CAP 100 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Androgens - Hormone Replacement/Modifying Drugs	DANAZOL CAP 200MG	DANAZOL CAP 200 MG	Tier 1				
Androgens - Hormone Replacement/Modifying Drugs	DANAZOL CAP 50MG	DANAZOL CAP 50 MG	Tier 1				
Androgens - Hormone Replacement/Modifying Drugs	DEPO-TESTOST INJ 100MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML	Tier 3				
Androgens - Hormone Replacement/Modifying Drugs	DEPO-TESTOST INJ 200MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	Tier 3				
Androgens - Hormone Replacement/Modifying Drugs	EC-RX TESTOS CRE 0.2%	TESTOSTERONE CREAM 0.2% (COMPOUNDING KIT)	Tier 3	X			
Androgens - Hormone Replacement/Modifying Drugs	EC-RX TESTOS CRE 0.4%	TESTOSTERONE CREAM 0.4% (COMPOUNDING KIT)	Tier 3	X			
Androgens - Hormone Replacement/Modifying Drugs	EC-RX TESTOS CRE 10%	TESTOSTERONE CREAM 10% (COMPOUNDING KIT)	Tier 3	X			
Androgens - Hormone Replacement/Modifying Drugs	EC-RX TESTOS CRE 20%	TESTOSTERONE CREAM 20% (COMPOUNDING KIT)	Tier 3	X			
Androgens - Hormone Replacement/Modifying Drugs	FORTESTA GEL 10MG/ ACT	TESTOSTERONE TD GEL 10MG/ ACT (2%)	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	INTRAROSA SUP 6.5MG	PRASTERONE VAGINAL INSERT 6.5 MG	Tier 3	X	X		
Androgens - Hormone Replacement/Modifying Drugs	JATENZO CAP 158MG	TESTOSTERONE UNDECANOATE CAP 158 MG	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	JATENZO CAP 198MG	TESTOSTERONE UNDECANOATE CAP 198 MG	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	JATENZO CAP 237MG	TESTOSTERONE UNDECANOATE CAP 237 MG	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	KYZATREX CAP 100MG	TESTOSTERONE UNDECANOATE CAP 100 MG	Tier 3		X		
Androgens - Hormone Replacement/Modifying Drugs	KYZATREX CAP 150MG	TESTOSTERONE UNDECANOATE CAP 150 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Androgens - Hormone Replacement/Modifying Drugs	KYZATREX CAP 200MG	TESTOSTERONE UNDECANOATE CAP 200 MG	Tier 3		X		
Androgens - Hormone Replacement/Modifying Drugs	METHITEST TAB 10MG	METHYLTESTOSTERONE ORAL TAB 10 MG	Tier 2				
Androgens - Hormone Replacement/Modifying Drugs	METHYLTESTOS CAP 10MG	METHYLTESTOSTERONE CAP 10 MG	Tier 1				
Androgens - Hormone Replacement/Modifying Drugs	NATESTO GEL 5.5MG	TESTOSTERONE NASAL GEL 5.5 MG/ACT	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	TESTIM GEL 1%(50MG)	TESTOSTERONE TD GEL 50 MG/5GM (1%)	Tier 1		X		
Androgens - Hormone Replacement/Modifying Drugs	TESTOST CYP INJ 100MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML	Tier 1				
Androgens - Hormone Replacement/Modifying Drugs	TESTOST CYP INJ 200MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	Tier 1				
Androgens - Hormone Replacement/Modifying Drugs	TESTOST ENAN INJ 200MG/ML	TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG/ML	Tier 1				
Androgens - Hormone Replacement/Modifying Drugs	TESTOSTERONE GEL 1%(25MG)	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)	Tier 1		X	X	
Androgens - Hormone Replacement/Modifying Drugs	TESTOSTERONE GEL 1%(50MG)	TESTOSTERONE TD GEL 50 MG/5GM (1%)	Tier 1		X	X	
Androgens - Hormone Replacement/Modifying Drugs	TESTOSTERONE GEL 1.62%	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	Tier 1		X		
Androgens - Hormone Replacement/Modifying Drugs	TESTOSTERONE GEL 1.62%	TESTOSTERONE TD GEL 20.25 MG/1.25GM (1.62%)	Tier 1		X	X	
Androgens - Hormone Replacement/Modifying Drugs	TESTOSTERONE GEL 1.62%	TESTOSTERONE TD GEL 40.5 MG/2.5GM (1.62%)	Tier 1		X	X	
Androgens - Hormone Replacement/Modifying Drugs	TESTOSTERONE GEL 10MG/ACT	TESTOSTERONE TD GEL 10MG/ ACT (2%)	Tier 1		X	X	
Androgens - Hormone Replacement/Modifying Drugs	TESTOSTERONE GEL PUMP 1%	TESTOSTERONE TD GEL 12.5 MG/ ACT (1%)	Tier 1		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Androgens - Hormone Replacement/Modifying Drugs	TESTOSTERONE GEL PUMP 1%	TESTOSTERONE TD GEL 12.5 MG/ACT (1%)	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	TESTOSTERONE GEL PUMP 1%	TESTOSTERONE TD GEL 12.5 MG/ACT (1%)	Tier 1		X		
Androgens - Hormone Replacement/Modifying Drugs	TESTOSTERONE SOL 30MG/ACT	TESTOSTERONE TD SOLN 30 MG/ACT	Tier 1		X	X	
Androgens - Hormone Replacement/Modifying Drugs	TLANDO CAP 112.5 MG	TESTOSTERONE UNDECANOATE CAP 112.5 MG	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	UNDECATREX CAP 200MG	TESTOSTERONE UNDECANOATE CAP 200 MG	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	VOGELXO GEL 1%(50MG)	TESTOSTERONE TD GEL 50 MG/5GM (1%)	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	VOGELXO GEL PUMP 1%	TESTOSTERONE TD GEL 12.5 MG/ACT (1%)	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	XYOSTED INJ 100/0.5	TESTOSTERONE ENANTHATE SOLUTION AUTO-INJECTOR 100 MG/0.5ML	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	XYOSTED INJ 50/0.5ML	TESTOSTERONE ENANTHATE SOLUTION AUTO-INJECTOR 50 MG/0.5ML	Tier 3		X	X	
Androgens - Hormone Replacement/Modifying Drugs	XYOSTED INJ 75/0.5ML	TESTOSTERONE ENANTHATE SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Tier 3		X	X	
Angioedema Agents	FABHALTA CAP 200MG	IPTACOPAN HCL CAP 200 MG	Tier 2	X	X		X
Angioedema Agents	ORLADEYO CAP 110MG	BEROTRALSTAT HCL CAP 110 MG	Tier 3	X	X	X	X
Angioedema Agents	ORLADEYO CAP 150MG	BEROTRALSTAT HCL CAP 150 MG	Tier 3	X	X	X	X
Angioedema Agents	VOYDEYA TAB 100MG	DANICOPAN TAB 100 MG	Tier 2	X	X		X
Angioedema Agents	VOYDEYA TAB 50-100MG	DANICOPAN TAB THERAPY PACK 50 MG & 100 MG	Tier 2	X			X
Angioedema Agents	ZILBRYSQ INJ 16.6MG	ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 16.6 MG/0.416ML	Tier 3	X	X		X
Angioedema Agents	ZILBRYSQ INJ 23MG	ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 23 MG/0.574ML	Tier 3	X	X		X
Angioedema Agents	ZILBRYSQ INJ 32.4MG	ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 32.4 MG/0.81ML	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	BERINERT INJ 500UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ KIT 500 UNIT	Tier 3	X	X	X	X
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	CINRYZE SOL 500 UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ 500 UNIT	Tier 3	X	X	X	X
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	FIRAZYR INJ 30MG/3ML	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML	Tier 3	X	X	X	X
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	HAEGARDA INJ 2000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT	Tier 2	X	X		X
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	HAEGARDA INJ 3000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT	Tier 2	X	X		X
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	ICATIBANT INJ 30MG/3ML	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML	Tier 1	X	X		X
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	RUCONEST INJ 2100UNIT	C1 ESTERASE INHIBITOR (RECOMBINANT) FOR IV INJ 2100 UNIT	Tier 3	X	X		X
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	SAJAZIR INJ 30MG/3ML	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML	Tier 1	X	X	X	X
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	TAKHZYRO INJ 300/2ML	LANADELUMAB-FLYO INJ 300 MG/2ML (150 MG/ML)	Tier 2	X	X		X
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	ATACAND TAB 16MG	CANDESARTAN CILEXETIL TAB 16 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	ATACAND TAB 32MG	CANDESARTAN CILEXETIL TAB 32 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	ATACAND TAB 4MG	CANDESARTAN CILEXETIL TAB 4 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	ATACAND TAB 8MG	CANDESARTAN CILEXETIL TAB 8 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	AVAPRO TAB 150MG	IRBESARTAN TAB 150 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	AVAPRO TAB 300MG	IRBESARTAN TAB 300 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	AVAPRO TAB 75MG	IRBESARTAN TAB 75 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	BENICAR TAB 20MG	OLMESARTAN MEDOXOMIL TAB 20 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	BENICAR TAB 40MG	OLMESARTAN MEDOXOMIL TAB 40 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	BENICAR TAB 5MG	OLMESARTAN MEDOXOMIL TAB 5 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	CANDESARTAN TAB 16MG	CANDESARTAN CILEXETIL TAB 16 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	CANDESARTAN TAB 32MG	CANDESARTAN CILEXETIL TAB 32 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	CANDESARTAN TAB 4MG	CANDESARTAN CILEXETIL TAB 4 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	CANDESARTAN TAB 8MG	CANDESARTAN CILEXETIL TAB 8 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	COZAAR TAB 100MG	LOSARTAN POTASSIUM TAB 100 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	COZAAR TAB 25MG	LOSARTAN POTASSIUM TAB 25 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	COZAAR TAB 50MG	LOSARTAN POTASSIUM TAB 50 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	DIOVAN TAB 160MG	VALSARTAN TAB 160 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	DIOVAN TAB 320MG	VALSARTAN TAB 320 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	DIOVAN TAB 40MG	VALSARTAN TAB 40 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	DIOVAN TAB 80MG	VALSARTAN TAB 80 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	EDARBI TAB 40MG	AZILSARTAN MEDOXOMIL TAB 40 MG	Tier 3				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	EDARBI TAB 80MG	AZILSARTAN MEDOXOMIL TAB 80 MG	Tier 3				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	IRBESARTAN TAB 150MG	IRBESARTAN TAB 150 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	IRBESARTAN TAB 300MG	IRBESARTAN TAB 300 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	IRBESARTAN TAB 75MG	IRBESARTAN TAB 75 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	LOSARTAN POT TAB 100MG	LOSARTAN POTASSIUM TAB 100 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	LOSARTAN POT TAB 25MG	LOSARTAN POTASSIUM TAB 25 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	LOSARTAN POT TAB 50MG	LOSARTAN POTASSIUM TAB 50 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	MICARDIS TAB 20MG	TELMISARTAN TAB 20 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	MICARDIS TAB 40MG	TELMISARTAN TAB 40 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	MICARDIS TAB 80MG	TELMISARTAN TAB 80 MG	Tier 3			X	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	OLMESA MEDOX TAB 20MG	OLMESARTAN MEDOXOMIL TAB 20 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	OLMESA MEDOX TAB 40MG	OLMESARTAN MEDOXOMIL TAB 40 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	OLMESA MEDOX TAB 5MG	OLMESARTAN MEDOXOMIL TAB 5 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	TELMISARTAN TAB 20MG	TELMISARTAN TAB 20 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	TELMISARTAN TAB 40MG	TELMISARTAN TAB 40 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	TELMISARTAN TAB 80MG	TELMISARTAN TAB 80 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	VALSARTAN SOL 20MG/5ML	VALSARTAN ORAL SOLN 4 MG/ ML	Tier 3				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	VALSARTAN TAB 160MG	VALSARTAN TAB 160 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	VALSARTAN TAB 320MG	VALSARTAN TAB 320 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	VALSARTAN TAB 40MG	VALSARTAN TAB 40 MG	Tier 1				
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	VALSARTAN TAB 80MG	VALSARTAN TAB 80 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ACCUPRIL TAB 10MG	QUINAPRIL HCL TAB 10 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ACCUPRIL TAB 20MG	QUINAPRIL HCL TAB 20 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ACCUPRIL TAB 40MG	QUINAPRIL HCL TAB 40 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ACCUPRIL TAB 5MG	QUINAPRIL HCL TAB 5 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ALTACE CAP 1.25MG	RAMIPRIL CAP 1.25 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ALTACE CAP 10MG	RAMIPRIL CAP 10 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ALTACE CAP 2.5MG	RAMIPRIL CAP 2.5 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ALTACE CAP 5MG	RAMIPRIL CAP 5 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	BENAZEPRIL TAB 10MG	BENAZEPRIL HCL TAB 10 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	BENAZEPRIL TAB 20MG	BENAZEPRIL HCL TAB 20 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	BENAZEPRIL TAB 40MG	BENAZEPRIL HCL TAB 40 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	BENAZEPRIL TAB 5MG	BENAZEPRIL HCL TAB 5 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	CAPTOPRIL TAB 100MG	CAPTOPRIL TAB 100 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	CAPTOPRIL TAB 12.5MG	CAPTOPRIL TAB 12.5 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	CAPTOPRIL TAB 25MG	CAPTOPRIL TAB 25 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	CAPTOPRIL TAB 50MG	CAPTOPRIL TAB 50 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ENALAPRIL SOL 1MG/ML	ENALAPRIL MALEATE ORAL SOLN 1 MG/ML	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ENALAPRIL TAB 10MG	ENALAPRIL MALEATE TAB 10 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ENALAPRIL TAB 2.5MG	ENALAPRIL MALEATE TAB 2.5 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ENALAPRIL TAB 20MG	ENALAPRIL MALEATE TAB 20 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ENALAPRIL TAB 5MG	ENALAPRIL MALEATE TAB 5 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	EPANED SOL 1MG/ML	ENALAPRIL MALEATE ORAL SOLN 1 MG/ML	Tier 3				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	FOSINOPRIL TAB 10MG	FOSINOPRIL SODIUM TAB 10 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	FOSINOPRIL TAB 20MG	FOSINOPRIL SODIUM TAB 20 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	FOSINOPRIL TAB 40MG	FOSINOPRIL SODIUM TAB 40 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	LISINOPRIL TAB 10MG	LISINOPRIL TAB 10 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	LISINOPRIL TAB 2.5MG	LISINOPRIL TAB 2.5 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	LISINOPRIL TAB 20MG	LISINOPRIL TAB 20 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	LISINOPRIL TAB 30MG	LISINOPRIL TAB 30 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	LISINOPRIL TAB 40MG	LISINOPRIL TAB 40 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	LISINOPRIL TAB 5MG	LISINOPRIL TAB 5 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	LOTENSIN TAB 10MG	BENAZEPRIL HCL TAB 10 MG	Tier 3				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	LOTENSIN TAB 20MG	BENAZEPRIL HCL TAB 20 MG	Tier 3				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	LOTENSIN TAB 40MG	BENAZEPRIL HCL TAB 40 MG	Tier 3				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	MOEXIPRIL TAB 15MG	MOEXIPRIL HCL TAB 15 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	MOEXIPRIL TAB 7.5MG	MOEXIPRIL HCL TAB 7.5 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	PERINDOPRIL TAB 2MG	PERINDOPRIL ERBUMINE TAB 2 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	PERINDOPRIL TAB 4MG	PERINDOPRIL ERBUMINE TAB 4 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	PERINDOPRIL TAB 8MG	PERINDOPRIL ERBUMINE TAB 8 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	QBRELIS SOL 1MG/ML	LISINOPRIL ORAL SOLN 1 MG/ ML	Tier 3				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	QUINAPRIL TAB 10MG	QUINAPRIL HCL TAB 10 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	QUINAPRIL TAB 20MG	QUINAPRIL HCL TAB 20 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	QUINAPRIL TAB 40MG	QUINAPRIL HCL TAB 40 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	QUINAPRIL TAB 5MG	QUINAPRIL HCL TAB 5 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	RAMIPRIL CAP 1.25MG	RAMIPRIL CAP 1.25 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	RAMIPRIL CAP 10MG	RAMIPRIL CAP 10 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	RAMIPRIL CAP 2.5MG	RAMIPRIL CAP 2.5 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	RAMIPRIL CAP 5MG	RAMIPRIL CAP 5 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	TRANDOLAPRIL TAB 1MG	TRANDOLAPRIL TAB 1 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	TRANDOLAPRIL TAB 2MG	TRANDOLAPRIL TAB 2 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	TRANDOLAPRIL TAB 4MG	TRANDOLAPRIL TAB 4 MG	Tier 1				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	VASOTEC TAB 10MG	ENALAPRIL MALEATE TAB 10 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	VASOTEC TAB 2.5MG	ENALAPRIL MALEATE TAB 2.5 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	VASOTEC TAB 20MG	ENALAPRIL MALEATE TAB 20 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	VASOTEC TAB 5MG	ENALAPRIL MALEATE TAB 5 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ZESTRIL TAB 10MG	LISINOPRIL TAB 10 MG	Tier 3				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ZESTRIL TAB 10MG	LISINOPRIL TAB 10 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ZESTRIL TAB 2.5MG	LISINOPRIL TAB 2.5 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ZESTRIL TAB 20MG	LISINOPRIL TAB 20 MG	Tier 3				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ZESTRIL TAB 20MG	LISINOPRIL TAB 20 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ZESTRIL TAB 30MG	LISINOPRIL TAB 30 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ZESTRIL TAB 40MG	LISINOPRIL TAB 40 MG	Tier 3			X	
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ZESTRIL TAB 5MG	LISINOPRIL TAB 5 MG	Tier 3				
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	ZESTRIL TAB 5MG	LISINOPRIL TAB 5 MG	Tier 3			X	
Anthelmintics - Worm Infection Drugs	ALBENDAZOLE TAB 200MG	ALBENDAZOLE TAB 200 MG	Tier 1		X		
Anthelmintics - Worm Infection Drugs	BENZNIDAZOLE TAB 100MG	BENZNIDAZOLE TAB 100 MG	Tier 2		X		
Anthelmintics - Worm Infection Drugs	BENZNIDAZOLE TAB 12.5MG	BENZNIDAZOLE TAB 12.5 MG	Tier 2		X		
Anthelmintics - Worm Infection Drugs	BILTRICIDE TAB 600MG	PRAZIQUANTEL TAB 600 MG	Tier 3				
Anthelmintics - Worm Infection Drugs	EGATEN TAB 250MG	TRICLABENDAZOLE TAB 250 MG	Tier 3				
Anthelmintics - Worm Infection Drugs	EMVERM CHW 100MG	MEBENDAZOLE CHEW TAB 100 MG	Tier 3				
Anthelmintics - Worm Infection Drugs	IVERMECTIN TAB 3MG	IVERMECTIN TAB 3 MG	Tier 1	X	X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anthelmintics - Worm Infection Drugs	IVERMECTIN TAB 6MG	IVERMECTIN TAB 6 MG	Tier 1	X			
Anthelmintics - Worm Infection Drugs	PRAZIQUANTEL TAB 600MG	PRAZIQUANTEL TAB 600 MG	Tier 1				
Anthelmintics - Worm Infection Drugs	STROMECTOL TAB 3MG	IVERMECTIN TAB 3 MG	Tier 3	X	X		
Antiandrogens - Hormone Suppressants	ABIRATERONE TAB 250MG	ABIRATERONE ACETATE TAB 250 MG	Tier 1		X		X
Antiandrogens - Hormone Suppressants	ABIRATERONE TAB 500MG	ABIRATERONE ACETATE TAB 500 MG	Tier 1		X	X	X
Antiandrogens - Hormone Suppressants	ABIRTEGA TAB 250MG	ABIRATERONE ACETATE TAB 250 MG	Tier 3		X	X	X
Antiandrogens - Hormone Suppressants	BICALUTAMIDE TAB 50MG	BICALUTAMIDE TAB 50 MG	Tier 1				
Antiandrogens - Hormone Suppressants	CASODEX TAB 50MG	BICALUTAMIDE TAB 50 MG	Tier 3			X	
Antiandrogens - Hormone Suppressants	ERLEADA TAB 240MG	APALUTAMIDE TAB 240 MG	Tier 2	X	X		X
Antiandrogens - Hormone Suppressants	ERLEADA TAB 60MG	APALUTAMIDE TAB 60 MG	Tier 2	X	X		X
Antiandrogens - Hormone Suppressants	EULEXIN CAP 125MG	FLUTAMIDE CAP 125 MG	Tier 3			X	
Antiandrogens - Hormone Suppressants	NILANDRON TAB 150MG	NILUTAMIDE TAB 150 MG	Tier 3			X	X
Antiandrogens - Hormone Suppressants	NILUTAMIDE TAB 150MG	NILUTAMIDE TAB 150 MG	Tier 1			X	X
Antiandrogens - Hormone Suppressants	NUBEQA TAB 300MG	DAROLUTAMIDE TAB 300 MG	Tier 2	X	X		X
Antiandrogens - Hormone Suppressants	ORGOVYX TAB 120MG	RELUGOLIX TAB 120 MG	Tier 3	X	X		X
Antiandrogens - Hormone Suppressants	XTANDI CAP 40MG	ENZALUTAMIDE CAP 40 MG	Tier 2	X	X		X
Antiandrogens - Hormone Suppressants	XTANDI TAB 40MG	ENZALUTAMIDE TAB 40 MG	Tier 2	X	X		X
Antiandrogens - Hormone Suppressants	XTANDI TAB 80MG	ENZALUTAMIDE TAB 80 MG	Tier 2	X	X		X
Antiandrogens - Hormone Suppressants	YONSA TAB 125MG	ABIRATERONE ACETATE MICRONIZED TAB 125 MG	Tier 3		X		X
Antiandrogens - Hormone Suppressants	ZYTIGA TAB 250MG	ABIRATERONE ACETATE TAB 250 MG	Tier 3		X	X	X
Antiandrogens - Hormone Suppressants	ZYTIGA TAB 500MG	ABIRATERONE ACETATE TAB 500 MG	Tier 3		X	X	X
Antiangiogenic Agents - Chemotherapy Agents	LENALIDOMIDE CAP 10MG	LENALIDOMIDE CAP 10 MG	Tier 1	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	LENALIDOMIDE CAP 15MG	LENALIDOMIDE CAP 15 MG	Tier 1	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antiangiogenic Agents - Chemotherapy Agents	LENALIDOMIDE CAP 2.5MG	LENALIDOMIDE CAPS 2.5 MG	Tier 1	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	LENALIDOMIDE CAP 20MG	LENALIDOMIDE CAP 20 MG	Tier 1	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	LENALIDOMIDE CAP 25MG	LENALIDOMIDE CAP 25 MG	Tier 1	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	LENALIDOMIDE CAP 5MG	LENALIDOMIDE CAP 5 MG	Tier 1	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	POMALYST CAP 1MG	POMALIDOMIDE CAP 1 MG	Tier 3	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	POMALYST CAP 2MG	POMALIDOMIDE CAP 2 MG	Tier 3	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	POMALYST CAP 3MG	POMALIDOMIDE CAP 3 MG	Tier 3	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	POMALYST CAP 4MG	POMALIDOMIDE CAP 4 MG	Tier 3	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	REVLIMID CAP 10MG	LENALIDOMIDE CAP 10 MG	Tier 2	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	REVLIMID CAP 15MG	LENALIDOMIDE CAP 15 MG	Tier 2	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	REVLIMID CAP 2.5MG	LENALIDOMIDE CAPS 2.5 MG	Tier 2	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	REVLIMID CAP 20MG	LENALIDOMIDE CAP 20 MG	Tier 2	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	REVLIMID CAP 25MG	LENALIDOMIDE CAP 25 MG	Tier 2	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	REVLIMID CAP 5MG	LENALIDOMIDE CAP 5 MG	Tier 2	X	X		X
Antiangiogenic Agents - Chemotherapy Agents	THALOMID CAP 100MG	THALIDOMIDE CAP 100 MG	Tier 2	X			X
Antiangiogenic Agents - Chemotherapy Agents	THALOMID CAP 150MG	THALIDOMIDE CAP 150 MG	Tier 2	X			X
Antiangiogenic Agents - Chemotherapy Agents	THALOMID CAP 200MG	THALIDOMIDE CAP 200 MG	Tier 2	X			X
Antiangiogenic Agents - Chemotherapy Agents	THALOMID CAP 50MG	THALIDOMIDE CAP 50 MG	Tier 2	X			X
Antiarrhythmics - Heart Regulation Drugs	AMIODARONE TAB 100MG	AMIODARONE HCL TAB 100 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	AMIODARONE TAB 200MG	AMIODARONE HCL TAB 200 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	AMIODARONE TAB 400MG	AMIODARONE HCL TAB 400 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	BETAPACE TAB 120MG	SOTALOL HCL TAB 120 MG	Tier 3			X	
Antiarrhythmics - Heart Regulation Drugs	BETAPACE TAB 160MG	SOTALOL HCL TAB 160 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antiarrhythmics - Heart Regulation Drugs	BETAPACE TAB 80MG	SOTALOL HCL TAB 80 MG	Tier 3			X	
Antiarrhythmics - Heart Regulation Drugs	BETAPACE AF TAB 120MG	SOTALOL HCL (AFIB/AFL) TAB 120 MG	Tier 3				
Antiarrhythmics - Heart Regulation Drugs	BETAPACE AF TAB 160MG	SOTALOL HCL (AFIB/AFL) TAB 160 MG	Tier 3				
Antiarrhythmics - Heart Regulation Drugs	BETAPACE AF TAB 80MG	SOTALOL HCL (AFIB/AFL) TAB 80 MG	Tier 3				
Antiarrhythmics - Heart Regulation Drugs	DISOPYRAMIDE CAP 100MG	DISOPYRAMIDE PHOSPHATE CAP 100 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	DISOPYRAMIDE CAP 150MG	DISOPYRAMIDE PHOSPHATE CAP 150 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	DOFETILIDE CAP 125MCG	DOFETILIDE CAP 125 MCG (0.125 MG)	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	DOFETILIDE CAP 250MCG	DOFETILIDE CAP 250 MCG (0.25 MG)	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	DOFETILIDE CAP 500MCG	DOFETILIDE CAP 500 MCG (0.5 MG)	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	FLECAINIDE TAB 100MG	FLECAINIDE ACETATE TAB 100 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	FLECAINIDE TAB 150MG	FLECAINIDE ACETATE TAB 150 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	FLECAINIDE TAB 50MG	FLECAINIDE ACETATE TAB 50 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	MEXILETINE CAP 150MG	MEXILETINE HCL CAP 150 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	MEXILETINE CAP 200MG	MEXILETINE HCL CAP 200 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	MEXILETINE CAP 250MG	MEXILETINE HCL CAP 250 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	MULTAQ TAB 400MG	DRONEDARONE HCL TAB 400 MG (BASE EQUIVALENT)	Tier 3	X			
Antiarrhythmics - Heart Regulation Drugs	NORPACE CAP 100MG	DISOPYRAMIDE PHOSPHATE CAP 100 MG	Tier 3				
Antiarrhythmics - Heart Regulation Drugs	NORPACE CAP 100MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 100 MG	Tier 2				
Antiarrhythmics - Heart Regulation Drugs	NORPACE CAP 150MG	DISOPYRAMIDE PHOSPHATE CAP 150 MG	Tier 3				
Antiarrhythmics - Heart Regulation Drugs	NORPACE CAP 150MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 150 MG	Tier 2				
Antiarrhythmics - Heart Regulation Drugs	PACERONE TAB 100MG	AMIODARONE HCL TAB 100 MG	Tier 3				
Antiarrhythmics - Heart Regulation Drugs	PACERONE TAB 200MG	AMIODARONE HCL TAB 200 MG	Tier 3				
Antiarrhythmics - Heart Regulation Drugs	PACERONE TAB 400MG	AMIODARONE HCL TAB 400 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antiarrhythmics - Heart Regulation Drugs	PROPAFENONE CAP 225MG ER	PROPAFENONE HCL CAP ER 12HR 225 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	PROPAFENONE CAP 325MG ER	PROPAFENONE HCL CAP ER 12HR 325 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	PROPAFENONE CAP 425MG ER	PROPAFENONE HCL CAP ER 12HR 425 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	PROPAFENONE TAB 150MG	PROPAFENONE HCL TAB 150 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	PROPAFENONE TAB 225MG	PROPAFENONE HCL TAB 225 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	PROPAFENONE TAB 300MG	PROPAFENONE HCL TAB 300 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	QUINIDINE GL TAB 324MG CR	QUINIDINE GLUCONATE TAB ER 324 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	QUINIDINE GL TAB 324MG ER	QUINIDINE GLUCONATE TAB ER 324 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	QUINIDINE SU TAB 200MG	QUINIDINE SULFATE TAB 200 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	QUINIDINE SU TAB 300MG	QUINIDINE SULFATE TAB 300 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	RYTHMOL SR CAP 225MG	PROPAFENONE HCL CAP ER 12HR 225 MG	Tier 3			X	
Antiarrhythmics - Heart Regulation Drugs	RYTHMOL SR CAP 325MG	PROPAFENONE HCL CAP ER 12HR 325 MG	Tier 3			X	
Antiarrhythmics - Heart Regulation Drugs	RYTHMOL SR CAP 425MG	PROPAFENONE HCL CAP ER 12HR 425 MG	Tier 3			X	
Antiarrhythmics - Heart Regulation Drugs	SOTALOL TAB 120MG	SOTALOL HCL TAB 120 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	SOTALOL TAB 160MG	SOTALOL HCL TAB 160 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	SOTALOL TAB 80MG	SOTALOL HCL TAB 80 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	SOTALOL AF TAB 120MG	SOTALOL HCL (AFIB/AFL) TAB 120 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	SOTALOL AF TAB 160MG	SOTALOL HCL (AFIB/AFL) TAB 160 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	SOTALOL AF TAB 80MG	SOTALOL HCL (AFIB/AFL) TAB 80 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	SOTALOL HCL TAB 120MG	SOTALOL HCL TAB 120 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	SOTALOL HCL TAB 160MG	SOTALOL HCL TAB 160 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	SOTALOL HCL TAB 240MG	SOTALOL HCL TAB 240 MG	Tier 1				
Antiarrhythmics - Heart Regulation Drugs	SOTALOL HCL TAB 80MG	SOTALOL HCL TAB 80 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antiarrhythmics - Heart Regulation Drugs	SOTYLIZE SOL 5MG/ML	SOTALOL HCL ORAL SOLUTION 5 MG/ML	Tier 3				
Antiarrhythmics - Heart Regulation Drugs	TIKOSYN CAP 125MCG	DOFETILIDE CAP 125 MCG (0.125 MG)	Tier 3				
Antiarrhythmics - Heart Regulation Drugs	TIKOSYN CAP 250MCG	DOFETILIDE CAP 250 MCG (0.25 MG)	Tier 3				
Antiarrhythmics - Heart Regulation Drugs	TIKOSYN CAP 500MCG	DOFETILIDE CAP 500 MCG (0.5 MG)	Tier 3				
Antibacterials, Other	VOWST CAP	FECAL MICROBIOTA SPORES, LIVE-BRPK CAPS	Tier 3	X	X		X
Antibacterials, Other - Antibiotics	AEMCOLO TAB 194MG	RIFAMYCIN SODIUM TAB DELAYED RELEASE 194 MG (BASE EQUIV)	Tier 3				
Antibacterials, Other - Antibiotics	ALTABAX OIN 1%	RETAPAMULIN OINT 1%	Tier 3				
Antibacterials, Other - Antibiotics	ARZOL SILVER MIS NITR APP	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	Tier 3				
Antibacterials, Other - Antibiotics	BENZALKONIUM SOL 50%	BENZALKONIUM CHLORIDE SOLN 50%	Tier 1				
Antibacterials, Other - Antibiotics	BENZALKONIUM SOL NF	BENZALKONIUM CHLORIDE SOLN	Tier 2				
Antibacterials, Other - Antibiotics	CLEOCIN CAP 150MG	CLINDAMYCIN HCL CAP 150 MG	Tier 3				
Antibacterials, Other - Antibiotics	CLEOCIN CAP 300MG	CLINDAMYCIN HCL CAP 300 MG	Tier 3				
Antibacterials, Other - Antibiotics	CLEOCIN CAP 75MG	CLINDAMYCIN HCL CAP 75 MG	Tier 2				
Antibacterials, Other - Antibiotics	CLEOCIN CRE 2% VAG	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	Tier 3				
Antibacterials, Other - Antibiotics	CLEOCIN SUP 100MG	CLINDAMYCIN PHOSPHATE VAGINAL SUPPOS 100 MG	Tier 2				
Antibacterials, Other - Antibiotics	CLEOCIN PED SOL 75MG/5ML	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)	Tier 3				
Antibacterials, Other - Antibiotics	CLINDAMYCIN CAP 150MG	CLINDAMYCIN HCL CAP 150 MG	Tier 1				
Antibacterials, Other - Antibiotics	CLINDAMYCIN CAP 300MG	CLINDAMYCIN HCL CAP 300 MG	Tier 1				
Antibacterials, Other - Antibiotics	CLINDAMYCIN CAP 75MG	CLINDAMYCIN HCL CAP 75 MG	Tier 1				
Antibacterials, Other - Antibiotics	CLINDAMYCIN CRE 2% VAG	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	Tier 1				
Antibacterials, Other - Antibiotics	CLINDAMYCIN SOL 75MG/5ML	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)	Tier 1				
Antibacterials, Other - Antibiotics	CLINDESSE CRE 2%	CLINDAMYCIN PHOSPHATE (ONE DOSE) VAGINAL CREAM 2%	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antibacterials, Other - Antibiotics	COLISTIMETH INJ 150MG	COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY)	Tier 1				
Antibacterials, Other - Antibiotics	COLY-MYCIN M INJ 150MG	COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY)	Tier 3				
Antibacterials, Other - Antibiotics	FEM PH GEL	ACETIC ACID-OXYQUINOLINE VAGINAL GEL 0.9-0.025%	Tier 3				
Antibacterials, Other - Antibiotics	FIRST-METRON SUS 50MG/ML	METRONIDAZOLE BENZOATE FOR SUSP 50 MG/ML (CMPD KIT)	Tier 3	X			
Antibacterials, Other - Antibiotics	FIRVANQ SOL 25MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT)	Tier 3				
Antibacterials, Other - Antibiotics	FIRVANQ SOL 50MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	Tier 3				
Antibacterials, Other - Antibiotics	FLAGYL CAP 375MG	METRONIDAZOLE CAP 375 MG	Tier 3				
Antibacterials, Other - Antibiotics	FOSFOMYCIN POW 3GM	FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT)	Tier 1				
Antibacterials, Other - Antibiotics	GRAFCO SILVR MIS NIT APPL	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	Tier 3				
Antibacterials, Other - Antibiotics	HIPREX TAB 1GM	METHENAMINE HIPPURATE TAB 1 GM	Tier 3				
Antibacterials, Other - Antibiotics	IODINE TIN 2%	IODINE TINCTURE	Tier 1				
Antibacterials, Other - Antibiotics	LIKMEZ SUS 500/5ML	METRONIDAZOLE SUSP 500 MG/5ML	Tier 3				
Antibacterials, Other - Antibiotics	LINEZOLID SUS 100/5ML	LINEZOLID FOR SUSP 100 MG/5ML	Tier 1				
Antibacterials, Other - Antibiotics	LINEZOLID TAB 600MG	LINEZOLID TAB 600 MG	Tier 1				
Antibacterials, Other - Antibiotics	LUGOLS SOL IODINE	IODINE SOLUTION	Tier 3				
Antibacterials, Other - Antibiotics	MACROBID CAP 100MG	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	Tier 3				
Antibacterials, Other - Antibiotics	MACRODANTIN CAP 100MG	NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG	Tier 3				
Antibacterials, Other - Antibiotics	MACRODANTIN CAP 25MG	NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG	Tier 3				
Antibacterials, Other - Antibiotics	MACRODANTIN CAP 50MG	NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antibacterials, Other - Antibiotics	MAFENIDE ACE PAK 5%	MAFENIDE ACETATE PACKET FOR TOPICAL SOLN 5% (50 GM)	Tier 1				
Antibacterials, Other - Antibiotics	METHENAM HIP TAB 1GM	METHENAMINE HIPPURATE TAB 1 GM	Tier 1				
Antibacterials, Other - Antibiotics	METHENAM MAN TAB 1000MG	METHENAMINE MANDELATE TAB 1 GM	Tier 1				
Antibacterials, Other - Antibiotics	METHENAM MAN TAB 1GM	METHENAMINE MANDELATE TAB 1 GM	Tier 1				
Antibacterials, Other - Antibiotics	METHENAM MAN TAB 500MG	METHENAMINE MANDELATE TAB 0.5 GM	Tier 1				
Antibacterials, Other - Antibiotics	METROCREAM CRE 0.75%	METRONIDAZOLE CREAM 0.75%	Tier 3				
Antibacterials, Other - Antibiotics	METROGEL GEL 1%	METRONIDAZOLE GEL 1%	Tier 3			X	
Antibacterials, Other - Antibiotics	METROLOTION LOT 0.75%	METRONIDAZOLE LOTION 0.75%	Tier 3				
Antibacterials, Other - Antibiotics	METRONIDAZOL CAP 375MG	METRONIDAZOLE CAP 375 MG	Tier 1				
Antibacterials, Other - Antibiotics	METRONIDAZOL CRE 0.75%	METRONIDAZOLE CREAM 0.75%	Tier 1				
Antibacterials, Other - Antibiotics	METRONIDAZOL GEL 0.75%	METRONIDAZOLE GEL 0.75%	Tier 1				
Antibacterials, Other - Antibiotics	METRONIDAZOL GEL 0.75%VAG	METRONIDAZOLE VAGINAL GEL 0.75%	Tier 1				
Antibacterials, Other - Antibiotics	METRONIDAZOL GEL 1%	METRONIDAZOLE GEL 1%	Tier 1				
Antibacterials, Other - Antibiotics	METRONIDAZOL LOT 0.75%	METRONIDAZOLE LOTION 0.75%	Tier 1				
Antibacterials, Other - Antibiotics	METRONIDAZOL SUS 50MG/ML	METRONIDAZOLE BENZOATE FOR SUSP 50 MG/ML (CMPD KIT)	Tier 3	X			
Antibacterials, Other - Antibiotics	METRONIDAZOL TAB 125MG	METRONIDAZOLE TAB 125 MG	Tier 1			X	
Antibacterials, Other - Antibiotics	METRONIDAZOL TAB 250MG	METRONIDAZOLE TAB 250 MG	Tier 1				
Antibacterials, Other - Antibiotics	METRONIDAZOL TAB 500MG	METRONIDAZOLE TAB 500 MG	Tier 1				
Antibacterials, Other - Antibiotics	MUPIROCIN CRE 2%	MUPIROCIN CALCIUM CREAM 2%	Tier 1				
Antibacterials, Other - Antibiotics	MUPIROCIN OIN 2%	MUPIROCIN OINT 2%	Tier 1				
Antibacterials, Other - Antibiotics	NITROFUR MAC CAP 100MG	NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG	Tier 1				
Antibacterials, Other - Antibiotics	NITROFUR MAC CAP 25MG	NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG	Tier 1				
Antibacterials, Other - Antibiotics	NITROFUR MAC CAP 50MG	NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antibacterials, Other - Antibiotics	NITROFURANTN CAP 100MG	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	Tier 1				
Antibacterials, Other - Antibiotics	NORITATE CRE 1%	METRONIDAZOLE CREAM 1%	Tier 3			X	
Antibacterials, Other - Antibiotics	NUVESSA GEL 1.3%	METRONIDAZOLE VAGINAL GEL 1.3%	Tier 3				
Antibacterials, Other - Antibiotics	PHENOL LIQ	PHENOL LIQUID (BULK)	Tier 3				
Antibacterials, Other - Antibiotics	PHENOL LIQ 89%	PHENOL LIQUID (BULK)	Tier 3				
Antibacterials, Other - Antibiotics	PHENOL LIQ 89%	PHENOL LIQUID (BULK)	Tier 2				
Antibacterials, Other - Antibiotics	SILVADENE CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 3				
Antibacterials, Other - Antibiotics	SILVER NITRA SOL 0.5%	SILVER NITRATE SOLN 0.5%	Tier 1				
Antibacterials, Other - Antibiotics	SILVER SULFA CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 1				
Antibacterials, Other - Antibiotics	SIVEXTRO TAB 200MG	TEDIZOLID PHOSPHATE TAB 200 MG	Tier 3				
Antibacterials, Other - Antibiotics	SOLOSEC GRA 2GM	SECNIDAZOLE GRANULES PACKET 2 GM	Tier 3		X		
Antibacterials, Other - Antibiotics	SSD CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 1				
Antibacterials, Other - Antibiotics	SULFAMYLON CRE 85MG/GM	MAFENIDE ACETATE CREAM 85 MG/GM	Tier 3				
Antibacterials, Other - Antibiotics	TINIDAZOLE TAB 250MG	TINIDAZOLE TAB 250 MG	Tier 1				
Antibacterials, Other - Antibiotics	TINIDAZOLE TAB 500MG	TINIDAZOLE TAB 500 MG	Tier 1				
Antibacterials, Other - Antibiotics	TRIMETHOPRIM TAB 100MG	TRIMETHOPRIM TAB 100 MG	Tier 1				
Antibacterials, Other - Antibiotics	VANCOCIN CAP 125MG	VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)	Tier 3				
Antibacterials, Other - Antibiotics	VANCOCIN CAP 250MG	VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT)	Tier 3				
Antibacterials, Other - Antibiotics	VANCOMYCIN CAP 125MG	VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)	Tier 1				
Antibacterials, Other - Antibiotics	VANCOMYCIN CAP 250MG	VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT)	Tier 1				
Antibacterials, Other - Antibiotics	VANCOMYCIN SOL 250/5ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antibacterials, Other - Antibiotics	VANCOMYCIN SOL 25MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT)	Tier 1				
Antibacterials, Other - Antibiotics	VANCOMYCIN SOL 50MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	Tier 1				
Antibacterials, Other - Antibiotics	VANCOMYCIN SUS +SYRSPEN	VANCOMYCIN HCL ORAL SUSP 50 MG/ML (COMPOUND KIT)	Tier 3	X			
Antibacterials, Other - Antibiotics	VANDAZOLE GEL 0.75%	METRONIDAZOLE VAGINAL GEL 0.75%	Tier 3				
Antibacterials, Other - Antibiotics	XACIATO GEL 2%	CLINDAMYCIN PHOSPHATE VAGINAL GEL 2%	Tier 2				
Antibacterials, Other - Antibiotics	XENLETA TAB 600MG	LEFAMULIN ACETATE TAB 600 MG	Tier 3				
Antibacterials, Other - Antibiotics	ZYVOX SUS 100MG/5M	LINEZOLID FOR SUSP 100 MG/5ML	Tier 3				
Antibacterials, Other - Antibiotics	ZYVOX TAB 600MG	LINEZOLID TAB 600 MG	Tier 3			X	
Anticholinergics - Parkinson's Disease Drugs	BENZTROPINE TAB 0.5MG	BENZTROPINE MESYLATE TAB 0.5 MG	Tier 1				
Anticholinergics - Parkinson's Disease Drugs	BENZTROPINE TAB 1MG	BENZTROPINE MESYLATE TAB 1 MG	Tier 1				
Anticholinergics - Parkinson's Disease Drugs	BENZTROPINE TAB 2MG	BENZTROPINE MESYLATE TAB 2 MG	Tier 1				
Anticholinergics - Parkinson's Disease Drugs	TRIHEXYPHEN SOL 0.4MG/ML	TRIHEXYPHENIDYL HCL ORAL SOLN 0.4 MG/ML	Tier 1				
Anticholinergics - Parkinson's Disease Drugs	TRIHEXYPHEN TAB 2MG	TRIHEXYPHENIDYL HCL TAB 2 MG	Tier 1				
Anticholinergics - Parkinson's Disease Drugs	TRIHEXYPHEN TAB 5MG	TRIHEXYPHENIDYL HCL TAB 5 MG	Tier 1				
Anticoagulants - Blood Thinners	ANTICOAGULNT SOL SOD CITR	ANTICOAGULANT SODIUM CITRATE SOLN 4%	Tier 3				
Anticoagulants - Blood Thinners	ARIXTRA INJ 10/0.8ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML	Tier 3			X	
Anticoagulants - Blood Thinners	ARIXTRA INJ 2.5/0.5	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML	Tier 3			X	
Anticoagulants - Blood Thinners	ARIXTRA INJ 5/0.4ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML	Tier 3			X	
Anticoagulants - Blood Thinners	ARIXTRA INJ 7.5/0.6	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML	Tier 3			X	
Anticoagulants - Blood Thinners	DABIGATRAN CAP 110MG	DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ)	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anticoagulants - Blood Thinners	DABIGATRAN CAP 150MG	DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)	Tier 1		X		
Anticoagulants - Blood Thinners	DABIGATRAN CAP 75MG	DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)	Tier 1		X		
Anticoagulants - Blood Thinners	ELIQUIS TAB 2.5MG	APIXABAN TAB 2.5 MG	Tier 2		X		
Anticoagulants - Blood Thinners	ELIQUIS TAB 5MG	APIXABAN TAB 5 MG	Tier 2		X		
Anticoagulants - Blood Thinners	ELIQUIS ST P TAB 5MG	APIXABAN TAB STARTER PACK 5 MG	Tier 2		X		
Anticoagulants - Blood Thinners	ENOXAPARIN INJ 100MG/ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML	Tier 1				
Anticoagulants - Blood Thinners	ENOXAPARIN INJ 120/0.8	ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML	Tier 1				
Anticoagulants - Blood Thinners	ENOXAPARIN INJ 150MG/ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML	Tier 1				
Anticoagulants - Blood Thinners	ENOXAPARIN INJ 30/0.3ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML	Tier 1				
Anticoagulants - Blood Thinners	ENOXAPARIN INJ 300/3ML	ENOXAPARIN SODIUM INJ 300 MG/3ML	Tier 1				
Anticoagulants - Blood Thinners	ENOXAPARIN INJ 40/0.4ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML	Tier 1				
Anticoagulants - Blood Thinners	ENOXAPARIN INJ 60/0.6ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML	Tier 1				
Anticoagulants - Blood Thinners	ENOXAPARIN INJ 80/0.8ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	Tier 1				
Anticoagulants - Blood Thinners	ENOXAPARIN INJ 80MG/0.8	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	Tier 1				
Anticoagulants - Blood Thinners	FONDAPARINUX INJ 10/0.8ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML	Tier 1				
Anticoagulants - Blood Thinners	FONDAPARINUX INJ 2.5/0.5	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML	Tier 1				
Anticoagulants - Blood Thinners	FONDAPARINUX INJ 5/0.4ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML	Tier 1				
Anticoagulants - Blood Thinners	FONDAPARINUX INJ 7.5/0.6	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML	Tier 1				
Anticoagulants - Blood Thinners	FRAGMIN INJ 10000/ML	DALTEPARIN SODIUM SOLN PREFILLED SYR 10000 UNIT/ML	Tier 3				
Anticoagulants - Blood Thinners	FRAGMIN INJ 12500UNT	DALTEPARIN SODIUM SOLN PREFILLED SYR 12500 UNIT/0.5ML	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anticoagulants - Blood Thinners	FRAGMIN INJ 15000UNT	DALTEPARIN SODIUM SOLN PREFILLED SYR 15000 UNIT/0.6ML	Tier 3				
Anticoagulants - Blood Thinners	FRAGMIN INJ 18000UNT	DALTEPARIN SODIUM SOLN PREFILLED SYR 18000 UNIT/0.72ML	Tier 3				
Anticoagulants - Blood Thinners	FRAGMIN INJ 2500/0.2	DALTEPARIN SODIUM SOLN PREFILLED SYR 2500 UNIT/0.2ML	Tier 3				
Anticoagulants - Blood Thinners	FRAGMIN INJ 2500/ML	DALTEPARIN SODIUM SUBCUTANEOUS SOLN 10000 UNIT/4ML	Tier 3				
Anticoagulants - Blood Thinners	FRAGMIN INJ 5000/0.2	DALTEPARIN SODIUM SOLN PREFILLED SYR 5000 UNIT/0.2ML	Tier 3				
Anticoagulants - Blood Thinners	FRAGMIN INJ 7500/0.3	DALTEPARIN SODIUM SOLN PREFILLED SYR 7500 UNIT/0.3ML	Tier 3				
Anticoagulants - Blood Thinners	FRAGMIN INJ 95000UNT	DALTEPARIN SODIUM SUBCUTANEOUS SOLN 95000 UNIT/3.8ML	Tier 3				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 1000/ML	HEPARIN SODIUM (PORCINE) PF INJ 1000 UNIT/ML	Tier 1				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 1000/ML	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	Tier 1				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 10000/10	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	Tier 1				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 10000/ML	HEPARIN SODIUM (PORCINE) INJ 10000 UNIT/ML	Tier 1				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 2000/2ML	HEPARIN SODIUM (PORCINE) PF INJ 1000 UNIT/ML	Tier 1				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 20000/ML	HEPARIN SODIUM (PORCINE) INJ 20000 UNIT/ML	Tier 1				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 30000/30	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	Tier 1				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 5000/0.5	HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/0.5ML	Tier 1				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 5000/0.5	HEPARIN SODIUM (PORCINE) INJ SOLN PREF SYR 5000 UNIT/0.5ML	Tier 1				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 5000/ML	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	Tier 1				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 5000/ML	HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/ML	Tier 1				
Anticoagulants - Blood Thinners	HEPARIN SOD INJ 50000/10	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anticoagulants - Blood Thinners	JANTOVEN TAB 10MG	WARFARIN SODIUM TAB 10 MG	Tier 1				
Anticoagulants - Blood Thinners	JANTOVEN TAB 1MG	WARFARIN SODIUM TAB 1 MG	Tier 1				
Anticoagulants - Blood Thinners	JANTOVEN TAB 2.5MG	WARFARIN SODIUM TAB 2.5 MG	Tier 1				
Anticoagulants - Blood Thinners	JANTOVEN TAB 2MG	WARFARIN SODIUM TAB 2 MG	Tier 1				
Anticoagulants - Blood Thinners	JANTOVEN TAB 3MG	WARFARIN SODIUM TAB 3 MG	Tier 1				
Anticoagulants - Blood Thinners	JANTOVEN TAB 4MG	WARFARIN SODIUM TAB 4 MG	Tier 1				
Anticoagulants - Blood Thinners	JANTOVEN TAB 5MG	WARFARIN SODIUM TAB 5 MG	Tier 1				
Anticoagulants - Blood Thinners	JANTOVEN TAB 6MG	WARFARIN SODIUM TAB 6 MG	Tier 1				
Anticoagulants - Blood Thinners	JANTOVEN TAB 7.5MG	WARFARIN SODIUM TAB 7.5 MG	Tier 1				
Anticoagulants - Blood Thinners	LOVENOX INJ 100MG/ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML	Tier 3			X	
Anticoagulants - Blood Thinners	LOVENOX INJ 120/0.8	ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML	Tier 3			X	
Anticoagulants - Blood Thinners	LOVENOX INJ 150MG/ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML	Tier 3			X	
Anticoagulants - Blood Thinners	LOVENOX INJ 30/0.3ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML	Tier 3			X	
Anticoagulants - Blood Thinners	LOVENOX INJ 300/3ML	ENOXAPARIN SODIUM INJ 300 MG/3ML	Tier 3			X	
Anticoagulants - Blood Thinners	LOVENOX INJ 40/0.4ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML	Tier 3			X	
Anticoagulants - Blood Thinners	LOVENOX INJ 60/0.6ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML	Tier 3			X	
Anticoagulants - Blood Thinners	LOVENOX INJ 80/0.8ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	Tier 3			X	
Anticoagulants - Blood Thinners	NOCLOT-50 SOL ACD-A	ANTICOAGULANT CITRATE DEXTROSE SOLUTION A	Tier 3				
Anticoagulants - Blood Thinners	PRADAXA CAP 110MG	DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ)	Tier 3		X	X	
Anticoagulants - Blood Thinners	PRADAXA CAP 150MG	DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)	Tier 3		X	X	
Anticoagulants - Blood Thinners	PRADAXA CAP 75MG	DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)	Tier 3		X	X	
Anticoagulants - Blood Thinners	PRADAXA PAK 110MG	DABIGATRAN ETEXILATE MESYLATE PELLET PACK 110 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anticoagulants - Blood Thinners	PRADAXA PAK 150MG	DABIGATRAN ETEXILATE MESYLATE PELLET PACK 150 MG	Tier 3		X		
Anticoagulants - Blood Thinners	PRADAXA PAK 20MG	DABIGATRAN ETEXILATE MESYLATE PELLET PACK 20 MG	Tier 3		X		
Anticoagulants - Blood Thinners	PRADAXA PAK 30MG	DABIGATRAN ETEXILATE MESYLATE PELLET PACK 30 MG	Tier 3		X		
Anticoagulants - Blood Thinners	PRADAXA PAK 40MG	DABIGATRAN ETEXILATE MESYLATE PELLET PACK 40 MG	Tier 3		X		
Anticoagulants - Blood Thinners	PRADAXA PAK 50MG	DABIGATRAN ETEXILATE MESYLATE PELLET PACK 50 MG	Tier 3		X		
Anticoagulants - Blood Thinners	RIVAROXABAN TAB 2.5MG	RIVAROXABAN TAB 2.5 MG	Tier 1		X		
Anticoagulants - Blood Thinners	SAVAYSA TAB 15MG	EDOXABAN TOSYLATE TAB 15 MG (BASE EQUIVALENT)	Tier 3		X	X	
Anticoagulants - Blood Thinners	SAVAYSA TAB 30MG	EDOXABAN TOSYLATE TAB 30 MG (BASE EQUIVALENT)	Tier 3		X	X	
Anticoagulants - Blood Thinners	SAVAYSA TAB 60MG	EDOXABAN TOSYLATE TAB 60 MG (BASE EQUIVALENT)	Tier 3		X	X	
Anticoagulants - Blood Thinners	TRICITRASOL CON	ANTICOAGULANT SODIUM CITRATE CONCENTRATE 46.7%	Tier 3				
Anticoagulants - Blood Thinners	WARFARIN TAB 10MG	WARFARIN SODIUM TAB 10 MG	Tier 1				
Anticoagulants - Blood Thinners	WARFARIN TAB 1MG	WARFARIN SODIUM TAB 1 MG	Tier 1				
Anticoagulants - Blood Thinners	WARFARIN TAB 2.5MG	WARFARIN SODIUM TAB 2.5 MG	Tier 1				
Anticoagulants - Blood Thinners	WARFARIN TAB 2MG	WARFARIN SODIUM TAB 2 MG	Tier 1				
Anticoagulants - Blood Thinners	WARFARIN TAB 3MG	WARFARIN SODIUM TAB 3 MG	Tier 1				
Anticoagulants - Blood Thinners	WARFARIN TAB 4MG	WARFARIN SODIUM TAB 4 MG	Tier 1				
Anticoagulants - Blood Thinners	WARFARIN TAB 5MG	WARFARIN SODIUM TAB 5 MG	Tier 1				
Anticoagulants - Blood Thinners	WARFARIN TAB 6MG	WARFARIN SODIUM TAB 6 MG	Tier 1				
Anticoagulants - Blood Thinners	WARFARIN TAB 7.5MG	WARFARIN SODIUM TAB 7.5 MG	Tier 1				
Anticoagulants - Blood Thinners	XARELTO SUS 1MG/ML	RIVAROXABAN FOR SUSP 1 MG/ML	Tier 2		X		
Anticoagulants - Blood Thinners	XARELTO TAB 10MG	RIVAROXABAN TAB 10 MG	Tier 2		X		
Anticoagulants - Blood Thinners	XARELTO TAB 15MG	RIVAROXABAN TAB 15 MG	Tier 2		X		
Anticoagulants - Blood Thinners	XARELTO TAB 2.5MG	RIVAROXABAN TAB 2.5 MG	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anticoagulants - Blood Thinners	XARELTO TAB 20MG	RIVAROXABAN TAB 20 MG	Tier 2		X		
Anticoagulants - Blood Thinners	XARELTO STAR TAB 15/20MG	RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG	Tier 2		X		
Anticonvulsants, Other	DIACOMIT CAP 250MG	STIRIPENTOL CAP 250 MG	Tier 3	X			X
Anticonvulsants, Other	DIACOMIT CAP 500MG	STIRIPENTOL CAP 500 MG	Tier 3	X			X
Anticonvulsants, Other	DIACOMIT PAK 250MG	STIRIPENTOL PACKET 250 MG	Tier 3	X			X
Anticonvulsants, Other	DIACOMIT PAK 500MG	STIRIPENTOL PACKET 500 MG	Tier 3	X			X
Anticonvulsants, Other	ZTALMY SUS 50MG/ML	GANAXOLONE SUSP 50 MG/ML	Tier 3				X
Anticonvulsants, Other - Seizure Control Drugs	BRIVIACT SOL 10MG/ML	BRIVARACETAM ORAL SOLN 10 MG/ML	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	BRIVIACT TAB 100MG	BRIVARACETAM TAB 100 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	BRIVIACT TAB 10MG	BRIVARACETAM TAB 10 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	BRIVIACT TAB 25MG	BRIVARACETAM TAB 25 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	BRIVIACT TAB 50MG	BRIVARACETAM TAB 50 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	BRIVIACT TAB 75MG	BRIVARACETAM TAB 75 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	ELEPSIA XR TAB 1000MG	LEVETIRACETAM TAB ER 24HR 1000 MG	Tier 3	X		X	
Anticonvulsants, Other - Seizure Control Drugs	ELEPSIA XR TAB 1500MG	LEVETIRACETAM TAB ER 24HR 1500 MG	Tier 3	X		X	
Anticonvulsants, Other - Seizure Control Drugs	EPIDIOLEX SOL 100MG/ML	CANNABIDIOL SOLN 100 MG/ML	Tier 3	X			X
Anticonvulsants, Other - Seizure Control Drugs	FINTEPLA SOL 2.2MG/ML	FENFLURAMINE HCL ORAL SOLN 2.2 MG/ML	Tier 3	X			X
Anticonvulsants, Other - Seizure Control Drugs	KEPPRA SOL 100MG/ML	LEVETIRACETAM ORAL SOLN 100 MG/ML	Tier 3				
Anticonvulsants, Other - Seizure Control Drugs	KEPPRA TAB 1000MG	LEVETIRACETAM TAB 1000 MG	Tier 3				
Anticonvulsants, Other - Seizure Control Drugs	KEPPRA TAB 250MG	LEVETIRACETAM TAB 250 MG	Tier 3				
Anticonvulsants, Other - Seizure Control Drugs	KEPPRA TAB 500MG	LEVETIRACETAM TAB 500 MG	Tier 3				
Anticonvulsants, Other - Seizure Control Drugs	KEPPRA TAB 750MG	LEVETIRACETAM TAB 750 MG	Tier 3				
Anticonvulsants, Other - Seizure Control Drugs	KEPPRA XR TAB 500MG	LEVETIRACETAM TAB ER 24HR 500 MG	Tier 3				
Anticonvulsants, Other - Seizure Control Drugs	KEPPRA XR TAB 750MG	LEVETIRACETAM TAB ER 24HR 750 MG	Tier 3				
Anticonvulsants, Other - Seizure Control Drugs	LEVETIRACETA SOL 100MG/ML	LEVETIRACETAM ORAL SOLN 100 MG/ML	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	LEVETIRACETA SOL 500/5ML	LEVETIRACETAM ORAL SOLN 100 MG/ML	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anticonvulsants, Other - Seizure Control Drugs	LEVETIRACETA TAB 1000MG	LEVETIRACETAM TAB 1000 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	LEVETIRACETA TAB 250MG	LEVETIRACETAM TAB 250 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	LEVETIRACETA TAB 250MG	LEVETIRACETAM TAB DISINTEGRATING SOLUBLE 250 MG	Tier 3				
Anticonvulsants, Other - Seizure Control Drugs	LEVETIRACETA TAB 500MG	LEVETIRACETAM TAB 500 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	LEVETIRACETA TAB 500MG ER	LEVETIRACETAM TAB ER 24HR 500 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	LEVETIRACETA TAB 750MG	LEVETIRACETAM TAB 750 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	LEVETIRACETA TAB 750MG ER	LEVETIRACETAM TAB ER 24HR 750 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	NAYZILAM SPR 5MG	MIDAZOLAM NASAL SPRAY SOLN 5 MG/0.1 ML	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	PHENOBARB ELX 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG/5ML	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	PHENOBARB SOL 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG/5ML	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	PHENOBARB TAB 100MG	PHENOBARBITAL TAB 100 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	PHENOBARB TAB 15MG	PHENOBARBITAL TAB 15 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	PHENOBARB TAB 16.2MG	PHENOBARBITAL TAB 16.2 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	PHENOBARB TAB 30MG	PHENOBARBITAL TAB 30 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	PHENOBARB TAB 32.4MG	PHENOBARBITAL TAB 32.4 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	PHENOBARB TAB 60MG	PHENOBARBITAL TAB 60 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	PHENOBARB TAB 64.8MG	PHENOBARBITAL TAB 64.8 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	PHENOBARB TAB 97.2MG	PHENOBARBITAL TAB 97.2 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	ROWEEPRA TAB 500MG	LEVETIRACETAM TAB 500 MG	Tier 1				
Anticonvulsants, Other - Seizure Control Drugs	SPRITAM TAB 1000MG	LEVETIRACETAM TAB DISINTEGRATING SOLUBLE 1000 MG	Tier 3				
Anticonvulsants, Other - Seizure Control Drugs	SPRITAM TAB 250MG	LEVETIRACETAM TAB DISINTEGRATING SOLUBLE 250 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anticonvulsants, Other - Seizure Control Drugs	SPRITAM TAB 500MG	LEVETIRACETAM TAB DISINTEGRATING SOLUBLE 500 MG	Tier 3				
Anticonvulsants, Other - Seizure Control Drugs	SPRITAM TAB 750MG	LEVETIRACETAM TAB DISINTEGRATING SOLUBLE 750 MG	Tier 3				
Anticonvulsants, Other - Seizure Control Drugs	XCOPRI PAK 100-150	CENOBAMATE TAB PACK 100 MG & 150 MG TABS (250 MG DAILY DOSE)	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	XCOPRI PAK 12.5-25	CENOBAMATE TAB TITRATION PACK 14 X 12.5 MG & 14 X 25 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	XCOPRI PAK 150-200	CENOBAMATE TAB PACK 150 MG & 200 MG TABS (350 MG DAILY DOSE)	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	XCOPRI PAK 150-200	CENOBAMATE TAB TITRATION PACK 14 X 150 MG & 14 X 200 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	XCOPRI PAK 50-100MG	CENOBAMATE TAB TITRATION PACK 14 X 50 MG & 14 X 100 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	XCOPRI TAB 100MG	CENOBAMATE TAB 100 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	XCOPRI TAB 150MG	CENOBAMATE TAB 150 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	XCOPRI TAB 200MG	CENOBAMATE TAB 200 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	XCOPRI TAB 25MG	CENOBAMATE TAB 25 MG	Tier 3	X			
Anticonvulsants, Other - Seizure Control Drugs	XCOPRI TAB 50MG	CENOBAMATE TAB 50 MG	Tier 3	X			
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	LIVTENCITY TAB 200MG	MARIBAVIR TAB 200 MG	Tier 3	X	X		X
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	PREVYMIS PAK 120MG	LETERMOVIR PELLET PACK 120 MG	Tier 2	X			
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	PREVYMIS PAK 20MG	LETERMOVIR PELLET PACK 20 MG	Tier 2	X			
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	PREVYMIS TAB 240MG	LETERMOVIR TAB 240 MG	Tier 2	X			
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	PREVYMIS TAB 480MG	LETERMOVIR TAB 480 MG	Tier 2	X			
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	VALCYTE SOL 50MG/ML	VALGANCICLOVIR HCL FOR SOLN 50 MG/ML (BASE EQUIV)	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	VALCYTE TAB 450MG	VALGANCICLOVIR HCL TAB 450 MG (BASE EQUIVALENT)	Tier 3			X	
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	VALGANCICLOV SOL 50MG/ML	VALGANCICLOVIR HCL FOR SOLN 50 MG/ML (BASE EQUIV)	Tier 1				
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	VALGANCICLOV TAB 450MG	VALGANCICLOVIR HCL TAB 450 MG (BASE EQUIVALENT)	Tier 1				
Antidepressants, Other	AUVELITY TAB 45-105MG	DEXTROMETHORPHAN HBR-BUPROPION HCL TAB ER 45-105 MG	Tier 3		X		
Antidepressants, Other	ZURZUVAE CAP 20MG	ZURANOLONE CAP 20 MG	Tier 2	X	X		X
Antidepressants, Other	ZURZUVAE CAP 25MG	ZURANOLONE CAP 25 MG	Tier 2	X	X		X
Antidepressants, Other	ZURZUVAE CAP 30MG	ZURANOLONE CAP 30 MG	Tier 2	X	X		X
Antidepressants, Other - Antidepressants	APLENZIN TAB 174MG	BUPROPION HBR TAB ER 24HR 174 MG	Tier 3		X	X	
Antidepressants, Other - Antidepressants	APLENZIN TAB 348MG	BUPROPION HBR TAB ER 24HR 348 MG	Tier 3		X	X	
Antidepressants, Other - Antidepressants	APLENZIN TAB 522MG	BUPROPION HBR TAB ER 24HR 522 MG	Tier 3		X	X	
Antidepressants, Other - Antidepressants	BUPROPION TAB 100MG	BUPROPION HCL TAB 100 MG	Tier 1				
Antidepressants, Other - Antidepressants	BUPROPION TAB 100MG SR	BUPROPION HCL TAB ER 12HR 100 MG	Tier 1				
Antidepressants, Other - Antidepressants	BUPROPION TAB 150MG SR	BUPROPION HCL TAB ER 12HR 150 MG	Tier 1				
Antidepressants, Other - Antidepressants	BUPROPION TAB 150MG XL	BUPROPION HCL TAB ER 24HR 150 MG	Tier 1				
Antidepressants, Other - Antidepressants	BUPROPION TAB 200MG SR	BUPROPION HCL TAB ER 12HR 200 MG	Tier 1				
Antidepressants, Other - Antidepressants	BUPROPION TAB 300MG XL	BUPROPION HCL TAB ER 24HR 300 MG	Tier 1				
Antidepressants, Other - Antidepressants	BUPROPION TAB 450MG XL	BUPROPION HCL TAB ER 24HR 450 MG	Tier 3		X		
Antidepressants, Other - Antidepressants	BUPROPION TAB 75MG	BUPROPION HCL TAB 75 MG	Tier 1				
Antidepressants, Other - Antidepressants	FORFIVO XL TAB 450MG	BUPROPION HCL TAB ER 24HR 450 MG	Tier 3		X		
Antidepressants, Other - Antidepressants	MIRTAZAPINE TAB 15MG	MIRTAZAPINE TAB 15 MG	Tier 1				
Antidepressants, Other - Antidepressants	MIRTAZAPINE TAB 15MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG	Tier 1				
Antidepressants, Other - Antidepressants	MIRTAZAPINE TAB 30MG	MIRTAZAPINE TAB 30 MG	Tier 1				
Antidepressants, Other - Antidepressants	MIRTAZAPINE TAB 30MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antidepressants, Other - Antidepressants	MIRTAZAPINE TAB 45MG	MIRTAZAPINE TAB 45 MG	Tier 1				
Antidepressants, Other - Antidepressants	MIRTAZAPINE TAB 45MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG	Tier 1				
Antidepressants, Other - Antidepressants	MIRTAZAPINE TAB 7.5MG	MIRTAZAPINE TAB 7.5 MG	Tier 1				
Antidepressants, Other - Antidepressants	REMERON TAB 15MG	MIRTAZAPINE TAB 15 MG	Tier 3			X	
Antidepressants, Other - Antidepressants	REMERON TAB 30MG	MIRTAZAPINE TAB 30 MG	Tier 3			X	
Antidepressants, Other - Antidepressants	REMERON SLTB TAB 15MG	MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG	Tier 3			X	
Antidepressants, Other - Antidepressants	REMERON SLTB TAB 30MG	MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG	Tier 3			X	
Antidepressants, Other - Antidepressants	SPRAVATO SOL 56MG DOS	ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 2 (56 MG DOSE PACK)	Tier 3	X	X		X
Antidepressants, Other - Antidepressants	SPRAVATO SOL 84MG DOS	ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 3 (84 MG DOSE PACK)	Tier 3	X	X		X
Antidepressants, Other - Antidepressants	WELLBUTRIN TAB 100MG SR	BUPROPION HCL TAB ER 12HR 100 MG	Tier 3			X	
Antidepressants, Other - Antidepressants	WELLBUTRIN TAB 150MG SR	BUPROPION HCL TAB ER 12HR 150 MG	Tier 3			X	
Antidepressants, Other - Antidepressants	WELLBUTRIN TAB 200MG SR	BUPROPION HCL TAB ER 12HR 200 MG	Tier 3			X	
Antidepressants, Other - Antidepressants	WELLBUTRIN TAB XL 150MG	BUPROPION HCL TAB ER 24HR 150 MG	Tier 3			X	
Antidepressants, Other - Antidepressants	WELLBUTRIN TAB XL 300MG	BUPROPION HCL TAB ER 24HR 300 MG	Tier 3			X	
Antidiabetic Agents	BEXAGLIFLOZN TAB 20MG	BEXAGLIFLOZIN TAB 20 MG	Tier 3		X	X	
Antidiabetic Agents	BRENZAVVY TAB 20MG	BEXAGLIFLOZIN TAB 20 MG	Tier 3	X	X	X	
Antidiabetic Agents	SITAG/METFOR TAB 50-1000	SITAGLIPTIN FREE BASE-METFORMIN HCL TAB 50-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents	SITAG/METFOR TAB 50-500MG	SITAGLIPTIN FREE BASE-METFORMIN HCL TAB 50-500 MG	Tier 3	X	X	X	
Antidiabetic Agents	SITAGLIPTIN TAB 100MG	SITAGLIPTIN TAB 100 MG	Tier 3	X	X	X	
Antidiabetic Agents	SITAGLIPTIN TAB 25MG	SITAGLIPTIN TAB 25 MG	Tier 3	X	X	X	
Antidiabetic Agents	SITAGLIPTIN TAB 50MG	SITAGLIPTIN TAB 50 MG	Tier 3	X	X	X	
Antidiabetic Agents	ZITUVIMET TAB 50-1000	SITAGLIPTIN FREE BASE-METFORMIN HCL TAB 50-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents	ZITUVIMET TAB 50-500MG	SITAGLIPTIN FREE BASE-METFORMIN HCL TAB 50-500 MG	Tier 3	X	X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antidiabetic Agents	ZITUVIMET XR TAB 100-1000	SITAGLIPTIN FREE BASE-METFORMIN HCL TAB ER 24HR 100-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents	ZITUVIMET XR TAB 50-1000	SITAGLIPTIN FREE BASE-METFORMIN HCL TAB ER 24HR 50-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents	ZITUVIMET XR TAB 50-500MG	SITAGLIPTIN FREE BASE-METFORMIN HCL TAB ER 24HR 50-500 MG	Tier 3	X	X	X	
Antidiabetic Agents	ZITUVIO TAB 100MG	SITAGLIPTIN TAB 100 MG	Tier 3	X	X	X	
Antidiabetic Agents	ZITUVIO TAB 25MG	SITAGLIPTIN TAB 25 MG	Tier 3	X	X	X	
Antidiabetic Agents	ZITUVIO TAB 50MG	SITAGLIPTIN TAB 50 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	ACARBOSE TAB 100MG	ACARBOSE TAB 100 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	ACARBOSE TAB 25MG	ACARBOSE TAB 25 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	ACARBOSE TAB 50MG	ACARBOSE TAB 50 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	ACTOPLUS MET TAB 15-850MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	ACTOS TAB 15MG	PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	ACTOS TAB 30MG	PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	ACTOS TAB 45MG	PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV)	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	ALOG/PIOGLIT TAB 12.5-30	ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	ALOG/PIOGLIT TAB 25-15MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	ALOG/PIOGLIT TAB 25-30MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	ALOG/PIOGLIT TAB 25-45MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	ALOGLIPTIN TAB 12.5MG	ALOGLIPTIN BENZOATE TAB 12.5 MG (BASE EQUIV)	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	ALOGLIPTIN TAB 25MG	ALOGLIPTIN BENZOATE TAB 25 MG (BASE EQUIV)	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	ALOGLIPTIN TAB 6.25MG	ALOGLIPTIN BENZOATE TAB 6.25 MG (BASE EQUIV)	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	ALOGLIPTIN/ TAB METFORM	ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG	Tier 2		X	X	
Antidiabetic Agents - Diabetic Drugs	ALOGLIPTIN/ TAB METFORM	ALOGLIPTIN-METFORMIN HCL TAB 12.5-1000 MG	Tier 2		X	X	
Antidiabetic Agents - Diabetic Drugs	AMARYL TAB 1MG	GLIMEPIRIDE TAB 1 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antidiabetic Agents - Diabetic Drugs	AMARYL TAB 2MG	GLIMEPIRIDE TAB 2 MG	Tier 3			X	
Antidiabetic Agents - Diabetic Drugs	AMARYL TAB 4MG	GLIMEPIRIDE TAB 4 MG	Tier 3			X	
Antidiabetic Agents - Diabetic Drugs	BYDUREON BC INJ 2/0.85ML	EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	BYETTA INJ 10MCG	EXENATIDE SOLN PEN-INJECTOR 10 MCG/0.04ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	BYETTA INJ 5MCG	EXENATIDE SOLN PEN-INJECTOR 5 MCG/0.02ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	CYCLOSET TAB 0.8MG	BROMOCRIPTINE MESYLATE TAB 0.8 MG (BASE EQUIVALENT)	Tier 3				
Antidiabetic Agents - Diabetic Drugs	DAPAGLIFLOZI TAB 10MG	DAPAGLIFLOZIN PROPANEDIOL TAB 10 MG (BASE EQUIVALENT)	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	DAPAGLIFLOZI TAB 5MG	DAPAGLIFLOZIN PROPANEDIOL TAB 5 MG (BASE EQUIVALENT)	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	DAPAGLIF-MET TAB 10-1000	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-1000 MG	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	DAPAGLIF-MET TAB 5-1000MG	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	DUETACT TAB 30-2MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	DUETACT TAB 30-4MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	EXENATIDE INJ 10MCG	EXENATIDE SOLN PEN-INJECTOR 10 MCG/0.04ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	FARXIGA TAB 10MG	DAPAGLIFLOZIN PROPANEDIOL TAB 10 MG (BASE EQUIVALENT)	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	FARXIGA TAB 5MG	DAPAGLIFLOZIN PROPANEDIOL TAB 5 MG (BASE EQUIVALENT)	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	GLIMEPIRIDE TAB 1MG	GLIMEPIRIDE TAB 1 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIMEPIRIDE TAB 2MG	GLIMEPIRIDE TAB 2 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIMEPIRIDE TAB 3MG	GLIMEPIRIDE TAB 3 MG	Tier 1			X	
Antidiabetic Agents - Diabetic Drugs	GLIMEPIRIDE TAB 4MG	GLIMEPIRIDE TAB 4 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIP/METFORM TAB 2.5-250	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIP/METFORM TAB 2.5-250M	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIP/METFORM TAB 2.5-500	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antidiabetic Agents - Diabetic Drugs	GLIP/METFORM TAB 2.5-500M	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIP/METFORM TAB 5-500MG	GLIPIZIDE-METFORMIN HCL TAB 5-500 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIPIZIDE TAB 10MG	GLIPIZIDE TAB 10 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIPIZIDE TAB 2.5MG	GLIPIZIDE TAB 2.5 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIPIZIDE TAB 5MG	GLIPIZIDE TAB 5 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIPIZIDE ER TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIPIZIDE ER TAB 2.5MG	GLIPIZIDE TAB ER 24HR 2.5 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIPIZIDE ER TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIPIZIDE XL TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIPIZIDE XL TAB 2.5MG	GLIPIZIDE TAB ER 24HR 2.5 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLIPIZIDE XL TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLUCOTROL XL TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	Tier 3				
Antidiabetic Agents - Diabetic Drugs	GLUCOTROL XL TAB 2.5MG	GLIPIZIDE TAB ER 24HR 2.5 MG	Tier 3				
Antidiabetic Agents - Diabetic Drugs	GLUCOTROL XL TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	Tier 3				
Antidiabetic Agents - Diabetic Drugs	GLUMETZA TAB 1000MG	METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 1000 MG	Tier 3			X	
Antidiabetic Agents - Diabetic Drugs	GLUMETZA TAB 500MG	METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 500 MG	Tier 3			X	
Antidiabetic Agents - Diabetic Drugs	GLYB/METFORM TAB 1.25-250	GLYBURIDE-METFORMIN TAB 1.25-250 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLYB/METFORM TAB 2.5-500	GLYBURIDE-METFORMIN TAB 2.5-500 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLYB/METFORM TAB 5-500MG	GLYBURIDE-METFORMIN TAB 5-500 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLYBURID MCR TAB 1.5MG	GLYBURIDE MICRONIZED TAB 1.5 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLYBURID MCR TAB 3MG	GLYBURIDE MICRONIZED TAB 3 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLYBURID MCR TAB 6MG	GLYBURIDE MICRONIZED TAB 6 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLYBURIDE TAB 1.25MG	GLYBURIDE TAB 1.25 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antidiabetic Agents - Diabetic Drugs	GLYBURIDE TAB 2.5MG	GLYBURIDE TAB 2.5 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLYBURIDE TAB 5MG	GLYBURIDE TAB 5 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	GLYNASE TAB 1.5MG	GLYBURIDE MICRONIZED TAB 1.5 MG	Tier 3				
Antidiabetic Agents - Diabetic Drugs	GLYNASE TAB 3MG	GLYBURIDE MICRONIZED TAB 3 MG	Tier 3				
Antidiabetic Agents - Diabetic Drugs	GLYNASE TAB 6MG	GLYBURIDE MICRONIZED TAB 6 MG	Tier 3				
Antidiabetic Agents - Diabetic Drugs	GLYXAMBI TAB 10-5 MG	EMPAGLIFLOZIN-LINAGLIPTIN TAB 10-5 MG	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	GLYXAMBI TAB 25-5 MG	EMPAGLIFLOZIN-LINAGLIPTIN TAB 25-5 MG	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	INVOKAMET TAB 150-1000	CANAGLIFLOZIN-METFORMIN HCL TAB 150-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	INVOKAMET TAB 150-500	CANAGLIFLOZIN-METFORMIN HCL TAB 150-500 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	INVOKAMET TAB 50-1000	CANAGLIFLOZIN-METFORMIN HCL TAB 50-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	INVOKAMET TAB 50-500MG	CANAGLIFLOZIN-METFORMIN HCL TAB 50-500 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	INVOKAMET XR TAB 150-1000	CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 150-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	INVOKAMET XR TAB 150-500	CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 150-500 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	INVOKAMET XR TAB 50-1000	CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 50-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	INVOKAMET XR TAB 50-500MG	CANAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 50-500 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	INVOKANA TAB 100MG	CANAGLIFLOZIN TAB 100 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	INVOKANA TAB 300MG	CANAGLIFLOZIN TAB 300 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	JANUMET TAB 50-1000	SITAGLIPTIN-METFORMIN HCL TAB 50-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	JANUMET TAB 50-500MG	SITAGLIPTIN-METFORMIN HCL TAB 50-500 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	JANUMET XR TAB 100-1000	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 100-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	JANUMET XR TAB 50-1000	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	JANUMET XR TAB 50-500MG	SITAGLIPTIN-METFORMIN HCL TAB ER 24HR 50-500 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	JANUVIA TAB 100MG	SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	Tier 3	X	X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antidiabetic Agents - Diabetic Drugs	JANUVIA TAB 25MG	SITAGLIPTIN PHOSPHATE TAB 25 MG (BASE EQUIV)	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	JANUVIA TAB 50MG	SITAGLIPTIN PHOSPHATE TAB 50 MG (BASE EQUIV)	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	JARDIANCE TAB 10MG	EMPAGLIFLOZIN TAB 10 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	JARDIANCE TAB 25MG	EMPAGLIFLOZIN TAB 25 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	JENTADUETO TAB 2.5-1000	LINAGLIPTIN-METFORMIN HCL TAB 2.5-1000 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	JENTADUETO TAB 2.5-500	LINAGLIPTIN-METFORMIN HCL TAB 2.5-500 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	JENTADUETO TAB 2.5-850	LINAGLIPTIN-METFORMIN HCL TAB 2.5-850 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	JENTADUETO TAB XR	LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	JENTADUETO TAB XR	LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	KAZANO 12.5- TAB 1000MG	ALOGLIPTIN-METFORMIN HCL TAB 12.5-1000 MG	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	KAZANO 12.5- TAB 500MG	ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	KOMBIGLYZ XR TAB 2.5-1000	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	KOMBIGLYZ XR TAB 5-1000MG	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	KOMBIGLYZ XR TAB 5-500MG	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	LIRAGLUTIDE INJ 18MG/3ML	LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML)	Tier 1	X			
Antidiabetic Agents - Diabetic Drugs	METFORMIN SOL 500/5ML	METFORMIN HCL ORAL SOLN 500 MG/5ML	Tier 1				
Antidiabetic Agents - Diabetic Drugs	METFORMIN TAB 1000MG	METFORMIN HCL TAB 1000 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	METFORMIN TAB 500MG	METFORMIN HCL TAB 500 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	METFORMIN TAB 500MG ER	METFORMIN HCL TAB ER 24HR 500 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	METFORMIN TAB 625MG	METFORMIN HCL TAB 625 MG	Tier 1			X	
Antidiabetic Agents - Diabetic Drugs	METFORMIN TAB 750MG	METFORMIN HCL TAB 750 MG	Tier 1			X	
Antidiabetic Agents - Diabetic Drugs	METFORMIN TAB 750MG ER	METFORMIN HCL TAB ER 24HR 750 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	METFORMIN TAB 850MG	METFORMIN HCL TAB 850 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antidiabetic Agents - Diabetic Drugs	METFORMN MOD TAB 1000 ER	METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 1000 MG	Tier 1			X	
Antidiabetic Agents - Diabetic Drugs	METFORMN MOD TAB 500MG ER	METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 500 MG	Tier 1			X	
Antidiabetic Agents - Diabetic Drugs	METFORMN OSM TAB 1000 ER	METFORMIN HCL TAB ER 24HR OSMOTIC 1000 MG	Tier 1			X	
Antidiabetic Agents - Diabetic Drugs	METFORMN OSM TAB 500MG ER	METFORMIN HCL TAB ER 24HR OSMOTIC 500 MG	Tier 1			X	
Antidiabetic Agents - Diabetic Drugs	MIGLITOL TAB 100MG	MIGLITOL TAB 100 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	MIGLITOL TAB 25MG	MIGLITOL TAB 25 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	MIGLITOL TAB 50MG	MIGLITOL TAB 50 MG	Tier 1				
Antidiabetic Agents - Diabetic Drugs	MOUNJARO INJ 10MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 10 MG/0.5ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	MOUNJARO INJ 12.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 12.5 MG/0.5ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	MOUNJARO INJ 15MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 15 MG/0.5ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	MOUNJARO INJ 2.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 2.5 MG/0.5ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	MOUNJARO INJ 5MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 5 MG/0.5ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	MOUNJARO INJ 7.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 7.5 MG/0.5ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	NATEGLINIDE TAB 120MG	NATEGLINIDE TAB 120 MG	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	NATEGLINIDE TAB 60MG	NATEGLINIDE TAB 60 MG	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	NESINA TAB 12.5MG	ALOGLIPTIN BENZOATE TAB 12.5 MG (BASE EQUIV)	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	NESINA TAB 25MG	ALOGLIPTIN BENZOATE TAB 25 MG (BASE EQUIV)	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	NESINA TAB 6.25MG	ALOGLIPTIN BENZOATE TAB 6.25 MG (BASE EQUIV)	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	ONGLYZA TAB 2.5MG	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	ONGLYZA TAB 5MG	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)	Tier 3		X	X	
Antidiabetic Agents - Diabetic Drugs	OSENI TAB 12.5-30	ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	OSENI TAB 25-15MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	OSENI TAB 25-30MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antidiabetic Agents - Diabetic Drugs	OSENI TAB 25-45MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	OZEMPIC INJ 2MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/3ML)	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	OZEMPIC INJ 4MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (4 MG/3ML)	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	OZEMPIC INJ 8MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 2 MG/DOSE (8 MG/3ML)	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	PIOGLIT/GLIM TAB 30-2MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	PIOGLIT/GLIM TAB 30-4MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	PIOGLITA/MET TAB 15-500MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-500 MG	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	PIOGLITA/MET TAB 15-850MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	PIOGLITAZONE TAB 15MG	PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	PIOGLITAZONE TAB 30MG	PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	PIOGLITAZONE TAB 45MG	PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV)	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	QTERN TAB 10-5MG	DAPAGLIFLOZIN-SAXAGLIPTIN TAB 10-5 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	QTERN TAB 5-5MG	DAPAGLIFLOZIN-SAXAGLIPTIN TAB 5-5 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	REPAGLINIDE TAB 0.5MG	REPAGLINIDE TAB 0.5 MG	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	REPAGLINIDE TAB 1MG	REPAGLINIDE TAB 1 MG	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	REPAGLINIDE TAB 2MG	REPAGLINIDE TAB 2 MG	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	RIOMET SOL 500/5ML	METFORMIN HCL ORAL SOLN 500 MG/5ML	Tier 3			X	
Antidiabetic Agents - Diabetic Drugs	RYBELSUS TAB 14MG	SEMAGLUTIDE TAB 14 MG	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	RYBELSUS TAB 3MG	SEMAGLUTIDE TAB 3 MG	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	RYBELSUS TAB 7MG	SEMAGLUTIDE TAB 7 MG	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	SAXA/METFOR TAB 2.5-1000	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	SAXA/METFOR TAB 5-1000MG	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	SAXA/METFOR TAB 5-500MG	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antidiabetic Agents - Diabetic Drugs	SAXAGLIPTIN TAB 2.5MG	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	SAXAGLIPTIN TAB 5MG	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)	Tier 1		X		
Antidiabetic Agents - Diabetic Drugs	SEGLUROMET TAB 2.5-1000	ERTUGLIFLOZIN-METFORMIN HCL TAB 2.5-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	SEGLUROMET TAB 2.5-500	ERTUGLIFLOZIN-METFORMIN HCL TAB 2.5-500 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	SEGLUROMET TAB 7.5-1000	ERTUGLIFLOZIN-METFORMIN HCL TAB 7.5-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	SEGLUROMET TAB 7.5-500	ERTUGLIFLOZIN-METFORMIN HCL TAB 7.5-500 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	STEGLATRO TAB 15MG	ERTUGLIFLOZIN L-PYROGLUTAMIC ACID TAB 15 MG (BASE EQUIV)	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	STEGLATRO TAB 5MG	ERTUGLIFLOZIN L-PYROGLUTAMIC ACID TAB 5 MG (BASE EQUIV)	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	STEGLUJAN TAB 15-100MG	ERTUGLIFLOZIN-SITAGLIPTIN TAB 15-100 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	STEGLUJAN TAB 5-100MG	ERTUGLIFLOZIN-SITAGLIPTIN TAB 5-100 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	SYMLINPEN 60 INJ 1000MCG	PRAMLINTIDE ACETATE PEN-INJ 1500 MCG/1.5ML (1000 MCG/ML)	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	SYMLNPEN 120 INJ 1000MCG	PRAMLINTIDE ACETATE PEN-INJ 2700 MCG/2.7ML (1000 MCG/ML)	Tier 3		X		
Antidiabetic Agents - Diabetic Drugs	SYNJARDY TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	SYNJARDY TAB 12.5-500	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	SYNJARDY TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	SYNJARDY TAB 5-500MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	SYNJARDY XR TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	SYNJARDY XR TAB 10-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	SYNJARDY XR TAB 25-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	SYNJARDY XR TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	TRADJENTA TAB 5MG	LINAGLIPTIN TAB 5 MG	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antidiabetic Agents - Diabetic Drugs	TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 10-5-1000 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIP-METFORMIN TAB ER 24HR 12.5-2.5-1000MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 25-5-1000 MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 5-2.5-1000MG	Tier 2		X		
Antidiabetic Agents - Diabetic Drugs	TRULICITY INJ 0.75/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 0.75 MG/0.5ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	TRULICITY INJ 1.5/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 1.5 MG/0.5ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	TRULICITY INJ 3/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 3 MG/0.5ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	TRULICITY INJ 4.5/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 4.5 MG/0.5ML	Tier 2	X	X		
Antidiabetic Agents - Diabetic Drugs	VICTOZA INJ 18MG/3ML	LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML)	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	VICTOZA INJ 18MG/3ML	LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML)	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	XIGDUO XR TAB 10-1000	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	XIGDUO XR TAB 10-500MG	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-500 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	XIGDUO XR TAB 2.5-1000	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	XIGDUO XR TAB 5-1000MG	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	XIGDUO XR TAB 5-500MG	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-500 MG	Tier 3	X	X	X	
Antidiabetic Agents - Diabetic Drugs	XULTOPHY INJ 100/3.6	INSULIN DEGLUDEC-LIRAGLUTIDE SOL PEN-INJ 100-3.6 UNIT-MG/ML	Tier 3		X	X	
Antiemetics, Other - Nausea and Vomiting Drugs	AKYNZEO CAP 300-0.5	NETUPITANT-PALONOSETRON CAP 300-0.5 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antiemetics, Other - Nausea and Vomiting Drugs	BONJESTA TAB 20-20MG	DOXYLAMINE-PYRIDOXINE TAB ER 20-20 MG	Tier 2				
Antiemetics, Other - Nausea and Vomiting Drugs	DICLEGIS TAB 10-10MG	DOXYLAMINE-PYRIDOXINE TAB DELAYED RELEASE 10-10 MG	Tier 3			X	
Antiemetics, Other - Nausea and Vomiting Drugs	DOXYL/PYRID TAB 10-10MG	DOXYLAMINE-PYRIDOXINE TAB DELAYED RELEASE 10-10 MG	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	GIMOTI SPR 15MG	METOCLOPRAMIDE HCL NASAL SPRAY 15 MG/ACT	Tier 3		X	X	
Antiemetics, Other - Nausea and Vomiting Drugs	HYDROXYZ PAM CAP 100MG	HYDROXYZINE PAMOATE CAP 100 MG	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	HYDROXYZ PAM CAP 25MG	HYDROXYZINE PAMOATE CAP 25 MG	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	HYDROXYZ PAM CAP 50MG	HYDROXYZINE PAMOATE CAP 50 MG	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	METOCLOPRAM SOL 10/10ML	METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	METOCLOPRAM SOL 5MG/5ML	METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	METOCLOPRAM TAB 10MG	METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	METOCLOPRAM TAB 5MG	METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	METOCLOPRAM TAB 5MG ODT	METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TAB 5 MG (BASE EQ)	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	PERPHENAZINE TAB 16MG	PERPHENAZINE TAB 16 MG	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	PERPHENAZINE TAB 2MG	PERPHENAZINE TAB 2 MG	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	PERPHENAZINE TAB 4MG	PERPHENAZINE TAB 4 MG	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	PERPHENAZINE TAB 8MG	PERPHENAZINE TAB 8 MG	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	PROCHLORPER SUP 25MG	PROCHLORPERAZINE SUPPOS 25 MG	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	PROCHLORPER TAB 10MG	PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT)	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	PROCHLORPER TAB 5MG	PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT)	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	REGLAN TAB 10MG	METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 3				
Antiemetics, Other - Nausea and Vomiting Drugs	REGLAN TAB 5MG	METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 3				
Antiemetics, Other - Nausea and Vomiting Drugs	SCOPOLAMINE DIS 1MG/3DAY	SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antiemetics, Other - Nausea and Vomiting Drugs	TRANSDERM-SC DIS 1MG/3DAY	SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS	Tier 3			X	
Antiemetics, Other - Nausea and Vomiting Drugs	TRIMETHOBENZ CAP 300MG	TRIMETHOBENZAMIDE HCL CAP 300 MG	Tier 1				
Antiemetics, Other - Nausea and Vomiting Drugs	VISTARIL CAP 25MG	HYDROXYZINE PAMOATE CAP 25 MG	Tier 3				
Antiemetics, Other - Nausea and Vomiting Drugs	VISTARIL CAP 50MG	HYDROXYZINE PAMOATE CAP 50 MG	Tier 3				
Antiestrogens/Modifiers	ORSERDU TAB 345MG	ELACESTRANT HYDROCHLORIDE TAB 345 MG	Tier 2	X	X		X
Antiestrogens/Modifiers	ORSERDU TAB 86MG	ELACESTRANT HYDROCHLORIDE TAB 86 MG	Tier 2	X	X		X
Antiestrogens/Modifiers - Chemotherapy Agents	EMCYT CAP 140MG	ESTRAMUSTINE PHOSPHATE SODIUM CAP 140 MG	Tier 2				
Antiestrogens/Modifiers - Chemotherapy Agents	FARESTON TAB 60MG	TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT)	Tier 3			X	
Antiestrogens/Modifiers - Chemotherapy Agents	SOLTAMOX SOL 10MG/5ML	TAMOXIFEN CITRATE ORAL SOLN 10 MG/5ML (BASE EQUIVALENT)	Tier 3			X	
Antiestrogens/Modifiers - Chemotherapy Agents	TAMOXIFEN TAB 10MG	TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)	Tier 1				
Antiestrogens/Modifiers - Chemotherapy Agents	TAMOXIFEN TAB 20MG	TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)	Tier 1^				
Antiestrogens/Modifiers - Chemotherapy Agents	TOREMIFENE TAB 60MG	TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT)	Tier 1				
Antifungals - Fungal Infection Drugs	ANCOBON CAP 250MG	FLUCYTOSINE CAP 250 MG	Tier 3				
Antifungals - Fungal Infection Drugs	ANCOBON CAP 500MG	FLUCYTOSINE CAP 500 MG	Tier 3				
Antifungals - Fungal Infection Drugs	CICLODAN SOL 8%	CICLOPIROX SOLUTION 8%	Tier 1				
Antifungals - Fungal Infection Drugs	CICLOPIROX CRE 0.77%	CICLOPIROX OLAMINE CREAM 0.77% (BASE EQUIV)	Tier 1				
Antifungals - Fungal Infection Drugs	CICLOPIROX GEL 0.77%	CICLOPIROX GEL 0.77%	Tier 1				
Antifungals - Fungal Infection Drugs	CICLOPIROX KIT 8%	CICLOPIROX SOLUTION KIT 8%	Tier 1				
Antifungals - Fungal Infection Drugs	CICLOPIROX SHA 1%	CICLOPIROX SHAMPOO 1%	Tier 1				
Antifungals - Fungal Infection Drugs	CICLOPIROX SOL 8%	CICLOPIROX SOLUTION 8%	Tier 1				
Antifungals - Fungal Infection Drugs	CICLOPIROX SUS 0.77%	CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV)	Tier 1				
Antifungals - Fungal Infection Drugs	CLOTRIMAZOLE TRO 10MG	CLOTRIMAZOLE TROCHE 10 MG	Tier 1				
Antifungals - Fungal Infection Drugs	CRESEMBA CAP 186MG	ISAVUCONAZONIUM SULFATE CAP 186 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antifungals - Fungal Infection Drugs	CRESEMBA CAP 74.5MG	ISAVUCONAZONIUM SULFATE CAP 74.5 MG	Tier 3				
Antifungals - Fungal Infection Drugs	DIFLUCAN SUS 10MG/ML	FLUCONAZOLE FOR SUSP 10 MG/ML	Tier 3			X	
Antifungals - Fungal Infection Drugs	DIFLUCAN SUS 40MG/ ML	FLUCONAZOLE FOR SUSP 40 MG/ML	Tier 3			X	
Antifungals - Fungal Infection Drugs	DIFLUCAN TAB 100MG	FLUCONAZOLE TAB 100 MG	Tier 3			X	
Antifungals - Fungal Infection Drugs	DIFLUCAN TAB 150MG	FLUCONAZOLE TAB 150 MG	Tier 3			X	
Antifungals - Fungal Infection Drugs	DIFLUCAN TAB 200MG	FLUCONAZOLE TAB 200 MG	Tier 3			X	
Antifungals - Fungal Infection Drugs	ECONAZOLE CRE 1%	ECONAZOLE NITRATE CREAM 1%	Tier 1				
Antifungals - Fungal Infection Drugs	ECOZA AER 1%	ECONAZOLE NITRATE FOAM 1%	Tier 3				
Antifungals - Fungal Infection Drugs	EXELDERM CRE 1%	SULCONAZOLE NITRATE CREAM 1%	Tier 3				
Antifungals - Fungal Infection Drugs	EXELDERM SOL 1%	SULCONAZOLE NITRATE SOLUTION 1%	Tier 3				
Antifungals - Fungal Infection Drugs	EXODERM LOT 25-1%	SODIUM THIOSULFATE-SALICYLIC ACID LOTION 25-1%	Tier 3				
Antifungals - Fungal Infection Drugs	FLUCONAZOLE SUS 10MG/ML	FLUCONAZOLE FOR SUSP 10 MG/ML	Tier 1				
Antifungals - Fungal Infection Drugs	FLUCONAZOLE SUS 40MG/ML	FLUCONAZOLE FOR SUSP 40 MG/ML	Tier 1				
Antifungals - Fungal Infection Drugs	FLUCONAZOLE TAB 100MG	FLUCONAZOLE TAB 100 MG	Tier 1				
Antifungals - Fungal Infection Drugs	FLUCONAZOLE TAB 150MG	FLUCONAZOLE TAB 150 MG	Tier 1				
Antifungals - Fungal Infection Drugs	FLUCONAZOLE TAB 200MG	FLUCONAZOLE TAB 200 MG	Tier 1				
Antifungals - Fungal Infection Drugs	FLUCONAZOLE TAB 50MG	FLUCONAZOLE TAB 50 MG	Tier 1				
Antifungals - Fungal Infection Drugs	FLUCYTOSINE CAP 250MG	FLUCYTOSINE CAP 250 MG	Tier 1				
Antifungals - Fungal Infection Drugs	FLUCYTOSINE CAP 500MG	FLUCYTOSINE CAP 500 MG	Tier 1				
Antifungals - Fungal Infection Drugs	FULVICIN P/G TAB 165MG	GRISEOFULVIN ULTRAMICROSIZE TAB 165 MG	Tier 3			X	
Antifungals - Fungal Infection Drugs	GRISEOFULVIN SUS 125/5ML	GRISEOFULVIN MICROSIZE SUSP 125 MG/5ML	Tier 1				
Antifungals - Fungal Infection Drugs	GRISEOFULVIN TAB MICR 500	GRISEOFULVIN MICROSIZE TAB 500 MG	Tier 1				
Antifungals - Fungal Infection Drugs	GRISEOFULVIN TAB ULTR 125	GRISEOFULVIN ULTRAMICROSIZE TAB 125 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antifungals - Fungal Infection Drugs	GRISEOFULVIN TAB ULTR 165	GRISEOFULVIN ULTRAMICROSIZE TAB 165 MG	Tier 1			X	
Antifungals - Fungal Infection Drugs	GRISEOFULVIN TAB ULTR 250	GRISEOFULVIN ULTRAMICROSIZE TAB 250 MG	Tier 1				
Antifungals - Fungal Infection Drugs	GYNAZOLE-1 CRE 2%	BUTOCONAZOLE NITRATE (ONE DOSE) VAGINAL CREAM 2%	Tier 3				
Antifungals - Fungal Infection Drugs	HYDROC IODO CRE 1%	IODOQUINOL-HC CREAM 1-1%	Tier 1				
Antifungals - Fungal Infection Drugs	HYDROC IODO CRE 1-1%	IODOQUINOL-HC CREAM 1-1%	Tier 1				
Antifungals - Fungal Infection Drugs	HYDROCORT/ CRE IODOQUIN	IODOQUINOL-HC CREAM 1-1%	Tier 1				
Antifungals - Fungal Infection Drugs	ITRACONAZOLE CAP 100MG	ITRACONAZOLE CAP 100 MG	Tier 1		X		
Antifungals - Fungal Infection Drugs	ITRACONAZOLE SOL 10MG/ML	ITRACONAZOLE ORAL SOLN 10 MG/ML	Tier 1		X		
Antifungals - Fungal Infection Drugs	JUBLIA SOL 10%	EFINACONAZOLE SOLN 10%	Tier 3		X		
Antifungals - Fungal Infection Drugs	KERYDIN SOL 5%	TAVABOROLE SOLN 5%	Tier 3		X	X	
Antifungals - Fungal Infection Drugs	KETOCONAZOLE AER 2%	KETOCONAZOLE FOAM 2%	Tier 1				
Antifungals - Fungal Infection Drugs	KETOCONAZOLE CRE 2%	KETOCONAZOLE CREAM 2%	Tier 1				
Antifungals - Fungal Infection Drugs	KETOCONAZOLE SHA 2%	KETOCONAZOLE SHAMPOO 2%	Tier 1				
Antifungals - Fungal Infection Drugs	KETOCONAZOLE TAB 200MG	KETOCONAZOLE TAB 200 MG	Tier 1				
Antifungals - Fungal Infection Drugs	KETODAN AER 2%	KETOCONAZOLE FOAM 2%	Tier 1				
Antifungals - Fungal Infection Drugs	KLAYESTA POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 1				
Antifungals - Fungal Infection Drugs	LOPROX SHA 1%	CICLOPIROX SHAMPOO 1%	Tier 3			X	
Antifungals - Fungal Infection Drugs	LOPROX SUS 0.77%	CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV)	Tier 3			X	
Antifungals - Fungal Infection Drugs	MENTAX CRE 1%	BUTENAFINE HCL CREAM 1%	Tier 3				
Antifungals - Fungal Infection Drugs	MICONAZOLE 3 SUP 200MG	MICONAZOLE NITRATE VAGINAL SUPPOS 200 MG	Tier 1				
Antifungals - Fungal Infection Drugs	MYCOZYL AL SOL 1%	TOLNAFTATE SOLN 1%	Tier 3				
Antifungals - Fungal Infection Drugs	NOXAFIL PAK 300MG	POSACONAZOLE FOR DELAYED RELEASE SUSP PACKET 300 MG	Tier 2				
Antifungals - Fungal Infection Drugs	NOXAFIL SUS 40MG/ML	POSACONAZOLE SUSP 40 MG/ML	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antifungals - Fungal Infection Drugs	NOXAFIL TAB 100MG	POSACONAZOLE TAB DELAYED RELEASE 100 MG	Tier 3			X	
Antifungals - Fungal Infection Drugs	NYAMYC POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 1				
Antifungals - Fungal Infection Drugs	NYSTAT/TRIAM CRE	NYSTATIN-TRIAMCINOLONE CREAM 100000-0.1 UNIT/GM-%	Tier 1				
Antifungals - Fungal Infection Drugs	NYSTAT/TRIAM OIN	NYSTATIN-TRIAMCINOLONE OINT 100000-0.1 UNIT/GM-%	Tier 1				
Antifungals - Fungal Infection Drugs	NYSTATIN CRE 100000	NYSTATIN CREAM 100000 UNIT/GM	Tier 1				
Antifungals - Fungal Infection Drugs	NYSTATIN OIN 100000	NYSTATIN OINT 100000 UNIT/GM	Tier 1				
Antifungals - Fungal Infection Drugs	NYSTATIN OIN 100000U	NYSTATIN OINT 100000 UNIT/GM	Tier 1				
Antifungals - Fungal Infection Drugs	NYSTATIN POW	NYSTATIN (BULK) POWDER	Tier 3				
Antifungals - Fungal Infection Drugs	NYSTATIN POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 1				
Antifungals - Fungal Infection Drugs	NYSTATIN POW 100MU	NYSTATIN (BULK) POWDER	Tier 3				
Antifungals - Fungal Infection Drugs	NYSTATIN POW 10BU	NYSTATIN (BULK) POWDER	Tier 3				
Antifungals - Fungal Infection Drugs	NYSTATIN POW 150MU	NYSTATIN (BULK) POWDER	Tier 3				
Antifungals - Fungal Infection Drugs	NYSTATIN POW 1BU	NYSTATIN (BULK) POWDER	Tier 3				
Antifungals - Fungal Infection Drugs	NYSTATIN POW 2BU	NYSTATIN (BULK) POWDER	Tier 3				
Antifungals - Fungal Infection Drugs	NYSTATIN POW 500MU	NYSTATIN (BULK) POWDER	Tier 3				
Antifungals - Fungal Infection Drugs	NYSTATIN POW 50MU	NYSTATIN (BULK) POWDER	Tier 3				
Antifungals - Fungal Infection Drugs	NYSTATIN POW 5BU	NYSTATIN (BULK) POWDER	Tier 3				
Antifungals - Fungal Infection Drugs	NYSTATIN SUS 100000	NYSTATIN SUSP 100000 UNIT/ML	Tier 1				
Antifungals - Fungal Infection Drugs	NYSTATIN TAB 500000	NYSTATIN TAB 500000 UNIT	Tier 1				
Antifungals - Fungal Infection Drugs	NYSTOP POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 1				
Antifungals - Fungal Infection Drugs	ORAVIG TAB 50MG	MICONAZOLE BUCCAL TAB 50 MG (MOUTH-THROAT)	Tier 3				
Antifungals - Fungal Infection Drugs	OXICONAZOLE CRE NITRATE	OXICONAZOLE NITRATE CREAM 1%	Tier 1				
Antifungals - Fungal Infection Drugs	OXISTAT CRE 1%	OXICONAZOLE NITRATE CREAM 1%	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antifungals - Fungal Infection Drugs	PEDIZOLPAK PAK 2%-2%	KETOCONAZOLE 2% CR & MICONAZOLE 2% TINC THERAPY PACK	Tier 3			X	
Antifungals - Fungal Infection Drugs	POSACONAZOLE SUS 200/5ML	POSACONAZOLE SUSP 40 MG/ML	Tier 1		X		
Antifungals - Fungal Infection Drugs	POSACONAZOLE SUS 40MG/ML	POSACONAZOLE SUSP 40 MG/ML	Tier 1		X		
Antifungals - Fungal Infection Drugs	POSACONAZOLE TAB 100MG DR	POSACONAZOLE TAB DELAYED RELEASE 100 MG	Tier 1				
Antifungals - Fungal Infection Drugs	SPORANOX CAP 100MG	ITRACONAZOLE CAP 100 MG	Tier 3		X		
Antifungals - Fungal Infection Drugs	SPORANOX SOL 10MG/ML	ITRACONAZOLE ORAL SOLN 10 MG/ML	Tier 3		X		
Antifungals - Fungal Infection Drugs	SULCONAZOLE CRE 1%	SULCONAZOLE NITRATE CREAM 1%	Tier 3				
Antifungals - Fungal Infection Drugs	SULCONAZOLE SOL 1%	SULCONAZOLE NITRATE SOLUTION 1%	Tier 3				
Antifungals - Fungal Infection Drugs	TAVABOROLE SOL 5%	TAVABOROLE SOLN 5%	Tier 1		X		
Antifungals - Fungal Infection Drugs	TERBINAFINE TAB 250MG	TERBINAFINE HCL TAB 250 MG	Tier 1				
Antifungals - Fungal Infection Drugs	TERCONAZOLE CRE 0.4%	TERCONAZOLE VAGINAL CREAM 0.4%	Tier 1				
Antifungals - Fungal Infection Drugs	TERCONAZOLE CRE 0.8%	TERCONAZOLE VAGINAL CREAM 0.8%	Tier 1				
Antifungals - Fungal Infection Drugs	TERCONAZOLE SUP 80MG	TERCONAZOLE VAGINAL SUPPOS 80 MG	Tier 1				
Antifungals - Fungal Infection Drugs	TOLSURA CAP 65MG	ITRACONAZOLE CAP 65 MG	Tier 3			X	
Antifungals - Fungal Infection Drugs	VFEND SUS 40MG/ML	VORICONAZOLE FOR SUSP 40 MG/ML	Tier 3				
Antifungals - Fungal Infection Drugs	VFEND TAB 200MG	VORICONAZOLE TAB 200 MG	Tier 3				
Antifungals - Fungal Infection Drugs	VFEND TAB 50MG	VORICONAZOLE TAB 50 MG	Tier 3				
Antifungals - Fungal Infection Drugs	VIVJOA CAP 150MG	OTESECONAZOLE CAP THERAPY PACK 150 MG (12 WEEKS)	Tier 3				
Antifungals - Fungal Infection Drugs	VORICONAZOLE SUS 40MG/ML	VORICONAZOLE FOR SUSP 40 MG/ML	Tier 1				
Antifungals - Fungal Infection Drugs	VORICONAZOLE TAB 200MG	VORICONAZOLE TAB 200 MG	Tier 1				
Antifungals - Fungal Infection Drugs	VORICONAZOLE TAB 50MG	VORICONAZOLE TAB 50 MG	Tier 1				
Antifungals - Fungal Infection Drugs	XOLEGEL KIT COREPAK	KETOCONAZOLE GEL 2% & HYDROCORTISONE GEL 1% KIT	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antifungals - Fungal Infection Drugs	XOLEGEL DUO/ KIT HEAD&SHD	KETOCONAZOLE GEL 2% & PYRITHIONE ZINC SHAMPOO 1% KIT	Tier 3				
Antifungals - Fungal Infection Drugs	XOLEGEL DUO/ KIT XOLEX	KETOCONAZOLE GEL 2% & PYRITHIONE ZINC SHAMPOO 1% KIT	Tier 3				
Antigout Agents - Gout Drugs	ALLOPURINOL TAB 100MG	ALLOPURINOL TAB 100 MG	Tier 1				
Antigout Agents - Gout Drugs	ALLOPURINOL TAB 200MG	ALLOPURINOL TAB 200 MG	Tier 1				
Antigout Agents - Gout Drugs	ALLOPURINOL TAB 300MG	ALLOPURINOL TAB 300 MG	Tier 1				
Antigout Agents - Gout Drugs	COLCHICINE CAP 0.6MG	COLCHICINE CAP 0.6 MG	Tier 1				
Antigout Agents - Gout Drugs	COLCHICINE TAB 0.6MG	COLCHICINE TAB 0.6 MG	Tier 1				
Antigout Agents - Gout Drugs	COLCRYS TAB 0.6MG	COLCHICINE TAB 0.6 MG	Tier 3			X	
Antigout Agents - Gout Drugs	FEBUXOSTAT TAB 40MG	FEBUXOSTAT TAB 40 MG	Tier 1				
Antigout Agents - Gout Drugs	FEBUXOSTAT TAB 80MG	FEBUXOSTAT TAB 80 MG	Tier 1				
Antigout Agents - Gout Drugs	GLOPERBA SOL 0.6/5ML	COLCHICINE ORAL SOLN 0.6 MG/5ML	Tier 3				
Antigout Agents - Gout Drugs	MITIGARE CAP 0.6MG	COLCHICINE CAP 0.6 MG	Tier 2				
Antigout Agents - Gout Drugs	PROBEN/COLCH TAB 500-0.5	COLCHICINE W/ PROBENECID TAB 0.5-500 MG	Tier 1				
Antigout Agents - Gout Drugs	PROBENECID TAB 500MG	PROBENECID TAB 500 MG	Tier 1				
Antigout Agents - Gout Drugs	ULORIC TAB 40MG	FEBUXOSTAT TAB 40 MG	Tier 3			X	
Antigout Agents - Gout Drugs	ULORIC TAB 80MG	FEBUXOSTAT TAB 80 MG	Tier 3			X	
Antigout Agents - Gout Drugs	ZYLOPRIM TAB 100MG	ALLOPURINOL TAB 100 MG	Tier 3				
Antigout Agents - Gout Drugs	ZYLOPRIM TAB 300MG	ALLOPURINOL TAB 300 MG	Tier 3				
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	ADEFOV DIPIV TAB 10MG	ADEFOVIR DIPIVOXIL TAB 10 MG	Tier 1				
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	BARACLUDE SOL	ENTECAVIR ORAL SOLN 0.05 MG/ML	Tier 2				
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	BARACLUDE TAB 0.5MG	ENTECAVIR TAB 0.5 MG	Tier 3			X	
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	BARACLUDE TAB 1MG	ENTECAVIR TAB 1 MG	Tier 3			X	
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	ENTECAVIR TAB 0.5MG	ENTECAVIR TAB 0.5 MG	Tier 1				
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	ENTECAVIR TAB 1MG	ENTECAVIR TAB 1 MG	Tier 1				
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	LAMIVUDINE TAB 100MG	LAMIVUDINE TAB 100 MG (HBV)	Tier 1				
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	VEMLIDY TAB 25MG	TENOFOVIR ALAFENAMIDE FUMARATE TAB 25 MG	Tier 3	X		X	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	EPCLUSA PAK 150-37.5	SOFOSBUVIR-VELPATASVIR PELLET PACK 150-37.5 MG	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	EPCLUSA PAK 200-50MG	SOFOSBUVIR-VELPATASVIR PELLET PACK 200-50 MG	Tier 2	X	X		X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	EPCLUSA TAB 200-50MG	SOFOSBUVIR-VELPATASVIR TAB 200-50 MG	Tier 2	X	X		X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	EPCLUSA TAB 400-100	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	Tier 2	X	X		X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	HARVONI PAK	LEDIPASVIR-SOFOSBUVIR PELLET PACK 33.75-150 MG	Tier 2	X	X	X	X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	HARVONI PAK 45-200MG	LEDIPASVIR-SOFOSBUVIR PELLET PACK 45-200 MG	Tier 2	X	X	X	X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	HARVONI TAB 45-200MG	LEDIPASVIR-SOFOSBUVIR TAB 45-200 MG	Tier 2	X	X	X	X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	HARVONI TAB 90-400MG	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	Tier 2	X	X	X	X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	LEDIP-SOFOSB TAB 90-400MG	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	Tier 2	X	X	X	X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	MAVYRET PAK 50-20MG	GLECAPREVIR-PIBRENTASVIR PELLET PACK 50-20 MG	Tier 2	X	X		X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	MAVYRET TAB 100-40MG	GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG	Tier 2	X	X		X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	SOFOS/VELPAT TAB 400-100	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	Tier 2	X	X		X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	SOVALDI PAK 150MG	SOFOSBUVIR PELLET PACK 150 MG	Tier 3	X	X	X	X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	SOVALDI PAK 200MG	SOFOSBUVIR PELLET PACK 200 MG	Tier 3	X	X	X	X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	SOVALDI TAB 200MG	SOFOSBUVIR TAB 200 MG	Tier 3	X	X	X	X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	SOVALDI TAB 400MG	SOFOSBUVIR TAB 400 MG	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	VOSEVI TAB	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB 400-100-100 MG	Tier 2	X	X		X
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	ZEPATIER TAB 50-100MG	ELBASVIR-GRAZOPREVIR TAB 50-100 MG	Tier 2	X	X		X
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs	PEGASYS INJ	PEGINTERFERON ALFA-2A SOLN PREFILLED SYR 180 MCG/0.5ML	Tier 2				X
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs	PEGASYS INJ 180MCG/M	PEGINTERFERON ALFA-2A INJ 180 MCG/ML	Tier 2				X
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs	RIBAVIRIN CAP 200MG	RIBAVIRIN CAP 200 MG	Tier 1				
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs	RIBAVIRIN TAB 200MG	RIBAVIRIN TAB 200 MG	Tier 1				
Antiherpetic Agents - Herpes Drugs	ACYCLOVIR CAP 200MG	ACYCLOVIR CAP 200 MG	Tier 1				
Antiherpetic Agents - Herpes Drugs	ACYCLOVIR OIN 5%	ACYCLOVIR OINT 5%	Tier 1				
Antiherpetic Agents - Herpes Drugs	ACYCLOVIR SUS 200/5ML	ACYCLOVIR SUSP 200 MG/5ML	Tier 1				
Antiherpetic Agents - Herpes Drugs	ACYCLOVIR TAB 400MG	ACYCLOVIR TAB 400 MG	Tier 1				
Antiherpetic Agents - Herpes Drugs	ACYCLOVIR TAB 800MG	ACYCLOVIR TAB 800 MG	Tier 1				
Antiherpetic Agents - Herpes Drugs	FAMCICLOVIR TAB 125MG	FAMCICLOVIR TAB 125 MG	Tier 1				
Antiherpetic Agents - Herpes Drugs	FAMCICLOVIR TAB 250MG	FAMCICLOVIR TAB 250 MG	Tier 1				
Antiherpetic Agents - Herpes Drugs	FAMCICLOVIR TAB 500MG	FAMCICLOVIR TAB 500 MG	Tier 1				
Antiherpetic Agents - Herpes Drugs	SITAVIG TAB 50MG	ACYCLOVIR BUCCAL TAB 50 MG	Tier 3			X	
Antiherpetic Agents - Herpes Drugs	VALACYCLOVIR TAB 1GM	VALACYCLOVIR HCL TAB 1 GM	Tier 1				
Antiherpetic Agents - Herpes Drugs	VALACYCLOVIR TAB 500MG	VALACYCLOVIR HCL TAB 500 MG	Tier 1				
Antiherpetic Agents - Herpes Drugs	VALTREX TAB 1GM	VALACYCLOVIR HCL TAB 1 GM	Tier 3			X	
Antiherpetic Agents - Herpes Drugs	VALTREX TAB 500MG	VALACYCLOVIR HCL TAB 500 MG	Tier 3			X	
Antiherpetic Agents - Herpes Drugs	XERESE CRE 5-1%	ACYCLOVIR-HYDROCORTISONE CREAM 5-1%	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antiherpetic Agents - Herpes Drugs	ZOVIRAX OIN 5%	ACYCLOVIR OINT 5%	Tier 3			X	
Antihistamines - Drugs to Treat Allergies	ALLERGY RELF TAB 25MG	DIPHENHYDRAMINE HCL TAB 25 MG	Tier 1				
Antihistamines - Drugs to Treat Allergies	AZELASTINE SPR 0.1%	AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG/SPRAY)	Tier 1				
Antihistamines - Drugs to Treat Allergies	CARBINOXAMIN SOL 4MG/5ML	CARBINOXAMINE MALEATE SOLN 4 MG/5ML	Tier 1				
Antihistamines - Drugs to Treat Allergies	CARBINOXAMIN SUS 4MG/5ML	CARBINOXAMINE MALEATE EXTENDED RELEASE SUSP 4 MG/5ML	Tier 3				
Antihistamines - Drugs to Treat Allergies	CARBINOXAMIN TAB 4MG	CARBINOXAMINE MALEATE TAB 4 MG	Tier 1				
Antihistamines - Drugs to Treat Allergies	CARBINOXAMIN TAB 6MG	CARBINOXAMINE MALEATE TAB 6 MG	Tier 1			X	
Antihistamines - Drugs to Treat Allergies	CLEMASTINE TAB 2.68MG	CLEMASTINE FUMARATE TAB 2.68 MG	Tier 1				
Antihistamines - Drugs to Treat Allergies	CLEMASZ TAB 2.68MG	CLEMASTINE FUMARATE TAB 2.68 MG	Tier 3				
Antihistamines - Drugs to Treat Allergies	CYPROHEPTAD SYP 2MG/5ML	CYPROHEPTADINE HCL SYRUP 2 MG/5ML	Tier 1				
Antihistamines - Drugs to Treat Allergies	CYPROHEPTAD TAB 4MG	CYPROHEPTADINE HCL TAB 4 MG	Tier 1				
Antihistamines - Drugs to Treat Allergies	DICOPANOL SUS 5MG/ML	DIPHENHYDRAMINE HCL FOR ORAL SUSP 5 MG/ML (COMPOUND KIT)	Tier 3	X			
Antihistamines - Drugs to Treat Allergies	DICOPANOL SUS RAPIDPAQ	DIPHENHYDRAMINE HCL FOR ORAL SUSP 5 MG/ML (COMPOUND KIT)	Tier 3	X			
Antihistamines - Drugs to Treat Allergies	DIPHENHYDRAM ELX 12.5/5ML	DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML	Tier 1				
Antihistamines - Drugs to Treat Allergies	KARBINAL ER SUS 4MG/5ML	CARBINOXAMINE MALEATE EXTENDED RELEASE SUSP 4 MG/5ML	Tier 3				
Antihistamines - Drugs to Treat Allergies	LEVOCETIRIZI SOL 2.5/5ML	LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML)	Tier 1				
Antihistamines - Drugs to Treat Allergies	LEVOCETIRIZI TAB 5MG	LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	Tier 1				
Antihistamines - Drugs to Treat Allergies	OLOPATADINE SPR 0.6%	OLOPATADINE HCL NASAL SOLN 0.6%	Tier 1				
Antihistamines - Drugs to Treat Allergies	PATANASE SPR 0.6%	OLOPATADINE HCL NASAL SOLN 0.6%	Tier 3			X	
Antihistamines - Drugs to Treat Allergies	PROMETHAZINE SOL 12.5/10	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	Tier 1				
Antihistamines - Drugs to Treat Allergies	PROMETHAZINE SOL 6.25/5ML	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antihistamines - Drugs to Treat Allergies	PROMETHAZINE SUP 12.5MG	PROMETHAZINE HCL SUPPOS 12.5 MG	Tier 1				
Antihistamines - Drugs to Treat Allergies	PROMETHAZINE SUP 25MG	PROMETHAZINE HCL SUPPOS 25 MG	Tier 1				
Antihistamines - Drugs to Treat Allergies	PROMETHAZINE TAB 12.5MG	PROMETHAZINE HCL TAB 12.5 MG	Tier 1				
Antihistamines - Drugs to Treat Allergies	PROMETHAZINE TAB 25MG	PROMETHAZINE HCL TAB 25 MG	Tier 1				
Antihistamines - Drugs to Treat Allergies	PROMETHAZINE TAB 50MG	PROMETHAZINE HCL TAB 50 MG	Tier 1				
Antihistamines - Drugs to Treat Allergies	PROMETHEGAN SUP 12.5MG	PROMETHAZINE HCL SUPPOS 12.5 MG	Tier 3				
Antihistamines - Drugs to Treat Allergies	PROMETHEGAN SUP 25MG	PROMETHAZINE HCL SUPPOS 25 MG	Tier 3				
Antihistamines - Drugs to Treat Allergies	PROMETHEGAN SUP 50MG	PROMETHAZINE HCL SUPPOS 50 MG	Tier 3				
Antihistamines - Drugs to Treat Allergies	RYALTRIS SPR 665-25	OLOPATADINE HCL-MOMETASONE FUROATE NASAL SUSP 665-25 MCG/ACT	Tier 3				
Antihistamines - Drugs to Treat Allergies	RYVENT TAB 6MG	CARBINOXAMINE MALEATE TAB 6 MG	Tier 1			X	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	DOVATO TAB 50-300MG	DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG (BASE EQ)	Tier 2		X		
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 50-200-25 MG	Tier 3		X		
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 30-120-15 MG	Tier 3		X		
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	GENVOYA TAB	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOV AF TAB 150-150-200-10 MG	Tier 3		X		
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	ISENTRESS CHW 100MG	RALTEGRAVIR POTASSIUM CHEW TAB 100 MG (BASE EQUIV)	Tier 2				
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	ISENTRESS CHW 25MG	RALTEGRAVIR POTASSIUM CHEW TAB 25 MG (BASE EQUIV)	Tier 2				
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	ISENTRESS POW 100MG	RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV)	Tier 2				
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	ISENTRESS TAB 400MG	RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV)	Tier 2				
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	ISENTRESS HD TAB 600MG	RALTEGRAVIR POTASSIUM TAB 600 MG (BASE EQUIV)	Tier 2				
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	STRIBILD TAB	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF TAB 150-150-200-300 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	TIVICAY TAB 10MG	DOLUTEGRAVIR SODIUM TAB 10 MG (BASE EQUIV)	Tier 3				
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	TIVICAY TAB 25MG	DOLUTEGRAVIR SODIUM TAB 25 MG (BASE EQUIV)	Tier 3				
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	TIVICAY TAB 50MG	DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV)	Tier 3				
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	TIVICAY PD TAB 5MG	DOLUTEGRAVIR SODIUM TAB FOR ORAL SUSP 5 MG (BASE EQUIV)	Tier 3				
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	TRIUMEQ TAB	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG	Tier 2		X		
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	TRIUMEQ PD TAB	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB FOR ORAL SUS 60-5-30 MG	Tier 2		X		
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	COMPLERA TAB	EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG	Tier 3		X		
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	DELSTRIGO TAB	DORAVIRINE-LAMIVUDINE-TENOFOVIR DF TAB 100-300-300 MG	Tier 2		X		
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	EDURANT TAB 25MG	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	Tier 2				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	EFAVIR/EMTRI TAB TENOFOVI	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	Tier 1		X		
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	EFAVIR/LAMIV TAB TENOFOVI	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	Tier 1		X		
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	EFAVIR/LAMIV TAB TENOFOVI	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	Tier 1		X		
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	EFAVIRENZ CAP 200MG	EFAVIRENZ CAP 200 MG	Tier 1				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	EFAVIRENZ CAP 50MG	EFAVIRENZ CAP 50 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	EFAVIRENZ TAB 600MG	EFAVIRENZ TAB 600 MG	Tier 1				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	ETRAVIRINE TAB 100MG	ETRAVIRINE TAB 100 MG	Tier 1				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	ETRAVIRINE TAB 200MG	ETRAVIRINE TAB 200 MG	Tier 1				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	INTELENCE TAB 100MG	ETRAVIRINE TAB 100 MG	Tier 3				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	INTELENCE TAB 200MG	ETRAVIRINE TAB 200 MG	Tier 3				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	INTELENCE TAB 25MG	ETRAVIRINE TAB 25 MG	Tier 2				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	JULUCA TAB 50-25MG	DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG (BASE EQ)	Tier 2		X		
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	NEVIRAPINE SUS 50MG/5ML	NEVIRAPINE SUSP 50 MG/5ML	Tier 1				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	NEVIRAPINE TAB 100MG	NEVIRAPINE TAB ER 24HR 100 MG	Tier 1				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	NEVIRAPINE TAB 200MG	NEVIRAPINE TAB 200 MG	Tier 1				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	NEVIRAPINE TAB 400MG ER	NEVIRAPINE TAB ER 24HR 400 MG	Tier 1				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	ODEFSEY TAB	EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	PIFELTRO TAB 100MG	DORAVIRINE TAB 100 MG	Tier 3				
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	SYMFI TAB	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	Tier 2		X		
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	SYMFI LO TAB	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	Tier 2		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	SUNLENCA TAB 300MG	LENACAPAVIR SODIUM TAB THERAPY PACK 4 X 300 MG	Tier 3	X	X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	SUNLENCA TAB 300MG	LENACAPAVIR SODIUM TAB THERAPY PACK 5 X 300 MG	Tier 3	X	X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	SUNLENCA TAB 300MG	LENACAPAVIR SODIUM TAB 300 MG	Tier 3	X			
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	ABACA/LAMIVU TAB 600-300	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	Tier 1		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	ABACAVIR SOL 20MG/ML	ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV)	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	ABACAVIR TAB 300MG	ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	CIMDUO TAB 300-300	LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TAB 300-300 MG	Tier 2		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	COMBIVIR TAB 150-300	LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	Tier 3				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	DESCOVY TAB 120-15MG	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 120-15 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	DESCOVY TAB 200/25MG	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG	HCR		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	EMTR/TEN DF TAB 100-150	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG	Tier 1		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	EMTR/TEN DF TAB 133-200	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG	Tier 1		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	EMTR/TEN DF TAB 167-250	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG	Tier 1		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	EMTR/TENOFOV TAB 200-300	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	HCR		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	EMTRICITABIN CAP 200MG	EMTRICITABINE CAPS 200 MG	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	EMTRIVA CAP 200MG	EMTRICITABINE CAPS 200 MG	Tier 3				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	EMTRIVA SOL 10MG/ML	EMTRICITABINE SOLN 10 MG/ML	Tier 2				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	EPIVIR SOL 10MG/ML	LAMIVUDINE ORAL SOLN 10 MG/ML	Tier 3				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	EPIVIR TAB 150MG	LAMIVUDINE TAB 150 MG	Tier 3				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	EPIVIR TAB 300MG	LAMIVUDINE TAB 300 MG	Tier 3				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	EPZICOM TAB 600-300	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	LAMIVUD/ZIDO TAB 150-300	LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	LAMIVUDINE SOL 10MG/ML	LAMIVUDINE ORAL SOLN 10 MG/ML	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	LAMIVUDINE TAB 150MG	LAMIVUDINE TAB 150 MG	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	LAMIVUDINE TAB 300MG	LAMIVUDINE TAB 300 MG	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	RETROVIR CAP 100MG	ZIDOVUDINE CAP 100 MG	Tier 3				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	RETROVIR SYP 50MG/5ML	ZIDOVUDINE SYRUP 10 MG/ML	Tier 3				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	STAVUDINE CAP 15MG	STAVUDINE CAP 15 MG	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	STAVUDINE CAP 20MG	STAVUDINE CAP 20 MG	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	STAVUDINE CAP 30MG	STAVUDINE CAP 30 MG	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	STAVUDINE CAP 40MG	STAVUDINE CAP 40 MG	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	TENOFOVIR TAB 300MG	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	Tier 1^				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	TRIZIVIR TAB	ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TAB 300-150-300 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	TRUVADA TAB 100-150	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG	Tier 3		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	TRUVADA TAB 133-200	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG	Tier 3		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	TRUVADA TAB 167-250	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG	Tier 3		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	TRUVADA TAB 200-300	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	Tier 3		X	X	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	VIREAD POW 40MG/GM	TENOFOVIR DISOPROXIL FUMARATE ORAL POWDER 40 MG/GM	Tier 3				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	VIREAD TAB 150MG	TENOFOVIR DISOPROXIL FUMARATE TAB 150 MG	Tier 2				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	VIREAD TAB 200MG	TENOFOVIR DISOPROXIL FUMARATE TAB 200 MG	Tier 2				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	VIREAD TAB 250MG	TENOFOVIR DISOPROXIL FUMARATE TAB 250 MG	Tier 2				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	VIREAD TAB 300MG	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	Tier 3			X	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	ZIAGEN SOL 20MG/ML	ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV)	Tier 3				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	ZIAGEN TAB 300MG	ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)	Tier 3				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	ZIDOVUDINE CAP 100MG	ZIDOVUDINE CAP 100 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	ZIDOVUDINE SYP 50MG/5ML	ZIDOVUDINE SYRUP 10 MG/ML	Tier 1				
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	ZIDOVUDINE TAB 300MG	ZIDOVUDINE TAB 300 MG	Tier 1				
Anti-HIV Agents, Other - HIV Drugs	FUZEON INJ 90MG	ENFUVIRTIDE FOR INJ 90 MG	Tier 3				
Anti-HIV Agents, Other - HIV Drugs	MARAVIROC TAB 150MG	MARAVIROC TAB 150 MG	Tier 1	X			
Anti-HIV Agents, Other - HIV Drugs	MARAVIROC TAB 300MG	MARAVIROC TAB 300 MG	Tier 1	X			
Anti-HIV Agents, Other - HIV Drugs	RUKOBIA TAB 600MG ER	FOSTEMSAVIR TROMETHAMINE TAB ER 12HR 600 MG	Tier 3	X			
Anti-HIV Agents, Other - HIV Drugs	SELZENTRY SOL 20MG/ML	MARAVIROC ORAL SOLN 20 MG/ML	Tier 2	X			
Anti-HIV Agents, Other - HIV Drugs	SELZENTRY TAB 150MG	MARAVIROC TAB 150 MG	Tier 3	X			
Anti-HIV Agents, Other - HIV Drugs	SELZENTRY TAB 25MG	MARAVIROC TAB 25 MG	Tier 2	X			
Anti-HIV Agents, Other - HIV Drugs	SELZENTRY TAB 300MG	MARAVIROC TAB 300 MG	Tier 3	X			
Anti-HIV Agents, Other - HIV Drugs	SELZENTRY TAB 75MG	MARAVIROC TAB 75 MG	Tier 2	X			
Anti-HIV Agents, Other - HIV Drugs	TYBOST TAB 150MG	COBICISTAT TAB 150 MG	Tier 2				
Anti-HIV Agents, Other - HIV Drugs	VOCABRIA TAB 30MG	CABOTEGRAVIR SODIUM TAB 30 MG	Tier 3				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	APTIVUS CAP 250MG	TIPRANAVIR CAP 250 MG	Tier 2				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	ATAZANAVIR CAP 150MG	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	Tier 1				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	ATAZANAVIR CAP 200MG	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	Tier 1				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	ATAZANAVIR CAP 300MG	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	Tier 1				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	DARUNAVIR TAB 600MG	DARUNAVIR TAB 600 MG	Tier 1				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	DARUNAVIR TAB 800MG	DARUNAVIR TAB 800 MG	Tier 1				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	EVOTAZ TAB 300-150	ATAZANAVIR SULFATE-COBICISTAT TAB 300-150 MG (BASE EQUIV)	Tier 2				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	FOSAMPRENAVI TAB 700MG	FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	KALETRA SOL	LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)	Tier 3				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	KALETRA TAB 100-25MG	LOPINAVIR-RITONAVIR TAB 100-25 MG	Tier 3				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	KALETRA TAB 200-50MG	LOPINAVIR-RITONAVIR TAB 200-50 MG	Tier 3				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	LEXIVA SUS 50MG/ML	FOSAMPRENAVIR CALCIUM SUSP 50 MG/ML (BASE EQUIV)	Tier 2				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	LEXIVA TAB 700MG	FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV)	Tier 3			X	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	LOPIN/RITON SOL 80-20/ML	LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)	Tier 1				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	LOPIN/RITON TAB 100-25MG	LOPINAVIR-RITONAVIR TAB 100-25 MG	Tier 1				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	LOPIN/RITON TAB 200-50MG	LOPINAVIR-RITONAVIR TAB 200-50 MG	Tier 1				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	NORVIR CAP 100MG	RITONAVIR CAP 100 MG	Tier 2				X
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	NORVIR POW 100MG	RITONAVIR POWDER PACKET 100 MG	Tier 2				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	NORVIR TAB 100MG	RITONAVIR TAB 100 MG	Tier 3			X	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	PREZCOBIX TAB 800-150	DARUNAVIR-COBICISTAT TAB 800-150 MG	Tier 2				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	PREZISTA SUS 100MG/ML	DARUNAVIR ORAL SUSP 100 MG/ML	Tier 2				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	PREZISTA TAB 150MG	DARUNAVIR TAB 150 MG	Tier 2				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	PREZISTA TAB 600MG	DARUNAVIR TAB 600 MG	Tier 3			X	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	PREZISTA TAB 75MG	DARUNAVIR TAB 75 MG	Tier 2				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	PREZISTA TAB 800MG	DARUNAVIR TAB 800 MG	Tier 3			X	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	REYATAZ CAP 200MG	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	Tier 3			X	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	REYATAZ CAP 300MG	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	Tier 3			X	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	REYATAZ POW 50MG	ATAZANAVIR SULFATE ORAL POWDER PACKET 50 MG (BASE EQUIV)	Tier 2				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	RITONAVIR TAB 100MG	RITONAVIR TAB 100 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	SYMTUZA TAB	DARUNAVIR-COBIC-EMTRICITAB-TENOFOV AF TAB 800-150-200-10 MG	Tier 3		X	X	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	VIRACEPT TAB 250MG	NELFINAVIR MESYLATE TAB 250 MG	Tier 2				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	VIRACEPT TAB 625MG	NELFINAVIR MESYLATE TAB 625 MG	Tier 2				
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ALVESCO AER 160MCG	CICLESONIDE INHAL AEROSOL 160 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ALVESCO AER 80MCG	CICLESONIDE INHAL AEROSOL 80 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ARMONAIR DIG AER 113MCG	FLUTICASONE PROPIONATE AER POW BA 113 MCG/ACT WITH SENSOR	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ARMONAIR DIG AER 232MCG	FLUTICASONE PROPIONATE AER POW BA 232 MCG/ACT WITH SENSOR	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ARMONAIR DIG AER 55MCG	FLUTICASONE PROPIONATE AER POW BA 55 MCG/ACT WITH SENSOR	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ARNUITY ELPT INH 100MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT	Tier 3		X		
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ARNUITY ELPT INH 200MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT	Tier 3		X		
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ARNUITY ELPT INH 50MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT	Tier 3		X		
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ASMANEX 120 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED)	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ASMANEX 14 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED)	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ASMANEX 30 AER 110MCG	MOMETASONE FUROATE INHAL POWD 110 MCG/ACT (BREATH ACTIVATED)	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ASMANEX 30 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED)	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ASMANEX 60 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED)	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ASMANEX HFA AER 100 MCG	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 100 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ASMANEX HFA AER 200 MCG	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 200 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ASMANEX HFA AER 50MCG	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 50 MCG/ ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	BUDESONIDE SUS 0.25MG/2	BUDESONIDE INHALATION SUSP 0.25 MG/2ML	Tier 1		X		
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	BUDESONIDE SUS 0.5MG/2	BUDESONIDE INHALATION SUSP 0.5 MG/2ML	Tier 1		X		
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	BUDESONIDE SUS 1MG/2ML	BUDESONIDE INHALATION SUSP 1 MG/2ML	Tier 1		X		
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLOVENT DISK AER 100MCG	FLUTICASONE PROPIONATE AER POW BA 100 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLOVENT DISK AER 250MCG	FLUTICASONE PROPIONATE AER POW BA 250 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLOVENT DISK AER 50MCG	FLUTICASONE PROPIONATE AER POW BA 50 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLOVENT HFA AER 110MCG	FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLOVENT HFA AER 220MCG	FLUTICASONE PROPIONATE HFA INHAL AER 220 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLOVENT HFA AER 44MCG	FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLUNISOLIDE SPR 0.025%	FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)	Tier 1				
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLUTICAS HFA AER 110MCG	FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT	Tier 3		X		
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLUTICAS HFA AER 220MCG	FLUTICASONE PROPIONATE HFA INHAL AER 220 MCG/ACT	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLUTICAS HFA AER 44MCG	FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT	Tier 3		X		
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLUTICASONE AER 100MCG	FLUTICASONE PROPIONATE AER POW BA 100 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLUTICASONE AER 250MCG	FLUTICASONE PROPIONATE AER POW BA 250 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLUTICASONE AER 50MCG	FLUTICASONE PROPIONATE AER POW BA 50 MCG/ACT	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	FLUTICASONE SPR 50MCG	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT	Tier 1				
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	MOMETASONE SPR 50MCG	MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT	Tier 1				
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	NUCALA INJ 100MG/ML	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 3	X	X		X
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	NUCALA INJ 100MG/ML	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	Tier 3	X	X		X
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	NUCALA INJ 40MG/0.4	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	Tier 3	X	X		X
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	PULMICORT INH 180MCG	BUDESONIDE INHAL AERO POWD 180 MCG/ACT (BREATH ACTIVATED)	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	PULMICORT INH 90MCG	BUDESONIDE INHAL AERO POWD 90 MCG/ACT (BREATH ACTIVATED)	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	PULMICORT SUS 0.25MG/2	BUDESONIDE INHALATION SUSP 0.25 MG/2ML	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	PULMICORT SUS 0.5MG/2	BUDESONIDE INHALATION SUSP 0.5 MG/2ML	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	PULMICORT SUS 1MG/2ML	BUDESONIDE INHALATION SUSP 1 MG/2ML	Tier 3		X	X	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	QVAR REDIHA AER 80MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG/ ACT	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	QVAR REDIHAL AER 40MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG/ ACT	Tier 3		X		
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/ Lung Drugs	ZETONNA AER 37MCG	CICLESONIDE NASAL AEROSOL SOLN 37 MCG/ACT (50 MCG/ VALVE)	Tier 3				
Anti-Influenza Agents - Flu Drugs	OSELTAMIVIR CAP 30MG	OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)	Tier 1				
Anti-Influenza Agents - Flu Drugs	OSELTAMIVIR CAP 45MG	OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV)	Tier 1				
Anti-Influenza Agents - Flu Drugs	OSELTAMIVIR CAP 75MG	OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)	Tier 1				
Anti-Influenza Agents - Flu Drugs	OSELTAMIVIR SUS 6MG/ ML	OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV)	Tier 1				
Anti-Influenza Agents - Flu Drugs	RELENZA MIS DISKHALE	ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3				
Anti-Influenza Agents - Flu Drugs	RIMANTADINE TAB 100MG	RIMANTADINE HYDROCHLORIDE TAB 100 MG	Tier 1				
Anti-Influenza Agents - Flu Drugs	TAMIFLU CAP 30MG	OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)	Tier 3			X	
Anti-Influenza Agents - Flu Drugs	TAMIFLU CAP 45MG	OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV)	Tier 3			X	
Anti-Influenza Agents - Flu Drugs	TAMIFLU CAP 75MG	OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)	Tier 3			X	
Anti-Influenza Agents - Flu Drugs	TAMIFLU SUS 6MG/ML	OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV)	Tier 3			X	
Anti-Influenza Agents - Flu Drugs	XOFLUZA TAB 40MG	BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 40 MG (40 MG DOSE)	Tier 3		X		
Anti-Influenza Agents - Flu Drugs	XOFLUZA TAB 80MG	BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 80 MG (80 MG DOSE)	Tier 3		X		
Antileukotrienes - Asthma/ Lung Drugs	ACCOLATE TAB 10MG	ZAFIRLUKAST TAB 10 MG	Tier 3				
Antileukotrienes - Asthma/ Lung Drugs	ACCOLATE TAB 20MG	ZAFIRLUKAST TAB 20 MG	Tier 3				
Antileukotrienes - Asthma/ Lung Drugs	MONTELUKAST CHW 4MG	MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV)	Tier 1				
Antileukotrienes - Asthma/ Lung Drugs	MONTELUKAST CHW 5MG	MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)	Tier 1				
Antileukotrienes - Asthma/ Lung Drugs	MONTELUKAST GRA 4MG	MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	Tier 1				
Antileukotrienes - Asthma/ Lung Drugs	MONTELUKAST TAB 10MG	MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV)	Tier 1				
Antileukotrienes - Asthma/ Lung Drugs	SINGULAIR CHW 4MG	MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV)	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antileukotrienes - Asthma/ Lung Drugs	SINGULAIR CHW 5MG	MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)	Tier 3			X	
Antileukotrienes - Asthma/ Lung Drugs	SINGULAIR GRA 4MG	MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	Tier 3				
Antileukotrienes - Asthma/ Lung Drugs	SINGULAIR TAB 10MG	MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV)	Tier 3			X	
Antileukotrienes - Asthma/ Lung Drugs	ZAFIRLUKAST TAB 10MG	ZAFIRLUKAST TAB 10 MG	Tier 1				
Antileukotrienes - Asthma/ Lung Drugs	ZAFIRLUKAST TAB 20MG	ZAFIRLUKAST TAB 20 MG	Tier 1				
Antileukotrienes - Asthma/ Lung Drugs	ZILEUTON ER TAB 600MG	ZILEUTON TAB ER 12HR 600 MG	Tier 1				
Antileukotrienes - Asthma/ Lung Drugs	ZYFLO TAB 600MG	ZILEUTON TAB 600 MG	Tier 3				
Antimetabolites - Chemotherapy Agents	CAPECITABINE TAB 150MG	CAPECITABINE TAB 150 MG	Tier 1				X
Antimetabolites - Chemotherapy Agents	CAPECITABINE TAB 500MG	CAPECITABINE TAB 500 MG	Tier 1				X
Antimetabolites - Chemotherapy Agents	DROXIA CAP 200MG	HYDROXYUREA CAP 200 MG	Tier 2				
Antimetabolites - Chemotherapy Agents	DROXIA CAP 300MG	HYDROXYUREA CAP 300 MG	Tier 2				
Antimetabolites - Chemotherapy Agents	DROXIA CAP 400MG	HYDROXYUREA CAP 400 MG	Tier 2				
Antimetabolites - Chemotherapy Agents	HYDREA CAP 500MG	HYDROXYUREA CAP 500 MG	Tier 3				
Antimetabolites - Chemotherapy Agents	HYDROXYUREA CAP 500MG	HYDROXYUREA CAP 500 MG	Tier 1				
Antimetabolites - Chemotherapy Agents	MERCAPTOPUR TAB 50MG	MERCAPTOPURINE TAB 50 MG	Tier 1				
Antimetabolites - Chemotherapy Agents	MERCAPTOPURI SUS 20MG/ML	MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML)	Tier 1				X
Antimetabolites - Chemotherapy Agents	PURIXAN SUS 20MG/ML	MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML)	Tier 3				X
Antimetabolites - Chemotherapy Agents	SIKLOS TAB 1000MG	HYDROXYUREA TAB 1000 MG	Tier 3			X	
Antimetabolites - Chemotherapy Agents	SIKLOS TAB 100MG	HYDROXYUREA TAB 100 MG	Tier 3			X	
Antimetabolites - Chemotherapy Agents	TABLOID TAB 40MG	THIOGUANINE TAB 40 MG	Tier 2				X
Antimetabolites - Chemotherapy Agents	XELODA TAB 150MG	CAPECITABINE TAB 150 MG	Tier 3			X	X
Antimetabolites - Chemotherapy Agents	XELODA TAB 500MG	CAPECITABINE TAB 500 MG	Tier 3			X	X
Antimetabolites - Chemotherapy Agents	XROMI SOL 100MG/ML	HYDROXYUREA ORAL SOLN 100 MG/ML	Tier 3	X		X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antimycobacterials, Other - Miscellaneous Anti-Infectives	DAPSONE TAB 100MG	DAPSONE TAB 100 MG	Tier 1				
Antimycobacterials, Other - Miscellaneous Anti-Infectives	DAPSONE TAB 25MG	DAPSONE TAB 25 MG	Tier 1				
Antimycobacterials, Other - Miscellaneous Anti-Infectives	MYCOBUTIN CAP 150MG	RIFABUTIN CAP 150 MG	Tier 3				
Antimycobacterials, Other - Miscellaneous Anti-Infectives	PRETOMANID TAB 200MG	PRETOMANID TAB 200 MG	Tier 3				
Antimycobacterials, Other - Miscellaneous Anti-Infectives	RIFABUTIN CAP 150MG	RIFABUTIN CAP 150 MG	Tier 1				
Antineoplastics - Drugs to Treat Cancer	EXKIVITY CAP 40MG	MOBOCERTINIB SUCCINATE CAP 40 MG	Tier 3				X
Antineoplastics - Drugs to Treat Cancer	JAYPIRCA TAB 100MG	PIRTOBRUTINIB TAB 100 MG	Tier 3	X	X		X
Antineoplastics - Drugs to Treat Cancer	JAYPIRCA TAB 50MG	PIRTOBRUTINIB TAB 50 MG	Tier 3	X	X		X
Antineoplastics, Other	AKEEGA TAB 100/500	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 100-500 MG	Tier 3	X	X	X	X
Antineoplastics, Other	AKEEGA TAB 50/500MG	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 50-500 MG	Tier 3	X	X	X	X
Antineoplastics, Other	REVUFORJ TAB 110MG	REVUMENIB CITRATE TAB 110 MG	Tier 3	X	X		X
Antineoplastics, Other	REVUFORJ TAB 160MG	REVUMENIB CITRATE TAB 160 MG	Tier 3	X	X		X
Antineoplastics, Other	REVUFORJ TAB 25MG	REVUMENIB CITRATE TAB 25 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	AUGTYRO CAP 160MG	REPOTRECTINIB CAP 160 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	AUGTYRO CAP 40MG	REPOTRECTINIB CAP 40 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	BESREMI SOL 500MCG	ROPEGINTERFERON ALFA-2B-NJFT SOLN PREFILLED SYR 500 MCG/ML	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	COPIKTRA CAP 15MG	DUVELISIB CAP 15 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	COPIKTRA CAP 25MG	DUVELISIB CAP 25 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	FRUZAQLA CAP 1MG	FRUQUINTINIB CAP 1 MG	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	FRUZAQLA CAP 5MG	FRUQUINTINIB CAP 5 MG	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	GOMEKLI CAP 1MG	MIRDAMETINIB CAP 1 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	GOMEKLI CAP 2MG	MIRDAMETINIB CAP 2 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	GOMEKLI TAB 1MG	MIRDAMETINIB TAB FOR ORAL SUSP 1 MG	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antineoplastics, Other - Chemotherapy Agents	INQOVI TAB 35-100MG	DECITABINE-CEDAZURIDINE TAB 35-100 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	INREBIC CAP 100MG	FEDRATINIB HCL CAP 100 MG	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	ITOVEBI TAB 3MG	INAVOLISIB TAB 3 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	ITOVEBI TAB 9MG	INAVOLISIB TAB 9 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	IWILFIN TAB 192MG	EFLORNITHINE HCL TAB 192 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	KISQALI TAB 200DOSE	RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	KISQALI TAB 400DOSE	RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB)	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	KISQALI TAB 600DOSE	RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB)	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	KISQALI 200 PAK FEMARA	RIBOCICLIB 200 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	KISQALI 400 PAK FEMARA	RIBOCICLIB 400 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	KISQALI 600 PAK FEMARA	RIBOCICLIB 600 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	KOSELUGO CAP 10MG	SELUMETINIB SULFATE CAP 10 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	KOSELUGO CAP 25MG	SELUMETINIB SULFATE CAP 25 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	KRAZATI TAB 200MG	ADAGRASIB TAB 200 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	LEUCOVOR CA TAB 10MG	LEUCOVORIN CALCIUM TAB 10 MG	Tier 1				
Antineoplastics, Other - Chemotherapy Agents	LEUCOVOR CA TAB 15MG	LEUCOVORIN CALCIUM TAB 15 MG	Tier 1				
Antineoplastics, Other - Chemotherapy Agents	LEUCOVOR CA TAB 25MG	LEUCOVORIN CALCIUM TAB 25 MG	Tier 1				
Antineoplastics, Other - Chemotherapy Agents	LEUCOVOR CA TAB 5MG	LEUCOVORIN CALCIUM TAB 5 MG	Tier 1				
Antineoplastics, Other - Chemotherapy Agents	LONSURF TAB 15-6.14	TRIFLURIDINE-TIPIRACIL TAB 15-6.14 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	LONSURF TAB 20-8.19	TRIFLURIDINE-TIPIRACIL TAB 20-8.19 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	LORBRENA TAB 100MG	LORLATINIB TAB 100 MG	Tier 3	X		X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antineoplastics, Other - Chemotherapy Agents	LORBRENA TAB 25MG	LORLATINIB TAB 25 MG	Tier 3	X		X	X
Antineoplastics, Other - Chemotherapy Agents	LUMAKRAS TAB 120MG	SOTORASIB TAB 120 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	LUMAKRAS TAB 240MG	SOTORASIB TAB 240 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	LUMAKRAS TAB 320MG	SOTORASIB TAB 320 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	NINLARO CAP 2.3MG	IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVALENT)	Tier 2	X			X
Antineoplastics, Other - Chemotherapy Agents	NINLARO CAP 3MG	IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALENT)	Tier 2	X			X
Antineoplastics, Other - Chemotherapy Agents	NINLARO CAP 4MG	IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALENT)	Tier 2	X			X
Antineoplastics, Other - Chemotherapy Agents	OGSIVEO TAB 100MG	NIROGACESTAT HYDROBROMIDE TAB 100 MG	Tier 2	X			X
Antineoplastics, Other - Chemotherapy Agents	OGSIVEO TAB 150MG	NIROGACESTAT HYDROBROMIDE TAB 150 MG	Tier 2	X			X
Antineoplastics, Other - Chemotherapy Agents	OGSIVEO TAB 50MG	NIROGACESTAT HYDROBROMIDE TAB 50 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	OJJAARA TAB 100MG	MOMELOTINIB DIHYDROCHLORIDE TAB 100 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	OJJAARA TAB 150MG	MOMELOTINIB DIHYDROCHLORIDE TAB 150 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	OJJAARA TAB 200MG	MOMELOTINIB DIHYDROCHLORIDE TAB 200 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	ONUREG TAB 200MG	AZACITIDINE TAB 200 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	ONUREG TAB 300MG	AZACITIDINE TAB 300 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	PIQRAY 200MG TAB DOSE	ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	PIQRAY 250MG TAB DOSE	ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	PIQRAY 300MG TAB DOSE	ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	ROMVIMZA CAP 14MG	VIMSELTINIB CAP 14 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	ROMVIMZA CAP 20MG	VIMSELTINIB CAP 20 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	ROMVIMZA CAP 30MG	VIMSELTINIB CAP 30 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	ROZLYTREK CAP 100MG	ENTRECTINIB CAP 100 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	ROZLYTREK CAP 200MG	ENTRECTINIB CAP 200 MG	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antineoplastics, Other - Chemotherapy Agents	ROZLYTREK PAK 50MG	ENTRECTINIB PELLET PACK 50 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	SCEMBLIX TAB 100MG	ASCIMINIB HCL TAB 100 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	SCEMBLIX TAB 20MG	ASCIMINIB HCL TAB 20 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	SCEMBLIX TAB 40MG	ASCIMINIB HCL TAB 40 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	SYNRIBO INJ 3.5MG	OMACETAXINE MEPESUCCINATE FOR INJ 3.5 MG	Tier 2				X
Antineoplastics, Other - Chemotherapy Agents	TALZENNA CAP 0.1MG	TALAZOPARIB TOSYLATE CAP 0.1 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	TALZENNA CAP 0.35MG	TALAZOPARIB TOSYLATE CAP 0.35 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	TALZENNA CAP 0.5MG	TALAZOPARIB TOSYLATE CAP 0.5 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	TALZENNA CAP 0.75MG	TALAZOPARIB TOSYLATE CAP 0.75 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Antineoplastics, Other - Chemotherapy Agents	TAZVERIK TAB 200MG	TAZEMETOSTAT HBR TAB 200 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	TRUQAP PAK 160MG	CAPIVASERTIB TAB THERAPY PACK 160 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	TRUQAP PAK 200MG	CAPIVASERTIB TAB THERAPY PACK 200 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	TRUQAP TAB 160MG	CAPIVASERTIB TAB 160 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	TRUQAP TAB 200MG	CAPIVASERTIB TAB 200 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	VANFLYTA TAB 17.7MG	QUIZARTINIB DIHYDROCHLORIDE TAB 17.7 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	VANFLYTA TAB 26.5MG	QUIZARTINIB DIHYDROCHLORIDE TAB 26.5 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	VERZENIO TAB 100MG	ABEMACICLIB TAB 100 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	VERZENIO TAB 150MG	ABEMACICLIB TAB 150 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	VERZENIO TAB 200MG	ABEMACICLIB TAB 200 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	VERZENIO TAB 50MG	ABEMACICLIB TAB 50 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	VONJO CAP 100MG	PACRITINIB CITRATE CAP 100 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	VORANIGO TAB 10MG	VORASIDENIB TAB 10 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	VORANIGO TAB 40MG	VORASIDENIB TAB 40 MG	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antineoplastics, Other - Chemotherapy Agents	WELIREG TAB 40MG	BELZUTIFAN TAB 40 MG	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 40 MG (80 MG ONCE WEEKLY)	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 40 MG (40 MG TWICE WEEKLY)	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 40 MG (40 MG ONCE WEEKLY)	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 10 MG (40 MG ONCE WEEKLY)	Tier 3	X			X
Antineoplastics, Other - Chemotherapy Agents	XPOVIO PAK 50MG	SELINEXOR TAB THERAPY PACK 50 MG (100 MG ONCE WEEKLY)	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	XPOVIO PAK 60MG	SELINEXOR TAB THERAPY PACK 20 MG (60 MG TWICE WEEKLY)	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	XPOVIO PAK 60MG	SELINEXOR TAB THERAPY PACK 60 MG (60 MG ONCE WEEKLY)	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	XPOVIO PAK 80MG	SELINEXOR TAB THERAPY PACK 20 MG (80 MG TWICE WEEKLY)	Tier 3	X	X		X
Antineoplastics, Other - Chemotherapy Agents	ZOLINZA CAP 100MG	VORINOSTAT CAP 100 MG	Tier 2	X	X		X
Antineoplastics, Other - Chemotherapy Agents	ZYKADIA TAB 150MG	CERITINIB TAB 150 MG	Tier 3	X	X	X	X
Antiparkinson Agents - Parkinson's Disease Drugs	NOURIANZ TAB 20MG	ISTRADEFYLLINE TAB 20 MG	Tier 3		X		
Antiparkinson Agents - Parkinson's Disease Drugs	NOURIANZ TAB 40MG	ISTRADEFYLLINE TAB 40 MG	Tier 3		X		
Antiparkinson Agents, Other - Parkinson's Disease Drugs	AMANTADINE CAP 100MG	AMANTADINE HCL CAP 100 MG	Tier 1				
Antiparkinson Agents, Other - Parkinson's Disease Drugs	AMANTADINE SOL 100/10ML	AMANTADINE HCL SOLN 50 MG/5ML	Tier 1				
Antiparkinson Agents, Other - Parkinson's Disease Drugs	AMANTADINE SOL 50MG/5ML	AMANTADINE HCL SOLN 50 MG/5ML	Tier 1				
Antiparkinson Agents, Other - Parkinson's Disease Drugs	AMANTADINE TAB 100MG	AMANTADINE HCL TAB 100 MG	Tier 1				
Antiparkinson Agents, Other - Parkinson's Disease Drugs	COMTAN TAB 200MG	ENTACAPONE TAB 200 MG	Tier 3				
Antiparkinson Agents, Other - Parkinson's Disease Drugs	ENTACAPONE TAB 200MG	ENTACAPONE TAB 200 MG	Tier 1				
Antiparkinson Agents, Other - Parkinson's Disease Drugs	GOCOVRI CAP 137MG	AMANTADINE HCL CAP ER 24HR 137 MG (BASE EQUIVALENT)	Tier 3		X	X	
Antiparkinson Agents, Other - Parkinson's Disease Drugs	GOCOVRI CAP 68.5MG	AMANTADINE HCL CAP ER 24HR 68.5 MG (BASE EQUIVALENT)	Tier 3		X	X	
Antiparkinson Agents, Other - Parkinson's Disease Drugs	ONGENTYS CAP 25MG	OPICAPONE CAP 25 MG	Tier 3		X		
Antiparkinson Agents, Other - Parkinson's Disease Drugs	ONGENTYS CAP 50MG	OPICAPONE CAP 50 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antiparkinson Agents, Other - Parkinson's Disease Drugs	OSMOLEX ER TAB 129MG	AMANTADINE HCL TAB ER 24HR 129 MG (BASE EQUIVALENT)	Tier 3			X	
Antiparkinson Agents, Other - Parkinson's Disease Drugs	OSMOLEX ER TAB 193MG	AMANTADINE HCL TAB ER 24HR 193 MG (BASE EQUIVALENT)	Tier 3			X	
Antiparkinson Agents, Other - Parkinson's Disease Drugs	TASMAR TAB 100MG	TOLCAPONE TAB 100 MG	Tier 3			X	
Antiparkinson Agents, Other - Parkinson's Disease Drugs	TOLCAPONE TAB 100MG	TOLCAPONE TAB 100 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	ALINIA SUS 100/5ML	NITAZOXANIDE FOR SUSP 100 MG/5ML	Tier 2				
Antiprotozoals - Protozoal Infection Drugs	ALINIA TAB 500MG	NITAZOXANIDE TAB 500 MG	Tier 3			X	
Antiprotozoals - Protozoal Infection Drugs	ARAKODA TAB 100MG	TAFENOQUINE SUCCINATE TAB 100 MG (BASE EQUIVALENT)	Tier 3		X		
Antiprotozoals - Protozoal Infection Drugs	ATOVAQ/PROGU TAB 250-100	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	ATOVAQ/PROGU TAB 62.5-25	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	ATOVAQUONE SUS 750/5ML	ATOVAQUONE SUSP 750 MG/5ML	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	CHLOROQUINE TAB 250MG	CHLOROQUINE PHOSPHATE TAB 250 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	CHLOROQUINE TAB 500MG	CHLOROQUINE PHOSPHATE TAB 500 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	COARTEM TAB 20-120MG	ARTEMETHER-LUMEFANTRINE TAB 20-120 MG	Tier 2				
Antiprotozoals - Protozoal Infection Drugs	DARAPRIM TAB 25MG	PYRIMETHAMINE TAB 25 MG	Tier 3	X			X
Antiprotozoals - Protozoal Infection Drugs	HYDROXYCHLOR TAB 100MG	HYDROXYCHLOROQUINE SULFATE TAB 100 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	HYDROXYCHLOR TAB 200MG	HYDROXYCHLOROQUINE SULFATE TAB 200 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	HYDROXYCHLOR TAB 300MG	HYDROXYCHLOROQUINE SULFATE TAB 300 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	HYDROXYCHLOR TAB 400MG	HYDROXYCHLOROQUINE SULFATE TAB 400 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	IMPAVIDO CAP 50MG	MILTEFOSINE CAP 50 MG	Tier 2	X	X		
Antiprotozoals - Protozoal Infection Drugs	KRINTAFEL TAB 150MG	TAFENOQUINE SUCCINATE TAB 150 MG (BASE EQUIVALENT)	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	LAMPIT TAB 120MG	NIFURTIMOX TAB 120 MG	Tier 3		X		
Antiprotozoals - Protozoal Infection Drugs	LAMPIT TAB 30MG	NIFURTIMOX TAB 30 MG	Tier 3		X		
Antiprotozoals - Protozoal Infection Drugs	MALARONE TAB 250-100	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antiprotozoals - Protozoal Infection Drugs	MALARONE TAB 62.5-25	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	Tier 3				
Antiprotozoals - Protozoal Infection Drugs	MEFLOQUINE TAB 250MG	MEFLOQUINE HCL TAB 250 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	MEPRON SUS	ATOVAQUONE SUSP 750 MG/5ML	Tier 3			X	
Antiprotozoals - Protozoal Infection Drugs	NEBUPENT INH 300MG	PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG	Tier 3				
Antiprotozoals - Protozoal Infection Drugs	NITAZOXANIDE TAB 500MG	NITAZOXANIDE TAB 500 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	PENTAMIDINE INH 300MG	PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	PLAQUENIL TAB 200MG	HYDROXYCHLOROQUINE SULFATE TAB 200 MG	Tier 3			X	
Antiprotozoals - Protozoal Infection Drugs	PRIMAQUINE TAB 26.3MG	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	PYRIMETHAMIN TAB 25MG	PYRIMETHAMINE TAB 25 MG	Tier 1	X			X
Antiprotozoals - Protozoal Infection Drugs	QUALAQUIN CAP 324MG	QUININE SULFATE CAP 324 MG	Tier 3				
Antiprotozoals - Protozoal Infection Drugs	QUININE SULF CAP 324MG	QUININE SULFATE CAP 324 MG	Tier 1				
Antiprotozoals - Protozoal Infection Drugs	SOVUNA TAB 200MG	HYDROXYCHLOROQUINE SULFATE TAB 200 MG	Tier 3			X	
Antiprotozoals - Protozoal Infection Drugs	SOVUNA TAB 300MG	HYDROXYCHLOROQUINE SULFATE TAB 300 MG	Tier 3			X	
Antipsychotics, other	COBENFY CAP 100-20MG	XANOMELINE TARTRATE-TROSPIUM CHLORIDE CAP 100-20 MG	Tier 3	X	X		
Antipsychotics, other	COBENFY CAP 125-30MG	XANOMELINE TARTRATE-TROSPIUM CHLORIDE CAP 125-30 MG	Tier 3	X	X		
Antipsychotics, other	COBENFY CAP 50-20MG	XANOMELINE TARTRATE-TROSPIUM CHLORIDE CAP 50-20 MG	Tier 3	X	X		
Antipsychotics, other	COBENFY STRT CAP PACK	XANOMELINE-TROSPIUM CHLORIDE CAP PACK 50-20 MG & 100-20 MG	Tier 3	X	X		
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	ANASPAZ TAB 0.125MG	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	Tier 2				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	CHLORD/CLIDI CAP 5-2.5MG	CHLORDIAZEPOXIDE HCL-CLIDINIUM BROMIDE CAP 5-2.5 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	CUVPOSA SOL 1MG/5ML	GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	Tier 3				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	DARTISLA ODT TAB 1.7MG	GLYCOPYRROLATE TAB DISINTEGRATING 1.7 MG	Tier 3		X	X	
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	DICYCLOMINE CAP 10MG	DICYCLOMINE HCL CAP 10 MG	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	DICYCLOMINE SOL 10MG/5ML	DICYCLOMINE HCL ORAL SOLN 10 MG/5ML	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	DICYCLOMINE TAB 20MG	DICYCLOMINE HCL TAB 20 MG	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	GLYCATE TAB 1.5MG	GLYCOPYRROLATE TAB 1.5 MG	Tier 3			X	
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	GLYCOPYRROL TAB 1MG	GLYCOPYRROLATE TAB 1 MG	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	GLYCOPYRROL TAB 2MG	GLYCOPYRROLATE TAB 2 MG	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	GLYCOPYRROLA SOL 1MG/5ML	GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	GLYCOPYRROLA TAB 1.5MG	GLYCOPYRROLATE TAB 1.5 MG	Tier 3			X	
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	HYOSCYAMINE DRO 0.125/ML	HYOSCYAMINE SULFATE SOLN 0.125 MG/ML	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	HYOSCYAMINE ELX 0.125/5	HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	HYOSCYAMINE SUB 0.125MG	HYOSCYAMINE SULFATE SL TAB 0.125 MG	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	HYOSCYAMINE TAB 0.125MG	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	HYOSCYAMINE TAB 0.125MG	HYOSCYAMINE SULFATE TAB 0.125 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	HYOSCYAMINE TAB 0.375 ER	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	HYOSCYAMINE TAB 0.375 SR	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	HYOSYNE DRO 0.125/ML	HYOSCYAMINE SULFATE SOLN 0.125 MG/ML	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	HYOSYNE ELX 0.125/5	HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	LEVBID TAB 0.375 ER	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	Tier 3				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	LEVSIN TAB 0.125MG	HYOSCYAMINE SULFATE TAB 0.125 MG	Tier 3				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	LEVSIN/SL SUB 0.125MG	HYOSCYAMINE SULFATE SL TAB 0.125 MG	Tier 3				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	LIBRAX CAP 5-2.5MG	CHLORDIAZEPOXIDE HCL-CLIDINIUM BROMIDE CAP 5-2.5 MG	Tier 3			X	
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	METHSCOPOLAM TAB 2.5MG	METHSCOPOLAMINE BROMIDE TAB 2.5 MG	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	METHSCOPOLAM TAB 5MG	METHSCOPOLAMINE BROMIDE TAB 5 MG	Tier 1				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	NULEV TAB 0.125MG	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	Tier 3				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	OSCIMIN SUB 0.125MG	HYOSCYAMINE SULFATE SL TAB 0.125 MG	Tier 3				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	OSCIMIN TAB 0.125MG	HYOSCYAMINE SULFATE TAB 0.125 MG	Tier 3				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	ROBINUL TAB 1MG	GLYCOPYRROLATE TAB 1 MG	Tier 3			X	
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	ROBINUL FORT TAB 2MG	GLYCOPYRROLATE TAB 2 MG	Tier 3			X	
Antispasmodics, Urinary - Bladder Control Drugs	DETROL LA CAP 2MG	TOLTERODINE TARTRATE CAP ER 24HR 2 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antispasmodics, Urinary - Bladder Control Drugs	DETROL LA CAP 4MG	TOLTERODINE TARTRATE CAP ER 24HR 4 MG	Tier 3			X	
Antispasmodics, Urinary - Bladder Control Drugs	DITROPAN XL TAB 5MG	OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG	Tier 3			X	
Antispasmodics, Urinary - Bladder Control Drugs	FESOTERODINE TAB 4MG ER	FESOTERODINE FUMARATE TAB ER 24HR 4 MG	Tier 1			X	
Antispasmodics, Urinary - Bladder Control Drugs	FESOTERODINE TAB 8MG ER	FESOTERODINE FUMARATE TAB ER 24HR 8 MG	Tier 1			X	
Antispasmodics, Urinary - Bladder Control Drugs	FLAVOXATE TAB 100MG	FLAVOXATE HCL TAB 100 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	GEMTESA TAB 75MG	VIBEGRON TAB 75 MG	Tier 3				
Antispasmodics, Urinary - Bladder Control Drugs	HYOPHEN TAB	METHENAMINE-HYOSC-METH BLUE-BENZ ACID-PHENYL SAL TAB 81.6MG	Tier 3				
Antispasmodics, Urinary - Bladder Control Drugs	MIRABEGRON TAB 25MG ER	MIRABEGRON TAB ER 24 HR 25 MG	Tier 1			X	
Antispasmodics, Urinary - Bladder Control Drugs	MIRABEGRON TAB 50MG ER	MIRABEGRON TAB ER 24 HR 50 MG	Tier 1			X	
Antispasmodics, Urinary - Bladder Control Drugs	MYRBETRIQ SUS 8MG/ ML	MIRABEGRON GRANULES FOR ORAL EXTENDED RELEASE SUSP 8 MG/ML	Tier 3			X	
Antispasmodics, Urinary - Bladder Control Drugs	OXYBUTYNIN SOL 5MG/5ML	OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	OXYBUTYNIN TAB 10MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	OXYBUTYNIN TAB 15MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	OXYBUTYNIN TAB 2.5MG	OXYBUTYNIN CHLORIDE TAB 2.5 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	OXYBUTYNIN TAB 5MG	OXYBUTYNIN CHLORIDE TAB 5 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	OXYBUTYNIN TAB 5MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	SOLIFENACIN TAB 10MG	SOLIFENACIN SUCCINATE TAB 10 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	SOLIFENACIN TAB 5MG	SOLIFENACIN SUCCINATE TAB 5 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	TOLTERODINE CAP 2MG ER	TOLTERODINE TARTRATE CAP ER 24HR 2 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	TOLTERODINE CAP 4MG ER	TOLTERODINE TARTRATE CAP ER 24HR 4 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	TOLTERODINE TAB 1MG	TOLTERODINE TARTRATE TAB 1 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	TOLTERODINE TAB 2MG	TOLTERODINE TARTRATE TAB 2 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antispasmodics, Urinary - Bladder Control Drugs	TOVIAZ TAB 4MG	FESOTERODINE FUMARATE TAB ER 24HR 4 MG	Tier 2			X	
Antispasmodics, Urinary - Bladder Control Drugs	TOVIAZ TAB 8MG	FESOTERODINE FUMARATE TAB ER 24HR 8 MG	Tier 2			X	
Antispasmodics, Urinary - Bladder Control Drugs	TROSPIUM CL TAB 20MG	TROSPIUM CHLORIDE TAB 20 MG	Tier 1				
Antispasmodics, Urinary - Bladder Control Drugs	VESICARE LS SUS 5MG/5ML	SOLIFENACIN SUCCINATE SUSP 5 MG/5ML (1 MG/ML)	Tier 3				
Antithyroid Agents - Thyroid Suppressing Drugs	METHIMAZOLE TAB 10MG	METHIMAZOLE TAB 10 MG	Tier 1				
Antithyroid Agents - Thyroid Suppressing Drugs	METHIMAZOLE TAB 5MG	METHIMAZOLE TAB 5 MG	Tier 1				
Antithyroid Agents - Thyroid Suppressing Drugs	PROPYLTHIOUR TAB 50MG	PROPYLTHIOURACIL TAB 50 MG	Tier 1				
Antituberculars - Tuberculosis Drugs	CYCLOSERINE CAP 250MG	CYCLOSERINE CAP 250 MG	Tier 1				
Antituberculars - Tuberculosis Drugs	ETHAMBUTOL TAB 100MG	ETHAMBUTOL HCL TAB 100 MG	Tier 1				
Antituberculars - Tuberculosis Drugs	ETHAMBUTOL TAB 400MG	ETHAMBUTOL HCL TAB 400 MG	Tier 1				
Antituberculars - Tuberculosis Drugs	ISONIAZID SYP 50MG/5ML	ISONIAZID SYRUP 50 MG/5ML	Tier 1				
Antituberculars - Tuberculosis Drugs	ISONIAZID TAB 100MG	ISONIAZID TAB 100 MG	Tier 1				
Antituberculars - Tuberculosis Drugs	ISONIAZID TAB 300MG	ISONIAZID TAB 300 MG	Tier 1				
Antituberculars - Tuberculosis Drugs	MYAMBUTOL TAB 400MG	ETHAMBUTOL HCL TAB 400 MG	Tier 3				
Antituberculars - Tuberculosis Drugs	PRIFTIN TAB 150MG	RIFAPENTINE TAB 150 MG	Tier 2				
Antituberculars - Tuberculosis Drugs	PYRAZINAMIDE TAB 500MG	PYRAZINAMIDE TAB 500 MG	Tier 1				
Antituberculars - Tuberculosis Drugs	RIFAMPIN CAP 150MG	RIFAMPIN CAP 150 MG	Tier 1				
Antituberculars - Tuberculosis Drugs	RIFAMPIN CAP 300MG	RIFAMPIN CAP 300 MG	Tier 1				
Antituberculars - Tuberculosis Drugs	RIFAMPIN SUS 25MG/ML	RIFAMPIN SUSP 25 MG/ML (COMPOUND KIT)	Tier 3	X			
Antituberculars - Tuberculosis Drugs	SIRTURO TAB 100MG	BEDAQUILINE FUMARATE TAB 100 MG (BASE EQUIV)	Tier 2				
Antituberculars - Tuberculosis Drugs	SIRTURO TAB 20MG	BEDAQUILINE FUMARATE TAB 20 MG (BASE EQUIV)	Tier 2				
Antituberculars - Tuberculosis Drugs	TRECATOR TAB 250MG	ETHIONAMIDE TAB 250 MG	Tier 2				
Antivirals	TEMBEXA SUS 10MG/ML	BRINCIDOFOVIR ORAL SUSP 10 MG/ML	Tier 3				
Antivirals	TEMBEXA TAB 100MG	BRINCIDOFOVIR TAB 100 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Antivirals	TPOXX CAP 200MG	TECOVIRIMAT CAP 200 MG	Tier 3				
Antivirals - Drugs to Treat Viral Infections	LAGEVRIO CAP 200MG	MOLNUPIRAVIR CAP 200 MG	Tier 2		X		
Antivirals - Drugs to Treat Viral Infections	PAXLOVID TAB 150-100	NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	Tier 2		X		
Antivirals - Drugs to Treat Viral Infections	PAXLOVID TAB 300-100	NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	Tier 2		X		
Antivirals - Drugs to Treat Viral Infections	RIBAVIRIN INH 6GM	RIBAVIRIN FOR INHAL SOLN 6 GM	Tier 1				
Antivirals - Drugs to Treat Viral Infections	VIRAZOLE INH 6GM	RIBAVIRIN FOR INHAL SOLN 6 GM	Tier 3				
Anxiolytics, Other - Anxiety Drugs	BUSPIRONE TAB 10MG	BUSPIRONE HCL TAB 10 MG	Tier 1				
Anxiolytics, Other - Anxiety Drugs	BUSPIRONE TAB 15MG	BUSPIRONE HCL TAB 15 MG	Tier 1				
Anxiolytics, Other - Anxiety Drugs	BUSPIRONE TAB 30MG	BUSPIRONE HCL TAB 30 MG	Tier 1				
Anxiolytics, Other - Anxiety Drugs	BUSPIRONE TAB 5MG	BUSPIRONE HCL TAB 5 MG	Tier 1				
Anxiolytics, Other - Anxiety Drugs	BUSPIRONE TAB 7.5MG	BUSPIRONE HCL TAB 7.5 MG	Tier 1				
Anxiolytics, Other - Anxiety Drugs	HYDROXYZ HCL SYP 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	Tier 1				
Anxiolytics, Other - Anxiety Drugs	HYDROXYZ HCL TAB 10MG	HYDROXYZINE HCL TAB 10 MG	Tier 1				
Anxiolytics, Other - Anxiety Drugs	HYDROXYZ HCL TAB 25MG	HYDROXYZINE HCL TAB 25 MG	Tier 1				
Anxiolytics, Other - Anxiety Drugs	HYDROXYZ HCL TAB 50MG	HYDROXYZINE HCL TAB 50 MG	Tier 1				
Anxiolytics, Other - Anxiety Drugs	HYDROXYZINE SYP 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	Tier 1				
Anxiolytics, Other - Anxiety Drugs	MEPROBAMATE TAB 200MG	MEPROBAMATE TAB 200 MG	Tier 1				
Anxiolytics, Other - Anxiety Drugs	MEPROBAMATE TAB 400MG	MEPROBAMATE TAB 400 MG	Tier 1				
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	ANASTROZOLE TAB 1MG	ANASTROZOLE TAB 1 MG	Tier 1^				
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	ARIMIDEX TAB 1MG	ANASTROZOLE TAB 1 MG	Tier 3			X	
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	AROMASIN TAB 25MG	EXEMESTANE TAB 25 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	EXEMESTANE TAB 25MG	EXEMESTANE TAB 25 MG	Tier 1^				
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	FEMARA TAB 2.5MG	LETROZOLE TAB 2.5 MG	Tier 3			X	
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	LETROZOLE TAB 2.5MG	LETROZOLE TAB 2.5 MG	Tier 1^				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL TAB 10MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL TAB 12.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL TAB 15MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL TAB 20MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL TAB 30MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL TAB 5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL TAB 7.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL XR CAP 10MG	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL XR CAP 15MG	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL XR CAP 20MG	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL XR CAP 25MG	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL XR CAP 30MG	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADDERALL XR CAP 5MG	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADZENYS XR TAB 12.5MG	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 12.5 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADZENYS XR TAB 15.7 MG	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 15.7 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADZENYS XR TAB 18.8MG	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 18.8 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADZENYS XR TAB 3.1MG	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 3.1 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADZENYS XR TAB 6.3MG	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 6.3 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ADZENYS XR TAB 9.4MG	AMPHETAMINE TAB EXTENDED RELEASE DISINTEGRATING 9.4 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR CAP 10MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR CAP 12.5 ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR CAP 15MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR CAP 20MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR CAP 25MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR CAP 25MG ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR CAP 30MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR CAP 37.5 ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR CAP 50MG ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR CAP 5MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR TAB 10MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR TAB 12.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR TAB 15MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR TAB 20MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR TAB 30MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR TAB 5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHET/DEXTR TAB 7.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHETAMINE TAB 10MG	AMPHETAMINE SULFATE TAB 10 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	AMPHETAMINE TAB 5MG	AMPHETAMINE SULFATE TAB 5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DESOXYN TAB 5MG	METHAMPHETAMINE HCL TAB 5 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXEDRINE CAP 10MG CR	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXEDRINE CAP 15MG CR	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXTROAMPHET CAP 10MG ER	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXTROAMPHET CAP 15MG ER	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXTROAMPHET CAP 5MG ER	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXTROAMPHET SOL 5MG/5ML	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXTROAMPHET TAB 10MG	DEXTROAMPHETAMINE SULFATE TAB 10 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXTROAMPHET TAB 15MG	DEXTROAMPHETAMINE SULFATE TAB 15 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXTROAMPHET TAB 2.5MG	DEXTROAMPHETAMINE SULFATE TAB 2.5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXTROAMPHET TAB 20MG	DEXTROAMPHETAMINE SULFATE TAB 20 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXTROAMPHET TAB 30MG	DEXTROAMPHETAMINE SULFATE TAB 30 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXTROAMPHET TAB 5MG	DEXTROAMPHETAMINE SULFATE TAB 5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DEXTROAMPHET TAB 7.5MG	DEXTROAMPHETAMINE SULFATE TAB 7.5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DYANAVEL XR SUS 2.5MG/ML	AMPHETAMINE EXTENDED RELEASE SUSP 2.5 MG/ML	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DYANAVEL XR TAB 10MG	AMPHETAMINE TAB EXTENDED RELEASE 10 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DYANAVEL XR TAB 15MG	AMPHETAMINE TAB EXTENDED RELEASE 15 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DYANAVEL XR TAB 20MG	AMPHETAMINE TAB EXTENDED RELEASE 20 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	DYANAVEL XR TAB 5MG	AMPHETAMINE TAB EXTENDED RELEASE 5 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	EVEKEO TAB 10MG	AMPHETAMINE SULFATE TAB 10 MG	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	EVEKEO TAB 5MG	AMPHETAMINE SULFATE TAB 5 MG	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	EVEKEO ODT TAB 10MG	AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 10 MG	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	EVEKEO ODT TAB 15MG	AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 15 MG	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	EVEKEO ODT TAB 20MG	AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 20 MG	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	EVEKEO ODT TAB 5MG	AMPHETAMINE SULFATE ORALLY DISINTEGRATING TAB 5 MG	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CAP 10MG	LISDEXAMFETAMINE DIMESYLATE CAP 10 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CAP 20MG	LISDEXAMFETAMINE DIMESYLATE CAP 20 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CAP 30MG	LISDEXAMFETAMINE DIMESYLATE CAP 30 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CAP 40MG	LISDEXAMFETAMINE DIMESYLATE CAP 40 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CAP 50MG	LISDEXAMFETAMINE DIMESYLATE CAP 50 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CAP 60MG	LISDEXAMFETAMINE DIMESYLATE CAP 60 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CAP 70MG	LISDEXAMFETAMINE DIMESYLATE CAP 70 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CHW 10MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CHW 20MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CHW 30MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CHW 40MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CHW 50MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	LISDEXAMFETA CHW 60MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	METHAMPHETAM TAB 5MG	METHAMPHETAMINE HCL TAB 5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	MYDAYIS CAP 12.5MG	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	MYDAYIS CAP 25MG	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	MYDAYIS CAP 37.5MG	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	MYDAYIS CAP 50MG	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	PROCENTRA SOL 5MG/5ML	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CAP 10MG	LISDEXAMFETAMINE DIMESYLATE CAP 10 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CAP 20MG	LISDEXAMFETAMINE DIMESYLATE CAP 20 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CAP 30MG	LISDEXAMFETAMINE DIMESYLATE CAP 30 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CAP 40MG	LISDEXAMFETAMINE DIMESYLATE CAP 40 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CAP 50MG	LISDEXAMFETAMINE DIMESYLATE CAP 50 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CAP 60MG	LISDEXAMFETAMINE DIMESYLATE CAP 60 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CAP 70MG	LISDEXAMFETAMINE DIMESYLATE CAP 70 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CHW 10MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CHW 20MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CHW 30MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CHW 40MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CHW 50MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	VYVANSE CHW 60MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	XELSTRYM PAD 13.5/9HR	DEXTROAMPHETAMINE TD PATCH 13.5 MG/9HR	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	XELSTRYM PAD 18MG/9HR	DEXTROAMPHETAMINE TD PATCH 18 MG/9HR	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	XELSTRYM PAD 4.5MG/9H	DEXTROAMPHETAMINE TD PATCH 4.5 MG/9HR	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	XELSTRYM PAD 9MG/9HR	DEXTROAMPHETAMINE TD PATCH 9 MG/9HR	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ZENZEDI TAB 10MG	DEXTROAMPHETAMINE SULFATE TAB 10 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ZENZEDI TAB 15MG	DEXTROAMPHETAMINE SULFATE TAB 15 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ZENZEDI TAB 2.5MG	DEXTROAMPHETAMINE SULFATE TAB 2.5 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ZENZEDI TAB 20MG	DEXTROAMPHETAMINE SULFATE TAB 20 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ZENZEDI TAB 30MG	DEXTROAMPHETAMINE SULFATE TAB 30 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ZENZEDI TAB 5MG	DEXTROAMPHETAMINE SULFATE TAB 5 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	ZENZEDI TAB 7.5MG	DEXTROAMPHETAMINE SULFATE TAB 7.5 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	APTENSIO XR CAP 10MG	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (XR)	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	APTENSIO XR CAP 15MG	METHYLPHENIDATE HCL CAP ER 24HR 15 MG (XR)	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	APTENSIO XR CAP 20MG	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (XR)	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	APTENSIO XR CAP 30MG	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (XR)	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	APTENSIO XR CAP 40MG	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (XR)	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	APTENSIO XR CAP 50MG	METHYLPHENIDATE HCL CAP ER 24HR 50 MG (XR)	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	APTENSIO XR CAP 60MG	METHYLPHENIDATE HCL CAP ER 24HR 60 MG (XR)	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	ATOMOXETINE CAP 100MG	ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	ATOMOXETINE CAP 10MG	ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	ATOMOXETINE CAP 18MG	ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	ATOMOXETINE CAP 25MG	ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	ATOMOXETINE CAP 40MG	ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	ATOMOXETINE CAP 60MG	ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	ATOMOXETINE CAP 80MG	ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	AZSTARYS CAP 26.1-5.2	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 26.1-5.2 MG	Tier 2		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	AZSTARYS CAP 39.2-7.8	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 39.2-7.8 MG	Tier 2		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	AZSTARYS CAP 52.3-10.	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 52.3-10.4 MG	Tier 2		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	CLONIDINE TAB 0.1MG ER	CLONIDINE HCL TAB ER 12HR 0.1 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	CONCERTA TAB 18MG	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	CONCERTA TAB 27MG	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	CONCERTA TAB 36MG	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	CONCERTA TAB 54MG	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	COTEMPLA XR TAB 17.3MG	METHYLPHENIDATE TAB EXTENDED RELEASE DISINTEGRATING 17.3 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	COTEMPLA XR TAB 25.9MG	METHYLPHENIDATE TAB EXTENDED RELEASE DISINTEGRATING 25.9 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	COTEMPLA XR TAB 8.6MG	METHYLPHENIDATE TAB EXTENDED RELEASE DISINTEGRATING 8.6 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DAYTRANA DIS 10MG/9HR	METHYLPHENIDATE TD PATCH 10 MG/9HR	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DAYTRANA DIS 15MG/9HR	METHYLPHENIDATE TD PATCH 15 MG/9HR	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DAYTRANA DIS 20MG/9HR	METHYLPHENIDATE TD PATCH 20 MG/9HR	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DAYTRANA DIS 30MG/9HR	METHYLPHENIDATE TD PATCH 30 MG/9HR	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DEXMETHYLPH CAP 15MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DEXMETHYLPH CAP 30MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DEXMETHYLPH CAP 40MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DEXMETHYLPH TAB 10MG	DEXMETHYLPHENIDATE HCL TAB 10 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DEXMETHYLPH TAB 2.5MG	DEXMETHYLPHENIDATE HCL TAB 2.5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DEXMETHYLPH TAB 5MG	DEXMETHYLPHENIDATE HCL TAB 5 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DEXMETHYLPHE CAP 10MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DEXMETHYLPHE CAP 20MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DEXMETHYLPHE CAP 25MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DEXMETHYLPHE CAP 5MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	DEXMETHYLPHE CAP ER 35MG	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	FOCALIN TAB 10MG	DEXMETHYLPHENIDATE HCL TAB 10 MG	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	FOCALIN TAB 2.5MG	DEXMETHYLPHENIDATE HCL TAB 2.5 MG	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	FOCALIN TAB 5MG	DEXMETHYLPHENIDATE HCL TAB 5 MG	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	FOCALIN XR CAP 10MG	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	FOCALIN XR CAP 15MG	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	FOCALIN XR CAP 20MG	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	FOCALIN XR CAP 25MG	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	FOCALIN XR CAP 30MG	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	FOCALIN XR CAP 35MG	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	FOCALIN XR CAP 40MG	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	FOCALIN XR CAP 5MG	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	GUANFACINE TAB 1MG ER	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	GUANFACINE TAB 2MG ER	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	GUANFACINE TAB 3MG ER	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	GUANFACINE TAB 4MG ER	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	INTUNIV TAB 1MG	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	INTUNIV TAB 2MG	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	INTUNIV TAB 3MG	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	INTUNIV TAB 4MG	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	JORNAY PM CAP 100MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 100 MG (PM)	Tier 2		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	JORNAY PM CAP 20MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 20 MG (PM)	Tier 2		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	JORNAY PM CAP 40MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 40 MG (PM)	Tier 2		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	JORNAY PM CAP 60MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 60 MG (PM)	Tier 2		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	JORNAY PM CAP 80MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 80 MG (PM)	Tier 2		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	KAPVAY TAB 0.1 MG	CLONIDINE HCL TAB ER 12HR 0.1 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METADATE CD CAP 10MG	METHYLPHENIDATE HCL CAP ER 10 MG (CD)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METADATE CD CAP 20MG	METHYLPHENIDATE HCL CAP ER 20 MG (CD)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METADATE CD CAP 30MG	METHYLPHENIDATE HCL CAP ER 30 MG (CD)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METADATE CD CAP 40MG	METHYLPHENIDATE HCL CAP ER 40 MG (CD)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METADATE CD CAP 50MG	METHYLPHENIDATE HCL CAP ER 50 MG (CD)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METADATE CD CAP 60MG	METHYLPHENIDATE HCL CAP ER 60 MG (CD)	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLIN SOL 10MG/5ML	METHYLPHENIDATE HCL SOLN 10 MG/5ML	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLIN SOL 5MG/5ML	METHYLPHENIDATE HCL SOLN 5 MG/5ML	Tier 3				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 10MG	METHYLPHENIDATE HCL CAP ER 10 MG (CD)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 10MG ER	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (XR)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 10MG ER	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 15MG ER	METHYLPHENIDATE HCL CAP ER 24HR 15 MG (XR)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 20MG	METHYLPHENIDATE HCL CAP ER 20 MG (CD)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 20MG ER	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (XR)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 20MG ER	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 30MG	METHYLPHENIDATE HCL CAP ER 30 MG (CD)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 30MG ER	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (XR)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 30MG ER	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 40MG ER	METHYLPHENIDATE HCL CAP ER 40 MG (CD)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 40MG ER	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (XR)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 40MG ER	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 50MG	METHYLPHENIDATE HCL CAP ER 50 MG (CD)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 50MG ER	METHYLPHENIDATE HCL CAP ER 24HR 50 MG (XR)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 60MG	METHYLPHENIDATE HCL CAP ER 60 MG (CD)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 60MG ER	METHYLPHENIDATE HCL CAP ER 24HR 60 MG (XR)	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CAP 60MG LA	METHYLPHENIDATE HCL CAP ER 24HR 60 MG (LA)	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CHW 10MG	METHYLPHENIDATE HCL CHEW TAB 10 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CHW 2.5MG	METHYLPHENIDATE HCL CHEW TAB 2.5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID CHW 5MG	METHYLPHENIDATE HCL CHEW TAB 5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID PAD 10MG/9HR	METHYLPHENIDATE TD PATCH 10 MG/9HR	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID PAD 15MG/9HR	METHYLPHENIDATE TD PATCH 15 MG/9HR	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID PAD 20MG/9HR	METHYLPHENIDATE TD PATCH 20 MG/9HR	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID PAD 30MG/9HR	METHYLPHENIDATE TD PATCH 30 MG/9HR	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID SOL 10MG/5ML	METHYLPHENIDATE HCL SOLN 10 MG/5ML	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID SOL 5MG/5ML	METHYLPHENIDATE HCL SOLN 5 MG/5ML	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 10MG	METHYLPHENIDATE HCL TAB 10 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 10MG ER	METHYLPHENIDATE HCL TAB ER 10 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 18MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 18MG ER	METHYLPHENIDATE HCL TAB ER 24HR 18 MG	Tier 1		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 20MG	METHYLPHENIDATE HCL TAB 20 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 20MG ER	METHYLPHENIDATE HCL TAB ER 20 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 27MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 27MG ER	METHYLPHENIDATE HCL TAB ER 24HR 27 MG	Tier 1		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 36MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 36MG ER	METHYLPHENIDATE HCL TAB ER 24HR 36 MG	Tier 1		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 45MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 45 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 54MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	Tier 1		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 54MG ER	METHYLPHENIDATE HCL TAB ER 24HR 54 MG	Tier 1		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 5MG	METHYLPHENIDATE HCL TAB 5 MG	Tier 1				
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 63MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 63 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	METHYLPHENID TAB 72MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 72 MG	Tier 1		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	ONYDA XR SUS 0.1MG/ML	CLONIDINE HCL EXTENDED RELEASE SUSP 0.1 MG/ML	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	QELBREE CAP 100MG ER	VILOXAZINE HCL CAP ER 24HR 100 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	QELBREE CAP 150MG ER	VILOXAZINE HCL CAP ER 24HR 150 MG	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	QELBREE CAP 200MG ER	VILOXAZINE HCL CAP ER 24HR 200 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	QUILLICHEW CHW 20MG ER	METHYLPHENIDATE HCL CHEW TAB EXTENDED RELEASE 20 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	QUILLICHEW CHW 30MG ER	METHYLPHENIDATE HCL CHEW TAB EXTENDED RELEASE 30 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	QUILLICHEW CHW 40MG ER	METHYLPHENIDATE HCL CHEW TAB EXTENDED RELEASE 40 MG	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	QUILLIVANT SUS 25MG/5ML	METHYLPHENIDATE HCL FOR ER SUSP 25 MG/5ML (5 MG/ML)	Tier 3		X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RELEXXII TAB 18MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RELEXXII TAB 27MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RELEXXII TAB 36MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RELEXXII TAB 45MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 45 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RELEXXII TAB 54MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RELEXXII TAB 63MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 63 MG	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RELEXXII TAB 72MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 72 MG	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RITALIN TAB 10MG	METHYLPHENIDATE HCL TAB 10 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RITALIN TAB 20MG	METHYLPHENIDATE HCL TAB 20 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RITALIN TAB 5MG	METHYLPHENIDATE HCL TAB 5 MG	Tier 3			X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RITALIN LA CAP 10MG	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RITALIN LA CAP 20MG	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RITALIN LA CAP 30MG	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	RITALIN LA CAP 40MG	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	STRATTERA CAP 100MG	ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	STRATTERA CAP 10MG	ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	STRATTERA CAP 18MG	ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	STRATTERA CAP 25MG	ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	STRATTERA CAP 40MG	ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	STRATTERA CAP 60MG	ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)	Tier 3		X	X	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	STRATTERA CAP 80MG	ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)	Tier 3		X	X	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	ALFUZOSIN TAB 10MG ER	ALFUZOSIN HCL TAB ER 24HR 10 MG	Tier 1				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	AVODART CAP 0.5MG	DUTASTERIDE CAP 0.5 MG	Tier 3			X	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	CARDURA XL TAB 4MG	DOXAZOSIN MESYLATE TAB ER 24 HR 4 MG (BASE EQUIV)	Tier 3				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	CARDURA XL TAB 8MG	DOXAZOSIN MESYLATE TAB ER 24 HR 8 MG (BASE EQUIV)	Tier 3				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	CIALIS TAB 2.5MG	TADALAFIL TAB 2.5 MG	Tier 3		X	X	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	CIALIS TAB 5MG	TADALAFIL TAB 5 MG	Tier 3		X	X	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	DUTAST/TAMSU CAP 0.5-0.4	DUTASTERIDE-TAMSULOSIN HCL CAP 0.5-0.4 MG	Tier 1				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	DUTASTERIDE CAP 0.5MG	DUTASTERIDE CAP 0.5 MG	Tier 1				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	ENTADFI CAP 5-5MG	FINASTERIDE-TADALAFIL CAP 5-5 MG	Tier 3		X		
Benign Prostatic Hypertrophy Agents - Prostate Drugs	FINASTERIDE TAB 5MG	FINASTERIDE TAB 5 MG	Tier 1				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	FLOMAX CAP 0.4MG	TAMSULOSIN HCL CAP 0.4 MG	Tier 3			X	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	JALYN CAP	DUTASTERIDE-TAMSULOSIN HCL CAP 0.5-0.4 MG	Tier 3			X	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	JALYN CAP 0.5-0.4	DUTASTERIDE-TAMSULOSIN HCL CAP 0.5-0.4 MG	Tier 3			X	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	PROSCAR TAB 5MG	FINASTERIDE TAB 5 MG	Tier 3			X	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	RAPAFLO CAP 4MG	SILODOSIN CAP 4 MG	Tier 3			X	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	RAPAFLO CAP 8MG	SILODOSIN CAP 8 MG	Tier 3			X	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	SILODOSIN CAP 4MG	SILODOSIN CAP 4 MG	Tier 1				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	SILODOSIN CAP 8MG	SILODOSIN CAP 8 MG	Tier 1				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	TADALAFIL TAB 2.5MG	TADALAFIL TAB 2.5 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Benign Prostatic Hypertrophy Agents - Prostate Drugs	TADALAFIL TAB 5MG	TADALAFIL TAB 5 MG	Tier 1		X		
Benign Prostatic Hypertrophy Agents - Prostate Drugs	TAMSULOSIN CAP 0.4MG	TAMSULOSIN HCL CAP 0.4 MG	Tier 1				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	TERAZOSIN CAP 10MG	TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT)	Tier 1				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	TERAZOSIN CAP 1MG	TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT)	Tier 1				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	TERAZOSIN CAP 2MG	TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT)	Tier 1				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	TERAZOSIN CAP 5MG	TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT)	Tier 1				
Benign Prostatic Hypertrophy Agents - Prostate Drugs	TEZRULY SOL 1MG/ML	TERAZOSIN HCL ORAL SOLN 1 MG/ML (BASE EQUIVALENT)	Tier 3			X	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	UROXATRAL TAB 10MG	ALFUZOSIN HCL TAB ER 24HR 10 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM CON 1 MG/ML	ALPRAZOLAM CONC 1 MG/ML	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 0.25 ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 0.25MG	ALPRAZOLAM TAB 0.25 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 0.5MG	ALPRAZOLAM TAB 0.5 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 0.5MG ER	ALPRAZOLAM TAB ER 24HR 0.5 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 0.5MG OD	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 0.5MG XR	ALPRAZOLAM TAB ER 24HR 0.5 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 1MG	ALPRAZOLAM TAB 1 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 1MG ER	ALPRAZOLAM TAB ER 24HR 1 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 1MG ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 1MG XR	ALPRAZOLAM TAB ER 24HR 1 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 2MG	ALPRAZOLAM TAB 2 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 2MG ER	ALPRAZOLAM TAB ER 24HR 2 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 2MG ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 2MG XR	ALPRAZOLAM TAB ER 24HR 2 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 3MG ER	ALPRAZOLAM TAB ER 24HR 3 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ALPRAZOLAM TAB 3MG XR	ALPRAZOLAM TAB ER 24HR 3 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ATIVAN TAB 0.5MG	LORAZEPAM TAB 0.5 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	ATIVAN TAB 1MG	LORAZEPAM TAB 1 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	ATIVAN TAB 2MG	LORAZEPAM TAB 2 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	CHLORDIAZEP CAP 10MG	CHLORDIAZEPOXIDE HCL CAP 10 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CHLORDIAZEP CAP 25MG	CHLORDIAZEPOXIDE HCL CAP 25 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CHLORDIAZEP CAP 5MG	CHLORDIAZEPOXIDE HCL CAP 5 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CLONAZEP ODT TAB 0.125MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CLONAZEP ODT TAB 0.25MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CLONAZEP ODT TAB 0.5MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CLONAZEP ODT TAB 1MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CLONAZEP ODT TAB 2MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CLONAZEPAM TAB 0.5MG	CLONAZEPAM TAB 0.5 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CLONAZEPAM TAB 1MG	CLONAZEPAM TAB 1 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CLONAZEPAM TAB 2MG	CLONAZEPAM TAB 2 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CLORAZ DIPOT TAB 15MG	CLORAZEPATE DIPOTASSIUM TAB 15 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CLORAZ DIPOT TAB 3.75MG	CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	CLORAZ DIPOT TAB 7.5MG	CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	DIAZEPAM CON 25MG/5ML	DIAZEPAM CONC 5 MG/ML	Tier 1				
Benzodiazepines - Anxiety Drugs	DIAZEPAM CON 5MG/ML	DIAZEPAM CONC 5 MG/ML	Tier 1				
Benzodiazepines - Anxiety Drugs	DIAZEPAM SOL 5MG/5ML	DIAZEPAM ORAL SOLN 1 MG/ML	Tier 1				
Benzodiazepines - Anxiety Drugs	DIAZEPAM TAB 10MG	DIAZEPAM TAB 10 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Benzodiazepines - Anxiety Drugs	DIAZEPAM TAB 2MG	DIAZEPAM TAB 2 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	DIAZEPAM TAB 5MG	DIAZEPAM TAB 5 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	DORAL TAB 15MG	QUAZEPAM TAB 15 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	ESTAZOLAM TAB 1MG	ESTAZOLAM TAB 1 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	ESTAZOLAM TAB 2MG	ESTAZOLAM TAB 2 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	HALCION TAB 0.25MG	TRIAZOLAM TAB 0.25 MG	Tier 3				
Benzodiazepines - Anxiety Drugs	KLONOPIN TAB 0.5MG	CLONAZEPAM TAB 0.5 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	KLONOPIN TAB 1MG	CLONAZEPAM TAB 1 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	KLONOPIN TAB 2MG	CLONAZEPAM TAB 2 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	LORAZEPAM CON 2MG/ML	LORAZEPAM CONC 2 MG/ML	Tier 1				
Benzodiazepines - Anxiety Drugs	LORAZEPAM TAB 0.5MG	LORAZEPAM TAB 0.5 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	LORAZEPAM TAB 1MG	LORAZEPAM TAB 1 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	LORAZEPAM TAB 2MG	LORAZEPAM TAB 2 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	LOREEV XR CAP 1.5MG	LORAZEPAM CAP ER 24HR SPRINKLE 1.5 MG	Tier 3				
Benzodiazepines - Anxiety Drugs	LOREEV XR CAP 1MG	LORAZEPAM CAP ER 24HR SPRINKLE 1 MG	Tier 3				
Benzodiazepines - Anxiety Drugs	LOREEV XR CAP 2MG	LORAZEPAM CAP ER 24HR SPRINKLE 2 MG	Tier 3				
Benzodiazepines - Anxiety Drugs	LOREEV XR CAP 3MG	LORAZEPAM CAP ER 24HR SPRINKLE 3 MG	Tier 3				
Benzodiazepines - Anxiety Drugs	MIDAZOLAM SUS 1MG/ML	MIDAZOLAM SUSP 1 MG/ML (COMPOUND KIT)	Tier 3	X			
Benzodiazepines - Anxiety Drugs	MIDAZOLAM SYP 2MG/ML	MIDAZOLAM HCL SYRUP 2 MG/ML (BASE EQUIVALENT)	Tier 1				
Benzodiazepines - Anxiety Drugs	OXAZEPAM CAP 10MG	OXAZEPAM CAP 10 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	OXAZEPAM CAP 15MG	OXAZEPAM CAP 15 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	OXAZEPAM CAP 30MG	OXAZEPAM CAP 30 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	QUAZEPAM TAB 15MG	QUAZEPAM TAB 15 MG	Tier 1			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Benzodiazepines - Anxiety Drugs	TRIAZOLAM TAB 0.125MG	TRIAZOLAM TAB 0.125 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	TRIAZOLAM TAB 0.25MG	TRIAZOLAM TAB 0.25 MG	Tier 1				
Benzodiazepines - Anxiety Drugs	VALIUM TAB 10MG	DIAZEPAM TAB 10 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	VALIUM TAB 2MG	DIAZEPAM TAB 2 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	VALIUM TAB 5MG	DIAZEPAM TAB 5 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	XANAX TAB 0.25MG	ALPRAZOLAM TAB 0.25 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	XANAX TAB 0.5MG	ALPRAZOLAM TAB 0.5 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	XANAX TAB 1MG	ALPRAZOLAM TAB 1 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	XANAX TAB 2MG	ALPRAZOLAM TAB 2 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	XANAX XR TAB 0.5MG	ALPRAZOLAM TAB ER 24HR 0.5 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	XANAX XR TAB 1MG	ALPRAZOLAM TAB ER 24HR 1 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	XANAX XR TAB 2MG	ALPRAZOLAM TAB ER 24HR 2 MG	Tier 3			X	
Benzodiazepines - Anxiety Drugs	XANAX XR TAB 3MG	ALPRAZOLAM TAB ER 24HR 3 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	ACEBUTOLOL CAP 200MG	ACEBUTOLOL HCL CAP 200 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	ACEBUTOLOL CAP 400MG	ACEBUTOLOL HCL CAP 400 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	ATENOLOL SUS 1MG/ML	ATENOLOL ORAL SUSPENSION 1 MG/ML (CMPD KIT)	Tier 3	X			
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	ATENOLOL TAB 100MG	ATENOLOL TAB 100 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	ATENOLOL TAB 25MG	ATENOLOL TAB 25 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	ATENOLOL TAB 50MG	ATENOLOL TAB 50 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	BETAXOLOL TAB 10MG	BETAXOLOL HCL TAB 10 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	BETAXOLOL TAB 20MG	BETAXOLOL HCL TAB 20 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	BISOPROL FUM TAB 10MG	BISOPROLOL FUMARATE TAB 10 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	BISOPROL FUM TAB 2.5MG	BISOPROLOL FUMARATE TAB 2.5 MG	Tier 1			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	BISOPROL FUM TAB 5MG	BISOPROLOL FUMARATE TAB 5 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	BYSTOLIC TAB 10MG	NEBIVOLOL HCL TAB 10 MG (BASE EQUIVALENT)	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	BYSTOLIC TAB 2.5MG	NEBIVOLOL HCL TAB 2.5 MG (BASE EQUIVALENT)	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	BYSTOLIC TAB 20MG	NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT)	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	BYSTOLIC TAB 5MG	NEBIVOLOL HCL TAB 5 MG (BASE EQUIVALENT)	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	CARVEDILOL CAP 10MG ER	CARVEDILOL PHOSPHATE CAP ER 24HR 10 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	CARVEDILOL CAP 20MG ER	CARVEDILOL PHOSPHATE CAP ER 24HR 20 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	CARVEDILOL CAP 40MG ER	CARVEDILOL PHOSPHATE CAP ER 24HR 40 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	CARVEDILOL CAP 80MG ER	CARVEDILOL PHOSPHATE CAP ER 24HR 80 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	CARVEDILOL TAB 12.5MG	CARVEDILOL TAB 12.5 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	CARVEDILOL TAB 25MG	CARVEDILOL TAB 25 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	CARVEDILOL TAB 3.125MG	CARVEDILOL TAB 3.125 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	CARVEDILOL TAB 6.25MG	CARVEDILOL TAB 6.25 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	COREG TAB 12.5MG	CARVEDILOL TAB 12.5 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	COREG TAB 25MG	CARVEDILOL TAB 25 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	COREG TAB 3.125MG	CARVEDILOL TAB 3.125 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	COREG TAB 6.25MG	CARVEDILOL TAB 6.25 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	COREG CR CAP 10MG	CARVEDILOL PHOSPHATE CAP ER 24HR 10 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	COREG CR CAP 20MG	CARVEDILOL PHOSPHATE CAP ER 24HR 20 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	COREG CR CAP 40MG	CARVEDILOL PHOSPHATE CAP ER 24HR 40 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	COREG CR CAP 80MG	CARVEDILOL PHOSPHATE CAP ER 24HR 80 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	CORGARD TAB 20MG	NADOLOL TAB 20 MG	Tier 3				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	CORGARD TAB 40MG	NADOLOL TAB 40 MG	Tier 3				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	HEMANGEOL SOL 4.28/ ML	PROPRANOLOL HCL ORAL SOLN 4.28 MG/ML (3.75 MG/ML BASE EQUIV)	Tier 3				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	INDERAL LA CAP 120MG	PROPRANOLOL HCL CAP ER 24HR 120 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	INDERAL LA CAP 160MG	PROPRANOLOL HCL CAP ER 24HR 160 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	INDERAL LA CAP 60MG	PROPRANOLOL HCL CAP ER 24HR 60 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	INDERAL LA CAP 80MG	PROPRANOLOL HCL CAP ER 24HR 80 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	INDERAL XL CAP 120MG	PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CAP ER 24HR 120 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	INDERAL XL CAP 80MG	PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CAP ER 24HR 80 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	INNOPRAN XL CAP 120MG	PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CAP ER 24HR 120 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	INNOPRAN XL CAP 80MG	PROPRANOLOL HCL SUSTAINED-RELEASE BEADS CAP ER 24HR 80 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	KAPSPARGO CAP 100MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 100 MG (TARTRATE EQUIV)	Tier 3				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	KAPSPARGO CAP 200MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 200 MG (TARTRATE EQUIV)	Tier 3				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	KAPSPARGO CAP 25MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 25 MG (TARTRATE EQUIV)	Tier 3				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	KAPSPARGO CAP 50MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 50 MG (TARTRATE EQUIV)	Tier 3				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	LABETALOL TAB 100MG	LABETALOL HCL TAB 100 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	LABETALOL TAB 200MG	LABETALOL HCL TAB 200 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	LABETALOL TAB 300MG	LABETALOL HCL TAB 300 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	LABETALOL TAB 400MG	LABETALOL HCL TAB 400 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	LOPRESSOR TAB 100MG	METOPROLOL TARTRATE TAB 100 MG	Tier 3				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	LOPRESSOR TAB 50MG	METOPROLOL TARTRATE TAB 50 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	METOPROL SUC TAB 100MG ER	METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV)	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	METOPROL SUC TAB 200MG ER	METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV)	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	METOPROL SUC TAB 25MG ER	METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV)	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	METOPROL SUC TAB 50MG ER	METOPROLOL SUCCINATE TAB ER 24HR 50 MG (TARTRATE EQUIV)	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	METOPROL TAR TAB 100MG	METOPROLOL TARTRATE TAB 100 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	METOPROL TAR TAB 25MG	METOPROLOL TARTRATE TAB 25 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	METOPROL TAR TAB 37.5MG	METOPROLOL TARTRATE TAB 37.5 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	METOPROL TAR TAB 50MG	METOPROLOL TARTRATE TAB 50 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	METOPROL TAR TAB 75MG	METOPROLOL TARTRATE TAB 75 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	NADOLOL TAB 20MG	NADOLOL TAB 20 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	NADOLOL TAB 40MG	NADOLOL TAB 40 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	NADOLOL TAB 80MG	NADOLOL TAB 80 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	NEBIVOLOL TAB 10MG	NEBIVOLOL HCL TAB 10 MG (BASE EQUIVALENT)	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	NEBIVOLOL TAB 2.5MG	NEBIVOLOL HCL TAB 2.5 MG (BASE EQUIVALENT)	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	NEBIVOLOL TAB 20MG	NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	NEBIVOLOL TAB 5MG	NEBIVOLOL HCL TAB 5 MG (BASE EQUIVALENT)	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PINDOLOL TAB 10MG	PINDOLOL TAB 10 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PINDOLOL TAB 5MG	PINDOLOL TAB 5 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PROPRANOLOL CAP 120MG ER	PROPRANOLOL HCL CAP ER 24HR 120 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PROPRANOLOL CAP 160MG ER	PROPRANOLOL HCL CAP ER 24HR 160 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PROPRANOLOL CAP 60MG ER	PROPRANOLOL HCL CAP ER 24HR 60 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PROPRANOLOL CAP 80MG ER	PROPRANOLOL HCL CAP ER 24HR 80 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PROPRANOLOL SOL 20MG/5ML	PROPRANOLOL HCL ORAL SOLN 20 MG/5ML	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PROPRANOLOL SOL 40MG/5ML	PROPRANOLOL HCL ORAL SOLN 40 MG/5ML	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PROPRANOLOL TAB 10MG	PROPRANOLOL HCL TAB 10 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PROPRANOLOL TAB 20MG	PROPRANOLOL HCL TAB 20 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PROPRANOLOL TAB 40MG	PROPRANOLOL HCL TAB 40 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PROPRANOLOL TAB 60MG	PROPRANOLOL HCL TAB 60 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	PROPRANOLOL TAB 80MG	PROPRANOLOL HCL TAB 80 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	TENORMIN TAB 100MG	ATENOLOL TAB 100 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	TENORMIN TAB 25MG	ATENOLOL TAB 25 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	TENORMIN TAB 50MG	ATENOLOL TAB 50 MG	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	TIMOLOL MAL TAB 10MG	TIMOLOL MALEATE TAB 10 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	TIMOLOL MAL TAB 20MG	TIMOLOL MALEATE TAB 20 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	TIMOLOL MAL TAB 5MG	TIMOLOL MALEATE TAB 5 MG	Tier 1				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	TOPROL XL TAB 100MG	METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV)	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	TOPROL XL TAB 200MG	METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV)	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	TOPROL XL TAB 25MG	METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV)	Tier 3			X	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	TOPROL XL TAB 50MG	METOPROLOL SUCCINATE TAB ER 24HR 50 MG (TARTRATE EQUIV)	Tier 3			X	
Beta-Lactam, Cephalosporins - Antibiotics	CEFACLOR CAP 250MG	CEFACLOR CAP 250 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFACLOR CAP 500MG	CEFACLOR CAP 500 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFACLOR SUS 125/5ML	CEFACLOR FOR SUSP 125 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFACLOR SUS 250/5ML	CEFACLOR FOR SUSP 250 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFACLOR SUS 375/5ML	CEFACLOR FOR SUSP 375 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFACLOR ER TAB 500MG	CEFACLOR MONOHYDRATE TAB ER 12HR 500 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFADROXIL CAP 500MG	CEFADROXIL CAP 500 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFADROXIL SUS 250/5ML	CEFADROXIL FOR SUSP 250 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFADROXIL SUS 500/5ML	CEFADROXIL FOR SUSP 500 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFADROXIL TAB 1GM	CEFADROXIL TAB 1 GM	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Beta-Lactam, Cephalosporins - Antibiotics	CEFDINIR CAP 300MG	CEFDINIR CAP 300 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFDINIR SUS 125/5ML	CEFDINIR FOR SUSP 125 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFDINIR SUS 250/5ML	CEFDINIR FOR SUSP 250 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFIXIME CAP 400MG	CEFIXIME CAP 400 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFIXIME SUS 100/5ML	CEFIXIME FOR SUSP 100 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFIXIME SUS 200/5ML	CEFIXIME FOR SUSP 200 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFPODO PROX SUS 100/5ML	CEFPODOXIME PROXETIL FOR SUSP 100 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFPODO PROX SUS 50MG/5ML	CEFPODOXIME PROXETIL FOR SUSP 50 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFPODOXIME TAB 100MG	CEFPODOXIME PROXETIL TAB 100 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFPODOXIME TAB 200MG	CEFPODOXIME PROXETIL TAB 200 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFPROZIL SUS 125/5ML	CEFPROZIL FOR SUSP 125 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFPROZIL SUS 250/5ML	CEFPROZIL FOR SUSP 250 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFPROZIL TAB 250MG	CEFPROZIL TAB 250 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFPROZIL TAB 500MG	CEFPROZIL TAB 500 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFUROXIME TAB 250MG	CEFUROXIME AXETIL TAB 250 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEFUROXIME TAB 500MG	CEFUROXIME AXETIL TAB 500 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEPHALEXIN CAP 250MG	CEPHALEXIN CAP 250 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEPHALEXIN CAP 500MG	CEPHALEXIN CAP 500 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEPHALEXIN CAP 750MG	CEPHALEXIN CAP 750 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEPHALEXIN SUS 125/5ML	CEPHALEXIN FOR SUSP 125 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEPHALEXIN SUS 250/5ML	CEPHALEXIN FOR SUSP 250 MG/5ML	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEPHALEXIN TAB 250MG	CEPHALEXIN TAB 250 MG	Tier 1				
Beta-Lactam, Cephalosporins - Antibiotics	CEPHALEXIN TAB 500MG	CEPHALEXIN TAB 500 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Beta-Lactam, Penicillins - Antibiotics	AMOX/K CLAV CHW 200MG	AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOX/K CLAV CHW 400MG	AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOX/K CLAV SUS 200/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOX/K CLAV SUS 250/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 250-62.5 MG/5ML	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOX/K CLAV SUS 400/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG/5ML	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOX/K CLAV SUS 600/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 600-42.9 MG/5ML	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOX/K CLAV TAB 250-125	AMOXICILLIN & K CLAVULANATE TAB 250-125 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOX/K CLAV TAB 500-125	AMOXICILLIN & K CLAVULANATE TAB 500-125 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOX/K CLAV TAB 875-125	AMOXICILLIN & K CLAVULANATE TAB 875-125 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOXICILLIN CAP 250MG	AMOXICILLIN (TRIHYDRATE) CAP 250 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOXICILLIN CAP 500MG	AMOXICILLIN (TRIHYDRATE) CAP 500 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOXICILLIN CHW 125MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 125 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOXICILLIN CHW 250MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOXICILLIN SUS 125/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG/5ML	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOXICILLIN SUS 200/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG/5ML	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOXICILLIN SUS 250/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOXICILLIN SUS 400/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG/5ML	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOXICILLIN TAB 500MG	AMOXICILLIN (TRIHYDRATE) TAB 500 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOXICILLIN TAB 875MG	AMOXICILLIN (TRIHYDRATE) TAB 875 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMOX-POT CLA TAB ER	AMOXICILLIN & K CLAVULANATE TAB ER 12HR 1000-62.5 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AMPICILLIN CAP 500MG	AMPICILLIN CAP 500 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	AUGMENTIN SUS 125/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 125-31.25 MG/5ML	Tier 3				
Beta-Lactam, Penicillins - Antibiotics	AUGMENTIN SUS ES-600	AMOXICILLIN & K CLAVULANATE FOR SUSP 600-42.9 MG/5ML	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Beta-Lactam, Penicillins - Antibiotics	DICLOXACILL CAP 250MG	DICLOXACILLIN SODIUM CAP 250 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	DICLOXACILL CAP 500MG	DICLOXACILLIN SODIUM CAP 500 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	PENICILLN VK SOL 125/5ML	PENICILLIN V POTASSIUM FOR SOLN 125 MG/5ML	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	PENICILLN VK SOL 250/5ML	PENICILLIN V POTASSIUM FOR SOLN 250 MG/5ML	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	PENICILLN VK TAB 250MG	PENICILLIN V POTASSIUM TAB 250 MG	Tier 1				
Beta-Lactam, Penicillins - Antibiotics	PENICILLN VK TAB 500MG	PENICILLIN V POTASSIUM TAB 500 MG	Tier 1				
Blood Formation Modifiers - Blood Formation Drugs	AGRYLIN CAP 0.5MG	ANAGRELIDE HCL CAP 0.5 MG	Tier 3			X	
Blood Formation Modifiers - Blood Formation Drugs	ALVAIZ TAB 18MG	ELTROMBOPAG CHOLINE TAB 18 MG (BASE EQUIV)	Tier 3	X			X
Blood Formation Modifiers - Blood Formation Drugs	ALVAIZ TAB 36MG	ELTROMBOPAG CHOLINE TAB 36 MG (BASE EQUIV)	Tier 3	X			X
Blood Formation Modifiers - Blood Formation Drugs	ALVAIZ TAB 54MG	ELTROMBOPAG CHOLINE TAB 54 MG (BASE EQUIV)	Tier 3	X			X
Blood Formation Modifiers - Blood Formation Drugs	ALVAIZ TAB 9MG	ELTROMBOPAG CHOLINE TAB 9 MG (BASE EQUIV)	Tier 3	X			X
Blood Formation Modifiers - Blood Formation Drugs	ANAGRELIDE CAP 0.5MG	ANAGRELIDE HCL CAP 0.5 MG	Tier 1				
Blood Formation Modifiers - Blood Formation Drugs	ANAGRELIDE CAP 1MG	ANAGRELIDE HCL CAP 1 MG	Tier 1				
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 100MCG	DARBEPOETIN ALFA SOLN INJ 100 MCG/ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 100MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 10MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 150MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 200MCG	DARBEPOETIN ALFA SOLN INJ 200 MCG/ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 200MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG/0.4ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 25MCG	DARBEPOETIN ALFA SOLN INJ 25 MCG/ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 25MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML	Tier 2		X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 300MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 40MCG	DARBEPOETIN ALFA SOLN INJ 40 MCG/ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 40MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 500MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG/ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 60MCG	DARBEPOETIN ALFA SOLN INJ 60 MCG/ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	ARANESP INJ 60MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	DOPTELET TAB 20MG	AVATROMBOPAG MALEATE TAB 20 MG (BASE EQUIV)	Tier 3	X	X		X
Blood Formation Modifiers - Blood Formation Drugs	EMPAVELI INJ 1080MG	PEGCETACOPLAN SUBCUTANEOUS SOLN 1080 MG/20ML (54 MG/ML)	Tier 2	X	X		X
Blood Formation Modifiers - Blood Formation Drugs	EPOGEN INJ 10000/ML	EPOETIN ALFA INJ 10000 UNIT/ML	Tier 3		X	X	X
Blood Formation Modifiers - Blood Formation Drugs	EPOGEN INJ 2000/ML	EPOETIN ALFA INJ 2000 UNIT/ML	Tier 3		X	X	X
Blood Formation Modifiers - Blood Formation Drugs	EPOGEN INJ 20000/ML	EPOETIN ALFA INJ 20000 UNIT/ML	Tier 3		X	X	X
Blood Formation Modifiers - Blood Formation Drugs	EPOGEN INJ 3000/ML	EPOETIN ALFA INJ 3000 UNIT/ML	Tier 3		X	X	X
Blood Formation Modifiers - Blood Formation Drugs	EPOGEN INJ 4000/ML	EPOETIN ALFA INJ 4000 UNIT/ML	Tier 3		X	X	X
Blood Formation Modifiers - Blood Formation Drugs	FULPHILA INJ 6/0.6ML	PEGFILGRASTIM-JMDB SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	FYLNETRA INJ 6MG/0.6	PEGFILGRASTIM-PBBK SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	GRANIX INJ 300/0.5	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	GRANIX INJ 300/1ML	TBO-FILGRASTIM SUBCUTANEOUS INJ 300 MCG/ML	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	GRANIX INJ 480/0.8	TBO-FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Tier 3			X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Blood Formation Modifiers - Blood Formation Drugs	GRANIX INJ 480/1.6	TBO-FILGRASTIM SUBCUTANEOUS INJ 480 MCG/1.6ML (300 MCG/ML)	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	JESDUVROQ TAB 1MG	DAPRODUSTAT TAB 1 MG	Tier 3	X			X
Blood Formation Modifiers - Blood Formation Drugs	JESDUVROQ TAB 2MG	DAPRODUSTAT TAB 2 MG	Tier 3	X			X
Blood Formation Modifiers - Blood Formation Drugs	JESDUVROQ TAB 4MG	DAPRODUSTAT TAB 4 MG	Tier 3	X			X
Blood Formation Modifiers - Blood Formation Drugs	JESDUVROQ TAB 6MG	DAPRODUSTAT TAB 6 MG	Tier 3	X			X
Blood Formation Modifiers - Blood Formation Drugs	JESDUVROQ TAB 8MG	DAPRODUSTAT TAB 8 MG	Tier 3	X			X
Blood Formation Modifiers - Blood Formation Drugs	LEUKINE INJ 250MCG	SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MCG	Tier 2				X
Blood Formation Modifiers - Blood Formation Drugs	MOZOBIL INJ	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	Tier 3				X
Blood Formation Modifiers - Blood Formation Drugs	MULPLETA TAB 3MG	LUSUTROMBOPAG TAB 3 MG	Tier 3	X			X
Blood Formation Modifiers - Blood Formation Drugs	NEULASTA INJ 6MG/0.6M	PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 2				X
Blood Formation Modifiers - Blood Formation Drugs	NEUPOGEN INJ 300/0.5	FILGRASTIM SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	NEUPOGEN INJ 300MCG	FILGRASTIM INJ 300 MCG/ML	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	NEUPOGEN INJ 480/0.8	FILGRASTIM SOLN PREFILLED SYRINGE 480 MCG/0.8ML (600 MCG/ML)	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	NEUPOGEN INJ 480MCG	FILGRASTIM INJ 480 MCG/1.6ML (300 MCG/ML)	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	NIVESTYM INJ 300/0.5	FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Tier 2				X
Blood Formation Modifiers - Blood Formation Drugs	NIVESTYM INJ 300MCG	FILGRASTIM-AAFI INJ 300 MCG/ML	Tier 2				X
Blood Formation Modifiers - Blood Formation Drugs	NIVESTYM INJ 480/0.8	FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Tier 2				X
Blood Formation Modifiers - Blood Formation Drugs	NIVESTYM INJ 480MCG	FILGRASTIM-AAFI INJ 480 MCG/1.6ML (300 MCG/ML)	Tier 2				X
Blood Formation Modifiers - Blood Formation Drugs	NYVEPRIA INJ 6/0.6ML	PEGFILGRASTIM-APGF SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	PLERIXAFOR INJ 24/1.2ML	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	Tier 1				X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Blood Formation Modifiers - Blood Formation Drugs	PROCRIT INJ 10000/ML	EPOETIN ALFA INJ 10000 UNIT/ML	Tier 3		X	X	X
Blood Formation Modifiers - Blood Formation Drugs	PROCRIT INJ 2000/ML	EPOETIN ALFA INJ 2000 UNIT/ML	Tier 3		X	X	X
Blood Formation Modifiers - Blood Formation Drugs	PROCRIT INJ 20000/ML	EPOETIN ALFA INJ 20000 UNIT/ML	Tier 3		X	X	X
Blood Formation Modifiers - Blood Formation Drugs	PROCRIT INJ 3000/ML	EPOETIN ALFA INJ 3000 UNIT/ML	Tier 3		X	X	X
Blood Formation Modifiers - Blood Formation Drugs	PROCRIT INJ 4000/ML	EPOETIN ALFA INJ 4000 UNIT/ML	Tier 3		X	X	X
Blood Formation Modifiers - Blood Formation Drugs	PROCRIT INJ 40000/ML	EPOETIN ALFA INJ 40000 UNIT/ML	Tier 3		X	X	X
Blood Formation Modifiers - Blood Formation Drugs	PROMACTA POW 12.5MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	Tier 3	X	X		X
Blood Formation Modifiers - Blood Formation Drugs	PROMACTA POW 25MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)	Tier 3	X	X		X
Blood Formation Modifiers - Blood Formation Drugs	PROMACTA TAB 12.5MG	ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV)	Tier 3	X		X	X
Blood Formation Modifiers - Blood Formation Drugs	PROMACTA TAB 25MG	ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV)	Tier 3	X		X	X
Blood Formation Modifiers - Blood Formation Drugs	PROMACTA TAB 50MG	ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV)	Tier 3	X		X	X
Blood Formation Modifiers - Blood Formation Drugs	PROMACTA TAB 75MG	ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV)	Tier 3	X		X	X
Blood Formation Modifiers - Blood Formation Drugs	RELEUKO INJ 300MCG	FILGRASTIM-AYOW SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	RELEUKO INJ 300MCG	FILGRASTIM-AYOW INJ SOLN 300 MCG/ML	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	RELEUKO INJ 480MCG	FILGRASTIM-AYOW SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	RELEUKO INJ 480MCG	FILGRASTIM-AYOW INJ SOLN 480 MCG/1.6ML (300 MCG/ML)	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	RETACRIT INJ 10000UNT	EPOETIN ALFA-EPBX INJ 10000 UNIT/ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	RETACRIT INJ 20000UNI	EPOETIN ALFA-EPBX INJ 20000 UNIT/ML	Tier 2				
Blood Formation Modifiers - Blood Formation Drugs	RETACRIT INJ 2000UNIT	EPOETIN ALFA-EPBX INJ 2000 UNIT/ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	RETACRIT INJ 3000UNIT	EPOETIN ALFA-EPBX INJ 3000 UNIT/ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	RETACRIT INJ 40000UNT	EPOETIN ALFA-EPBX INJ 40000 UNIT/ML	Tier 2		X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Blood Formation Modifiers - Blood Formation Drugs	RETACRIT INJ 4000UNIT	EPOETIN ALFA-EPBX INJ 4000 UNIT/ML	Tier 2		X		X
Blood Formation Modifiers - Blood Formation Drugs	STIMUFEND INJ 6/0.6ML	PEGFILGRASTIM-FPGK SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 3			X	X
Blood Formation Modifiers - Blood Formation Drugs	UDENYCA INJ 6MG/.6ML	PEGFILGRASTIM-CBQV SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 2				X
Blood Formation Modifiers - Blood Formation Drugs	UDENYCA INJ 6MG/0.6	PEGFILGRASTIM-CBQV SOLN AUTO-INJECTOR 6 MG/0.6ML	Tier 2				X
Blood Formation Modifiers - Blood Formation Drugs	XOLREMDI CAP 100MG	MAVORIXAFOR CAP 100 MG	Tier 2	X	X		X
Blood Formation Modifiers - Blood Formation Drugs	ZARXIO INJ 300/0.5	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Tier 2				X
Blood Formation Modifiers - Blood Formation Drugs	ZARXIO INJ 480/0.8	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Tier 2				X
Blood Formation Modifiers - Blood Formation Drugs	ZIEXTENZO INJ 6/0.6ML	PEGFILGRASTIM-BMEZ SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 3			X	X
Blood Products and Modifiers, Other	NYPOZI INJ 300/0.5	FILGRASTIM-TXID SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Tier 3			X	X
Blood Products and Modifiers, Other	NYPOZI INJ 480/0.8	FILGRASTIM-TXID SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Tier 3			X	X
Blood Products and Modifiers, Other	VAFSEO TAB 150MG	VADADUSTAT TAB 150 MG	Tier 3	X	X		X
Blood Products and Modifiers, Other	VAFSEO TAB 300MG	VADADUSTAT TAB 300 MG	Tier 3	X	X		X
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	ATROVENT HFA AER 17MCG	IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG/ACT	Tier 2		X		
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	INCRUSE ELPT INH 62.5MCG	UMECLIDINIUM BR AERO POWD BREATH ACT 62.5 MCG/ACT (BASE EQ)	Tier 3		X	X	
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	IPRATROPIUM SOL 0.02%INH	IPRATROPIUM BROMIDE INHAL SOLN 0.02%	Tier 1				
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	IPRATROPIUM SPR 0.03%	IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG/SPRAY)	Tier 1				
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	IPRATROPIUM SPR 0.06%	IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG/SPRAY)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	LONHALA MAGN SOL 25MCG	GLYCOPYRROLATE INHAL SOLUTION 25 MCG/ML	Tier 3			X	
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	LONHALA MAGN SOL 25MCG	GLYCOPYRROLATE INHAL SOLUTION 25 MCG/ML	Tier 3		X	X	
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	SPIRIVA AER 1.25MCG	TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 1.25 MCG/ACT	Tier 2		X		
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	SPIRIVA CAP HANDIHLR	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	Tier 1		X		
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	SPIRIVA SPR 2.5MCG	TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 2.5 MCG/ACT	Tier 2		X		
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	TIOTROP BROM CAP 18MCG	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	Tier 3		X	X	
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	TUDORZA PRES AER 400/ ACT	ACLIDINIUM BROMIDE AEROSOL POWD BREATH ACTIVATED 400 MCG/ACT	Tier 3		X	X	
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs	YUPELRI SOL	REVEFENACIN INHALATION SOLUTION 175 MCG/3ML	Tier 3		X		
Bronchodilators, Sympathomimetic	OHTUVAYRE SUS 3/2.5ML	ENSIFENTRINE INHALATION SUSP 3 MG/2.5ML	Tier 3	X	X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL NEB 0.083%	ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG/3ML)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL NEB 0.5%	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL NEB 0.5%	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML)	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL NEB 0.63MG/3	ALBUTEROL SULFATE SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL NEB 1.25MG/3	ALBUTEROL SULFATE SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL SYP 2MG/5ML	ALBUTEROL SULFATE SYRUP 2 MG/5ML	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL TAB 2MG	ALBUTEROL SULFATE TAB 2 MG	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ALBUTEROL TAB 4MG	ALBUTEROL SULFATE TAB 4 MG	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	ARFORMOTEROL NEB 15/2ML	ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	Tier 1		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	AUVI-Q INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	Tier 2		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	AUVI-Q INJ 0.1MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	Tier 2				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	AUVI-Q INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 2		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	BROVANA NEB 15MCG	ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	Tier 3		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	Tier 1		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	Tier 1		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	Tier 1		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	Tier 1		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 1		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 1		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 1		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (1:1000)	Tier 2				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPIPEN 2-PAK INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 3		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPIPEN 2-PAK INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 3		X	X	
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	EPIPEN-JR INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	Tier 3		X	X	
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	FORMOTEROL NEB 20/2ML	FORMOTEROL FUMARATE SOLN NEBU 20 MCG/2ML	Tier 1		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	LEVALBUTEROL AER 45/ ACT	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	Tier 3				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	LEVALBUTEROL NEB 0.31MG	LEVALBUTEROL HCL SOLN NEBU 0.31 MG/3ML (BASE EQUIV)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	LEVALBUTEROL NEB 0.63MG	LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	LEVALBUTEROL NEB 1.25/0.5	LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG/0.5ML (BASE EQUIV)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	LEVALBUTEROL NEB 1.25MG	LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	NEFFY SPR 1MG	EPINEPHRINE NASAL SPRAY 1 MG/0.1ML	Tier 3				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	NEFFY SPR 2/0.1ML	EPINEPHRINE NASAL SPRAY 2 MG/0.1ML	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	PERFOROMIST NEB 20MCG	FORMOTEROL FUMARATE SOLN NEBU 20 MCG/2ML	Tier 3		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	PROAIR DIGIH AER	ALBUTEROL SULFATE AER POW BA 108 MCG/ACT WITH SENSOR	Tier 3			X	
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	PROAIR RESPI AER	ALBUTEROL SULFATE AER POW BA 108 MCG/ACT (90 MCG BASE EQUIV)	Tier 3			X	
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	PROVENTIL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	Tier 3			X	
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	SEREVENT DIS AER 50MCG	SALMETEROL XINAFOATE AER POW BA 50 MCG/ACT (BASE EQUIV)	Tier 2		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	STRIVERDI AER 2.5MCG	OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG/ACT (BASE EQUIV)	Tier 2		X		
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	SYMJEPI INJ 0.15MG	EPINEPHRINE SOLN PREFILLED SYRINGE 0.15 MG/0.3ML (1:2000)	Tier 2				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	SYMJEPI INJ 0.3MG	EPINEPHRINE SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (1:1000)	Tier 2				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	TERBUTALINE TAB 2.5MG	TERBUTALINE SULFATE TAB 2.5 MG	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	TERBUTALINE TAB 5MG	TERBUTALINE SULFATE TAB 5 MG	Tier 1				
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	VENTOLIN HFA AER	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	Tier 3			X	
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs	XOPENEX HFA AER	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	Tier 3				
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	AIMOVIG INJ 140MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	Tier 2	X	X		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	AIMOVIG INJ 70MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG/ML	Tier 2	X	X		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	AJOVY INJ 225/1.5	FREMANEZUMAB-VFRM SUBCUTANEOUS SOLN AUTO-INJ 225 MG/1.5ML	Tier 3	X	X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	AJOVY INJ 225/1.5	FREMANEZUMAB-VFRM SUBCUTANEOUS SOLN PREF SYR 225 MG/1.5ML	Tier 3	X	X	X	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	EMGALITY INJ 100MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 100 MG/ML	Tier 2	X	X		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN AUTO-INJECTOR 120 MG/ML	Tier 2	X	X		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 120 MG/ML	Tier 2	X	X		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	NURTEC TAB 75MG ODT	RIMEGEPANT SULFATE TAB DISINT 75 MG	Tier 2	X	X	X	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	QULIPTA TAB 10MG	ATOGEPANT TAB 10 MG	Tier 2	X	X	X	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	QULIPTA TAB 30MG	ATOGEPANT TAB 30 MG	Tier 2	X	X	X	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	QULIPTA TAB 60MG	ATOGEPANT TAB 60 MG	Tier 2	X	X	X	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	UBRELVY TAB 100MG	UBROGEPANT TAB 100 MG	Tier 2	X	X	X	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	UBRELVY TAB 50MG	UBROGEPANT TAB 50 MG	Tier 2	X	X	X	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	ZAVZPRET SPR 10MG	ZAVEGEPANT HCL NASAL SPRAY 10 MG/ACT	Tier 3	X		X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	AMLODIPINE SUS 1MG/ML	AMLODIPINE BESYLATE ORAL SUSP 1 MG/ML (CMPD KIT) (BASE EQ)	Tier 3	X			
Calcium Channel Blocking Agents - Blood Pressure Drugs	AMLODIPINE TAB 10MG	AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT)	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	AMLODIPINE TAB 2.5MG	AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	AMLODIPINE TAB 5MG	AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcium Channel Blocking Agents - Blood Pressure Drugs	CALAN SR TAB 180MG	VERAPAMIL HCL TAB ER 180 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM TAB 120MG	DILTIAZEM HCL TAB 120 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM TAB 30MG	DILTIAZEM HCL TAB 30 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM TAB 60MG	DILTIAZEM HCL TAB 60 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM CD CAP 120MG/24	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM CD CAP 180MG/24	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM CD CAP 240MG/24	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM CD CAP 300MG/24	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM CD CAP 360MG/24	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM LA TAB 120MG	DILTIAZEM HCL TAB ER 24HR 120 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM LA TAB 180MG	DILTIAZEM HCL TAB ER 24HR 180 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM LA TAB 240MG	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM LA TAB 300MG/24	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM LA TAB 360MG	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARDIZEM LA TAB 420MG/24	DILTIAZEM HCL TAB ER 24HR 420 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARTIA XT CAP 120/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARTIA XT CAP 180/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARTIA XT CAP 240/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	CARTIA XT CAP 300/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	CONJUPRI TAB 2.5MG	LEVAMLODIPINE MALEATE TAB 2.5 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	CONJUPRI TAB 5MG	LEVAMLODIPINE MALEATE TAB 5 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 12HR 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 120MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 24HR 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 120MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 180MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 180MG ER	DILTIAZEM HCL CAP ER 24HR 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 180MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 240MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 240MG ER	DILTIAZEM HCL CAP ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 240MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 300MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 300MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 360MG CD	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 360MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 360MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 60MG ER	DILTIAZEM HCL CAP ER 12HR 60 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM CAP 90MG ER	DILTIAZEM HCL CAP ER 12HR 90 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM TAB 120MG	DILTIAZEM HCL TAB 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM TAB 120MG ER	DILTIAZEM HCL TAB ER 24HR 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM TAB 240MG ER	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM TAB 300MG ER	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM TAB 30MG	DILTIAZEM HCL TAB 30 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM TAB 360MG ER	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM TAB 60MG	DILTIAZEM HCL TAB 60 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM TAB 90MG	DILTIAZEM HCL TAB 90 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM ER TAB 180MG	DILTIAZEM HCL TAB ER 24HR 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM ER TAB 240MG	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM ER TAB 300MG	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM ER TAB 360MG	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILTIAZEM ER TAB 420MG	DILTIAZEM HCL TAB ER 24HR 420 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILT-XR CAP 120MG	DILTIAZEM HCL CAP ER 24HR 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILT-XR CAP 180MG	DILTIAZEM HCL CAP ER 24HR 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	DILT-XR CAP 240MG	DILTIAZEM HCL CAP ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	FELODIPINE TAB 10MG ER	FELODIPINE TAB ER 24HR 10 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	FELODIPINE TAB 2.5MG ER	FELODIPINE TAB ER 24HR 2.5 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcium Channel Blocking Agents - Blood Pressure Drugs	FELODIPINE TAB 5MG ER	FELODIPINE TAB ER 24HR 5 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	ISRADIPINE CAP 2.5MG	ISRADIPINE CAP 2.5 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	ISRADIPINE CAP 5MG	ISRADIPINE CAP 5 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	KATERZIA SUS 1MG/ML	AMLODIPINE BENZOATE ORAL SUSP 1 MG/ML (BASE EQUIVALENT)	Tier 3	X			
Calcium Channel Blocking Agents - Blood Pressure Drugs	LEVAMLODIPIN TAB 2.5MG	LEVAMLODIPINE MALEATE TAB 2.5 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	LEVAMLODIPIN TAB 5MG	LEVAMLODIPINE MALEATE TAB 5 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	MATZIM LA TAB 180MG/24	DILTIAZEM HCL TAB ER 24HR 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	MATZIM LA TAB 240MG/24	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	MATZIM LA TAB 300MG/24	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	MATZIM LA TAB 360MG/24	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	MATZIM LA TAB 420MG/24	DILTIAZEM HCL TAB ER 24HR 420 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NICARDIPINE CAP 20MG	NICARDIPINE HCL CAP 20 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NICARDIPINE CAP 30MG	NICARDIPINE HCL CAP 30 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NIFEDIPINE CAP 10MG	NIFEDIPINE CAP 10 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NIFEDIPINE CAP 20MG	NIFEDIPINE CAP 20 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcium Channel Blocking Agents - Blood Pressure Drugs	NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR 30 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NIFEDIPINE TAB 60MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NIFEDIPINE TAB 60MG ER	NIFEDIPINE TAB ER 24HR 60 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NIFEDIPINE TAB 90MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NIFEDIPINE TAB 90MG ER	NIFEDIPINE TAB ER 24HR 90 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NIMODIPINE CAP 30MG	NIMODIPINE CAP 30 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NIMODIPINE SOL 60/20ML	NIMODIPINE ORAL SOLN 60 MG/20ML (3 MG/ML)	Tier 2				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NISOLDIPINE TAB 17MG ER	NISOLDIPINE TAB ER 24HR 17 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NISOLDIPINE TAB 20MG ER	NISOLDIPINE TAB ER 24HR 20 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NISOLDIPINE TAB 25.5MG	NISOLDIPINE TAB ER 24HR 25.5 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NISOLDIPINE TAB 30MG ER	NISOLDIPINE TAB ER 24HR 30 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NISOLDIPINE TAB 34MG ER	NISOLDIPINE TAB ER 24HR 34 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NISOLDIPINE TAB 40MG ER	NISOLDIPINE TAB ER 24HR 40 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NISOLDIPINE TAB 8.5MG ER	NISOLDIPINE TAB ER 24HR 8.5 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcium Channel Blocking Agents - Blood Pressure Drugs	NORLIQVA SOL 1MG/ML	AMLODIPINE BESYLATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT)	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	NORVASC TAB 10MG	AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT)	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	NORVASC TAB 2.5MG	AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	NORVASC TAB 5MG	AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	NYMALIZE SOL	NIMODIPINE ORAL SOLN 6 MG/ML	Tier 2				
Calcium Channel Blocking Agents - Blood Pressure Drugs	PROCARDIA XL TAB 30MG CR	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	PROCARDIA XL TAB 60MG CR	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	PROCARDIA XL TAB 90MG CR	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG	Tier 3			X	
Calcium Channel Blocking Agents - Blood Pressure Drugs	SULAR TAB 17MG ER	NISOLDIPINE TAB ER 24HR 17 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	SULAR TAB 34MG ER	NISOLDIPINE TAB ER 24HR 34 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	SULAR TAB 8.5MG ER	NISOLDIPINE TAB ER 24HR 8.5 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TAZTIA XT CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TAZTIA XT CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TAZTIA XT CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TAZTIA XT CAP 300MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcium Channel Blocking Agents - Blood Pressure Drugs	TAZTIA XT CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIADYLT CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIADYLT CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIADYLT CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIADYLT CAP 300MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIADYLT CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIADYLT CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIAZAC CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIAZAC CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIAZAC CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIAZAC CAP 300MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIAZAC CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	TIAZAC CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL CAP 100MG ER	VERAPAMIL HCL CAP ER 24HR 100 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL CAP 120MG ER	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL CAP 120MG SR	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL CAP 180MG ER	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL CAP 180MG SR	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL CAP 200MG ER	VERAPAMIL HCL CAP ER 24HR 200 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL CAP 240MG ER	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL CAP 240MG SR	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL CAP 300MG ER	VERAPAMIL HCL CAP ER 24HR 300 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL CAP 360MG SR	VERAPAMIL HCL CAP ER 24HR 360 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL TAB 120MG	VERAPAMIL HCL TAB 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL TAB 120MG ER	VERAPAMIL HCL TAB ER 120 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL TAB 180MG ER	VERAPAMIL HCL TAB ER 180 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL TAB 240MG ER	VERAPAMIL HCL TAB ER 240 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL TAB 40MG	VERAPAMIL HCL TAB 40 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERAPAMIL TAB 80MG	VERAPAMIL HCL TAB 80 MG	Tier 1				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERELAN CAP 120MG SR	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERELAN CAP 180MG SR	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERELAN CAP 240MG SR	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERELAN CAP 360MG SR	VERAPAMIL HCL CAP ER 24HR 360 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERELAN PM CAP 100MG ER	VERAPAMIL HCL CAP ER 24HR 100 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERELAN PM CAP 200MG ER	VERAPAMIL HCL CAP ER 24HR 200 MG	Tier 3				
Calcium Channel Blocking Agents - Blood Pressure Drugs	VERELAN PM CAP 300MG ER	VERAPAMIL HCL CAP ER 24HR 300 MG	Tier 3				
Calcium Channel Modifying Agents - Seizure Control Drugs	CELONTIN CAP 300MG	METHSUXIMIDE CAP 300 MG	Tier 3				
Calcium Channel Modifying Agents - Seizure Control Drugs	ETHOSUXIMIDE CAP 250MG	ETHOSUXIMIDE CAP 250 MG	Tier 1				
Calcium Channel Modifying Agents - Seizure Control Drugs	ETHOSUXIMIDE SOL 250/5ML	ETHOSUXIMIDE SOLN 250 MG/5ML	Tier 1				
Calcium Channel Modifying Agents - Seizure Control Drugs	METHSUXIMIDE CAP 300MG	METHSUXIMIDE CAP 300 MG	Tier 1				
Calcium Channel Modifying Agents - Seizure Control Drugs	ZARONTIN CAP 250MG	ETHOSUXIMIDE CAP 250 MG	Tier 3				
Calcium Channel Modifying Agents - Seizure Control Drugs	ZARONTIN SOL 250/5ML	ETHOSUXIMIDE SOLN 250 MG/5ML	Tier 3				
Calcium Channel Modifying Agents - Seizure Control Drugs	ZONEGRAN CAP 100MG	ZONISAMIDE CAP 100 MG	Tier 3				
Calcium Channel Modifying Agents - Seizure Control Drugs	ZONEGRAN CAP 25MG	ZONISAMIDE CAP 25 MG	Tier 3				
Calcium Channel Modifying Agents - Seizure Control Drugs	ZONISADE SUS 100MG/5	ZONISAMIDE ORAL SUSP 100 MG/5ML (20 MG/ML)	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Calcium Channel Modifying Agents - Seizure Control Drugs	ZONISAMIDE CAP 100MG	ZONISAMIDE CAP 100 MG	Tier 1				
Calcium Channel Modifying Agents - Seizure Control Drugs	ZONISAMIDE CAP 25MG	ZONISAMIDE CAP 25 MG	Tier 1				
Calcium Channel Modifying Agents - Seizure Control Drugs	ZONISAMIDE CAP 50MG	ZONISAMIDE CAP 50 MG	Tier 1				
Cardiovascular Agents, Other	CAMZYOS CAP 10MG	MAVACAMTEN CAP 10 MG	Tier 3	X	X		X
Cardiovascular Agents, Other	CAMZYOS CAP 15MG	MAVACAMTEN CAP 15 MG	Tier 3	X	X		X
Cardiovascular Agents, Other	CAMZYOS CAP 2.5MG	MAVACAMTEN CAP 2.5 MG	Tier 3	X	X		X
Cardiovascular Agents, Other	CAMZYOS CAP 5MG	MAVACAMTEN CAP 5 MG	Tier 3	X	X		X
Cardiovascular Agents, Other	INPEFA TAB 200MG	SOTAGLIFLOZIN TAB 200 MG	Tier 3		X	X	
Cardiovascular Agents, Other	INPEFA TAB 400MG	SOTAGLIFLOZIN TAB 400 MG	Tier 3		X	X	
Cardiovascular Agents, Other	LODOCO TAB 0.5MG	COLCHICINE (CARDIOVASCULAR) TAB 0.5 MG	Tier 3		X		
Cardiovascular Agents, Other	TRYVIO TAB 12.5MG	APROCITENTAN TAB 12.5 MG	Tier 3	X	X		
Cardiovascular Agents, Other	WINREVAIR INJ 45MG	SOTATERCEPT-CSRK FOR SUBCUTANEOUS SOLN KIT 2 X 45 MG	Tier 3	X	X		X
Cardiovascular Agents, Other	WINREVAIR INJ 45MG	SOTATERCEPT-CSRK FOR SUBCUTANEOUS SOLN KIT 45 MG	Tier 3	X	X		X
Cardiovascular Agents, Other	WINREVAIR INJ 60MG	SOTATERCEPT-CSRK FOR SUBCUTANEOUS SOLN KIT 2 X 60 MG	Tier 3	X	X		X
Cardiovascular Agents, Other	WINREVAIR INJ 60MG	SOTATERCEPT-CSRK FOR SUBCUTANEOUS SOLN KIT 60 MG	Tier 3	X	X		X
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ACCURETIC TAB 10-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ACCURETIC TAB 20-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ALISKIREN TAB 150MG	ALISKIREN FUMARATE TAB 150 MG (BASE EQUIVALENT)	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ALISKIREN TAB 300MG	ALISKIREN FUMARATE TAB 300 MG (BASE EQUIVALENT)	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMILOR/HCTZ TAB 5-50	AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/ATORVA TAB 10-10MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-10 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/ATORVA TAB 10-20MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-20 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/ATORVA TAB 10-40MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-40 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/ATORVA TAB 10-80MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-80 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/ATORVA TAB 2.5-10MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 2.5-10 MG	Tier 1		X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/ATORVA TAB 2.5-20MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 2.5-20 MG	Tier 1		X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/ATORVA TAB 2.5-40MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 2.5-40 MG	Tier 1		X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/ATORVA TAB 5-10MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-10 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/ATORVA TAB 5-20MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-20 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/ATORVA TAB 5-40MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-40 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/ATORVA TAB 5-80MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-80 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/BENAZP CAP 10-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/BENAZP CAP 10-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/BENAZP CAP 2.5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 2.5-10 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/BENAZP CAP 5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/BENAZP CAP 5-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/BENAZP CAP 5-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-40 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/OLMESA TAB 10-20MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-20 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/OLMESA TAB 10-40MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-40 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/OLMESA TAB 5-20MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-20 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/OLMESA TAB 5-40MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-40 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/VALSAR TAB / HCTZ	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 5-160-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/VALSAR TAB / HCTZ	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-160-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/VALSAR TAB / HCTZ	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 5-160-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/VALSAR TAB / HCTZ	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-160-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/VALSAR TAB / HCTZ	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-320-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/VALSAR TAB 10-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/VALSAR TAB 10-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/VALSAR TAB 5-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AMLOD/VALSAR TAB 5-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ASPRUZYO SPR GRA 1000MG	RANOLAZINE ER GRANULES PACKET 1000 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ASPRUZYO SPR GRA 500MG	RANOLAZINE ER GRANULES PACKET 500 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ATACAND HCT TAB 16-12.5	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 16-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ATACAND HCT TAB 32-12.5	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ATACAND HCT TAB 32-25MG	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ATENOL/CHLOR TAB 100-25MG	ATENOLOL & CHLORTHALIDONE TAB 100-25 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ATENOL/CHLOR TAB 50-25MG	ATENOLOL & CHLORTHALIDONE TAB 50-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AVALIDE TAB 150-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AVALIDE TAB 300-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AZOR TAB 10-20MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-20 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AZOR TAB 10-40MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-40 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AZOR TAB 5-20MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-20 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	AZOR TAB 5-40MG	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-40 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	BENAZEP/HCTZ TAB 10-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	BENAZEP/HCTZ TAB 20-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	BENAZEP/HCTZ TAB 20-25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	BENAZEP/HCTZ TAB 5-6.25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	BENICAR HCT TAB 20-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	BENICAR HCT TAB 40-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	BENICAR HCT TAB 40-25MG	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	BIDIL TAB	ISOSORBIDE DINITRATE-HYDRALAZINE HCL TAB 20-37.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	BISOPRL/HCTZ TAB 10/6.25	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	BISOPRL/HCTZ TAB 2.5/6.25	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	BISOPRL/HCTZ TAB 5-6.25MG	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CADUET TAB 10-10MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-10 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CADUET TAB 10-20MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-20 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CADUET TAB 10-40MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-40 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CADUET TAB 10-80MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-80 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CADUET TAB 5-10MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-10 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CADUET TAB 5-20MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-20 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CADUET TAB 5-40MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-40 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CADUET TAB 5-80MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-80 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CANDESA/HCTZ TAB 16-12.5	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 16-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CANDESA/HCTZ TAB 32-12.5	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CANDESA/HCTZ TAB 32-25MG	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CAPTOPR/HCTZ TAB 25-15MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-15 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CAPTOPR/HCTZ TAB 25-25MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-25 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CAPTOPR/HCTZ TAB 50-15MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-15 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CAPTOPR/HCTZ TAB 50-25MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CORLANOR SOL 5MG/5ML	IVABRADINE HCL ORAL SOLN 5 MG/5ML (BASE EQUIV)	Tier 3	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CORLANOR TAB 5MG	IVABRADINE HCL TAB 5 MG (BASE EQUIV)	Tier 3	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	CORLANOR TAB 7.5MG	IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)	Tier 3	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DEMSER CAP 250MG	METYROSINE CAP 250 MG	Tier 3	X			
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DIGOXIN SOL 50MCG/ML	DIGOXIN ORAL SOLN 0.05 MG/ML	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DIGOXIN TAB 0.0625MG	DIGOXIN TAB 62.5 MCG (0.0625 MG)	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DIGOXIN TAB 0.125MG	DIGOXIN TAB 125 MCG (0.125 MG)	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DIGOXIN TAB 0.25MG	DIGOXIN TAB 250 MCG (0.25 MG)	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DIOVAN HCT TAB 160-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DIOVAN HCT TAB 160-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DIOVAN HCT TAB 320-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DIOVAN HCT TAB 320-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DIOVAN HCT TAB 80-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DROXIDOPA CAP 100MG	DROXIDOPA CAP 100 MG	Tier 1	X	X		X
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DROXIDOPA CAP 200MG	DROXIDOPA CAP 200 MG	Tier 1	X	X		X
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	DROXIDOPA CAP 300MG	DROXIDOPA CAP 300 MG	Tier 1	X	X		X
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	EDARBYCLOR TAB 40-12.5	AZILSARTAN MEDOXOMIL-CHLORTHALIDONE TAB 40-12.5 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	EDARBYCLOR TAB 40-25MG	AZILSARTAN MEDOXOMIL-CHLORTHALIDONE TAB 40-25 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ENALAPR/HCTZ TAB 10-25MG	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 10-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ENALAPR/HCTZ TAB 5-12.5MG	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 5-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ENTRESTO CAP 15-16MG	SACUBITRIL-VALSARTAN SPRINKLE CAP 15-16 MG	Tier 3	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ENTRESTO CAP 6-6MG	SACUBITRIL-VALSARTAN SPRINKLE CAP 6-6 MG	Tier 3	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ENTRESTO TAB 24-26MG	SACUBITRIL-VALSARTAN TAB 24-26 MG	Tier 3	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ENTRESTO TAB 49-51MG	SACUBITRIL-VALSARTAN TAB 49-51 MG	Tier 3	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ENTRESTO TAB 97-103MG	SACUBITRIL-VALSARTAN TAB 97-103 MG	Tier 3	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	EXFORGE TAB 10-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	EXFORGE TAB 10-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	EXFORGE TAB 5-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	EXFORGE TAB 5-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	EXFORGEH/10- TAB 160-12.5	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-160-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	EXFORGEH/10- TAB 160-25	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-160-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	EXFORGEH/10- TAB 320-25	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 10-320-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	EXFORGEH/5- TAB 160-12.5	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 5-160-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	EXFORGEH/5- TAB 160-25	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB 5-160-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	FOSINOP/HCTZ TAB 10/12.5	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	FOSINOP/HCTZ TAB 20/12.5	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	HYZAAR TAB 100-12.5	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	HYZAAR TAB 100-25	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	HYZAAR TAB 50-12.5	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	IRBESAR/HCTZ TAB 150-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	IRBESAR/HCTZ TAB 300-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ISOSO/HYDRAL TAB 20-37.5	ISOSORBIDE DINITRATE-HYDRALAZINE HCL TAB 20-37.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	IVABRADINE TAB 5MG	IVABRADINE HCL TAB 5 MG (BASE EQUIV)	Tier 1	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	IVABRADINE TAB 7.5MG	IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)	Tier 1	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LANOXIN TAB 0.0625MG	DIGOXIN TAB 62.5 MCG (0.0625 MG)	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LANOXIN TAB 0.125MG	DIGOXIN TAB 125 MCG (0.125 MG)	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LANOXIN TAB 0.25MG	DIGOXIN TAB 250 MCG (0.25 MG)	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LISINOP/HCTZ TAB 10-12.5	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LISINOP/HCTZ TAB 20-12.5	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LISINOP/HCTZ TAB 20-25MG	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LOSARTAN/HCT TAB 100-12.5	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LOSARTAN/HCT TAB 100-25	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LOSARTAN/HCT TAB 50-12.5	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LOTENSIN HCT TAB 10-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LOTENSIN HCT TAB 20-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LOTENSIN HCT TAB 20-25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LOTREL CAP 10-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LOTREL CAP 10-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LOTREL CAP 5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	LOTREL CAP 5-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	MAXZIDE TAB 75-50	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	MAXZIDE-25 TAB	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	METOPRL/HCTZ TAB 100-25MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	METOPRL/HCTZ TAB 100-50MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-50 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	METOPRL/HCTZ TAB 50-25MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	METYROSINE CAP 250MG	METYROSINE CAP 250 MG	Tier 1	X			
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	MICARDIS HCT TAB 40/12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	MICARDIS HCT TAB 80/12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	MICARDIS HCT TAB 80-25MG	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	NORTHERA CAP 100MG	DROXIDOPA CAP 100 MG	Tier 3	X	X	X	X
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	NORTHERA CAP 200MG	DROXIDOPA CAP 200 MG	Tier 3	X	X	X	X
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	NORTHERA CAP 300MG	DROXIDOPA CAP 300 MG	Tier 3	X	X	X	X
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	OLM MED/AMLO TAB / HCTZ	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-10-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	OLM MED/AMLO TAB / HCTZ	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-10-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	OLM MED/AMLO TAB / HCTZ	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	OLM MED/AMLO TAB / HCTZ	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 20-5-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	OLM MED/AMLO TAB / HCTZ	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-12.5 MG	Tier 1		X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	OLM MED/HCTZ TAB 20-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	OLM MED/HCTZ TAB 40-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	OLM MED/HCTZ TAB 40-25MG	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	OPSYNVI TAB 10-20MG	MACITENTAN-TADALAFIL TAB 10-20 MG	Tier 3	X		X	X
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	OPSYNVI TAB 10-40MG	MACITENTAN-TADALAFIL TAB 10-40 MG	Tier 3	X		X	X
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	PENTOXIFYLLI TAB 400MG ER	PENTOXIFYLLINE TAB ER 400 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	PRESTALIA TAB 14-10MG	PERINDOPRIL ARGININE-AMLODIPINE BESYLATE TAB 14-10 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	PRESTALIA TAB 3.5-2.5	PERINDOPRIL ARGININE-AMLODIPINE BESYLATE TAB 3.5-2.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	PRESTALIA TAB 7-5MG	PERINDOPRIL ARGININE-AMLODIPINE BESYLATE TAB 7-5 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	QNAPRIL/HCTZ TAB 10-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	QNAPRIL/HCTZ TAB 20-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	QNAPRIL/HCTZ TAB 20-25MG	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	RANOLAZINE TAB 1000MG	RANOLAZINE TAB ER 12HR 1000 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	RANOLAZINE TAB 500MG ER	RANOLAZINE TAB ER 12HR 500 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	SPIRONO/HCTZ TAB 25/25	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TEKTURNA TAB 150MG	ALISKIREN FUMARATE TAB 150 MG (BASE EQUIVALENT)	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TEKTURNA TAB 300MG	ALISKIREN FUMARATE TAB 300 MG (BASE EQUIVALENT)	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TEKTURNA HCT TAB 300-12.5	ALISKIREN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TEKTURNA HCT TAB 300-25MG	ALISKIREN-HYDROCHLOROTHIAZIDE TAB 300-25 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TELMIS/AMLOD TAB 40-10MG	TELMISARTAN-AMLODIPINE TAB 40-10 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TELMIS/AMLOD TAB 40-5MG	TELMISARTAN-AMLODIPINE TAB 40-5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TELMIS/AMLOD TAB 80-10MG	TELMISARTAN-AMLODIPINE TAB 80-10 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TELMIS/AMLOD TAB 80-5MG	TELMISARTAN-AMLODIPINE TAB 80-5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TELMISA/HCTZ TAB 40-12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TELMISA/HCTZ TAB 80-12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TELMISA/HCTZ TAB 80-25MG	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TENORETIC TAB 100	ATENOLOL & CHLORTHALIDONE TAB 100-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TENORETIC TAB 50	ATENOLOL & CHLORTHALIDONE TAB 50-25 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRANDO/VERAP TAB 1-240 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 1-240 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRANDO/VERAP TAB 2-180 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-180 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRANDO/VERAP TAB 2-240 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-240 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRANDO/VERAP TAB 4-240 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 4-240 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRIAMT/HCTZ CAP 37.5-25	TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 37.5-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRIAMT/HCTZ TAB 37.5-25	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRIAMT/HCTZ TAB 75-50MG	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRIBENZOR20- TAB 5-12.5MG	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 20-5-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRIBENZOR40- TAB 10-12.5	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-10-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRIBENZOR40- TAB 10-25MG	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-10-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRIBENZOR40- TAB 5-12.5MG	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-12.5 MG	Tier 3		X	X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	TRIBENZOR40- TAB 5-25MG	OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VALSART/HCTZ TAB 160-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VALSART/HCTZ TAB 160-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VALSART/HCTZ TAB 320-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VALSART/HCTZ TAB 320-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	Tier 1				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VALSART/HCTZ TAB 80-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VASERETIC TAB 10-25MG	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 10-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VECAMYL TAB 2.5MG	MECAMYLAMINE HCL TAB 2.5 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VERQUVO TAB 10MG	VERICIGUAT TAB 10 MG	Tier 3	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VERQUVO TAB 2.5MG	VERICIGUAT TAB 2.5 MG	Tier 3	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VERQUVO TAB 5MG	VERICIGUAT TAB 5 MG	Tier 3	X	X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VYNDAMAX CAP 61MG	TAFAMIDIS CAP 61 MG	Tier 2	X	X		X
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	VYNDAQEL CAP 20MG	TAFAMIDIS MEGLUMINE (CARDIAC) CAP 20 MG	Tier 2	X	X		X
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ZESTORETIC TAB 10-12.5	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ZESTORETIC TAB 20-12.5	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ZESTORETIC TAB 20-25MG	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 3			X	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ZIAC TAB 10/6.25	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ZIAC TAB 2.5/6.25	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	Tier 3				
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	ZIAC TAB 5-6.25MG	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	Tier 3				
Central Nervous System, Other	DAYBUE SOL 200MG/ML	TROFINETIDE ORAL SOLN 200 MG/ML	Tier 2	X	X	X	X
Central Nervous System, Other	RELYVRIO PAK 3-1GM	SODIUM PHENYLBUTYRATE-TAURURSODIOL POWD PACK 3-1 GM	Tier 3				X
Central Nervous System, Other	SKYCLARYS CAP 50MG	OMAVELOXOLONE CAP 50 MG	Tier 2	X	X		X
Central Nervous System, Other	VYLEESI INJ 1.75/0.3	BREMELANOTIDE ACET SUBCUTANEOUS SOLN AUTO-INJ 1.75 MG/0.3ML	Tier 3		X		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	ADDYI TAB 100MG	FLIBANSERIN TAB 100 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO TAB 12MG	DEUTETRABENAZINE TAB 12 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO TAB 6MG	DEUTETRABENAZINE TAB 6 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO TAB 9MG	DEUTETRABENAZINE TAB 9 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO XR TAB 12MG	DEUTETRABENAZINE TAB ER 24HR 12 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO XR TAB 18MG	DEUTETRABENAZINE TAB ER 24HR 18 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO XR TAB 24MG	DEUTETRABENAZINE TAB ER 24HR 24 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO XR TAB 30MG ER	DEUTETRABENAZINE TAB ER 24HR 30 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO XR TAB 36MG ER	DEUTETRABENAZINE TAB ER 24HR 36 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO XR TAB 42MG ER	DEUTETRABENAZINE TAB ER 24HR 42 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO XR TAB 48MG ER	DEUTETRABENAZINE TAB ER 24HR 48 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO XR TAB 6MG	DEUTETRABENAZINE TAB ER 24HR 6 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO XR TAB TITR KIT	DEUTETRABENAZINE TAB ER TITRATION PACK 12 & 18 & 24 & 30 MG	Tier 2	X			X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	AUSTEDO XR TAB TITR KIT	DEUTETRABENAZINE TAB ER TITRATION PACK 6 MG & 12 MG & 24 MG	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	CAFFEINE CIT SOL 20MG/ML	CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV)	Tier 1				
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	CAFFEINE CIT SOL 60MG/3ML	CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	EXSERVAN MIS 50MG	RILUZOLE ORAL FILM 50 MG	Tier 3	X		X	X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	GABAPENT DLY TAB 300MG	GABAPENTIN (ONCE-DAILY) TAB 300 MG	Tier 1		X	X	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	GABAPENT DLY TAB 600MG	GABAPENTIN (ONCE-DAILY) TAB 600 MG	Tier 1		X	X	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	GRALISE MIS 300/600	GABAPENTIN (ONCE-DAILY) TAB PACK 300 MG (9) & 600 MG (24)	Tier 3			X	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	GRALISE TAB 300MG	GABAPENTIN (ONCE-DAILY) TAB 300 MG	Tier 3		X	X	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	GRALISE TAB 450MG	GABAPENTIN (ONCE-DAILY) TAB 450 MG	Tier 3		X	X	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	GRALISE TAB 600MG	GABAPENTIN (ONCE-DAILY) TAB 600 MG	Tier 3		X	X	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	GRALISE TAB 750MG	GABAPENTIN (ONCE-DAILY) TAB 750 MG	Tier 3		X	X	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	GRALISE TAB 900MG	GABAPENTIN (ONCE-DAILY) TAB 900 MG	Tier 3		X	X	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	HORIZANT TAB 300MG ER	GABAPENTIN ENACARBIL TAB ER 300 MG	Tier 3		X	X	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	HORIZANT TAB 600MG ER	GABAPENTIN ENACARBIL TAB ER 600 MG	Tier 3		X	X	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	INGREZZA CAP 40-80MG	VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21)	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	INGREZZA CAP 40MG	VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	INGREZZA CAP 40MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 40 MG (BASE EQUIV)	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	INGREZZA CAP 60MG	VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)	Tier 2	X	X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	INGREZZA CAP 60MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 60 MG (BASE EQUIV)	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	INGREZZA CAP 80MG	VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	INGREZZA CAP 80MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 80 MG (BASE EQUIV)	Tier 2	X	X		X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	MEMAN/DONEPZ CAP 14-10MG	MEMANTINE HCL-DONEPEZIL HCL CAP ER 24HR 14-10 MG	Tier 1				
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	MEMAN/DONEPZ CAP 21-10MG	MEMANTINE HCL-DONEPEZIL HCL CAP ER 24HR 21-10 MG	Tier 1				
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	MEMAN/DONEPZ CAP 28-10MG	MEMANTINE HCL-DONEPEZIL HCL CAP ER 24HR 28-10 MG	Tier 1				
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	NAMZARIC CAP	MEMANTINE-DONEPEZIL CAP ER 24HR 7 & 14 & 21 & 28-10 MG PACK	Tier 3				
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	NAMZARIC CAP 14-10MG	MEMANTINE HCL-DONEPEZIL HCL CAP ER 24HR 14-10 MG	Tier 3				
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	NAMZARIC CAP 21-10MG	MEMANTINE HCL-DONEPEZIL HCL CAP ER 24HR 21-10 MG	Tier 3				
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	NAMZARIC CAP 28-10MG	MEMANTINE HCL-DONEPEZIL HCL CAP ER 24HR 28-10 MG	Tier 3				
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	NAMZARIC CAP 7-10MG	MEMANTINE HCL-DONEPEZIL HCL CAP ER 24HR 7-10 MG	Tier 3				
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	NEURAPTINE CRE 10%	GABAPENTIN CREAM 10%	Tier 3	X			
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	NUEDEXTA CAP 20-10MG	DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG	Tier 2	X	X		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	RADICAVA ORS SUS 105/5ML	EDARAVONE ORAL SUSP 105 MG/5ML	Tier 3	X	X		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	RADICAVA ORS SUS STARTER	EDARAVONE ORAL SUSP 105 MG/5ML	Tier 3	X	X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	RILUTEK TAB 50MG	RILUZOLE TAB 50 MG	Tier 3			X	X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	RILUZOLE TAB 50MG	RILUZOLE TAB 50 MG	Tier 1				X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	TEGLUTIK SUS 50/10ML	RILUZOLE SUSP 50 MG/10ML	Tier 3	X			X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	TETRABENAZIN TAB 12.5MG	TETRABENAZINE TAB 12.5 MG	Tier 1	X			X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	TETRABENAZIN TAB 25MG	TETRABENAZINE TAB 25 MG	Tier 1	X			X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	TIGLUTIK SUS 50/10ML	RILUZOLE SUSP 50 MG/10ML	Tier 3	X			X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	XENAZINE TAB 12.5MG	TETRABENAZINE TAB 12.5 MG	Tier 3	X		X	X
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	XENAZINE TAB 25MG	TETRABENAZINE TAB 25 MG	Tier 3	X		X	X
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	ADLARITY DIS 10MG/DAY	DONEPEZIL HYDROCHLORIDE TD PATCH WEEKLY 10 MG/DAY	Tier 3				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	ADLARITY DIS 5MG/DAY	DONEPEZIL HYDROCHLORIDE TD PATCH WEEKLY 5 MG/DAY	Tier 3				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	ARICEPT TAB 10MG	DONEPEZIL HYDROCHLORIDE TAB 10 MG	Tier 3			X	
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	ARICEPT TAB 23MG	DONEPEZIL HYDROCHLORIDE TAB 23 MG	Tier 3			X	
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	ARICEPT TAB 5MG	DONEPEZIL HYDROCHLORIDE TAB 5 MG	Tier 3			X	
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	DONEPEZIL TAB 10MG	DONEPEZIL HYDROCHLORIDE TAB 10 MG	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	DONEPEZIL TAB 10MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	DONEPEZIL TAB 23MG	DONEPEZIL HYDROCHLORIDE TAB 23 MG	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	DONEPEZIL TAB 5MG	DONEPEZIL HYDROCHLORIDE TAB 5 MG	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	DONEPEZIL TAB 5MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	DONEPEZIL TAB ODT 10MG	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	DONEPEZIL TAB ODT 5MG	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	EXELON DIS 13.3/24	RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR	Tier 3			X	
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	EXELON DIS 4.6MG/24	RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR	Tier 3			X	
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	EXELON DIS 9.5MG/24	RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR	Tier 3			X	
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	GALANTAMINE CAP 16MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	GALANTAMINE CAP 24MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	GALANTAMINE CAP 8MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	GALANTAMINE SOL 4MG/ML	GALANTAMINE HYDROBROMIDE ORAL SOLN 4 MG/ML	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	GALANTAMINE TAB 12MG	GALANTAMINE HYDROBROMIDE TAB 12 MG	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	GALANTAMINE TAB 4MG	GALANTAMINE HYDROBROMIDE TAB 4 MG	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	GALANTAMINE TAB 8MG	GALANTAMINE HYDROBROMIDE TAB 8 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	RAZADYNE ER CAP 24MG	GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG	Tier 3				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	RAZADYNE ER CAP 8MG	GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG	Tier 3				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	RIVASTIGMINE CAP 1.5MG	RIVASTIGMINE TARTRATE CAP 1.5 MG (BASE EQUIVALENT)	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	RIVASTIGMINE CAP 3MG	RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT)	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	RIVASTIGMINE CAP 4.5MG	RIVASTIGMINE TARTRATE CAP 4.5 MG (BASE EQUIVALENT)	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	RIVASTIGMINE CAP 6MG	RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT)	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	RIVASTIGMINE DIS 13.3/24	RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	RIVASTIGMINE DIS 4.6MG/24	RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR	Tier 1				
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	RIVASTIGMINE DIS 9.5MG/24	RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR	Tier 1				
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	BETHKIS NEB 300/4ML	TOBRAMYCIN NEBU SOLN 300 MG/4ML	Tier 3	X	X	X	X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	BRONCHITOL CAP 40MG	MANNITOL INHAL CAP 40 MG	Tier 3	X	X	X	X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	BRONCHITOL CAP TOL TEST	MANNITOL INHAL CAP 40 MG	Tier 3	X	X	X	X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	CAYSTON INH 75MG	AZTREONAM LYSINE FOR INHAL SOLN 75 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	KALYDECO GRA 13.4MG	IVACAFTOR PACKET 13.4 MG	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	KALYDECO GRA 5.8MG	IVACAFTOR PACKET 5.8 MG	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	KALYDECO PAK 25MG	IVACAFTOR PACKET 25 MG	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	KALYDECO PAK 50MG	IVACAFTOR PACKET 50 MG	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	KALYDECO PAK 75MG	IVACAFTOR PACKET 75 MG	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	KITABIS PAK NEB 300/5ML	TOBRAMYCIN NEBU SOLN 300 MG/5ML	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	ORKAMBI GRA 100-125	LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	ORKAMBI GRA 150-188	LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	ORKAMBI GRA 75-94MG	LUMACAFTOR-IVACAFTOR GRANULES PACKET 75-94 MG	Tier 2	X	X		
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	ORKAMBI TAB 100-125	LUMACAFTOR-IVACAFTOR TAB 100-125 MG	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	ORKAMBI TAB 200-125	LUMACAFTOR-IVACAFTOR TAB 200-125 MG	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	SYMDEKO TAB 100-150	TEZACAFTOR-IVACAFTOR 100-150 MG & IVACAFTOR 150 MG TAB TBPK	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	SYMDEKO TAB 50-75MG	TEZACAFTOR-IVACAFTOR 50-75 MG & IVACAFTOR 75 MG TAB TBPK	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	TOBI NEB 300/5ML	TOBRAMYCIN NEBU SOLN 300 MG/5ML	Tier 3	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	TOBI PODHALR CAP 28MG	TOBRAMYCIN INHAL CAP 28 MG	Tier 3	X			X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	TOBRAMYCIN NEB 300/4ML	TOBRAMYCIN NEBU SOLN 300 MG/4ML	Tier 1	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	TOBRAMYCIN NEB 300/5ML	TOBRAMYCIN NEBU SOLN 300 MG/5ML	Tier 1	X	X	X	X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	TOBRAMYCIN NEB 300/5ML	TOBRAMYCIN NEBU SOLN 300 MG/5ML	Tier 1	X	X	X	X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	TOBRAMYCIN NEB 300/5ML	TOBRAMYCIN NEBU SOLN 300 MG/5ML	Tier 3	X	X	X	X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	TRIKAFTA PAK 59.5MG	ELEXACAF-TEZACAF-IVACAF 80-40-60 MG& IVACAF 59.5MG THPK GRAN	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	TRIKAFTA PAK 75MG	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG& IVACAF 75MG THPK GRAN	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	TRIKAFTA TAB	ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAFTOR 75 MG TBPK	Tier 2	X	X		X
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	TRIKAFTA TAB	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG &IVACAFTOR 150 MG TBPK	Tier 2	X	X		X
Dental and Oral Agents	DEBACTEROL SOL 30-50%	SULFURIC ACID-SULFONATED PHENOLICS SOLN 30-50%	Tier 2				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	ACYCLONINE AER MUM	ACYCLOVIR-TRIAMCINOLONE-DYCLONINE AERO POWD 36.7-16.7-3.33%	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	AQUORAL SPR	ARTIFICIAL SALIVA - SOLUTION	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	CAPHOSOL SOL	ARTIFICIAL SALIVA - SOLUTION	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	CEVIMELINE CAP 30MG	CEVIMELINE HCL CAP 30 MG	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	CHLORHEX GLU SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	CLINPRO 5000 PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	DENTA 5000 CRE PLUS	SODIUM FLUORIDE CREAM 1.1%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	DENTA 5000 CRE PLUS 2PK	SODIUM FLUORIDE CREAM 1.1%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	DENTA 5000 GEL PLUS SEN	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	DENTAGEL GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	EASYGEL GEL 0.4%	STANNOUS FLUORIDE GEL 0.4%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	EASYGEL GEL 0.4%CHRY	STANNOUS FLUORIDE GEL 0.4%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	EASYGEL GEL 0.4%CITR	STANNOUS FLUORIDE GEL 0.4%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	EASYGEL GEL 0.4%MINT	STANNOUS FLUORIDE GEL 0.4%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	EVOXAC CAP 30MG	CEVIMELINE HCL CAP 30 MG	Tier 3			X	
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	FIRST-MOUTHW SUS BLM	DIPHENHYD-LIDO-AL HYDROX-MG HYDROX-SIMETH SUSP (CMPD KIT)	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	FLUORID SENS GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	FLUORIDEX CON DLY REN	STANNOUS FLUORIDE CONC 0.63%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	FLUORIDEX PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	FLUORMX 5000 GEL SENSITIV	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	FLUORMX 5000 PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	FRAICHE 5000 GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	JUST RIGHT GEL 5000	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	JUST RIGHT PST 5000	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	KOURZEQ PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 2				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	MUCOSITISRX POW	ARTIFICIAL SALIVA - PACKET	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	NA FL/K NITR GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	NAFRINSE SOL DAILY	SODIUM FLUORIDE-PHOSPHORIC ACID FOR SOLN 1 MG/5ML (F EQUIV)	Tier 2				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	NAFRINSE DLY SOL / NEUTRAL	SODIUM FLUORIDE FOR SOLN RINSE 0.05%	Tier 2				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	NAFRINSE WK SOL 0.2%	SODIUM FLUORIDE FOR SOLN RINSE 0.2%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	ORALONE DENT PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PERIDEX SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PERIOGARD SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PILOCARPINE TAB 5MG	PILOCARPINE HCL TAB 5 MG	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PILOCARPINE TAB 7.5MG	PILOCARPINE HCL TAB 7.5 MG	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PREVDNT 5000 CRE 1.1% PLS	SODIUM FLUORIDE CREAM 1.1%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PREVDNT 5000 GEL 1.1% DRY	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PREVDNT 5000 GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PREVDNT 5000 PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PREVDNT 5000 PST 1.1% KID	SODIUM FLUORIDE PASTE 1.1%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PREVIDENT GEL 1.1% BER	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PREVIDENT GEL 1.1% MIN	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	PREVIDENT SOL 0.2%	SODIUM FLUORIDE RINSE 0.2%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SALAGEN TAB 5MG	PILOCARPINE HCL TAB 5 MG	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SALAGEN TAB 7.5MG	PILOCARPINE HCL TAB 7.5 MG	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SF GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SF 5000 PLUS CRE 1.1%	SODIUM FLUORIDE CREAM 1.1%	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SOD FLUORIDE GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SOD FLUORIDE GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SOD FLUORIDE PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SOD FLUORIDE SOL 0.2%MINT	SODIUM FLUORIDE RINSE 0.2%	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SODIUM FLUOR CRE 1.1%	SODIUM FLUORIDE CREAM 1.1%	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SODIUM FLUOR CRE 5000 PLS	SODIUM FLUORIDE CREAM 1.1%	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SODIUM FLUOR CRE 5000 PPM	SODIUM FLUORIDE CREAM 1.1%	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	SODIUM FLUOR GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	TRIAMCINOLON PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 1				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	TRIAMCINOLON PST DEN 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 1				
Dermatitis and Pruitus Agents	HYFTOR GEL 0.2%	SIROLIMUS GEL 0.2%	Tier 3	X	X		
Dermatological Agents - Drugs to Treat Skin Conditions	ABSORICA CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ABSORICA CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ABSORICA CAP 25MG	ISOTRETINOIN CAP 25 MG	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ABSORICA CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	ABSORICA CAP 35MG	ISOTRETINOIN CAP 35 MG	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ABSORICA CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ABSORICA LD CAP 16MG	ISOTRETINOIN MICRONIZED CAP 16 MG	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ABSORICA LD CAP 24MG	ISOTRETINOIN MICRONIZED CAP 24 MG	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ABSORICA LD CAP 32MG	ISOTRETINOIN MICRONIZED CAP 32 MG	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ABSORICA LD CAP 8MG	ISOTRETINOIN MICRONIZED CAP 8 MG	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ACANYA GEL 1.2-2.5%	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1.2-2.5%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ACCUTANE CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ACCUTANE CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ACCUTANE CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ACCUTANE CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ACIOXIA GEL 0.1-0.5%	TRIAMCINOLONE ACETONIDE-PENTOXIFYLLINE GEL 0.1-0.5%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ACITRETIN CAP 10MG	ACITRETIN CAP 10 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ACITRETIN CAP 17.5MG	ACITRETIN CAP 17.5 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ACITRETIN CAP 25MG	ACITRETIN CAP 25 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	ACZONE GEL 5%	DAPSONE GEL 5%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ACZONE GEL 7.5%	DAPSONE GEL 7.5%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ADAPAL/BEN P GEL 0.3-2.5%	ADAPALENE-BENZOYL PEROXIDE GEL 0.3-2.5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ADBRY INJ 150MG/ML	TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	ADBRY INJ 300/2ML	TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	AKLIEF CRE 0.005%	TRIFAROTENE CREAM 0.005%	Tier 3	X			
Dermatological Agents - Drugs to Treat Skin Conditions	AMELUZ GEL 10%	AMINOLEVULINIC ACID HCL GEL 10%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	AMNESTEEM CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	AMNESTEEM CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	AMNESTEEM CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	AMNESTEEM CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	AMZEEQ AER 4%	MINOCYCLINE HCL MICRONIZED FOAM 4%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ANALPRAM HC CRE 2.5-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ANALPRM SNGL CRE HC 2.5-1	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ANTISEPTIC SOL 4%	CHLORHEXIDINE GLUCONATE SOLN 4%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	ARTISS KIT 10ML	FIBRIN SEALANT COMPONENT KIT 10 ML	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ARTISS KIT 2ML	FIBRIN SEALANT COMPONENT KIT 2 ML	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ARTISS KIT 4ML	FIBRIN SEALANT COMPONENT KIT 4 ML	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ARTISS SOL 10ML	FIBRIN SEALANT COMPONENT SOLUTION	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ARTISS SOL 2ML	FIBRIN SEALANT COMPONENT SOLUTION	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ARTISS SOL 4ML	FIBRIN SEALANT COMPONENT SOLUTION	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ATRALIN GEL 0.05%	TRETINOIN GEL 0.05%	Tier 3	X		X	
Dermatological Agents - Drugs to Treat Skin Conditions	AVAR CLEANSE LIQ 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	AVAR LS LIQ 10-2%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-2%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	AVAR-E EMOLL CRE 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	AVAR-E GREEN CRE 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	AVAR-E LS CRE 10-2%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-2%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	AWANIS CRE	DAPSONE-NIACINAMIDE-TRETINOIN CREAM 8.5-2-0.025%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	AZELAIC ACID GEL 15%	AZELAIC ACID GEL 15%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	AZELEX CRE 20%	AZELAIC ACID CREAM 20%	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	BENZAMYCIN GEL 5-3%	BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3%	Tier 2				
Dermatological Agents - Drugs to Treat Skin Conditions	BENZOIN TIN NF	BENZOIN TINCTURE	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	BENZOIN CMPD TIN	BENZOIN COMPOUND TINCTURE	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	BORIC ACID GRA	BORIC ACID GRANULES	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	BP 10-1 EMU	SULFACETAMIDE SODIUM W/ SULFUR EMULSION 10-1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	BP CLEANSING EMU 10-4%	SULFACETAMIDE SODIUM-SULFUR IN UREA EMULSION 10-4%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	BRIMONIDINE GEL 0.33%	BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	CABTREO GEL	ADAPALENE-BENZOYL PEROXIDE-CLINDAMYCIN GEL 0.15-3.1-1.2%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	CALCIP/BETAM SUS	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064%	Tier 1			X	
Dermatological Agents - Drugs to Treat Skin Conditions	CALCIPOTRIEN AER 0.005%	CALCIPOTRIENE FOAM 0.005%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	CALCIPOTRIEN CRE 0.005%	CALCIPOTRIENE CREAM 0.005%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CALCIPOTRIEN OIN 0.005%	CALCIPOTRIENE OINT 0.005%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CALCIPOTRIEN OIN BETAMETH	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINT 0.005-0.064%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CALCIPOTRIEN SOL 0.005%	CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CALCITRENE OIN 0.005%	CALCIPOTRIENE OINT 0.005%	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	CALCITRIOL OIN 3MCG/GM	CALCITRIOL OINT 3 MCG/GM	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CALSODORE KIT 0.005%	CALCIPOTRIENE CREAM 0.005% & DRESSING KIT	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	CARAC CRE 0.5%	FLUOROURACIL CREAM 0.5%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	CLARAVIS CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLARAVIS CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLARAVIS CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLARAVIS CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLEOCIN-T LOT 1%	CLINDAMYCIN PHOSPHATE LOTION 1%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDACIN AER 1%	CLINDAMYCIN PHOSPHATE FOAM 1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDACIN MIS ETZ 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDACIN-P PAD 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAGEL GEL 1%	CLINDAMYCIN PHOSPHATE GEL 1% (ONCE-DAILY)	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMY/BEN GEL 1.2-2.5%	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1.2-2.5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMY/BEN GEL 1.2-3.75	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1.2-3.75%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMY/BEN GEL 1.2-5%	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMY/BEN GEL 1-5%	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1-5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMYCIN AER 1%	CLINDAMYCIN PHOSPHATE FOAM 1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMYCIN GEL 1%	CLINDAMYCIN PHOSPHATE GEL 1% (TWICE-DAILY)	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMYCIN GEL 1%	CLINDAMYCIN PHOSPHATE GEL 1% (TWICE-DAILY)	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMYCIN GEL 1%	CLINDAMYCIN PHOSPHATE GEL 1% (ONCE-DAILY)	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMYCIN GEL 1%	CLINDAMYCIN PHOSPHATE GEL 1% (TWICE-DAILY)	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMYCIN GEL 1%	CLINDAMYCIN PHOSPHATE GEL 1% (ONCE-DAILY)	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMYCIN GEL TRETINOI	CLINDAMYCIN PHOSPHATE-TRETINOIN GEL 1.2-0.025%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMYCIN LOT 1%	CLINDAMYCIN PHOSPHATE LOTION 1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMYCIN LOT 10MG/ML	CLINDAMYCIN PHOSPHATE LOTION 1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMYCIN MIS 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLINDAMYCIN SOL 1%	CLINDAMYCIN PHOSPHATE SOLN 1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLOTRIM/BETA CRE 1-0.05%	CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLOTRIM/BETA CRE DIPROP	CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CLOTRIM/BETA LOT DIPROP	CLOTRIMAZOLE W/ BETAMETHASONE LOTION 1-0.05%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	COAL TAR SOL 20%	COAL TAR SOLN 20%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	CONDYLOX GEL 0.5%	PODOFILOX GEL 0.5%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	CORTANE-B LOT	HYDROCORTISONE-PRAMOXINE-CHLOROXYLENOL LOT 10-10-1MG/ML	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	COSENTYX INJ 150MG/ML	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	COSENTYX INJ 300DOSE	SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOSE)	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	COSENTYX INJ 75MG/0.5	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	COSENTYX PEN INJ 150MG/ML	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	COSENTYX PEN INJ 300DOSE	SECUKINUMAB SUBCUTANEOUS AUTO-INJ 150 MG/ML (300 MG DOSE)	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	COSENTYX UNO INJ 300/2ML	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	DAPSONE GEL 5%	DAPSONE GEL 5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	DAPSONE GEL 7.5%	DAPSONE GEL 7.5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	DIASAXIATAR CRE	DAPSONE-NIACINAMIDE-TRETINOIN CREAM 8.5-2-0.025%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	DICLOFENAC GEL 3%	DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3%	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	DOXEPIN HCL CRE 5%	DOXEPIN HCL CREAM 5%	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	DRYSOL SOL 20%	ALUMINUM CHLORIDE SOLN 20%	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	DUOBRII LOT	HALOBETASOL PROPIONATE-TAZAROTENE LOTION 0.01-0.045%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	DUPIXENT INJ 100/0.67	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	DUPIXENT INJ 200/1.14	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	DUPIXENT INJ 200MG	DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/1.14ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	DUPIXENT INJ 300/2ML	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	DUPIXENT INJ 300/2ML	DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	EBGLYSS INJ 250/2ML	LEBRIKIZUMAB-LBKZ SUBCUTANEOUS SOLN AUTO-INJECT 250 MG/2ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	EBGLYSS INJ 250/2ML	LEBRIKIZUMAB-LBKZ SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	EFUDEX CRE 5%	FLUOROURACIL CREAM 5%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ELIDEL CRE 1%	PIMECROLIMUS CREAM 1%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ENSTILAR AER	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE FOAM 0.005-0.064%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	EPIFOAM AER 1%	PRAMOXINE-HC AEROSOL FOAM 1-1%	Tier 2				
Dermatological Agents - Drugs to Treat Skin Conditions	ERY PAD 2%	ERYTHROMYCIN PADS 2%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ERY/BENZOYL GEL 3-5%	BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ERYGEL GEL 2%	ERYTHROMYCIN GEL 2%	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	ERYTHROMYCIN GEL 2%	ERYTHROMYCIN GEL 2%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ERYTHROMYCIN SOL 2%	ERYTHROMYCIN SOLN 2%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	EUCRISA OIN 2%	CRISABOROLE OINT 2%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	FABIOR AER 0.1%	TAZAROTENE (ACNE) FOAM 0.1%	Tier 3	X	X		
Dermatological Agents - Drugs to Treat Skin Conditions	FINACEA AER 15%	AZELAIC ACID FOAM 15%	Tier 2				
Dermatological Agents - Drugs to Treat Skin Conditions	FINACEA GEL 15%	AZELAIC ACID GEL 15%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	FLUOROURACIL CRE 0.5%	FLUOROURACIL CREAM 0.5%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	FLUOROURACIL CRE 5%	FLUOROURACIL CREAM 5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	FLUOROURACIL SOL 2%	FLUOROURACIL SOLN 2%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	FLUOROURACIL SOL 5%	FLUOROURACIL SOLN 5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	GENADUR LIQ	DERMATOLOGICAL PRODUCTS MISC - LIQUID	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	HALUCORT GEL	DERMATOLOGICAL PRODUCTS MISC - GEL	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	HC PRAMOXINE CRE 2.5-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ILUMYA INJ 100MG/ML	TILDRAKIZUMAB-ASMN SUBCUTANEOUS SOLN PREF SYRINGE 100 MG/ML	Tier 3	X	X	X	X
Dermatological Agents - Drugs to Treat Skin Conditions	IMIQUIMOD CRE 3.75%	IMIQUIMOD CREAM 3.75%	Tier 1			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	IMIQUIMOD CRE 3.75%PMP	IMIQUIMOD CREAM 3.75%	Tier 1			X	
Dermatological Agents - Drugs to Treat Skin Conditions	IMIQUIMOD CRE 5%	IMIQUIMOD CREAM 5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ISOTRETINOIN CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ISOTRETINOIN CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 1			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ISOTRETINOIN CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ISOTRETINOIN CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 1			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ISOTRETINOIN CAP 25MG	ISOTRETINOIN CAP 25 MG	Tier 1			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ISOTRETINOIN CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ISOTRETINOIN CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 1			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ISOTRETINOIN CAP 35MG	ISOTRETINOIN CAP 35 MG	Tier 1			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ISOTRETINOIN CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ISOTRETINOIN CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 1			X	
Dermatological Agents - Drugs to Treat Skin Conditions	IVERMECTIN CRE 1%	IVERMECTIN CREAM 1%	Tier 1			X	
Dermatological Agents - Drugs to Treat Skin Conditions	KLARON LOT 10%	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	LEVULAN KERA SOL 20%	AMINOLEVULINIC ACID HCL FOR SOLN 20% (STICK APPLICATOR)	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	LITFULO CAP 50MG	RITLECITINIB TOSYLATE CAP 50 MG (BASE EQUIV)	Tier 3	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	METHOXSALEN CAP 10MG	METHOXSALEN RAPID CAP 10 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	METHYL SALIC LIQ	METHYL SALICYLATE LIQUID	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	MIRVASO GEL 0.33%	BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)	Tier 2	X			
Dermatological Agents - Drugs to Treat Skin Conditions	NEMLUVIO INJ 30MG	NEMOLIZUMAB-ILTO FOR SUBCUTANEOUS AUTO-INJECTOR 30 MG	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	NEO-SYNALAR CRE	NEOMYCIN SULFATE-FLUOCINOLONE ACETONIDE CREAM 0.5-0.025%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	NEUAC GEL 1.2-5%	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	NUCARARXPAK KIT	CLINDAMYCIN 1% GEL-BENZOYL PEROX 2.5% GEL-MOISTURIZER KIT	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	NUVAIL SOL 16%	DERMATOLOGICAL PRODUCTS MISC - SOLUTION	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ONEXTON GEL 1.2-3.75	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1.2-3.75%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	OTULFI INJ 45/0.5ML	USTEKINUMAB-AAUZ SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X		X	X
Dermatological Agents - Drugs to Treat Skin Conditions	OTULFI INJ 90MG/ML	USTEKINUMAB-AAUZ SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X		X	X
Dermatological Agents - Drugs to Treat Skin Conditions	OVACE PLUS CRE 10%	SULFACETAMIDE SODIUM CREAM 10%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	OVACE PLUS GEL 10% WASH	SULFACETAMIDE SODIUM CLEANSING GEL 10%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	OVACE PLUS LIQ 10% WASH	SULFACETAMIDE SODIUM LIQUID 10%	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	OVACE PLUS LOT 9.8%	SULFACETAMIDE SODIUM LOTION 9.8%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	OVACE PLUS SHA 10%	SULFACETAMIDE SODIUM SHAMPOO 10%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	OVACE WASH LIQ 10%	SULFACETAMIDE SODIUM LIQUID 10%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	PIMECROLIMUS CRE 1%	PIMECROLIMUS CREAM 1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	PLEXION CRE 9.8-4.8%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 9.8-4.8%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	PLEXION LIQ 9.8-4.8%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9.8-4.8%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	PLEXION LOT 9.8-4.8%	SULFACETAMIDE SODIUM W/ SULFUR LOTION 9.8-4.8%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	PLEXION CLTH PAD 9.8-4.8%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSING CLOTH 9.8-4.8%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	PODOCON-25 SOL	PODOPHYLLUM RESIN SOLN 25%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	PODOFILOX GEL 0.5%	PODOFILOX GEL 0.5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	PODOFILOX SOL 0.5%	PODOFILOX SOLN 0.5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	PRAMOSONE CRE 1-1%	PRAMOXINE-HC CREAM 1-1%	Tier 2				
Dermatological Agents - Drugs to Treat Skin Conditions	PRAMOSONE LOT 1%	PRAMOXINE-HC LOTION 1-1%	Tier 2				
Dermatological Agents - Drugs to Treat Skin Conditions	PRAMOSONE LOT 2.5%	PRAMOXINE-HC LOTION 1-2.5%	Tier 2				
Dermatological Agents - Drugs to Treat Skin Conditions	PROCORT CRE	HYDROCORTISONE ACET W/ PRAMOXINE PERIANAL CREAM 1.85-1.15%	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	PRUDOXIN CRE 5%	DOXEPIN HCL CREAM 5%	Tier 3	X		X	
Dermatological Agents - Drugs to Treat Skin Conditions	PYROGALL ACD OIN	PYROGALLOL-CHLOROBUTANOL OINT 25-2%	Tier 2				
Dermatological Agents - Drugs to Treat Skin Conditions	PYZCHIVA INJ 45/0.5ML	USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X		X	X
Dermatological Agents - Drugs to Treat Skin Conditions	PYZCHIVA INJ 90MG/ML	USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X		X	X
Dermatological Agents - Drugs to Treat Skin Conditions	REGRANEX GEL 0.01%	BECAPLERMIN GEL 0.01%	Tier 2	X			
Dermatological Agents - Drugs to Treat Skin Conditions	RETIN-A MICR GEL 0.04%	TRETINOIN MICROSPHERE GEL 0.04%	Tier 3	X		X	
Dermatological Agents - Drugs to Treat Skin Conditions	RETIN-A MICR GEL 0.04%PMP	TRETINOIN MICROSPHERE GEL 0.04%	Tier 3	X		X	
Dermatological Agents - Drugs to Treat Skin Conditions	RETIN-A MICR GEL 0.06%PMP	TRETINOIN MICROSPHERE GEL 0.06%	Tier 3	X			
Dermatological Agents - Drugs to Treat Skin Conditions	RETIN-A MICR GEL 0.08%PMP	TRETINOIN MICROSPHERE GEL 0.08%	Tier 3	X			
Dermatological Agents - Drugs to Treat Skin Conditions	RETIN-A MICR GEL 0.1%	TRETINOIN MICROSPHERE GEL 0.1%	Tier 3	X		X	
Dermatological Agents - Drugs to Treat Skin Conditions	RETIN-A MICR GEL 0.1%PUMP	TRETINOIN MICROSPHERE GEL 0.1%	Tier 3	X		X	
Dermatological Agents - Drugs to Treat Skin Conditions	RHOFADE CRE 1%	OXYMETAZOLINE HCL CREAM 1%	Tier 3	X			
Dermatological Agents - Drugs to Treat Skin Conditions	SANTYL OIN 250/GM	COLLAGENASE OINT 250 UNIT/GM	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	SELARSDI INJ 45/0.5ML	USTEKINUMAB-AEKN SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X		X	X
Dermatological Agents - Drugs to Treat Skin Conditions	SELARSDI INJ 90MG/ML	USTEKINUMAB-AEKN SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X		X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	SELENIUM SUL LOT 2.5%	SELENIUM SULFIDE LOTION 2.5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SILIQ INJ 210/1.5	BRODALUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 210 MG/1.5ML	Tier 3	X	X	X	X
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF CRE 10-2%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-2%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF CRE 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF CRE 9.8-4.8%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 9.8-4.8%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF EMU 10-5%	SULFACETAMIDE SODIUM-SULFUR IN UREA EMULSION 10-5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF LIQ 10-2%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-2%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF LIQ 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF LIQ 9.8-4.8%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9.8-4.8%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF LIQ 9-4%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF LIQ 9-4.5%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4.5%	Tier 1			X	
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF LIQ WASH	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF LOT 10-5%	SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF LOT 9.8-4.8%	SULFACETAMIDE SODIUM W/ SULFUR LOTION 9.8-4.8%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF PAD 10-4%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSING PAD 10-4%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF SUS 10-5%	SULFACETAMIDE SODIUM W/ SULFUR SUSP 10-5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SUL/SULF SUS 8-4%	SULFACETAMIDE SODIUM W/ SULFUR SUSP 8-4%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SULF/SUL LIQ 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SULFACET GEL 10%	SULFACETAMIDE SODIUM CLEANSING GEL 10%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOD SULFACET SHA 10%	SULFACETAMIDE SODIUM SHAMPOO 10%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SODIUM SULFA LIQ 10% WASH	SULFACETAMIDE SODIUM LIQUID 10%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SOOLANTRA CRE 1%	IVERMECTIN CREAM 1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SORILUX AER 0.005%	CALCIPOTRIENE FOAM 0.005%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	SOTYKTU TAB 6MG	DEUCRAVACITINIB TAB 6 MG	Tier 2	X			X
Dermatological Agents - Drugs to Treat Skin Conditions	SPEVIGO INJ 150/1ML	SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR 150 MG/ML	Tier 3	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	SSS CRE 10%-5%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SSS 10-5 AER 10-5%	SULFACETAMIDE SODIUM W/ SULFUR FOAM 10-5%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	STEQEYMA INJ 45/0.5ML	USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	STEQEYMA INJ 90MG/ ML	USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 90 MG/ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	SULFAC SULFR PAD 9.8-4.8%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSING CLOTH 9.8-4.8%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	SULFACETAMID LOT 10%	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SULFACLEANSE SUS 8-4%	SULFACETAMIDE SODIUM W/ SULFUR SUSP 8-4%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	SULFAMEZ EMU 10-1%	SULFACETAMIDE SODIUM W/ SULFUR EMULSION 10-1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	SUMADAN KIT	SULFACETAMIDE SOD-SULFUR WASH 9-4.5% & SKIN CLEANSER KIT	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	SUMADAN WASH LIQ 9-4.5%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4.5%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	SUMADAN XLT KIT 9-4.5%	SULFACETAMIDE SOD-SULFUR WASH 9-4.5% & SUNSCREEN KIT	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	SUMAXIN PAD 10-4%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSING PAD 10-4%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	SUMAXIN CP KIT	SULFACETAMIDE SOD-SULFUR PAD 10-4% & SKIN CLEANSER KIT	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	SYNALAR KIT 0.025%	FLUOCINOLONE CREAM 0.025%-EMOLLIENT CREAM KIT	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	SYNALAR KIT 0.025%	FLUOCINOLONE OINT 0.025%-EMOLLIENT CREAM KIT	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	TACLONEX OIN	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINT 0.005-0.064%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	TACLONEX SUS	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	TACROLIMUS OIN 0.03%	TACROLIMUS OINT 0.03%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	TACROLIMUS OIN 0.1%	TACROLIMUS OINT 0.1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	TALTZ INJ 20/0.25	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 20 MG/0.25ML	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	TALTZ INJ 40/0.5ML	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 40 MG/0.5ML	Tier 3	X	X	X	X
Dermatological Agents - Drugs to Treat Skin Conditions	TALTZ INJ 80MG/ML	IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 80 MG/ML	Tier 3	X	X	X	X
Dermatological Agents - Drugs to Treat Skin Conditions	TALTZ INJ 80MG/ML	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 80 MG/ML	Tier 3	X	X	X	X
Dermatological Agents - Drugs to Treat Skin Conditions	TAZAROTENE AER 0.1%	TAZAROTENE (ACNE) FOAM 0.1%	Tier 3	X	X		
Dermatological Agents - Drugs to Treat Skin Conditions	TAZAROTENE CRE 0.05%	TAZAROTENE CREAM 0.05%	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TAZAROTENE CRE 0.1%	TAZAROTENE CREAM 0.1%	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TAZAROTENE GEL 0.05%	TAZAROTENE GEL 0.05%	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TAZAROTENE GEL 0.1%	TAZAROTENE GEL 0.1%	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TAZORAC CRE 0.05%	TAZAROTENE CREAM 0.05%	Tier 3	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TAZORAC CRE 0.1%	TAZAROTENE CREAM 0.1%	Tier 3	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TAZORAC GEL 0.05%	TAZAROTENE GEL 0.05%	Tier 3	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TAZORAC GEL 0.1%	TAZAROTENE GEL 0.1%	Tier 3	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TELIORA GEL 0.1-0.5%	TRIAMCINOLONE ACETONIDE-PENTOXIFYLLINE GEL 0.1-0.5%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	TISSEEL KIT 10ML	FIBRIN SEALANT COMPONENT KIT 10 ML	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	TISSEEL KIT 2ML	FIBRIN SEALANT COMPONENT KIT 2 ML	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	TISSEEL KIT 4ML	FIBRIN SEALANT COMPONENT KIT 4 ML	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	TOLAK CRE 4%	FLUOROURACIL CREAM 4%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	TREMFYA INJ 100MG/ML	GUSELKUMAB SOLN PREFILLED SYRINGE 100 MG/ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	TREMFYA INJ 100MG/ML	GUSELKUMAB SOLN AUTO-INJECTOR 100 MG/ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	TREMFYA INJ 200/2ML	GUSELKUMAB SOLN AUTO-INJECTOR 200 MG/2ML	Tier 2	X			X
Dermatological Agents - Drugs to Treat Skin Conditions	TREMFYA INJ 200/2ML	GUSELKUMAB SOLN PREFILLED SYRINGE 200 MG/2ML	Tier 2	X			X
Dermatological Agents - Drugs to Treat Skin Conditions	TREMFYA CROH INJ 200/2ML	GUSELKUMAB SOLN AUTO-INJECTOR 200 MG/2ML	Tier 2	X			X
Dermatological Agents - Drugs to Treat Skin Conditions	TRETINOIN CRE 0.025%	TRETINOIN CREAM 0.025%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	TRETINOIN CRE 0.05%	TRETINOIN CREAM 0.05%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	TRETINOIN CRE 0.1%	TRETINOIN CREAM 0.1%	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	TRETINOIN GEL 0.04%	TRETINOIN MICROSPHERE GEL 0.04%	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TRETINOIN GEL 0.04%PMP	TRETINOIN MICROSPHERE GEL 0.04%	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TRETINOIN GEL 0.05%	TRETINOIN GEL 0.05%	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TRETINOIN GEL 0.08%	TRETINOIN MICROSPHERE GEL 0.08%	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TRETINOIN GEL 0.1%	TRETINOIN MICROSPHERE GEL 0.1%	Tier 1	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	TRETINOIN GEL 0.1%PUMP	TRETINOIN MICROSPHERE GEL 0.1%	Tier 1	X			
Dermatological Agents - Drugs to Treat Skin Conditions	TRIONEX PAK	CALCIPOTRIENE CREAM 0.005% & DRESSING KIT	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	USTEKIN-AEKN INJ 45/0.5ML	USTEKINUMAB-AEKN SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X		X	X
Dermatological Agents - Drugs to Treat Skin Conditions	USTEKIN-AEKN INJ 90MG/ML	USTEKINUMAB-AEKN SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X		X	X
Dermatological Agents - Drugs to Treat Skin Conditions	USTEKINUMAB SOL TTWE	USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X		X	X
Dermatological Agents - Drugs to Treat Skin Conditions	USTEKINUMAB SOL TTWE	USTEKINUMAB-TTWE SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X		X	X
Dermatological Agents - Drugs to Treat Skin Conditions	USTEKINUMAB-STBA INJ 45/0.5ML	USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X	X	X	X
Dermatological Agents - Drugs to Treat Skin Conditions	USTEKINUMAB-STBA INJ 90MG/ML	USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X	X	X	X
Dermatological Agents - Drugs to Treat Skin Conditions	VECTICAL OIN 3MCG/GM	CALCITRIOL OINT 3 MCG/GM	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	VELTIN GEL	CLINDAMYCIN PHOSPHATE-TRETINOIN GEL 1.2-0.025%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	VEREGEN OIN 15%	SINECATECHINS OINT 15%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	VIT C BRIGHT DRO 10%	EMOLLIENT - LIQUID	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	VIT C BRIGHT DRO 15%	EMOLLIENT - LIQUID	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	VTAMA CRE 1%	TAPINAROF CREAM 1%	Tier 3	X			
Dermatological Agents - Drugs to Treat Skin Conditions	WEZLANA INJ 45/0.5ML	USTEKINUMAB-AUUB INJ 45 MG/0.5ML	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	WEZLANA INJ 45/0.5ML	USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X	X	X	X
Dermatological Agents - Drugs to Treat Skin Conditions	WEZLANA INJ 90MG/ML	USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X	X	X	X
Dermatological Agents - Drugs to Treat Skin Conditions	WINLEVI CRE 1%	CLASCOTERONE CREAM 1%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	WYNZORA CRE	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE CREAM 0.005-0.064%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	YESINTEK INJ 45/0.5ML	USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	YESINTEK INJ 45/0.5ML	USTEKINUMAB-KFCE SUBCUTANEOUS SOLN 45 MG/0.5ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	YESINTEK INJ 90MG/ML	USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 90 MG/ML	Tier 2	X	X		X
Dermatological Agents - Drugs to Treat Skin Conditions	ZACLIR LOT 8%	BENZOYL PEROXIDE LOTION 8%	Tier 3				
Dermatological Agents - Drugs to Treat Skin Conditions	ZENATANE CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ZENATANE CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ZENATANE CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ZENATANE CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 1				
Dermatological Agents - Drugs to Treat Skin Conditions	ZIANA GEL	CLINDAMYCIN PHOSPHATE-TRETINOIN GEL 1.2-0.025%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ZONALON CRE 5%	DOXEPIN HCL CREAM 5%	Tier 3	X		X	
Dermatological Agents - Drugs to Treat Skin Conditions	ZORYVE CRE 0.15%	ROFLUMILAST CREAM 0.15%	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Drugs to Treat Skin Conditions	ZORYVE CRE 0.3%	ROFLUMILAST CREAM 0.3%	Tier 3	X	X		
Dermatological Agents - Drugs to Treat Skin Conditions	ZYCLARA CRE 3.75%	IMIQUIMOD CREAM 3.75%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ZYCLARA PUMP CRE 2.5%	IMIQUIMOD CREAM 2.5%	Tier 3			X	
Dermatological Agents - Drugs to Treat Skin Conditions	ZYCLARA PUMP CRE 3.75%	IMIQUIMOD CREAM 3.75%	Tier 3			X	
Dermatological Agents - Skin Agents	A.A.G.C KIT CRE TERODERM	AMANTAD-AMITRIPT-GABA-CYCLOBEN CREAM 8-4-10-4% (CMPD KIT)	Tier 3	X			
Dermatological Agents - Skin Agents	B & C OIN	BALSAM PERU-CASTOR OIL OINT	Tier 3				
Dermatological Agents - Skin Agents	BALSAM PERU/ OIN CASTOR	BALSAM PERU-CASTOR OIL OINT	Tier 1				
Dermatological Agents - Skin Agents	CIBINQO TAB 100MG	ABROCITINIB TAB 100 MG	Tier 2	X	X		X
Dermatological Agents - Skin Agents	CIBINQO TAB 200MG	ABROCITINIB TAB 200 MG	Tier 2	X	X		X
Dermatological Agents - Skin Agents	CIBINQO TAB 50MG	ABROCITINIB TAB 50 MG	Tier 2	X	X		X
Dermatological Agents - Skin Agents	CLINDACIN KIT ETZ 1%	CLINDAMYCIN PHOSPHATE SWAB 1% & CLEANSER KIT	Tier 3				
Dermatological Agents - Skin Agents	CLINDACIN KIT PAC 1%	CLINDAMYCIN PHOSPHATE SWAB 1% & CLEANSER KIT	Tier 3				
Dermatological Agents - Skin Agents	CLINOIN CRE	CLINDAMYCIN-TRETINOIN-CHOLESTY CRM 1.25-0.025-1% (CMP KIT)	Tier 3	X			
Dermatological Agents - Skin Agents	CLOBETAVIX KIT 0.05%	CLOBETASOL PROPIONATE OINT 0.05%-DRESSING KIT	Tier 3				
Dermatological Agents - Skin Agents	CLODAN KIT 0.05%	CLOBETASOL PROPIONATE SHAMPOO 0.05% & CLEANSER KIT	Tier 3				
Dermatological Agents - Skin Agents	CVS GLYCERIN LIQ PURE	GLYCERIN TOPICAL LIQUID	Tier 1				
Dermatological Agents - Skin Agents	EMROSI CAP 40MG	MINOCYCLINE HCL MICRONIZED (ROSACEA) CAPSULE ER 24HR 40 MG	Tier 3	X		X	
Dermatological Agents - Skin Agents	EPSOLAY CRE 5%	BENZOYL PEROXIDE CREAM 5%	Tier 3	X		X	
Dermatological Agents - Skin Agents	ESKATA SOL 40%	HYDROGEN PEROXIDE SOLN 40%	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Skin Agents	FILSUVEZ GEL 10%	BIRCH TRITERPENES GEL 10%	Tier 3	X	X		X
Dermatological Agents - Skin Agents	GORDOFILM SOL	SALICYLIC & LACTIC ACIDS SOLN 16.7-16.7%	Tier 2				
Dermatological Agents - Skin Agents	HC-LIDOCAINE CRE 1-1%	LIDOCAINE-HYDROCORTISONE ACETATE CREAM 1-1%	Tier 3			X	
Dermatological Agents - Skin Agents	HYDRO 40 AER FOAM	UREA FOAM 40%	Tier 3				
Dermatological Agents - Skin Agents	INOVA KIT 4%	BENZOYL PEROXIDE PAD 4% & VITAMIN E TOPICAL 5% KIT	Tier 3				
Dermatological Agents - Skin Agents	INOVA KIT 8%	BENZOYL PEROXIDE PAD 8% & VITAMIN E TOPICAL 5% KIT	Tier 3				
Dermatological Agents - Skin Agents	INOVA 4/1 KIT ACNE CON	BENZOYL PEROX PAD 4% & SALICYLIC AC PAD 1% & VIT E 5% KIT	Tier 3				
Dermatological Agents - Skin Agents	INOVA 8/2 KIT ACNE CON	BENZOYL PEROX PAD 8% & SALICYLIC AC PAD 2% & VIT E 5% KIT	Tier 3				
Dermatological Agents - Skin Agents	KATARVIA EMU 4-0.025%	HYDROQUINONE-TRETINOIN EMULSION 4-0.025%	Tier 3			X	
Dermatological Agents - Skin Agents	KLISYRI OIN 1% (250)	TIRBANIBULIN OINTMENT 1%	Tier 3				
Dermatological Agents - Skin Agents	KLISYRI OIN 1% (350)	TIRBANIBULIN OINTMENT 1%	Tier 3				
Dermatological Agents - Skin Agents	MATRIX WOUND MIS BILAYER	COLLAGEN MATRIX (BOVINE) SHEET 5 X 5 CM (2" X 2")	Tier 3			X	
Dermatological Agents - Skin Agents	MOKURA LP EMU 4-0.025%	HYDROQUINONE-TRETINOIN EMULSION 4-0.025%	Tier 3			X	
Dermatological Agents - Skin Agents	NEO-SYNALAR KIT	NEOMYCIN-FLUOCINOLONE CREAM 0.5-0.025% & EMOLLIENT CR KIT	Tier 3				
Dermatological Agents - Skin Agents	OPZELURA CRE 1.5%	RUXOLITINIB PHOSPHATE CREAM 1.5%	Tier 3	X	X		X
Dermatological Agents - Skin Agents	PRONAL GEL 40-10%	UREA-LACTIC ACID GEL 40-10%	Tier 3				
Dermatological Agents - Skin Agents	SALVAX DUO KIT PLUS	SALICYLIC ACID FOAM 6% & UREA IN LACTIC ACID FOAM 35% KIT	Tier 3				
Dermatological Agents - Skin Agents	SCALACORT DK KIT	HC LOT 2% & SAL ACID-SULFUR SHAMPOO 2-2% & SHAMPOO KIT	Tier 3				
Dermatological Agents - Skin Agents	SYNALAR TS KIT 0.01%	FLUOCINOLONE ACETONIDE SOLN 0.01% & CLEANSER KIT	Tier 3			X	
Dermatological Agents - Skin Agents	UMECTA MOUSS AER 40%	UREA FOAM 40%	Tier 3				
Dermatological Agents - Skin Agents	URAMAXIN GEL 45%	UREA GEL 45%	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dermatological Agents - Skin Agents	UREA CRE 20%	UREA CREAM 20%	Tier 1				
Dermatological Agents - Skin Agents	UREA CRE 40%	UREA CREAM 40%	Tier 1				
Dermatological Agents - Skin Agents	UREA CRE 41%	UREA CREAM 41%	Tier 1				
Dermatological Agents - Skin Agents	UREA CRE 41%	UREA CREAM 41%	Tier 3				
Dermatological Agents - Skin Agents	UREA CRE 45%	UREA CREAM 45%	Tier 1				
Dermatological Agents - Skin Agents	UREA CRE 47%	UREA CREAM 47%	Tier 1			X	
Dermatological Agents - Skin Agents	UREA LOT 40%	UREA LOTION 40%	Tier 1				
Dermatological Agents - Skin Agents	UREA NAIL GEL 45%	UREA GEL 45%	Tier 1				
Dermatological Agents - Skin Agents	UREMEZ-40 CRE 40%	UREA CREAM 40%	Tier 3				
Dermatological Agents - Skin Agents	VENELEX OIN	BALSAM PERU-CASTOR OIL OINT	Tier 3				
Dermatological Agents - Skin Agents	XIRUN GEL 40-10%	UREA-LACTIC ACID GEL 40-10%	Tier 3				
Dermatological Agents - Skin Agents	ZACARE KIT KIT 4%	BENZOYL PEROXIDE LOTION 4% & HYALURONATE SODIUM GEL 0.2% KIT	Tier 3				
Dermatological Agents - Skin Agents	ZACARE KIT KIT 8%	BENZOYL PEROXIDE LOTION 8% & HYALURONATE SODIUM GEL 0.2% KIT	Tier 3				
Dermatological Agents - Skin Agents	ZILXI AER 1.5%	MINOCYCLINE HCL MICRONIZED FOAM 1.5%	Tier 3	X			
Dermatological Agents - Skin Agents	ZORYVE MIS 0.3%	ROFLUMILAST FOAM 0.3%	Tier 3	X			
Diabetes - Glucose Monitoring	ACCU-CHEK KIT FASTCLIX	LANCETS KIT	Tier 1				
Diabetes - Glucose Monitoring	ACCU-CHEK KIT SOFTCLIX	LANCETS KIT	Tier 1				
Diabetes - Glucose Monitoring	ACCU-CHEK LIQ GUIDE	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	ACCU-CHEK LIQ SMART	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				
Diabetes - Glucose Monitoring	ACCU-CHEK SOL	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				
Diabetes - Glucose Monitoring	ACCU-CHEK TES GUIDE	GLUCOSE BLOOD TEST STRIP	Tier 3		X		
Diabetes - Glucose Monitoring	ACCUTREND SOL GLUCOSE	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diabetes - Glucose Monitoring	ADVCATE SAFE MIS LANC 21G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	ADVCATE SAFE MIS LANC 23G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	ADVCATE SAFE MIS LANC 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	AIMSCO TWIST MIS 32G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	AIMSCO TWIST MIS 33G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	AQINJECT PEN MIS 32GX5/32	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	AQUALANCE MIS 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	ASSURE CMFRT MIS 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	AUM MINI PEN MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	AUM MINI PEN MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Diabetes - Glucose Monitoring	AUM MINI PEN MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	AUM READYGRD MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	BD PEN NEEDL MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	BD PEN NEEDL MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	CAREFINE MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	CAREFINE MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Diabetes - Glucose Monitoring	CAREFINE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	CARESENS SOL CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 2				
Diabetes - Glucose Monitoring	CARESENS 30G MIS LANCETS	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	CARETOUCH MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	CARETOUCH MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Diabetes - Glucose Monitoring	CARETOUCH MIS LANC 26G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	CARETOUCH MIS LANC 28G	LANCETS	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diabetes - Glucose Monitoring	CARETOUCH MIS LANC 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	CARETOUCH MIS TWIST 28	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	CARETOUCH MIS TWIST 30	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	CARETOUCH MIS TWIST 33	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	CHEMSTRIP TES UGK	URINE GLUCOSE-KETONES TEST STRIPS	Tier 3				
Diabetes - Glucose Monitoring	CHEMSTRIP K TES	ACETONE (URINE) TEST STRIP	Tier 2				
Diabetes - Glucose Monitoring	CHOSEN MIS 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	CHOSEN MIS SAFE 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	COAGUCHEK MIS LANCETS	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	COMFORT EZ MIS 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	COMFORT EZ MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Diabetes - Glucose Monitoring	COMFORT TCH MIS LANC 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	COMFORT TCH MIS LANC 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	COMFORT TCH MIS LANC 31G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	COMFORT TOUC MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	COMFORT TOUC MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Diabetes - Glucose Monitoring	COMFORT TOUC MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	CONTOUR KIT NEXT	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 2				
Diabetes - Glucose Monitoring	CONTOUR KIT NEXT LNK	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 3				
Diabetes - Glucose Monitoring	CONTOUR TES NEXT	GLUCOSE BLOOD TEST STRIP	Tier 2		X		
Diabetes - Glucose Monitoring	CONTOUR NEXT KIT ONE	BLOOD GLUCOSE MONITORING KIT	Tier 2				
Diabetes - Glucose Monitoring	CONTROL SOL LIQ HI/ MID/L	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	CONTROL SOL LIQ LEVEL 2	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diabetes - Glucose Monitoring	CVS KETONE TES CARE	URINE GLUCOSE-KETONES TEST STRIPS	Tier 2				
Diabetes - Glucose Monitoring	CVS LANCETS MIS ORIGINAL	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	CVS LANCETS MIS THIN 26G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	CVS LANCETS MIS THIN 33G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	DEXCOM G6 MIS RECEIVER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X	X		
Diabetes - Glucose Monitoring	DEXCOM G6 MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
Diabetes - Glucose Monitoring	DEXCOM G7 MIS RECEIVER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X	X		
Diabetes - Glucose Monitoring	DEXCOM G7 MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
Diabetes - Glucose Monitoring	DIASTIX TES REAGENT	GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP	Tier 3				
Diabetes - Glucose Monitoring	DIASTIX TES STRIPS	GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP	Tier 3				
Diabetes - Glucose Monitoring	DROPSAFE MIS LANC 23G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	EASY COMFORT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	EASY TOUCH LIQ HEALTHPR	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	EASYMAX LIQ NORM/ HIG	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	EASYMAX 15 LIQ LEVEL2-3	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	EASYMAX 15 SOL LEVEL 2	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	ENLITE GLUCO MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
Diabetes - Glucose Monitoring	FASTCLIX MIS LANCETS	LANCETS	Tier 1				
Diabetes - Glucose Monitoring	FINGERSTIX MIS LANCETS	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	FORA TEST GO TES ADV VOIC	KETONE BLOOD TEST STRIP	Tier 3				
Diabetes - Glucose Monitoring	FREE LIBRE2 KIT PLUS/ SEN	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X			
Diabetes - Glucose Monitoring	FREE LIBRE3 KIT PLUS/ SEN	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X			
Diabetes - Glucose Monitoring	FREESTY LIBR KIT 2 SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diabetes - Glucose Monitoring	FREESTY LIBR KIT 3 SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
Diabetes - Glucose Monitoring	FREESTY LIBR KIT SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
Diabetes - Glucose Monitoring	FREESTY LIBR MIS 2 READER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X	X		
Diabetes - Glucose Monitoring	FREESTY LIBR MIS 3 READER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X			
Diabetes - Glucose Monitoring	FREESTY LIBR MIS READER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X	X		
Diabetes - Glucose Monitoring	FREESTYLE MIS READER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X			
Diabetes - Glucose Monitoring	GENTLE-LET MIS 26G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	GENTLE-LET MIS 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	GENTLE-LET MIS LANCETS	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	GNP PEN NEED MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	GNP PEN NEED MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	GUARDIAN MIS SENSOR 3	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
Diabetes - Glucose Monitoring	GUARDIAN 4 MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X	X		
Diabetes - Glucose Monitoring	GUARDIAN RT MIS REPL PED	CONTINUOUS GLUCOSE SYSTEM RECEIVER	Tier 3	X	X		
Diabetes - Glucose Monitoring	IHEALTH LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	INSUPEN MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	KETO-DIASTIX TES	URINE GLUCOSE-KETONES TEST STRIPS	Tier 3				
Diabetes - Glucose Monitoring	KETONE TES	ACETONE (URINE) TEST STRIP	Tier 2				
Diabetes - Glucose Monitoring	KETOSTIX TES STRIP	ACETONE (URINE) TEST STRIP	Tier 2				
Diabetes - Glucose Monitoring	LANCET ULTRA MIS THIN 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	LANCETS MIS 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	LANCETS MIS 28G THIN	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	LANCETS MICR MIS THIN 33G	LANCETS	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diabetes - Glucose Monitoring	LANCETS SUPR MIS THIN 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	MEDISENSE LIQ GLUC-KET	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	MICROLET MIS LANCETS	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	MM TWIST MIS LANCETS	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	MOBILE LANCE MIS 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	NEUTEK 2TEK SOL CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	NOVOFINE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	NOVOFINE AUT MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Diabetes - Glucose Monitoring	NOVOFINE PLS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	ONETOUCH KIT ULTRA 2	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH KIT VERIO	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH KIT VERIO FL	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH KIT VERIO IQ	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH KIT VERIO RE	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH LIQ ULT CONT	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH LIQ ULTRA	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH LIQ VERIO	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH MIS 30G	LANCETS	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH MIS LANCETS	LANCETS	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH TES ULT BLUE	GLUCOSE BLOOD TEST STRIP	Tier 1		X		
Diabetes - Glucose Monitoring	ONETOUCH TES ULTRA	GLUCOSE BLOOD TEST STRIP	Tier 1		X		
Diabetes - Glucose Monitoring	ONETOUCH TES VERIO	GLUCOSE BLOOD TEST STRIP	Tier 1		X		
Diabetes - Glucose Monitoring	ONETOUCH DEL MIS LANC DEV	LANCETS	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diabetes - Glucose Monitoring	ONETOUCH DEL MIS PLUS 30G	LANCETS	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH DEL MIS PLUS 30G	LANCETS	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH DEL MIS PLUS 33G	LANCETS	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH DEL MIS PLUS 33G	LANCETS	Tier 1				
Diabetes - Glucose Monitoring	ONETOUCH US MIS 2 30G	LANCETS	Tier 1				
Diabetes - Glucose Monitoring	PEN NEEDLE MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	PEN NEEDLE MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Diabetes - Glucose Monitoring	PEN NEEDLE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	PEN NEEDLES MIS 30GX5/16	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Diabetes - Glucose Monitoring	PEN NEEDLES MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Diabetes - Glucose Monitoring	PEN NEEDLES MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	PEN NEEDLES MIS 32GX5/32	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	PEN NEEDLES MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Diabetes - Glucose Monitoring	PEN NEEDLES MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	PENTIPS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	PENTIPS MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	PERFECT POIN MIS LANC 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	PERFECT POIN MIS LANC 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	PIP CONTROL LIQ	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	PRECISION LIQ GLUC/ KET	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 2				
Diabetes - Glucose Monitoring	PRECISN XTRA TES KETONE	KETONE BLOOD TEST STRIP	Tier 3				
Diabetes - Glucose Monitoring	PRO COMFORT MIS LANC 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	PSS SAFE LAN MIS	LANCETS	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diabetes - Glucose Monitoring	PSS SEL LANC MIS	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	PURE COMFORT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	QUICK TOUCH MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	QUICK TOUCH MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Diabetes - Glucose Monitoring	QUICK TOUCH MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	QUINTET CONT SOL HGH/NORM	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	RELION ULTRA MIS THIN 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	SAFE-T-LANCE MIS 21G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	SAFE-T-LANCE MIS 25G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	SAFE-T-LANCE MIS HI FLOW	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	SAFE-T-LANCE MIS LOW FLOW	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	SAFE-T-LANCE MIS NOR FLOW	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	SAFE-T-PRO MIS LANCETS	LANCETS	Tier 1				
Diabetes - Glucose Monitoring	SAFE-T-PRO MIS PLUS	LANCETS	Tier 1				
Diabetes - Glucose Monitoring	SAFETY 21G MIS LANCETS	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	SAFETY 23G MIS LANCETS	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	SAFETY 28G MIS LANCETS	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	SIMPLERA MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X			
Diabetes - Glucose Monitoring	SIMPLERA MIS SYSTEM	CONTINUOUS GLUCOSE SYSTEM SENSOR	Tier 3	X			
Diabetes - Glucose Monitoring	SINGLE-LET MIS 23G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	SOFTCLIX MIS LANCETS	LANCETS	Tier 1				
Diabetes - Glucose Monitoring	SURE COMFORT MIS 32GX5/32	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	TECHLITE MIS LANC 26G	LANCETS	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diabetes - Glucose Monitoring	THINLETS GP MIS 26G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	TRUE COMFORT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	TRUPLUS LANC MIS 26G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	TRUPLUS LANC MIS 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	TRUPLUS LANC MIS 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	TRUPLUS LANC MIS 33G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	TWIST LANCET MIS 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	TWIST LANCET MIS 30G MULT	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	ULTIGUARD MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	ULTIGUARD MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	ULTRA THIN MIS LANC 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	ULTRA THIN MIS LANC 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	ULTRA THIN MIS LANCETS	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	UNFINE PNTP MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	UNIFINE PROT MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Diabetes - Glucose Monitoring	UNIFINE PROT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	UNILET LANCT MIS 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	UNILET LANCT MIS 33G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	VERIFINE MIS UNIV 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	VERIFINE MIS UNIV 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	VERIFINE MIS UNIV 33G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	VERIFINE LAN MIS MINI 21G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	VERIFINE LAN MIS MINI 23G	LANCETS	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diabetes - Glucose Monitoring	VERIFINE LAN MIS MINI 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	VERIFINE LAN MIS MINI 30G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	VERIFINE PEN MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Diabetes - Glucose Monitoring	VERIFINE PEN MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Diabetes - Glucose Monitoring	VERIO FLEX KIT ONETOUCH	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	Tier 1				
Diabetes - Glucose Monitoring	VIVAGUARD LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 3				
Diabetes - Glucose Monitoring	VIVAGUARD LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID	Tier 2				
Diabetes - Glucose Monitoring	VIVAGUARD MIS 28G	LANCETS	Tier 3				
Diabetes - Glucose Monitoring	VIVAGUARD MIS 30G	LANCETS	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	AUTOLET LANC MIS DEVICE	LANCET DEVICES	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	AUTOLET LITE MIS LANCING	LANCET DEVICES	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	CARETOUCH MIS EJECTOR	LANCET DEVICES	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	CHOSEN MIS LANCING	LANCET DEVICES	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	CVS LANCING MIS DEVICE	LANCET DEVICES	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	FLOW-EZE MIS VENTED	HYPODERMIC NEEDLES (DISPOSABLE)	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	GENTLE-LET MIS PLATFORM	LANCETS MISC.	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	IHEALTH LANC MIS DEVICE	LANCET DEVICES	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	LANCET CARRY MIS CASE	LANCETS MISC.	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	MICROLET MIS NEXT	LANCET DEVICES	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	MINI LANCING MIS DEVICE	LANCET DEVICES	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	MM LANCING MIS DEVICE	LANCET DEVICES	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	ONETOUCH MIS LANC DEV	LANCET DEVICES	Tier 1				
Diabetic/Endocrine Blood: Glucose Monitoring	ONETOUCH DEL MIS LANC DEV	LANCET DEVICES	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diabetic/Endocrine Blood: Glucose Monitoring	PSS SEL PLAT MIS	LANCETS MISC.	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	TRUEDRAW MIS LANC DEV	LANCET DEVICES	Tier 3				
Diabetic/Endocrine Blood: Glucose Monitoring	VIVAGUARD MIS LANCING	LANCET DEVICES	Tier 3				
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs	DICHLORPHENA TAB 50MG	DICHLORPHENAMIDE TAB 50 MG	Tier 1	X	X		X
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs	KEVEYIS TAB 50MG	DICHLORPHENAMIDE TAB 50 MG	Tier 3	X	X	X	X
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs	ORMALVI TAB 50MG	DICHLORPHENAMIDE TAB 50 MG	Tier 3	X	X	X	X
Diuretics, Loop - Cardiac Drugs	BUMETANIDE TAB 0.5MG	BUMETANIDE TAB 0.5 MG	Tier 1				
Diuretics, Loop - Cardiac Drugs	BUMETANIDE TAB 1MG	BUMETANIDE TAB 1 MG	Tier 1				
Diuretics, Loop - Cardiac Drugs	BUMETANIDE TAB 2MG	BUMETANIDE TAB 2 MG	Tier 1				
Diuretics, Loop - Cardiac Drugs	BUMEX TAB 0.5MG	BUMETANIDE TAB 0.5 MG	Tier 3				
Diuretics, Loop - Cardiac Drugs	EDECRIN TAB 25MG	ETHACRYNIC ACID TAB 25 MG	Tier 3			X	
Diuretics, Loop - Cardiac Drugs	ETHACRYNIC TAB ACD 25MG	ETHACRYNIC ACID TAB 25 MG	Tier 1				
Diuretics, Loop - Cardiac Drugs	FUROSCIX KIT 80/10ML	FUROSEMIDE SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	Tier 3	X			
Diuretics, Loop - Cardiac Drugs	FUROSEMIDE SOL 10MG/ML	FUROSEMIDE ORAL SOLN 10 MG/ML	Tier 1				
Diuretics, Loop - Cardiac Drugs	FUROSEMIDE SOL 40MG/5ML	FUROSEMIDE ORAL SOLN 8 MG/ML	Tier 1				
Diuretics, Loop - Cardiac Drugs	FUROSEMIDE TAB 20MG	FUROSEMIDE TAB 20 MG	Tier 1				
Diuretics, Loop - Cardiac Drugs	FUROSEMIDE TAB 40MG	FUROSEMIDE TAB 40 MG	Tier 1				
Diuretics, Loop - Cardiac Drugs	FUROSEMIDE TAB 80MG	FUROSEMIDE TAB 80 MG	Tier 1				
Diuretics, Loop - Cardiac Drugs	LASIX TAB 20MG	FUROSEMIDE TAB 20 MG	Tier 3				
Diuretics, Loop - Cardiac Drugs	LASIX TAB 40MG	FUROSEMIDE TAB 40 MG	Tier 3				
Diuretics, Loop - Cardiac Drugs	LASIX TAB 80MG	FUROSEMIDE TAB 80 MG	Tier 3				
Diuretics, Loop - Cardiac Drugs	SOAANZ TAB 20MG	TORSEMIDE TAB 20 MG	Tier 3		X		
Diuretics, Loop - Cardiac Drugs	SOAANZ TAB 40MG	TORSEMIDE TAB 40 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diuretics, Loop - Cardiac Drugs	SOAANZ TAB 60MG	TORSEMIDE TAB 60 MG	Tier 3		X		
Diuretics, Loop - Cardiac Drugs	TORSEMIDE TAB 100MG	TORSEMIDE TAB 100 MG	Tier 1				
Diuretics, Loop - Cardiac Drugs	TORSEMIDE TAB 10MG	TORSEMIDE TAB 10 MG	Tier 1				
Diuretics, Loop - Cardiac Drugs	TORSEMIDE TAB 20MG	TORSEMIDE TAB 20 MG	Tier 1				
Diuretics, Loop - Cardiac Drugs	TORSEMIDE TAB 5MG	TORSEMIDE TAB 5 MG	Tier 1				
Diuretics, Potassium-sparing - Cardiac Drugs	ALDACTONE TAB 100MG	SPIRONOLACTONE TAB 100 MG	Tier 3			X	
Diuretics, Potassium-sparing - Cardiac Drugs	ALDACTONE TAB 25MG	SPIRONOLACTONE TAB 25 MG	Tier 3			X	
Diuretics, Potassium-sparing - Cardiac Drugs	ALDACTONE TAB 50MG	SPIRONOLACTONE TAB 50 MG	Tier 3			X	
Diuretics, Potassium-sparing - Cardiac Drugs	AMILORIDE TAB 5MG	AMILORIDE HCL TAB 5 MG	Tier 1				
Diuretics, Potassium-sparing - Cardiac Drugs	CAROSPIR SUS 25MG/5ML	SPIRONOLACTONE SUSP 25 MG/5ML	Tier 3				
Diuretics, Potassium-sparing - Cardiac Drugs	DYRENIUM CAP 100MG	TRIAMTERENE CAP 100 MG	Tier 3			X	
Diuretics, Potassium-sparing - Cardiac Drugs	DYRENIUM CAP 50MG	TRIAMTERENE CAP 50 MG	Tier 3			X	
Diuretics, Potassium-sparing - Cardiac Drugs	EPLERENONE TAB 25MG	EPLERENONE TAB 25 MG	Tier 1				
Diuretics, Potassium-sparing - Cardiac Drugs	EPLERENONE TAB 50MG	EPLERENONE TAB 50 MG	Tier 1				
Diuretics, Potassium-sparing - Cardiac Drugs	INSPRA TAB 25MG	EPLERENONE TAB 25 MG	Tier 3			X	
Diuretics, Potassium-sparing - Cardiac Drugs	INSPRA TAB 50MG	EPLERENONE TAB 50 MG	Tier 3			X	
Diuretics, Potassium-sparing - Cardiac Drugs	SPIRONOLACT TAB 100MG	SPIRONOLACTONE TAB 100 MG	Tier 1				
Diuretics, Potassium-sparing - Cardiac Drugs	SPIRONOLACT TAB 25MG	SPIRONOLACTONE TAB 25 MG	Tier 1				
Diuretics, Potassium-sparing - Cardiac Drugs	SPIRONOLACT TAB 50MG	SPIRONOLACTONE TAB 50 MG	Tier 1				
Diuretics, Potassium-sparing - Cardiac Drugs	SPIRONOLACTO SUS 25MG/5ML	SPIRONOLACTONE SUSP 25 MG/5ML	Tier 1				
Diuretics, Potassium-sparing - Cardiac Drugs	TRIAMTERENE CAP 100MG	TRIAMTERENE CAP 100 MG	Tier 1				
Diuretics, Potassium-sparing - Cardiac Drugs	TRIAMTERENE CAP 50MG	TRIAMTERENE CAP 50 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	CHLOROTHIAZI POW	CHLOROTHIAZIDE (BULK) POWDER	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Diuretics, Thiazide - Cardiac Drugs	CHLORTHALID TAB 25MG	CHLORTHALIDONE TAB 25 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	CHLORTHALID TAB 50MG	CHLORTHALIDONE TAB 50 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	DIURIL SUS 250/5ML	CHLOROTHIAZIDE SUSP 250 MG/5ML	Tier 2				
Diuretics, Thiazide - Cardiac Drugs	HYDROCHLOROT CAP 12.5MG	HYDROCHLOROTHIAZIDE CAP 12.5 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	HYDROCHLOROT TAB 12.5MG	HYDROCHLOROTHIAZIDE TAB 12.5 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	HYDROCHLOROT TAB 25MG	HYDROCHLOROTHIAZIDE TAB 25 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	HYDROCHLOROT TAB 50MG	HYDROCHLOROTHIAZIDE TAB 50 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	INDAPAMIDE TAB 1.25MG	INDAPAMIDE TAB 1.25 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	INDAPAMIDE TAB 2.5MG	INDAPAMIDE TAB 2.5 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	INZIRQO SUS 10MG/ML	HYDROCHLOROTHIAZIDE FOR SUSP 10 MG/ML	Tier 3			X	
Diuretics, Thiazide - Cardiac Drugs	METOLAZONE TAB 10MG	METOLAZONE TAB 10 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	METOLAZONE TAB 2.5MG	METOLAZONE TAB 2.5 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	METOLAZONE TAB 5MG	METOLAZONE TAB 5 MG	Tier 1				
Diuretics, Thiazide - Cardiac Drugs	THALITONE TAB 15MG	CHLORTHALIDONE TAB 15 MG	Tier 3				
Dopamine Agonists - Parkinson's Disease Drugs	APOKYN INJ 10MG/ML	APOMORPHINE HCL SOLN CARTRIDGE 30 MG/3ML	Tier 3	X			X
Dopamine Agonists - Parkinson's Disease Drugs	APOMORPHINE INJ 30MG/3ML	APOMORPHINE HCL SOLN CARTRIDGE 30 MG/3ML	Tier 1	X			X
Dopamine Agonists - Parkinson's Disease Drugs	BROMOCRIPTIN CAP 5MG	BROMOCRIPTINE MESYLATE CAP 5 MG (BASE EQUIVALENT)	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	BROMOCRIPTIN TAB 2.5MG	BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	KYNMOBI KIT TITRATIO	APOMORPHINE HCL FILM 10/15/20/25/30 MG TITRATION KIT	Tier 3				X
Dopamine Agonists - Parkinson's Disease Drugs	KYNMOBI MIS 10MG	APOMORPHINE HYDROCHLORIDE FILM 10 MG	Tier 3				X
Dopamine Agonists - Parkinson's Disease Drugs	KYNMOBI MIS 15MG	APOMORPHINE HYDROCHLORIDE FILM 15 MG	Tier 3				X
Dopamine Agonists - Parkinson's Disease Drugs	KYNMOBI MIS 20MG	APOMORPHINE HYDROCHLORIDE FILM 20 MG	Tier 3				X
Dopamine Agonists - Parkinson's Disease Drugs	KYNMOBI MIS 25MG	APOMORPHINE HYDROCHLORIDE FILM 25 MG	Tier 3				X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dopamine Agonists - Parkinson's Disease Drugs	KYNMOBI MIS 30MG	APOMORPHINE HYDROCHLORIDE FILM 30 MG	Tier 3				X
Dopamine Agonists - Parkinson's Disease Drugs	MIRAPEX ER TAB 0.375MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 0.375 MG	Tier 3			X	
Dopamine Agonists - Parkinson's Disease Drugs	MIRAPEX ER TAB 0.75MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 0.75 MG	Tier 3			X	
Dopamine Agonists - Parkinson's Disease Drugs	MIRAPEX ER TAB 1.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 1.5 MG	Tier 3			X	
Dopamine Agonists - Parkinson's Disease Drugs	MIRAPEX ER TAB 2.25MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 2.25 MG	Tier 3			X	
Dopamine Agonists - Parkinson's Disease Drugs	MIRAPEX ER TAB 3.75MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 3.75 MG	Tier 3			X	
Dopamine Agonists - Parkinson's Disease Drugs	MIRAPEX ER TAB 3MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 3 MG	Tier 3			X	
Dopamine Agonists - Parkinson's Disease Drugs	MIRAPEX ER TAB 4.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 4.5 MG	Tier 3			X	
Dopamine Agonists - Parkinson's Disease Drugs	NEUPRO DIS 1MG/24HR	ROTIGOTINE TD PATCH 24HR 1 MG/24HR	Tier 3				
Dopamine Agonists - Parkinson's Disease Drugs	NEUPRO DIS 2MG/24HR	ROTIGOTINE TD PATCH 24HR 2 MG/24HR	Tier 3				
Dopamine Agonists - Parkinson's Disease Drugs	NEUPRO DIS 3MG/24HR	ROTIGOTINE TD PATCH 24HR 3 MG/24HR	Tier 3				
Dopamine Agonists - Parkinson's Disease Drugs	NEUPRO DIS 4MG/24HR	ROTIGOTINE TD PATCH 24HR 4 MG/24HR	Tier 3				
Dopamine Agonists - Parkinson's Disease Drugs	NEUPRO DIS 6MG/24HR	ROTIGOTINE TD PATCH 24HR 6 MG/24HR	Tier 3				
Dopamine Agonists - Parkinson's Disease Drugs	NEUPRO DIS 8MG/24HR	ROTIGOTINE TD PATCH 24HR 8 MG/24HR	Tier 3				
Dopamine Agonists - Parkinson's Disease Drugs	PARLODEL CAP 5MG	BROMOCRIPTINE MESYLATE CAP 5 MG (BASE EQUIVALENT)	Tier 3			X	
Dopamine Agonists - Parkinson's Disease Drugs	PARLODEL TAB 2.5MG	BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 3			X	
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 0.125MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 0.25MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 0.375 ER	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 0.375 MG	Tier 1			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 0.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 0.75 ER	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 0.75 MG	Tier 1			X	
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 0.75MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 1.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 1.5MG ER	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 1.5 MG	Tier 1			X	
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 1MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 2.25 ER	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 2.25 MG	Tier 1			X	
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 3.75 ER	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 3.75 MG	Tier 1			X	
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 3MG ER	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 3 MG	Tier 1			X	
Dopamine Agonists - Parkinson's Disease Drugs	PRAMIPEXOLE TAB 4.5MG ER	PRAMIPEXOLE DIHYDROCHLORIDE TAB ER 24HR 4.5 MG	Tier 1			X	
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 0.25MG	ROPINIROLE HYDROCHLORIDE TAB 0.25 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 0.5MG	ROPINIROLE HYDROCHLORIDE TAB 0.5 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 12MG ER	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 12 MG (BASE EQUIVALENT)	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 1MG	ROPINIROLE HYDROCHLORIDE TAB 1 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 2MG	ROPINIROLE HYDROCHLORIDE TAB 2 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 2MG ER	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 2 MG (BASE EQUIVALENT)	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 3MG	ROPINIROLE HYDROCHLORIDE TAB 3 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 4MG	ROPINIROLE HYDROCHLORIDE TAB 4 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 4MG ER	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 4 MG (BASE EQUIVALENT)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 5MG	ROPINIROLE HYDROCHLORIDE TAB 5 MG	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 6MG ER	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 6 MG (BASE EQUIVALENT)	Tier 1				
Dopamine Agonists - Parkinson's Disease Drugs	ROPINIROLE TAB 8MG ER	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 8 MG (BASE EQUIVALENT)	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO TAB 10-100MG	CARBIDOPA & LEVODOPA TAB 10-100 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO TAB 10-100MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO TAB 25-100MG	CARBIDOPA & LEVODOPA TAB 25-100 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO TAB 25-100MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO TAB 25-250MG	CARBIDOPA & LEVODOPA TAB 25-250 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO TAB 25-250MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO 50 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO 75 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO ER TAB 25-100MG	CARBIDOPA & LEVODOPA TAB ER 25-100 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO ER TAB 50-200MG	CARBIDOPA & LEVODOPA TAB ER 50-200 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO100 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO125 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO150 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARB/LEVO200 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CARBIDOPA TAB 25MG	CARBIDOPA TAB 25 MG	Tier 1				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CREXONT CAP 35-140MG	CARBIDOPA & LEVODOPA CAP ER 35-140 MG	Tier 3			X	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CREXONT CAP 52.5-210	CARBIDOPA & LEVODOPA CAP ER 52.5-210 MG	Tier 3			X	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CREXONT CAP 70-280MG	CARBIDOPA & LEVODOPA CAP ER 70-280 MG	Tier 3			X	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	CREXONT CAP 87.5-350	CARBIDOPA & LEVODOPA CAP ER 87.5-350 MG	Tier 3			X	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	DHIVY TAB 25-100MG	CARBIDOPA & LEVODOPA TAB 25-100 MG	Tier 3			X	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	DUOPA SUS 4.63-20	CARBIDOPA-LEVODOPA ENTERAL SUSP 4.63-20 MG/ML	Tier 3				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	LODOSYN TAB 25MG	CARBIDOPA TAB 25 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	RYTARY CAP 145MG	CARBIDOPA & LEVODOPA CAP ER 36.25-145 MG	Tier 3			X	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	RYTARY CAP 195MG	CARBIDOPA & LEVODOPA CAP ER 48.75-195 MG	Tier 3			X	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	RYTARY CAP 245MG	CARBIDOPA & LEVODOPA CAP ER 61.25-245 MG	Tier 3			X	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	RYTARY CAP 95MG	CARBIDOPA & LEVODOPA CAP ER 23.75-95 MG	Tier 3			X	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	SINEMET TAB 10-100MG	CARBIDOPA & LEVODOPA TAB 10-100 MG	Tier 3				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	SINEMET TAB 25-100MG	CARBIDOPA & LEVODOPA TAB 25-100 MG	Tier 3				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	STALEVO 100 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	Tier 3				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	STALEVO 125 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	Tier 3				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	STALEVO 150 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	Tier 3				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	STALEVO 200 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	Tier 3				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	STALEVO 50 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	Tier 3				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	STALEVO 75 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIB MICR CAP 90MG	FENOFIBRATE MICRONIZED CAP 90 MG	Tier 3				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE CAP 130MG	FENOFIBRATE MICRONIZED CAP 130 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE CAP 134MG	FENOFIBRATE MICRONIZED CAP 134 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE CAP 150MG	FENOFIBRATE CAP 150 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE CAP 200MG	FENOFIBRATE MICRONIZED CAP 200 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE CAP 43MG	FENOFIBRATE MICRONIZED CAP 43 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE CAP 50MG	FENOFIBRATE CAP 50 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE CAP 67MG	FENOFIBRATE MICRONIZED CAP 67 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE TAB 120MG	FENOFIBRATE TAB 120 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE TAB 145MG	FENOFIBRATE TAB 145 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE TAB 160MG	FENOFIBRATE TAB 160 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE TAB 40MG	FENOFIBRATE TAB 40 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE TAB 48MG	FENOFIBRATE TAB 48 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRATE TAB 54MG	FENOFIBRATE TAB 54 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRIC CAP 135MG DR	CHOLINE FENOFIBRATE CAP DR 135 MG (FENOFIBRIC ACID EQUIV)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRIC CAP 45MG DR	CHOLINE FENOFIBRATE CAP DR 45 MG (FENOFIBRIC ACID EQUIV)	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRIC TAB 105MG	FENOFIBRIC ACID TAB 105 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOFIBRIC TAB 35MG	FENOFIBRIC ACID TAB 35 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOGLIDE TAB 120MG	FENOFIBRATE TAB 120 MG	Tier 3			X	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FENOGLIDE TAB 40MG	FENOFIBRATE TAB 40 MG	Tier 3			X	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FIBRICOR TAB 105MG	FENOFIBRIC ACID TAB 105 MG	Tier 3			X	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	FIBRICOR TAB 35MG	FENOFIBRIC ACID TAB 35 MG	Tier 3			X	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	GEMFIBROZIL TAB 600MG	GEMFIBROZIL TAB 600 MG	Tier 1				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	LIPOFEN CAP 150MG	FENOFIBRATE CAP 150 MG	Tier 3				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	LIPOFEN CAP 50MG	FENOFIBRATE CAP 50 MG	Tier 3				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	LOPID TAB 600MG	GEMFIBROZIL TAB 600 MG	Tier 3				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	TRICOR TAB 145MG	FENOFIBRATE TAB 145 MG	Tier 3			X	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	TRICOR TAB 48MG	FENOFIBRATE TAB 48 MG	Tier 3			X	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	TRILIPIX CAP 135MG	CHOLINE FENOFIBRATE CAP DR 135 MG (FENOFIBRIC ACID EQUIV)	Tier 3			X	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	TRILIPIX CAP 45MG	CHOLINE FENOFIBRATE CAP DR 45 MG (FENOFIBRIC ACID EQUIV)	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ALTOPREV TAB 20MG ER	LOVASTATIN TAB ER 24HR 20 MG	Tier 3				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ALTOPREV TAB 40MG ER	LOVASTATIN TAB ER 24HR 40 MG	Tier 3				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ALTOPREV TAB 60MG ER	LOVASTATIN TAB ER 24HR 60 MG	Tier 3				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ATORVALIQ SUS 20MG/5ML	ATORVASTATIN CALCIUM SUSP 20 MG/5ML (4MG/ML) (BASE EQUIV)	Tier 3				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)	Tier 1^				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ATORVASTATIN TAB 20MG	ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)	Tier 1^				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT)	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT)	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	CRESTOR TAB 10MG	ROSUVASTATIN CALCIUM TAB 10 MG	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	CRESTOR TAB 20MG	ROSUVASTATIN CALCIUM TAB 20 MG	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	CRESTOR TAB 40MG	ROSUVASTATIN CALCIUM TAB 40 MG	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	CRESTOR TAB 5MG	ROSUVASTATIN CALCIUM TAB 5 MG	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	EZALLOR SPR CAP 10MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 10 MG (BASE EQUIVALENT)	Tier 3				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	EZALLOR SPR CAP 20MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 20 MG (BASE EQUIVALENT)	Tier 3				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	EZALLOR SPR CAP 40MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 40 MG (BASE EQUIVALENT)	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	EZALLOR SPR CAP 5MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 5 MG (BASE EQUIVALENT)	Tier 3				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	FLOLIPID SUS 20MG/5ML	SIMVASTATIN SUSP 20 MG/5ML (4 MG/ML)	Tier 3				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	FLOLIPID SUS 40MG/5ML	SIMVASTATIN SUSP 40 MG/5ML (8 MG/ML)	Tier 3				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	FLUVASTATIN CAP 20MG	FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT)	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	FLUVASTATIN CAP 40MG	FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT)	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	FLUVASTATIN TAB 80MG ER	FLUVASTATIN SODIUM TAB ER 24 HR 80 MG (BASE EQUIVALENT)	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	LESCOL XL TAB 80MG	FLUVASTATIN SODIUM TAB ER 24 HR 80 MG (BASE EQUIVALENT)	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	LIPITOR TAB 10MG	ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	LIPITOR TAB 20MG	ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	LIPITOR TAB 40MG	ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT)	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	LIPITOR TAB 80MG	ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT)	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	LIVALO TAB 1MG	PITAVASTATIN CALCIUM TAB 1 MG	Tier 3	X		X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	LIVALO TAB 2MG	PITAVASTATIN CALCIUM TAB 2 MG	Tier 3	X		X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	LIVALO TAB 4MG	PITAVASTATIN CALCIUM TAB 4 MG	Tier 3	X		X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	LOVASTATIN TAB 10MG	LOVASTATIN TAB 10 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	LOVASTATIN TAB 20MG	LOVASTATIN TAB 20 MG	HCR				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	LOVASTATIN TAB 40MG	LOVASTATIN TAB 40 MG	HCR				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	PITAVASTATIN TAB 1MG	PITAVASTATIN CALCIUM TAB 1 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	PITAVASTATIN TAB 2MG	PITAVASTATIN CALCIUM TAB 2 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	PITAVASTATIN TAB 4MG	PITAVASTATIN CALCIUM TAB 4 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	PRAVASTATIN TAB 10MG	PRAVASTATIN SODIUM TAB 10 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	PRAVASTATIN TAB 20MG	PRAVASTATIN SODIUM TAB 20 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	PRAVASTATIN TAB 40MG	PRAVASTATIN SODIUM TAB 40 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	PRAVASTATIN TAB 80MG	PRAVASTATIN SODIUM TAB 80 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ROSUVASTATIN TAB 10MG	ROSUVASTATIN CALCIUM TAB 10 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ROSUVASTATIN TAB 20MG	ROSUVASTATIN CALCIUM TAB 20 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ROSUVASTATIN TAB 40MG	ROSUVASTATIN CALCIUM TAB 40 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ROSUVASTATIN TAB 5MG	ROSUVASTATIN CALCIUM TAB 5 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	SIMVASTATIN TAB 10MG	SIMVASTATIN TAB 10 MG	Tier 1^				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	SIMVASTATIN TAB 20MG	SIMVASTATIN TAB 20 MG	Tier 1^				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	SIMVASTATIN TAB 40MG	SIMVASTATIN TAB 40 MG	Tier 1^				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	SIMVASTATIN TAB 5MG	SIMVASTATIN TAB 5 MG	Tier 1^				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	SIMVASTATIN TAB 80MG	SIMVASTATIN TAB 80 MG	Tier 1				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ZOCOR TAB 10MG	SIMVASTATIN TAB 10 MG	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ZOCOR TAB 20MG	SIMVASTATIN TAB 20 MG	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ZOCOR TAB 40MG	SIMVASTATIN TAB 40 MG	Tier 3			X	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ZYPITAMAG TAB 2MG	PITAVASTATIN MAGNESIUM TAB 2 MG (BASE EQUIV)	Tier 3				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	ZYPITAMAG TAB 4MG	PITAVASTATIN MAGNESIUM TAB 4 MG (BASE EQUIV)	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER 4 GM/DOSE	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER PACKETS 4 GM	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	COLESEVELAM PAK 3.75GM	COLESEVELAM HCL PACKET FOR SUSP 3.75 GM	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	COLESEVELAM TAB 625MG	COLESEVELAM HCL TAB 625 MG	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	COLESTID GRA 5GM	COLESTIPOL HCL GRANULES 5 GM	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	COLESTID POW 5GM	COLESTIPOL HCL GRANULE PACKETS 5 GM	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	COLESTID TAB 1GM	COLESTIPOL HCL TAB 1 GM	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	COLESTID FLA GRA 5/7.5GM	COLESTIPOL HCL GRANULE PACKETS 5 GM	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	COLESTID FLA GRA 5GM	COLESTIPOL HCL GRANULES 5 GM	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	COLESTIPOL GRA 5GM	COLESTIPOL HCL GRANULE PACKETS 5 GM	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	COLESTIPOL GRA 5GM	COLESTIPOL HCL GRANULES 5 GM	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	COLESTIPOL TAB 1GM	COLESTIPOL HCL TAB 1 GM	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	EZETIM/SIMVA TAB 10-10MG	EZETIMIBE-SIMVASTATIN TAB 10-10 MG	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	EZETIM/SIMVA TAB 10-20MG	EZETIMIBE-SIMVASTATIN TAB 10-20 MG	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	EZETIM/SIMVA TAB 10-40MG	EZETIMIBE-SIMVASTATIN TAB 10-40 MG	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	EZETIM/SIMVA TAB 10-80MG	EZETIMIBE-SIMVASTATIN TAB 10-80 MG	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	EZETIMIBE TAB 10MG	EZETIMIBE TAB 10 MG	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	ICOSAPENT CAP 0.5GM	ICOSAPENT ETHYL CAP 0.5 GM	Tier 3	X		X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	ICOSAPENT CAP 1GM	ICOSAPENT ETHYL CAP 1 GM	Tier 1	X		X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	JUXTAPID CAP 10MG	LOMITAPIDE MESYLATE CAP 10 MG (BASE EQUIV)	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	JUXTAPID CAP 20MG	LOMITAPIDE MESYLATE CAP 20 MG (BASE EQUIV)	Tier 3	X	X	X	X
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	JUXTAPID CAP 30MG	LOMITAPIDE MESYLATE CAP 30 MG (BASE EQUIV)	Tier 3	X	X	X	X
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	JUXTAPID CAP 5MG	LOMITAPIDE MESYLATE CAP 5 MG (BASE EQUIV)	Tier 3	X	X	X	X
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	LOVAZA CAP 1GM	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	Tier 3			X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	NEXLETOL TAB 180MG	BEMPEDOIC ACID TAB 180 MG	Tier 2		X		
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	NEXLIZET TAB 180/10MG	BEMPEDOIC ACID-EZETIMIBE TAB 180-10 MG	Tier 2	X	X		
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	NIACIN TAB 500MG	NIACIN (ANTIHYPERLIPIDEMIC) TAB 500 MG	Tier 1			X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	NIACIN TAB 500MG ER	NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	NIACIN ER TAB 1000MG	NIACIN TAB ER 1000 MG (ANTIHYPERLIPIDEMIC)	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	NIACIN ER TAB 500MG	NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	NIACIN ER TAB 500MG ER	NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	NIACIN ER TAB 750MG	NIACIN TAB ER 750 MG (ANTIHYPERLIPIDEMIC)	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	NIACOR TAB 500MG	NIACIN (ANTIHYPERLIPIDEMIC) TAB 500 MG	Tier 1			X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	OMEGA-3-ACID CAP 1GM	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	PRALUENT INJ 150MG/ML	ALIROCUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 3	X	X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	PRALUENT INJ 75MG/ML	ALIROCUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	Tier 3	X	X	X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	PREVALITE POW 4GM	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	PREVALITE POW 4GM PK	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	Tier 1				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	QUESTRAN POW 4GM	CHOLESTYRAMINE POWDER PACKETS 4 GM	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	QUESTRAN POW 4GM	CHOLESTYRAMINE POWDER 4 GM/DOSE	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	QUESTRAN POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	REPATHA INJ 140MG/ML	EVOLOCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG/ML	Tier 2		X		
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	REPATHA PUSH INJ 420/3.5	EVOLOCUMAB SUBCUTANEOUS SOLN CARTRIDGE/INFUSOR 420 MG/3.5ML	Tier 2		X		
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	REPATHA SURE INJ 140MG/ML	EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	Tier 2		X		
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	ROSUV/EZETIM TAB 10-10MG	EZETIMIBE-ROSUVASTATIN CALCIUM TAB 10-10 MG	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	ROSUV/EZETIM TAB 20-10MG	EZETIMIBE-ROSUVASTATIN CALCIUM TAB 10-20 MG	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	ROSUV/EZETIM TAB 40-10MG	EZETIMIBE-ROSUVASTATIN CALCIUM TAB 10-40 MG	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	ROSUV/EZETIM TAB 5-10MG	EZETIMIBE-ROSUVASTATIN CALCIUM TAB 10-5 MG	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	ROSZET TAB 10-10MG	EZETIMIBE-ROSUVASTATIN CALCIUM TAB 10-10 MG	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	ROSZET TAB 20-10MG	EZETIMIBE-ROSUVASTATIN CALCIUM TAB 10-20 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	ROSZET TAB 40-10MG	EZETIMIBE-ROSUVASTATIN CALCIUM TAB 10-40 MG	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	ROSZET TAB 5-10MG	EZETIMIBE-ROSUVASTATIN CALCIUM TAB 10-5 MG	Tier 3				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	VASCEPA CAP 0.5GM	ICOSAPENT ETHYL CAP 0.5 GM	Tier 3	X		X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	VASCEPA CAP 1GM	ICOSAPENT ETHYL CAP 1 GM	Tier 3	X		X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	VYTORIN TAB 10-10MG	EZETIMIBE-SIMVASTATIN TAB 10-10 MG	Tier 3			X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	VYTORIN TAB 10-20MG	EZETIMIBE-SIMVASTATIN TAB 10-20 MG	Tier 3			X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	VYTORIN TAB 10-40MG	EZETIMIBE-SIMVASTATIN TAB 10-40 MG	Tier 3			X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	VYTORIN TAB 10-80MG	EZETIMIBE-SIMVASTATIN TAB 10-80 MG	Tier 3			X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	WELCHOL PAK 3.75GM	COLESEVELAM HCL PACKET FOR SUSP 3.75 GM	Tier 3			X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	WELCHOL TAB 625MG	COLESEVELAM HCL TAB 625 MG	Tier 3			X	
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	ZETIA TAB 10MG	EZETIMIBE TAB 10 MG	Tier 3			X	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ACCRUFER CAP 30MG	FERRIC MALTOL CAP 30 MG (FE EQUIV)	Tier 3			X	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ADVERA LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ADVERA LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ARGINAID PAK CHERRY	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ARGINAID PAK ORANGE	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ASCORBIC ACD POW	ASCORBIC ACID ORAL POWDER	Tier 1	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ATABEX EC TAB 29-1MG	PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB DR 29-1 MG	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	BOOST LIQ ORIGINAL	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	BOOST HI-PRO LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	BOOST PLUS LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	BRAINSUSTAIN PAK	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CALCIFOL WAF	CA CARB-FOLIC ACID-VIT D-B6-B12-BORON-MAG WAFER 1342-1.6 MG	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CARBAGLU TAB 200MG	CARGLUMIC ACID SOLUBLE TAB 200 MG	Tier 3	X		X	X
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CARGLUMIC TAB 200MG	CARGLUMIC ACID SOLUBLE TAB 200 MG	Tier 1	X			X
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CARNITOR SOL 1GM/10ML	LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%)	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CARNITOR TAB 330MG	LEVOCARNITINE TAB 330 MG	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CARNITOR SF SOL 1GM/10ML	LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	COMPLEAT LIQ PEPTIDE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	COMPLEAT LIQ STND 1.4	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CVS NUTRITIO LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 1	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CVS NUTRITIO LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CVS NUTRITIO LIQ STRABERY	NUTRITIONAL SUPPLEMENT LIQUID	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CVS NUTRITIO LIQ STRABERY	NUTRITIONAL SUPPLEMENT LIQUID	Tier 1	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CVS NUTRITIO LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CVS NUTRITIO LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 1	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	CYTRA K GRA CRYSTALS	POTASSIUM CITRATE & CITRIC ACID POWDER PACK 3300-1002 MG	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	DOJOLVI LIQ 100%	TRIHEPTANOIN ORAL LIQUID 100%	Tier 3	X			X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	EAA SUPPLEME POW	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	EAA SUPPLEME POW TROPICAL	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	EFFER-K TAB 10MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 10 MEQ	Tier 2				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	EFFER-K TAB 20MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 20 MEQ	Tier 2				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	EFFER-K TAB 25MEQ EF	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENDARI POW 5GM	GLUTAMINE (SICKLE CELL) POWD PACK 5 GM	Tier 3		X		
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE ENLIV LIQ STRAWBER	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE ENLIV LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE HP LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE ORIGI LIQ FIBER	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE ORIGN LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE ORIGN LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE ORIGN LIQ STRAWBER	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE PLUS LIQ BUT PECN	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE PLUS LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE PLUS LIQ DRK CHOC	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE PLUS LIQ STRAWBER	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE PLUS LIQ STRWBERY	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE PLUS LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE PLUS LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENSURE SURGE LIQ IMMUNO	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENU NUTRITIO LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ENU NUTRITIO LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	FERRO-PLEX TAB	FE FUM-FA-VIT C-VIT E-VIT B12-INTRINS FACT TAB 115-1 MG	Tier 3			X	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	FLORIVA DRO 0.25MG	SODIUM FLUORIDE-VITAMIN D LIQD DROPS 0.25 MG/ML-400 UNIT/ML	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	FLUORIDE CHW 0.25MG F	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	HCR				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	FLUORIDE CHW 0.5MG F	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	HCR				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	FLUORIDE CHW 1MG F	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	HCR				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	FLUORITAB DRO 0.125MG	SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF)	HCR				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GA GEL PAK	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GALZIN CAP 25MG	ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GALZIN CAP 50MG	ZINC ACETATE CAP 50 MG (ELEMENTAL ZINC)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLUCERNA LIQ BUT PECA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLUCERNA LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLUCERNA LIQ STRAWBER	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLUCOSE CTRL LIQ MAX PROT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLUCOSE SUP LIQ 1.2	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYCOSADE PAK	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN LIQ RES/ LITE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN LIQ RESTOR10	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN LIQ RTD 10	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN LIQ RTD 15	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN PAK BTMK/ DLT	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN PAK SWIRL 15	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN POW APPLE	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN POW BD 20/20	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN POW BETMLK15	NUTRITIONAL SUPPLEMENT PACK	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN POW BETMLK15	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN POW BLD 10PE	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN POW BLD PKU	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN POW PUNCH	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN POW RESTOR 5	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN POW RST LT10	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN POW TROPICAL	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GLYTACTIN 15 LIQ RTD LITE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	GNP ELECTROL SOL UNFLAVOR	ORAL ELECTROLYTE SOLUTION	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	HCU COOLER LIQ	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	HCU GEL PAK	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	HEMATINIC/FA TAB	FERROUS FUMARATE-FOLIC ACID TAB 324-1 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	HOMACTIN AA POW PLUS	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	INATAL GT TAB	PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 90-1 MG	Tier 2				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ISOLEUCINE PAK 50MG	ISOLEUCINE ORAL POWDER PACKET 50 MG	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ISOLEUCINE POW 1000	ISOLEUCINE ORAL POWDER PACKET 1 GM	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	K CITRATE SOL CITR ACD	POTASSIUM CITRATE & CITRIC ACID SOLN 1100-334 MG/5ML	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KATE FARMS LIQ 1.4	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KATE FARMS LIQ 1.4	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KATE FARMS LIQ 1.5	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KETOVIE LIQ PEPTIDE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KETOVIE LIQ UNFLAVOR	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KETOVIE 3:1 LIQ UNFLAVOR	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KETOVIE 4:1 LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KLOR-CON PAK 20MEQ	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KLOR-CON 10 TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER 10 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KLOR-CON 8 TAB 8MEQ ER	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KLOR-CON M10 TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KLOR-CON M15 TAB 15MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KLOR-CON M20 TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	KLOR-CON/EF TAB 25MEQ	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	K-PHOS TAB	POTASSIUM PHOSPHATE MONOBASIC TAB 500 MG	Tier 2				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	K-PHOS TAB NEUTRAL	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 2				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	K-PHOS TAB NO 2	POTASSIUM & SODIUM ACID PHOSPHATES TAB 305-700 MG	Tier 2				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	K-PRIME TAB 25MEQ EF	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	K-TAB TAB 10MEQ CR	POTASSIUM CHLORIDE TAB ER 10 MEQ	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	K-TAB TAB 20MEQ	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	L-CARNITINE CAP 500MG	LEVOCARNITINE L-TARTRATE CAP 500 MG	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	LEVOCARNITIN SOL 1GM/10ML	LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%)	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	LEVOCARNITIN TAB 330MG	LEVOCARNITINE TAB 330 MG	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	L-GLUTAMINE POW	GLUTAMINE POWDER (BULK)	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	L-GLUTAMINE POW 5GM	GLUTAMINE (SICKLE CELL) POWD PACK 5 GM	Tier 1		X		
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	LIQ HOPE PEP LIQ BERRY	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	L-ISOLEUCINE POW	ISOLEUCINE POWDER	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	L-LYSINE TAB 500MG	LYSINE TAB 500 MG	Tier 1	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	L-TYROSINE CAP 500MG	TYROSINE CAP 500 MG	Tier 1	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	L-TYROSINE CAP 500MG	TYROSINE CAP 500 MG	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	MCT PRO-CAL PAK	NUTRITIONAL SUPPLEMENT PACK	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	MIFEPREX TAB 200MG	MIFEPRISTONE TAB 200 MG	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	MIFEPRISTONE TAB 200MG	MIFEPRISTONE TAB 200 MG	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	MMA/PA GEL PAK	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	MMA/PA GEL POW	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	MSUD COOLER LIQ	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	MSUD COOLER LIQ	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	MSUD GEL PAK UNFLAVOR	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	NAFRINSE CHW 1MG F	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	HCR				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	NAFRINSE DRO 0.125MG	SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF)	HCR				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	NEONATAL FE TAB	PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 90-1 MG	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	NEPRO/CARB LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	NUTRI-DRINK LIQ + CHOCOL	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	NUTRI-DRINK LIQ + VANILA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	NUTRI-DRINK LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	NUTRI-DRINK LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	OBSTETRIX EC TAB	PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 29-1 MG	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	OPTICLEANSE PAK GHI	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	OPTICLEANSE PAK PLUS	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ORACIT SOL	SODIUM CITRATE & CITRIC ACID SOLN 490-640 MG/5ML	Tier 2				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	ORAL CITRATE SOL	SODIUM CITRATE & CITRIC ACID SOLN 490-640 MG/5ML	Tier 2				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	OSMOLITE LIQ 1.0 CAL	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PEDI PEPTIDE LIQ 1.0	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PEDI PEPTIDE LIQ 1.5	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PEDI STANDAR LIQ 1.2 CHOC	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PEDIALYTE SOL ADV CARE	ORAL ELECTROLYTE SOLUTION	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PEDIALYTE SOL FRUIT PU	ORAL ELECTROLYTE SOLUTION	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PERATIVE LIQ 1.3 CAL	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PHENYLADE POW GMP ULTR	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PHENYLALANIN PAK 50MG	PHENYLALANINE PACKET 50 MG	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PHOSPHA 250 TAB NEUTRAL	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 2				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PHOSPHOROUS TAB	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PHOSPHO-TRIN TAB 250 NEUT	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PHOXILLUM SOL B22K/40	BICARB-K 22-4 MEQ/L WITH PHOS 1 MMOL/L SOLN (CRRT)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PHOXILLUM SOL BK4/2.5	BICARB-K-CA 32-4-2.5 MEQ/L WITH PHOS 1 MMOL/L SOLN (CRRT)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PIVOT LIQ 1.5 CAL	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU AIR20 LIQ GOLD	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU AIR20 LIQ GREEN	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU AIR20 LIQ YELLOW	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLER LIQ 15 ORNGE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLER LIQ 15 PRPLE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLR 10 LIQ ORANGE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLR 10 LIQ PURPLE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLR 10 LIQ RED	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLR 10 LIQ WHITE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLR 15 LIQ RED	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLR 15 LIQ WHITE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLR 20 LIQ ORANGE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLR 20 LIQ PURPLE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLR 20 LIQ RED	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU COOLR 20 LIQ WHITE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU GEL PAK	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU SPHERE POW 15	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PKU SPHERE POW 20	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POKONZA POW 10MEQ	POTASSIUM CHLORIDE POWDER PACKET 10 MEQ	Tier 3			X	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CHLORIDE CAP 10MEQ ER	POTASSIUM CHLORIDE CAP ER 10 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CHLORIDE CAP 8MEQ ER	POTASSIUM CHLORIDE CAP ER 8 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CHLORIDE SOL 10%	POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CHLORIDE SOL 20%	POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CHLORIDE TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER 10 MEQ	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CHLORIDE TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CHLORIDE TAB 15MEQ ER	POTASSIUM CHLORIDE TAB ER 15 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CHLORIDE TAB 20MEQ ER	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CHLORIDE TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CHLORIDE TAB 8MEQ ER	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CITRA ER TAB 1080MG	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CITRA ER TAB 1620MG	POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CITRA ER TAB 540MG	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CL MICRO TAB 10MEQ CR	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CL MICRO TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CL MICRO TAB 15MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POT CL MICRO TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	POTASSIUM CH TAB 15MEQ	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PPA/MMA POW EXPRESS	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PRENA 1 TRUE MIS	PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PRENA1 CHW	PRENAT W/ B2-B6-B12-D3-FOLIC ACID CHEW TAB 1.4 MG	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PRISMASOL SOL 0/0/1.2	BICARB 32 MEQ/L SOLN WITH MG 1.2 MEQ/L (CRRT)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PRISMASOL SOL 0/2.5	BICARB 32 MEQ/L-DEXT SOLN WITH CA 2.5 MEQ/L (CRRT)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PRISMASOL SOL 2/0	BICARB 32 MEQ/L-DEXT SOLN WITH K 2 MEQ/L (CRRT)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PRISMASOL SOL 2/3.5	BICARB 32 MEQ/L-DEXT SOLN WITH K-CA 2-3.5 MEQ/L (CRRT)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PRISMASOL SOL 4/0/1.2	BICARB 32 MEQ/L-DEXT SOLN WITH K-MG 4-1.2 MEQ/L (CRRT)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PRISMASOL SOL 4/2.5	BICARB 32 MEQ/L-DEXT SOLN WITH K-CA 4-2.5 MEQ/L (CRRT)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PRISMASOL SOL B22GK4/0	BICARB 22 MEQ/L-DEXT SOLN WITH K 4 MEQ/L (CRRT)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PROMOTE 1.0 LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PROMOTE 1.0 LIQ W/ FIBER	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PROSOURCE LIQ PLUS	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PROSOURCE LIQ PLUS	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PROSOURCE LIQ ZAC	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PRO-STAT LIQ FIBER	AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PROTALITY LIQ CHOCOLAT	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PROTALITY LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PROTEINEX LIQ	AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PROTEINEX LIQ COC PINE	AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PROTEINEX LIQ P18	AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PROTEINEX-18 LIQ LEM/ LIME	AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PULMOCARE LIQ 1.5 VAN	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PUSH 20+ ADV LIQ APPLE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PUSH 20+ ADV LIQ BLK CHRY	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	PUSH 20+ ADV LIQ ORANGE	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	REDICHEW RX CHW	PRENAT W/ B2-B6-B12-D3-FOLIC ACID CHEW TAB 1.4 MG	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	RENAL SUPPRT LIQ 1.8	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	S.O.S. 20 POW	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	S.O.S. 25 POW	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	SOD CHLORIDE GRA	SODIUM CHLORIDE GRANULES	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	SOD CITRATE SOL CITR ACD	SODIUM CITRATE & CITRIC ACID SOLN 500-334 MG/5ML	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	SOD FLUORIDE CHW 0.25MG F	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	HCR				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	SOD FLUORIDE CHW 0.5MG F	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	HCR				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	SOD FLUORIDE CHW 1MG F	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	HCR				

*HCR = HCR Preventive Care ^May be part of health care reform preventive and available at
**PA = Prior Authorization no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	SOD FLUORIDE DRO 0.5MG/ML	SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)	HCR				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	SOD FLUORIDE TAB 0.5MG F	SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF)	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	SOD FLUORIDE TAB 1MG F	SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF)	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	TAURINE CAP 500MG	TAURINE CAP 500 MG	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	TRICITRATES SOL	POT & SOD CITRATES W/ CIT AC SOLN 550-500-334 MG/5ML	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	TRI-VIT/FLUO DRO 0.25MG	PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	TRI-VIT/FLUO DRO 0.5MG	PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	TYLACTIN POW RESTOR5	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	TYLACTIN RTD LIQ 15 CHOC	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	TYR COOLER LIQ RED	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	TYR GEL PAK UNFLAVOR	NUTRITIONAL SUPPLEMENT PACK	Tier 3	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	TYROSINE PAK 1000MG	TYROSINE ORAL POWDER PACKET 1000 MG	Tier 1	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	UROCIT-K 10 TAB	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	UROCIT-K 15 TAB	POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	UROCIT-K 5 TAB	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	VITAL 1.0 LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	VITAL 1.5 CA LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	VITAL AF 1.2 LIQ VANILLA	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	VITAL HP LIQ 1.0 CAL	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	VITAMIN C POW	ASCORBIC ACID ORAL POWDER	Tier 1	X			
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	VITAMIN C TAB 500MG	ASCORBIC ACID TAB 500 MG	Tier 1				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	VITATRUE MIS	PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	VIVONEX POW PEDIATRI	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	VIVONEX PEDI LIQ RTF	NUTRITIONAL SUPPLEMENT LIQUID	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	VIVONEX PLUS POW	NUTRITIONAL SUPPLEMENT PACK	Tier 3				
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	WES-PHOS 250 TAB NEUTRAL	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 1				
Electrolyte/Mineral/Metal Modifiers	CHEMET CAP 100MG	SUCCIMER CAP 100 MG	Tier 2				
Electrolyte/Mineral/Metal Modifiers	CUVRIOR TAB 300MG	TRIENTINE TETRAHYDROCHLORIDE TAB 300 MG	Tier 3	X	X	X	X
Electrolyte/Mineral/Metal Modifiers	DEFERASIROX GRA 180MG	DEFERASIROX GRANULES PACKET 180 MG	Tier 1				X
Electrolyte/Mineral/Metal Modifiers	DEFERASIROX GRA 360MG	DEFERASIROX GRANULES PACKET 360 MG	Tier 1				X
Electrolyte/Mineral/Metal Modifiers	DEFERASIROX GRA 90MG	DEFERASIROX GRANULES PACKET 90 MG	Tier 1				X
Electrolyte/Mineral/Metal Modifiers	DEFERASIROX TAB 125MG	DEFERASIROX TAB FOR ORAL SUSP 125 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	DEFERASIROX TAB 180MG	DEFERASIROX TAB 180 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	DEFERASIROX TAB 250MG	DEFERASIROX TAB FOR ORAL SUSP 250 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	DEFERASIROX TAB 360MG	DEFERASIROX TAB 360 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	DEFERASIROX TAB 500MG	DEFERASIROX TAB FOR ORAL SUSP 500 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	DEFERASIROX TAB 90MG	DEFERASIROX TAB 90 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	DEFERIPRONE TAB 1000MG	DEFERIPRONE TAB 1000 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	DEFERIPRONE TAB 500MG	DEFERIPRONE TAB 500 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	EXJADE TAB 125MG	DEFERASIROX TAB FOR ORAL SUSP 125 MG	Tier 3	X		X	X
Electrolyte/Mineral/Metal Modifiers	EXJADE TAB 250MG	DEFERASIROX TAB FOR ORAL SUSP 250 MG	Tier 3	X		X	X
Electrolyte/Mineral/Metal Modifiers	EXJADE TAB 500MG	DEFERASIROX TAB FOR ORAL SUSP 500 MG	Tier 3	X		X	X
Electrolyte/Mineral/Metal Modifiers	FERPRX 2-DAY TAB 1000MG	DEFERIPRONE (TWICE DAILY) TAB 1000 MG	Tier 3	X			
Electrolyte/Mineral/Metal Modifiers	FERRIPROX SOL 100MG/ML	DEFERIPRONE ORAL SOLN 100 MG/ML	Tier 2	X			X
Electrolyte/Mineral/Metal Modifiers	FERRIPROX TAB 1000MG	DEFERIPRONE TAB 1000 MG	Tier 3	X			X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral/Metal Modifiers	FERRIPROX TAB 500MG	DEFERIPRONE TAB 500 MG	Tier 3	X			X
Electrolyte/Mineral/Metal Modifiers	JADENU TAB 180MG	DEFERASIROX TAB 180 MG	Tier 3	X		X	X
Electrolyte/Mineral/Metal Modifiers	JADENU TAB 360MG	DEFERASIROX TAB 360 MG	Tier 3	X		X	X
Electrolyte/Mineral/Metal Modifiers	JADENU TAB 90MG	DEFERASIROX TAB 90 MG	Tier 3	X		X	X
Electrolyte/Mineral/Metal Modifiers	JADENU SPRKL GRA 180MG	DEFERASIROX GRANULES PACKET 180 MG	Tier 3			X	X
Electrolyte/Mineral/Metal Modifiers	JADENU SPRKL GRA 360MG	DEFERASIROX GRANULES PACKET 360 MG	Tier 3			X	X
Electrolyte/Mineral/Metal Modifiers	JADENU SPRKL GRA 90MG	DEFERASIROX GRANULES PACKET 90 MG	Tier 3			X	X
Electrolyte/Mineral/Metal Modifiers	JYNARQUE PAK 15MG	TOLVAPTAN TAB THERAPY PACK 15 MG	Tier 2	X			X
Electrolyte/Mineral/Metal Modifiers	JYNARQUE PAK 30-15MG	TOLVAPTAN TAB THERAPY PACK 30 & 15 MG	Tier 2	X			X
Electrolyte/Mineral/Metal Modifiers	JYNARQUE PAK 45-15MG	TOLVAPTAN TAB THERAPY PACK 45 & 15 MG	Tier 2	X	X		X
Electrolyte/Mineral/Metal Modifiers	JYNARQUE PAK 60-30MG	TOLVAPTAN TAB THERAPY PACK 60 & 30 MG	Tier 2	X	X		X
Electrolyte/Mineral/Metal Modifiers	JYNARQUE PAK 90-30MG	TOLVAPTAN TAB THERAPY PACK 90 & 30 MG	Tier 2	X	X		X
Electrolyte/Mineral/Metal Modifiers	JYNARQUE TAB 15MG	TOLVAPTAN TAB 15 MG	Tier 2	X	X		X
Electrolyte/Mineral/Metal Modifiers	JYNARQUE TAB 30MG	TOLVAPTAN TAB 30 MG	Tier 2	X	X		X
Electrolyte/Mineral/Metal Modifiers	LOKELMA PAK 10GM	SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 10 GM	Tier 3		X		
Electrolyte/Mineral/Metal Modifiers	LOKELMA PAK 5GM	SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 5 GM	Tier 3		X		
Electrolyte/Mineral/Metal Modifiers	SAMSCA TAB 15MG	TOLVAPTAN TAB 15 MG	Tier 3	X	X		X
Electrolyte/Mineral/Metal Modifiers	SAMSCA TAB 30MG	TOLVAPTAN TAB 30 MG	Tier 3	X	X		X
Electrolyte/Mineral/Metal Modifiers	SOD POLY SUL POW	SODIUM POLYSTYRENE SULFONATE POWDER	Tier 1				
Electrolyte/Mineral/Metal Modifiers	SPS SUS 15GM/60	SODIUM POLYSTYRENE SULFONATE SUSP 15 GM/60ML	Tier 3				
Electrolyte/Mineral/Metal Modifiers	SPS SUS 30GM/120	SODIUM POLYSTYRENE SULFONATE RECTAL SUSP 30 GM/120ML	Tier 3				
Electrolyte/Mineral/Metal Modifiers	SYPRINE CAP 250MG	TRIENTINE HCL CAP 250 MG	Tier 3	X		X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Electrolyte/Mineral/Metal Modifiers	TOLVAPTAN TAB 15MG	TOLVAPTAN TAB 15 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	TOLVAPTAN TAB 30MG	TOLVAPTAN TAB 30 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	TRIENTINE CAP 250MG	TRIENTINE HCL CAP 250 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	TRIENTINE CAP 500MG	TRIENTINE HCL CAP 500 MG	Tier 1	X			X
Electrolyte/Mineral/Metal Modifiers	VELTASSA POW 16.8GM	PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 16.8 GM (BASE EQ)	Tier 3		X		
Electrolyte/Mineral/Metal Modifiers	VELTASSA POW 1GM	PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 1 GM (BASE EQ)	Tier 3		X		
Electrolyte/Mineral/Metal Modifiers	VELTASSA POW 25.2GM	PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 25.2 GM (BASE EQ)	Tier 3		X		
Electrolyte/Mineral/Metal Modifiers	VELTASSA POW 8.4GM	PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 8.4 GM (BASE EQ)	Tier 3		X		
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	ANZEMET TAB 50MG	DOLASETRON MESYLATE TAB 50 MG	Tier 3				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	APREPITANT CAP 125MG	APREPITANT CAPSULE 125 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	APREPITANT CAP 40MG	APREPITANT CAPSULE 40 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	APREPITANT CAP 80MG	APREPITANT CAPSULE 80 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	APREPITANT PAK 125 & 80	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	DRONABINOL CAP 10MG	DRONABINOL CAP 10 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	DRONABINOL CAP 2.5MG	DRONABINOL CAP 2.5 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	DRONABINOL CAP 5MG	DRONABINOL CAP 5 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	EMEND SUS 125MG	APREPITANT FOR ORAL SUSP 125 MG (125 MG/5ML)	Tier 2				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	EMEND BIPACK PAK 80MG	APREPITANT CAPSULE 80 MG	Tier 3			X	
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	EMEND TRIPAC PAK 125 & 80	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	Tier 3			X	
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	GRANISETRON TAB 1MG	GRANISETRON HCL TAB 1 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	MARINOL CAP 10MG	DRONABINOL CAP 10 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	MARINOL CAP 2.5MG	DRONABINOL CAP 2.5 MG	Tier 3			X	
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	MARINOL CAP 5MG	DRONABINOL CAP 5 MG	Tier 3			X	
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	ONDANSETRON SOL 4MG/5ML	ONDANSETRON HCL ORAL SOLN 4 MG/5ML	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	ONDANSETRON TAB 16MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 16 MG	Tier 1			X	
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	ONDANSETRON TAB 24MG	ONDANSETRON HCL TAB 24 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	ONDANSETRON TAB 4MG	ONDANSETRON HCL TAB 4 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	ONDANSETRON TAB 4MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	ONDANSETRON TAB 8MG	ONDANSETRON HCL TAB 8 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	ONDANSETRON TAB 8MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG	Tier 1				
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	SANCUSO DIS 3.1MG	GRANISETRON TD PATCH 3.1 MG/24HR (CONTAINS 34.3 MG)	Tier 3			X	
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	SYNDROS SOL 5MG/ML	DRONABINOL SOLN 5 MG/ML	Tier 3		X		
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	VARUBI TAB 90MG	ROLAPITANT HCL TAB THERAPY PACK 2 X 90 MG (BASE EQUIV)	Tier 3			X	
Enzyme Inhibitors - Chemotherapy Agents	BALVERSA TAB 3MG	ERDAFITINIB TAB 3 MG	Tier 3	X	X		X
Enzyme Inhibitors - Chemotherapy Agents	BALVERSA TAB 4MG	ERDAFITINIB TAB 4 MG	Tier 3	X	X		X
Enzyme Inhibitors - Chemotherapy Agents	BALVERSA TAB 5MG	ERDAFITINIB TAB 5 MG	Tier 3	X	X		X
Enzyme Inhibitors - Chemotherapy Agents	ETOPOSIDE CAP 50MG	ETOPOSIDE CAP 50 MG	Tier 1				X
Enzyme Inhibitors - Chemotherapy Agents	HYCAMTIN CAP 0.25MG	TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV)	Tier 2	X	X		X
Enzyme Inhibitors - Chemotherapy Agents	HYCAMTIN CAP 1MG	TOPOTECAN HCL CAP 1 MG (BASE EQUIV)	Tier 2	X	X		X
Enzyme Inhibitors - Chemotherapy Agents	LYTGOBI TAB 4MG	FUTIBATINIB TAB THERAPY PACK 4 MG (12 MG DAILY DOSE)	Tier 3	X	X		X
Enzyme Inhibitors - Chemotherapy Agents	LYTGOBI TAB 4MG	FUTIBATINIB TAB THERAPY PACK 4 MG (16 MG DAILY DOSE)	Tier 3	X	X		X
Enzyme Inhibitors - Chemotherapy Agents	LYTGOBI TAB 4MG	FUTIBATINIB TAB THERAPY PACK 4 MG (20 MG DAILY DOSE)	Tier 3	X	X		X
Enzyme Inhibitors - Chemotherapy Agents	PEMAZYRE TAB 13.5MG	PEMIGATINIB TAB 13.5 MG	Tier 3	X	X		X
Enzyme Inhibitors - Chemotherapy Agents	PEMAZYRE TAB 4.5MG	PEMIGATINIB TAB 4.5 MG	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Enzyme Inhibitors - Chemotherapy Agents	PEMAZYRE TAB 9MG	PEMIGATINIB TAB 9 MG	Tier 3	X	X		X
Enzyme Inhibitors - Chemotherapy Agents	TALZENNA CAP 0.25MG	TALAZOPARIB TOSYLATE CAP 0.25 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Enzyme Inhibitors - Chemotherapy Agents	TALZENNA CAP 1MG	TALAZOPARIB TOSYLATE CAP 1 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Enzyme Inhibitors - Chemotherapy Agents	ZYDELIG TAB 150MG	IDELALISIB TAB 150 MG	Tier 3	X	X		X
Enzyme Replacements/ Modifiers - Enzyme Replacements/Modifying Drugs	EVRYSDI SOL	RISDIPLAM FOR SOLN 0.75 MG/ ML	Tier 2	X	X		X
Enzyme Replacements/ Modifiers - Enzyme Replacements/Modifying Drugs	EVRYSDI TAB 5MG	RISDIPLAM TAB 5 MG	Tier 2	X	X		X
Ergot Alkaloids - Migraine Drugs	CAFERGOT TAB 1-100MG	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Tier 3				
Ergot Alkaloids - Migraine Drugs	DIHYDROERGOT CRY MESYLATE	DIHYDROERGOTAMINE MESYLATE CRYSTALS	Tier 3				
Ergot Alkaloids - Migraine Drugs	DIHYDROERGOT INJ 1MG/ML	DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML	Tier 1				
Ergot Alkaloids - Migraine Drugs	DIHYDROERGOT SPR 4MG/ML	DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ ML	Tier 1				
Ergot Alkaloids - Migraine Drugs	ERGOMAR SUB 2MG	ERGOTAMINE TARTRATE SL TAB 2 MG	Tier 3				
Ergot Alkaloids - Migraine Drugs	ERGOT/CAFFEN TAB 1-100MG	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Tier 1				
Ergot Alkaloids - Migraine Drugs	MIGERGOT SUP 2/100	ERGOTAMINE W/ CAFFEINE SUPPOS 2-100 MG	Tier 3				
Ergot Alkaloids - Migraine Drugs	MIGRANAL SPR 4MG/ML	DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ ML	Tier 3			X	
Ergot Alkaloids - Migraine Drugs	TRUDHESA AER 0.725MG	DIHYDROERGOTAMINE MESYLATE HFA NASAL AEROSOL 0.725 MG/ACT	Tier 3			X	
Estrogens - Hormone Replacement/Modifying Drugs	ACTIVELLA TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	AFIRMELLE TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ALORA DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	ALORA DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 3		X		
Estrogens - Hormone Replacement/Modifying Drugs	ALORA DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 3		X		
Estrogens - Hormone Replacement/Modifying Drugs	ALTAVERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ALYACEN TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ALYACEN TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	AMABELZ TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	AMABELZ TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	AMETHIA TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	AMETHYST TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ANGELIQ TAB 0.25-0.5	DROSPIRENONE-ESTRADIOL TAB 0.25-0.5 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	ANGELIQ TAB 0.5-1MG	DROSPIRENONE-ESTRADIOL TAB 0.5-1 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	ANNOVERA MIS	SEGESTERONE ACE-ETHINYL ESTRADIOL VA RING 0.15-0.013 MG/24HR	HCR		X		
Estrogens - Hormone Replacement/Modifying Drugs	APRI TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ARANELLE TAB	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ASHLYNA TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	AUBRA EQ TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	AUROVELA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	AUROVELA TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	AUROVELA 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	AUROVELA FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	AUROVELA FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	AVIANE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	AYUNA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	AZURETTE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	BALCOLTRA TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	BALZIVA TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	BEYAZ TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.02-0.451 MG	HCR			X	
Estrogens - Hormone Replacement/Modifying Drugs	BIJUVA CAP 0.5-100	ESTRADIOL-PROGESTERONE CAP 0.5-100 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	BIJUVA CAP 1-100MG	ESTRADIOL-PROGESTERONE CAP 1-100 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	BLISOVI 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	BLISOVI FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	BLISOVI FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	BRIELLYN TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	CAMRESE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	CAMRESE LO TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	CHARLOTTE 24 CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	CHATEAL EQ TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	CLIMARA DIS 0.025MG	ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR	Tier 3		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	CLIMARA DIS 0.0375MG	ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR)	Tier 3		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	CLIMARA DIS 0.05MG	ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR	Tier 3		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	CLIMARA DIS 0.06MG	ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR	Tier 3		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	CLIMARA DIS 0.075MG	ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR	Tier 3		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	CLIMARA DIS 0.1MG	ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR	Tier 3		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	CLIMARA PRO DIS WEEKLY	ESTRADIOL-LEVONORGESTREL TD PATCH WEEKLY 0.045-0.015 MG/DAY	Tier 2		X		
Estrogens - Hormone Replacement/Modifying Drugs	COMBIPATCH DIS	ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.14 MG/DAY	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	COMBIPATCH DIS	ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.25 MG/DAY	Tier 2		X		
Estrogens - Hormone Replacement/Modifying Drugs	COVARYX TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	COVARYX HS TAB	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	CRYSELLE-28 TAB 28 TABS	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	CYRED TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	CYRED EQ TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	DASETTA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	DASETTA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	DAYSEE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	DELESTROGEN INJ 10MG/ML	ESTRADIOL VALERATE IM IN OIL 10 MG/ML	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	DELESTROGEN INJ 20MG/ML	ESTRADIOL VALERATE IM IN OIL 20 MG/ML	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	DELESTROGEN INJ 40MG/ML	ESTRADIOL VALERATE IM IN OIL 40 MG/ML	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	DELYLA TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	DEPO-ESTRADI INJ 5MG/ML	ESTRADIOL CYPIONATE IM IN OIL 5 MG/ML	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	DESO/ETHINYL TAB ESTRADIO	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	DIVIGEL GEL 0.25MG	ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	DIVIGEL GEL 0.5MG	ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	DIVIGEL GEL 0.75MG	ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	DIVIGEL GEL 1.25MG	ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	DIVIGEL GEL 1MG/GM	ESTRADIOL TD GEL 1 MG/GM (0.1%)	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	DOLISHALE TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	DOTTI DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	DOTTI DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	DOTTI DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	DOTTI DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	DOTTI DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	DROS/ETH EST TAB LEVOMEFO	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.02-0.451 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	DROS/ETH EST TAB LEVOMEFO	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	DROSPIR/ETHI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	DROSPIR/ETHI TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	DROSPIRENONE TAB ETHY EST	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	DUAVEE TAB 0.45-20	CONJUGATED ESTROGENS-BAZEDOXIFENE TAB 0.45-20 MG	Tier 3		X		
Estrogens - Hormone Replacement/Modifying Drugs	EC-RX ESTRAD CRE 0.4%	ESTRADIOL MICRONIZED CREAM 0.4% (COMPOUNDING KIT)	Tier 3	X			
Estrogens - Hormone Replacement/Modifying Drugs	EC-RX ESTRAD CRE 0.6%	ESTRADIOL MICRONIZED CREAM 0.6% (COMPOUNDING KIT)	Tier 3	X			
Estrogens - Hormone Replacement/Modifying Drugs	EEMT TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	EEMT HS TAB	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	ELESTRIN GEL 0.06%	ESTRADIOL GEL 0.06% (0.52 MG/0.87 GM METERED-DOSE PUMP)	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	ELINEST TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ELURYNG MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ENILLORING MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ENPRESSE-28 TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ENSKYCE TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	EST ESTROGEN TAB MTEST FS	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	EST ESTROGEN TAB MTEST HS	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTARYLLA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	ESTRA/NORETH TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRA/NORETH TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRACE TAB 0.5MG	ESTRADIOL TAB 0.5 MG	Tier 3			X	
Estrogens - Hormone Replacement/Modifying Drugs	ESTRACE TAB 1MG	ESTRADIOL TAB 1 MG	Tier 3			X	
Estrogens - Hormone Replacement/Modifying Drugs	ESTRACE TAB 2MG	ESTRADIOL TAB 2 MG	Tier 3			X	
Estrogens - Hormone Replacement/Modifying Drugs	ESTRACE VAG CRE 0.01%	ESTRADIOL VAGINAL CREAM 0.1 MG/GM	Tier 3			X	
Estrogens - Hormone Replacement/Modifying Drugs	ESTRAD VAL INJ 10MG/ML	ESTRADIOL VALERATE IM IN OIL 10 MG/ML	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRAD VAL INJ 20MG/ML	ESTRADIOL VALERATE IM IN OIL 20 MG/ML	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRAD VAL INJ 40MG/ML	ESTRADIOL VALERATE IM IN OIL 40 MG/ML	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL CRE 0.01%	ESTRADIOL VAGINAL CREAM 0.1 MG/GM	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR)	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.06MG	ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL GEL 0.06%	ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METERED-DOSE PUMP)	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL GEL 0.25MG	ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL GEL 0.5MG	ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL GEL 0.75MG	ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL GEL 1.25MG	ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL GEL 1MG/GM	ESTRADIOL TD GEL 1 MG/GM (0.1%)	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL TAB 0.5MG	ESTRADIOL TAB 0.5 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL TAB 10MCG	ESTRADIOL VAGINAL TAB 10 MCG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL TAB 1MG	ESTRADIOL TAB 1 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRADIOL TAB 2MG	ESTRADIOL TAB 2 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRATEST FS TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRATEST HS TAB	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	ESTRING MIS 2MG	ESTRADIOL VAGINAL RING 2 MG (7.5 MCG/24HRS)	Tier 2		X		
Estrogens - Hormone Replacement/Modifying Drugs	ESTRING MIS 7.5/24HR	ESTRADIOL VAGINAL RING 2 MG (7.5 MCG/24HRS)	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	ESTROG/MTEST TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ESTROGEL GEL 0.06%	ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METERED-DOSE PUMP)	Tier 3		X		
Estrogens - Hormone Replacement/Modifying Drugs	ETHY ETH EST TAB 1-35	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ETHYNODIOL TAB 1-50	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ETONOGESTREL MIS ETHY EST	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	EVAMIST SPR 1.53MG	ESTRADIOL TRANSDERMAL SPRAY 1.53 MG/SPRAY	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	FALMINA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	FAYOSIM TAB	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	FEIRZA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	FEIRZA TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	FEMLYV TAB 1/0.02MG	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB DISINT 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	FEMRING MIS 0.05/24H	ESTRADIOL ACETATE VAGINAL RING 0.05 MG/24HR	Tier 3		X		
Estrogens - Hormone Replacement/Modifying Drugs	FEMRING MIS 0.1MG/24	ESTRADIOL ACETATE VAGINAL RING 0.1 MG/24HR	Tier 3		X		
Estrogens - Hormone Replacement/Modifying Drugs	FINZALA CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	FYAVOLV TAB 0.5-2.5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	FYAVOLV TAB 1-5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	GEMMILY CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	HAILEY TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	HAILEY 24 TAB FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	HAILEY FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	HAILEY FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	HALOETTE MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ICLEVIA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	IMVEXXY MAIN SUP 10MCG	ESTRADIOL VAGINAL INSERT 10 MCG	Tier 2		X		
Estrogens - Hormone Replacement/Modifying Drugs	IMVEXXY MAIN SUP 4MCG	ESTRADIOL VAGINAL INSERT 4 MCG	Tier 2		X		
Estrogens - Hormone Replacement/Modifying Drugs	IMVEXXY STRT SUP 10MCG	ESTRADIOL VAGINAL INSERT STARTER PACK 10 MCG	Tier 2		X		
Estrogens - Hormone Replacement/Modifying Drugs	IMVEXXY STRT SUP 4MCG	ESTRADIOL VAGINAL INSERT STARTER PACK 4 MCG	Tier 2		X		
Estrogens - Hormone Replacement/Modifying Drugs	INTROVALE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ISIBLOOM TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	JAIMIESS TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	JASMIEL TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	JINTELI TAB 1MG-5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	JOLESSA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	JOYEAUX TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	JULEBER TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	JUNEL 1.5/30 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	JUNEL 1/20 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	JUNEL FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	JUNEL FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	JUNEL FE 24 TAB 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	KAITLIB FE CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	KALLIGA TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	KARIVA TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	KELNOR TAB 1/35	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	KELNOR 1/50 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	KURVELO TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LARIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LARIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LARIN 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LARIN FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LARIN FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LAYOLIS FE CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LEENA TAB	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LESSINA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LEVO-ETH EST TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LEVONEST TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LEVONOR/ETHI TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LEVONOR/ETHI TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LEVONOR/ETHI TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LEVONOR/ETHI TAB ESTRADIO	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LEVORA-28 TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LO LOESTRIN TAB 1-10-10	NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24)/10 MCG (2)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LOESTRIN TAB 1/20-21	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR			X	
Estrogens - Hormone Replacement/Modifying Drugs	LOESTRIN 21 TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR			X	
Estrogens - Hormone Replacement/Modifying Drugs	LOESTRIN FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR			X	
Estrogens - Hormone Replacement/Modifying Drugs	LOESTRIN FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR			X	
Estrogens - Hormone Replacement/Modifying Drugs	LOJAIMIESS TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LORYNA TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LOSEASONIQUE TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LOW-OGESTREL TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LO-ZUMANDIMI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	LUTERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	LYLLANA DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	LYLLANA DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	LYLLANA DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	LYLLANA DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	LYLLANA DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 1		X		
Estrogens - Hormone Replacement/Modifying Drugs	MARLISSA TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	MENEST TAB 0.3MG	ESTERIFIED ESTROGENS TAB 0.3 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	MENEST TAB 0.625MG	ESTERIFIED ESTROGENS TAB 0.625 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	MENEST TAB 1.25MG	ESTERIFIED ESTROGENS TAB 1.25 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	MENEST TAB 2.5MG	ESTERIFIED ESTROGENS TAB 2.5 MG	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	MENOSTAR DIS 14MCG	ESTRADIOL TD PATCH WEEKLY 14 MCG/24HR	Tier 3		X		
Estrogens - Hormone Replacement/Modifying Drugs	MERZEE CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	MIBELAS 24 CHW FE	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	MICRGSTIN 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	MICROGESTIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	MICROGESTIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	MICROGESTIN TAB FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	MICROGESTIN TAB FE1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	MILI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	MIMVEY TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	MINASTRIN 24 CHW FE	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	HCR			X	
Estrogens - Hormone Replacement/Modifying Drugs	MINIVELLE DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 3		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	MINIVELLE DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 3		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	MINIVELLE DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 3		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	MINIVELLE DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 3		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	MINIVELLE DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 3		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	MINZOYA TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	MIRCETTE TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR			X	
Estrogens - Hormone Replacement/Modifying Drugs	MONO-LINYAH TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	MYFEMBREE TAB	RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE TAB 40-1-0.5 MG	Tier 2	X	X		
Estrogens - Hormone Replacement/Modifying Drugs	NATAZIA TAB	ESTRADIOL VALERATE-DIENOGEST TAB 3 MG /2-2 MG/2-3 MG/1 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NECON TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NEXTSTELLIS TAB 3-14.2MG	DROSPIRENONE-ESTETROL TAB 3-14.2 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NIKKI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NOR/EST/FF TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORE/ETH/FER CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORE/ETH/FER CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORELGE/ETHI DIS 150/35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORETH/ETHIN CHW FE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORETH/ETHIN CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORETH/ETHIN TAB 0.5-2.5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	NORETH/ETHIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORETH/ETHIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORETH/ETHIN TAB 1MG-5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	NORETH/ETHIN TAB FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORETH/ETHIN TAB FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORGEST/ETHI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORGEST/ETHI TAB ESTRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORGEST/ETHI TAB ESTRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORTREL TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORTREL TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NORTREL TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NUVARING MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	Tier 3			X	
Estrogens - Hormone Replacement/Modifying Drugs	NYLIA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NYLIA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	NYMYO TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	OCELLA TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	PHILITH TAB 0.4-35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	PIMTREA TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	PORTIA-28 TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	PREFEST TAB	ESTRADIOL TAB 1 MG(15)/ ESTRAD-NORGESTIMATE TAB 1-0.09MG(15)	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	PREMARIN TAB 0.3MG	ESTROGENS, CONJUGATED TAB 0.3 MG	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	PREMARIN TAB 0.45MG	ESTROGENS, CONJUGATED TAB 0.45 MG	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	PREMARIN TAB 0.625MG	ESTROGENS, CONJUGATED TAB 0.625 MG	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	PREMARIN TAB 0.9MG	ESTROGENS, CONJUGATED TAB 0.9 MG	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	PREMARIN TAB 1.25MG	ESTROGENS, CONJUGATED TAB 1.25 MG	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	PREMARIN VAG CRE 0.625MG	ESTROGENS, CONJUGATED VAGINAL CREAM 0.625 MG/GM	Tier 3				
Estrogens - Hormone Replacement/Modifying Drugs	PREMPHASE TAB	CONJ EST 0.625(14)/CONJ EST-MEDROXYPRO AC TAB 0.625-5MG(14)	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	PREMPRO TAB	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-2.5 MG	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	PREMPRO TAB 0.3-1.5	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.3-1.5 MG	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	PREMPRO TAB 0.45-1.5	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.45-1.5 MG	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	PREMPRO TAB 0.625-5	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-5 MG	Tier 2				
Estrogens - Hormone Replacement/Modifying Drugs	QUARTETTE TAB	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG	HCR			X	
Estrogens - Hormone Replacement/Modifying Drugs	RECLIPSEN TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	RIVELSA TAB	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	SAFYRAL TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	HCR			X	
Estrogens - Hormone Replacement/Modifying Drugs	SEASONIQUE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR			X	
Estrogens - Hormone Replacement/Modifying Drugs	SETLAKIN TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	SIMLIYA TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	SIMPESSE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	SPRINTEC 28 TAB 28 DAY	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	SRONYX TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	SYEDA TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TARINA 24 FE TAB	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TARINA FE TAB 1/20 EQ	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TAYSOFY CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TAYTULLA CAP 1MG/20MC	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TILIA FE TAB	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRI-ESTARYLL TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	TRI-LEGEST TAB FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRI-LINYAH TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRI-LO TAB ESTARYLL	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRI-LO- TAB MARZIA	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRI-LO- TAB SPRINTEC	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRI-LO-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRI-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRI-NYMYO TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRI-SPRINTEC TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRIVORA-28 TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRI-VYLIBRA TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TRI-VYLIBRA TAB LO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TURQOZ TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TWIRLA DIS 120-30	LEVONORGESTREL-ETHINYL ESTRADIOL TD PTWK 120-30 MCG/24HR	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	TYBLUME CHW 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	TYDEMY TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	VAGIFEM TAB 10MCG	ESTRADIOL VAGINAL TAB 10 MCG	Tier 3			X	
Estrogens - Hormone Replacement/Modifying Drugs	VALTYA 1/50 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	VELIVET PAK	DESOGEST-ETHIN EST TAB 0.1-0.025 / 0.125-0.025 / 0.15-0.025MG-MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	VESTURA TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	VIENVA TAB 0.1-20	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	VIORELE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	VIVELLE-DOT DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 1		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	VIVELLE-DOT DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 1		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	VIVELLE-DOT DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 1		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	VIVELLE-DOT DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 1		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	VIVELLE-DOT DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 1		X	X	
Estrogens - Hormone Replacement/Modifying Drugs	VOLNEA TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	VYFEMLA TAB 0.4-35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	VYLIBRA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Estrogens - Hormone Replacement/Modifying Drugs	WERA TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	WYMZYA FE CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	XARAH FE TAB	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	XELRIA FE CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	XULANE DIS 150-35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	YASMIN 28 TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	YAZ TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	YUVAFEM TAB 10MCG	ESTRADIOL VAGINAL TAB 10 MCG	Tier 1				
Estrogens - Hormone Replacement/Modifying Drugs	ZAFEMY DIS 150/35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ZOVIA 1/35 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	HCR				
Estrogens - Hormone Replacement/Modifying Drugs	ZUMANDIMINE TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	HCR				
Eye, ear, nose and throat drugs, misc.	TYRVAYA SOL 0.03MG	VARENICLINE TARTRATE NASAL SOLN 0.03 MG/ACT	Tier 3	X	X		
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	CYMBALTA CAP 20MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)	Tier 3			X	
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	CYMBALTA CAP 30MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	Tier 3			X	
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	CYMBALTA CAP 60MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	Tier 3			X	
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	DULOXETINE CAP 20MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	DULOXETINE CAP 30MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	DULOXETINE CAP 40MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ)	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	DULOXETINE CAP 60MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA CAP 100MG	PREGABALIN CAP 100 MG	Tier 3	X			
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA CAP 150MG	PREGABALIN CAP 150 MG	Tier 3	X			
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA CAP 200MG	PREGABALIN CAP 200 MG	Tier 3	X			
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA CAP 225MG	PREGABALIN CAP 225 MG	Tier 3	X			
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA CAP 25MG	PREGABALIN CAP 25 MG	Tier 3	X			
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA CAP 300MG	PREGABALIN CAP 300 MG	Tier 3	X			
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA CAP 50MG	PREGABALIN CAP 50 MG	Tier 3	X			
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA CAP 75MG	PREGABALIN CAP 75 MG	Tier 3	X			
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA SOL 20MG/ML	PREGABALIN SOLN 20 MG/ML	Tier 3				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA CR TAB 165MG	PREGABALIN TAB ER 24HR 165 MG	Tier 3		X	X	
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA CR TAB 330MG	PREGABALIN TAB ER 24HR 330 MG	Tier 3		X	X	
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	LYRICA CR TAB 82.5MG	PREGABALIN TAB ER 24HR 82.5 MG	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALIN CAP 100MG	PREGABALIN CAP 100 MG	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALIN CAP 150MG	PREGABALIN CAP 150 MG	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALIN CAP 200MG	PREGABALIN CAP 200 MG	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALIN CAP 225MG	PREGABALIN CAP 225 MG	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALIN CAP 25MG	PREGABALIN CAP 25 MG	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALIN CAP 300MG	PREGABALIN CAP 300 MG	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALIN CAP 50MG	PREGABALIN CAP 50 MG	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALIN CAP 75MG	PREGABALIN CAP 75 MG	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALIN SOL 20MG/ML	PREGABALIN SOLN 20 MG/ML	Tier 1				
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALN ER TAB 165MG	PREGABALIN TAB ER 24HR 165 MG	Tier 1		X		
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALN ER TAB 330MG	PREGABALIN TAB ER 24HR 330 MG	Tier 1		X		
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	PREGABALN ER TAB 82.5MG	PREGABALIN TAB ER 24HR 82.5 MG	Tier 1		X		
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	SAVELLA MIS TITR PAK	MILNACIPRAN HCL TAB 12.5 MG (5) & 25 MG (8) & 50 MG (42) PAK	Tier 3		X		
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	SAVELLA TAB 100MG	MILNACIPRAN HCL TAB 100 MG	Tier 3		X		
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	SAVELLA TAB 12.5MG	MILNACIPRAN HCL TAB 12.5 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	SAVELLA TAB 25MG	MILNACIPRAN HCL TAB 25 MG	Tier 3		X		
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	SAVELLA TAB 50MG	MILNACIPRAN HCL TAB 50 MG	Tier 3		X		
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	VENLAFAXINE TAB 112.5MG	VENLAFAXINE BESYLATE TAB ER 24HR 112.5 MG	Tier 3				
GABA Receptor Modulators - Drugs for Sleeping	AMBIEN TAB 10MG	ZOLPIDEM TARTRATE TAB 10 MG	Tier 3			X	
GABA Receptor Modulators - Drugs for Sleeping	AMBIEN TAB 5MG	ZOLPIDEM TARTRATE TAB 5 MG	Tier 3			X	
GABA Receptor Modulators - Drugs for Sleeping	AMBIEN CR TAB 12.5MG	ZOLPIDEM TARTRATE TAB ER 12.5 MG	Tier 3			X	
GABA Receptor Modulators - Drugs for Sleeping	AMBIEN CR TAB 6.25MG	ZOLPIDEM TARTRATE TAB ER 6.25 MG	Tier 3			X	
GABA Receptor Modulators - Drugs for Sleeping	EDLUAR SUB 10MG	ZOLPIDEM TARTRATE SL TAB 10 MG	Tier 3		X		
GABA Receptor Modulators - Drugs for Sleeping	EDLUAR SUB 5MG	ZOLPIDEM TARTRATE SL TAB 5 MG	Tier 3		X		
GABA Receptor Modulators - Drugs for Sleeping	ESZOPICLONE TAB 1MG	ESZOPICLONE TAB 1 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	ESZOPICLONE TAB 2MG	ESZOPICLONE TAB 2 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	ESZOPICLONE TAB 3MG	ESZOPICLONE TAB 3 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	FLURAZEPAM CAP 15MG	FLURAZEPAM HCL CAP 15 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	FLURAZEPAM CAP 30MG	FLURAZEPAM HCL CAP 30 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	LUNESTA TAB 1MG	ESZOPICLONE TAB 1 MG	Tier 3			X	
GABA Receptor Modulators - Drugs for Sleeping	LUNESTA TAB 2MG	ESZOPICLONE TAB 2 MG	Tier 3			X	
GABA Receptor Modulators - Drugs for Sleeping	LUNESTA TAB 3MG	ESZOPICLONE TAB 3 MG	Tier 3			X	
GABA Receptor Modulators - Drugs for Sleeping	RESTORIL CAP 15MG	TEMAZEPAM CAP 15 MG	Tier 3				
GABA Receptor Modulators - Drugs for Sleeping	RESTORIL CAP 22.5MG	TEMAZEPAM CAP 22.5 MG	Tier 3				
GABA Receptor Modulators - Drugs for Sleeping	RESTORIL CAP 30MG	TEMAZEPAM CAP 30 MG	Tier 3				
GABA Receptor Modulators - Drugs for Sleeping	RESTORIL CAP 7.5MG	TEMAZEPAM CAP 7.5 MG	Tier 3				
GABA Receptor Modulators - Drugs for Sleeping	TEMAZEPAM CAP 15MG	TEMAZEPAM CAP 15 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
GABA Receptor Modulators - Drugs for Sleeping	TEMAZEPAM CAP 22.5MG	TEMAZEPAM CAP 22.5 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	TEMAZEPAM CAP 30MG	TEMAZEPAM CAP 30 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	TEMAZEPAM CAP 7.5MG	TEMAZEPAM CAP 7.5 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	ZALEPLON CAP 10MG	ZALEPLON CAP 10 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	ZALEPLON CAP 5MG	ZALEPLON CAP 5 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	ZOLPIDEM TAB 10MG	ZOLPIDEM TARTRATE TAB 10 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	ZOLPIDEM TAB 5MG	ZOLPIDEM TARTRATE TAB 5 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM TARTRATE TAB ER 12.5 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	ZOLPIDEM ER TAB 6.25MG	ZOLPIDEM TARTRATE TAB ER 6.25 MG	Tier 1				
GABA Receptor Modulators - Drugs for Sleeping	ZOLPIDEM TAR CAP 7.5MG	ZOLPIDEM TARTRATE CAP 7.5 MG	Tier 3		X		
GABA Receptor Modulators - Drugs for Sleeping	ZOLPIDEM TAR SUB 1.75MG	ZOLPIDEM TARTRATE SL TAB 1.75 MG	Tier 1		X		
GABA Receptor Modulators - Drugs for Sleeping	ZOLPIDEM TAR SUB 3.5MG	ZOLPIDEM TARTRATE SL TAB 3.5 MG	Tier 1		X		
GABA Receptor Modulators - Drugs for Sleeping	ZOLPIMIST SPR 5MG	ZOLPIDEM TARTRATE ORAL SPRAY 5 MG/ACT	Tier 3		X		
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	CLOBAZAM SUS 2.5MG/ML	CLOBAZAM SUSPENSION 2.5 MG/ML	Tier 1	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	CLOBAZAM TAB 10MG	CLOBAZAM TAB 10 MG	Tier 1	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	CLOBAZAM TAB 20MG	CLOBAZAM TAB 20 MG	Tier 1	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	DIASTAT ACDL GEL 12.5-20	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	DIASTAT ACDL GEL 5-10MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	DIASTAT PED GEL 2.5M GEL	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	Tier 2				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	DIAZEPAM GEL 10MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	DIAZEPAM GEL 2.5MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	DIAZEPAM GEL 20MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	FANATREX SUS 25MG/ML	GABAPENTIN ORAL SUSP 25 MG/ML (CMPD KIT)	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABAPENTIN CAP 100MG	GABAPENTIN CAP 100 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABAPENTIN CAP 300MG	GABAPENTIN CAP 300 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABAPENTIN CAP 400MG	GABAPENTIN CAP 400 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABAPENTIN SOL 250/5ML	GABAPENTIN ORAL SOLN 250 MG/5ML	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABAPENTIN TAB 600MG	GABAPENTIN TAB 600 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABAPENTIN TAB 800MG	GABAPENTIN TAB 800 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABARONE TAB 100MG	GABAPENTIN TAB 100 MG	Tier 3			X	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABARONE TAB 400MG	GABAPENTIN TAB 400 MG	Tier 3			X	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABITRIL TAB 12MG	TIAGABINE HCL TAB 12 MG	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABITRIL TAB 16MG	TIAGABINE HCL TAB 16 MG	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABITRIL TAB 2MG	TIAGABINE HCL TAB 2 MG	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	GABITRIL TAB 4MG	TIAGABINE HCL TAB 4 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	LIBERVANT MIS 10MG	DIAZEPAM BUCCAL FILM 10 MG	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	LIBERVANT MIS 12.5MG	DIAZEPAM BUCCAL FILM 12.5 MG	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	LIBERVANT MIS 15MG	DIAZEPAM BUCCAL FILM 15 MG	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	LIBERVANT MIS 5MG	DIAZEPAM BUCCAL FILM 5 MG	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	LIBERVANT MIS 7.5MG	DIAZEPAM BUCCAL FILM 7.5 MG	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	MYSOLINE TAB 250MG	PRIMIDONE TAB 250 MG	Tier 2				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	MYSOLINE TAB 50MG	PRIMIDONE TAB 50 MG	Tier 2				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	NEURONTIN CAP 100MG	GABAPENTIN CAP 100 MG	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	NEURONTIN CAP 300MG	GABAPENTIN CAP 300 MG	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	NEURONTIN CAP 400MG	GABAPENTIN CAP 400 MG	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	NEURONTIN SOL 250/5ML	GABAPENTIN ORAL SOLN 250 MG/5ML	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	NEURONTIN TAB 600MG	GABAPENTIN TAB 600 MG	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	NEURONTIN TAB 800MG	GABAPENTIN TAB 800 MG	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	ONFI SUS 2.5MG/ML	CLOBAZAM SUSPENSION 2.5 MG/ML	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	ONFI TAB 10MG	CLOBAZAM TAB 10 MG	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	ONFI TAB 20MG	CLOBAZAM TAB 20 MG	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	PRIMIDONE TAB 125MG	PRIMIDONE TAB 125 MG	Tier 1	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	PRIMIDONE TAB 250MG	PRIMIDONE TAB 250 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	PRIMIDONE TAB 50MG	PRIMIDONE TAB 50 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	SABRIL POW 500MG	VIGABATRIN POWD PACK 500 MG	Tier 3	X		X	X
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	SABRIL TAB 500MG	VIGABATRIN TAB 500 MG	Tier 3	X		X	X
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	SYMPAZAN MIS 10MG	CLOBAZAM ORAL FILM 10 MG	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	SYMPAZAN MIS 20MG	CLOBAZAM ORAL FILM 20 MG	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	SYMPAZAN MIS 5MG	CLOBAZAM ORAL FILM 5 MG	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	TIAGABINE TAB 12MG	TIAGABINE HCL TAB 12 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	TIAGABINE TAB 16MG	TIAGABINE HCL TAB 16 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	TIAGABINE TAB 2MG	TIAGABINE HCL TAB 2 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	TIAGABINE TAB 4MG	TIAGABINE HCL TAB 4 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VALPROIC ACD CAP 250MG	VALPROIC ACID CAP 250 MG	Tier 1				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VALPROIC ACD SOL 250/5ML	VALPROATE SODIUM ORAL SOLN 250 MG/5ML (BASE EQUIV)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VALTOCO SPR 10MG	DIAZEPAM NASAL SPRAY 10 MG/0.1 ML	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VALTOCO SPR 15MG	DIAZEPAM NASAL SPRAY THER PACK 2 X 7.5 MG/0.1ML (15 MG DOSE)	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VALTOCO SPR 20MG	DIAZEPAM NASAL SPRAY THER PACK 2 X 10 MG/0.1ML (20 MG DOSE)	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VALTOCO SPR 5MG	DIAZEPAM NASAL SPRAY 5 MG/0.1 ML	Tier 3	X			
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VIGABATRIN PAK 500MG	VIGABATRIN POWD PACK 500 MG	Tier 1	X			X
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VIGABATRIN TAB 500MG	VIGABATRIN TAB 500 MG	Tier 1	X			X
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VIGADRONE POW 500MG	VIGABATRIN POWD PACK 500 MG	Tier 1	X			X
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VIGADRONE TAB 500MG	VIGABATRIN TAB 500 MG	Tier 1	X			X
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VIGAFYDE SOL 100MG/ ML	VIGABATRIN ORAL SOLN 100 MG/ML	Tier 1	X	X		X
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	VIGPODER POW 500MG	VIGABATRIN POWD PACK 500 MG	Tier 1	X			X
Gastrointestinal Agents, Other	SUFLAVE SOL	PEG 3350-KCL-NACL-NA SULFATE-MAG SULFATE FOR SOLN 178.7 GM	Tier 3				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	ALVIMOPAN CAP 12MG	ALVIMOPAN CAP 12 MG	Tier 1				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	BISMTH/METR/ CAP TETRACY	BISMUTH SUBCIT-METRONIDAZOLE-TETRACYCLINE CAP 140-125-125 MG	Tier 1		X		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	BYLVAY CAP 1200MCG	ODEVIXIBAT CAP 1200 MCG	Tier 3	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	BYLVAY CAP 200MCG	ODEVIXIBAT PELLETS CAP SPRINKLE 200 MCG	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	BYLVAY CAP 400MCG	ODEVIXIBAT CAP 400 MCG	Tier 3	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	BYLVAY CAP 600MCG	ODEVIXIBAT PELLETS CAP SPRINKLE 600 MCG	Tier 3	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	CHENODAL TAB 250MG	CHENODIOL TAB 250 MG	Tier 3			X	X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	CROMOLYN SOD CON 100/5ML	CROMOLYN SODIUM ORAL CONC 100 MG/5ML	Tier 1				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	CTEXLI TAB 250MG	CHENODIOL TAB 250 MG	Tier 3			X	X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	DIPHEN/ATROP LIQ 2.5/5	DIPHENOXYLATE W/ ATROPINE LIQ 2.5-0.025 MG/5ML	Tier 1				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	DIPHEN/ATROP TAB 2.5MG	DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG	Tier 1				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	ENTEREG CAP 12MG	ALVIMOPAN CAP 12 MG	Tier 3				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	GASTROCROM CON 100/5ML	CROMOLYN SODIUM ORAL CONC 100 MG/5ML	Tier 3			X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	GATTEX KIT 5MG	TEDUGLUTIDE (RDNA) FOR INJ KIT 5 MG	Tier 2	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	HELIDAC MIS THERAPY	METRONIDAZ TAB-TETRACYC CAP-BIS SUBSAL CHEW TAB THERAPY PACK	Tier 3		X	X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	IQIRVO TAB 80MG	ELAFIBRANOR TAB 80 MG	Tier 3	X	X	X	X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	LANSOPR/AMOX PAK / CLARITH	AMOXICIL CAP &CLARITHRO TAB &LANSOPRAZ CAP DR 500 &500 &30MG	Tier 1				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	LIVDELZI CAP 10MG	SELADELPAR LYSINE CAP 10 MG	Tier 3	X	X	X	X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	LIVMARLI SOL 19MG/ML	MARALIXIBAT CHLORIDE ORAL SOLN 19 MG/ML	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	LIVMARLI SOL 9.5MG/ML	MARALIXIBAT CHLORIDE ORAL SOLN 9.5 MG/ML	Tier 3	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	LOMOTIL TAB 2.5MG	DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG	Tier 3				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	MOTEGRITY TAB 1MG	PRUCALOPRIDE SUCCINATE TAB 1 MG (BASE EQUIVALENT)	Tier 3	X	X	X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	MOTEGRITY TAB 2MG	PRUCALOPRIDE SUCCINATE TAB 2 MG (BASE EQUIVALENT)	Tier 3	X	X	X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	MOTOFEN TAB 1-0.025	DIFENOXIN W/ ATROPINE TAB 1-0.025 MG	Tier 3				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	MOVANTIK TAB 12.5MG	NALOXEGOL OXALATE TAB 12.5 MG (BASE EQUIVALENT)	Tier 3	X	X	X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	MOVANTIK TAB 25MG	NALOXEGOL OXALATE TAB 25 MG (BASE EQUIVALENT)	Tier 3	X	X	X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	MYALEPT INJ 11.3MG	METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 MG	Tier 3	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	MYTESI TAB 125MG	CROFELEMER TAB DELAYED RELEASE 125 MG	Tier 3	X	X		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	OMECLAMOX- MIS PAK	AMOXICILLIN CAP-CLARITHRO TAB W/ OMEPRAZ CAP DR THERAPY PACK	Tier 3		X		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	OPIUM TIN 10MG/ML	OPIUM TINCTURE 1% (10 MG/ML) (MORPHINE EQUIV)	Tier 1				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	PROBIOTIC CAP ACIDOPHI	LACTOBACILLUS CAP	Tier 1				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	PRUCALOPRIDE TAB 1MG	PRUCALOPRIDE SUCCINATE TAB 1 MG (BASE EQUIVALENT)	Tier 1	X	X		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	PRUCALOPRIDE TAB 2MG	PRUCALOPRIDE SUCCINATE TAB 2 MG (BASE EQUIVALENT)	Tier 1	X	X		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	PYLERA CAP	BISMUTH SUBCIT-METRONIDAZOLE-TETRACYCLINE CAP 140-125-125 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	RELISTOR INJ 12/0.6ML	METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML)	Tier 3		X		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	RELISTOR INJ 8/0.4ML	METHYLNALTREXONE BROMIDE INJ 8 MG/0.4ML (20 MG/ML)	Tier 3		X		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	RELISTOR TAB 150MG	METHYLNALTREXONE BROMIDE TAB 150 MG	Tier 3		X	X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	RELTONE CAP 200MG	URSODIOL CAP 200 MG	Tier 3			X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	RELTONE CAP 400MG	URSODIOL CAP 400 MG	Tier 3			X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	REZDIFFRA TAB 100MG	RESMETIROM 100 MG TAB	Tier 3	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	REZDIFFRA TAB 60MG	RESMETIROM 60 MG TAB	Tier 3	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	REZDIFFRA TAB 80MG	RESMETIROM 80 MG TAB	Tier 3	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	SEROSTIM INJ 4MG	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 4 MG	Tier 3	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	SEROSTIM INJ 5MG	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 5 MG	Tier 3	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	SEROSTIM INJ 6MG	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 6 MG	Tier 3	X	X		X
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	SODIUM POW BICARBON	SODIUM BICARBONATE POWDER	Tier 1				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	SYMPROIC TAB 0.2MG	NALDEMEDINE TOSYLATE TAB 0.2 MG (BASE EQUIVALENT)	Tier 2	X	X		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	TRULANCE TAB 3MG	PLECANATIDE TAB 3 MG	Tier 3	X	X	X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	URSO 250 TAB 250MG	URSODIOL TAB 250 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	URSO FORTE TAB 500MG	URSODIOL TAB 500 MG	Tier 3			X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	URSODIOL CAP 200MG	URSODIOL CAP 200 MG	Tier 3			X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	URSODIOL CAP 300MG	URSODIOL CAP 300 MG	Tier 1				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	URSODIOL CAP 400MG	URSODIOL CAP 400 MG	Tier 3			X	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	URSODIOL SUS 30MG/ ML	URSODIOL SUSP 30 MG/ML (COMPOUND KIT)	Tier 3	X			
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	URSODIOL TAB 250MG	URSODIOL TAB 250 MG	Tier 1				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	URSODIOL TAB 500MG	URSODIOL TAB 500 MG	Tier 1				
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	VOQUEZNA PAK DUAL PAK	AMOXICILLIN CAP 500 MG & VONOPRAZAN TAB 20 MG THERAPY PACK	Tier 3		X		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	VOQUEZNA PAK TRIP PK	AMOXICILLIN CAP & CLARITHROMYCIN TAB & VONOPRAZAN TAB PACK	Tier 3		X		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	XERMELO TAB 250MG	TELOTRISTAT ETHYL TAB 250 MG (AS TELOTRISTAT ETIPRATE)	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	BETAINE ANHY POW	BETAINE POWDER FOR ORAL SOLUTION	Tier 1				X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	BUPHENYL POW	SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/ TEASPOONFUL	Tier 3	X		X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	BUPHENYL TAB 500MG	SODIUM PHENYLBUTYRATE TAB 500 MG	Tier 3	X		X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CERDELGA CAP 84MG	ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQUIVALENT)	Tier 2	X			X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CHOLBAM CAP 250MG	CHOLIC ACID CAP 250 MG	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CHOLBAM CAP 50MG	CHOLIC ACID CAP 50 MG	Tier 2	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CREON CAP 12000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT	Tier 2				
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CREON CAP 24000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT	Tier 2				
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CREON CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-9500-15000 UNIT	Tier 2				
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CREON CAP 36000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT	Tier 2				
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CREON CAP 6000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT	Tier 2				
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CYSTADANE POW	BETAINE POWDER FOR ORAL SOLUTION	Tier 3				X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CYSTAGON CAP 150MG	CYSTEAMINE BITARTRATE CAP 150 MG	Tier 2				X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	CYSTAGON CAP 50MG	CYSTEAMINE BITARTRATE CAP 50 MG	Tier 2				X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	GALAFOLD CAP 123MG	MIGALASTAT HCL CAP 123 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	JAVYGTOR PAK 100MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	JAVYGTOR POW 500MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	JAVYGTOR TAB 100MG	SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	KUVAN POW 100MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	KUVAN POW 500MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	KUVAN TAB 100MG	SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	MIGLUSTAT CAP 100MG	MIGLUSTAT CAP 100 MG	Tier 1				X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	NITISINONE CAP 10MG	NITISINONE CAP 10 MG	Tier 1	X		X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	NITISINONE CAP 20MG	NITISINONE CAP 20 MG	Tier 1	X		X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	NITISINONE CAP 2MG	NITISINONE CAP 2 MG	Tier 1	X		X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	NITISINONE CAP 5MG	NITISINONE CAP 5 MG	Tier 1	X		X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	NITYR TAB 10MG	NITISINONE TAB 10 MG	Tier 3	X		X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	NITYR TAB 2MG	NITISINONE TAB 2 MG	Tier 3	X		X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	NITYR TAB 5MG	NITISINONE TAB 5 MG	Tier 3	X		X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	OCALIVA TAB 10MG	OBETICHOLIC ACID TAB 10 MG	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	OCALIVA TAB 5MG	OBETICHOLIC ACID TAB 5 MG	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	OLPRUVA PAK 2GM	SODIUM PHENYLBUTYRATE PACKET FOR SUSP 2 GM THERAPY PACK	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	OLPRUVA PAK 3GM	SODIUM PHENYLBUTYRATE PACKET FOR SUSP 3 GM THERAPY PACK	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	OLPRUVA PAK 4 GM	SODIUM PHENYLBUTYRATE PACKET FOR SUSP 4 GM THERAPY PACK	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	OLPRUVA PAK 5GM	SODIUM PHENYLBUTYRATE PACKET FOR SUSP 5 GM THERAPY PACK	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	OLPRUVA PAK 6.67GM	SODIUM PHENYLBUTYRATE PACKET FOR SUSP 6.67 GM THERAPY PACK	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	OLPRUVA PAK 6GM	SODIUM PHENYLBUTYRATE PACKET FOR SUSP 6 GM THERAPY PACK	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	OPFOLDA CAP 65MG	MIGLUSTAT (GAA DEFICIENCY) CAP 65 MG	Tier 2	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ORFADIN CAP 10MG	NITISINONE CAP 10 MG	Tier 1	X			X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ORFADIN CAP 20MG	NITISINONE CAP 20 MG	Tier 1	X			X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ORFADIN CAP 2MG	NITISINONE CAP 2 MG	Tier 1	X			X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ORFADIN CAP 5MG	NITISINONE CAP 5 MG	Tier 1	X			X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ORFADIN SUS 4MG/ML	NITISINONE SUSP 4 MG/ML	Tier 2	X			X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PALYNZIQ INJ 10/0.5ML	PEGVALIASE-PQPZ SUBCUTANEOUS SOLN PREF SYRINGE 10 MG/0.5ML	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PALYNZIQ INJ 2.5/0.5	PEGVALIASE-PQPZ SUBCUTANEOUS SOLN PREF SYRINGE 2.5 MG/0.5ML	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PALYNZIQ INJ 20MG/ML	PEGVALIASE-PQPZ SUBCUTANEOUS SOLN PREF SYRINGE 20 MG/ML	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PANCREAZE CAP 10500UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10500-35500-61500 UNIT	Tier 3			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PANCREAZE CAP 16800UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 16800-56800-98400 UNIT	Tier 3			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PANCREAZE CAP 21000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 21000-54700-83900 UNIT	Tier 3			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PANCREAZE CAP 2600UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 2600-8800-15200 UNIT	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PANCREAZE CAP 37000	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 37000-97300-149900 UNIT	Tier 3			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PANCREAZE CAP 4200UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 4200-14200-24600 UNIT	Tier 3			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PERTZYE CAP 16000U	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 16000-57500-60500 UNIT	Tier 3			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PERTZYE CAP 24000U	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-86250-90750 UNIT	Tier 3			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PERTZYE CAP 4000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 4000-14375-15125 UNIT	Tier 3			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PERTZYE CAP 8000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 8000-28750-30250 UNIT	Tier 3			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PHEBURANE MIS 483/GM	SODIUM PHENYLBUTYRATE ORAL PELLETS 483 MG/GM	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PHENYLBUTYRA POW SODIUM	SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/ TEASPOONFUL	Tier 1	X			X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PROCYSBI CAP 25MG	CYSTEAMINE BITARTRATE CAP DELAYED RELEASE 25 MG (BASE EQUIV)	Tier 3	X		X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PROCYSBI CAP 75MG	CYSTEAMINE BITARTRATE CAP DELAYED RELEASE 75 MG (BASE EQUIV)	Tier 3	X		X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PROCYSBI GRA 300MG	CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 300 MG	Tier 3				X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	PROCYSBI GRA 75MG	CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 75 MG	Tier 3				X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	RAVICTI LIQ 1.1GM/ML	GLYCEROL PHENYLBUTYRATE LIQUID 1.1 GM/ML	Tier 3	X	X	X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	SAPROPTERIN POW 100MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	Tier 1	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	SAPROPTERIN POW 500MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	Tier 1	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	SAPROPTERIN TAB 100MG	SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG	Tier 1	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	SODIUM PHENY TAB 500MG	SODIUM PHENYLBUTYRATE TAB 500 MG	Tier 1	X			X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	STRENSIQ INJ 18/0.45	ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0.45ML	Tier 2	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	STRENSIQ INJ 28/0.7ML	ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0.7ML	Tier 2	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	STRENSIQ INJ 40MG/ML	ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/ML	Tier 2	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	STRENSIQ INJ 80/0.8ML	ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0.8ML	Tier 2	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	SUCRAID SOL 8500/ML	SACROSIDASE SOLN 8500 UNIT/ML	Tier 2	X			X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	TEGSEDI INJ 284/1.5	INOTERSEN SOD SUBCUTANEOUS PREF SYR 284 MG/1.5ML (BASE EQ)	Tier 2	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	VIOKACE TAB 10440	PANCRELIPASE (LIP-PROT-AMYL) TAB 10440-39150-39150 UNIT	Tier 3			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	VIOKACE TAB 20880	PANCRELIPASE (LIP-PROT-AMYL) TAB 20880-78300-78300 UNIT	Tier 3			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	VOXZOGO INJ 0.4MG	VOSORITIDE FOR SUBCUTANEOUS INJ 0.4 MG	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	VOXZOGO INJ 0.56MG	VOSORITIDE FOR SUBCUTANEOUS INJ 0.56 MG	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	VOXZOGO INJ 1.2MG	VOSORITIDE FOR SUBCUTANEOUS INJ 1.2 MG	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	WAINUA INJ 45/0.8ML	EPLONTERSEN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 45 MG/0.8ML	Tier 2	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	XPHOZAH TAB 20MG	TENAPANOR HCL TAB 20 MG	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	XPHOZAH TAB 30MG	TENAPANOR HCL TAB 30 MG	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	XURIDEN POW 2GM	URIDINE TRIACETATE ORAL GRANULES PACKET 2 GM	Tier 2	X			X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	YORVIPATH INJ 168/0.56	PALOPEGTERIPARATIDE PEN-INJ 168 MCG/0.56ML (TERIPARATIDE EQ)	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	YORVIPATH INJ 294/0.98	PALOPEGTERIPARATIDE PEN-INJ 294 MCG/0.98ML (TERIPARATIDE EQ)	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	YORVIPATH INJ 420/1.4	PALOPEGTERIPARATIDE PEN-INJ 420 MCG/1.4ML (TERIPARATIDE EQ)	Tier 3	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ZAVESCA CAP 100MG	MIGLUSTAT CAP 100 MG	Tier 3			X	X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ZENPEP CAP 10000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10000-32000-42000 UNIT	Tier 2				
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ZENPEP CAP 15000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 15000-47000-63000 UNIT	Tier 2				
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ZENPEP CAP 20000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-63000-84000 UNIT	Tier 2				
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ZENPEP CAP 25000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-79000-105000 UNIT	Tier 2				
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ZENPEP CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-10000-14000 UNIT	Tier 2			X	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ZENPEP CAP 40000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-126000-168000 UNIT	Tier 2				
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ZENPEP CAP 5000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-24000 UNIT	Tier 2				
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	ZENPEP CAP 60000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 60000-189600-252600 UNIT	Tier 2				
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	ATTRUBY PAK 356MG	ACORAMIDIS HCL TAB PACK 356 MG (712 MG TWICE DAILY)	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	DUVYZAT SUS 8.86MG	GIVINOSTAT HCL ORAL SUSP 8.86 MG/ML	Tier 3	X	X		X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	AVANAFIL TAB 100MG	AVANAFIL TAB 100 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	AVANAFIL TAB 200MG	AVANAFIL TAB 200 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	AVANAFIL TAB 50MG	AVANAFIL TAB 50 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	BETHANECHOL TAB 10MG	BETHANECHOL CHLORIDE TAB 10 MG	Tier 1				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	BETHANECHOL TAB 25MG	BETHANECHOL CHLORIDE TAB 25 MG	Tier 1				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	BETHANECHOL TAB 50MG	BETHANECHOL CHLORIDE TAB 50 MG	Tier 1				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	BETHANECHOL TAB 5MG	BETHANECHOL CHLORIDE TAB 5 MG	Tier 1				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	CAVERJECT INJ 20MCG	ALPROSTADIL FOR INJ 20 MCG	Tier 3		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	CAVERJECT INJ 40MCG	ALPROSTADIL FOR INJ 40 MCG	Tier 3		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	CAVERJECT IM KIT 10MCG	ALPROSTADIL FOR INJ KIT 10 MCG	Tier 3		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	CAVERJECT IM KIT 20MCG	ALPROSTADIL FOR INJ KIT 20 MCG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	CERVIDIL VAG MIS 10MG INS	DINOPROSTONE VAGINAL INSERTS 10 MG	Tier 3				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	CIALIS TAB 10MG	TADALAFIL TAB 10 MG	Tier 3		X	X	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	CIALIS TAB 20MG	TADALAFIL TAB 20 MG	Tier 3		X	X	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	CUPRIMINE CAP 250MG	PENICILLAMINE CAP 250 MG	Tier 3			X	X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	DEPEN TITRA TAB 250MG	PENICILLAMINE TAB 250 MG	Tier 2				X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	EDEX KIT 10MCG	ALPROSTADIL FOR INJ KIT 10 MCG	Tier 3		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	EDEX KIT 20MCG	ALPROSTADIL FOR INJ KIT 20 MCG	Tier 3		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	EDEX KIT 40MCG	ALPROSTADIL FOR INJ KIT 40 MCG	Tier 3		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	ELMIRON CAP 100MG	PENTOSAN POLYSULFATE SODIUM CAPS 100 MG	Tier 3				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	ENCARE SUP 100MG	NONOXYNOL-9 VAGINAL SUPPOS 100 MG	HCR				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	FILSPARI TAB 200MG	SPARSENTAN TAB 200 MG	Tier 3	X	X		X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	FILSPARI TAB 400MG	SPARSENTAN TAB 400 MG	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	GYNOL II GEL 3%	NONOXYNOL-9 GEL 3%	HCR				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	LITHOSTAT TAB 250MG	ACETOHYDROXAMIC ACID TAB 250 MG	Tier 3				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	ME/NAPHOS/MB TAB HYO 1	METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG	Tier 1				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	MUSE SUP 1000MCG	ALPROSTADIL URETHRAL PELLET 1000 MCG	Tier 3		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	MUSE SUP 250MCG	ALPROSTADIL URETHRAL PELLET 250 MCG	Tier 3		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	MUSE SUP 500MCG	ALPROSTADIL URETHRAL PELLET 500 MCG	Tier 3		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	PENICILLAMIN CAP 250MG	PENICILLAMINE CAP 250 MG	Tier 1			X	X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	PENICILLAMIN TAB 250MG	PENICILLAMINE TAB 250 MG	Tier 1				X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	PHENAZO TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 1				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	PHENAZOPYRID TAB 100MG	PHENAZOPYRIDINE HCL TAB 100 MG	Tier 1				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	PHENAZOPYRID TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 1				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	PHOSPHASAL TAB	METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL TAB 81.6 MG	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	PREPIDIL GEL 0.5MG/3G	DINOPROSTONE CERVICAL GEL 0.5 MG/3GM	Tier 3				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	PYRIDIUM TAB 100MG	PHENAZOPYRIDINE HCL TAB 100 MG	Tier 3				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	PYRIDIUM TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 3				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	RIVFLOZA INJ 128/0.8	NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 128 MG/0.8ML	Tier 3	X	X		X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	RIVFLOZA INJ 160MG/ML	NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 160 MG/ML	Tier 3	X	X		X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	RIVFLOZA INJ 80/0.5ML	NEDOSIRAN SODIUM SUBCUTANEOUS SOLN 80 MG/0.5ML	Tier 3	X	X		X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	SILDENAFIL TAB 100MG	SILDENAFIL CITRATE TAB 100 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	SILDENAFIL TAB 25MG	SILDENAFIL CITRATE TAB 25 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	SILDENAFIL TAB 50MG	SILDENAFIL CITRATE TAB 50 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	STENDRA TAB 100MG	AVANAFIL TAB 100 MG	Tier 3		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	STENDRA TAB 200MG	AVANAFIL TAB 200 MG	Tier 3		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	STENDRA TAB 50MG	AVANAFIL TAB 50 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	TADALAFIL TAB 10MG	TADALAFIL TAB 10 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	TADALAFIL TAB 20MG	TADALAFIL TAB 20 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	THIOLA TAB 100MG	TIOPRONIN TAB 100 MG	Tier 3				X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	THIOLA EC TAB 100MG	TIOPRONIN TAB DELAYED RELEASE 100 MG	Tier 3				X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	THIOLA EC TAB 300MG	TIOPRONIN TAB DELAYED RELEASE 300 MG	Tier 3				X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	TIOPRONIN TAB 100MG	TIOPRONIN TAB 100 MG	Tier 1				X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	TIOPRONIN TAB 100MG DR	TIOPRONIN TAB DELAYED RELEASE 100 MG	Tier 1				X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	TIOPRONIN TAB 300MG DR	TIOPRONIN TAB DELAYED RELEASE 300 MG	Tier 1				X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	TODAY SPONGE MIS	NONOXYNOL-9 VAGINAL SPONGE 1000 MG	HCR				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	URELLE TAB	METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG	Tier 3				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	URETRON D/S TAB	METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL TAB 81.6 MG	Tier 1				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	URIMAR-T TAB	METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 120 MG	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	URO-458 TAB	METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG	Tier 3				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	UROGESIC- TAB BLUE	METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG	Tier 2				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	UTIRA-C TAB	METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL TAB 81.6 MG	Tier 2				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VARDENAFIL TAB 10MG	VARDENAFIL HCL TAB 10 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VARDENAFIL TAB 10MG ODT	VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VARDENAFIL TAB 2.5MG	VARDENAFIL HCL TAB 2.5 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VARDENAFIL TAB 20MG	VARDENAFIL HCL TAB 20 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VARDENAFIL TAB 5MG	VARDENAFIL HCL TAB 5 MG	Tier 1		X		
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VCF VAGINAL GEL CONTRACE	NONOXYNOL-9 GEL 4%	HCR				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VCF VAGINAL MIS CONTRACP	NONOXYNOL-9 FILM 28%	HCR				
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VENXXIVA TAB 100MG	TIOPRONIN TAB DELAYED RELEASE 100 MG	Tier 3			X	X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VENXXIVA TAB 300MG	TIOPRONIN TAB DELAYED RELEASE 300 MG	Tier 3			X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VIAGRA TAB 100MG	SILDENAFIL CITRATE TAB 100 MG	Tier 3		X	X	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VIAGRA TAB 25MG	SILDENAFIL CITRATE TAB 25 MG	Tier 3		X	X	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VIAGRA TAB 50MG	SILDENAFIL CITRATE TAB 50 MG	Tier 3		X	X	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	VILEVEV MB TAB 81MG	METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	ANALPRAM-HC CRE 1-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	ANALPRAM-HC LOT 2.5%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1%	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	ANUCORT-HC SUP 25MG	HYDROCORTISONE ACETATE SUPPOS 25 MG	Tier 2				
Glucocorticoids - Drugs to Treat Inflammation	ANUSOL-HC CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	ANUSOL-HC SUP 25MG	HYDROCORTISONE ACETATE SUPPOS 25 MG	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	BUDESONIDE AER 2MG/ ACT	BUDESONIDE RECTAL FOAM 2 MG/ACT	Tier 1				
Glucocorticoids - Drugs to Treat Inflammation	BUDESONIDE CAP 3MG DR	BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG	Tier 1				
Glucocorticoids - Drugs to Treat Inflammation	BUDESONIDE TAB ER 9MG	BUDESONIDE TAB ER 24HR 9 MG	Tier 3			X	
Glucocorticoids - Drugs to Treat Inflammation	CORTENEMA ENE 100MG	HYDROCORTISONE ENEMA 100 MG/60ML	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	CORTIFOAM AER 90MG	HYDROCORTISONE ACETATE PERIANAL FOAM 10% (90 MG/ DOSE)	Tier 2				
Glucocorticoids - Drugs to Treat Inflammation	EOHILIA SUS 2MG/10ML	BUDESONIDE ORAL SUSPENSION 2 MG/10ML	Tier 3	X	X	X	
Glucocorticoids - Drugs to Treat Inflammation	HC PRAMOXINE CRE 1-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%	Tier 1				
Glucocorticoids - Drugs to Treat Inflammation	HC PRAMOXINE CRE 2.5-1%	PRAMOXINE-HC CREAM 1-2.5%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Glucocorticoids - Drugs to Treat Inflammation	HEMMOREX-HC SUP 25MG	HYDROCORTISONE ACETATE SUPPOS 25 MG	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	HEMMOREX-HC SUP 30MG	HYDROCORTISONE ACETATE SUPPOS 30 MG	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	HYDROCORT ENE 100MG	HYDROCORTISONE ENEMA 100 MG/60ML	Tier 1				
Glucocorticoids - Drugs to Treat Inflammation	HYDROCORT AC SUP 25MG	HYDROCORTISONE ACETATE SUPPOS 25 MG	Tier 1				
Glucocorticoids - Drugs to Treat Inflammation	HYDROCORT AC SUP 30MG	HYDROCORTISONE ACETATE SUPPOS 30 MG	Tier 1				
Glucocorticoids - Drugs to Treat Inflammation	HYDROCORTISO CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 1				
Glucocorticoids - Drugs to Treat Inflammation	ORTIKOS CAP 6MG ER	BUDESONIDE CAP ER 24HR 6 MG	Tier 3			X	
Glucocorticoids - Drugs to Treat Inflammation	ORTIKOS CAP 9MG ER	BUDESONIDE CAP ER 24HR 9 MG	Tier 3			X	
Glucocorticoids - Drugs to Treat Inflammation	PRAMOSONE CRE 1-2.5%	PRAMOXINE-HC CREAM 1-2.5%	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	PRAMOSONE OIN 1%	PRAMOXINE-HC OINT 1-1%	Tier 2				
Glucocorticoids - Drugs to Treat Inflammation	PRAMOSONE OIN 2.5%	PRAMOXINE-HC OINT 1-2.5%	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	PREP H CRE 1%	HYDROCORTISONE PERIANAL CREAM 1%	Tier 3			X	
Glucocorticoids - Drugs to Treat Inflammation	PROCTOCORT CRE 1%	HYDROCORTISONE PERIANAL CREAM 1%	Tier 3			X	
Glucocorticoids - Drugs to Treat Inflammation	PROCTOCORT SUP 30MG	HYDROCORTISONE ACETATE SUPPOS 30 MG	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	PROCTOFOAM AER HC 1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL FOAM 1-1%	Tier 2				
Glucocorticoids - Drugs to Treat Inflammation	PROCTO-MED CRE HC 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 1				
Glucocorticoids - Drugs to Treat Inflammation	PROCTOSOL HC CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	PROCTOZONE CRE -HC 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 3				
Glucocorticoids - Drugs to Treat Inflammation	TARPEYO CAP 4MG	BUDESONIDE DELAYED RELEASE CAP 4 MG	Tier 3	X	X		X
Glucocorticoids - Drugs to Treat Inflammation	UCERIS AER 2MG/ACT	BUDESONIDE RECTAL FOAM 2 MG/ACT	Tier 3			X	
Glucocorticoids - Drugs to Treat Inflammation	UCERIS TAB 9MG	BUDESONIDE TAB ER 24HR 9 MG	Tier 1				
Glucocorticoids/ Mineralocorticoids - Anti-Inflammatory Drugs	DEXAMETHASON POW	DEXAMETHASONE (BULK) POWDER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Glucocorticoids/ Mineralocorticoids - Anti-Inflammatory Drugs	DEXAMETHASON POW MICRONIZ	DEXAMETHASONE (BULK) POWDER	Tier 3	X			
Glutamate Reducing Agents - Seizure Control Drugs	EPRONTIA SOL 25MG/ML	TOPIRAMATE ORAL SOLN 25 MG/ ML	Tier 3			X	
Glutamate Reducing Agents - Seizure Control Drugs	FELBAMATE SUS 600/5ML	FELBAMATE SUSP 600 MG/5ML	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	FELBAMATE TAB 400MG	FELBAMATE TAB 400 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	FELBAMATE TAB 600MG	FELBAMATE TAB 600 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	FELBATOL SUS 600/5ML	FELBAMATE SUSP 600 MG/5ML	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	FELBATOL TAB 400MG	FELBAMATE TAB 400 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	FELBATOL TAB 600MG	FELBAMATE TAB 600 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	FYCOMPA SUS 0.5MG/ML	PERAMPANEL SUSP 0.5 MG/ML	Tier 3	X			
Glutamate Reducing Agents - Seizure Control Drugs	FYCOMPA TAB 10MG	PERAMPANEL TAB 10 MG	Tier 3	X			
Glutamate Reducing Agents - Seizure Control Drugs	FYCOMPA TAB 12MG	PERAMPANEL TAB 12 MG	Tier 3	X			
Glutamate Reducing Agents - Seizure Control Drugs	FYCOMPA TAB 2MG	PERAMPANEL TAB 2 MG	Tier 3	X			
Glutamate Reducing Agents - Seizure Control Drugs	FYCOMPA TAB 4MG	PERAMPANEL TAB 4 MG	Tier 3	X			
Glutamate Reducing Agents - Seizure Control Drugs	FYCOMPA TAB 6MG	PERAMPANEL TAB 6 MG	Tier 3	X			
Glutamate Reducing Agents - Seizure Control Drugs	FYCOMPA TAB 8MG	PERAMPANEL TAB 8 MG	Tier 3	X			
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL CHW 25MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL CHW 5MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL KIT START 35	LAMOTRIGINE TAB 35 X 25 MG STARTER KIT	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL KIT START 49	LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL KIT START 98	LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL TAB 100MG	LAMOTRIGINE TAB 100 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL TAB 150MG	LAMOTRIGINE TAB 150 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL TAB 200MG	LAMOTRIGINE TAB 200 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL TAB 25MG	LAMOTRIGINE TAB 25 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL ODT KIT	LAMOTRIGINE TAB DISINT 25 (14) & 50 MG (14) & 100 MG (7) KIT	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL ODT KIT	LAMOTRIGINE TAB DISINT 21 X 25 MG & 7 X 50 MG TITRATION KIT	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL ODT KIT	LAMOTRIGINE TAB DISINT 42 X 50MG & 14 X 100MG TITRATION KIT	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL ODT TAB 100MG	LAMOTRIGINE ORALLY DISINTEGRATING TAB 100 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL ODT TAB 200MG	LAMOTRIGINE ORALLY DISINTEGRATING TAB 200 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL ODT TAB 25MG	LAMOTRIGINE ORALLY DISINTEGRATING TAB 25 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL ODT TAB 50MG	LAMOTRIGINE ORALLY DISINTEGRATING TAB 50 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL XR KIT	LAMOTRIGINE TAB ER 24HR 21 X 25 MG & 7 X 50 MG TITRATION KIT	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL XR KIT	LAMOTRIGINE TAB ER 24HR 50 (14) & 100 MG(14) & 200 MG(7) KIT	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL XR KIT	LAMOTRIGINE TAB ER 24HR 25 (14) & 50 MG (14) & 100 MG(7) KIT	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL XR TAB 100MG	LAMOTRIGINE TAB ER 24HR 100 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL XR TAB 200MG	LAMOTRIGINE TAB ER 24HR 200 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL XR TAB 250MG	LAMOTRIGINE TAB ER 24HR 250 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL XR TAB 25MG	LAMOTRIGINE TAB ER 24HR 25 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL XR TAB 300MG	LAMOTRIGINE TAB ER 24HR 300 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMICTAL XR TAB 50MG	LAMOTRIGINE TAB ER 24HR 50 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIG ODT KIT 25/50MG	LAMOTRIGINE TAB DISINT 21 X 25 MG & 7 X 50 MG TITRATION KIT	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIG ODT KIT 50/100MG	LAMOTRIGINE TAB DISINT 42 X 50MG & 14 X 100MG TITRATION KIT	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIG ODT TAB 100MG	LAMOTRIGINE ORALLY DISINTEGRATING TAB 100 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE CHW 25MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE CHW 5MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE KIT ODT	LAMOTRIGINE TAB DISINT 25 (14) & 50 MG (14) & 100 MG (7) KIT	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE KIT START 35	LAMOTRIGINE TAB 35 X 25 MG STARTER KIT	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE KIT START 49	LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE KIT START 98	LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 100MG	LAMOTRIGINE ORALLY DISINTEGRATING TAB 100 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 100MG	LAMOTRIGINE TAB 100 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 100MG ER	LAMOTRIGINE TAB ER 24HR 100 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 150MG	LAMOTRIGINE TAB 150 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 200MG	LAMOTRIGINE ORALLY DISINTEGRATING TAB 200 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 200MG	LAMOTRIGINE TAB 200 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 200MG ER	LAMOTRIGINE TAB ER 24HR 200 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 250MG ER	LAMOTRIGINE TAB ER 24HR 250 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 25MG	LAMOTRIGINE TAB 25 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 25MG ER	LAMOTRIGINE TAB ER 24HR 25 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 25MG ODT	LAMOTRIGINE ORALLY DISINTEGRATING TAB 25 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 300MG ER	LAMOTRIGINE TAB ER 24HR 300 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 50MG ER	LAMOTRIGINE TAB ER 24HR 50 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	LAMOTRIGINE TAB 50MG ODT	LAMOTRIGINE ORALLY DISINTEGRATING TAB 50 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	QUDEXY XR CAP 100/24HR	TOPIRAMATE CAP ER 24HR SPRINKLE 100 MG	Tier 3			X	
Glutamate Reducing Agents - Seizure Control Drugs	QUDEXY XR CAP 150/24HR	TOPIRAMATE CAP ER 24HR SPRINKLE 150 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Glutamate Reducing Agents - Seizure Control Drugs	QUDEXY XR CAP 200/24HR	TOPIRAMATE CAP ER 24HR SPRINKLE 200 MG	Tier 3			X	
Glutamate Reducing Agents - Seizure Control Drugs	QUDEXY XR CAP 25/24HR	TOPIRAMATE CAP ER 24HR SPRINKLE 25 MG	Tier 3			X	
Glutamate Reducing Agents - Seizure Control Drugs	QUDEXY XR CAP 50/24HR	TOPIRAMATE CAP ER 24HR SPRINKLE 50 MG	Tier 3			X	
Glutamate Reducing Agents - Seizure Control Drugs	SUBVENITE KIT START 35	LAMOTRIGINE TAB 35 X 25 MG STARTER KIT	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	SUBVENITE KIT START 49	LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	SUBVENITE KIT START 98	LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	SUBVENITE TAB 100MG	LAMOTRIGINE TAB 100 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	SUBVENITE TAB 150MG	LAMOTRIGINE TAB 150 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	SUBVENITE TAB 200MG	LAMOTRIGINE TAB 200 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	SUBVENITE TAB 25MG	LAMOTRIGINE TAB 25 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	TOPAMAX TAB 100MG	TOPIRAMATE TAB 100 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	TOPAMAX TAB 200MG	TOPIRAMATE TAB 200 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	TOPAMAX TAB 25MG	TOPIRAMATE TAB 25 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	TOPAMAX TAB 50MG	TOPIRAMATE TAB 50 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	TOPAMAX SPR CAP 15MG	TOPIRAMATE SPRINKLE CAP 15 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	TOPAMAX SPR CAP 25MG	TOPIRAMATE SPRINKLE CAP 25 MG	Tier 3				
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP 15MG	TOPIRAMATE SPRINKLE CAP 15 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP 200MG	TOPIRAMATE CAP ER 24HR SPRINKLE 200 MG	Tier 1			X	
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP 200MG ER	TOPIRAMATE CAP ER 24HR 200 MG	Tier 1			X	
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP 25MG	TOPIRAMATE SPRINKLE CAP 25 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP 50MG	TOPIRAMATE SPRINKLE CAP 50 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP ER 100MG	TOPIRAMATE CAP ER 24HR 100 MG	Tier 1			X	
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP ER 100MG	TOPIRAMATE CAP ER 24HR SPRINKLE 100 MG	Tier 1			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP ER 150MG	TOPIRAMATE CAP ER 24HR SPRINKLE 150 MG	Tier 1			X	
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP ER 200MG	TOPIRAMATE CAP ER 24HR SPRINKLE 200 MG	Tier 1			X	
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP ER 25MG	TOPIRAMATE CAP ER 24HR 25 MG	Tier 1			X	
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP ER 25MG	TOPIRAMATE CAP ER 24HR SPRINKLE 25 MG	Tier 1			X	
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP ER 50MG	TOPIRAMATE CAP ER 24HR 50 MG	Tier 1			X	
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE CAP ER 50MG	TOPIRAMATE CAP ER 24HR SPRINKLE 50 MG	Tier 1			X	
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE TAB 100MG	TOPIRAMATE TAB 100 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE TAB 200MG	TOPIRAMATE TAB 200 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE TAB 25MG	TOPIRAMATE TAB 25 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	TOPIRAMATE TAB 50MG	TOPIRAMATE TAB 50 MG	Tier 1				
Glutamate Reducing Agents - Seizure Control Drugs	TROKENDI XR CAP 100MG	TOPIRAMATE CAP ER 24HR 100 MG	Tier 3			X	
Glutamate Reducing Agents - Seizure Control Drugs	TROKENDI XR CAP 200MG	TOPIRAMATE CAP ER 24HR 200 MG	Tier 3			X	
Glutamate Reducing Agents - Seizure Control Drugs	TROKENDI XR CAP 25MG	TOPIRAMATE CAP ER 24HR 25 MG	Tier 3			X	
Glutamate Reducing Agents - Seizure Control Drugs	TROKENDI XR CAP 50MG	TOPIRAMATE CAP ER 24HR 50 MG	Tier 3			X	
Glycemic Agents - Diabetic Drugs	BAQSIMI ONE POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG/DOSE	Tier 2				
Glycemic Agents - Diabetic Drugs	BAQSIMI TWO POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG/DOSE	Tier 2				
Glycemic Agents - Diabetic Drugs	DIAZOXIDE SUS 50MG/ML	DIAZOXIDE SUSP 50 MG/ML	Tier 1				
Glycemic Agents - Diabetic Drugs	GLUCAGEN INJ HYPOKIT	GLUCAGON HCL (RDNA) FOR INJ 1 MG (BASE EQUIV)	Tier 3				
Glycemic Agents - Diabetic Drugs	GLUCAGON KIT 1MG	GLUCAGON (RDNA) FOR INJ KIT 1 MG	Tier 3				
Glycemic Agents - Diabetic Drugs	GLUCAGON KIT 1MG	GLUCAGON (RDNA) FOR INJ KIT 1 MG	Tier 1				
Glycemic Agents - Diabetic Drugs	GLUCAGON EMR SOL 1MG	GLUCAGON HCL FOR INJ 1 MG	Tier 2				
Glycemic Agents - Diabetic Drugs	GVOKE HYPO 1 INJ 0.5/.1ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Glycemic Agents - Diabetic Drugs	GVOKE HYPO 1 INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 2				
Glycemic Agents - Diabetic Drugs	GVOKE HYPO 2 INJ 0.5/.1ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 2				
Glycemic Agents - Diabetic Drugs	GVOKE HYPO 2 INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 2				
Glycemic Agents - Diabetic Drugs	GVOKE KIT SOL 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLN 1 MG/0.2ML	Tier 2				
Glycemic Agents - Diabetic Drugs	GVOKE PFS INJ 0.5/.1ML	GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 0.5 MG/0.1ML	Tier 2				
Glycemic Agents - Diabetic Drugs	GVOKE PFS INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 1 MG/0.2ML	Tier 2				
Glycemic Agents - Diabetic Drugs	PROGLYCEM SUS 50MG/ML	DIAZOXIDE SUSP 50 MG/ML	Tier 3				
Glycemic Agents - Diabetic Drugs	ZEGALOGUE INJ 0.6/0.6	DASIGLUCAGON HCL SUBCUTANEOUS SOLN AUTO-INJ 0.6 MG/0.6ML	Tier 2				
Glycemic Agents - Diabetic Drugs	ZEGALOGUE INJ 0.6/0.6	DASIGLUCAGON HCL SUBCUTANEOUS SOLN PREF SYRINGE 0.6 MG/0.6ML	Tier 2				
Hemostasis Agents - Drugs to Stop Bleeding	ADVATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ADVATE INJ 1500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ADVATE INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ADVATE INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ADVATE INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ADVATE INJ 4000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 4000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ADVATE INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT	Tier 2				X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	ADYNOVATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ADYNOVATE INJ 1500UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1500 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ADYNOVATE INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 2000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ADYNOVATE INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 250 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ADYNOVATE INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 3000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ADYNOVATE INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 500 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ADYNOVATE INJ 750UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 750 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	AFSTYLA KIT 1000UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	AFSTYLA KIT 1500UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1500 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	AFSTYLA KIT 2000UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	AFSTYLA KIT 2500UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2500 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	AFSTYLA KIT 250UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 250 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	AFSTYLA KIT 3000UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 3000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	AFSTYLA KIT 500UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 500 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ALPHANATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPHANATE INJ 1500UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT	Tier 2				X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	ALPHANATE INJ 2000UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPHANATE INJ 250 UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPHANATE INJ 500 UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPHANINE SD INJ 1000UNIT	COAGULATION FACTOR IX FOR INJ 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPHANINE SD INJ 1500UNIT	COAGULATION FACTOR IX FOR INJ 1500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPHANINE SD INJ 500UNIT	COAGULATION FACTOR IX FOR INJ 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPROLIX INJ 1000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 1000 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPROLIX INJ 2000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 2000 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPROLIX INJ 250UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 250 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPROLIX INJ 3000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 3000 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPROLIX INJ 4000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 4000 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	ALPROLIX INJ 500UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 500 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	ALTUVIIIO INJ 1000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 1000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ALTUVIIIO INJ 2000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 2000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ALTUVIIIO INJ 250 UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ALTUVIIIO INJ 250UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ALTUVIIIO INJ 3000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 3000 UNIT	Tier 3	X			X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	ALTUVIIIO INJ 4000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 4000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ALTUVIIIO INJ 500UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 500 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	AMINOCAPR AC TAB 1000MG	AMINOCAPROIC ACID TAB 1000 MG	Tier 1				
Hemostasis Agents - Drugs to Stop Bleeding	AMINOCAPR AC TAB 500MG	AMINOCAPROIC ACID TAB 500 MG	Tier 1				
Hemostasis Agents - Drugs to Stop Bleeding	AMINOCAPROIC SOL 0.25/ML	AMINOCAPROIC ACID ORAL SOLN 0.25 GM/ML	Tier 1				
Hemostasis Agents - Drugs to Stop Bleeding	ASTRINGYN SOL 259MG/GM	FERRIC SUBSULFATE SOLN 259 MG/GM	Tier 3				
Hemostasis Agents - Drugs to Stop Bleeding	BENEFIX INJ 1000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	BENEFIX INJ 2000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 2000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	BENEFIX INJ 250UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	BENEFIX INJ 3000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 3000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	BENEFIX INJ 500UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	COAGADEX INJ 250UNIT	COAGULATION FACTOR X (HUMAN) FOR INJ 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	COAGADEX INJ 500UNIT	COAGULATION FACTOR X (HUMAN) FOR INJ 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	CORIFACT KIT	FACTOR XIII CONCENTRATE (HUMAN) FOR INJ KIT 1000-1600 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	ELOCTATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 1000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ELOCTATE INJ 1500UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 1500 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ELOCTATE INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 2000 UNIT	Tier 3	X			X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	ELOCTATE INJ 250UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 250 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ELOCTATE INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 3000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ELOCTATE INJ 4000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 4000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ELOCTATE INJ 5000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 5000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ELOCTATE INJ 500UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 500 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ELOCTATE INJ 6000UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 6000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ELOCTATE INJ 750UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 750 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	ESPEROCT INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 1000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	ESPEROCT INJ 1500UNIT	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 1500 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	ESPEROCT INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 2000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	ESPEROCT INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 3000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	ESPEROCT INJ 4000IU	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 4000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	ESPEROCT INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB GLYCOPEG-EXEI FOR INJ 500 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	FEIBA INJ	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	FEIBA INJ	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 2500 UNIT	Tier 2				X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	FEIBA INJ	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	HEMLIBRA INJ 105/0.7	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 105 MG/0.7ML (150 MG/ML)	Tier 2	X			X
Hemostasis Agents - Drugs to Stop Bleeding	HEMLIBRA INJ 150/ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 150 MG/ML	Tier 2	X			X
Hemostasis Agents - Drugs to Stop Bleeding	HEMLIBRA INJ 300/2ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 300 MG/2ML (150 MG/ML)	Tier 2	X			X
Hemostasis Agents - Drugs to Stop Bleeding	HEMLIBRA INJ 30MG/ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30 MG/ML	Tier 2	X			X
Hemostasis Agents - Drugs to Stop Bleeding	HEMLIBRA INJ 60/0.4	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60 MG/0.4ML (150 MG/ML)	Tier 2	X			X
Hemostasis Agents - Drugs to Stop Bleeding	HEMLIBRA SOL 12/0.4ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 12 MG/0.4ML (30 MG/ML)	Tier 2	X			X
Hemostasis Agents - Drugs to Stop Bleeding	HEMOFIL M INJ 1000UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	HEMOFIL M INJ 1700UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1700 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	HEMOFIL M INJ 250UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	HEMOFIL M INJ 500UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	HUMATE-P SOL 2400UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2400 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	HUMATE-P SOL 250-600	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-600 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	HUMATE-P SOL 500-1200	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1200 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	HYMPAVZI INJ 150MG/ML	MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ 150 MG/ML	Tier 3	X	X	X	X
Hemostasis Agents - Drugs to Stop Bleeding	IDELVION SOL 1000UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 1000 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	IDELVION SOL 2000UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 2000 UNIT	Tier 3				X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	IDELVION SOL 250UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 250 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	IDELVION SOL 3500UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 3500 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	IDELVION SOL 500UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 500 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	IXINITY INJ 1000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	IXINITY INJ 1000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	Tier 2	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	IXINITY INJ 1500UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1500 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	IXINITY INJ 2000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	IXINITY INJ 2000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	Tier 2	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	IXINITY INJ 250UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	IXINITY INJ 250UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	Tier 2	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	IXINITY INJ 3000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	IXINITY INJ 3000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	Tier 2	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	IXINITY INJ 500UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	IXINITY INJ 500UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	Tier 2	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	JIVI INJ 1000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL) FOR INJ 1000 UNIT	Tier 3	X			X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	JIVI INJ 2000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL) FOR INJ 2000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	JIVI INJ 3000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL) FOR INJ 3000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	JIVI INJ 4000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL) FOR INJ 4000 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	JIVI INJ 500 UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL) FOR INJ 500 UNIT	Tier 3	X			X
Hemostasis Agents - Drugs to Stop Bleeding	KOATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOATE INJ 250UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOATE INJ 500 UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOATE-DVI INJ 1000UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOGENATE FS INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOGENATE FS INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 2000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOGENATE FS INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOGENATE FS INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 3000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOGENATE FS INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOVALTRY INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOVALTRY INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOVALTRY INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	KOVALTRY INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	Tier 2				X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	KOVALTRY INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	MONSELS FERR SOL SUBSULF	FERRIC SUBSULFATE SOLN	Tier 3				
Hemostasis Agents - Drugs to Stop Bleeding	NOVOEIGHT INJ 1000UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NOVOEIGHT INJ 1500UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NOVOEIGHT INJ 2000UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 2000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NOVOEIGHT INJ 250UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NOVOEIGHT INJ 3000UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 3000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NOVOEIGHT INJ 500UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NOVOSEVEN RT INJ 1MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 1 MG (1000 MCG)	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NOVOSEVEN RT INJ 2MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2 MG (2000 MCG)	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NOVOSEVEN RT INJ 5MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 5 MG (5000 MCG)	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NOVOSEVEN RT INJ 8MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 8 MG (8000 MCG)	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ INJ 1000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ INJ 1500UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1500 UNIT	Tier 2				
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ INJ 2000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ INJ 2500UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2500 UNIT	Tier 2				X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ INJ 250UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ INJ 3000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 3000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ INJ 4000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 4000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ INJ 500UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ KIT 1000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ KIT 1500UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1500 UNIT	Tier 2				
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ KIT 2000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ KIT 2500UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ KIT 250UNIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ KIT 3000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 3000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ KIT 4000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 4000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	NUWIQ KIT 500UNIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	OBIZUR INJ 500 UNIT	ANTIHEMOPHILIC FACTOR (RECOMB PORC) RPFVIII FOR INJ 500 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	PROFILNINE INJ 1000UNIT	FACTOR IX COMPLEX FOR INJ 1000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	PROFILNINE INJ 1500UNIT	FACTOR IX COMPLEX FOR INJ 1500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	PROFILNINE INJ 500UNIT	FACTOR IX COMPLEX FOR INJ 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	PYRUKYND TAB 20MG	MITAPIVAT SULFATE TAB 20 MG	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	PYRUKYND TAB 20MGX5MG	MITAPIVAT SULFATE TAB THERAPY PACK 7 X 20 MG & 7 X 5 MG	Tier 3	X	X		X
Hemostasis Agents - Drugs to Stop Bleeding	PYRUKYND TAB 50MG	MITAPIVAT SULFATE TAB 50 MG	Tier 3	X	X		X
Hemostasis Agents - Drugs to Stop Bleeding	PYRUKYND TAB 50MGX20M	MITAPIVAT SULFATE TAB THERAPY PACK 7 X 50 MG & 7 X 20 MG	Tier 3	X	X		X
Hemostasis Agents - Drugs to Stop Bleeding	PYRUKYND TAB 5MG	MITAPIVAT SULFATE TAB 5 MG	Tier 3	X	X		X
Hemostasis Agents - Drugs to Stop Bleeding	PYRUKYND TAB 5MG TP	MITAPIVAT SULFATE TAB THERAPY PACK 5 MG	Tier 3	X	X		X
Hemostasis Agents - Drugs to Stop Bleeding	REBINYN INJ 3000UNIT	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 3000 UNT	Tier 3	X		X	
Hemostasis Agents - Drugs to Stop Bleeding	REBINYN SOL 1000UNIT	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 1000 UNT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	REBINYN SOL 2000UNIT	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 2000 UNT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	REBINYN SOL 500UNIT	COAGULATION FACTOR IX RECOMB GLYCOPEGYLATED FOR INJ 500 UNT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	RECOMBINATE INJ	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1241-1800 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	RECOMBINATE INJ	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1801-2400 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	RECOMBINATE INJ 220-400	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 220-400 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	RECOMBINATE INJ 401-800	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 401-800 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	RECOMBINATE INJ 801-1240	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 801-1240 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	RECOTHROM SOL 20000UNT	THROMBIN (RECOMBINANT) FOR SOLN 20000 UNIT	Tier 3				
Hemostasis Agents - Drugs to Stop Bleeding	RECOTHROM SOL 5000UNIT	THROMBIN (RECOMBINANT) FOR SOLN 5000 UNIT	Tier 3				
Hemostasis Agents - Drugs to Stop Bleeding	RIXUBIS INJ 1000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	Tier 2				X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	RIXUBIS INJ 2000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	RIXUBIS INJ 250 UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	RIXUBIS INJ 3000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	RIXUBIS INJ 500UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	SEVENFACT INJ 1MG	COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 1 MG (1000 MCG)	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	SEVENFACT INJ 5MG	COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 5 MG (5000 MCG)	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	SEVENFACT SOL 2MG	COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 2 MG (2000 MCG)	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	TAVALISSE TAB 100MG	FOSTAMATINIB DISODIUM TAB 100 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Hemostasis Agents - Drugs to Stop Bleeding	TAVALISSE TAB 150MG	FOSTAMATINIB DISODIUM TAB 150 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Hemostasis Agents - Drugs to Stop Bleeding	THROMBIN KIT 5000UNIT	THROMBIN FOR SOLN KIT 5000 UNIT	Tier 3				
Hemostasis Agents - Drugs to Stop Bleeding	THROMBIN-JMI KIT 20000UNT	THROMBIN FOR SOLN KIT 20000 UNIT	Tier 3				
Hemostasis Agents - Drugs to Stop Bleeding	THROMBIN-JMI KIT 5000UNIT	THROMBIN FOR SOLN KIT 5000 UNIT	Tier 3				
Hemostasis Agents - Drugs to Stop Bleeding	THROMBOGEN KIT 10000UNT	THROMBIN FOR SOLN KIT 10000 UNIT	Tier 3				
Hemostasis Agents - Drugs to Stop Bleeding	THROMBOGEN SOL 10000UNT	THROMBIN FOR SOLN 10000 UNIT	Tier 3				
Hemostasis Agents - Drugs to Stop Bleeding	THROMBOGEN SOL 1000UNIT	THROMBIN FOR SOLN 1000 UNIT	Tier 3				
Hemostasis Agents - Drugs to Stop Bleeding	TRANEX ACID TAB 650MG	TRANEXAMIC ACID TAB 650 MG	Tier 1				
Hemostasis Agents - Drugs to Stop Bleeding	TRETTEN INJ	COAGULATION FACTOR XIII A-SUBUNIT FOR INJ 2500 UNIT	Tier 3				X
Hemostasis Agents - Drugs to Stop Bleeding	VONVENDI INJ 1300UNIT	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 1300 UNIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	VONVENDI INJ 650UNIT	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 650 UNIT	Tier 2				X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hemostasis Agents - Drugs to Stop Bleeding	WILATE INJ	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-500 UNIT KIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	WILATE INJ	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-1000 UNIT KIT	Tier 2				X
Hemostasis Agents - Drugs to Stop Bleeding	XYNTHA INJ 1000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 1000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	XYNTHA INJ 2000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 2000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	XYNTHA INJ 250UNIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 250 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	XYNTHA INJ 500UNIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 500 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	XYNTHA SOLOF INJ 1000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 1000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	XYNTHA SOLOF INJ 2000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 2000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	XYNTHA SOLOF INJ 3000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,MOR) FOR INJ KIT 3000 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	XYNTHA SOLOF INJ 500UNIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 500 UNIT	Tier 3	X		X	X
Hemostasis Agents - Drugs to Stop Bleeding	XYNTHA SOLOF KIT 250UNIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,MOR) FOR INJ KIT 250 UNIT	Tier 3	X		X	X
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs	CIMETIDINE SOL 300/5ML	CIMETIDINE HCL SOLN 300 MG/5ML	Tier 1				
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs	CIMETIDINE TAB 200MG	CIMETIDINE TAB 200 MG	Tier 1				
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs	CIMETIDINE TAB 300MG	CIMETIDINE TAB 300 MG	Tier 1				
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs	CIMETIDINE TAB 400MG	CIMETIDINE TAB 400 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs	CIMETIDINE TAB 800MG	CIMETIDINE TAB 800 MG	Tier 1				
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs	FAMOTIDINE SUS 40MG/5ML	FAMOTIDINE FOR SUSP 40 MG/5ML	Tier 1				
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs	NIZATIDINE CAP 150MG	NIZATIDINE CAP 150 MG	Tier 1				
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs	NIZATIDINE CAP 300MG	NIZATIDINE CAP 300 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	DEXABLISS TAB 1.5MG	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (39)	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	DXEVO 11-DAY PAK 1.5MG	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (39)	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	HEMADY TAB 20MG	DEXAMETHASONE TAB 20 MG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	IMPEKLO LOT 0.05%	CLOBETASOL PROPIONATE LOTION 0.15 MG/ACT (0.05%)	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ACTHAR INJ 80UNIT	CORTICOTROPIN INJ GEL 80 UNIT/ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	AGAMREE SUS 40MG/ML	VAMOROLONE ORAL SUSP 40 MG/ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ALA-SCALP LOT 2%	HYDROCORTISONE LOTION 2%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ALCLOMETASON CRE 0.05%	ALCLOMETASONE DIPROPIONATE CREAM 0.05%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ALCLOMETASON OIN 0.05%	ALCLOMETASONE DIPROPIONATE OINT 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ALKINDI SPRI CAP 0.5MG	HYDROCORTISONE CAP SPRINKLE 0.5 MG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ALKINDI SPRI CAP 1MG	HYDROCORTISONE CAP SPRINKLE 1 MG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ALKINDI SPRI CAP 2MG	HYDROCORTISONE CAP SPRINKLE 2 MG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ALKINDI SPRI CAP 5MG	HYDROCORTISONE CAP SPRINKLE 5 MG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	AMCINONIDE CRE 0.1%	AMCINONIDE CREAM 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	AMCINONIDE LOT 0.1%	AMCINONIDE LOTION 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	AMCINONIDE OIN 0.1%	AMCINONIDE OINT 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	APEXICON E CRE 0.05%	DIFLORASONE DIACETATE EMOLLIENT BASE CREAM 0.05%	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BETA DIPROP CRE 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BETA DIPROP GEL 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BETA DIPROP LOT 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BETA DIPROP OIN 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BETAMETH DIP CRE 0.05%	BETAMETHASONE DIPROPIONATE CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BETAMETH DIP LOT 0.05%	BETAMETHASONE DIPROPIONATE LOTION 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BETAMETH DIP OIN 0.05%	BETAMETHASONE DIPROPIONATE OINT 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BETAMETH VAL AER 0.12%	BETAMETHASONE VALERATE AEROSOL FOAM 0.12%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BETAMETH VAL CRE 0.1%	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BETAMETH VAL LOT 0.1%	BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BETAMETH VAL OIN 0.1%	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	BRYHALI LOT 0.01%	HALOBETASOL PROPIONATE LOTION 0.01%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CAPEX SHA 0.01%	FLUOCINOLONE ACETONIDE SHAMPOO 0.01%	Tier 2				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBETASOL AER 0.05%	CLOBETASOL PROPIONATE EMULSION FOAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBETASOL AER 0.05%	CLOBETASOL PROPIONATE FOAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBETASOL CRE 0.05%	CLOBETASOL PROPIONATE CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBETASOL GEL 0.05%	CLOBETASOL PROPIONATE GEL 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBETASOL LOT 0.05%	CLOBETASOL PROPIONATE LOTION 0.05%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBETASOL OIN 0.05%	CLOBETASOL PROPIONATE OINT 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBETASOL SHA 0.05%	CLOBETASOL PROPIONATE SHAMPOO 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBETASOL SOL 0.05%	CLOBETASOL PROPIONATE SOLN 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBETASOL SPR 0.05%	CLOBETASOL PROPIONATE SPRAY 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBETASOL E CRE 0.05%	CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBEX LOT 0.05%	CLOBETASOL PROPIONATE LOTION 0.05%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBEX SHA 0.05%	CLOBETASOL PROPIONATE SHAMPOO 0.05%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOBEX SPR 0.05%	CLOBETASOL PROPIONATE SPRAY 0.05%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLOCORTOLONE CRE 0.1%	CLOCORTOLONE PIVALATE CREAM 0.1%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLODAN SHA 0.05%	CLOBETASOL PROPIONATE SHAMPOO 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CLODERM CRE 0.1%	CLOCORTOLONE PIVALATE CREAM 0.1%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CORDRAN 80X3 TAP 4MCG/CM	FLURANDRENOLIDE TAPE 4 MCG/SQCM	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CORTEF TAB 10MG	HYDROCORTISONE TAB 10 MG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CORTEF TAB 20MG	HYDROCORTISONE TAB 20 MG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CORTEF TAB 5MG	HYDROCORTISONE TAB 5 MG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CORTISONE TAB 25MG	CORTISONE ACETATE TAB 25 MG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	CORTROPHIN INJ 80UNT/ML	CORTICOTROPIN INJ GEL 80 UNIT/ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEFLAZACORT SUS 22.75MG	DEFLAZACORT SUSP 22.75 MG/ ML	Tier 1	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEFLAZACORT TAB 18MG	DEFLAZACORT TAB 18 MG	Tier 1	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEFLAZACORT TAB 30MG	DEFLAZACORT TAB 30 MG	Tier 1	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEFLAZACORT TAB 36MG	DEFLAZACORT TAB 36 MG	Tier 1	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEFLAZACORT TAB 6MG	DEFLAZACORT TAB 6 MG	Tier 1	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DERMA-SMOOTH OIL / FS BODY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DERMA-SMOOTH OIL / FS SCLP	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESONIDE CRE 0.05%	DESONIDE CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESONIDE GEL 0.05%	DESONIDE GEL 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESONIDE LOT 0.05%	DESONIDE LOTION 0.05%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESONIDE OIN 0.05%	DESONIDE OINT 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESOWEN CRE 0.05%	DESONIDE CREAM 0.05%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESOXIMETAS CRE 0.05%	DESOXIMETASONE CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESOXIMETAS CRE 0.25%	DESOXIMETASONE CREAM 0.25%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESOXIMETAS GEL 0.05%	DESOXIMETASONE GEL 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESOXIMETAS OIN 0.05%	DESOXIMETASONE OINT 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESOXIMETAS OIN 0.25%	DESOXIMETASONE OINT 0.25%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESOXIMETASO SPR 0.25%	DESOXIMETASONE SPRAY 0.25%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DESRX GEL 0.05%	DESONIDE GEL 0.05%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON CON 1MG/ML	DEXAMETHASONE CONC 1 MG/ ML	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON ELX 0.5/5ML	DEXAMETHASONE ELIXIR 0.5 MG/5ML	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON SOL 0.5/5ML	DEXAMETHASONE SOLN 0.5 MG/5ML	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON TAB 0.5MG	DEXAMETHASONE TAB 0.5 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON TAB 0.75MG	DEXAMETHASONE TAB 0.75 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON TAB 1.5MG	DEXAMETHASONE TAB 1.5 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON TAB 10-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (35)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON TAB 13-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (51)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON TAB 1MG	DEXAMETHASONE TAB 1 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON TAB 2MG	DEXAMETHASONE TAB 2 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON TAB 4MG	DEXAMETHASONE TAB 4 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON TAB 6-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DEXAMETHASON TAB 6MG	DEXAMETHASONE TAB 6 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DIFLORASONE CRE 0.05%	DIFLORASONE DIACETATE CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DIFLORASONE OIN 0.05%	DIFLORASONE DIACETATE OINT 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	DIPROLENE OIN 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	EMFLAZA SUS 22.75/ML	DEFLAZACORT SUSP 22.75 MG/ ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	EMFLAZA TAB 18MG	DEFLAZACORT TAB 18 MG	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	EMFLAZA TAB 30MG	DEFLAZACORT TAB 30 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	EMFLAZA TAB 36MG	DEFLAZACORT TAB 36 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	EMFLAZA TAB 6MG	DEFLAZACORT TAB 6 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUDROCORT TAB 0.1MG	FLUDROCORTISONE ACETATE TAB 0.1 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCIN ACET CRE 0.01%	FLUOCINOLONE ACETONIDE CREAM 0.01%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCIN ACET CRE 0.025%	FLUOCINOLONE ACETONIDE CREAM 0.025%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCIN ACET OIL 0.01%	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCIN ACET OIL 0.01% SC	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCIN ACET OIL 0.01%BDY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCIN ACET OIL BODY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCIN ACET OIL SCALP	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCIN ACET OIN 0.025%	FLUOCINOLONE ACETONIDE OINT 0.025%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCIN ACET SOL 0.01%	FLUOCINOLONE ACETONIDE SOLN 0.01%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCINONIDE CRE 0.05%	FLUOCINONIDE CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCINONIDE CRE 0.1%	FLUOCINONIDE CREAM 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCINONIDE CRE E 0.05%	FLUOCINONIDE EMULSIFIED BASE CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCINONIDE GEL 0.05%	FLUOCINONIDE GEL 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCINONIDE OIN 0.05%	FLUOCINONIDE OINT 0.05%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUOCINONIDE SOL 0.05%	FLUOCINONIDE SOLN 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLURANDRENOL CRE 0.05%	FLURANDRENOLIDE CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLURANDRENOL LOT 0.05%	FLURANDRENOLIDE LOTION 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUTICASONE CRE 0.05%	FLUTICASONE PROPIONATE CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUTICASONE LOT 0.05%	FLUTICASONE PROPIONATE LOTION 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	FLUTICASONE OIN 0.005%	FLUTICASONE PROPIONATE OINT 0.005%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HALCINONIDE CRE 0.1%	HALCINONIDE CREAM 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HALCINONIDE SOL 0.1%	HALCINONIDE SOLN 0.1%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HALOBETASOL AER 0.05%	HALOBETASOL PROPIONATE FOAM 0.05%	Tier 1			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HALOBETASOL CRE 0.05%	HALOBETASOL PROPIONATE CREAM 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HALOBETASOL OIN 0.05%	HALOBETASOL PROPIONATE OINT 0.05%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HALOG CRE 0.1%	HALCINONIDE CREAM 0.1%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HALOG OIN 0.1%	HALCINONIDE OINT 0.1%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HALOG SOL 0.1%	HALCINONIDE SOLN 0.1%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HC BUTYRATE CRE 0.1%	HYDROCORTISONE BUTYRATE CREAM 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HC BUTYRATE CRE 0.1%	HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE CREAM 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HC BUTYRATE OIN 0.1%	HYDROCORTISONE BUTYRATE OINT 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HC BUTYRATE SOL 0.1%	HYDROCORTISONE BUTYRATE SOLN 0.1%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HC VALERATE CRE 0.2%	HYDROCORTISONE VALERATE CREAM 0.2%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HC VALERATE OIN 0.2%	HYDROCORTISONE VALERATE OINT 0.2%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HIDEX 6-DAY PAK 1.5MG	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HYDROCORT CRE 1% ALOE	HYDROCORTISONE CREAM 1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HYDROCORT CRE 2.5%	HYDROCORTISONE CREAM 2.5%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HYDROCORT LOT 2.5%	HYDROCORTISONE LOTION 2.5%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HYDROCORT OIN 1%	HYDROCORTISONE OINT 1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HYDROCORT OIN 2.5%	HYDROCORTISONE OINT 2.5%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HYDROCORT TAB 10MG	HYDROCORTISONE TAB 10 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HYDROCORT TAB 20MG	HYDROCORTISONE TAB 20 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HYDROCORT TAB 5MG	HYDROCORTISONE TAB 5 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HYDROCORTISO LOT 0.1%	HYDROCORTISONE BUTYRATE LOTION 0.1%	Tier 1			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HYDROCORTISO LOT 2%	HYDROCORTISONE LOTION 2%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	HYDROCORTISO SOL 2.5%	HYDROCORTISONE SOLN 2.5%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	KENALOG AER SPRAY	TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	LEXETTE AER 0.05%	HALOBETASOL PROPIONATE FOAM 0.05%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	LOCOID LOT 0.1%	HYDROCORTISONE BUTYRATE LOTION 0.1%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	LOCOID LIPO CRE 0.1%	HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE CREAM 0.1%	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	LUXIQ AER 0.12%	BETAMETHASONE VALERATE AEROSOL FOAM 0.12%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	MEDROL TAB 16MG	METHYLPREDNISOLONE TAB 16 MG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	MEDROL TAB 2MG	METHYLPREDNISOLONE TAB 2 MG	Tier 2				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	MEDROL TAB 4MG	METHYLPREDNISOLONE TAB 4 MG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	MEDROL TAB 4MG	METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	MEDROL TAB 8MG	METHYLPREDNISOLONE TAB 8 MG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	METHYLPRED TAB 16MG	METHYLPREDNISOLONE TAB 16 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	METHYLPRED TAB 32MG	METHYLPREDNISOLONE TAB 32 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	METHYLPRED TAB 4MG	METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	METHYLPRED TAB 4MG	METHYLPREDNISOLONE TAB 4 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	METHYLPRED TAB 8MG	METHYLPREDNISOLONE TAB 8 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	MILLIPRED TAB 5MG	PREDNISOLONE TAB 5 MG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	MOMETASONE CRE 0.1%	MOMETASONE FUROATE CREAM 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	MOMETASONE OIN 0.1%	MOMETASONE FUROATE OINT 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	MOMETASONE SOL 0.1%	MOMETASONE FUROATE SOLUTION 0.1% (LOTION)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	NUCORT LOT 2%	HYDROCORTISONE ACETATE LOTION 2%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	OLUX-E AER 0.05%	CLOBETASOL PROPIONATE EMULSION FOAM 0.05%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ORAPRED ODT TAB 10MG	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ)	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ORAPRED ODT TAB 15MG	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ORAPRED ODT TAB 30MG	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PANDEL CRE 0.1%	HYDROCORTISONE PROBUTATE CREAM 0.1%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PEDIAPRED SOL 5MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 5 MG/5ML (BASE EQUIV)	Tier 2				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PRED SOD PHO SOL 5MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 5 MG/5ML (BASE EQUIV)	Tier 1			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISOLONE SOL 10MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG/5ML (BASE EQUIV)	Tier 1			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISOLONE SOL 15MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISOLONE SOL 15MG/5ML	PREDNISOLONE SOLN 15 MG/5ML	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISOLONE SOL 20MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 20 MG/5ML (BASE EQUIV)	Tier 1			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISOLONE SOL 25MG/5ML	PREDNISOLONE SODIUM PHOSPHATE ORAL SOLN 25 MG/5ML (BASE EQ)	Tier 1			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISOLONE TAB 10MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISOLONE TAB 15MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISOLONE TAB 30MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISOLONE TAB 5MG	PREDNISOLONE TAB 5 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE CON 5MG/ ML	PREDNISONE CONC 5 MG/ML	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE PAK 10MG	PREDNISONE TAB THERAPY PACK 10 MG (21)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE PAK 10MG	PREDNISONE TAB THERAPY PACK 10 MG (48)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE PAK 5MG	PREDNISONE TAB THERAPY PACK 5 MG (21)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE PAK 5MG	PREDNISONE TAB THERAPY PACK 5 MG (48)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE SOL 5MG/5ML	PREDNISONE ORAL SOLN 5 MG/5ML	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE TAB 10MG	PREDNISONE TAB 10 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE TAB 1MG	PREDNISONE TAB 1 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE TAB 2.5MG	PREDNISONE TAB 2.5 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE TAB 20MG	PREDNISONE TAB 20 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE TAB 50MG	PREDNISONE TAB 50 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	PREDNISONE TAB 5MG	PREDNISONE TAB 5 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	RAYOS TAB 1MG	PREDNISONE TAB DELAYED RELEASE 1 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	RAYOS TAB 2MG	PREDNISONE TAB DELAYED RELEASE 2 MG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	RAYOS TAB 5MG	PREDNISONE TAB DELAYED RELEASE 5 MG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	SERNIVO SPR	BETAMETHASONE DIPROPIONATE SPRAY EMULSION 0.05% (BASE EQUIV)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	SERNIVO SPR 0.05%	BETAMETHASONE DIPROPIONATE SPRAY EMULSION 0.05% (BASE EQUIV)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	SYNALAR CRE 0.025%	FLUOCINOLONE ACETONIDE CREAM 0.025%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	SYNALAR OIN 0.025%	FLUOCINOLONE ACETONIDE OINT 0.025%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	SYNALAR SOL 0.01%	FLUOCINOLONE ACETONIDE SOLN 0.01%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TAPERDEX PAK 12-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (49)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TAPERDEX PAK 6 DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TAPERDEX PAK 7-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (27)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TEXACORT SOL 2.5%	HYDROCORTISONE SOLN 2.5%	Tier 2				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TOPICORT CRE 0.05%	DESOXIMETASONE CREAM 0.05%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TOPICORT CRE 0.25%	DESOXIMETASONE CREAM 0.25%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TOPICORT GEL 0.05%	DESOXIMETASONE GEL 0.05%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TOPICORT OIN 0.05%	DESOXIMETASONE OINT 0.05%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TOPICORT OIN 0.25%	DESOXIMETASONE OINT 0.25%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TOPICORT SPR 0.25%	DESOXIMETASONE SPRAY 0.25%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TOVET AER 0.05%	CLOBETASOL PROPIONATE EMULSION FOAM 0.05%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIAMCINOLON AER SPRAY	TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIAMCINOLON CRE 0.025%	TRIAMCINOLONE ACETONIDE CREAM 0.025%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIAMCINOLON CRE 0.1%	TRIAMCINOLONE ACETONIDE CREAM 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIAMCINOLON CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIAMCINOLON LOT 0.025%	TRIAMCINOLONE ACETONIDE LOTION 0.025%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIAMCINOLON LOT 0.1%	TRIAMCINOLONE ACETONIDE LOTION 0.1%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIAMCINOLON OIN 0.025%	TRIAMCINOLONE ACETONIDE OINT 0.025%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIAMCINOLON OIN 0.05%	TRIAMCINOLONE ACETONIDE OINT 0.05%	Tier 1			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIAMCINOLON OIN 0.1%	TRIAMCINOLONE ACETONIDE OINT 0.1%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIAMCINOLON OIN 0.5%	TRIAMCINOLONE ACETONIDE OINT 0.5%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIANEX OIN 0.05%	TRIAMCINOLONE ACETONIDE OINT 0.05%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIDERM CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRIDESILON CRE 0.05%	DESONIDE CREAM 0.05%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	TRITOCIN OIN 0.05%	TRIAMCINOLONE ACETONIDE OINT 0.05%	Tier 1			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	ULTRAVATE LOT 0.05%	HALOBETASOL PROPIONATE LOTION 0.05%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	VANOS CRE 0.1%	FLUOCINONIDE CREAM 0.1%	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	VERDESO AER 0.05%	DESONIDE FOAM 0.05%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary)	NGENLA INJ 24/1.2ML	SOMATROGON-GHLA SOLUTION PEN-INJECTOR 24 MG/1.2ML (20 MG/ML)	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary)	NGENLA INJ 60/1.2ML	SOMATROGON-GHLA SOLUTION PEN-INJECTOR 60 MG/1.2ML (50 MG/ML)	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary)	SOGROYA INJ 10MG/1.5	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 10 MG/1.5ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary)	SOGROYA INJ 15MG/1.5	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 15 MG/1.5ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary)	SOGROYA INJ 5MG/1.5	SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 5 MG/1.5ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary)	VEOZAH TAB 45MG	FEZOLINETANT TAB 45 MG	Tier 3		X		
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	ACTHAR INJ GEL	CORTICOTROPIN SUBCUTANEOUS GEL PEN-INJECTOR 80 UNIT/ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	ACTHAR INJ GEL	CORTICOTROPIN SUBCUTANEOUS GEL PEN-INJECTOR 40 UNIT/0.5ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	CHOR GONADOT INJ 10000UNT	CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT	Tier 1				X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	CLOBETASOL CRE 0.025%	CLOBETASOL PROPIONATE CREAM 0.025%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	CORTROPHIN INJ 40/0.5ML	CORTICOTROPIN SUBCUTANEOUS GEL PREFILLED SYR 40 UNIT/0.5ML	Tier 3	X		X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	CORTROPHIN INJ 80UNT/ML	CORTICOTROPIN SUBCUTANEOUS GEL PREFILLED SYRINGE 80 UNIT/ML	Tier 3	X		X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DDAVP INJ 4MCG/ML	DESMOPRESSIN ACETATE PRESERVATIVE FREE (PF) INJ 4 MCG/ML	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DDAVP INJ 4MCG/ML	DESMOPRESSIN ACETATE INJ 4 MCG/ML	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DDAVP TAB 0.1MG	DESMOPRESSIN ACETATE TAB 0.1 MG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DDAVP TAB 0.2MG	DESMOPRESSIN ACETATE TAB 0.2 MG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DESMOPRESSIN INJ 40/10ML	DESMOPRESSIN ACETATE INJ 4 MCG/ML	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DESMOPRESSIN INJ 4MCG/ML	DESMOPRESSIN ACETATE INJ 4 MCG/ML	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DESMOPRESSIN INJ 4MCG/ML	DESMOPRESSIN ACETATE PRESERVATIVE FREE (PF) INJ 4 MCG/ML	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DESMOPRESSIN SOL 1.5MG/ML	DESMOPRESSIN ACETATE NASAL SOLN 1.5 MG/ML	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DESMOPRESSIN SPR 0.01%	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% (REFRIGERATED)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DESMOPRESSIN SPR 0.01%	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DESMOPRESSIN TAB 0.1MG	DESMOPRESSIN ACETATE TAB 0.1 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	DESMOPRESSIN TAB 0.2MG	DESMOPRESSIN ACETATE TAB 0.2 MG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	EGRIFTA SV INJ 2MG	TESAMORELIN ACETATE FOR INJ 2 MG (BASE EQUIV)	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	FOLLISTIM AQ INJ 300UNIT	FOLLITROPIN BETA INJ 300 UNIT/0.36ML	Tier 2	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	FOLLISTIM AQ INJ 600UNIT	FOLLITROPIN BETA INJ 600 UNIT/0.72ML	Tier 2	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	FOLLISTIM AQ INJ 900UNIT	FOLLITROPIN BETA INJ 900 UNIT/1.08ML	Tier 2	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 0.2MG	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.2 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 0.4MG	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.4 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 0.6MG	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.6 MG	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 0.8MG	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 0.8 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 1.2MG	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.2 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 1.4MG	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.4 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 1.6MG	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.6 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 1.8MG	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1.8 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 12MG	SOMATROPIN FOR SUBCUTANEOUS INJ CARTRIDGE 12 MG (36 UNIT)	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 1MG	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 1 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 2MG	SOMATROPIN FOR SUBCUTANEOUS INJ PREFILLED SYR 2 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GENOTROPIN INJ 5MG	SOMATROPIN FOR SUBCUTANEOUS INJ CARTRIDGE 5 MG	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GONAL-F INJ 1050UNIT	FOLLITROPIN ALFA FOR INJ 1050 UNIT	Tier 3	X		X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GONAL-F INJ 450UNIT	FOLLITROPIN ALFA FOR INJ 450 UNIT	Tier 3	X		X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GONAL-F RFF INJ 300/0.5	FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 300 UNIT/0.5ML	Tier 3	X		X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GONAL-F RFF INJ 450/0.75	FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 450 UNIT/0.75ML	Tier 3	X		X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GONAL-F RFF INJ 75UNIT	FOLLITROPIN ALFA FOR SUBCUTANEOUS INJ 75 UNIT	Tier 3	X		X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	GONAL-F RFF INJ 900/1.5	FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 900 UNIT/1.5ML	Tier 3	X		X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	HUMATROPE INJ 12MG	SOMATROPIN FOR INJ CARTRIDGE 12 MG (36 UNIT)	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	HUMATROPE INJ 24MG	SOMATROPIN FOR INJ CARTRIDGE 24 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	HUMATROPE INJ 6MG	SOMATROPIN FOR INJ CARTRIDGE 6 MG (18 UNIT)	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	IMPOYZ CRE 0.025%	CLOBETASOL PROPIONATE CREAM 0.025%	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	INCRELEX INJ 40MG/4ML	MECASERMIN INJ 40 MG/4ML (10 MG/ML)	Tier 2	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	MENOPUR INJ 75UNIT	MENOTROPINS FOR SUBCUTANEOUS INJ 75 UNIT	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	NOCDURNA SUB 27.7MCG	DESMOPRESSIN ACETATE SUBLINGUAL TAB 27.7 MCG	Tier 3		X		
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	NOCDURNA SUB 55.3MCG	DESMOPRESSIN ACETATE SUBLINGUAL TAB 55.3 MCG	Tier 3		X		
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	NORDITROPIN INJ 10/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/1.5ML	Tier 2	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	NORDITROPIN INJ 15/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 15 MG/1.5ML	Tier 2	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	NORDITROPIN INJ 30/3ML	SOMATROPIN SOLUTION PEN-INJECTOR 30 MG/3ML	Tier 2	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	NORDITROPIN INJ 5/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/1.5ML	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	NOVAREL INJ 5000UNIT	CHORIONIC GONADOTROPIN FOR IM INJ 5000 UNIT	Tier 3				X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	NUTROPIN AQ INJ 10MG/2ML	SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/2ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	NUTROPIN AQ INJ 20MG/2ML	SOMATROPIN SOLUTION PEN-INJECTOR 20 MG/2ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	NUTROPIN AQ INJ NUSPIN 5	SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/2ML	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	OMNITROPE INJ 10/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 10 MG/1.5ML	Tier 2	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	OMNITROPE INJ 5.8MG	SOMATROPIN FOR INJ 5.8 MG	Tier 2	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	OMNITROPE INJ 5/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 5 MG/1.5ML	Tier 2	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	OVIDREL INJ	CHORIOGONADOTROPIN ALFA SOLN PREFILLED SYR 250 MCG/0.5ML	Tier 3				X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	PREGNYL INJ 10000UNT	CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT	Tier 3				X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SAIZEN INJ 5MG	SOMATROPIN (NON-REFRIGERATED) FOR INJ 5 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SAIZEN INJ 8.8MG	SOMATROPIN (NON-REFRIGERATED) FOR INJ 8.8 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SAIZENPREP INJ 8.8MG	SOMATROPIN (NON-REFRIGERATED) FOR INJ 8.8 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SKYTROFA INJ 11MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 11 MG	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SKYTROFA INJ 13.3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CART 13.3 MG	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SKYTROFA INJ 3.6MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3.6 MG	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SKYTROFA INJ 3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3 MG	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SKYTROFA INJ 4.3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 4.3 MG	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SKYTROFA INJ 5.2MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 5.2 MG	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SKYTROFA INJ 6.3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 6.3 MG	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SKYTROFA INJ 7.6MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 7.6 MG	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	SKYTROFA INJ 9.1MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 9.1 MG	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	ZOMACTON INJ 10MG	SOMATROPIN FOR INJ 10 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	ZOMACTON INJ 5MG	SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	ZORBTIVE INJ 8.8MG	SOMATROPIN (NON-REFRIGERATED) FOR SUBCUTANEOUS INJ 8.8 MG	Tier 3	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins)	MPM PAK MIS	MIFEPRIST & MISOPROST & ONDAN & IBUP 200-0.2-8-800 MG PACK	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	KORLYM TAB 300MG	MIFEPRISTONE TAB 300 MG	Tier 3	X	X	X	X
Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	MIFEPRISTONE TAB 300MG	MIFEPRISTONE TAB 300 MG	Tier 1	X	X		X
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	ARMOUR THYRO TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	ARMOUR THYRO TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 2				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	ARMOUR THYRO TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	ARMOUR THYRO TAB 180MG	THYROID TAB 180 MG (3 GRAIN)	Tier 2				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	ARMOUR THYRO TAB 240MG	THYROID TAB 240 MG (4 GRAIN)	Tier 2				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	ARMOUR THYRO TAB 300MG	THYROID TAB 300 MG (5 GRAIN)	Tier 2				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	ARMOUR THYRO TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 2				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	ARMOUR THYRO TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 2				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	ARMOUR THYRO TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 2				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	CYTOMEL TAB 25MCG	LIOTHYRONINE SODIUM TAB 25 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	CYTOMEL TAB 50MCG	LIOTHYRONINE SODIUM TAB 50 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	CYTOMEL TAB 5MCG	LIOTHYRONINE SODIUM TAB 5 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	ERMEZA SOL 150/5ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 150 MCG/5ML	Tier 2	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	EUTHYROX TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	EUTHYROX TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	EUTHYROX TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	EUTHYROX TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	EUTHYROX TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	EUTHYROX TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	EUTHYROX TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	EUTHYROX TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	EUTHYROX TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	EUTHYROX TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	EUTHYROX TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 300 MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVO-T TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 100MCG	LEVOTHYROXINE SODIUM CAP 100 MCG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 112MCG	LEVOTHYROXINE SODIUM CAP 112 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 125MCG	LEVOTHYROXINE SODIUM CAP 125 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 137MCG	LEVOTHYROXINE SODIUM CAP 137 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 13MCG	LEVOTHYROXINE SODIUM CAP 13 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 150MCG	LEVOTHYROXINE SODIUM CAP 150 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 175MCG	LEVOTHYROXINE SODIUM CAP 175 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 200MCG	LEVOTHYROXINE SODIUM CAP 200 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 25MCG	LEVOTHYROXINE SODIUM CAP 25 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 50MCG	LEVOTHYROXINE SODIUM CAP 50 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 75MCG	LEVOTHYROXINE SODIUM CAP 75 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN CAP 88MCG	LEVOTHYROXINE SODIUM CAP 88 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOTHYROXIN TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOXYL TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOXYL TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOXYL TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOXYL TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOXYL TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOXYL TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOXYL TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOXYL TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOXYL TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOXYL TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LEVOXYL TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LIOTHYRONINE TAB 25MCG	LIOTHYRONINE SODIUM TAB 25 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LIOTHYRONINE TAB 50MCG	LIOTHYRONINE SODIUM TAB 50 MCG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	LIOTHYRONINE TAB 5MCG	LIOTHYRONINE SODIUM TAB 5 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	NIVA THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	NIVA THYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	NIVA THYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	NIVA THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	NIVA THYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	NP THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	NP THYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	NP THYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	NP THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	NP THYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	RENTHYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	RENTHYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	RENTHYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	RENTHYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	RENTHYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	SYNTHROID TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 3			X	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	THYQUIDITY SOL 100MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 100 MCG/5ML	Tier 3	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	THYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	THYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	THYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 100MCG	LEVOTHYROXINE SODIUM CAP 100 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 112MCG	LEVOTHYROXINE SODIUM CAP 112 MCG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 125MCG	LEVOTHYROXINE SODIUM CAP 125 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 137MCG	LEVOTHYROXINE SODIUM CAP 137 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 13MCG	LEVOTHYROXINE SODIUM CAP 13 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 150MCG	LEVOTHYROXINE SODIUM CAP 150 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 175MCG	LEVOTHYROXINE SODIUM CAP 175 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 200MCG	LEVOTHYROXINE SODIUM CAP 200 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 25MCG	LEVOTHYROXINE SODIUM CAP 25 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 37.5MCG	LEVOTHYROXINE SODIUM CAP 37.5 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 44MCG	LEVOTHYROXINE SODIUM CAP 44 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 50MCG	LEVOTHYROXINE SODIUM CAP 50 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 62.5MCG	LEVOTHYROXINE SODIUM CAP 62.5 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 75MCG	LEVOTHYROXINE SODIUM CAP 75 MCG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT CAP 88MCG	LEVOTHYROXINE SODIUM CAP 88 MCG	Tier 3				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 100MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 100 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 112MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 112 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 125MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 125 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 137MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 137 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 13MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 13 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 150MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 150 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 175MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 175 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 200MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 200 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 25MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 25 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 37.5/ ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 37.5 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 44MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 44 MCG/ML	Tier 2	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 50MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 50 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 62.5/ ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 62.5 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 75MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 75 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	TIROSINT-SOL SOL 88MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 88 MCG/ML	Tier 2	X			
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 1				
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	UNITHROID TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 1				
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	ISTURISA TAB 10MG	OSILODROSTAT PHOSPHATE TAB 10 MG	Tier 3	X			X
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	ISTURISA TAB 1MG	OSILODROSTAT PHOSPHATE TAB 1 MG	Tier 3	X	X		X
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	ISTURISA TAB 5MG	OSILODROSTAT PHOSPHATE TAB 5 MG	Tier 3	X	X		X
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	LYSODREN TAB 500MG	MITOTANE TAB 500 MG	Tier 2				
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	RECORLEV TAB 150MG	LEVOKETOCONAZOLE TAB 150 MG	Tier 3	X	X	X	X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	CABERGOLINE TAB 0.5MG	CABERGOLINE TAB 0.5 MG	Tier 1				
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	CETROTIDE KIT 0.25MG	CETRORELIX ACETATE FOR INJ KIT 0.25 MG	Tier 3	X	X	X	X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	FIRMAGON INJ 120MG	DEGARELIX ACETATE FOR INJ 120 MG/VIAL (240 MG DOSE)	Tier 3				X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	FIRMAGON INJ 80MG	DEGARELIX ACETATE FOR INJ 80 MG (BASE EQUIV)	Tier 3				X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	FYREMADEL SOL 250/0.5	GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML	Tier 3		X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	GANIRELIX AC INJ 250/0.5	GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML	Tier 1		X		X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	GANIRELIX AC INJ 250/0.5	GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML	Tier 1		X		X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	LEUPROLIDE INJ 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	LEUPROLIDE INJ 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	LEUPROLIDE KIT 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	LEUPROLIDE KIT 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	MYCAPSSA CAP 20MG	OCTREOTIDE ACETATE CAP DELAYED RELEASE 20 MG	Tier 3	X	X	X	X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	OCTREOTIDE INJ 1000/5ML	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	OCTREOTIDE INJ 1000MCG	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	OCTREOTIDE INJ 200MCG	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	OCTREOTIDE INJ 5000/5ML	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML	Tier 1	X			X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML	Tier 1	X			X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	ORIAHNN CAP	ELAGOLIX-ESTRAD-NORETH 300-1-0.5MG & ELAGOLIX 300MG CAP PACK	Tier 2		X		
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	ORILISSA TAB 150MG	ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV)	Tier 2	X	X		
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	ORILISSA TAB 200MG	ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV)	Tier 2	X	X		
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SANDOSTATIN INJ 100MCG	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	Tier 3	X		X	X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SANDOSTATIN INJ 500MCG	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	Tier 3	X		X	X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SANDOSTATIN INJ 50MCG/ML	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	Tier 3	X		X	X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SIGNIFOR INJ 0.3MG/ML	PASIREOTIDE DIASPARTATE INJ 0.3 MG/ML (BASE EQUIV)	Tier 3	X	X		X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SIGNIFOR INJ 0.6MG/ML	PASIREOTIDE DIASPARTATE INJ 0.6 MG/ML (BASE EQUIV)	Tier 3	X	X		X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SIGNIFOR INJ 0.9MG/ML	PASIREOTIDE DIASPARTATE INJ 0.9 MG/ML (BASE EQUIV)	Tier 3	X	X		X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SOMAVERT INJ 10MG	PEGVISOMANT FOR INJ 10 MG (AS PROTEIN)	Tier 3	X	X		X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SOMAVERT INJ 15MG	PEGVISOMANT FOR INJ 15 MG (AS PROTEIN)	Tier 3	X	X		X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SOMAVERT INJ 20MG	PEGVISOMANT FOR INJ 20 MG (AS PROTEIN)	Tier 3	X	X		X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SOMAVERT INJ 25MG	PEGVISOMANT FOR INJ 25 MG (AS PROTEIN)	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SOMAVERT INJ 30MG	PEGVISOMANT FOR INJ 30 MG (AS PROTEIN)	Tier 3	X	X		X
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	SYNAREL SOL 2MG/ML	NAFARELIN ACETATE NASAL SOLN 2 MG/ML (200 MCG/ACT) (BASE EQ)	Tier 2				
Immune Suppressants	SKYRIZI INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML	Tier 2	X	X		X
Immune Suppressants	SKYRIZI PEN INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	ABRILADA INJ 20/0.4ML	ADALIMUMAB-AFZB PREFILLED SYRINGE KIT 20 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ABRILADA INJ 40/0.8ML	ADALIMUMAB-AFZB PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ABRILADA 1PN INJ 40/0.8ML	ADALIMUMAB-AFZB AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	ABRILADA 1PN INJ 40/0.8ML	ADALIMUMAB-AFZB AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ABRILADA 2PN INJ 40/0.8ML	ADALIMUMAB-AFZB AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	ABRILADA 2PN INJ 40/0.8ML	ADALIMUMAB-AFZB AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-AACF INJ 40/0.8ML	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	ADALIMU-AACF KIT 40/0.8ML	ADALIMUMAB-AACF PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-AATY KIT 20/0.2ML	ADALIMUMAB-AATY PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-AATY KIT 40/0.4ML	ADALIMUMAB-AATY PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 2	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-AATY KIT 40/0.4ML	ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-AATY KIT 80/0.8ML	ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADAZ INJ 10/0.1ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADAZ INJ 20/0.2ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	ADALIMU-ADAZ INJ 80/0.8ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 2	X			X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	ADALIMU-ADBM KIT 10/0.2ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 10 MG/0.2ML	Tier 2	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADBM KIT 20/0.4ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 20 MG/0.4ML	Tier 2	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADBM KIT 40/0.4ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADBM KIT 40/0.4ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADBM KIT 40/0.4ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADBM KIT 40/0.4ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADBM KIT 40/0.4ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADBM KIT 40/0.8ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 2	X		X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADBM KIT 40/0.8ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 2	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADBM KIT 40/0.8ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	ADALIMU-ADBM KIT 40/0.8ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-FKJP KIT 20/0.4ML	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-FKJP KIT 40/0.8ML	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-FKJP KIT 40/0.8ML	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-RYVK INJ 40/0.4ML	ADALIMUMAB-RYVK AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ADALIMU-RYVK INJ 40/0.4ML	ADALIMUMAB-RYVK PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 10/0.2ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 10 MG/0.2ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 20/0.2ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 20/0.2ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML	Tier 2	X			X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 20/0.4ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 40/0.8ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 40/0.8ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 40/0.8ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 80/0.8ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	AMJEVITA INJ 80/0.8ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	ASTAGRAF XL CAP 0.5MG	TACROLIMUS CAP ER 24HR 0.5 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	ASTAGRAF XL CAP 1MG	TACROLIMUS CAP ER 24HR 1 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	ASTAGRAF XL CAP 5MG	TACROLIMUS CAP ER 24HR 5 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	AZASAN TAB 100MG	AZATHIOPRINE TAB 100 MG	Tier 3				
Immune Suppressants - Immune System Drugs	AZASAN TAB 75 MG	AZATHIOPRINE TAB 75 MG	Tier 3				
Immune Suppressants - Immune System Drugs	AZATHIOPRINE TAB 100MG	AZATHIOPRINE TAB 100 MG	Tier 1				
Immune Suppressants - Immune System Drugs	AZATHIOPRINE TAB 50MG	AZATHIOPRINE TAB 50 MG	Tier 1				
Immune Suppressants - Immune System Drugs	AZATHIOPRINE TAB 75MG	AZATHIOPRINE TAB 75 MG	Tier 1				
Immune Suppressants - Immune System Drugs	CELLCEPT CAP 250MG	MYCOPHENOLATE MOFETIL CAP 250 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	CELLCEPT SUS 200MG/ML	MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML	Tier 3			X	
Immune Suppressants - Immune System Drugs	CELLCEPT TAB 500MG	MYCOPHENOLATE MOFETIL TAB 500 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	CIMZIA PREFL KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	CIMZIA START KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	CYCLOSPORINE CAP 100MG	CYCLOSPORINE CAP 100 MG	Tier 1				
Immune Suppressants - Immune System Drugs	CYCLOSPORINE CAP 100MG MD	CYCLOSPORINE MODIFIED CAP 100 MG	Tier 1				
Immune Suppressants - Immune System Drugs	CYCLOSPORINE CAP 25MG	CYCLOSPORINE CAP 25 MG	Tier 1				
Immune Suppressants - Immune System Drugs	CYCLOSPORINE CAP 25MG MOD	CYCLOSPORINE MODIFIED CAP 25 MG	Tier 1				
Immune Suppressants - Immune System Drugs	CYCLOSPORINE CAP 50MG MOD	CYCLOSPORINE MODIFIED CAP 50 MG	Tier 1				
Immune Suppressants - Immune System Drugs	CYCLOSPORINE SOL MODIFIED	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML	Tier 1				
Immune Suppressants - Immune System Drugs	CYLTEZO INJ 10/0.2ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 10 MG/0.2ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	CYLTEZO INJ 20/0.4ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 20 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	CYLTEZO INJ 40/0.8ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	CYLTEZO INJ 40/0.8ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	CYLTEZO INJ CROHNS	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	CYLTEZO INJ PSORIASI	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	CYLTEZO KIT 40/0.4ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	CYLTEZO KIT 40/0.4ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	CYLTEZO KIT CROHNS	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	CYLTEZO PSOR KIT 40/0.4ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	ENBREL INJ 25/0.5ML	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	ENBREL INJ 25MG	ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	ENBREL INJ 50MG/ML	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	ENBREL MINI INJ 50MG/ML	ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	ENBREL SRCLK INJ 50MG/ML	ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	ENSPRYNG INJ	SATRALIZUMAB-MWGE SUBCUTANEOUS SOLN PREF SYRINGE 120 MG/ML	Tier 3	X	X		X
Immune Suppressants - Immune System Drugs	ENVARSUS XR TAB 0.75MG	TACROLIMUS TAB ER 24HR 0.75 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	ENVARSUS XR TAB 1MG	TACROLIMUS TAB ER 24HR 1 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	ENVARSUS XR TAB 4MG	TACROLIMUS TAB ER 24HR 4 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	EVEROLIMUS TAB 0.25MG	EVEROLIMUS TAB 0.25 MG	Tier 1				
Immune Suppressants - Immune System Drugs	EVEROLIMUS TAB 0.5 MG	EVEROLIMUS TAB 0.5 MG	Tier 1				
Immune Suppressants - Immune System Drugs	EVEROLIMUS TAB 0.75MG	EVEROLIMUS TAB 0.75 MG	Tier 1				
Immune Suppressants - Immune System Drugs	EVEROLIMUS TAB 1MG	EVEROLIMUS TAB 1 MG	Tier 1				
Immune Suppressants - Immune System Drugs	GENGRAF CAP 100MG	CYCLOSPORINE MODIFIED CAP 100 MG	Tier 1				
Immune Suppressants - Immune System Drugs	GENGRAF CAP 25MG	CYCLOSPORINE MODIFIED CAP 25 MG	Tier 1				
Immune Suppressants - Immune System Drugs	GENGRAF SOL 100MG/ML	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML	Tier 1				
Immune Suppressants - Immune System Drugs	HADLIMA INJ 40/0.4ML	ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HADLIMA INJ 40/0.8ML	ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HADLIMA PUSH INJ 40/0.4ML	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HADLIMA PUSH INJ 40/0.8ML	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HULIO INJ 40/0.8ML	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HULIO INJ 40/0.8ML	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HULIO KIT 20/0.4ML	ADALIMUMAB-FKJP PREFILLED SYRINGE KIT 20 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HUMIRA INJ 10/0.1ML	ADALIMUMAB PREFILLED SYRINGE KIT 10 MG/0.1ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA INJ 10/0.1ML	ADALIMUMAB PREFILLED SYRINGE KIT 10 MG/0.1ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HUMIRA INJ 20/0.2ML	ADALIMUMAB PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA INJ 20/0.2ML	ADALIMUMAB PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	HUMIRA INJ 40/0.4ML	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA INJ 40/0.4ML	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HUMIRA KIT 40MG/0.8	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA PEDIA INJ CROHNS	ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML & 40 MG/0.4ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA PEDIA INJ CROHNS	ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA PEN INJ 40/0.4ML	ADALIMUMAB AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA PEN INJ 40/0.4ML	ADALIMUMAB AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HUMIRA PEN INJ 40MG/0.8	ADALIMUMAB AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA PEN INJ 80/0.8ML	ADALIMUMAB AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA PEN INJ CD/ UC/HS	ADALIMUMAB AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA PEN INJ PS/UV	ADALIMUMAB AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA PEN KIT 80/0.8ML	ADALIMUMAB AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HUMIRA PEN KIT CD/ UC/HS	ADALIMUMAB AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA PEN KIT PED UC	ADALIMUMAB AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HUMIRA PEN KIT PS/UV	ADALIMUMAB AUTO-INJECTOR KIT 80 MG/0.8ML & 40 MG/0.4ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	HYRIMOZ INJ 10/0.1ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HYRIMOZ INJ 20/0.2ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HYRIMOZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HYRIMOZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HYRIMOZ INJ 40/0.8ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.8ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	HYRIMOZ INJ 40/0.8ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.8ML	Tier 3	X		X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	HYRIMOZ INJ 80/0.8ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HYRIMOZ SENS INJ 80/0.8ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	HYRIMOZ-CROH INJ UC SP	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HYRIMOZ-PED INJ CROHNS	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 80 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HYRIMOZ-PED INJ CROHNS	ADALIMUMAB-ADAZ SOLN PREFILLED SYR 80 MG/0.8ML & 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HYRIMOZ-PLAQ INJ PSOR/UVE	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML & 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	HYRIMOZ-PLAQ INJ PSORIASI	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML & 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	IDACIO 2-PEN INJ 40/0.8ML	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	IDACIO 2-SYR INJ 40/0.8ML	ADALIMUMAB-AACF PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	IDACIO CROHN INJ DISEASE	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	IDACIO PLAQU INJ PSORIASI	ADALIMUMAB-AACF AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	IMURAN TAB 50MG	AZATHIOPRINE TAB 50 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	JYLAMVO SOL 2MG/ML	METHOTREXATE ORAL SOLN 2 MG/ML	Tier 3	X			
Immune Suppressants - Immune System Drugs	KINERET INJ	ANAKINRA SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	LUPKYNIS CAP 7.9MG	VOCLOSPORIN CAP 7.9 MG	Tier 3	X	X		X
Immune Suppressants - Immune System Drugs	METHOTREXATE INJ 1GM	METHOTREXATE SODIUM FOR INJ 1 GM	Tier 1				
Immune Suppressants - Immune System Drugs	METHOTREXATE INJ 1GM/40ML	METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML)	Tier 1				
Immune Suppressants - Immune System Drugs	METHOTREXATE INJ 250/10ML	METHOTREXATE SODIUM INJ PF 250 MG/10ML (25 MG/ML)	Tier 1				
Immune Suppressants - Immune System Drugs	METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	Tier 1				
Immune Suppressants - Immune System Drugs	METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML)	Tier 1				
Immune Suppressants - Immune System Drugs	METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ 250 MG/10ML (25 MG/ML)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	METHOTREXATE INJ 50MG/2ML	METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML)	Tier 1				
Immune Suppressants - Immune System Drugs	METHOTREXATE INJ 50MG/2ML	METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	Tier 1				
Immune Suppressants - Immune System Drugs	METHOTREXATE TAB 2.5MG	METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV)	Tier 1				
Immune Suppressants - Immune System Drugs	MYCOPHENOLAT CAP 250MG	MYCOPHENOLATE MOFETIL CAP 250 MG	Tier 1				
Immune Suppressants - Immune System Drugs	MYCOPHENOLAT SUS 200MG/ML	MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML	Tier 1				
Immune Suppressants - Immune System Drugs	MYCOPHENOLAT TAB 500MG	MYCOPHENOLATE MOFETIL TAB 500 MG	Tier 1				
Immune Suppressants - Immune System Drugs	MYCOPHENOLIC TAB 180MG DR	MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)	Tier 1				
Immune Suppressants - Immune System Drugs	MYCOPHENOLIC TAB 360MG DR	MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)	Tier 1				
Immune Suppressants - Immune System Drugs	MYFORTIC TAB 180MG	MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)	Tier 3			X	
Immune Suppressants - Immune System Drugs	MYFORTIC TAB 360MG	MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)	Tier 3			X	
Immune Suppressants - Immune System Drugs	MYHIBBIN SUS 200MG/ML	MYCOPHENOLATE MOFETIL ORAL SUSP 200 MG/ML	Tier 1				
Immune Suppressants - Immune System Drugs	NEORAL CAP 100MG	CYCLOSPORINE MODIFIED CAP 100 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	NEORAL CAP 25MG	CYCLOSPORINE MODIFIED CAP 25 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	NEORAL SOL 100MG/ML	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML	Tier 3			X	
Immune Suppressants - Immune System Drugs	OLUMIANT TAB 1MG	BARICITINIB TAB 1 MG	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	OLUMIANT TAB 2MG	BARICITINIB TAB 2 MG	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	OLUMIANT TAB 4MG	BARICITINIB TAB 4 MG	Tier 3	X	X	X	
Immune Suppressants - Immune System Drugs	OMVOH INJ 100/200	MIRIKIZUMAB-MRKZ SUBCUTANEOUS AUTO-INJ 100 MG/ML & 200MG/2ML	Tier 2	X			X
Immune Suppressants - Immune System Drugs	OMVOH INJ 100/200	MIRIKIZUMAB-MRKZ SUBCUTANEOUS PREF SYR 100 MG/ML & 200MG/2ML	Tier 2	X			X
Immune Suppressants - Immune System Drugs	OMVOH INJ 100MG/ML	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	OMVOH INJ 100MG/ML	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOL PREFILL SYRINGE 100 MG/ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	ORENCIA INJ 125MG/ML	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 125 MG/ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ORENCIA INJ 50/0.4ML	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ORENCIA INJ 87.5/0.7	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 87.5 MG/0.7ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ORENCIA CLCK INJ 125MG/ML	ABATACEPT SUBCUTANEOUS SOLN AUTO-INJECTOR 125 MG/ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	OTREXUP INJ 10MG	METHOTREXATE SOLN PF AUTO-INJECTOR 10 MG/0.4ML	Tier 3		X	X	
Immune Suppressants - Immune System Drugs	OTREXUP INJ 12.5/0.4	METHOTREXATE SOLN PF AUTO-INJECTOR 12.5 MG/0.4ML	Tier 3		X	X	
Immune Suppressants - Immune System Drugs	OTREXUP INJ 15MG	METHOTREXATE SOLN PF AUTO-INJECTOR 15 MG/0.4ML	Tier 3		X	X	
Immune Suppressants - Immune System Drugs	OTREXUP INJ 17.5/0.4	METHOTREXATE SOLN PF AUTO-INJECTOR 17.5 MG/0.4ML	Tier 3		X	X	
Immune Suppressants - Immune System Drugs	OTREXUP INJ 20MG	METHOTREXATE SOLN PF AUTO-INJECTOR 20 MG/0.4ML	Tier 3		X		
Immune Suppressants - Immune System Drugs	OTREXUP INJ 22.5/0.4	METHOTREXATE SOLN PF AUTO-INJECTOR 22.5 MG/0.4ML	Tier 3		X	X	
Immune Suppressants - Immune System Drugs	OTREXUP INJ 25MG	METHOTREXATE SOLN PF AUTO-INJECTOR 25 MG/0.4ML	Tier 3		X	X	
Immune Suppressants - Immune System Drugs	PROGRAF CAP 0.5MG	TACROLIMUS CAP 0.5 MG	Tier 3				
Immune Suppressants - Immune System Drugs	PROGRAF CAP 1MG	TACROLIMUS CAP 1 MG	Tier 3				
Immune Suppressants - Immune System Drugs	PROGRAF CAP 5MG	TACROLIMUS CAP 5 MG	Tier 3				
Immune Suppressants - Immune System Drugs	PROGRAF GRA 0.2MG	TACROLIMUS PACKET FOR SUSP 0.2 MG	Tier 3				
Immune Suppressants - Immune System Drugs	PROGRAF GRA 1MG	TACROLIMUS PACKET FOR SUSP 1 MG	Tier 3				
Immune Suppressants - Immune System Drugs	RAPAMUNE SOL 1MG/ML	SIROLIMUS ORAL SOLN 1 MG/ML	Tier 3				
Immune Suppressants - Immune System Drugs	RAPAMUNE TAB 0.5MG	SIROLIMUS TAB 0.5 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	RAPAMUNE TAB 1MG	SIROLIMUS TAB 1 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	RAPAMUNE TAB 2MG	SIROLIMUS TAB 2 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	RASUVO INJ 10MG	METHOTREXATE SOLN PF AUTO-INJECTOR 10 MG/0.2ML	Tier 2		X		
Immune Suppressants - Immune System Drugs	RASUVO INJ 12.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 12.5 MG/0.25ML	Tier 2		X		
Immune Suppressants - Immune System Drugs	RASUVO INJ 15MG	METHOTREXATE SOLN PF AUTO-INJECTOR 15 MG/0.3ML	Tier 2		X		
Immune Suppressants - Immune System Drugs	RASUVO INJ 17.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 17.5 MG/0.35ML	Tier 2		X		
Immune Suppressants - Immune System Drugs	RASUVO INJ 20MG	METHOTREXATE SOLN PF AUTO-INJECTOR 20 MG/0.4ML	Tier 2				
Immune Suppressants - Immune System Drugs	RASUVO INJ 20MG	METHOTREXATE SOLN PF AUTO-INJECTOR 20 MG/0.4ML	Tier 2		X		
Immune Suppressants - Immune System Drugs	RASUVO INJ 22.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 22.5 MG/0.45ML	Tier 2		X		
Immune Suppressants - Immune System Drugs	RASUVO INJ 25MG	METHOTREXATE SOLN PF AUTO-INJECTOR 25 MG/0.5ML	Tier 2		X		
Immune Suppressants - Immune System Drugs	RASUVO INJ 30MG	METHOTREXATE SOLN PF AUTO-INJECTOR 30 MG/0.6ML	Tier 2		X		
Immune Suppressants - Immune System Drugs	RASUVO INJ 7.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 7.5 MG/0.15ML	Tier 2		X		
Immune Suppressants - Immune System Drugs	REDITREX INJ 10/.4ML	METHOTREXATE SOLN PREFILLED SYRINGE 10 MG/0.4ML	Tier 3			X	
Immune Suppressants - Immune System Drugs	REDITREX INJ 12.5/0.5	METHOTREXATE SOLN PREFILLED SYRINGE 12.5 MG/0.5ML	Tier 3			X	
Immune Suppressants - Immune System Drugs	REDITREX INJ 15/.6ML	METHOTREXATE SOLN PREFILLED SYRINGE 15 MG/0.6ML	Tier 3			X	
Immune Suppressants - Immune System Drugs	REDITREX INJ 17.5/0.7	METHOTREXATE SOLN PREFILLED SYRINGE 17.5 MG/0.7ML	Tier 3			X	
Immune Suppressants - Immune System Drugs	REDITREX INJ 20/.8ML	METHOTREXATE SOLN PREFILLED SYRINGE 20 MG/0.8ML	Tier 3			X	
Immune Suppressants - Immune System Drugs	REDITREX INJ 22.5/0.9	METHOTREXATE SOLN PREFILLED SYRINGE 22.5 MG/0.9ML	Tier 3			X	
Immune Suppressants - Immune System Drugs	REDITREX INJ 25MG/ML	METHOTREXATE SOLN PREFILLED SYRINGE 25 MG/ML	Tier 3			X	
Immune Suppressants - Immune System Drugs	REDITREX INJ 7.5/.3ML	METHOTREXATE SOLN PREFILLED SYRINGE 7.5 MG/0.3ML	Tier 3			X	
Immune Suppressants - Immune System Drugs	SANDIMMUNE CAP 100MG	CYCLOSPORINE CAP 100 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	SANDIMMUNE CAP 25MG	CYCLOSPORINE CAP 25 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	SANDIMMUNE SOL 100MG/ML	CYCLOSPORINE ORAL SOLN 100 MG/ML	Tier 3				
Immune Suppressants - Immune System Drugs	SIMLANDI KIT 20/0.2ML	ADALIMUMAB-RYVK PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	SIMLANDI KIT 40/0.4ML	ADALIMUMAB-RYVK PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	SIMLANDI KIT 80/0.8ML	ADALIMUMAB-RYVK PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	SIMLANDI 1PN KIT 40/0.4ML	ADALIMUMAB-RYVK AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	SIMLANDI 1PN KIT 80/0.8ML	ADALIMUMAB-RYVK AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	SIMLANDI 2PN INJ 40/0.4ML	ADALIMUMAB-RYVK AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	SIMPONI INJ 100MG/ML	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	SIMPONI INJ 100MG/ML	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	SIMPONI INJ 50/0.5ML	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	SIMPONI INJ 50/0.5ML	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	SIROLIMUS SOL 1MG/ML	SIROLIMUS ORAL SOLN 1 MG/ML	Tier 1				
Immune Suppressants - Immune System Drugs	SIROLIMUS TAB 0.5MG	SIROLIMUS TAB 0.5 MG	Tier 1				
Immune Suppressants - Immune System Drugs	SIROLIMUS TAB 1MG	SIROLIMUS TAB 1 MG	Tier 1				
Immune Suppressants - Immune System Drugs	SIROLIMUS TAB 2MG	SIROLIMUS TAB 2 MG	Tier 1				
Immune Suppressants - Immune System Drugs	SKYRIZI INJ 180/1.2	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG/1.2ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	SKYRIZI INJ 360/2.4	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	STELARA INJ 45MG/0.5	USTEKINUMAB INJ 45 MG/0.5ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	STELARA INJ 45MG/0.5	USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	STELARA INJ 90MG/ML	USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	TACROLIMUS CAP 0.5MG	TACROLIMUS CAP 0.5 MG	Tier 1				
Immune Suppressants - Immune System Drugs	TACROLIMUS CAP 1MG	TACROLIMUS CAP 1 MG	Tier 1				
Immune Suppressants - Immune System Drugs	TACROLIMUS CAP 5MG	TACROLIMUS CAP 5 MG	Tier 1				
Immune Suppressants - Immune System Drugs	TREXALL TAB 10MG	METHOTREXATE SODIUM TAB 10 MG (BASE EQUIV)	Tier 2				
Immune Suppressants - Immune System Drugs	TREXALL TAB 15MG	METHOTREXATE SODIUM TAB 15 MG (BASE EQUIV)	Tier 2				
Immune Suppressants - Immune System Drugs	TREXALL TAB 5MG	METHOTREXATE SODIUM TAB 5 MG (BASE EQUIV)	Tier 2				
Immune Suppressants - Immune System Drugs	TREXALL TAB 7.5MG	METHOTREXATE SODIUM TAB 7.5 MG (BASE EQUIV)	Tier 2				
Immune Suppressants - Immune System Drugs	USTEKINUMAB INJ 45/0.5ML	USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	USTEKINUMAB INJ 45/0.5ML	USTEKINUMAB INJ 45 MG/0.5ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	USTEKINUMAB INJ 90MG/ML	USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG/ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	XATMEP SOL 2.5MG/ML	METHOTREXATE ORAL SOLN 2.5 MG/ML	Tier 3		X		
Immune Suppressants - Immune System Drugs	XELJANZ SOL 1MG/ML	TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT)	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	XELJANZ TAB 10MG	TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	XELJANZ TAB 5MG	TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	XELJANZ XR TAB 11MG	TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	XELJANZ XR TAB 22MG	TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Immune Suppressants - Immune System Drugs	YUFLYMA KIT 80/0.8ML	ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	YUFLYMA 1PEN KIT 40/0.4ML	ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	YUFLYMA 1PEN KIT 80/0.8ML	ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 3	X		X	X
Immune Suppressants - Immune System Drugs	YUFLYMA 2PEN KIT 40/0.4ML	ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	YUFLYMA 2SYR KIT 20/0.2ML	ADALIMUMAB-AATY PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	YUFLYMA 2SYR KIT 40/0.4ML	ADALIMUMAB-AATY PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 2	X	X	X	X
Immune Suppressants - Immune System Drugs	YUSIMRY INJ 40/0.8ML	ADALIMUMAB-AQVH SOLN AUTO-INJECTOR 40 MG/0.8ML	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immune Suppressants - Immune System Drugs	ZORTRESS TAB 0.25MG	EVEROLIMUS TAB 0.25 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	ZORTRESS TAB 0.5MG	EVEROLIMUS TAB 0.5 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	ZORTRESS TAB 0.75MG	EVEROLIMUS TAB 0.75 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	ZORTRESS TAB 1MG	EVEROLIMUS TAB 1 MG	Tier 3			X	
Immune Suppressants - Immune System Drugs	ZYMFENTRA INJ 120MG/ML	INFLIXIMAB-DYYB SOLN AUTO-INJECTOR KIT 120 MG/ML	Tier 3	X	X	X	X
Immune Suppressants - Immune System Drugs	ZYMFENTRA INJ 120MG/ML	INFLIXIMAB-DYYB SOLN PREFILLED SYRINGE KIT 120 MG/ML	Tier 3	X	X	X	X
Immunological Agents, Other	BIMZELX INJ 160MG/ML	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 160 MG/ML	Tier 3	X	X	X	X
Immunological Agents, Other	BIMZELX INJ 160MG/ML	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 160 MG/ML	Tier 3	X	X	X	X
Immunological Agents, Other	BIMZELX INJ 320MG/2	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 320 MG/2ML	Tier 3	X	X	X	X
Immunological Agents, Other	BIMZELX INJ 320MG/2	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 320 MG/2ML	Tier 3	X	X	X	X
Immunological Agents, Other	JOENJA TAB 70MG	LENIOLISIB PHOSPHATE TAB 70 MG	Tier 2	X	X		X
Immunological Agents, Other	REZUROCK TAB 200MG	BELUMOSUDIL MESYLATE TAB 200 MG	Tier 3	X	X		X
Immunological Agents, Other	VIJOICE GRA 50MG	ALPELISIB (PROS) ORAL GRANULES PACKET 50 MG	Tier 3	X	X		X
Immunological Agents, Other	VIJOICE TAB 125MG	ALPELISIB (PROS) TAB THERAPY PACK 125 MG DAILY DOSE	Tier 3	X	X		X
Immunological Agents, Other	VIJOICE TAB 250MG	ALPELISIB (PROS) PAK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	Tier 3	X	X		X
Immunological Agents, Other	VIJOICE TAB 50MG	ALPELISIB (PROS) TAB THERAPY PACK 50 MG DAILY DOSE	Tier 3	X	X		X
Immunomodulators - Immune System Drugs	ACTEMRA INJ 162/0.9	TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML	Tier 3	X	X	X	X
Immunomodulators - Immune System Drugs	ACTEMRA INJ ACTPEN	TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9ML	Tier 3	X	X	X	X
Immunomodulators - Immune System Drugs	ACTIMMUNE INJ 2MU/0.5	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML)	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immunomodulators - Immune System Drugs	ALFERON N INJ 5MU/ML	INTERFERON ALFA-N3 INJ 5000000 UNIT/ML	Tier 2				X
Immunomodulators - Immune System Drugs	ARAVA TAB 10MG	LEFLUNOMIDE TAB 10 MG	Tier 3			X	
Immunomodulators - Immune System Drugs	ARAVA TAB 20MG	LEFLUNOMIDE TAB 20 MG	Tier 3			X	
Immunomodulators - Immune System Drugs	ARCALYST INJ 220MG	RILONACEPT FOR INJ 220 MG	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	AURANOFIN CAP 3MG	AURANOFIN CAP 3 MG	Tier 3				X
Immunomodulators - Immune System Drugs	BENLYSTA INJ 200MG/ML	BELIMUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	BENLYSTA INJ 200MG/ML	BELIMUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	BEYFORTUS INJ 100MG/ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 100 MG/ML	HCR				
Immunomodulators - Immune System Drugs	BEYFORTUS INJ 50/0.5ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 50 MG/0.5ML	HCR				
Immunomodulators - Immune System Drugs	ENTYVIO PEN INJ 108/0.68	VEDOLIZUMAB SOLN AUTO-INJECTOR 108 MG/0.68ML	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	KEVZARA INJ 150/1.14	SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/1.14ML	Tier 3	X	X	X	X
Immunomodulators - Immune System Drugs	KEVZARA INJ 150/1.14	SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML	Tier 3	X	X	X	X
Immunomodulators - Immune System Drugs	KEVZARA INJ 200/1.14	SARILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML	Tier 3	X	X	X	X
Immunomodulators - Immune System Drugs	KEVZARA INJ 200/1.14	SARILUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	Tier 3	X	X	X	X
Immunomodulators - Immune System Drugs	LEFLUNOMIDE TAB 10MG	LEFLUNOMIDE TAB 10 MG	Tier 1				
Immunomodulators - Immune System Drugs	LEFLUNOMIDE TAB 20MG	LEFLUNOMIDE TAB 20 MG	Tier 1				
Immunomodulators - Immune System Drugs	OTEZLA TAB 10/20	APREMILAST TAB STARTER THERAPY PACK 4 X 10 MG & 51 X 20 MG	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	OTEZLA TAB 10/20/30	APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	OTEZLA TAB 20MG	APREMILAST TAB 20 MG	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Immunomodulators - Immune System Drugs	OTEZLA TAB 30MG	APREMILAST TAB 30 MG	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	RIDAURA CAP 3MG	AURANOFIN CAP 3 MG	Tier 3				X
Immunomodulators - Immune System Drugs	RINVOQ TAB 15MG ER	UPADACITINIB TAB ER 24HR 15 MG	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	RINVOQ TAB 30MG ER	UPADACITINIB TAB ER 24HR 30 MG	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	RINVOQ TAB 45MG ER	UPADACITINIB TAB ER 24HR 45 MG	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	RINVOQ LQ SOL 1MG/ML	UPADACITINIB ORAL SOLN 1 MG/ML	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	TAKHZYRO INJ 150MG/ML	LANADELUMAB-FLYO SOLN PREF SYRINGE 150 MG/ML	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	TAKHZYRO INJ 300/2ML	LANADELUMAB-FLYO SOLN PREF SYRINGE 300 MG/2ML (150 MG/ML)	Tier 2	X	X		X
Immunomodulators - Immune System Drugs	TYENNE INJ 162/0.9	TOCILIZUMAB-AAZG SUBCUTANEOUS SOLN AUTO-INJ 162 MG/0.9ML	Tier 3	X		X	X
Immunomodulators - Immune System Drugs	TYENNE INJ 162MG	TOCILIZUMAB-AAZG SUBCUTANEOUS SOLN PREF SYR 162 MG/0.9ML	Tier 3	X		X	X
Insulins - Diabetic Drugs	ADMELOG INJ 100U/ML	INSULIN LISPRO INJ SOLN 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	ADMELOG SOLO INJ 100U/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)	Tier 3			X	
Insulins - Diabetic Drugs	ADMIX NEEDLE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				
Insulins - Diabetic Drugs	AFREZZA POW 12 UNIT	INSULIN REGULAR (HUMAN) INHALATION POWDER 12 UNIT/CARTRIDGE	Tier 3				
Insulins - Diabetic Drugs	AFREZZA POW 4-8 UNIT	INSULIN REGULAR (HUMAN) INHAL POWD 90 X 4 UNIT & 90 X 8 UNIT	Tier 3				
Insulins - Diabetic Drugs	AFREZZA POW 4-8-12	INSULIN REGULAR (HUMAN) INH POWD 60X4 & 60X8 & 60X12 UT/CART	Tier 3				
Insulins - Diabetic Drugs	AFREZZA POW 4UNIT	INSULIN REGULAR (HUMAN) INHALATION POWDER 4 UNIT/CARTRIDGE	Tier 3				
Insulins - Diabetic Drugs	AFREZZA POW 8 UNIT	INSULIN REGULAR (HUMAN) INHALATION POWDER 8 UNIT/CARTRIDGE	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Insulins - Diabetic Drugs	AFREZZA POW 8-12UNIT	INSULIN REGULAR (HUMAN) INH POWD 90 X 8 UNIT & 90 X 12 UNIT	Tier 3				
Insulins - Diabetic Drugs	APIDRA INJ SOLOSTAR	INSULIN GLULISINE SOLN PEN-INJECTOR INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	APIDRA INJ U-100	INSULIN GLULISINE INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	BASAGLAR INJ 100UNIT	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	BASAGLAR INJ TEMPO PN	INSULIN GLARGINE PEN-INJ WITH TRANSMITTER PORT 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	BD BLNT FILL MIS 18GX1.5	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				
Insulins - Diabetic Drugs	BD ECLIPSE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				
Insulins - Diabetic Drugs	FIASP INJ 100/ML	INSULIN ASPART (WITH NIACINAMIDE) INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	FIASP FLEX INJ TOUCH	INSULIN ASPART (WITH NIACINAMIDE) SOL PEN-INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	FIASP PENFIL INJ U-100	INSULIN ASPART (WITH NIACINAMIDE) SOLN CARTRIDGE 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	FIASP PMPCRT INJ U-100	INSULIN ASPART (WITH NIACINAMIDE) SOLN CARTRIDGE 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	GLARGIN YFGN INJ 100U/ML	INSULIN GLARGINE-YFGN SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	GLARGIN YFGN SOL 100U/ML	INSULIN GLARGINE-YFGN INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	HUMALOG INJ 100/ML	INSULIN LISPRO INJ SOLN 100 UNIT/ML	Tier 3				
Insulins - Diabetic Drugs	HUMALOG INJ 100/ML	INSULIN LISPRO SOLN CARTRIDGE 100 UNIT/ML	Tier 2				
Insulins - Diabetic Drugs	HUMALOG JR INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL)	Tier 2				
Insulins - Diabetic Drugs	HUMALOG KWIK INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)	Tier 2				
Insulins - Diabetic Drugs	HUMALOG KWIK INJ 200/ML	INSULIN LISPRO SOLN PEN-INJECTOR 200 UNIT/ML	Tier 2				
Insulins - Diabetic Drugs	HUMALOG MIX INJ 50/50	INSULIN LISPRO PROTAMINE & LISPRO INJ 100 UNIT/ML (50-50)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Insulins - Diabetic Drugs	HUMALOG MIX INJ 50/50KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (50-50)	Tier 2				
Insulins - Diabetic Drugs	HUMALOG MIX INJ 75/25KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25)	Tier 2				
Insulins - Diabetic Drugs	HUMALOG MIX SUS 75/25	INSULIN LISPRO PROT & LISPRO INJ 100 UNIT/ML (75-25)	Tier 1				
Insulins - Diabetic Drugs	HUMALOG TMPO INJ 100/ML	INSULIN LISPRO SOLN PEN-INJ W/TRANSMITTER PORT 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	HUMULIN INJ 70/30	INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30)	Tier 1				
Insulins - Diabetic Drugs	HUMULIN INJ 70/30KWP	INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT/ML (70-30)	Tier 2				
Insulins - Diabetic Drugs	HUMULIN N INJ U-100	INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML	Tier 1				
Insulins - Diabetic Drugs	HUMULIN N INJ U-100KWP	INSULIN NPH (HUMAN) (ISOPHANE) SUSP PEN-INJECTOR 100 UNIT/ML	Tier 2				
Insulins - Diabetic Drugs	HUMULIN R INJ U-100	INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML	Tier 1				
Insulins - Diabetic Drugs	HUMULIN R INJ U-500	INSULIN REGULAR (HUMAN) INJ 500 UNIT/ML	Tier 1				
Insulins - Diabetic Drugs	HUMULIN R INJ U-500	INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT/ML	Tier 2				
Insulins - Diabetic Drugs	HYPO NEEDLE MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 2				
Insulins - Diabetic Drugs	HYPO NEEDLE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				
Insulins - Diabetic Drugs	INS ASP PROT INJ FLEXPEN	INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30)	Tier 3			X	
Insulins - Diabetic Drugs	INS DEGL FLX INJ 100UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	INS DEGL FLX INJ 200UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	INSULIN ASPA INJ 100/ML	INSULIN ASPART INJ SOLN 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	INSULIN ASPA INJ 70/30	INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30)	Tier 3			X	
Insulins - Diabetic Drugs	INSULIN ASPA INJ FLEXPEN	INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Insulins - Diabetic Drugs	INSULIN ASPA INJ PENFILL	INSULIN ASPART SOLN CARTRIDGE 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	INSULIN DEGL INJ 100UNIT	INSULIN DEGLUDEC INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	INSULIN GLAR INJ 100U/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML	Tier 1			X	
Insulins - Diabetic Drugs	INSULIN GLAR INJ 300/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (2 UNIT DIAL)	Tier 2			X	
Insulins - Diabetic Drugs	INSULIN GLAR INJ 300/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (1 UNIT DIAL)	Tier 2			X	
Insulins - Diabetic Drugs	INSULIN GLAR SOL 100U/ML	INSULIN GLARGINE INJ 100 UNIT/ML	Tier 1			X	
Insulins - Diabetic Drugs	INSULIN LISP INJ 100/ML	INSULIN LISPRO INJ SOLN 100 UNIT/ML	Tier 1				
Insulins - Diabetic Drugs	INSULIN LISP INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)	Tier 2				
Insulins - Diabetic Drugs	INSULIN LISP INJ JUNIOR	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL)	Tier 2				
Insulins - Diabetic Drugs	INSULIN LISP INJ PROTAMIN	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25)	Tier 2				
Insulins - Diabetic Drugs	LANTUS INJ 100/ML	INSULIN GLARGINE INJ 100 UNIT/ML	Tier 1				
Insulins - Diabetic Drugs	LANTUS SOLOS INJ 100/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML	Tier 1				
Insulins - Diabetic Drugs	LEVEMIR INJ	INSULIN DETEMIR INJ 100 UNIT/ML	Tier 3	X		X	
Insulins - Diabetic Drugs	LEVEMIR INJ FLEXPEN	INSULIN DETEMIR SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3	X		X	
Insulins - Diabetic Drugs	LYUMJEV INJ 100UT/ML	INSULIN LISPRO-AABC INJ 100 UNIT/ML	Tier 1				
Insulins - Diabetic Drugs	LYUMJEV KWPN INJ 100UT/ML	INSULIN LISPRO-AABC SOLN PEN-INJ 100 UNIT/ML (1 UNIT DIAL)	Tier 2				
Insulins - Diabetic Drugs	LYUMJEV KWPN INJ 200UT/ML	INSULIN LISPRO-AABC SOLN PEN-INJECTOR 200 UNIT/ML	Tier 2				
Insulins - Diabetic Drugs	LYUMJEV TMPO INJ 100UT/ML	INSULIN LISPRO-AABC SOLN PEN-INJ W/TRANSMIT PORT 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	MYXREDLIN SOL 1UNIT/ML	INSULIN REGULAR (HUMAN) IN NACL 0.9% IV SOLN 100 UNIT/100ML	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Insulins - Diabetic Drugs	NOVOLIN INJ 70/30	INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30)	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLIN INJ 70/30 FP	INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT/ML (70-30)	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLIN N INJ 100 UNIT	INSULIN NPH (HUMAN) (ISOPHANE) SUSP PEN-INJECTOR 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLIN N INJ RELION	INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLIN N INJ U-100	INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLIN R INJ 100 UNIT	INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 100 UNIT/ML	Tier 2				
Insulins - Diabetic Drugs	NOVOLIN R INJ 100 UNIT	INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLIN R INJ RELION	INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLIN R INJ U-100	INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLIN70/30 INJ RELION	INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30)	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLOG INJ 100/ML	INSULIN ASPART INJ SOLN 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLOG INJ FLEX REL	INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLOG INJ FLEXPEN	INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLOG INJ PENFILL	INSULIN ASPART SOLN CARTRIDGE 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLOG INJ RELION	INSULIN ASPART INJ SOLN 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLOG MIX INJ 70/30	INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30)	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLOG MIX INJ FLEX REL	INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30)	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLOG MIX INJ FLEXPEN	INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30)	Tier 3			X	
Insulins - Diabetic Drugs	NOVOLOG RELI INJ 70/30	INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30)	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Insulins - Diabetic Drugs	POLY HUB MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 2				
Insulins - Diabetic Drugs	POLY HUB MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				
Insulins - Diabetic Drugs	REZVOGLAR INJ 100UT/ML	INSULIN GLARGINE-AGLR SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	SAFTY NEEDLE MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 2				
Insulins - Diabetic Drugs	SAFTY NEEDLE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 2				
Insulins - Diabetic Drugs	SEMGLEE INJ 100U/ML	INSULIN GLARGINE-YFGN INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	SEMGLEE INJ 100U/ML	INSULIN GLARGINE-YFGN SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	SOLIQUA INJ 100/33	INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG/ML	Tier 2		X		
Insulins - Diabetic Drugs	TOUJEO MAX INJ 300/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (2 UNIT DIAL)	Tier 2				
Insulins - Diabetic Drugs	TOUJEO SOLO INJ 300/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (1 UNIT DIAL)	Tier 2				
Insulins - Diabetic Drugs	TRESIBA INJ 100UNIT	INSULIN DEGLUDEC INJ 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	TRESIBA FLEX INJ 100UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	TRESIBA FLEX INJ 200UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT/ML	Tier 3			X	
Insulins - Diabetic Drugs	VENT NEEDLE MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 2				
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	ALOSETRON TAB 0.5MG	ALOSETRON HCL TAB 0.5 MG (BASE EQUIV)	Tier 1	X	X		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	ALOSETRON TAB 1MG	ALOSETRON HCL TAB 1 MG (BASE EQUIV)	Tier 1	X	X		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	AMITIZA CAP 24MCG	LUBIPROSTONE CAP 24 MCG	Tier 3	X	X		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	AMITIZA CAP 8MCG	LUBIPROSTONE CAP 8 MCG	Tier 3	X	X		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	IBSRELA TAB 50MG	TENAPANOR HCL TAB 50 MG	Tier 3		X	X	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	LINZESS CAP 145MCG	LINACLOTIDE CAP 145 MCG	Tier 2	X	X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	LINZESS CAP 290MCG	LINACLOTIDE CAP 290 MCG	Tier 2	X	X		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	LINZESS CAP 72MCG	LINACLOTIDE CAP 72 MCG	Tier 2	X	X		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	LOTRONEX TAB 0.5MG	ALOSETRON HCL TAB 0.5 MG (BASE EQUIV)	Tier 3	X	X	X	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	LOTRONEX TAB 1MG	ALOSETRON HCL TAB 1 MG (BASE EQUIV)	Tier 3	X	X	X	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	LUBIPROSTONE CAP 24MCG	LUBIPROSTONE CAP 24 MCG	Tier 1	X	X		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	LUBIPROSTONE CAP 8MCG	LUBIPROSTONE CAP 8 MCG	Tier 1	X	X		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	TALICIA CAP	AMOXICILLIN-RIFABUTIN-OMEPRAZOLE CAP DR 250-12.5-10 MG	Tier 3		X	X	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	VIBERZI TAB 100MG	ELUXADOLINE TAB 100 MG	Tier 3		X		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	VIBERZI TAB 75MG	ELUXADOLINE TAB 75 MG	Tier 3		X		
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	XIFAXAN TAB 200MG	RIFAXIMIN TAB 200 MG	Tier 3				
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	XIFAXAN TAB 550MG	RIFAXIMIN TAB 550 MG	Tier 3		X		
Laxatives - Bowel Treatment Drugs	CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	CVS PURELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	DAILY FIBER POW 43%	PSYLLIUM POWDER 43%	Tier 1				
Laxatives - Bowel Treatment Drugs	EQ CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	EQL CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	FT CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	GAVILAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Laxatives - Bowel Treatment Drugs	GENTLELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	GLYCOLAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	GNP CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	HM CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	HM FIBER POW 43%	PSYLLIUM POWDER 43%	Tier 1				
Laxatives - Bowel Treatment Drugs	LAXACLEAR POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	MINERAL OIL HEAVY	MINERAL OIL	Tier 1				
Laxatives - Bowel Treatment Drugs	MM CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	NATURA-LAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	PEG 3350 POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	POLYETH GLYC POW 3350	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	POLYETH GLYC POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	RA LAXATIVE POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	SM CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	SMOOTH LAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	SMOOTH LAX POW 3350	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	SUTAB TAB	SOD SULFATE-MG SULFATE-POT CHLORIDE TAB 1479-225-188 MG	Tier 2				
Laxatives - Bowel Treatment Drugs	TRUE LAXATIV POW 3350	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	HCR				
Laxatives - Bowel Treatment Drugs	WAL-MUCIL POW 43%	PSYLLIUM POWDER 43%	Tier 1				
Laxatives - Drugs to treat Constipation	BASE A PEG POW 1450	POLYETHYLENE GLYCOL 1450 POWDER	Tier 3				
Laxatives - Drugs to treat Constipation	BISACODYL TAB 5MG DR	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	BISACODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	CITROMA SOL LEMONY	MAGNESIUM CITRATE SOLN	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Laxatives - Drugs to treat Constipation	CLENPIQ SOL	SOD PICOSULFATE-MG OX-CITRIC AC SOL 10 MG-3.5 GM-12 GM/175ML	Tier 2				
Laxatives - Drugs to treat Constipation	CONSTULOSE SOL 10GM/15	LACTULOSE SOLUTION 10 GM/15ML	Tier 1				
Laxatives - Drugs to treat Constipation	CVS C-LAX TAB 5MG	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	ENULOSE SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 1				
Laxatives - Drugs to treat Constipation	EQ LAXATIVE CHW 15MG	SENNOSIDES CHEW TAB 15 MG	Tier 1				
Laxatives - Drugs to treat Constipation	EQL GENTLE TAB LAXATIVE	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	FT LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	FT MAG CITRA SOL CHERRY	MAGNESIUM CITRATE SOLN	HCR				
Laxatives - Drugs to treat Constipation	FT MAG CITRA SOL LEMON	MAGNESIUM CITRATE SOLN	HCR				
Laxatives - Drugs to treat Constipation	GAVILYTE-C SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	HCR				
Laxatives - Drugs to treat Constipation	GAVILYTE-G SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	HCR				
Laxatives - Drugs to treat Constipation	GAVILYTE-N SOL FLAV PK	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	HCR				
Laxatives - Drugs to treat Constipation	GENERLAC SOL 10/15ML	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 1				
Laxatives - Drugs to treat Constipation	GENERLAC SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 1				
Laxatives - Drugs to treat Constipation	GENTLE LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	GNP GNTL LAX TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	GNP LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	GNP MAG CITR SOL CHERRY	MAGNESIUM CITRATE SOLN	HCR				
Laxatives - Drugs to treat Constipation	GOLYTELY SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	HCR				
Laxatives - Drugs to treat Constipation	HM LAXATIVE TAB 5MG	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	KP BISACODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Laxatives - Drugs to treat Constipation	KRISTALOSE PAK 10GM	LACTULOSE ORAL CRYSTAL PACKET 10 GM	Tier 3				
Laxatives - Drugs to treat Constipation	KRISTALOSE PAK 20GM	LACTULOSE ORAL CRYSTAL PACKET 20 GM	Tier 3				
Laxatives - Drugs to treat Constipation	LACTULOSE PAK 10GM	LACTULOSE ORAL CRYSTAL PACKET 10 GM	Tier 1			X	
Laxatives - Drugs to treat Constipation	LACTULOSE PAK 20GM	LACTULOSE ORAL CRYSTAL PACKET 20 GM	Tier 1				
Laxatives - Drugs to treat Constipation	LACTULOSE SOL 10GM/15	LACTULOSE SOLUTION 10 GM/15ML	Tier 1				
Laxatives - Drugs to treat Constipation	LACTULOSE SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 1				
Laxatives - Drugs to treat Constipation	LACTULOSE SOL 20/30ML	LACTULOSE SOLUTION 10 GM/15ML	Tier 1				
Laxatives - Drugs to treat Constipation	LACTULOSE SOL 20GM/30	LACTULOSE SOLUTION 10 GM/15ML	Tier 1				
Laxatives - Drugs to treat Constipation	LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	MAG CITRATE SOL CHERRY	MAGNESIUM CITRATE SOLN	HCR				
Laxatives - Drugs to treat Constipation	MAG CITRATE SOL GRAPE	MAGNESIUM CITRATE SOLN	HCR				
Laxatives - Drugs to treat Constipation	MAG CITRATE SOL LEMON	MAGNESIUM CITRATE SOLN	HCR				
Laxatives - Drugs to treat Constipation	MOVIPREP SOL	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	Tier 3				
Laxatives - Drugs to treat Constipation	OSMOPREP TAB 1.5GM	SOD PHOS MONO-SOD PHOS DI TABS 1.102-0.398 GM(1.5GM NA PHOS)	Tier 3				
Laxatives - Drugs to treat Constipation	PEG 3350 POW	POLYETHYLENE GLYCOL 3350 POWDER	Tier 3				
Laxatives - Drugs to treat Constipation	PEG/NASUL/C/ SOL NACL/POT	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	Tier 1				
Laxatives - Drugs to treat Constipation	PEG-3350 SOL ELECTROL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	HCR				
Laxatives - Drugs to treat Constipation	PEG-3350/KCL SOL / SODIUM	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	HCR				
Laxatives - Drugs to treat Constipation	PEG-PREP KIT	BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL FOR SOLN KIT	Tier 3				
Laxatives - Drugs to treat Constipation	PLENVU SOL	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 140 GM	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Laxatives - Drugs to treat Constipation	POLY GLYCOL LIQ 1450	POLYETHYLENE GLYCOL 1450 LIQUID	Tier 3				
Laxatives - Drugs to treat Constipation	POLYETH GLYC POW 1450	POLYETHYLENE GLYCOL 1450 POWDER	Tier 3				
Laxatives - Drugs to treat Constipation	QC LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	RA LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	SM GENTLE TAB LAXATIVE	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	SM LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	SM MAGNESIUM SOL CHERRY	MAGNESIUM CITRATE SOLN	HCR				
Laxatives - Drugs to treat Constipation	SODIUM/POTAS SOL MAGNESIU	SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML	Tier 1				
Laxatives - Drugs to treat Constipation	SUPREP BOWEL SOL PREP KIT	SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML	Tier 3				
Laxatives - Drugs to treat Constipation	WOMANS LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Laxatives - Drugs to treat Constipation	WOMENS LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	HCR				
Local Anesthetics	DULOXICAINE PAK 30MG-4%	DULOXETINE CAP 30 MG & LIDOCAINE HCL CREAM 4% KIT	Tier 3			X	
Local Anesthetics	ELEMAR PATCH KIT 5%-6%	LIDOCAINE PATCH 5% & MENTHOL GEL 6% KIT	Tier 3			X	
Local Anesthetics	GLYDO GEL 2%	LIDOCAINE HCL URETHRAL/ MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 1				
Local Anesthetics	LETS KIT	LIDOCAINE & TETRACAINE W/ EPINEPH KIT (COMPOUNDING KIT)	Tier 3	X			
Local Anesthetics	LIDO/PRILOCN CRE 2.5-2.5%	LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%	Tier 1				
Local Anesthetics	LIDOCAINE CRE 10%	LIDOCAINE HCL CREAM 10% (COMPOUND KIT)	Tier 3	X			
Local Anesthetics	LIDOCAINE CRE 5%	LIDOCAINE HCL CREAM 5% (COMPOUND KIT)	Tier 3	X			
Local Anesthetics	LIDOCAINE DIS 5% PATCH	LIDOCAINE PATCH 5%	Tier 1	X	X		
Local Anesthetics	LIDOCAINE GEL 2%	LIDOCAINE HCL URETHRAL/ MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 1				
Local Anesthetics	LIDOCAINE GEL 2% JELLY	LIDOCAINE HCL URETHRAL/ MUCOSAL GEL 2%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Local Anesthetics	LIDOCAINE GEL 2% JELLY	LIDOCAINE HCL URETHRAL/ MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 1				
Local Anesthetics	LIDOCAINE OIN 5%	LIDOCAINE OINT 5%	Tier 1				
Local Anesthetics	LIDOCAINE SOL 2% ORAL	LIDOCAINE HCL VISCOUS SOLN 2%	Tier 1				
Local Anesthetics	LIDOCAINE SOL 2% VISC	LIDOCAINE HCL VISCOUS SOLN 2%	Tier 1				
Local Anesthetics	LIDOCAINE SOL 4%	LIDOCAINE HCL SOLN 4%	Tier 1				
Local Anesthetics	LIDOCAINE SOL 4%	LIDOCAINE HCL LARYNGOTRACHEAL SOLN 4%	Tier 1				
Local Anesthetics	LIDOCAN DIS 5% PATCH	LIDOCAINE PATCH 5%	Tier 3	X	X	X	
Local Anesthetics	LIDODERM DIS 5% PATCH	LIDOCAINE PATCH 5%	Tier 3	X	X	X	
Local Anesthetics	LIDTOPIC MAX CRE 10%	LIDOCAINE CREAM 10%	Tier 3	X			
Local Anesthetics	PROCAINE HCL POW	PROCAINE HCL POWDER	Tier 3	X			
Local Anesthetics	TOPICAL GEL L.E.T	LIDOCAINE HCL-EPINEPHRINE BIT-TETRACAINE HCL GEL 4-0.09-0.5%	Tier 3			X	
Local Anesthetics	TRIDACAINE DIS 5% PATCH	LIDOCAINE PATCH 5%	Tier 3	X	X	X	
Local Anesthetics	ZTLIDO PAD 1.8%	LIDOCAINE PATCH 1.8% (36 MG)	Tier 3	X	X		
Macrolides - Antibiotics	AZITHROMYCIN POW 1GM PAK	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	Tier 1				
Macrolides - Antibiotics	AZITHROMYCIN SUS 100/5ML	AZITHROMYCIN FOR SUSP 100 MG/5ML	Tier 1				
Macrolides - Antibiotics	AZITHROMYCIN SUS 200/5ML	AZITHROMYCIN FOR SUSP 200 MG/5ML	Tier 1				
Macrolides - Antibiotics	AZITHROMYCIN TAB 250MG	AZITHROMYCIN TAB 250 MG	Tier 1				
Macrolides - Antibiotics	AZITHROMYCIN TAB 500MG	AZITHROMYCIN TAB 500 MG	Tier 1				
Macrolides - Antibiotics	AZITHROMYCIN TAB 600MG	AZITHROMYCIN TAB 600 MG	Tier 1				
Macrolides - Antibiotics	CLARITHROMYC SUS 125/5ML	CLARITHROMYCIN FOR SUSP 125 MG/5ML	Tier 1				
Macrolides - Antibiotics	CLARITHROMYC SUS 250/5ML	CLARITHROMYCIN FOR SUSP 250 MG/5ML	Tier 1				
Macrolides - Antibiotics	CLARITHROMYC TAB 250MG	CLARITHROMYCIN TAB 250 MG	Tier 1				
Macrolides - Antibiotics	CLARITHROMYC TAB 500MG	CLARITHROMYCIN TAB 500 MG	Tier 1				
Macrolides - Antibiotics	CLARITHROMYC TAB 500MG ER	CLARITHROMYCIN TAB ER 24HR 500 MG	Tier 1				
Macrolides - Antibiotics	DIFICID SUS	FIDAXOMICIN FOR SUSP 40 MG/ ML	Tier 3		X		
Macrolides - Antibiotics	DIFICID TAB 200MG	FIDAXOMICIN TAB 200 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Macrolides - Antibiotics	E.E.S. 400 TAB 400MG	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	Tier 3			X	
Macrolides - Antibiotics	E.E.S. GRAN SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	Tier 3				
Macrolides - Antibiotics	ERYPED SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	Tier 3				
Macrolides - Antibiotics	ERYPED SUS 400/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML	Tier 3				
Macrolides - Antibiotics	ERY-TAB TAB 250MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 250 MG	Tier 3				
Macrolides - Antibiotics	ERY-TAB TAB 333MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	Tier 3				
Macrolides - Antibiotics	ERY-TAB TAB 500MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 500 MG	Tier 3				
Macrolides - Antibiotics	ERYTHROCIN TAB 250MG	ERYTHROMYCIN STEARATE TAB 250 MG	Tier 2				
Macrolides - Antibiotics	ERYTHROM ETH SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	Tier 1				
Macrolides - Antibiotics	ERYTHROM ETH SUS 400/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML	Tier 1				
Macrolides - Antibiotics	ERYTHROM ETH TAB 400MG	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	Tier 1				
Macrolides - Antibiotics	ERYTHROMYCIN CAP 250MG DR	ERYTHROMYCIN W/ DELAYED RELEASE PARTICLES CAP 250 MG	Tier 1				
Macrolides - Antibiotics	ERYTHROMYCIN TAB 250MG BS	ERYTHROMYCIN TAB 250 MG	Tier 1				
Macrolides - Antibiotics	ERYTHROMYCIN TAB 250MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 250 MG	Tier 1				
Macrolides - Antibiotics	ERYTHROMYCIN TAB 333MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	Tier 1				
Macrolides - Antibiotics	ERYTHROMYCIN TAB 500MG BS	ERYTHROMYCIN TAB 500 MG	Tier 1				
Macrolides - Antibiotics	ERYTHROMYCIN TAB 500MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 500 MG	Tier 1				
Macrolides - Antibiotics	ZITHROMAX POW 1GM PAK	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	Tier 3				
Macrolides - Antibiotics	ZITHROMAX SUS 100/5ML	AZITHROMYCIN FOR SUSP 100 MG/5ML	Tier 3				
Macrolides - Antibiotics	ZITHROMAX SUS 200/5ML	AZITHROMYCIN FOR SUSP 200 MG/5ML	Tier 3				
Macrolides - Antibiotics	ZITHROMAX TAB 250MG	AZITHROMYCIN TAB 250 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Macrolides - Antibiotics	ZITHROMAX TAB 500MG	AZITHROMYCIN TAB 500 MG	Tier 3				
Macrolides - Antibiotics	ZITHROMAX TAB TRI-PAK	AZITHROMYCIN TAB 500 MG	Tier 3				
Macrolides - Antibiotics	ZITHROMAX TAB Z-PAK	AZITHROMYCIN TAB 250 MG	Tier 3				
Mast Cell Stabilizers - Drugs for the Lungs	CROMOLYN SOD NEB 20MG/2ML	CROMOLYN SODIUM SOLN NEBU 20 MG/2ML	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	ACTONEL TAB 150MG	RISEDRONATE SODIUM TAB 150 MG	Tier 3		X	X	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	ACTONEL TAB 35MG	RISEDRONATE SODIUM TAB 35 MG	Tier 3		X	X	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	ALENDRONATE SOL 70/75ML	ALENDRONATE SODIUM ORAL SOLN 70 MG/75ML	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	ALENDRONATE TAB 10MG	ALENDRONATE SODIUM TAB 10 MG	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	ALENDRONATE TAB 35MG	ALENDRONATE SODIUM TAB 35 MG	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	ALENDRONATE TAB 5MG	ALENDRONATE SODIUM TAB 5 MG	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	ALENDRONATE TAB 70MG	ALENDRONATE SODIUM TAB 70 MG	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	ATELVIA TAB	RISEDRONATE SODIUM TAB DELAYED RELEASE 35 MG	Tier 3		X	X	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	BINOSTO TAB 70MG	ALENDRONATE SODIUM EFFERVESCENT TAB 70 MG	Tier 3		X		
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	CALCITONIN INJ 200/ ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	CALCITONIN INJ 400/2ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	CALCITONIN SPR 200/ ACT	CALCITONIN (SALMON) NASAL SOLN 200 UNIT/ACT	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	CINACALCET TAB 30MG	CINACALCET HCL TAB 30 MG (BASE EQUIV)	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	CINACALCET TAB 60MG	CINACALCET HCL TAB 60 MG (BASE EQUIV)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	CINACALCET TAB 90MG	CINACALCET HCL TAB 90 MG (BASE EQUIV)	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	FORTEO INJ 560/2.24	TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML	Tier 1	X		X	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	FOSAMAX TAB 70MG	ALENDRONATE SODIUM TAB 70 MG	Tier 3				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	FOSAMAX + D TAB 70-2800	ALENDRONATE SODIUM-CHOLECALCIFEROL TAB 70-2800 MG-UNIT	Tier 3				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	FOSAMAX + D TAB 70-5600	ALENDRONATE SODIUM-CHOLECALCIFEROL TAB 70-5600 MG-UNIT	Tier 3				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	IBANDRONATE TAB 150MG	IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT)	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	MIACALCIN INJ 200/ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 3				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	MIACALCIN INJ 400/2ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 3				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	RAYALDEE CAP 30MCG	CALCIFEDIOL CAP ER 30 MCG	Tier 3			X	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	RISEDRON SOD TAB 35MG DR	RISEDRONATE SODIUM TAB DELAYED RELEASE 35 MG	Tier 1		X		
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	RISEDRONATE TAB 150MG	RISEDRONATE SODIUM TAB 150 MG	Tier 1		X		
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	RISEDRONATE TAB 30MG	RISEDRONATE SODIUM TAB 30 MG	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	RISEDRONATE TAB 35MG	RISEDRONATE SODIUM TAB 35 MG	Tier 1		X		
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	RISEDRONATE TAB 5MG	RISEDRONATE SODIUM TAB 5 MG	Tier 1				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	SENSIPAR TAB 30MG	CINACALCET HCL TAB 30 MG (BASE EQUIV)	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	SENSIPAR TAB 60MG	CINACALCET HCL TAB 60 MG (BASE EQUIV)	Tier 3			X	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	SENSIPAR TAB 90MG	CINACALCET HCL TAB 90 MG (BASE EQUIV)	Tier 3			X	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	TERIPARATIDE INJ 560/2.24	TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML	Tier 1	X		X	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	TERIPARATIDE INJ 620/2.48	TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ 620 MCG/2.48ML	Tier 3	X			X
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	TYMLOS INJ	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML	Tier 3	X			X
Metabolic Bone Disease Agents - Other	CALCITRIOL CAP 0.25MCG	CALCITRIOL CAP 0.25 MCG	Tier 1				
Metabolic Bone Disease Agents - Other	CALCITRIOL CAP 0.5MCG	CALCITRIOL CAP 0.5 MCG	Tier 1				
Metabolic Bone Disease Agents - Other	CALCITRIOL SOL 1MCG/ML	CALCITRIOL ORAL SOLN 1 MCG/ML	Tier 1				
Metabolic Bone Disease Agents - Other	DOXERCALCIF CAP 0.5MCG	DOXERCALCIFEROL CAP 0.5 MCG	Tier 1				
Metabolic Bone Disease Agents - Other	DOXERCALCIF CAP 1MCG	DOXERCALCIFEROL CAP 1 MCG	Tier 1				
Metabolic Bone Disease Agents - Other	DOXERCALCIF CAP 2.5MCG	DOXERCALCIFEROL CAP 2.5 MCG	Tier 1				
Metabolic Bone Disease Agents - Other	PARICALCITOL CAP 1 MCG	PARICALCITOL CAP 1 MCG	Tier 1				
Metabolic Bone Disease Agents - Other	PARICALCITOL CAP 2 MCG	PARICALCITOL CAP 2 MCG	Tier 1				
Metabolic Bone Disease Agents - Other	PARICALCITOL CAP 4 MCG	PARICALCITOL CAP 4 MCG	Tier 1				
Metabolic Bone Disease Agents - Other	ROCALTROL CAP 0.25MCG	CALCITRIOL CAP 0.25 MCG	Tier 3				
Metabolic Bone Disease Agents - Other	ROCALTROL CAP 0.5MCG	CALCITRIOL CAP 0.5 MCG	Tier 3				
Metabolic Bone Disease Agents - Other	ROCALTROL SOL 1MCG/ML	CALCITRIOL ORAL SOLN 1 MCG/ML	Tier 3				
Metabolic Bone Disease Agents - Other	ZEMPLAR CAP 1MCG	PARICALCITOL CAP 1 MCG	Tier 3				
Metabolic Bone Disease Agents - Other	ZEMPLAR CAP 2MCG	PARICALCITOL CAP 2 MCG	Tier 3				
Mineralocorticoid Receptor Antagonists	KERENDIA TAB 10MG	FINERENONE TAB 10 MG	Tier 3	X	X		
Mineralocorticoid Receptor Antagonists	KERENDIA TAB 20MG	FINERENONE TAB 20 MG	Tier 3	X	X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	1ML SYRINGE MIS 29G	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	1ST BASE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	2-DEOXY-D POW -GLUCOSE	2-DEOXY-D-GLUCOSE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	5-METHYLTETR POW	5-METHYLTETRAHYDROFOLATE CALCIUM POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	5-METHYLTETR POW CALCIUM	5-METHYLTETRAHYDROFOLATE CALCIUM POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ACIDO LACTOB POW 10BU/GM	LACTOBACILLUS ACIDOPHILUS POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ACIDO LACTOB POW 1BU/GM	LACTOBACILLUS ACIDOPHILUS POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ACIDOPHILUS POW LACTOBAC	LACTOBACILLUS ACIDOPHILUS POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ADA SHA	EXTERNAL VEHICLES - SHAMPOO	Tier 3	X		X	
Miscellaneous Therapeutic Agents	ADAPTADERM CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	ADAPTADERM GEL	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	ADEMETIONINE POW DISULFAT	ADEMETIONINE DISULFATE TOSYLATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ADENOSINE POW	ADENOSINE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ADENOSINE-5 POW MONOPHOS	ADENOSINE PHOSPHATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ADENOSINE-5 POW TRIPHOSP	ADENOSINE PHOSPHATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	AERCHMBR PLS MIS FLOW-VU	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	AERCHMBR PLS MIS INTERMED	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	AERCHMBR PLS MIS LRG MASK	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	AERCHMBR PLS MIS MED MASK	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	AERCHMBR PLS MIS SM MASK	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	AEROCHAMBER MIS PLUS	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	AEROCHAMBER MIS HOLDING	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	AEROCHAMBER MIS MTHPIECE	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	ALASKAN RED POW ALGAE	ALASKAN RED ALGAE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ALCOH-GLOVE PAD CONTOURE	ALCOHOL SWABS	Tier 3				
Miscellaneous Therapeutic Agents	ALCOH-WIPE MIS 12"X12"	ALCOHOL SHEETS	Tier 3				
Miscellaneous Therapeutic Agents	ALHEMO INJ 150/1.5	CONCIZUMAB-MTCI SOLN PEN-INJECTOR 150MG/1.5ML (100 MG/ML)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	ALHEMO INJ 300/3ML	CONCIZUMAB-MTCI SOLN PEN-INJECTOR 300MG/3ML (100 MG/ML)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	ALHEMO INJ 60/1.5ML	CONCIZUMAB-MTCI SOLN PEN-INJECTOR 60MG/1.5ML (40 MG/ML)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	A-LIPOIC POW ACID	ALPHA-LIPOIC ACID (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ALOE VERA OIL	ALOE VERA OIL	Tier 3	X			
Miscellaneous Therapeutic Agents	ALOE VERA POW	ALOE VERA POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ALOE VERA POW FRZE DRD	ALOE VERA POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ALOE VERA POW LEAF	ALOE VERA POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ALPAWASH OIN	POLYETHYLENE GLYCOL OINTMENT	Tier 3				
Miscellaneous Therapeutic Agents	ALPHA LIPOIC POW ACID	ALPHA-LIPOIC ACID (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ALPROSTADIL POW	ALPROSTADIL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ALTADERM CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	ALYFTREK TAB	VANZACAFTOR-TEZACAFTOR-DEUTIVACAFTOR TAB 10-50-125 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	ALYFTREK TAB 4-20-50	VANZACAFTOR-TEZACAFTOR-DEUTIVACAFTOR TAB 4-20-50 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	AMINO ACTION TAB	AMINO ACIDS TAB	Tier 1	X			
Miscellaneous Therapeutic Agents	AMITRIPTYLIN KIT 2%	AMITRIPTYLINE HCL CREAM 2% KIT (COMPOUNDING KIT)	Tier 3	X			
Miscellaneous Therapeutic Agents	AMITRIPTYLIN POW HCL	AMITRIPTYLINE HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ANASTROZOLE POW	ANASTROZOLE (BULK) POWDER	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	ANHYDROUS GEL BASE	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	APOMORPHINE POW HCL	APOMORPHINE HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	AQINJECT PEN MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	AQNEURSA POW 1GM	LEVACETYLLEUCINE FOR SUSP PACKET 1 GM	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	ARBUTIN POW ALPHA	ARBUTIN ALPHA (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ARGININE PAK 500MG	ARGININE POWDER PACKET 500 MG	Tier 1				
Miscellaneous Therapeutic Agents	ARGININE TAB 500MG	ARGININE TAB 500 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	ASSURE ID MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	ASSURE ID MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	ATREVIS CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	ATROPINE POW SULFATE	ATROPINE SULFATE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	AUM MINI PEN MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	AUM MINI PEN MIS 33GX4MM	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	AUM MINI PEN MIS 33GX5MM	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	AUM MINI PEN MIS 33GX6MM	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	AUM SAFETY MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	AUM SAFETY MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	AUTOSHIELD MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	AUTOSHIELD MIS DUO	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	AUXIPRO CRE VANISHIN	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	AVIPTADIL POW ACETATE	AVIPTADIL ACETATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	AXONA POW	DIETARY MANAGEMENT PRODUCT - PACKET	Tier 3				
Miscellaneous Therapeutic Agents	AZ CREAM CRE	CREAM BASE	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	BACLOFEN POW	BACLOFEN POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	BACOCALMINE LIQ	PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	BASE CRE LIPOSOME	CREAM BASE LIPOSOMIC	Tier 3				
Miscellaneous Therapeutic Agents	BASE W301 CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	BD ECLIPSE MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	BD ECLIPSE MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 2				
Miscellaneous Therapeutic Agents	BD NEEDLE MIS 30G X 1"	NEEDLE (DISP) 30 X 1"	Tier 3				
Miscellaneous Therapeutic Agents	BD NEEDLE MIS 30GX1/2"	NEEDLE (DISP) 30 X 1/2"	Tier 2				
Miscellaneous Therapeutic Agents	BD NEEDLES MIS 27GX1/2"	NEEDLE (DISP) 27 X 1/2"	Tier 2				
Miscellaneous Therapeutic Agents	BD PEN NEEDL MIS 29GX12.7	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 2		X		
Miscellaneous Therapeutic Agents	BD PEN NEEDL MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	BD PEN NEEDL MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	BD SAFETY MIS 23GX1.5"	NEEDLE (DISP) 23 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	BD SHARPS MIS 1.4QT	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	BD SHARPS MIS 3.3QT	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	BD SHARPS MIS 5.1L	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	BENEPROTEIN POW UNFLAVOR	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	BETA GLUCAN POW	BETA GLUCAN (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	BETAMETH ACE POW	BETAMETHASONE ACETATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	BETAMETH DIP POW	BETAMETHASONE DIPROPIONATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	BETAMETH DIP POW MICRONIZ	BETAMETHASONE DIPROPIONATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	BETAMETH DIP POW USP NF	BETAMETHASONE DIPROPIONATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	BETAMETHASON POW	BETAMETHASONE (BULK) POWDER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	BETAMETHASON POW SOD PHOS	BETAMETHASONE SODIUM PHOSPHATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	BETAMETHASON POW VALERATE	BETAMETHASONE VALERATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	BIGFOOT UNIT KIT PROGRAM	BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP	Tier 3				
Miscellaneous Therapeutic Agents	BIOPEPTIDE CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	BIOTIN POW	BIOTIN (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	BIOTIN-D POW	BIOTIN (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	BISMUTH SUBC POW	BISMUTH SUBCARBONATE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	BISOPROL FUM POW	BISOPROLOL FUMARATE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	BOOST SOOTHE LIQ PCH/MINT	PROTEIN ORAL LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	BOOST SOOTHE LIQ PCH/MINT	PROTEIN ORAL LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	BOOST SOOTHE LIQ STR/KIWI	PROTEIN ORAL LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	BOOST SOOTHE LIQ STR/KIWI	PROTEIN ORAL LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	BREXAFEMME TAB 150MG	IBREXAFUNGERP CITRATE TAB 150 MG	Tier 3	X			
Miscellaneous Therapeutic Agents	BROMFENAC MIS SODIUM	BROMFENAC SODIUM (BULK) SOLID	Tier 3	X			
Miscellaneous Therapeutic Agents	BROMFENAC POW SODIUM	BROMFENAC SODIUM (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	BUPIVACAINE POW HCL	BUPIVACAINE HCL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	BUPRENORPHIN POW HCL	BUPRENORPHINE HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CALCIUM POW FOLINATE	LEUCOVORIN CALCIUM POWDER	Tier 3				
Miscellaneous Therapeutic Agents	CALCIUM POW FRUCTOBO	CALCIUM FRUCTOBORATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CALCIUM AA GRA CHELATE	CALCIUM AMINO ACID CHELATE (BULK) GRANULES 30%	Tier 3	X			
Miscellaneous Therapeutic Agents	CAM PRO COMP BAR GLYTACTI	NUTRITIONAL SUPPLEMENT BAR	Tier 3				
Miscellaneous Therapeutic Agents	CAPSAICIN POW PALMITAT	CAPSAICIN PALMITATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CARBAMAZEPIN POW	CARBAMAZEPINE POWDER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	CARBOGEL GEL 940	CARBOMER GEL BASE	Tier 3				
Miscellaneous Therapeutic Agents	CARBOHOL GEL 940	CARBOMER GEL BASE	Tier 2				
Miscellaneous Therapeutic Agents	CARBOMER GEL AQUEOUS	CARBOMER GEL BASE	Tier 3				
Miscellaneous Therapeutic Agents	CARBOMER GEL HYDROALC	CARBOMER GEL BASE	Tier 3				
Miscellaneous Therapeutic Agents	CARDIOWHEY POW CHOCOLAT	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	CARDIOWHEY POW VANILLA	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	CAREFINE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	CAREPOINT SA MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	CAREPOINT SA MIS 23GX11/2	NEEDLE (DISP) 23 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	CAREPOINT SA MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	CAREPOINT SA MIS 25GX11/2	NEEDLE (DISP) 25 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	CAREPOINT SA MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 2				
Miscellaneous Therapeutic Agents	CARETOUCH MIS 27GX1.5"	NEEDLE (DISP) 27 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	CARETOUCH MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	CARETOUCH MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	CARETOUCH MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	CARNOSINE L POW	CARNOSINE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CAYA DPR	DIAPHRAGM ARC-SPRING	HCR				
Miscellaneous Therapeutic Agents	CEQUR SIMPL KIT PATCH 2U	INJECTION DEVICE FOR INSULIN	Tier 3			X	
Miscellaneous Therapeutic Agents	CETYL MYRIST MIS OLEATE	CETYL MYRISTOLEATE (BULK) WAX 40%	Tier 3	X			
Miscellaneous Therapeutic Agents	CETYL MYRIST OIL OLEATE	CETYL MYRISTOLEATE (BULK) OIL 40%	Tier 3	X			
Miscellaneous Therapeutic Agents	CETYL MYRIST POW 20%	CETYL MYRISTOLEATE (BULK) POWDER 20%	Tier 3	X			
Miscellaneous Therapeutic Agents	CETYL MYRIST POW OLEATE	CETYL MYRISTOLEATE (BULK) POWDER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	CHEMSIL K-51 GEL	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	CHEMSTRIP BG MIS LOG	BLOOD GLUCOSE MONITORING MISC.	Tier 1				
Miscellaneous Therapeutic Agents	CHERRY SYP	CHERRY SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	CHLOROFORM SOL	CHLOROFORM SOLN	Tier 3	X			
Miscellaneous Therapeutic Agents	CHOLECALCIF POW	CHOLECALCIFEROL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CHOLECALCIFE CRY USP/NF	CHOLECALCIFEROL CRYSTALS	Tier 3	X			
Miscellaneous Therapeutic Agents	CHOLESTYRAMI POW	CHOLESTYRAMINE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CHOLESTYRAMI POW RESIN	CHOLESTYRAMINE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CHORIONIC POW GONADOTR	CHORIONIC GONADOTROPIN (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CHRYSADERM CRE DAY	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	CHRYSADERM CRE NIGHT	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	CHRYSIN POW	CHRYSIN POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CISPLATIN POW	CISPLATIN (BULK) POWDER	Tier 3				X
Miscellaneous Therapeutic Agents	CITRULLINE POW (L)	CITRULLINE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	CITRULLINE POW 1000	CITRULLINE ORAL PACKET 1 GM	Tier 3	X			
Miscellaneous Therapeutic Agents	CLEODERM CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	CLOBETASOL POW PROPIONA	CLOBETASOL PROPIONATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CLOMIPRAMINE POW HCL	CLOMIPRAMINE HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CLOPIDOGREL POW BISULFAT	CLOPIDOGREL BISULFATE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	CLOVAGEL GEL	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	CO Q 10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 1				
Miscellaneous Therapeutic Agents	CO Q-10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 1				
Miscellaneous Therapeutic Agents	CO Q-10 CAP 50MG	COENZYME Q10 CAP 50 MG	Tier 1	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	COENZYME Q10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 1				
Miscellaneous Therapeutic Agents	COENZYME Q10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	COENZYME Q10 CAP 200MG	COENZYME Q10 CAP 200 MG	Tier 1				
Miscellaneous Therapeutic Agents	COENZYME Q10 CAP 30MG	COENZYME Q10 CAP 30 MG	Tier 1				
Miscellaneous Therapeutic Agents	COENZYME Q10 CAP 50MG	COENZYME Q10 CAP 50 MG	Tier 1				
Miscellaneous Therapeutic Agents	COENZYME Q10 CAP 50MG	COENZYME Q10 CAP 50 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	COENZYME Q10 POW	COENZYME Q10 POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	COENZYME Q10 TAB 200MG	COENZYME Q10 TAB 200 MG	Tier 1				
Miscellaneous Therapeutic Agents	COLLAGENASE POW	COLLAGENASE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	COLLODION LIQ FLEXIBLE	COLLODION FLEXIBLE	Tier 3				
Miscellaneous Therapeutic Agents	COMFORT EZ MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	COMFORT EZ MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	COMFORT TOUC MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	COMFORT TOUC MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	COMFORT TOUC MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	COMFORT TOUC MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	COMFORT TOUC MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	COMFORT TOUC MIS 33GX1/4"	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	COMFORT TOUC MIS 33GX3/16	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	COMFORT TOUC MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	COMPLEAT ORG LIQ PLNT BAS	NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)	Tier 3	X			
Miscellaneous Therapeutic Agents	COMPLEAT PED LIQ PLNT BAS	NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)	Tier 3	X			
Miscellaneous Therapeutic Agents	CONCENTRATE CRE	CREAM BASE	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	CONDOMS MIS	CONDOMS - MALE	HCR		X		
Miscellaneous Therapeutic Agents	CONTOUR HIGH LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 3				
Miscellaneous Therapeutic Agents	CONTOUR LOW LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 2				
Miscellaneous Therapeutic Agents	CONTOUR NEXT SOL LEVEL 1	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 2				
Miscellaneous Therapeutic Agents	CONTOUR NEXT SOL LEVEL 2	BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	Tier 2				
Miscellaneous Therapeutic Agents	CONTOUR NORM LIQ CONTROL	BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	Tier 2				
Miscellaneous Therapeutic Agents	CONTROL HIGH SOL UNISTRIP	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 3				
Miscellaneous Therapeutic Agents	CONTROL LOW SOL UNISTRIP	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 3				
Miscellaneous Therapeutic Agents	COPASIL GEL	SCAR TREATMENT PRODUCTS - GEL	Tier 3	X			
Miscellaneous Therapeutic Agents	COPASIL GEL	SILICONE (BULK) GEL	Tier 3	X			
Miscellaneous Therapeutic Agents	COQ10 CAP 200MG	COENZYME Q10 CAP 200 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	COQ-10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	CORN OIL	CORN OIL (BULK)	Tier 3				
Miscellaneous Therapeutic Agents	CORN SYP	CORN SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	CORTROSYN INJ 0.25MG	COSYNTROPIN FOR INJ 0.25 MG	Tier 3				
Miscellaneous Therapeutic Agents	COSYNTROPIN INJ 0.25MG	COSYNTROPIN FOR INJ 0.25 MG	Tier 1				
Miscellaneous Therapeutic Agents	CREAM BASE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	CREAM BASE CRE NIOSOMES	CREAM BASE NIOSOMES	Tier 3				
Miscellaneous Therapeutic Agents	CREAM-HEAVY CRE BASE	CREAM BASE NIOSOMES	Tier 3				
Miscellaneous Therapeutic Agents	CRENESSITY CAP 100MG	CRINECERFONT CAP 100 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	CRENESSITY CAP 50MG	CRINECERFONT CAP 50 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	CRENESSITY SOL 50MG/ML	CRINECERFONT ORAL SOLN 50 MG/ML	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	CRYOSERV SOL	DIMETHYL SULFOXIDE - SOLUTION	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	CUTIS PLUS CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	CVS ADVANTAG POW / IRON	INFANT FOODS POWDER	Tier 1				
Miscellaneous Therapeutic Agents	CVS COQ-10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 1				
Miscellaneous Therapeutic Agents	CVS COQ-10 CAP 200MG	COENZYME Q10 CAP 200 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	CVS COQ-10 CAP 50MG	COENZYME Q10 CAP 50 MG	Tier 1				
Miscellaneous Therapeutic Agents	CVS COQ-10 CAP 50MG	COENZYME Q10 CAP 50 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	CVS SENSITIV POW / IRON	INFANT FOODS POWDER	Tier 1				
Miscellaneous Therapeutic Agents	CVS TENDER POW /IRON	INFANT FOODS POWDER	Tier 1				
Miscellaneous Therapeutic Agents	CVS TODDLER POW INFANT	INFANT FOODS POWDER	Tier 1				
Miscellaneous Therapeutic Agents	CYCLOBENZAPR POW HCL	CYCLOBENZAPRINE HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CYCLOPHOSPHA POW	CYCLOPHOSPHAMIDE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	CYCLOSERINE POW	CYCLOSERINE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	CYCLOSPORINE POW	CYCLOSPORINE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	CYCLOSPORINE POW A	CYCLOSPORINE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	CYSTINE PAK 500MG	CYSTINE PACKET 500 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	DEHYDROEPIAN POW MICRO	PRASTERONE MICRONIZED POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DERMA SERUM CRE FREEDOM	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	DERMABASE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	DERMASHIELD GEL HYDROGEL	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	DEXAMETH SOD POW PHOSPHAT	DEXAMETHASONE SODIUM PHOSPHATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DEXAMETHASON POW ACETATE	DEXAMETHASONE ACETATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DEXCOM G6 MIS TRANSMIT	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X	X		
Miscellaneous Therapeutic Agents	DEXTROMETH POW	DEXTROMETHORPHAN POWDER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	DEXTROMETHOR POW HBR	DEXTROMETHORPHAN HBR POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DEXTROMETHOR POW HBR MONO	DEXTROMETHORPHAN HBR POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DHEA POW	PRASTERONE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DHEA POW MICRO	PRASTERONE MICRONIZED POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DIABETES KIT ADD-ON	BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP	Tier 3				
Miscellaneous Therapeutic Agents	DIABETES KIT SOLUTION	BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP	Tier 3				
Miscellaneous Therapeutic Agents	DIHYDROERGOT POW MESYLATE	DIHYDROERGOTAMINE MESYLATE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	DIMERCAPT-1- POW SULF NA	DIMERCAPTOPROPANE-SULFONATE (2,3) SODIUM (DMPS) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DIMERCAPTOSU CRY ACID	SUCCIMER (BULK) CRYSTALS	Tier 3	X			
Miscellaneous Therapeutic Agents	DIMERCAPTOSU POW ACID	SUCCIMER (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DIMETHYL SOL SULFOXID	DIMETHYL SULFOXIDE - SOLUTION	Tier 3				
Miscellaneous Therapeutic Agents	DL-3-HYDROXY POW ACID NA	SODIUM 3-HYDROXYBUTYRATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DMPS POW	DIMERCAPTOPROPANE-SULFONATE (2,3) SODIUM (DMPS) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DOXYCYCLINE POW HYCLATE	DOXYCYCLINE HYCLATE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	DR BROWNS POW GOOD ST	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	DROPLET MICR MIS 34GX9/64	INSULIN PEN NEEDLE 34 G X 3.5 MM (9/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	DROPSAFE MIS SICURA	NEEDLE (DISP) 25 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	DULOXETINE POW	DULOXETINE HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DULOXETINE POW HCL	DULOXETINE HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	DURABASE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	DURABASE CRE ADVANCED	CREAM BASE	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	DUREX MIS TROPICAL	CONDOMS LATEX LUBRICATED	HCR		X		
Miscellaneous Therapeutic Agents	DUREX EXTRA MIS SENSITIV	CONDOMS LATEX LUBRICATED	HCR		X		
Miscellaneous Therapeutic Agents	D-VITAMIN E POW SUCCINAT	VITAMIN E SUCCINATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	EASIVENT MIS	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	EASIVENT MIS MASK LG	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	EASIVENT MIS MASK SM	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	EASIVENT MIS MASK MED	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	EASY COMFORT MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	EASY COMFORT MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	EASY COMFORT MIS 29GX4MM	INSULIN PEN NEEDLE 29 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	EASY COMFORT MIS 29GX5MM	INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	EASY COMFORT MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	EASY COMFORT MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	EASY COMFORT MIS SHARPS	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	EASYMAX SOL NORMAL	BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	Tier 3				
Miscellaneous Therapeutic Agents	ECLIPSE NDL MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	ECLIPSE NDLE MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	ECLIPSE NDLE MIS 25GX1.5"	NEEDLE (DISP) 25 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	EC-RX DHEA CRE 10%	PRASTERONE (DHEA) CREAM 10% (COMPOUND KIT)	Tier 3				
Miscellaneous Therapeutic Agents	EC-RX DHEA CRE 4%	PRASTERONE (DHEA) CREAM 4% (COMPOUND KIT)	Tier 3				
Miscellaneous Therapeutic Agents	EMBRACE SOL LOW	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 3				
Miscellaneous Therapeutic Agents	EMOLIVAN CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	EMOLLIENT CRE	CREAM BASE	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	EMOLLIENT CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	EN GENTLEASE POW FUSS/GAS	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFA NUTRAMI CON LIPIL	INFANT FOODS CONC	Tier 3				
Miscellaneous Therapeutic Agents	ENFA NUTRAMI LIQ	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFA NUTRAMI LIQ DHA/ARA	INFANT FOODS LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	ENFA NUTRAMI LIQ DHA/ARA	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFA NUTRAMI POW PROB/LGG	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFA NUTRAMI POW TOD/ENFL	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFA PREGEST LIQ LIPIL	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFA PROSOBE CON LIPIL	INFANT FOODS CONC	Tier 3	X			
Miscellaneous Therapeutic Agents	ENFA PROSOBE LIQ LIPIL	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFA PROSOBE LIQ SENSITIV	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFAGROW POW PREMIUM	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAGROW POW PREMIUM	INFANT FOODS POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	ENFAGROW PRM POW TODDLER	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL LIQ DHA/ARA	INFANT FOODS LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	ENFAMIL LIQ GENTLEAS	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL LIQ PREMATUR	INFANT FOODS LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	ENFAMIL POW ENSPIRE	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL POW REGULINE	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL AR LIQ LIPIL	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL AR POW SPIT-UP	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL HUMA CON HIGH PRO	INFANT FOODS CONC	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	ENFAMIL HUMA CON STD PROT	INFANT FOODS CONC	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL HUMA LIQ FORTIFIE	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL HUMA POW FORTIFIE	INFANT FOODS PACKET	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL INFA LIQ FORMULA	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL INFA POW FORMULA	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL LIPI LIQ GENTLEAS	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL NEUR LIQ ENFACARE	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL NEUR LIQ INFANT	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL NEUR POW ENFACARE	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL NEUR POW GENTLEAS	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL NEUR POW SENSITIV	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL PREM CON LIPIL	INFANT FOODS CONC	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL PREM LIQ INFANT	INFANT FOODS LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	ENFAMIL PREM POW INFANT	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL PREM POW NEWBORN	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAMIL SOY POW PROSOBEE	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ENFAROW LIQ NEUROPRO	INFANT FOODS LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	ENFAROW NEXT LIQ VANILLA	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	ENTERAGAM POW 5GM	SERUM-DERIVED BOVINE IMMUNOGLOB/PROTEIN ISOLATE 5 GM PACKET	Tier 3				
Miscellaneous Therapeutic Agents	ERGOLOID MES TAB 1MG ORAL	ERGOLOID MESYLATES TAB 1 MG	Tier 1				
Miscellaneous Therapeutic Agents	ESSENTRA MIS 9X9"	ALCOHOL SHEETS	Tier 3				
Miscellaneous Therapeutic Agents	ETHOSUXIMIDE POW	ETHOSUXIMIDE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	ETHYLPARABEN POW	BULK CHEMICALS - POWDER	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	ETOPOSIDE POW	ETOPOSIDE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	FAGRON LS CRE PLUS	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	FC2 FEMALE MIS CONDOM	CONDOMS - FEMALE	HCR				
Miscellaneous Therapeutic Agents	FE PYROPHOSP POW	BULK CHEMICALS - POWDER	Tier 3				
Miscellaneous Therapeutic Agents	FEMCAP MIS 22MM	CERVICAL CAP 22 MM	HCR				
Miscellaneous Therapeutic Agents	FEMCAP MIS 26MM	CERVICAL CAP 26 MM	HCR				
Miscellaneous Therapeutic Agents	FEMCAP MIS 30MM	CERVICAL CAP 30 MM	HCR				
Miscellaneous Therapeutic Agents	FENTANYL POW CITRATE	FENTANYL CITRATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	FIRDAPSE TAB 10MG	AMIFAMPRIDINE PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Miscellaneous Therapeutic Agents	FISH OIL CAP 300MG	OMEGA-3 FATTY ACIDS CAP 300 MG	Tier 1				
Miscellaneous Therapeutic Agents	FITALITE CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	FLAVOR BLEND SUS	ORAL VEHICLES - SUSP	Tier 3				
Miscellaneous Therapeutic Agents	FLAVOR PLUS LIQ	ORAL VEHICLES	Tier 3				
Miscellaneous Therapeutic Agents	FLAVOR SWEET SYP	ORAL VEHICLES - SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	FLEX BASE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	FLEXICHAMBER MIS	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	FLEXICHAMBER MIS MASK LRG	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
Miscellaneous Therapeutic Agents	FLEXICHAMBER MIS MASK SM	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
Miscellaneous Therapeutic Agents	FLUOROURACIL POW	FLUOROURACIL (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	FLUOXETINE POW HCL	FLUOXETINE HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	FLURBIPROFEN POW	FLURBIPROFEN POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	FLUTICASONE POW PROPIONA	FLUTICASONE PROPIONATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	FOAMIL LIQ	EXTERNAL VEHICLES - LIQUID	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	FOLIC ACID POW	FOLIC ACID POWDER	Tier 3				
Miscellaneous Therapeutic Agents	FOOD COLOR LIQ BLUE	DYE FDC BLUE 1 (BRILLIANT BLUE FCF) - LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	FORA TEST GO MIS ADV MOBL	BLOOD GLUCOSE/KETONE MONITORING DEVICES	Tier 3				
Miscellaneous Therapeutic Agents	FORANE SOL	ISOFLURANE INHAL SOLN	Tier 2				
Miscellaneous Therapeutic Agents	FORMALDEHYDE SOL 10%	FORMALDEHYDE SOLUTION 10%	Tier 1				
Miscellaneous Therapeutic Agents	FORMALDEHYDE SOL 37%	FORMALDEHYDE SOLUTION 37%	Tier 1				
Miscellaneous Therapeutic Agents	FORTISCARE SOL CNTL HI	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 2				
Miscellaneous Therapeutic Agents	FORTISCARE SOL CNTL LOW	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 2				
Miscellaneous Therapeutic Agents	FORTISCARE SOL CNTL NML	BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	Tier 2				
Miscellaneous Therapeutic Agents	FREEDOM CRE DERMA-D	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	FREEDOM CRE DERMA-N	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	FREEDOM GEL CEPAPRO	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	FREEDOM GEL SILOMAC	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	FT CO Q-10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 1				
Miscellaneous Therapeutic Agents	FT CO Q-10 CAP 200MG	COENZYME Q10 CAP 200 MG	Tier 1				
Miscellaneous Therapeutic Agents	GABAPENTIN POW	GABAPENTIN POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	GERBER GOOD CON SOY/IRON	INFANT FOODS CONC	Tier 3	X			
Miscellaneous Therapeutic Agents	GERBER GOOD CON W/ IRON	INFANT FOODS CONC	Tier 3	X			
Miscellaneous Therapeutic Agents	GERBER GOOD LIQ SOY/ IRON	INFANT FOODS LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	GERBER GOOD LIQ W/ IRON	INFANT FOODS LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	GERBER GOOD POW SOY/IRON	INFANT FOODS POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	GERBER GOOD POW W/ IRON	INFANT FOODS POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	GINSENG POW AMERICAN	AMERICAN GINSENG (PANAX QUINQUEFOLIUM) (BULK) POWDER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	GINSENG ROOT POW	GINSENG ROOT (PANAX GINSENG) (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	GLIPIZIDE POW	GLIPIZIDE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	GLUCOSE SUP LIQ 1.2	NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)	Tier 3	X			
Miscellaneous Therapeutic Agents	GLUTARALDEHY SOL 25%	GLUTARAL SOLN 25%	Tier 1				
Miscellaneous Therapeutic Agents	GLUTATHIONE POW	GLUTATHIONE BULK POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	GLUTATHIONE POW REDUCED	GLUTATHIONE BULK POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	GLYBURIDE POW	GLYBURIDE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	GLYCERIN LIQ	GLYCERIN LIQUID	Tier 2				
Miscellaneous Therapeutic Agents	GLYCERIN LIQ	GLYCERIN LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	GLYCERINE LIQ	GLYCERIN LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	GLYCEROL LIQ FORMAL	GLYCERIN LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	GLYTAC COMPL BAR 10PE	NUTRITIONAL SUPPLEMENT BAR	Tier 3				
Miscellaneous Therapeutic Agents	GNP PEN NEED MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	GNP PEN NEED MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	GNP ULTICARE MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	GOOD START CON SOY/ IRON	INFANT FOODS CONC	Tier 3	X			
Miscellaneous Therapeutic Agents	GOOD START CON W/ IRON	INFANT FOODS CONC	Tier 3	X			
Miscellaneous Therapeutic Agents	GOOD START LIQ SOY/ IRON	INFANT FOODS LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	GOOD START LIQ W/ IRON	INFANT FOODS LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	GOOD START POW NATURAL	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	GOOD START POW SOY PLS2	INFANT FOODS POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	GOOD START POW SOY/ IRON	INFANT FOODS POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	GOOD START POW W/ IRON	INFANT FOODS POWDER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	GOOD START 2 CON W/ IRON	INFANT FOODS CONC	Tier 3				
Miscellaneous Therapeutic Agents	GOOD START 2 LIQ W/ IRON	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	GOOD START 2 POW SOY/ IRON	INFANT FOODS POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	G-PREPROTEIN LIQ	AMINO ACIDS ORAL LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	GUARDIAN MIS LINK 3	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X	X		
Miscellaneous Therapeutic Agents	GUARDIAN 4 MIS TRANSMIT	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X	X		
Miscellaneous Therapeutic Agents	GUARDIAN CON MIS TRANSMIT	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X	X		
Miscellaneous Therapeutic Agents	GUARDIAN RT MIS CHARGER	CONTINUOUS GLUCOSE MONITOR SUPPLIES	Tier 3				
Miscellaneous Therapeutic Agents	GUARDIAN RT MIS TST PLUG	CONTINUOUS GLUCOSE MONITOR SUPPLIES	Tier 3				
Miscellaneous Therapeutic Agents	HEPARIN LOCK INJ 100/ ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 100 UNIT/ ML	Tier 1				
Miscellaneous Therapeutic Agents	HEPARIN LOCK INJ 100/ ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 100 UNIT/ML	Tier 1				
Miscellaneous Therapeutic Agents	HEPARIN LOCK INJ 10UNT/ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 10 UNIT/ ML	Tier 1				
Miscellaneous Therapeutic Agents	HEPARIN LOCK INJ 10UNT/ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 10 UNIT/ML	Tier 1				
Miscellaneous Therapeutic Agents	HEXAPEPTIDE POW ACETYL	ACETYL HEXAPEPTIDE-8 (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	HEXAPEPTIDE SOL ACETYL	ACETYL HEXAPEPTIDE-8 (BULK) SOLUTION	Tier 3	X			
Miscellaneous Therapeutic Agents	HOLDING CHAM MIS ADULT	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	HOLDING CHAM MIS CHILD	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	HOME PAP KIT	PAP TEST COLLECTION KIT	Tier 3	X		X	
Miscellaneous Therapeutic Agents	HORMONE BASE CRE NIOSOMES	HORMONE CREAM BASE NIOSOMES	Tier 3				
Miscellaneous Therapeutic Agents	HORMONE HEAV CRE NIOSOMES	HORMONE CREAM BASE NIOSOMES	Tier 3				
Miscellaneous Therapeutic Agents	HUMAN CHORIO POW GONADOTR	CHORIONIC GONADOTROPIN (BULK) POWDER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	HUMATROPEN MIS FOR 12MG	INJECTION DEVICE - MISC	Tier 3				
Miscellaneous Therapeutic Agents	HUMATROPEN MIS FOR 24MG	INJECTION DEVICE - MISC	Tier 3				
Miscellaneous Therapeutic Agents	HUMATROPEN MIS FOR 6MG	INJECTION DEVICE - MISC	Tier 3				
Miscellaneous Therapeutic Agents	HYALURONATE POW SODIUM	HYALURONATE SODIUM (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	HYALURONIC POW SODIUM	HYALURONATE SODIUM (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	HYDRABASE SB CRE CUST BSE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	HYDROCODONE CRY BITARTRA	HYDROCODONE BITARTRATE (BULK) CRYSTALS	Tier 3	X			
Miscellaneous Therapeutic Agents	HYDROCODONE POW BITARTRA	HYDROCODONE BITARTRATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	HYDROGEL GEL	CARBOMER GEL BASE	Tier 3				
Miscellaneous Therapeutic Agents	HYDROMORPHON POW HCL	HYDROMORPHONE HCL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	HYDROPHILIC OIN	HYDROPHILIC OINTMENT	Tier 3	X			
Miscellaneous Therapeutic Agents	HYDROQUINONE POW	HYDROQUINONE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	HYDROUS CRE EMULSIFI	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	HYDROXYUREA POW	HYDROXYUREA (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	HYPO NEEDLE MIS 20GX1"	NEEDLE (DISP) 20 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	HYPO NEEDLE MIS 22GX1"	NEEDLE (DISP) 22 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	HYPO NEEDLE MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	HYPO NEEDLE MIS 23GX1.5"	NEEDLE (DISP) 23 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	HYPO NEEDLE MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	HYPO NEEDLE MIS 25GX1.5"	NEEDLE (DISP) 25 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	HYPO NEEDLE MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 2				
Miscellaneous Therapeutic Agents	IBUPROFEN POW	IBUPROFEN POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	IDAOXIA GEL 1-4%	METRONIDAZOLE-NIACINAMIDE GEL 1-4%	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	IGG 2000 CWP CAP	PROTEIN CAP	Tier 3				
Miscellaneous Therapeutic Agents	IGG 2000 CWP POW	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	IGG PURE POW	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	IMIPRAMINE POW HCL	IMIPRAMINE HCL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	IMPACT PEPT LIQ 1.5	NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)	Tier 3	X			
Miscellaneous Therapeutic Agents	INBRIJA CAP 42MG	LEVODOPA INHAL POWDER CAP 42 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	INFANT FORM POW / IRON	INFANT FOODS POWDER	Tier 1				
Miscellaneous Therapeutic Agents	INFINITY SOL HIGH CON	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 2				
Miscellaneous Therapeutic Agents	INFINITY SOL LOW CON	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 2				
Miscellaneous Therapeutic Agents	INPEN 100EL MIS BLUE-HUM	INJECTION DEVICE FOR INSULIN	Tier 3			X	
Miscellaneous Therapeutic Agents	INPEN 100EL MIS GREY-HUM	INJECTION DEVICE FOR INSULIN	Tier 3			X	
Miscellaneous Therapeutic Agents	INPEN 100EL MIS PINK HUM	INJECTION DEVICE FOR INSULIN	Tier 3			X	
Miscellaneous Therapeutic Agents	INPEN 100NN MIS BLUE NOV	INJECTION DEVICE FOR INSULIN	Tier 3			X	
Miscellaneous Therapeutic Agents	INPEN 100NN MIS GREY NOV	INJECTION DEVICE FOR INSULIN	Tier 3			X	
Miscellaneous Therapeutic Agents	INPEN 100NN MIS PINK NOV	INJECTION DEVICE FOR INSULIN	Tier 3			X	
Miscellaneous Therapeutic Agents	INPEN BLUE MIS HUMALOG	INJECTION DEVICE FOR INSULIN	Tier 3				
Miscellaneous Therapeutic Agents	INPEN BLUE MIS NOVO/ FIA	INJECTION DEVICE FOR INSULIN	Tier 3				
Miscellaneous Therapeutic Agents	INPEN GREY MIS HUMALOG	INJECTION DEVICE FOR INSULIN	Tier 3				
Miscellaneous Therapeutic Agents	INPEN GREY MIS NOVO/ FIA	INJECTION DEVICE FOR INSULIN	Tier 3				
Miscellaneous Therapeutic Agents	INPEN PINK MIS HUMALOG	INJECTION DEVICE FOR INSULIN	Tier 3				
Miscellaneous Therapeutic Agents	INPEN PINK MIS NOVO/ FIA	INJECTION DEVICE FOR INSULIN	Tier 3				
Miscellaneous Therapeutic Agents	INS SYR U500 MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64")	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	INS SYR U500 MIS 31GX6MM	INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	INSPIREASE MIS DD SYST	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	INSPIREASE MIS RES BAG	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - BAGS	Tier 2				
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.3/29G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.3/30G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.3/30G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 1/4" (6 MM)	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.3ML/30	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.3ML/31	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.5/28G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.5/29G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.5/29G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.5/30G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.5/30G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 0.5 ML 31 X 1/4" (6 MM)	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1/2ML/30	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1/2ML/31	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1ML/27G	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1ML/28G	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1ML/28G	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1ML/29G	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1ML/29G	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1ML/30G	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1ML/30G	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 1/4" (6 MM)	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 1ML/32G	INSULIN SYRINGE/NEEDLE U-100 1 ML 32 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 27GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 27GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 28GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 28GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 29GX12MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 29GX12MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 30GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 30GX5/16	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 30GX5/16	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 31GX5/16	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 31GX5/16	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 31GX5/16	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSULIN SYRG MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	INSUPEN MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	INSUPEN MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	IODINE SOL STRONG	IODINE SOLUTION STRONG 5% (LUGOL'S)	Tier 1				
Miscellaneous Therapeutic Agents	IODINE SOL STRONG	IODINE SOLUTION STRONG (LUGOL'S) (BULK)	Tier 3				
Miscellaneous Therapeutic Agents	ISOFLURANE SOL	ISOFLURANE INHAL SOLN	Tier 1				
Miscellaneous Therapeutic Agents	JOURNAVX TAB 50MG	SUZETRIGINE TAB 50 MG	Tier 3		X		
Miscellaneous Therapeutic Agents	KATE FARMS LIQ 1.5	NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)	Tier 3				
Miscellaneous Therapeutic Agents	KERALYT KIT SCALP 6%	SALICYLIC ACID SHAMPOO 6% & SALICYLIC ACID GEL 6% KIT	Tier 3				
Miscellaneous Therapeutic Agents	KETAMINE HCL POW	KETAMINE HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	KETOPROFEN POW	KETOPROFEN (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	KETOPROFEN POW MICRONIZ	KETOPROFEN (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	KETOPROFEN POW ULT MICR	KETOPROFEN (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	KETOROLAC POW TROMETHA	KETOROLAC TROMETHAMINE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	KRISGEL 100 GEL	KRISGEL 100 GEL	Tier 3				
Miscellaneous Therapeutic Agents	KUDZU ROOT POW	KUDZU (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	LANOLIN ANHY OIN	LANOLIN ANHYDROUS OINTMENT	Tier 3				
Miscellaneous Therapeutic Agents	L-ARGININE CAP 500MG	ARGININE CAP 500 MG	Tier 1				
Miscellaneous Therapeutic Agents	L-ASPARAGINE POW MONOHYDR	BULK CHEMICALS - POWDER	Tier 3				
Miscellaneous Therapeutic Agents	LATANOPROST OIL	LATANOPROST (BULK) OIL	Tier 3	X			
Miscellaneous Therapeutic Agents	L-CARNOSINE POW	CARNOSINE (BULK) POWDER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	L-CITRULLINE CAP 600MG	CITRULLINE CAP 600 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	L-CITRULLINE POW	CITRULLINE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	LECITHIN GEL	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 3				
Miscellaneous Therapeutic Agents	LECITHIN GRA	LECITHIN GRANULES	Tier 1				
Miscellaneous Therapeutic Agents	LEUCINE PAK 100MG	LEUCINE ORAL POWDER PACKET 100 MG	Tier 1				
Miscellaneous Therapeutic Agents	LEUCOVORIN POW CALCIUM	LEUCOVORIN CALCIUM POWDER	Tier 3				
Miscellaneous Therapeutic Agents	LEUPROLIDE POW ACETATE	LEUPROLIDE ACETATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	LEVOMEFOLATE POW GLUCOSAM	LEVOMEFOLATE GLUCOSAMINE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	L-GLUTATHION CRY	GLUTATHIONE CRYSTALS	Tier 3	X			
Miscellaneous Therapeutic Agents	LIMBREL CAP 250MG	FLAVOCOXID CAP 250 MG	Tier 3				
Miscellaneous Therapeutic Agents	LIMBREL CAP 500MG	FLAVOCOXID CAP 500 MG	Tier 3				
Miscellaneous Therapeutic Agents	LIMBREL250 CAP 250-50MG	FLAVOCOXID-CITRATED ZINC BISGLYCINATE CAP 250-50 MG	Tier 3				
Miscellaneous Therapeutic Agents	LIMBREL500 CAP 500-50MG	FLAVOCOXID-CITRATED ZINC BISGLYCINATE CAP 500-50 MG	Tier 3				
Miscellaneous Therapeutic Agents	LIPO CREAM CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	LIPOCREAM CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	LIPODERM HMW GEL PCCA	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	LIPOIC ACID POW	ALPHA-LIPOIC ACID (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	LIPOIC ACID POW DL	ALPHA-LIPOIC ACID (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	LIPOLAYER CRE	CREAM BASE LIPOSOMIC	Tier 3				
Miscellaneous Therapeutic Agents	LIPOPEN CRE ARBEM	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	LIPOPEN ABSO CRE ENHANCNG	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	LIPOPEN ULTR CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	LIPOSOMAL CRE HEAVY	CREAM BASE	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	LIPOSOMAL CRE REGULAR	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	LIPOZYME CRE	CREAM BASE LIPOSOMIC	Tier 3				
Miscellaneous Therapeutic Agents	LIQ PROTEIN LIQ FORTIFIE	INFANT FOODS LIQUID	Tier 1				
Miscellaneous Therapeutic Agents	LIQUACEL LIQ	AMINO ACIDS ORAL LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	LIQUACEL LIQ	AMINO ACIDS ORAL LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	LIQUACEL LIQ LEMON	AMINO ACIDS ORAL LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	LIQUACEL LIQ ORANGE	AMINO ACIDS ORAL LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	LIQUACEL LIQ PUMP+GO	AMINO ACIDS ORAL LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	L-LYSINE HCL TAB 500MG	LYSINE HCL TAB 500 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	LOVASTATIN POW	LOVASTATIN (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	LOVO-ODF LIQ CUSTOM	PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	LUBRAJEL NP GEL	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	LUGOLS SOL	IODINE SOLUTION STRONG (LUGOL'S) (BULK)	Tier 2				
Miscellaneous Therapeutic Agents	LYSINE TAB 1000MG	LYSINE HCL TAB 1000 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	MAGNESIUM POW BISGLYCI	MAGNESIUM GLYCINATE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	MAGNESIUM POW GLYCINAT	MAGNESIUM GLYCINATE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	MAGNESIUM AA POW CHELATE	MAGNESIUM AMINO ACID CHELATE (BULK) POWDER 20%	Tier 3	X			
Miscellaneous Therapeutic Agents	MASK VORTEX/ MIS FROG	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
Miscellaneous Therapeutic Agents	MASK VORTEX/ MIS LADY BUG	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
Miscellaneous Therapeutic Agents	MAXICOMFORT MIS 27GX1/2	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	MAXICOMFORT MIS 27GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	MAXICOMFORT MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	MEDERMA CRE SPF 30	SCAR TREATMENT PRODUCTS - CREAM	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	MEDIDERM CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	MEFENAMIC POW ACID	MEFENAMIC ACID POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	MELATOL PEDI LIQ 1MG/ML	MELATONIN LIQUID 1 MG/ML	Tier 3				
Miscellaneous Therapeutic Agents	MELATONIN POW	MELATONIN POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	MELOXICAM POW	MELOXICAM (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	MERCAPTOPURI POW	MERCAPTOPURINE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	MERCAPTOPURI POW	MERCAPTOPURINE MONOHYDRATE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	MERCAPTOPURI POW MONOHYDR	MERCAPTOPURINE MONOHYDRATE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	METHACHOLINE KIT CHLORIDE	METHACHOLINE CHLORIDE INHALATION SOLN KIT	Tier 3			X	
Miscellaneous Therapeutic Agents	METHADONE POW	METHADONE HCL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	METHERGINE TAB 0.2MG	METHYLERGONOVINE MALEATE TAB 0.2 MG	Tier 3		X		
Miscellaneous Therapeutic Agents	METHIONINE POW	METHIONINE ORAL PACKET 100 MG	Tier 1	X			
Miscellaneous Therapeutic Agents	METHOTREXATE POW	METHOTREXATE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	METHYLCOBALA POW	METHYLCOBALAMIN POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	METHYLERGON TAB 0.2MG	METHYLERGONOVINE MALEATE TAB 0.2 MG	Tier 1		X		
Miscellaneous Therapeutic Agents	METHYLPRED POW ACETATE	METHYLPREDNISOLONE ACETATE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	METHYLTETRAH POW CALCIUM	5-METHYLTETRAHYDROFOLATE CALCIUM POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	METOPIRONE CAP 250MG	METYRAPONE CAP 250 MG	Tier 3	X			
Miscellaneous Therapeutic Agents	MICONAZOLE POW NITRATE	MICONAZOLE NITRATE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	MICROCHAMBER MIS	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	MICRODERM CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	MIDAZOLAM POW	MIDAZOLAM (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	MINILINK RT MIS TRANSMIT	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	MINIMED 630G MIS TRANSMIT	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X			
Miscellaneous Therapeutic Agents	MINOXIDIL POW	MINOXIDIL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	MIPLYFFA CAP 124MG	ARIMOCLOMOL CITRATE CAP 124 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	MIPLYFFA CAP 47MG	ARIMOCLOMOL CITRATE CAP 47 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	MIPLYFFA CAP 62MG	ARIMOCLOMOL CITRATE CAP 62 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	MIPLYFFA CAP 93MG	ARIMOCLOMOL CITRATE CAP 93 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	MIRO3D FIBER MIS 100MG	COLLAGEN MATRIX (PORCINE) FIBERS 100 MG	Tier 3			X	
Miscellaneous Therapeutic Agents	MIRO3D FIBER MIS 250MG	COLLAGEN MATRIX (PORCINE) FIBERS 250 MG	Tier 3			X	
Miscellaneous Therapeutic Agents	MIRO3D FIBER MIS 500MG	COLLAGEN MATRIX (PORCINE) FIBERS 500 MG	Tier 3			X	
Miscellaneous Therapeutic Agents	MIRO3D FIBER MIS 700MG	COLLAGEN MATRIX (PORCINE) FIBERS 700 MG	Tier 3			X	
Miscellaneous Therapeutic Agents	MIRO3D WOUND PAD 10X5X2CM	COLLAGEN MATRIX (PORCINE) DRESSING 10 X 5 X 2 CM	Tier 3			X	
Miscellaneous Therapeutic Agents	MIRO3D WOUND PAD 2X2X2CM	COLLAGEN MATRIX (PORCINE) DRESSING 2 X 2 X 2 CM	Tier 3			X	
Miscellaneous Therapeutic Agents	MIRO3D WOUND PAD 3X3X2CM	COLLAGEN MATRIX (PORCINE) DRESSING 3 X 3 X 2 CM	Tier 3			X	
Miscellaneous Therapeutic Agents	MIRO3D WOUND PAD 4X4X2CM	COLLAGEN MATRIX (PORCINE) DRESSING 4 X 4 X 2 CM	Tier 3			X	
Miscellaneous Therapeutic Agents	MIRO3D WOUND PAD 5X5X2CM	COLLAGEN MATRIX (PORCINE) DRESSING 5 X 5 X 2 CM	Tier 3			X	
Miscellaneous Therapeutic Agents	MIRO3D WOUND PAD 7X5X2CM	COLLAGEN MATRIX (PORCINE) DRESSING 7 X 5 X 2 CM	Tier 3			X	
Miscellaneous Therapeutic Agents	MITOMYCIN POW	MITOMYCIN (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	MOMETASONE POW	MOMETASONE FUROATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	MONOBENZONE POW	MONOBENZONE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	MORPHINE POW SULFATE	MORPHINE SULFATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	MUCOLOX LIQ	PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	MULTIBASE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	MULTI-PEPTID LIQ SERUM	SERUM BASE - LIQUID	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	MULTI-PHASIC CRE CMPD	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	NABUMETONE POW	NABUMETONE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	N-ACETYL-L POW CARNOSIN	N-ACETYL-L-CARNOSINE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	NALTREXONE POW HCL	NALTREXONE HCL (BULK) POWDER	Tier 2	X			
Miscellaneous Therapeutic Agents	NALTREXONE POW HCL	NALTREXONE HCL DIHYDRATE (BULK) POWDER	Tier 2	X			
Miscellaneous Therapeutic Agents	NALTREXONE POW HCL DIHY	NALTREXONE HCL DIHYDRATE (BULK) POWDER	Tier 2	X			
Miscellaneous Therapeutic Agents	NATACREAM CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	NATURAL CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	NEEDL COLLEC MIS DISPOSAL	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	NEEDLE COLLE MIS DISPOSAL	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	NIACINAMIDE POW	NIACINAMIDE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	NICOTINAMIDE POW	NIACINAMIDE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	NICOTINAMIDE POW ADENINE	NADIDE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	NICOTINAMIDE POW RIBOSIDE	NICOTINAMIDE RIBOSIDE CHLORIDE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	NITRIC ACID LIQ	NITRIC ACID LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	NITROFURANTN SUS 25MG/5ML	NITROFURANTOIN SUSP 25 MG/5ML	Tier 1				
Miscellaneous Therapeutic Agents	NITROFURANTN SUS 50MG/5ML	NITROFURANTOIN SUSP 50 MG/5ML	Tier 3			X	
Miscellaneous Therapeutic Agents	NORDIPEN 5 MIS DEVICE	INJECTION DEVICE - MISC	Tier 3				
Miscellaneous Therapeutic Agents	NORDIPEN DEL MIS SYSTEM	INJECTION DEVICE - MISC	Tier 3				
Miscellaneous Therapeutic Agents	NOURILITE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	NOURISIL GEL	SILICONE (BULK) GEL	Tier 3	X			
Miscellaneous Therapeutic Agents	NOURIVAN CRE ANTIOX	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	NOVAFILM GEL	GEL BASE - GEL	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	NOVOPEN ECHO MIS	INJECTION DEVICE FOR INSULIN	Tier 3				
Miscellaneous Therapeutic Agents	NZ WHEY PROT POW ISOLATE	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	OCCLUSADERM GEL PCCA	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	OCCLUVAN OIN	HYDROPHILIC OINTMENT	Tier 3	X			
Miscellaneous Therapeutic Agents	OMNIBASE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	OMNIFLEX DPR	DIAPHRAGMS	HCR				
Miscellaneous Therapeutic Agents	OMNIPOD 5 DX KIT INT G7G6	INSULIN INFUSION DISPOSABLE PUMP KIT	Tier 2	X	X		
Miscellaneous Therapeutic Agents	OMNIPOD 5 DX MIS POD G7G6	INSULIN INFUSION DISPOSABLE PUMP RESERVOIR	Tier 2	X			
Miscellaneous Therapeutic Agents	OMNIPOD 5 G7 KIT INTRO	INSULIN INFUSION DISPOSABLE PUMP KIT	Tier 2	X	X		
Miscellaneous Therapeutic Agents	OMNIPOD 5 G7 MIS PODS	INSULIN INFUSION DISPOSABLE PUMP RESERVOIR	Tier 2	X			
Miscellaneous Therapeutic Agents	OMNIPOD 5 LB KIT INTRO G6	INSULIN INFUSION DISPOSABLE PUMP KIT	Tier 2	X			
Miscellaneous Therapeutic Agents	OMNIPOD 5 LB MIS PODS G6	INSULIN INFUSION DISPOSABLE PUMP RESERVOIR	Tier 2	X			
Miscellaneous Therapeutic Agents	ONETOUCH LIQ VERIO 4	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 1				
Miscellaneous Therapeutic Agents	ORA-BLEND SUS	ORAL VEHICLES - SUSP	Tier 3				
Miscellaneous Therapeutic Agents	ORA-BLEND SF SUS	ORAL VEHICLES - SUSP	Tier 3				
Miscellaneous Therapeutic Agents	ORAPENN SD LIQ SWEET	ORAL VEHICLES	Tier 3				
Miscellaneous Therapeutic Agents	ORA-PLUS LIQ	ORAL VEHICLES	Tier 3				
Miscellaneous Therapeutic Agents	ORA-SWEET SYP	ORAL VEHICLES - SYRUP	Tier 2				
Miscellaneous Therapeutic Agents	ORA-SWEET SF SYP	ORAL VEHICLES - SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	ORPHENADRINE POW CITRATE	ORPHENADRINE CITRATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	OSELTAMIVIR POW	OSELTAMIVIR PHOSPHATE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	OXYCODONE POW HCL	OXYCODONE HCL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PALFORZIA CAP 1-3YRS	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 MG	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	PALFORZIA CAP 4-17YRS	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA CAP ESCALAT	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA CAP LEVEL 0	PEANUT POWDER-DNFP CAP SPRINKLE PACK 1 X 1 MG (1 MG DOSE)	Tier 3	X			X
Miscellaneous Therapeutic Agents	PALFORZIA CAP LEVEL 1	PEANUT POWDER-DNFP CAP SPRINKLE PACK 3 X 1 MG (3 MG DOSE)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA CAP LEVEL 10	PEANUT POWDER-DNFP PACK 2 X 20 MG & 2 X 100 MG (240 MG DOSE)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA CAP LEVEL 2	PEANUT POWDER-DNFP CAP SPRINKLE PACK 6 X 1 MG (6 MG DOSE)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA CAP LEVEL 3	PEANUT POWDER-DNFP PACK 2 X 1 MG & 10 MG (12 MG DOSE)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA CAP LEVEL 4	PEANUT POWDER-DNFP CAP SPRINKLE PACK 20 MG (20 MG DOSE)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA CAP LEVEL 5	PEANUT POWDER-DNFP CAP SPRINKLE PACK 2 X 20 MG (40 MG DOSE)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA CAP LEVEL 6	PEANUT POWDER-DNFP CAP SPRINKLE PACK 4 X 20 MG (80 MG DOSE)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA CAP LEVEL 7	PEANUT POWDER-DNFP PACK 20 MG & 100 MG (120 MG DOSE)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA CAP LEVEL 8	PEANUT POWDER-DNFP PACK 3 X 20 MG & 100 MG (160 MG DOSE)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA CAP LEVEL 9	PEANUT POWDER-DNFP PACK 2 X 100 MG (200 MG DOSE)	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA POW LEVEL 11	PEANUT ALLERGEN POWDER-DNFP TITRATION PACKET 300 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PALFORZIA POW LEVEL 11	PEANUT ALLERGEN POWDER-DNFP MAINTENANCE PACKET 300 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	PAPAVERINE POW HCL	PAPAVERINE HCL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PARADIGM REA MIS TRANSMIT	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	Tier 3	X			
Miscellaneous Therapeutic Agents	PARI VORTEX MIS ADL MASK	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	PCCA ACACIA SYP BASE	ACACIA SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	PCCA ALADERM CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PCCA BASE CRE 7542	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PCCA CANNIDX CRE 2.0 CUST	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PCCA CANNIDX CRE CUST BSE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PCCA COBASE OIN #1	COBASE #1 OINTMENT BASE	Tier 3				
Miscellaneous Therapeutic Agents	PCCA COSMETI CRE HRT BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PCCA CUSTOM CRE LIPO-MAX	CREAM BASE LIPOSOMIC	Tier 3				
Miscellaneous Therapeutic Agents	PCCA EMOLLIE CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PCCA LIPODER CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PCCA LIPOSOM CRE DRY	CREAM BASE LIPOSOMIC	Tier 3				
Miscellaneous Therapeutic Agents	PCCA LIPOSOM CRE NORMAL	CREAM BASE LIPOSOMIC	Tier 3				
Miscellaneous Therapeutic Agents	PCCA LIPOSOM CRE OILY	CREAM BASE LIPOSOMIC	Tier 3				
Miscellaneous Therapeutic Agents	PCCA LIPOSOM CRE SENSITIV	CREAM BASE LIPOSOMIC	Tier 3				
Miscellaneous Therapeutic Agents	PCCA MVC CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PCCA SWEET SYP -SF	ORAL VEHICLES - SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	PCCA SYRUP SYP VEHICLE	ORAL VEHICLES - SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	PCCA VANISH CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PCCA VANISHI CRE LIGHT	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PCCA VANPEN CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PCCA-PLUS SUS	ORAL VEHICLES - SUSP	Tier 3				
Miscellaneous Therapeutic Agents	PEG BASE OIN	POLYETHYLENE GLYCOL OINTMENT	Tier 3				
Miscellaneous Therapeutic Agents	PEN NEEDLE MIS 29GX12.7	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	PEN NEEDLE MIS 29GX3/16	INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLE MIS 29GX5/16	INSULIN PEN NEEDLE 29 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLE MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLE MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLE MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLE MIS 33GX4MM	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLE MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLE MIS 33GX5MM	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLE MIS 33GX6MM	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 29GX1/2"	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 29GX10MM	INSULIN PEN NEEDLE 29 G X 10 MM	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 29GX12.7	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 30GX3/16	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	PEN NEEDLES MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	PENCREAM CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PENDERM CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PENSOMAL CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PENTIPS MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
Miscellaneous Therapeutic Agents	PENTIPS MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PENTIPS MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PENTOXIFYL POW	PENTOXIFYLLINE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PEPTICATE POW	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	PERFECT POIN MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	PERGOLIDE POW MESYLATE	PERGOLIDE MESYLATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PETROLATUM GEL WHITE	WHITE PETROLATUM TOPICAL GEL	Tier 1				
Miscellaneous Therapeutic Agents	PETROLATUM OIN WHITE	WHITE PETROLATUM OINTMENT	Tier 3				
Miscellaneous Therapeutic Agents	PETROLATUM OIN YELLOW	PETROLATUM OINTMENT	Tier 3				
Miscellaneous Therapeutic Agents	PFCB CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PHARMABASE CRE ANTIOXID	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PHARMABASE CRE COSMETIC	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PHARMABASE CRE HEAVY	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PHARMABASE CRE LIGHT	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PHARMABASE CRE VAGINAL	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PHENYL-FREE POW 1	INFANT FOODS POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PHENYLPROPAN POW HCL	PHENYLPROPANOLAMINE HCL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PHEXXI GEL	LACTIC ACID-CITRIC ACID-POTASSIUM BITARTRATE GEL 1.8-1-0.4%	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	PHOSPHATIDYL POW 20%	PHOSPHATIDYLSERINE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PHYTOBASE CRE	CREAM BASE	Tier 2	X			
Miscellaneous Therapeutic Agents	PHYTOBASE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PINE BARK EX POW 95%	PINE BARK EXTRACT (BULK) POWDER 95%	Tier 3	X			
Miscellaneous Therapeutic Agents	PIROXICAM POW	PIROXICAM POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PKU EASY TAB MICROTAB	NUTRITIONAL SUPPLEMENT TABS DELAYED RELEASE	Tier 3				
Miscellaneous Therapeutic Agents	PKU EASY TAB PLUS	NUTRITIONAL SUPPLEMENT TABS DELAYED RELEASE	Tier 3				
Miscellaneous Therapeutic Agents	PKU GOLIKE POW PL 4-16	AMINO ACIDS PACK	Tier 3				
Miscellaneous Therapeutic Agents	PKU GOLIKE POW PLUS 16+	AMINO ACIDS PACK	Tier 3				
Miscellaneous Therapeutic Agents	PLO GEL MEDIFLO	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 3				
Miscellaneous Therapeutic Agents	PLO MEDIFLO GEL 30	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 3				
Miscellaneous Therapeutic Agents	PLO MEDIFLO KIT 30 KIT	PREMIUM LECITHIN ORGANOGEL BASE KIT	Tier 3				
Miscellaneous Therapeutic Agents	PLO MEDIFLO KIT KIT	PREMIUM LECITHIN ORGANOGEL BASE KIT	Tier 3				
Miscellaneous Therapeutic Agents	PLO TRANSDER CRE	TRANSDERMAL BASE CREAM	Tier 3				
Miscellaneous Therapeutic Agents	PLO20 GEL FLOWABLE	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 3				
Miscellaneous Therapeutic Agents	PLO20 GEL NON-FLOW	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 3				
Miscellaneous Therapeutic Agents	POLY HUB MIS 20GX1"	NEEDLE (DISP) 20 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	POLY HUB MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	POLY HUB MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	POLY HUB MIS 22GX1"	NEEDLE (DISP) 22 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	POLY HUB MIS 22GX1.5"	NEEDLE (DISP) 22 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	POLY HUB MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	POLY HUB MIS 23GX1.5"	NEEDLE (DISP) 23 X 1-1/2"	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	POLY HUB MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	POLY HUB MIS 25GX1.5"	NEEDLE (DISP) 25 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	POLY HUB MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 2				
Miscellaneous Therapeutic Agents	POLY HUB MIS 27GX1/2"	NEEDLE (DISP) 27 X 1/2"	Tier 2				
Miscellaneous Therapeutic Agents	POLY HUB MIS 30GX1/2"	NEEDLE (DISP) 30 X 1/2"	Tier 2				
Miscellaneous Therapeutic Agents	POLYETH GLYC OIN 8000	POLYETHYLENE GLYCOL 8000 OINT	Tier 3				
Miscellaneous Therapeutic Agents	POLYMAC GEL PROGEL	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	POLYOX POW WSR-301	BULK CHEMICALS - POWDER	Tier 3				
Miscellaneous Therapeutic Agents	POLYOX WSR POW -301	BULK CHEMICALS - POWDER	Tier 3				
Miscellaneous Therapeutic Agents	POLYPEG OIN BASE	POLYETHYLENE GLYCOL OINTMENT	Tier 3				
Miscellaneous Therapeutic Agents	POLYSORBATE LIQ 80	POLYSORBATE 80 LIQ	Tier 3				
Miscellaneous Therapeutic Agents	POLYSORBATE LIQ 80	POLYSORBATE 80 LIQ	Tier 2				
Miscellaneous Therapeutic Agents	POT IODIDE SOL 1GM/ ML	POTASSIUM IODIDE ORAL SOLN 1 GM/ML	Tier 1				
Miscellaneous Therapeutic Agents	POT PHOSPHAT GRA DIBASIC	POTASSIUM PHOSPHATE DIBASIC GRANULES	Tier 3				
Miscellaneous Therapeutic Agents	PRACASIL TM- CRE PLUS	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PRE PROTEIN POW	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	PRE PROTEIN TAB	AMINO ACIDS TAB	Tier 3	X			
Miscellaneous Therapeutic Agents	PREGESTIMIL POW	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	PREGNENOLONE POW	PREGNENOLONE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PREGNENOLONE POW MICRONIZ	PREGNENOLONE (MICRONIZED) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PREPROTEIN LIQ	AMINO ACIDS ORAL LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	PREPROTEIN LIQ 20	AMINO ACIDS ORAL LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	PREVENT DROP MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	PREVENT DROP MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PREVENT SAFE MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	PREVENT SAFE MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PRO COMFORT MIS 0.5/30G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	PRO COMFORT MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	PRO COMFORT MIS 1ML/30G	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	PRO COMFORT MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	PROCEL POW	PROTEIN ORAL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PROCEL POW CHOCOLAT	PROTEIN ORAL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PROCEL 100 POW	PROTEIN ORAL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PROCHAMBER MIS VHC	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	PROGESTERONE POW MICRONIZ	PROGESTERONE MICRONIZED (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	PROMETHAZINE POW HCL	PROMETHAZINE HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PROSOURCE LIQ NO CARB	PROTEIN ORAL LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	PROSOURCE LIQ TF FREE	PROTEIN LIQUID (ENTERAL)	Tier 3	X			
Miscellaneous Therapeutic Agents	PROSOURCE LIQ TF20	PROTEIN LIQUID (ENTERAL)	Tier 3				
Miscellaneous Therapeutic Agents	PROSTAGLAND POW E1	ALPROSTADIL POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	PROSYNMINIC POW	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	PROTEIN CHW 500MG	PROTEIN CHEW TAB 500 MG	Tier 1				
Miscellaneous Therapeutic Agents	PROTEIN POW 80%	PROTEIN POWDER 80%	Tier 1				
Miscellaneous Therapeutic Agents	PROTEIN POW 80%	PROTEIN POWDER 80%	Tier 1	X			
Miscellaneous Therapeutic Agents	PROTEIN POW 90%	PROTEIN ORAL POWDER	Tier 1	X			
Miscellaneous Therapeutic Agents	PROVOCHOLINE KIT	METHACHOLINE CHLORIDE INHALATION SOLN KIT	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	P-SILOXAN DS CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	PURAMINO POW DHA/ ARA	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	PURE BLISS LIQ ORG/ IRON	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	PURE COMFORT MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	PURE COMFORT MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	PURIFIED LIQ WATER	DISTILLED WATER	Tier 3				
Miscellaneous Therapeutic Agents	QFITLIA INJ 20/0.2ML	FITUSIRAN SODIUM SUBCUTANEOUS SOLN 20 MG/0.2ML	Tier 3	X		X	X
Miscellaneous Therapeutic Agents	QFITLIA INJ 50/0.5ML	FITUSIRAN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 50 MG/0.5ML	Tier 3	X		X	X
Miscellaneous Therapeutic Agents	QUICK TOUCH MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	QUICK TOUCH MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	QUICK TOUCH MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	QUICK TOUCH MIS 33GX4MM	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 2		X		
Miscellaneous Therapeutic Agents	QUICK TOUCH MIS 33GX5MM	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	QUICK TOUCH MIS 33GX6MM	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	QUICK TOUCH MIS 33GX8MM	INSULIN PEN NEEDLE 33 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	RA L-LYSINE TAB 1000MG	LYSINE HCL TAB 1000 MG	Tier 1				
Miscellaneous Therapeutic Agents	RA L-LYSINE TAB 500MG	LYSINE HCL TAB 500 MG	Tier 1				
Miscellaneous Therapeutic Agents	RA PEN NEEDL MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	RADIOGARDASE CAP 0.5GM	PRUSSIAN BLUE INSOLUBLE CAP 0.5 GM	Tier 3				
Miscellaneous Therapeutic Agents	RASPBERRY SYP	RASPBERRY SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	RAYA SURE MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
Miscellaneous Therapeutic Agents	RAYA SURE MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	RAYA SURE MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	RAYA SURE MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	RAYA SURE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	RAYASAL CRE 5.9%	SALICYLIC ACID CREAM 5.9%	Tier 3				
Miscellaneous Therapeutic Agents	REAL FOOD LIQ BLENDS	NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)	Tier 3				
Miscellaneous Therapeutic Agents	REFRESH AA15 LIQ PKU LEMO	AMINO ACIDS ORAL LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	REFRESH AA15 LIQ PKU ORG	AMINO ACIDS ORAL LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	RENAL SUPPRT LIQ 1.8	NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)	Tier 3	X			
Miscellaneous Therapeutic Agents	RESVERATROL POW	RESVERATROL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	RESVERATROL POW +98%	RESVERATROL (BULK) POWDER 98%	Tier 3	X			
Miscellaneous Therapeutic Agents	RESVERATROL POW 98%	RESVERATROL (BULK) POWDER 98%	Tier 3	X			
Miscellaneous Therapeutic Agents	RETINALDEHYD POW	RETINAL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	RETINOIC ACD POW	TRETINOIN POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	RETINOIC ACD POW ALL TRAN	TRETINOIN POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	RHEOSPRAY LIQ	EXTERNAL VEHICLES - LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	RIBAVIRIN POW	RIBAVIRIN (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	SA3 DERM CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	S-ADENOSYL-L POW METHIONI	ADEMETIONINE DISULFATE TOSYLATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	SAFETYGLIDE MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	SAFETYGLIDE MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	SAFTY NEEDLE MIS 19GX1"	NEEDLE (DISP) 19 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	SAFTY NEEDLE MIS 19GX1.5"	NEEDLE (DISP) 19 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	SAFTY NEEDLE MIS 20GX1"	NEEDLE (DISP) 20 X 1"	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	SAFTY NEEDLE MIS 20GX1.5"	NEEDLE (DISP) 20 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	SAFTY NEEDLE MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	SAFTY NEEDLE MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	SAFTY NEEDLE MIS 22GX1"	NEEDLE (DISP) 22 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	SAFTY NEEDLE MIS 22GX1.5"	NEEDLE (DISP) 22 X 1-1/2"	Tier 2				
Miscellaneous Therapeutic Agents	SAFTY NEEDLE MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	SAFTY NEEDLE MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 2				
Miscellaneous Therapeutic Agents	SAFTY NEEDLE MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 2				
Miscellaneous Therapeutic Agents	SALICATE LIQ 10%	SALICYLIC ACID LIQUID 10%	Tier 3				
Miscellaneous Therapeutic Agents	SALICYLIC AC SOL 26%	SALICYLIC ACID SOLN 26%	Tier 1				
Miscellaneous Therapeutic Agents	SALICYLIC AC SOL 50%	SALICYLIC ACID (BULK) SOLUTION 50%	Tier 3	X			
Miscellaneous Therapeutic Agents	SALT DURABLE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	SALT STABLE CRE LS ADV	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	SALTSTABLE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	SANARE CRE ADVANCED	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	SANARE SCAR CRE THERAPY	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	SCAR CARE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	SCARCIN CRE	SCAR TREATMENT PRODUCTS - CREAM	Tier 3	X			
Miscellaneous Therapeutic Agents	SECURESAFE MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	SECURESAFE MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	SEGLENTIS TAB 56-44MG	CELECOXIB-TRAMADOL HCL TAB 56-44 MG	Tier 3		X	X	
Miscellaneous Therapeutic Agents	SERAQUA LIQ	SERUM BASE - LIQUID	Tier 3			X	
Miscellaneous Therapeutic Agents	SERMORELIN POW ACETATE	SERMORELIN ACETATE (BULK) POWDER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	SEROTONIN POW HCL	SEROTONIN HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	SEVOFLURANE SOL	SEVOFLURANE INHAL SOLN	Tier 1				
Miscellaneous Therapeutic Agents	SHARP CONTAI MIS	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	SHARPS COLL MIS 0.05GAL	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	SHARPS COLL MIS 5.4QT	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	SHARPS COLL MIS 6.9QT	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	SHARPS COLL MIS 8.2QT	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	SHARPS CONTA MIS 0.05L	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	SHARPS UNIV MIS CONTAINE	SHARPS CONTAINER - MISC	Tier 3				
Miscellaneous Therapeutic Agents	SILPROTEX CRE PLUS	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	SIMILAC LIQ SENSITIV	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	SIMILAC POW NEOSURE	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	SIMILAC 360 LIQ 5 HMO	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	SIMILAC 360 LIQ SENS HMO	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	SIMILAC 360 POW 5 HMO	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	SIMILAC 360 POW SENSITIV	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	SIMILAC ADV LIQ KOSHER	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	SIMILAC ALIM LIQ IMMUNE	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	SIMILAC ALIM POW TODDLER	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	SIMILAC SOY LIQ ISOMIL	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	SIMILAC SOY POW ISOMIL	INFANT FOODS POWDER	Tier 3				
Miscellaneous Therapeutic Agents	SIMILAC SPEC LIQ PREMATUR	INFANT FOODS LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	SIMPLE SYP	SIMPLE - SYRUP	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	SIMPLGEL 30 GEL	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	SIROLIMUS POW	SIROLIMUS (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	SKYY DERM CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	SOD PYROPHOS POW ANHYDROU	BULK CHEMICALS - POWDER	Tier 3				
Miscellaneous Therapeutic Agents	SODIUM POW CHLORIDE	SODIUM CHLORIDE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	SODIUM POW HYALURON	HYALURONATE SODIUM (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	SODIUM BUTYR POW	SODIUM BUTYRATE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	SOHONOS CAP 1.5MG	PALOVAROTENE CAP 1.5 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	SOHONOS CAP 10MG	PALOVAROTENE CAP 10 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	SOHONOS CAP 1MG	PALOVAROTENE CAP 1 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	SOHONOS CAP 2.5MG	PALOVAROTENE CAP 2.5 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	SOHONOS CAP 5MG	PALOVAROTENE CAP 5 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	SOLYDRA LIQ	OIL BASE - LIQUID	Tier 3				
Miscellaneous Therapeutic Agents	SPIRA-WASH GEL BASE	GEL BASE - GEL	Tier 3	X			
Miscellaneous Therapeutic Agents	SPIRONOLACT POW	SPIRONOLACTONE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	SSKI SOL 1GM/ML	POTASSIUM IODIDE ORAL SOLN 1 GM/ML	Tier 3				
Miscellaneous Therapeutic Agents	SUCCIMER DMS POW	SUCCIMER (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	SULFADIMETHO POW	SULFADIMETHOXINE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	SUPREME CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	SURE COMFORT MIS 31GX1/4	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	SURE COMFORT MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	SURE COMFORT MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	SUSPENDRX SUS SWEET	ORAL VEHICLES - SUSP	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	SUSPENDRX SUS UNSWEET	ORAL VEHICLES - SUSP	Tier 3				
Miscellaneous Therapeutic Agents	SUSPENSION SUS VEHICLE	ORAL VEHICLES - SUSP	Tier 3				
Miscellaneous Therapeutic Agents	SYMBRAVO TAB 20-10MG	MELOXICAM-RIZATRIPTAN TAB 20-10 MG	Tier 3			X	
Miscellaneous Therapeutic Agents	SYRG/NEEDLE MIS 29GX12.5	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 2		X		
Miscellaneous Therapeutic Agents	SYRG/NEEDLE MIS 31GX6MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64"	Tier 2		X		
Miscellaneous Therapeutic Agents	SYRG/NEEDLE MIS 31GX6MM	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	Tier 2		X		
Miscellaneous Therapeutic Agents	SYRG/NEEDLE MIS 31GX6MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	Tier 2		X		
Miscellaneous Therapeutic Agents	SYRG/NEEDLE MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	SYRG/NEEDLE MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	SYRG/NEEDLE MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 2		X		
Miscellaneous Therapeutic Agents	SYRPALTA SYP	ORAL VEHICLES - SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	SYRPALTA SYP	SIMPLE - SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	SYRSPEND SF LIQ	ORAL VEHICLES	Tier 3				
Miscellaneous Therapeutic Agents	SYRSPEND SF SUS PH4	ORAL VEHICLES FOR SUSP	Tier 3				
Miscellaneous Therapeutic Agents	SYRUP SYP VEHICLE	ORAL VEHICLES - SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	SYRUP SF SYP VEHICLE	ORAL VEHICLES - SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	TACROLIMUS POW	TACROLIMUS (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	TACROLIMUS POW MONOHYD	TACROLIMUS (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	TADALAFIL POW	TADALAFIL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	TAMOXIFEN POW CITRATE	TAMOXIFEN CITRATE (BULK) POWDER	Tier 2	X			
Miscellaneous Therapeutic Agents	TAVNEOS CAP 10MG	AVACOPAN CAP 10 MG	Tier 3	X	X		X
Miscellaneous Therapeutic Agents	TDC MAX CRE	TRANSDERMAL BASE CREAM	Tier 3				
Miscellaneous Therapeutic Agents	TECHNELITE KIT HEU	TECHNETIUM TC 99M NA PERTECHNETATE FOR SOLN KIT	Tier 3	X		X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	TECHNELITE KIT LEU	TECHNETIUM TC 99M NA PERTECHNETATE FOR SOLN KIT	Tier 3	X		X	
Miscellaneous Therapeutic Agents	TEMPO SMART MIS BUTTON	BLOOD GLUCOSE MONITORING MISC.	Tier 3				
Miscellaneous Therapeutic Agents	TERBUTALINE POW SULFATE	TERBUTALINE SULFATE POWDER	Tier 3				
Miscellaneous Therapeutic Agents	TERODERM CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	TERODERM CRE PLUS	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	TERRELL SOL	ISOFLURANE INHAL SOLN	Tier 1				
Miscellaneous Therapeutic Agents	TESTOSTERONE CRY YAM	TESTOSTERONE MICRONIZED (BULK) CRYSTALS	Tier 3				
Miscellaneous Therapeutic Agents	TESTOSTERONE POW	TESTOSTERONE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	TESTOSTERONE POW CYPIONAT	TESTOSTERONE CYPIONATE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	TESTOSTERONE POW ENANTHAT	TESTOSTERONE ENANTHATE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	TESTOSTERONE POW MICRONIZ	TESTOSTERONE MICRONIZED (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	TESTOSTERONE POW SOY	TESTOSTERONE MICRONIZED (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	TESTOSTERONE POW SOY	TESTOSTERONE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	THIOGUANINE POW	THIOGUANINE (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	THIOTEPA POW	THIOTEPA (BULK) POWDER	Tier 3				
Miscellaneous Therapeutic Agents	TIZANIDINE POW HCL	TIZANIDINE HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	TOCOPHEROL LIQ ALPHA	VITAMIN E (BULK) LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	TOCOPHEROLS POW 30%	TOCOPHEROLS (BULK) POWDER 30%	Tier 3	X			
Miscellaneous Therapeutic Agents	TOCOPHERYL POW SUCCINAT	VITAMIN E SUCCINATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	TODDLER BEGI POW IRON	INFANT FOODS POWDER	Tier 1				
Miscellaneous Therapeutic Agents	TOMMY GEL GEL	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	TRAMADOL HCL POW	TRAMADOL HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	TRANSDERMAL CRE PAIN BAS	TRANSDERMAL BASE CREAM	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	TRETINOIN POW	TRETINOIN POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	TRIAMCINOLON POW	TRIAMCINOLONE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	TRIAMCINOLON POW ACETONID	TRIAMCINOLONE ACETONIDE POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	TRIAMCINOLON POW DIACETAT	TRIAMCINOLONE DIACETATE MICRONIZED POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	TRIAMCINOLON POW HEXACETO	TRIAMCINOLONE HEXACETONIDE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	TRICHLOROACE CRY ACID	TRICHLOROACETIC ACID (BULK) CRYSTALS	Tier 3				
Miscellaneous Therapeutic Agents	TRICHOSOL SOL	EXTERNAL VEHICLES - SOLUTION	Tier 3				
Miscellaneous Therapeutic Agents	TROJAN MAGN MIS	CONDOMS LATEX LUBRICATED	HCR		X		
Miscellaneous Therapeutic Agents	TROJAN ULTRA MIS RIBBED	CONDOMS LATEX LUBRICATED	HCR		X		
Miscellaneous Therapeutic Agents	TROJAN ULTRA MIS THIN	CONDOMS LATEX LUBRICATED	HCR		X		
Miscellaneous Therapeutic Agents	TROJAN-ENZ MIS LUBRICAT	CONDOMS LATEX LUBRICATED	HCR		X		
Miscellaneous Therapeutic Agents	TROJAN-ENZ MIS W/ SPERMI	CONDOMS LATEX LUBRICATED	HCR		X		
Miscellaneous Therapeutic Agents	TRUE COVER MIS CONDOM	CONDOMS LATEX LUBRICATED	HCR		X		
Miscellaneous Therapeutic Agents	TRUE METRIX SOL LEVEL 1	BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	Tier 2				
Miscellaneous Therapeutic Agents	TRUE METRIX SOL LEVEL 2	BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	Tier 2				
Miscellaneous Therapeutic Agents	TRUE METRIX SOL LEVEL 3	BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	Tier 2				
Miscellaneous Therapeutic Agents	TRYNGOLZA INJ 80MG/0.8	OLEZARSEN SOD SUBCUT SOLN AUTO-INJECT 80 MG/0.8ML (BASE EQ)	Tier 3	X	X	X	X
Miscellaneous Therapeutic Agents	TWIIST KIT STARTER	INSULIN INFUSION DISPOSABLE PUMP KIT	Tier 2	X	X		
Miscellaneous Therapeutic Agents	TWYNEO CRE 0.1-3%	TRETINOIN-BENZOYL PEROXIDE CREAM 0.1-3%	Tier 3				
Miscellaneous Therapeutic Agents	U-BASE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	UBIDECARENON POW	COENZYME Q10 POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	UBIQUINOL POW	UBIQUINOL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	UBIQUINOL POW 30%	UBIQUINOL (BULK) POWDER 30%	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	ULTANE SOL	SEVOFLURANE INHAL SOLN	Tier 3				
Miscellaneous Therapeutic Agents	U-MILD SHA	EXTERNAL VEHICLES - SHAMPOO	Tier 3	X		X	
Miscellaneous Therapeutic Agents	UNIFINE PNTP MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
Miscellaneous Therapeutic Agents	UNIFINE PNTP MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	UNIFINE PNTP MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	UNIFINE PNTP MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	UNIFINE PNTP MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	UNIFINE PNTP MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	UNIFINE PROT MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	UNIFINE SAFE MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	UNIFINE SAFE MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 2		X		
Miscellaneous Therapeutic Agents	UNIFINE SAFE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	UNISPEND ANH SUS SWEETENE	ORAL VEHICLES - SUSP	Tier 3				
Miscellaneous Therapeutic Agents	UNJURY POW CHICKEN	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	UNJURY POW CHOCOLAT	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	UNJURY POW STRAWBRY	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	UNJURY POW UNFLAVOR	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	UNJURY POW VANILLA	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	UREA POW	UREA POWDER	Tier 3				
Miscellaneous Therapeutic Agents	UREA PRILLED BEA	UREA BEADS	Tier 3				
Miscellaneous Therapeutic Agents	VALINE PAK 50MG	VALINE ORAL POWDER PACKET 50 MG	Tier 1				
Miscellaneous Therapeutic Agents	VALINE 1000 POW	VALINE ORAL POWDER PACKET 1 GM	Tier 3				
Miscellaneous Therapeutic Agents	VANIBASE CRE	CREAM BASE	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	VANISHING CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	VANISHING CRE BOTANCAL	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	VANISH-PEN CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	VANRAFIA TAB 0.75MG	ATRASENTAN HCL TAB 0.75 MG	Tier 3	X		X	
Miscellaneous Therapeutic Agents	VARDENAFIL POW HCL	VARDENAFIL HCL (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	VEGAPRO POW	PROTEIN ORAL POWDER	Tier 3				
Miscellaneous Therapeutic Agents	VERIFINE PEN MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 2		X		
Miscellaneous Therapeutic Agents	VERIFINE PEN MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	VERIFINE PEN MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 2		X		
Miscellaneous Therapeutic Agents	VERSABASE GEL	VERSABASE GEL	Tier 3				
Miscellaneous Therapeutic Agents	VERSAFREE SYP	ORAL VEHICLES - SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	VERSAPENN AL GEL ANHYDROU	TRANSDERMAL BASE GEL	Tier 3				
Miscellaneous Therapeutic Agents	VERSAPLUS SYP	ORAL VEHICLES - SYRUP	Tier 3				
Miscellaneous Therapeutic Agents	VERSAPRO CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	VERSAPRO GEL	GEL BASE - GEL	Tier 3	X			
Miscellaneous Therapeutic Agents	VERSAPRO GEL ANHYDROU	GEL BASE - GEL	Tier 3				
Miscellaneous Therapeutic Agents	VERSAPRO SHA	EXTERNAL VEHICLES - SHAMPOO	Tier 3	X		X	
Miscellaneous Therapeutic Agents	VERSATILE CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	VERSATILE CRE RICH BSE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	VERSIGEL CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	VISTOGARD PAK 10GM	URIDINE TRIACETATE ORAL GRANULES PACKET 10 GM	Tier 2	X			
Miscellaneous Therapeutic Agents	VITAMIN D3 LIQ	CHOLECALCIFEROL LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	VITAMIN D3 POW	CHOLECALCIFEROL (BULK) POWDER	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	VITAMIN D3 POW	CHOLECALCIFEROL POWDER 100000 UNIT/GM	Tier 3	X			
Miscellaneous Therapeutic Agents	VITAMIN E LIQ	VITAMIN E (BULK) LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	VITAMIN E LIQ ACETATE	VITAMIN E ACETATE (BULK) LIQUID	Tier 3	X			
Miscellaneous Therapeutic Agents	VITAMIN E POW ACETATE	VITAMIN E POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	VITAMIN E POW SUCCINAT	VITAMIN E SUCCINATE (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	VITAMIN K2 POW 0.2%	MENAQUINONE-7 (BULK) POWDER	Tier 3	X			
Miscellaneous Therapeutic Agents	VITATROCHE GRA BASE SF	TROCHE BASE GRANULES	Tier 3				
Miscellaneous Therapeutic Agents	VORTEX CHAMB MIS PEDI MAS	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	VORTEX MASK MIS PEDS MED	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
Miscellaneous Therapeutic Agents	VORTEX MASK MIS PEDS SML	SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	Tier 2				
Miscellaneous Therapeutic Agents	VORTEX VALVD MIS CHAMBER	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	VORTEX VALVE MIS CHAMBER	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	VORTEX/MASK MIS CHILDS	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	VORTEX/MASK MIS TODDLER	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2				
Miscellaneous Therapeutic Agents	VYKAT XR TAB 150MG	DIAZOXIDE CHOLINE TAB ER 24HR 150 MG	Tier 3	X		X	X
Miscellaneous Therapeutic Agents	VYKAT XR TAB 25MG	DIAZOXIDE CHOLINE TAB ER 24HR 25 MG	Tier 3	X		X	X
Miscellaneous Therapeutic Agents	VYKAT XR TAB 75MG	DIAZOXIDE CHOLINE TAB ER 24HR 75 MG	Tier 3	X		X	X
Miscellaneous Therapeutic Agents	WA-001 EXPER OIL SOIL SUR	ETHOXYLATED MACADAMIA NUT OIL	Tier 3				
Miscellaneous Therapeutic Agents	WAV CUSTOM CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	WHEY PROTEIN POW CON	PROTEIN ORAL POWDER	Tier 1	X			
Miscellaneous Therapeutic Agents	WHEY PROTEIN POW CON	PROTEIN ORAL POWDER	Tier 1				
Miscellaneous Therapeutic Agents	WHEY PROTEIN POW COOKIES	PROTEIN ORAL PACK	Tier 1	X			
Miscellaneous Therapeutic Agents	WHEY PROTEIN POW STRAWBER	PROTEIN ORAL POWDER	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Miscellaneous Therapeutic Agents	WIDE-SEAL DPR KIT 60	DIAPHRAGM WIDE SEAL 60 MM	HCR				
Miscellaneous Therapeutic Agents	WIDE-SEAL DPR KIT 65	DIAPHRAGM WIDE SEAL 65 MM	HCR				
Miscellaneous Therapeutic Agents	WIDE-SEAL DPR KIT 70	DIAPHRAGM WIDE SEAL 70 MM	HCR				
Miscellaneous Therapeutic Agents	WIDE-SEAL DPR KIT 75	DIAPHRAGM WIDE SEAL 75 MM	HCR				
Miscellaneous Therapeutic Agents	WIDE-SEAL DPR KIT 80	DIAPHRAGM WIDE SEAL 80 MM	HCR				
Miscellaneous Therapeutic Agents	WIDE-SEAL DPR KIT 85	DIAPHRAGM WIDE SEAL 85 MM	HCR				
Miscellaneous Therapeutic Agents	WIDE-SEAL DPR KIT 90	DIAPHRAGM WIDE SEAL 90 MM	HCR				
Miscellaneous Therapeutic Agents	WIDE-SEAL DPR KIT 95	DIAPHRAGM WIDE SEAL 95 MM	HCR				
Miscellaneous Therapeutic Agents	WOUND CARE CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	XCEL 100 CRE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	XEMATOP CRE BASE	CREAM BASE	Tier 3	X			
Miscellaneous Therapeutic Agents	XPHE MAXAMUM PAK ORANGE	AMINO ACIDS PACK	Tier 3				
Miscellaneous Therapeutic Agents	XPHE MAXAMUM PAK UNFLAVOR	AMINO ACIDS PACK	Tier 3				
Miscellaneous Therapeutic Agents	ZOKINVY CAP 50MG	LONAFARNIB CAP 50 MG	Tier 2	X	X		X
Miscellaneous Therapeutic Agents	ZOKINVY CAP 75MG	LONAFARNIB CAP 75 MG	Tier 2	X	X		X
Miscellaneous Therapeutic Agents	ZUNVEYL TAB 10MG	BENZGALANTAMINE GLUCONATE TAB DELAYED RELEASE 10 MG	Tier 3			X	
Miscellaneous Therapeutic Agents	ZUNVEYL TAB 15MG	BENZGALANTAMINE GLUCONATE TAB DELAYED RELEASE 15 MG	Tier 3			X	
Miscellaneous Therapeutic Agents	ZUNVEYL TAB 5MG	BENZGALANTAMINE GLUCONATE TAB DELAYED RELEASE 5 MG	Tier 3			X	
Molecular Target Inhibitors - Chemotherapy Agents	AFINITOR TAB 10MG	EVEROLIMUS TAB 10 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	AFINITOR TAB 2.5MG	EVEROLIMUS TAB 2.5 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	AFINITOR TAB 5MG	EVEROLIMUS TAB 5 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	AFINITOR TAB 7.5MG	EVEROLIMUS TAB 7.5 MG	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Molecular Target Inhibitors - Chemotherapy Agents	AFINITOR DIS TAB 2MG	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	AFINITOR DIS TAB 3MG	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	AFINITOR DIS TAB 5MG	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	ALECENSA CAP 150MG	ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ALUNBRIG PAK	BRIGATINIB TAB INITIATION THERAPY PACK 90 MG & 180 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ALUNBRIG TAB 180MG	BRIGATINIB TAB 180 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ALUNBRIG TAB 30MG	BRIGATINIB TAB 30 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ALUNBRIG TAB 90MG	BRIGATINIB TAB 90 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	AYVAKIT TAB 100MG	AVAPRITINIB TAB 100 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	AYVAKIT TAB 200MG	AVAPRITINIB TAB 200 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	AYVAKIT TAB 25MG	AVAPRITINIB TAB 25 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	AYVAKIT TAB 300MG	AVAPRITINIB TAB 300 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	AYVAKIT TAB 50MG	AVAPRITINIB TAB 50 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	BOSULIF CAP 100MG	BOSUTINIB CAP 100 MG	Tier 2	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	BOSULIF CAP 50MG	BOSUTINIB CAP 50 MG	Tier 2	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	BOSULIF TAB 100MG	BOSUTINIB TAB 100 MG	Tier 2	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	BOSULIF TAB 400MG	BOSUTINIB TAB 400 MG	Tier 2	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	BOSULIF TAB 500MG	BOSUTINIB TAB 500 MG	Tier 2	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	BRAFTOVI CAP 75MG	ENCORAFENIB CAP 75 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	BRUKINSA CAP 80MG	ZANUBRUTINIB CAP 80 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	CABOMETYX TAB 20MG	CABOZANTINIB S-MALATE TAB 20 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	CABOMETYX TAB 40MG	CABOZANTINIB S-MALATE TAB 40 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	CABOMETYX TAB 60MG	CABOZANTINIB S-MALATE TAB 60 MG (BASE EQUIVALENT)	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Molecular Target Inhibitors - Chemotherapy Agents	CALQUENCE TAB 100MG	ACALABRUTINIB MALEATE TAB 100 MG	Tier 2	X			X
Molecular Target Inhibitors - Chemotherapy Agents	CAPRELSA TAB 100MG	VANDETANIB TAB 100 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	CAPRELSA TAB 300MG	VANDETANIB TAB 300 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	COMETRIQ KIT 100MG	CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	COMETRIQ KIT 140MG	CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	COMETRIQ KIT 60MG	CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	COTELLIC TAB 20MG	COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	DANZITEN TAB 71MG	NILOTINIB TARTRATE TAB 71 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	DANZITEN TAB 95MG	NILOTINIB TARTRATE TAB 95 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	DASATINIB TAB 100MG	DASATINIB TAB 100 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	DASATINIB TAB 140MG	DASATINIB TAB 140 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	DASATINIB TAB 20MG	DASATINIB TAB 20 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	DASATINIB TAB 50MG	DASATINIB TAB 50 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	DASATINIB TAB 70MG	DASATINIB TAB 70 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	DASATINIB TAB 80MG	DASATINIB TAB 80 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	DAURISMO TAB 100MG	GLASDEGIB MALEATE TAB 100 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	DAURISMO TAB 25MG	GLASDEGIB MALEATE TAB 25 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ERIVEDGE CAP 150MG	VISMODEGIB CAP 150 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ERLOTINIB TAB 100MG	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ERLOTINIB TAB 150MG	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ERLOTINIB TAB 25MG	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	EVEROLIMUS TAB 10MG	EVEROLIMUS TAB 10 MG	Tier 1	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Molecular Target Inhibitors - Chemotherapy Agents	EVEROLIMUS TAB 2.5MG	EVEROLIMUS TAB 2.5 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	EVEROLIMUS TAB 2MG	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	EVEROLIMUS TAB 3MG	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	EVEROLIMUS TAB 5MG	EVEROLIMUS TAB 5 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	EVEROLIMUS TAB 5MG	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	EVEROLIMUS TAB 7.5MG	EVEROLIMUS TAB 7.5 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	FOTIVDA CAP 0.89MG	TIVOZANIB HCL CAP 0.89 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	FOTIVDA CAP 1.34MG	TIVOZANIB HCL CAP 1.34 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	GAVRETO CAP 100MG	PRALSETINIB CAP 100 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	GEFITINIB TAB 250MG	GEFITINIB TAB 250 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	GILOTRIF TAB 20MG	AFATINIB DIMALEATE TAB 20 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	GILOTRIF TAB 30MG	AFATINIB DIMALEATE TAB 30 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	GILOTRIF TAB 40MG	AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	GLEEVEC TAB 100MG	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Tier 3		X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	GLEEVEC TAB 400MG	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	Tier 3		X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	IBRANCE CAP 100MG	PALBOCICLIB CAP 100 MG	Tier 2	X			X
Molecular Target Inhibitors - Chemotherapy Agents	IBRANCE CAP 125MG	PALBOCICLIB CAP 125 MG	Tier 2	X			X
Molecular Target Inhibitors - Chemotherapy Agents	IBRANCE CAP 75MG	PALBOCICLIB CAP 75 MG	Tier 2	X			X
Molecular Target Inhibitors - Chemotherapy Agents	IBRANCE TAB 100MG	PALBOCICLIB TAB 100 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IBRANCE TAB 125MG	PALBOCICLIB TAB 125 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IBRANCE TAB 75MG	PALBOCICLIB TAB 75 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ICLUSIG TAB 10MG	PONATINIB HCL TAB 10 MG (BASE EQUIV)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ICLUSIG TAB 15MG	PONATINIB HCL TAB 15 MG (BASE EQUIV)	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Molecular Target Inhibitors - Chemotherapy Agents	ICLUSIG TAB 30MG	PONATINIB HCL TAB 30 MG (BASE EQUIV)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ICLUSIG TAB 45MG	PONATINIB HCL TAB 45 MG (BASE EQUIV)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IDHIFA TAB 100MG	ENASIDENIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IDHIFA TAB 50MG	ENASIDENIB MESYLATE TAB 50 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IMATINIB MES TAB 100MG	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IMATINIB MES TAB 400MG	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IMBRUVICA CAP 140MG	IBRUTINIB CAP 140 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IMBRUVICA CAP 70MG	IBRUTINIB CAP 70 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IMBRUVICA SUS 70MG/ML	IBRUTINIB ORAL SUSP 70 MG/ML	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IMBRUVICA TAB 140MG	IBRUTINIB TAB 140 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	IMBRUVICA TAB 280MG	IBRUTINIB TAB 280 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	IMBRUVICA TAB 420MG	IBRUTINIB TAB 420 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IMBRUVICA TAB 560MG	IBRUTINIB TAB 560 MG	Tier 2	X			X
Molecular Target Inhibitors - Chemotherapy Agents	IMKELDI SOL 80MG/ML	IMATINIB MESYLATE ORAL SOLN 80 MG/ML (BASE EQUIVALENT)	Tier 3	X			X
Molecular Target Inhibitors - Chemotherapy Agents	INLYTA TAB 1MG	AXITINIB TAB 1 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	INLYTA TAB 5MG	AXITINIB TAB 5 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	IRESSA TAB 250MG	GEFITINIB TAB 250 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	JAKAFI TAB 10MG	RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	JAKAFI TAB 15MG	RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	JAKAFI TAB 20MG	RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	JAKAFI TAB 25MG	RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	JAKAFI TAB 5MG	RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LAPATINIB TAB 250MG	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	Tier 1	X			X

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Molecular Target Inhibitors - Chemotherapy Agents	LAZCLUZE TAB 240MG	LAZERTINIB MESYLATE TAB 240 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LAZCLUZE TAB 80MG	LAZERTINIB MESYLATE TAB 80 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LENVIMA CAP 10 MG	LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LENVIMA CAP 12MG	LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LENVIMA CAP 14 MG	LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LENVIMA CAP 18 MG	LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LENVIMA CAP 20 MG	LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LENVIMA CAP 24 MG	LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LENVIMA CAP 4MG	LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LENVIMA CAP 8 MG	LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LYNPARZA TAB 100MG	OLAPARIB TAB 100 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	LYNPARZA TAB 150MG	OLAPARIB TAB 150 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	MEKINIST SOL 0.05/ML	TRAMETINIB DIMETHYL SULFOXIDE FOR SOLN 0.05 MG/ML (BASE EQ)	Tier 3		X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	MEKINIST TAB 0.5MG	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	MEKINIST TAB 2MG	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	MEKTOVI TAB 15MG	BINIMETINIB TAB 15 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	NERLYNX TAB 40MG	NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	NEXAVAR TAB 200MG	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	ODOMZO CAP 200MG	SONIDEGIB PHOSPHATE CAP 200 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	OJEMDA SUS 25MG/ML	TOVORAFENIB FOR ORAL SUSP 25 MG/ML	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	OJEMDA TAB 100MG	TOVORAFENIB TAB 100 MG	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Molecular Target Inhibitors - Chemotherapy Agents	PAZOPANIB TAB 200MG	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	QINLOCK TAB 50MG	RIPRETINIB TAB 50 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	RETEVMO CAP 40MG	SELPERCATINIB CAP 40 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	RETEVMO CAP 80MG	SELPERCATINIB CAP 80 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	RETEVMO TAB 120MG	SELPERCATINIB TAB 120 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	RETEVMO TAB 160MG	SELPERCATINIB TAB 160 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	RETEVMO TAB 40MG	SELPERCATINIB TAB 40 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	RETEVMO TAB 80MG	SELPERCATINIB TAB 80 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	REZLIDHIA CAP 150MG	OLUTASIDENIB CAP 150 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	RUBRACA TAB 200MG	RUCAPARIB CAMSYLATE TAB 200 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	RUBRACA TAB 250MG	RUCAPARIB CAMSYLATE TAB 250 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	RUBRACA TAB 300MG	RUCAPARIB CAMSYLATE TAB 300 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	RYDAPT CAP 25MG	MIDOSTAURIN CAP 25 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	SORAFENIB TAB 200MG	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	SPRYCEL TAB 100MG	DASATINIB TAB 100 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	SPRYCEL TAB 140MG	DASATINIB TAB 140 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	SPRYCEL TAB 20MG	DASATINIB TAB 20 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	SPRYCEL TAB 50MG	DASATINIB TAB 50 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	SPRYCEL TAB 70MG	DASATINIB TAB 70 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	SPRYCEL TAB 80MG	DASATINIB TAB 80 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	STIVARGA TAB 40MG	REGORAFENIB TAB 40 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	SUNITINIB CAP 12.5MG	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	SUNITINIB CAP 25MG	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	Tier 1	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Molecular Target Inhibitors - Chemotherapy Agents	SUNITINIB CAP 37.5MG	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	SUNITINIB CAP 50MG	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	SUTENT CAP 12.5MG	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	SUTENT CAP 25MG	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	SUTENT CAP 37.5MG	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	SUTENT CAP 50MG	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	TABRECTA TAB 150MG	CAPMATINIB HCL TAB 150 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TABRECTA TAB 200MG	CAPMATINIB HCL TAB 200 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TAFINLAR CAP 50MG	DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	TAFINLAR CAP 75MG	DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	TAFINLAR TAB 10MG	DABRAFENIB MESYLATE TAB FOR ORAL SUSP 10 MG (BASE EQUIV)	Tier 3		X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	TAGRISSO TAB 40MG	OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TAGRISSO TAB 80MG	OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TARCEVA TAB 100MG	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	TASIGNA CAP 150MG	NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)	Tier 2	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	TASIGNA CAP 200MG	NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)	Tier 2	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	TASIGNA CAP 50MG	NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT)	Tier 2	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	TEPMETKO TAB 225MG	TEPOTINIB HCL TAB 225 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TIBSOVO TAB 250MG	IVOSIDENIB TAB 250 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TORPENZ TAB 10MG	EVEROLIMUS TAB 10 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TORPENZ TAB 2.5MG	EVEROLIMUS TAB 2.5 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TORPENZ TAB 5MG	EVEROLIMUS TAB 5 MG	Tier 1	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TORPENZ TAB 7.5MG	EVEROLIMUS TAB 7.5 MG	Tier 1	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Molecular Target Inhibitors - Chemotherapy Agents	TUKYSA TAB 150MG	TUCATINIB TAB 150 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TUKYSA TAB 50MG	TUCATINIB TAB 50 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TURALIO CAP 125MG	PEXIDARTINIB HCL CAP 125 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	TYKERB TAB 250MG	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	Tier 3	X		X	X
Molecular Target Inhibitors - Chemotherapy Agents	VENCLEXTA TAB 100MG	VENETOCLAX TAB 100 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	VENCLEXTA TAB 10MG	VENETOCLAX TAB 10 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	VENCLEXTA TAB 50MG	VENETOCLAX TAB 50 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	VENCLEXTA TAB START PK	VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	VITRAKVI CAP 100MG	LAROTRECTINIB SULFATE CAP 100 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	VITRAKVI CAP 25MG	LAROTRECTINIB SULFATE CAP 25 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	VITRAKVI SOL 20MG/ML	LAROTRECTINIB SULFATE ORAL SOLN 20 MG/ML (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	VIZIMPRO TAB 15MG	DACOMITINIB TAB 15 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	VIZIMPRO TAB 30MG	DACOMITINIB TAB 30 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	VIZIMPRO TAB 45MG	DACOMITINIB TAB 45 MG	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	VOTRIENT TAB 200MG	PAZOPANIB HCL TAB 200 MG (BASE EQUIV)	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	XALKORI CAP 150MG	CRIZOTINIB CAP SPRINKLE 150 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	XALKORI CAP 200MG	CRIZOTINIB CAP 200 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	XALKORI CAP 20MG	CRIZOTINIB CAP SPRINKLE 20 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	XALKORI CAP 250MG	CRIZOTINIB CAP 250 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	XALKORI CAP 50MG	CRIZOTINIB CAP SPRINKLE 50 MG	Tier 3	X	X	X	X
Molecular Target Inhibitors - Chemotherapy Agents	XOSPATA TAB 40MG	GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ZEJULA CAP 100MG	NIRAPARIB TOSYLATE CAP 100 MG (BASE EQUIVALENT)	Tier 2	X			X
Molecular Target Inhibitors - Chemotherapy Agents	ZEJULA TAB 100MG	NIRAPARIB TOSYLATE TAB 100 MG (BASE EQUIVALENT)	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Molecular Target Inhibitors - Chemotherapy Agents	ZEJULA TAB 200MG	NIRAPARIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ZEJULA TAB 300MG	NIRAPARIB TOSYLATE TAB 300 MG (BASE EQUIVALENT)	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ZELBORAF TAB 240MG	VEMURAFENIB TAB 240 MG	Tier 2	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents	ZYDELIG TAB 100MG	IDELALISIB TAB 100 MG	Tier 3	X	X		X
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	AZILECT TAB 0.5MG	RASAGILINE MESYLATE TAB 0.5 MG (BASE EQUIV)	Tier 3			X	
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	AZILECT TAB 1MG	RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV)	Tier 3			X	
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	RASAGILINE TAB 0.5MG	RASAGILINE MESYLATE TAB 0.5 MG (BASE EQUIV)	Tier 1				
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	RASAGILINE TAB 1MG	RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV)	Tier 1				
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	SELEGILINE CAP 5MG	SELEGILINE HCL CAP 5 MG	Tier 1				
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	SELEGILINE TAB 5MG	SELEGILINE HCL TAB 5 MG	Tier 1				
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	XADAGO TAB 100MG	SAFINAMIDE MESYLATE TAB 100 MG (BASE EQUIV)	Tier 3			X	
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	XADAGO TAB 50MG	SAFINAMIDE MESYLATE TAB 50 MG (BASE EQUIV)	Tier 3			X	
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	ZELAPAR TAB 1.25MG	SELEGILINE HCL ORALLY DISINTEGRATING TAB 1.25 MG	Tier 3				
Monoamine Oxidase Inhibitors - Antidepressants	EMSAM DIS 12MG/24H	SELEGILINE TD PATCH 24HR 12 MG/24HR	Tier 3				
Monoamine Oxidase Inhibitors - Antidepressants	EMSAM DIS 6MG/24HR	SELEGILINE TD PATCH 24HR 6 MG/24HR	Tier 3				
Monoamine Oxidase Inhibitors - Antidepressants	EMSAM DIS 9MG/24HR	SELEGILINE TD PATCH 24HR 9 MG/24HR	Tier 3				
Monoamine Oxidase Inhibitors - Antidepressants	MARPLAN TAB 10MG	ISOCARBOXAZID TAB 10 MG	Tier 3				
Monoamine Oxidase Inhibitors - Antidepressants	NARDIL TAB 15MG	PHENELZINE SULFATE TAB 15 MG	Tier 3				
Monoamine Oxidase Inhibitors - Antidepressants	PARNATE TAB 10MG	TRANYLCYPROMINE SULFATE TAB 10 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Monoamine Oxidase Inhibitors - Antidepressants	PHENELZINE TAB 15MG	PHENELZINE SULFATE TAB 15 MG	Tier 1				
Monoamine Oxidase Inhibitors - Antidepressants	TRANYLCYPROM TAB 10MG	TRANYLCYPROMINE SULFATE TAB 10 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	DEPAKOTE TAB 125MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	Tier 3				
Mood Stabilizers - Mood Disorder Drugs	DEPAKOTE TAB 250MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	Tier 3				
Mood Stabilizers - Mood Disorder Drugs	DEPAKOTE TAB 500MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	Tier 3				
Mood Stabilizers - Mood Disorder Drugs	DEPAKOTE ER TAB 250MG	DIVALPROEX SODIUM TAB ER 24 HR 250 MG	Tier 3				
Mood Stabilizers - Mood Disorder Drugs	DEPAKOTE ER TAB 500MG	DIVALPROEX SODIUM TAB ER 24 HR 500 MG	Tier 3				
Mood Stabilizers - Mood Disorder Drugs	DEPAKOTE SPR CAP 125MG	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	Tier 3				
Mood Stabilizers - Mood Disorder Drugs	DIVALPROEX CAP 125MG DR	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	DIVALPROEX TAB 125MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	DIVALPROEX TAB 250MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	DIVALPROEX TAB 250MG ER	DIVALPROEX SODIUM TAB ER 24 HR 250 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	DIVALPROEX TAB 500MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	DIVALPROEX TAB 500MG ER	DIVALPROEX SODIUM TAB ER 24 HR 500 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	EQUETRO CAP 100MG	CARBAMAZEPINE (MOOD) CAP ER 12HR 100 MG	Tier 3				
Mood Stabilizers - Mood Disorder Drugs	EQUETRO CAP 200MG	CARBAMAZEPINE (MOOD) CAP ER 12HR 200 MG	Tier 3				
Mood Stabilizers - Mood Disorder Drugs	EQUETRO CAP 300MG	CARBAMAZEPINE (MOOD) CAP ER 12HR 300 MG	Tier 3				
Mood Stabilizers - Mood Disorder Drugs	LITHIUM SOL 8MEQ/5ML	LITHIUM ORAL SOLUTION 8 MEQ/5ML	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	LITHIUM CARB CAP 150MG	LITHIUM CARBONATE CAP 150 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	LITHIUM CARB CAP 300MG	LITHIUM CARBONATE CAP 300 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	LITHIUM CARB CAP 600MG	LITHIUM CARBONATE CAP 600 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	LITHIUM CARB TAB 300MG	LITHIUM CARBONATE TAB 300 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Mood Stabilizers - Mood Disorder Drugs	LITHIUM CARB TAB 300MG ER	LITHIUM CARBONATE TAB ER 300 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	LITHIUM CARB TAB 450MG ER	LITHIUM CARBONATE TAB ER 450 MG	Tier 1				
Mood Stabilizers - Mood Disorder Drugs	LITHOBID TAB 300MG CR	LITHIUM CARBONATE TAB ER 300 MG	Tier 3				
Multiple Sclerosis Agents	MAVENCLAD PAK 10MG(10)	CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)	Tier 3	X	X	X	X
Multiple Sclerosis Agents	MAVENCLAD PAK 10MG(4)	CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS)	Tier 3	X	X	X	X
Multiple Sclerosis Agents	MAVENCLAD PAK 10MG(5)	CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS)	Tier 3	X	X	X	X
Multiple Sclerosis Agents	MAVENCLAD PAK 10MG(6)	CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)	Tier 3	X	X	X	X
Multiple Sclerosis Agents	MAVENCLAD PAK 10MG(7)	CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS)	Tier 3	X	X	X	X
Multiple Sclerosis Agents	MAVENCLAD PAK 10MG(8)	CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS)	Tier 3	X	X	X	X
Multiple Sclerosis Agents	MAVENCLAD PAK 10MG(9)	CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	AMPYRA TAB 10MG	DALFAMPRIDINE TAB ER 12HR 10 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	AUBAGIO TAB 14MG	TERIFLUNOMIDE TAB 14 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	AUBAGIO TAB 7MG	TERIFLUNOMIDE TAB 7 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	AVONEX PEN KIT 30MCG	INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 2	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	AVONEX PREFL KIT 30MCG	INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 2	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	BAFIERTAM CAP 95MG	MONOMETHYL FUMARATE CAPSULE DELAYED RELEASE 95 MG	Tier 2	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	BETASERON INJ 0.3MG	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	Tier 2	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	COPAXONE INJ 20MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	COPAXONE INJ 40MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	DALFAMPRIDIN TAB 10MG ER	DALFAMPRIDINE TAB ER 12HR 10 MG	Tier 1	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	DIMETHYL FUM CAP 120MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	Tier 1	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	DIMETHYL FUM CAP 240MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	Tier 1	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	DIMETHYL FUM CAP STARTER	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	Tier 1	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	EXTAVIA INJ 0.3MG	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	FINGOLIMOD CAP 0.5MG	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	Tier 1	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	GILENYA CAP 0.25MG	FINGOLIMOD HCL CAP 0.25 MG (BASE EQUIV)	Tier 3	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	GILENYA CAP 0.5MG	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	GLATIRAMER INJ 20MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	Tier 1	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	GLATIRAMER INJ 40MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	Tier 1	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	GLATOPA INJ 20MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	Tier 1	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	GLATOPA INJ 40MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	Tier 1	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	KESIMPTA INJ 20/.4ML	OFATUMUMAB SOLN AUTO-INJECTOR 20 MG/0.4ML	Tier 2	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	MAYZENT PAK STARTER	SIPONIMOD FUMARATE TAB 0.25 MG (12) STARTER PACK	Tier 3	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	MAYZENT PAK STARTER	SIPONIMOD FUMARATE TAB 0.25 MG (7) STARTER PACK	Tier 3	X	X		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	MAYZENT TAB 0.25MG	SIPONIMOD FUMARATE TAB 0.25 MG (BASE EQUIV)	Tier 3	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	MAYZENT TAB 1MG	SIPONIMOD FUMARATE TAB 1 MG (BASE EQUIV)	Tier 3	X	X		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	MAYZENT TAB 2MG	SIPONIMOD FUMARATE TAB 2 MG (BASE EQUIV)	Tier 3	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	PLEGRIDY INJ	PEGINTERFERON BETA-1A SOLN PREFILLED SYRINGE 125 MCG/0.5ML	Tier 3	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	PLEGRIDY INJ	PEGINTERFERON BETA-1A IM SOLN PREFILLED SYR 125 MCG/0.5ML	Tier 3	X	X		
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	PLEGRIDY INJ PEN	PEGINTERFERON BETA-1A SOLN AUTO-INJECTOR 125 MCG/0.5ML	Tier 3	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	PLEGRIDY INJ STARTER	PEGINTERFERON BETA-1A SOLN PREF SYR 63 & 94 MCG/0.5ML PACK	Tier 3	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	PLEGRIDY PEN INJ STARTER	PEGINTERFERON BETA-1A SOLN AUTO-INJ 63 & 94 MCG/0.5ML PACK	Tier 3	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	PONVORY TAB 20MG	PONESIMOD TAB 20 MG	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	PONVORY TAB STARTER	PONESIMOD TAB STARTER PACK 2,3,4,5,6,7,8,9 &10 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	REBIF INJ 22/0.5	INTERFERON BETA-1A SOLN PREF SYR 22 MCG/0.5ML	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	REBIF INJ 44/0.5	INTERFERON BETA-1A SOLN PREF SYR 44 MCG/0.5ML	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	REBIF REBIDO INJ 22/0.5	INTERFERON BETA-1A SOLN AUTO-INJ 22 MCG/0.5ML	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	REBIF REBIDO INJ 44/0.5	INTERFERON BETA-1A SOLN AUTO-INJ 44 MCG/0.5ML	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	REBIF REBIDO INJ TITRATN	INTERFERON BETA-1A AUTO-INJ 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	REBIF TITRTN INJ PACK	INTERFERON BETA-1A PREF SYR 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	TASCENSO ODT TAB 0.25MG	FINGOLIMOD LAURYL SULFATE TABLET DISINTEGRATING 0.25 MG	Tier 3	X		X	
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	TASCENSO ODT TAB 0.5MG	FINGOLIMOD LAURYL SULFATE TABLET DISINTEGRATING 0.5 MG	Tier 3	X	X	X	
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	TECFIDERA CAP 120MG	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	TECFIDERA CAP 240MG	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	TECFIDERA CAP STARTER	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	TERIFLUNOMID TAB 14MG	TERIFLUNOMIDE TAB 14 MG	Tier 1	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	TERIFLUNOMID TAB 7MG	TERIFLUNOMIDE TAB 7 MG	Tier 1	X	X		X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	VUMERITY CAP 231MG	DIROXIMEL FUMARATE CAPSULE DELAYED RELEASE 231 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	ZEPOSIA CAP 0.92MG	OZANIMOD HCL CAP 0.92 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	ZEPOSIA CAP STR KIT	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 21 X 0.92 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	ZEPOSIA CAP STR KIT	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 30 X 0.92 MG	Tier 3	X	X	X	X
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	ZEPOSIA 7DAY CAP STR PACK	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG	Tier 3	X	X	X	X
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	MEMANT TITRA PAK 5-10MG	MEMANTINE HCL TAB 28 X 5 MG & 21 X 10 MG TITRATION PACK	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	MEMANTINE SOL 2MG/ML	MEMANTINE HCL ORAL SOLUTION 2 MG/ML	Tier 1				
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	MEMANTINE TAB 10MG	MEMANTINE HCL TAB 10 MG	Tier 1				
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	MEMANTINE TAB 5MG	MEMANTINE HCL TAB 5 MG	Tier 1				
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	MEMANTINE TAB HCL 10MG	MEMANTINE HCL TAB 10 MG	Tier 1				
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	MEMANTINE TAB HCL 5MG	MEMANTINE HCL TAB 5 MG	Tier 1				
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	MEMANTINE HC CAP 14MG ER	MEMANTINE HCL CAP ER 24HR 14 MG	Tier 1				
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	MEMANTINE HC CAP 21MG ER	MEMANTINE HCL CAP ER 24HR 21 MG	Tier 1				
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	MEMANTINE HC CAP 28MG ER	MEMANTINE HCL CAP ER 24HR 28 MG	Tier 1				
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	MEMANTINE HC CAP 7MG ER	MEMANTINE HCL CAP ER 24HR 7 MG	Tier 1				
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	MEMANTINE HC SOL 2MG/ML	MEMANTINE HCL ORAL SOLUTION 2 MG/ML	Tier 1				
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	NAMENDA TAB 10MG	MEMANTINE HCL TAB 10 MG	Tier 3			X	
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	NAMENDA TAB 5-10MG	MEMANTINE HCL TAB 28 X 5 MG & 21 X 10 MG TITRATION PACK	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	NAMENDA TAB 5MG	MEMANTINE HCL TAB 5 MG	Tier 3			X	
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	NAMENDA XR CAP 14MG	MEMANTINE HCL CAP ER 24HR 14 MG	Tier 3			X	
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	NAMENDA XR CAP 21MG	MEMANTINE HCL CAP ER 24HR 21 MG	Tier 3			X	
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	NAMENDA XR CAP 28MG	MEMANTINE HCL CAP ER 24HR 28 MG	Tier 3			X	
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	NAMENDA XR CAP 7MG	MEMANTINE HCL CAP ER 24HR 7 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ANAPROX DS TAB 550MG	NAPROXEN SODIUM TAB 550 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ARTHROTEC 50 TAB	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ARTHROTEC 75 TAB	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 75-0.2 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN 81 TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN ADLT TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN CHLD CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN EC TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN LOW CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN LOW TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN LOW TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN REGI TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ASPIRIN-81 CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	BAYER LOW CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	CAMBIA POW 50MG	DICLOFENAC POTASSIUM (MIGRAINE) PACKET 50 MG	Tier 3				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	CELEBREX CAP 100MG	CELECOXIB CAP 100 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	CELEBREX CAP 200MG	CELECOXIB CAP 200 MG	Tier 3		X	X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	CELEBREX CAP 400MG	CELECOXIB CAP 400 MG	Tier 3		X	X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	CELEBREX CAP 50MG	CELECOXIB CAP 50 MG	Tier 3		X	X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	CELECOXIB CAP 100MG	CELECOXIB CAP 100 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	CELECOXIB CAP 200MG	CELECOXIB CAP 200 MG	Tier 1		X		
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	CELECOXIB CAP 400MG	CELECOXIB CAP 400 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	CELECOXIB CAP 50MG	CELECOXIB CAP 50 MG	Tier 1		X		
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	COXANTO CAP 300MG	OXAPROZIN CAP 300 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	CVS ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DAYPRO TAB 600MG	OXAPROZIN TAB 600 MG	Tier 3				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DICLO/MISOPR TAB 50-0.2MG	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DICLO/MISOPR TAB 75-0.2MG	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 75-0.2 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DICLOFEN POT TAB 50MG	DICLOFENAC POTASSIUM TAB 50 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DICLOFENAC CAP 25MG	DICLOFENAC POTASSIUM CAP 25 MG	Tier 1		X		
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DICLOFENAC POW 50MG	DICLOFENAC POTASSIUM (MIGRAINE) PACKET 50 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DICLOFENAC TAB 100MG ER	DICLOFENAC SODIUM TAB ER 24HR 100 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DICLOFENAC TAB 25MG	DICLOFENAC POTASSIUM TAB 25 MG	Tier 1		X	X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DICLOFENAC TAB 25MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DICLOFENAC TAB 50MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DICLOFENAC TAB 75MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DICLOVIX KIT	DICLOFENAC EX SOLN 1.5% & CAMP-LIDO-METHYL SAL PATCH KIT	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DIFLUNISAL TAB 500MG	DIFLUNISAL TAB 500 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DOLOBID TAB 250MG	DIFLUNISAL TAB 250 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DOLOBID TAB 375MG	DIFLUNISAL TAB 375 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	DUAL COMPLEX CRE 1 KIT	FLURBIPROFEN-CYCLOBENZAPRINE CREAM (CMPD KIT)	Tier 3	X			
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	EC-NAPROSYN TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 3				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	EC-NAPROSYN TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 3				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	EC-NAPROXEN TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	EC-NAPROXEN TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ELYXYB SOL 120/4.8	CELECOXIB ORAL SOLN 120 MG/4.8ML (25 MG/ML)	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ENOVARX CRE 2.5%	DICLOFENAC SODIUM CREAM 2.5% (COMPOUNDING KIT)	Tier 3	X		X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	EQ ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	EQL ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ETODOLAC CAP 200MG	ETODOLAC CAP 200 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ETODOLAC CAP 300MG	ETODOLAC CAP 300 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ETODOLAC TAB 400MG	ETODOLAC TAB 400 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ETODOLAC TAB 500MG	ETODOLAC TAB 500 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ETODOLAC ER TAB 400MG	ETODOLAC TAB ER 24HR 400 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ETODOLAC ER TAB 500MG	ETODOLAC TAB ER 24HR 500 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ETODOLAC ER TAB 600MG	ETODOLAC TAB ER 24HR 600 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	FBL KIT CRE 15-4-5%	FLURBIPROFEN-BACLOFEN-LIDOCAINE CREAM 15-4-5% (CMPD KIT)	Tier 3	X			
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	FELDENE CAP 10MG	PIROXICAM CAP 10 MG	Tier 3				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	FELDENE CAP 20MG	PIROXICAM CAP 20 MG	Tier 3				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	FENOPRON CAP 300MG	FENOPROFEN CALCIUM CAP 300 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	FLURBIPROFEN TAB 100MG	FLURBIPROFEN TAB 100 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	FLURBIPROFEN TAB 50MG	FLURBIPROFEN TAB 50 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	FROTEK CRE 10%	KETOPROFEN CREAM 10%	Tier 3	X			
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	FT ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	FT ASPIRIN TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	GNP ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	GNP ASPIRIN TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	GNP ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	GOODSENSE TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	IBU TAB 400MG	IBUPROFEN TAB 400 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	IBU TAB 600MG	IBUPROFEN TAB 600 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	IBU TAB 800MG	IBUPROFEN TAB 800 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	IBUPROFEN CRE 10%	IBUPROFEN CREAM 10% (COMPOUNDING KIT)	Tier 3	X			
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	IBUPROFEN TAB 400MG	IBUPROFEN TAB 400 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	IBUPROFEN TAB 600MG	IBUPROFEN TAB 600 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	IBUPROFEN TAB 800MG	IBUPROFEN TAB 800 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	INDOCIN SUP 50MG	INDOMETHACIN SUPPOS 50 MG	Tier 3				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	INDOCIN SUS 25MG/5ML	INDOMETHACIN SUSP 25 MG/5ML	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	INDOMETHACIN CAP 25MG	INDOMETHACIN CAP 25 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	INDOMETHACIN CAP 50MG	INDOMETHACIN CAP 50 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	INDOMETHACIN CAP 75MG ER	INDOMETHACIN CAP ER 75 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	INDOMETHACIN SUP 50MG	INDOMETHACIN SUPPOS 50 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	INDOMETHACIN SUS 25MG/5ML	INDOMETHACIN SUSP 25 MG/5ML	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	K.B.G.L IN CRE TERODERM	KETOPROFEN-BACLOFEN-GABAPENT-LIDO CRM 15-4-10-2% (CMP KIT)	Tier 3	X			
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	KETOPHENE CRE RAPIDPAQ	KETOPROFEN CREAM 20% (COMPOUND KIT)	Tier 3	X			
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	KETOR TROMET SPR 15.75MG	KETOROLAC TROMETHAMINE NASAL SPRAY 15.75 MG/SPRAY	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	KETOROLAC TAB 10MG	KETOROLAC TROMETHAMINE TAB 10 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	KIPROFEN CAP 25MG	KETOPROFEN CAP 25 MG	Tier 3		X	X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	KLS ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	KP ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	LODINE TAB 400MG	ETODOLAC TAB 400 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	LOFENA TAB 25MG	DICLOFENAC POTASSIUM TAB 25 MG	Tier 3		X	X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	LOW DOSE ASA TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	LURBIPR TAB 100MG	FLURBIPROFEN TAB 100 MG	Tier 3				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	MECLOFEN SOD CAP 100MG	MECLOFENAMATE SODIUM CAP 100 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	MECLOFEN SOD CAP 50MG	MECLOFENAMATE SODIUM CAP 50 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	MEFENAM ACID CAP 250MG	MEFENAMIC ACID CAP 250 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	MELOXICAM CAP 10MG	MELOXICAM CAP 10 MG	Tier 1		X	X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	MELOXICAM CAP 5MG	MELOXICAM CAP 5 MG	Tier 1		X	X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	MELOXICAM SUS 7.5/5ML	MELOXICAM SUSP 7.5 MG/5ML	Tier 3				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	MELOXICAM TAB 15MG	MELOXICAM TAB 15 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	MELOXICAM TAB 7.5MG	MELOXICAM TAB 7.5 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	MM ASPIRIN TAB LOW DOSE	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NABUMETONE TAB 500MG	NABUMETONE TAB 500 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NABUMETONE TAB 750MG	NABUMETONE TAB 750 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPRELAN TAB 375MG CR	NAPROXEN SODIUM TAB ER 24HR 375 MG (BASE EQUIV)	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPRELAN TAB 500MG CR	NAPROXEN SODIUM TAB ER 24HR 500 MG (BASE EQUIV)	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPRELAN TAB 750MG CR	NAPROXEN SODIUM TAB ER 24HR 750 MG (BASE EQUIV)	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROSYN SUS 125/5ML	NAPROXEN SUSP 125 MG/5ML	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROSYN TAB 500MG	NAPROXEN TAB 500 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN CRE 10%	NAPROXEN CREAM 10% (COMPOUND KIT)	Tier 3	X			
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN TAB 250MG	NAPROXEN TAB 250 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN TAB 375MG	NAPROXEN TAB 375 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN TAB 500MG	NAPROXEN TAB 500 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN DR TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN DR TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN SOD TAB 275MG	NAPROXEN SODIUM TAB 275 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN SOD TAB 375MG CR	NAPROXEN SODIUM TAB ER 24HR 375 MG (BASE EQUIV)	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN SOD TAB 375MG ER	NAPROXEN SODIUM TAB ER 24HR 375 MG (BASE EQUIV)	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN SOD TAB 500MG CR	NAPROXEN SODIUM TAB ER 24HR 500 MG (BASE EQUIV)	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN SOD TAB 500MG ER	NAPROXEN SODIUM TAB ER 24HR 500 MG (BASE EQUIV)	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN SOD TAB 550MG	NAPROXEN SODIUM TAB 550 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN SOD TAB 750MG CR	NAPROXEN SODIUM TAB ER 24HR 750 MG (BASE EQUIV)	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	NAPROXEN SOD TAB 750MG ER	NAPROXEN SODIUM TAB ER 24HR 750 MG (BASE EQUIV)	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	OXAPROZIN CAP 300MG	OXAPROZIN CAP 300 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	OXAPROZIN TAB 600MG	OXAPROZIN TAB 600 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	PIROXICAM CAP 10MG	PIROXICAM CAP 10 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	PIROXICAM CAP 20MG	PIROXICAM CAP 20 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	QC ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	QC CHILD ASA CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	RA ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	RA ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	RELAFEN DS TAB 1000MG	NABUMETONE TAB 1000 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	SALSALATE TAB 500MG	SALSALATE TAB 500 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	SALSALATE TAB 750MG	SALSALATE TAB 750 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	SM ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	SM ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	SM CHILD ASA CHW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	SPRIX SPR 15.75MG	KETOROLAC TROMETHAMINE NASAL SPRAY 15.75 MG/SPRAY	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ST JOSEPH CHW LOW 81MG	ASPIRIN CHEW TAB 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ST JOSEPH TAB LOW 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	HCR				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	SULINDAC TAB 150MG	SULINDAC TAB 150 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	SULINDAC TAB 200MG	SULINDAC TAB 200 MG	Tier 1				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	TOLECTIN 600 TAB 600MG	TOLMETIN SODIUM TAB 600 MG	Tier 3			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	TOLMETIN SOD CAP 400MG	TOLMETIN SODIUM CAP 400 MG	Tier 1			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	TOLMETIN SOD TAB 600MG	TOLMETIN SODIUM TAB 600 MG	Tier 1			X	
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	TRIPLE COMPL CRE 3 KIT	KETOPROFEN-LIDOCAINE-GABAPENTIN CREAM 20-2-10% (CMPD KIT)	Tier 3				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	VP FC CRE KIT	FLURBIPROFEN-CYCLOBENZAPRINE CREAM (CMPD KIT)	Tier 3	X			
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	VP GKL CRE KIT	KETOPROFEN-LIDOCAINE HCL-GABAPENT CRM 20-2-10% (CMPD KIT)	Tier 3	X			
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ZIPSOR CAP 25MG	DICLOFENAC POTASSIUM CAP 25 MG	Tier 3		X		
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ZORVOLEX CAP 18MG	DICLOFENAC CAP 18 MG	Tier 3				
Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs	ZORVOLEX CAP 35MG	DICLOFENAC CAP 35 MG	Tier 3				
Not Specified	HEMICLOR TAB 12.5MG	CHLORTHALIDONE TAB 12.5 MG	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	AKTEN GEL 3.5%	LIDOCAINE HCL OPHTH GEL 3.5%	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	ALCAINE SOL 0.5% OP	PROPARACAINE HCL OPHTH SOLN 0.5%	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	ALTACAINE SOL 0.5% OP	TETRACAINE HCL OPHTH SOLN 0.5%	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	ALTAFRIN SOL 10% OP	PHENYLEPHRINE HCL OPHTH SOLN 10%	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	ALTAFRIN SOL 2.5% OP	PHENYLEPHRINE HCL OPHTH SOLN 2.5%	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	ATROPINE SUL OIN 1% OP	ATROPINE SULFATE OPHTH OINT 1%	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	ATROPINE SUL SOL 1% OP	ATROPINE SULFATE OPHTH SOLN 1%	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	BACIT/POLYMY OIN OP	BACITRACIN-POLYMYXIN B OPHTH OINT	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	CEQUA SOL 0.09%	CYCLOSPORINE (OPHTH) SOLN 0.09% (PF)	Tier 3	X		X	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	CHONDROITIN SOL	CHONDROITIN SULFATE OPHTH SOLN 0.25%	Tier 3			X	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	CYCLOGYL SOL 0.5% OP	CYCLOPENTOLATE HCL OPHTH SOLN 0.5%	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	CYCLOGYL SOL 1% OP	CYCLOPENTOLATE HCL OPHTH SOLN 1%	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	CYCLOGYL SOL 2% OP	CYCLOPENTOLATE HCL OPHTH SOLN 2%	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	CYCLOPENTOL SOL 1% OP	CYCLOPENTOLATE HCL OPHTH SOLN 1%	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	CYCLOSPORINE EMU 0.05% OP	CYCLOSPORINE (OPHTH) EMULSION 0.05%	Tier 1	X		X	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	CYSTADROPS SOL 0.37%	CYSTEAMINE HCL OPHTH SOLN 0.37% (BASE EQUIVALENT)	Tier 3	X	X		X
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	CYSTARAN SOL 0.44%	CYSTEAMINE HCL OPHTH SOLN 0.44% (BASE EQUIVALENT)	Tier 2	X	X		X
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	GELFILM MIS OP	GELATIN ADSORBABLE OPHTH FILM	Tier 2				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	ISOPTO ATROP SOL 1% OP	ATROPINE SULFATE OPHTH SOLN 1%	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	LACRISERT MIS 5MG OP	ARTIFICIAL TEAR OPHTH INSERT	Tier 2				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	MIEBO DRO 1.3GM/ML	PERFLUOROHEXYLOCTANE OPHTH SOLN 1.338 GM/ML	Tier 3	X	X		
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	NEO/BAC/POLY OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	NEO/POLY/BAC OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	NEO/POLY/GRA SOL OP	NEOMYCIN-POLYMY-GRAMICID OP SOL 1.75-10000-0.025MG-UNT-MG/ML	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	NEO-POLYCIN OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	OXERVATE SOL 20MCG/ML	CENEGERMIN-BKBJ OPHTH SOLN 0.002% (20 MCG/ML)	Tier 3	X	X		X
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	PHENYLEPHRIN SOL 10% OP	PHENYLEPHRINE HCL OPHTH SOLN 10%	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	PHENYLEPHRIN SOL 2.5% OP	PHENYLEPHRINE HCL OPHTH SOLN 2.5%	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	POLYCIN OIN OP	BACITRACIN-POLYMYXIN B OPHTH OINT	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	POLYMYXIN B/ SOL TRIMETHP	POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1%	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	PREDNIS/BROM SUS 1-0.075%	PREDNISOLONE-BROMFENAC OPHTH SUSP 1-0.075%	Tier 3			X	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	PRENIS-BROMF SOL 1-0.075%	PREDNISOLONE-BROMFENAC OPHTH SOLN 1-0.075%	Tier 3			X	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	PROPARACAINE SOL 0.5% OP	PROPARACAINE HCL OPHTH SOLN 0.5%	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	RESTASIS EMU 0.05% OP	CYCLOSPORINE (OPHTH) EMULSION 0.05%	Tier 1	X			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	RESTASIS MUL EMU 0.05% OP	CYCLOSPORINE (OPHTH) EMULSION 0.05%	Tier 1	X	X		
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	RHOPRESSA SOL 0.02%	NETARSUDIL DIMESYLATE OPHTH SOLN 0.02%	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	ROCKLATAN DRO	NETARSUDIL DIMESYLATE-LATANOPROST OPHTH SOLN 0.02-0.005%	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	TETRACAINE SOL 0.5% OP	TETRACAINE HCL OPHTH SOLN 0.5%	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	TOBRA/DEXAME SUS 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1%	Tier 1				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	TOBRADEX SUS 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1%	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	TOBRADEX ST SUS 0.3-0.05	TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.05%	Tier 3				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	TRIPLE PMB SOL	PREDNISOL-MOXIFLOX-BROMFEN FOR SOL 1-0.5-0.09% (CMPD KIT)	Tier 3	X			
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	VERKAZIA EMU 0.1% OP	CYCLOSPORINE (OPHTH) EMULSION 0.1%	Tier 3	X	X		
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	VEVYE DRO 0.1%	CYCLOSPORINE (OPHTH) SOLN 0.1%	Tier 3	X	X	X	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	XIIDRA DRO 5%	LIFITEGRAST OPHTH SOLN 5%	Tier 2	X			
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	ALOCRIL SOL 2%	NEDOCROMIL SODIUM OPHTH SOLN 2%	Tier 3				
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	AZELASTINE DRO 0.05%	AZELASTINE HCL OPHTH SOLN 0.05%	Tier 1				
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	CROMOLYN SOD SOL 4% OP	CROMOLYN SODIUM OPHTH SOLN 4%	Tier 1				
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	CYCLOMYDRIL SOL OP	CYCLOPENTOLATE W/ PHENYLEPHRINE OPHTH SOLN 0.2-1%	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	EPINASTINE DRO 0.05%	EPINASTINE HCL OPHTH SOLN 0.05%	Tier 1				
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	OLOPATADINE DRO 0.1%	OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT)	Tier 1				
Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs	UPNEEQ SOL 0.1%	OXYMETAZOLINE HCL OPHTH SOLN 0.1%	Tier 3	X			
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	ZERVIATE DRO 0.24%	CETIRIZINE HCL OPHTH SOLN 0.24% (BASE EQUIV)	Tier 3				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	AZASITE SOL 1%	AZITHROMYCIN OPHTH SOLN 1%	Tier 3				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	BACITRACIN OIN OP	BACITRACIN OPHTH OINT 500 UNIT/GM	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	BESIVANCE SUS 0.6%	BESIFLOXACIN HCL OPHTH SUSP 0.6% (BASE EQUIV)	Tier 3				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	BETADINE SOL 5% OP	POVIDONE-IODINE OPHTH SOLN 5%	Tier 3				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	CILOXAN OIN 0.3% OP	CIPROFLOXACIN HCL OPHTH OINT 0.3%	Tier 3				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	CIPROFLOXACN SOL 0.3% OP	CIPROFLOXACIN HCL OPHTH SOLN 0.3% (BASE EQUIVALENT)	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	ERYTHROMYCIN OIN 5MG/GM	ERYTHROMYCIN OPHTH OINT 5 MG/GM	Tier 1^				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	GATIFLOXACIN SOL 0.5%	GATIFLOXACIN OPHTH SOLN 0.5%	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	GENTAMICIN SOL 0.3% OP	GENTAMICIN SULFATE OPHTH SOLN 0.3%	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	LEVOFLOXACIN SOL 0.5%	LEVOFLOXACIN OPHTH SOLN 0.5%	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	LEVOFLOXACIN SOL 1.5%	LEVOFLOXACIN OPHTH SOLN 1.5%	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	MOXIFLOXACIN SOL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY)	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	MOXIFLOXACIN SOL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	MOXIFLOXACIN SOL HCL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	OCUFLOX DRO 0.3% OP	OFLOXACIN OPHTH SOLN 0.3%	Tier 3				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	OFLOXACIN DRO 0.3% OP	OFLOXACIN OPHTH SOLN 0.3%	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	SULFACET SOD OIN 10% OP	SULFACETAMIDE SODIUM OPHTH OINT 10%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Ophthalmic Antibiotics - Drugs to treat Eye Infections	SULFACET SOD SOL 10% OP	SULFACETAMIDE SODIUM OPHTH SOLN 10%	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	TOBRAMYCIN SOL 0.3% OP	TOBRAMYCIN OPHTH SOLN 0.3%	Tier 1				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	TOBREX OIN 0.3% OP	TOBRAMYCIN OPHTH OINT 0.3%	Tier 3				
Ophthalmic Antibiotics - Drugs to treat Eye Infections	VIGAMOX DRO 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	Tier 3			X	
Ophthalmic Antibiotics - Drugs to treat Eye Infections	XDEMVY DRO 0.25%	LOTILANER OPHTH SOLN 0.25%	Tier 3	X	X		
Ophthalmic Antibiotics - Drugs to treat Eye Infections	ZYMAXID SOL 0.5%	GATIFLOXACIN OPHTH SOLN 0.5%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	ACETAZOLAMID CAP 500MG ER	ACETAZOLAMIDE CAP ER 12HR 500 MG	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	ACETAZOLAMID TAB 125MG	ACETAZOLAMIDE TAB 125 MG	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	ACETAZOLAMID TAB 250MG	ACETAZOLAMIDE TAB 250 MG	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	ALPHAGAN P SOL 0.1%	BRIMONIDINE TARTRATE OPHTH SOLN 0.1%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	ALPHAGAN P SOL 0.15%	BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	APRACLONIDIN SOL 0.5% OP	APRACLONIDINE HCL OPHTH SOLN 0.5% (BASE EQUIVALENT)	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	AZOPT SUS 1% OP	BRINZOLAMIDE OPHTH SUSP 1%	Tier 3			X	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	BETAXOLOL SOL 0.5% OP	BETAXOLOL HCL OPHTH SOLN 0.5%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	BETIMOL SOL 0.25%	TIMOLOL OPHTH SOLN 0.25%	Tier 2				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	BETIMOL SOL 0.5%	TIMOLOL OPHTH SOLN 0.5%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	BETOPTIC-S SUS 0.25% OP	BETAXOLOL HCL OPHTH SUSP 0.25%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	BRIMO/TIMOLO SOL 0.2/0.5%	BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5%	Tier 1			X	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	BRIMONIDINE SOL 0.1%	BRIMONIDINE TARTRATE OPHTH SOLN 0.1%	Tier 1			X	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	BRIMONIDINE SOL 0.1% OP	BRIMONIDINE TARTRATE OPHTH SOLN 0.1%	Tier 1			X	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	BRIMONIDINE SOL 0.15%	BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	BRIMONIDINE SOL 0.2% OP	BRIMONIDINE TARTRATE OPHTH SOLN 0.2%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	BRINZOLAMIDE SUS 1%	BRINZOLAMIDE OPHTH SUSP 1%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	BRINZOLAMIDE SUS 1% OP	BRINZOLAMIDE OPHTH SUSP 1%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	CARTEOLOL SOL 1% OP	CARTEOLOL HCL OPHTH SOLN 1%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	COMBIGAN SOL 0.2/0.5%	BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	COSOPT SOL 2-0.5%OP	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	COSOPT PF SOL 2%-0.5%	DORZOLAMIDE HCL-TIMOLOL MALEATE PF OPHTH SOLN 2-0.5%	Tier 3			X	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	DORZOL/TIMOL SOL 2%-0.5%	DORZOLAMIDE HCL-TIMOLOL MALEATE PF OPHTH SOLN 2-0.5%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	DORZOL/TIMOL SOL 2-0.5%OP	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	DORZOLAMIDE SOL 2% OP	DORZOLAMIDE HCL OPHTH SOLN 2%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	DORZOLAMIDE SOL 2% OP	DORZOLAMIDE HCL OPHTH SOLN 2%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	IOPIDINE SOL 1% OP	APRACLONIDINE HCL OPHTH SOLN 1% (BASE EQUIVALENT)	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	ISTALOL SOL 0.5% OP	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	LEVOBUNOLOL SOL 0.5% OP	LEVOBUNOLOL HCL OPHTH SOLN 0.5%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	METHAZOLAMID TAB 25MG	METHAZOLAMIDE TAB 25 MG	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	METHAZOLAMID TAB 50MG	METHAZOLAMIDE TAB 50 MG	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	PHOSPHOLINE SOL 0.125%OP	ECHOTHIOPHATE IODIDE OPHTH FOR SOLN 0.125%	Tier 2				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	PILOCARPINE SOL 1% OP	PILOCARPINE HCL OPHTH SOLN 1%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	PILOCARPINE SOL 2% OP	PILOCARPINE HCL OPHTH SOLN 2%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	PILOCARPINE SOL 4% OP	PILOCARPINE HCL OPHTH SOLN 4%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	SIMBRINZA SUS 1-0.2%	BRINZOLAMIDE-BRIMONIDINE TARTRATE OPHTH SUSP 1-0.2%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOLOL GEL SOL 0.25% OP	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOLOL GEL SOL 0.5% OP	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOLOL HEMI SOL 0.5% OP	TIMOLOL OPHTH SOLN 0.5%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOLOL MAL SOL 0.25% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.25%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOLOL MAL SOL 0.25% OP	TIMOLOL MALEATE OPHTH SOLN 0.25%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE OPHTH SOLN 0.5%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.5%	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOLOL MALE SOL 0.5%	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOLOL MALE SOL 0.5% OP	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	Tier 1				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOPTIC SOL 0.25% OP	TIMOLOL MALEATE OPHTH SOLN 0.25%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOPTIC SOL 0.5% OP	TIMOLOL MALEATE OPHTH SOLN 0.5%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOPTIC OCU SOL 0.25% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.25%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOPTIC OCU SOL 0.5% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.5%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOPTIC-XE SOL 0.25% OP	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	Tier 3				
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	TIMOPTIC-XE SOL 0.5% OP	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	Tier 3				
Ophthalmic Anti-inflammatories	CLOBETASOL SUS 0.05%	CLOBETASOL PROPIONATE OPHTH SUSP 0.05%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	ACULAR SOL 0.5% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	ACULAR LS SOL 0.4%	KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	ACUVAIL SOL 0.45%	KETOROLAC TROMETHAMINE (PF) OPHTH SOLN 0.45%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	ALOMIDE SOL 0.1% OP	LODOXAMIDE TROMETHAMINE OPHTH SOLN 0.1%	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	ALREX SUS 0.2%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	BROMFENAC DRO 0.07% OP	BROMFENAC SODIUM OPHTH SOLN 0.07% (BASE EQUIVALENT)	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	BROMFENAC DRO 0.075%OP	BROMFENAC SODIUM OPHTH SOLN 0.075% (BASE EQUIVALENT)	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	BROMFENAC DRO 0.09% OP	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	BROMSITE DRO 0.075%OP	BROMFENAC SODIUM OPHTH SOLN 0.075% (BASE EQUIVALENT)	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	DEXAMETH PHO SOL 0.1% OP	DEXAMETHASONE SODIUM PHOSPHATE OPHTH SOLN 0.1%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	DICLOFENAC SOL 0.1% OP	DICLOFENAC SODIUM OPHTH SOLN 0.1%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	DIFLUPREDNAT EMU 0.05%	DIFLUPREDNATE OPHTH EMULSION 0.05%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	DOUBLE PM SOL	PREDNISOLONE-MOXIFLOXACIN OPTH FOR SOLN 1-0.5% (CMPD KIT)	Tier 3	X			
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	DUREZOL EMU 0.05%	DIFLUPREDNATE OPHTH EMULSION 0.05%	Tier 3			X	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	EYSUVIS DRO 0.25%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.25%	Tier 2				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	FLAREX SUS 0.1% OP	FLUOROMETHOLONE ACETATE OPHTH SUSP 0.1%	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	FLUOROMETHOL SUS 0.1% OP	FLUOROMETHOLONE OPHTH SUSP 0.1%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	FLURBIPROFEN SOL 0.03% OP	FLURBIPROFEN SODIUM OPHTH SOLN 0.03%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	FML FORTE SUS 0.25% OP	FLUOROMETHOLONE OPHTH SUSP 0.25%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	FML LIQUIFLM SUS 0.1% OP	FLUOROMETHOLONE OPHTH SUSP 0.1%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	ILEVRO DRO 0.3% OP	NEPAFENAC OPHTH SUSP 0.3%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	INVELTYS SUS 1%	LOTEPREDNOL ETABONATE OPHTH SUSP 1%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	KETOROLAC SOL 0.4%	KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	KETOROLAC SOL 0.5%	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	KETOROLAC SOL 0.5% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	LOTEMAX GEL 0.5%	LOTEPREDNOL ETABONATE OPHTH GEL 0.5%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	LOTEMAX OIN 0.5%	LOTEPREDNOL ETABONATE OPHTH OINT 0.5%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	LOTEMAX SUS 0.5%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	LOTEMAX SM GEL 0.38%	LOTEPREDNOL ETABONATE OPHTH GEL 0.38%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	LOTEPREDNOL GEL 0.5%	LOTEPREDNOL ETABONATE OPHTH GEL 0.5%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	LOTEPREDNOL GEL 0.5% OP	LOTEPREDNOL ETABONATE OPHTH GEL 0.5%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	LOTEPREDNOL SUS 0.2%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	LOTEPREDNOL SUS 0.5%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	MAXIDEX SUS 0.1% OP	DEXAMETHASONE OPHTH SUSP 0.1%	Tier 2				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	MAXITROL OIN 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	MAXITROL SUS 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	MITOSOL KIT 0.2MG	MITOMYCIN FOR OPHTH SOLN KIT 0.2 MG	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	NEO/POLY/BAC OIN /HC 1%OP	BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	NEO/POLY/DEX OIN 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	NEO/POLY/DEX SUS 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	NEO/POLY/HC SUS OP	NEOMYCIN-POLYMYXIN-HC OPHTH SUSP	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	NEO-POLYCIN OIN HC 1%OP	BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	NEVANAC SUS 0.1% OP	NEPAFENAC OPHTH SUSP 0.1%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	PRED FORTE SUS 1% OP	PREDNISOLONE ACETATE OPHTH SUSP 1%	Tier 3			X	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	PRED MILD SUS 0.12% OP	PREDNISOLONE ACETATE OPHTH SUSP 0.12%	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	PRED SOD PHO SOL 1% OP	PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	PREDNISOLONE SUS 1%	PREDNISOLONE ACETATE OPHTH SUSP 1%	Tier 3			X	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	PREDNISOLONE SUS 1% OP	PREDNISOLONE ACETATE OPHTH SUSP 1%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	PROLENSA DRO 0.07% OP	BROMFENAC SODIUM OPHTH SOLN 0.07% (BASE EQUIVALENT)	Tier 3				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	SULF/PRED NA SOL OP	SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SOLN 10-0.23(0.25)%	Tier 1				
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	TRIPLE PMK SOL	PREDNISOL-MOXIFLOX-KETOROLAC FOR SOL 1-0.5-0.5% (CMPD KIT)	Tier 3	X			
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	ZYLET SUS 0.5-0.3%	LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3%	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Ophthalmic Antivirals - Drugs to treat Eye Infections	NATACYN SUS 5% OP	NATAMYCIN OPHTH SUSP 5%	Tier 3				
Ophthalmic Antivirals - Drugs to treat Eye Infections	TRIFLURIDINE SOL 1% OP	TRIFLURIDINE OPHTH SOLN 1%	Tier 1				
Ophthalmic Antivirals - Drugs to treat Eye Infections	ZIRGAN GEL 0.15%	GANCICLOVIR OPHTH GEL 0.15%	Tier 3				
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	BIMATOPROST SOL 0.03% OP	BIMATOPROST OPHTH SOLN 0.03%	Tier 1				
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	IYUZEH DRO 0.005%	LATANOPROST (PF) OPHTH SOLN 0.005%	Tier 3				
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	LATANOPROST SOL 0.005%	LATANOPROST OPHTH SOLN 0.005%	Tier 1				
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	LATANOPROST SOL 0.005%	LATANOPROST OPHTH SOLN 0.005%	Tier 3				
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	LUMIGAN SOL 0.01% OP	BIMATOPROST OPHTH SOLN 0.01%	Tier 2				
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	TAFLUPROST SOL 0.0015%	TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%	Tier 1			X	
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	TRAVATAN Z DRO 0.004%	TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	Tier 3			X	
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	TRAVOPROST DRO 0.004%	TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	Tier 1				
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	VYZULTA SOL 0.024%	LATANOPROSTENE BUNOD OPHTH SOLN 0.024%	Tier 3			X	
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	XALATAN SOL 0.005%	LATANOPROST OPHTH SOLN 0.005%	Tier 3			X	
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	XELPROS EMU 0.005%	LATANOPROST OPHTH EMULSION 0.005%	Tier 3				
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	ZIOPTAN DRO 0.0015%	TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%	Tier 3			X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BELBUCA MIS 150MCG	BUPRENORPHINE HCL BUCCAL FILM 150 MCG (BASE EQUIVALENT)	Tier 3	X	X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BELBUCA MIS 300MCG	BUPRENORPHINE HCL BUCCAL FILM 300 MCG (BASE EQUIVALENT)	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BELBUCA MIS 450MCG	BUPRENORPHINE HCL BUCCAL FILM 450 MCG (BASE EQUIVALENT)	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BELBUCA MIS 600MCG	BUPRENORPHINE HCL BUCCAL FILM 600 MCG (BASE EQUIVALENT)	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BELBUCA MIS 750MCG	BUPRENORPHINE HCL BUCCAL FILM 750 MCG (BASE EQUIVALENT)	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BELBUCA MIS 75MCG	BUPRENORPHINE HCL BUCCAL FILM 75 MCG (BASE EQUIVALENT)	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BELBUCA MIS 900MCG	BUPRENORPHINE HCL BUCCAL FILM 900 MCG (BASE EQUIVALENT)	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BUPRENORPHIN DIS 10MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BUPRENORPHIN DIS 15MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BUPRENORPHIN DIS 20MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 20 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BUPRENORPHIN DIS 5MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 5 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BUPRENORPHIN DIS 7.5/HR	BUPRENORPHINE TD PATCH WEEKLY 7.5 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BUTRANS DIS 10MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR	Tier 3	X	X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BUTRANS DIS 15MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR	Tier 3	X	X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BUTRANS DIS 20MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 20 MCG/HR	Tier 3	X	X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BUTRANS DIS 5MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 5 MCG/HR	Tier 3	X	X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	BUTRANS DIS 7.5/HR	BUPRENORPHINE TD PATCH WEEKLY 7.5 MCG/HR	Tier 3	X	X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	CONZIP CAP 100MG	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 100 MG	Tier 3		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	CONZIP CAP 200MG	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 200 MG	Tier 3		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	CONZIP CAP 300MG	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 300 MG	Tier 3		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	FENTANYL DIS 100MCG/H	FENTANYL TD PATCH 72HR 100 MCG/HR	Tier 1	X	X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Long-acting - Opioid Pain Relievers	FENTANYL DIS 12MCG/HR	FENTANYL TD PATCH 72HR 12 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	FENTANYL DIS 25MCG/HR	FENTANYL TD PATCH 72HR 25 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	FENTANYL DIS 37.5MCG	FENTANYL TD PATCH 72HR 37.5 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	FENTANYL DIS 50MCG/HR	FENTANYL TD PATCH 72HR 50 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	FENTANYL DIS 62.5MCG	FENTANYL TD PATCH 72HR 62.5 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	FENTANYL DIS 75MCG/HR	FENTANYL TD PATCH 72HR 75 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	FENTANYL DIS 87.5MCG	FENTANYL TD PATCH 72HR 87.5 MCG/HR	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE CAP 10MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 10 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE CAP 15MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 15 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE CAP 20MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 20 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE CAP 30MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 30 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE CAP 40MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 40 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE CAP 50MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 50 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE TAB 100MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE TAB 120MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE TAB 20MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 20 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE TAB 30MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 30 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE TAB 40MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 40 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE TAB 60MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 60 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROCODONE TAB 80MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 80 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROMORPHON TAB 12MG ER	HYDROMORPHONE HCL TAB ER 24HR 12 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROMORPHON TAB 16MG ER	HYDROMORPHONE HCL TAB ER 24HR 16 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROMORPHON TAB 32MG ER	HYDROMORPHONE HCL TAB ER 24HR 32 MG	Tier 1	X	X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYDROMORPHON TAB 8MG ER	HYDROMORPHONE HCL TAB ER 24HR 8 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYSINGLA ER TAB 100 MG	HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYSINGLA ER TAB 120 MG	HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYSINGLA ER TAB 20 MG	HYDROCODONE BITARTRATE TAB ER 24HR DETER 20 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYSINGLA ER TAB 30 MG	HYDROCODONE BITARTRATE TAB ER 24HR DETER 30 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYSINGLA ER TAB 40 MG	HYDROCODONE BITARTRATE TAB ER 24HR DETER 40 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYSINGLA ER TAB 60 MG	HYDROCODONE BITARTRATE TAB ER 24HR DETER 60 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	HYSINGLA ER TAB 80 MG	HYDROCODONE BITARTRATE TAB ER 24HR DETER 80 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	LEVORPHANOL TAB 2MG	LEVORPHANOL TARTRATE TAB 2 MG	Tier 1		X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	LEVORPHANOL TAB 3MG	LEVORPHANOL TARTRATE TAB 3 MG	Tier 1		X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	METHADONE CON 10MG/ML	METHADONE HCL CONC 10 MG/ML	Tier 1		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	METHADONE SOL 10MG/5ML	METHADONE HCL SOLN 10 MG/5ML	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	METHADONE SOL 5MG/5ML	METHADONE HCL SOLN 5 MG/5ML	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	METHADONE TAB 10MG	METHADONE HCL TAB 10 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	METHADONE TAB 40MG	METHADONE HCL TAB FOR ORAL SUSP 40 MG	Tier 1		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	METHADONE TAB 5MG	METHADONE HCL TAB 5 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	METHADOSE CON 10MG/ML	METHADONE HCL CONC 10 MG/ML	Tier 3		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	METHADOSE TAB 40MG	METHADONE HCL TAB FOR ORAL SUSP 40 MG	Tier 1		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	METHADOSE SF CON 10MG/ML	METHADONE HCL CONC 10 MG/ML	Tier 3		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 100MG ER	MORPHINE SULFATE CAP ER 24HR 100 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 10MG ER	MORPHINE SULFATE CAP ER 24HR 10 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 120MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 120 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 20MG ER	MORPHINE SULFATE CAP ER 24HR 20 MG	Tier 1	X	X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 30MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 30 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 30MG ER	MORPHINE SULFATE CAP ER 24HR 30 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 45MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 45 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 50MG ER	MORPHINE SULFATE CAP ER 24HR 50 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 60MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 60 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 60MG ER	MORPHINE SULFATE CAP ER 24HR 60 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 75MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 75 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 80MG ER	MORPHINE SULFATE CAP ER 24HR 80 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL CAP 90MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 90 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL TAB 100MG ER	MORPHINE SULFATE TAB ER 100 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL TAB 15MG ER	MORPHINE SULFATE TAB ER 15 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL TAB 200MG ER	MORPHINE SULFATE TAB ER 200 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL TAB 30MG ER	MORPHINE SULFATE TAB ER 30 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MORPHINE SUL TAB 60MG ER	MORPHINE SULFATE TAB ER 60 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MS CONTIN TAB 100MG ER	MORPHINE SULFATE TAB ER 100 MG	Tier 3	X	X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MS CONTIN TAB 15MG ER	MORPHINE SULFATE TAB ER 15 MG	Tier 3	X	X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MS CONTIN TAB 200MG ER	MORPHINE SULFATE TAB ER 200 MG	Tier 3	X	X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MS CONTIN TAB 30MG ER	MORPHINE SULFATE TAB ER 30 MG	Tier 3	X	X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	MS CONTIN TAB 60MG ER	MORPHINE SULFATE TAB ER 60 MG	Tier 3	X	X	X	
Opioid Analgesics, Long-acting - Opioid Pain Relievers	NUCYNTA ER TAB 100MG	TAPENTADOL HCL TAB ER 12HR 100 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	NUCYNTA ER TAB 150MG	TAPENTADOL HCL TAB ER 12HR 150 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	NUCYNTA ER TAB 200MG	TAPENTADOL HCL TAB ER 12HR 200 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	NUCYNTA ER TAB 250MG	TAPENTADOL HCL TAB ER 12HR 250 MG	Tier 3	X	X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Long-acting - Opioid Pain Relievers	NUCYNTA ER TAB 50MG	TAPENTADOL HCL TAB ER 12HR 50 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYCODONE TAB 10MG ER	OXYCODONE HCL TAB ER 12HR DETER 10 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYCODONE TAB 20MG ER	OXYCODONE HCL TAB ER 12HR DETER 20 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYCODONE TAB 40MG ER	OXYCODONE HCL TAB ER 12HR DETER 40 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYCODONE TAB 80MG ER	OXYCODONE HCL TAB ER 12HR DETER 80 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYCONTIN TAB 10MG ER	OXYCODONE HCL TAB ER 12HR DETER 10 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYCONTIN TAB 15MG ER	OXYCODONE HCL TAB ER 12HR DETER 15 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYCONTIN TAB 20MG ER	OXYCODONE HCL TAB ER 12HR DETER 20 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYCONTIN TAB 30MG ER	OXYCODONE HCL TAB ER 12HR DETER 30 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYCONTIN TAB 40MG ER	OXYCODONE HCL TAB ER 12HR DETER 40 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYCONTIN TAB 60MG ER	OXYCODONE HCL TAB ER 12HR DETER 60 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYCONTIN TAB 80MG ER	OXYCODONE HCL TAB ER 12HR DETER 80 MG	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYMORPHONE TAB 10MG ER	OXYMORPHONE HCL TAB ER 12HR 10 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYMORPHONE TAB 15MG ER	OXYMORPHONE HCL TAB ER 12HR 15 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYMORPHONE TAB 20MG ER	OXYMORPHONE HCL TAB ER 12HR 20 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYMORPHONE TAB 30MG ER	OXYMORPHONE HCL TAB ER 12HR 30 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYMORPHONE TAB 40MG ER	OXYMORPHONE HCL TAB ER 12HR 40 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYMORPHONE TAB 5MG ER	OXYMORPHONE HCL TAB ER 12HR 5 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	OXYMORPHONE TAB 7.5MG ER	OXYMORPHONE HCL TAB ER 12HR 7.5 MG	Tier 1	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	SYNAPRYN SUS 10MG/ML	TRAMADOL HCL FOR ORAL SUSP 10 MG/ML (COMPOUND KIT)	Tier 3	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	TRAMADOL HCL CAP ER 100MG	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 100 MG	Tier 3		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	TRAMADOL HCL CAP ER 200MG	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 200 MG	Tier 3		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	TRAMADOL HCL CAP ER 300MG	TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 300 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Long-acting - Opioid Pain Relievers	TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG	Tier 1		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR 100 MG	Tier 1		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG	Tier 1		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR 200 MG	Tier 1		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG	Tier 1		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR 300 MG	Tier 1		X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	XTAMPZA ER CAP 13.5MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 13.5 MG	Tier 2	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	XTAMPZA ER CAP 18MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 18 MG	Tier 2	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	XTAMPZA ER CAP 27MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 27 MG	Tier 2	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	XTAMPZA ER CAP 36MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36 MG	Tier 2	X	X		
Opioid Analgesics, Long-acting - Opioid Pain Relievers	XTAMPZA ER CAP 9MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9 MG	Tier 2	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ACTIQ LOZ 1200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG	Tier 3	X	X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ACTIQ LOZ 1600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG	Tier 3	X	X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ACTIQ LOZ 200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG	Tier 3	X	X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ACTIQ LOZ 400MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG	Tier 3	X	X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ACTIQ LOZ 600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG	Tier 3	X	X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ACTIQ LOZ 800MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG	Tier 3	X	X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	APADAZ TAB 4.08-325	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 4.08-325 MG	Tier 3		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	APADAZ TAB 6.12-325	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 6.12-325 MG	Tier 3		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	APADAZ TAB 8.16-325	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 8.16-325 MG	Tier 3		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	APAP/CODEINE SOL 120-12/5	ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	APAP/CODEINE TAB 300-15MG	ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Short-acting - Opioid Pain Relievers	APAP/CODEINE TAB 300-30MG	ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	APAP/CODEINE TAB 300-60MG	ACETAMINOPHEN W/ CODEINE TAB 300-60 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	APAP-CAFFEIN CAP DIHYDROC	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ASCOMP/COD CAP 30MG	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	BENZHY/ACETA TAB 4.08-325	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 4.08-325 MG	Tier 3		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	BENZHY/ACETA TAB 6.12-325	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 6.12-325 MG	Tier 3		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	BENZHY/ACETA TAB 8.16-325	BENZHYDROCODONE HCL-ACETAMINOPHEN TAB 8.16-325 MG	Tier 3		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	BUT/APAP/CAF CAP CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-300-40-30 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	BUT/APAP/CAF CAP CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	BUT/ASA/CAF/ CAP CODEINE	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	BUTORPHANOL SOL 10MG/ML	BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	CODEINE SULF TAB 15MG	CODEINE SULFATE TAB 15 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	CODEINE SULF TAB 30MG	CODEINE SULFATE TAB 30 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	CODEINE SULF TAB 60MG	CODEINE SULFATE TAB 60 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	DILAUDID LIQ 1MG/ML	HYDROMORPHONE HCL LIQD 1 MG/ML	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	DILAUDID TAB 2MG	HYDROMORPHONE HCL TAB 2 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	DILAUDID TAB 4MG	HYDROMORPHONE HCL TAB 4 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	DILAUDID TAB 8MG	HYDROMORPHONE HCL TAB 8 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ENDOCET TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ENDOCET TAB 2.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ENDOCET TAB 5-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ENDOCET TAB 7.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTANYL CIT TAB 100MCG	FENTANYL CITRATE BUCCAL TAB 100 MCG (BASE EQUIV)	Tier 3	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTANYL CIT TAB 200MCG	FENTANYL CITRATE BUCCAL TAB 200 MCG (BASE EQUIV)	Tier 3	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTANYL CIT TAB 400MCG	FENTANYL CITRATE BUCCAL TAB 400 MCG (BASE EQUIV)	Tier 3	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTANYL CIT TAB 600MCG	FENTANYL CITRATE BUCCAL TAB 600 MCG (BASE EQUIV)	Tier 3	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTANYL CIT TAB 800MCG	FENTANYL CITRATE BUCCAL TAB 800 MCG (BASE EQUIV)	Tier 3	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTANYL OT LOZ 1200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG	Tier 1	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTANYL OT LOZ 1600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG	Tier 1	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTANYL OT LOZ 200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG	Tier 1	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTANYL OT LOZ 400MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG	Tier 1	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTANYL OT LOZ 600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG	Tier 1	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTANYL OT LOZ 800MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG	Tier 1	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTORA TAB 100MCG	FENTANYL CITRATE BUCCAL TAB 100 MCG (BASE EQUIV)	Tier 3	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTORA TAB 200MCG	FENTANYL CITRATE BUCCAL TAB 200 MCG (BASE EQUIV)	Tier 3	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTORA TAB 400MCG	FENTANYL CITRATE BUCCAL TAB 400 MCG (BASE EQUIV)	Tier 3	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTORA TAB 600MCG	FENTANYL CITRATE BUCCAL TAB 600 MCG (BASE EQUIV)	Tier 3	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FENTORA TAB 800MCG	FENTANYL CITRATE BUCCAL TAB 800 MCG (BASE EQUIV)	Tier 3	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	FIORICET CAP CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-300-40-30 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDRO/ACETA SOL 10-325MG	HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG/15ML	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROCO/APAP SOL 7.5-325	HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROCO/APAP TAB 10-300MG	HYDROCODONE-ACETAMINOPHEN TAB 10-300 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROCO/APAP TAB 10-325MG	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROCO/APAP TAB 2.5-325	HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROCO/APAP TAB 5-300MG	HYDROCODONE-ACETAMINOPHEN TAB 5-300 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROCO/APAP TAB 5-325MG	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROCO/APAP TAB 7.5-300	HYDROCODONE-ACETAMINOPHEN TAB 7.5-300 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROCO/APAP TAB 7.5-325	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROCOD/IBU TAB 10-200MG	HYDROCODONE-IBUPROFEN TAB 10-200 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROCOD/IBU TAB 5-200MG	HYDROCODONE-IBUPROFEN TAB 5-200 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROCOD/IBU TAB 7.5-200	HYDROCODONE-IBUPROFEN TAB 7.5-200 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROMORPHON LIQ 1MG/ML	HYDROMORPHONE HCL LIQD 1 MG/ML	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROMORPHON SUP 3MG	HYDROMORPHONE HCL SUPPOS 3 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROMORPHON TAB 2MG	HYDROMORPHONE HCL TAB 2 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROMORPHON TAB 4MG	HYDROMORPHONE HCL TAB 4 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	HYDROMORPHON TAB 8MG	HYDROMORPHONE HCL TAB 8 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MEPERIDINE SOL 50MG/5ML	MEPERIDINE HCL ORAL SOLN 50 MG/5ML	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MEPERIDINE TAB 50MG	MEPERIDINE HCL TAB 50 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MORPHINE SUL SOL 100/5ML	MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MORPHINE SUL SOL 10MG/5ML	MORPHINE SULFATE ORAL SOLN 10 MG/5ML	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MORPHINE SUL SOL 20MG/5ML	MORPHINE SULFATE ORAL SOLN 20 MG/5ML	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MORPHINE SUL SOL 20MG/ML	MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MORPHINE SUL SUP 10MG	MORPHINE SULFATE SUPPOS 10 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MORPHINE SUL SUP 20MG	MORPHINE SULFATE SUPPOS 20 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MORPHINE SUL SUP 30MG	MORPHINE SULFATE SUPPOS 30 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MORPHINE SUL SUP 5MG	MORPHINE SULFATE SUPPOS 5 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MORPHINE SUL TAB 15MG	MORPHINE SULFATE TAB 15 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	MORPHINE SUL TAB 30MG	MORPHINE SULFATE TAB 30 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	NALOCET TAB 2.5-300	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-300 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	NUCYNTA TAB 100MG	TAPENTADOL HCL TAB 100 MG	Tier 2		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	NUCYNTA TAB 50MG	TAPENTADOL HCL TAB 50 MG	Tier 2		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	NUCYNTA TAB 75MG	TAPENTADOL HCL TAB 75 MG	Tier 2		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXAYDO TAB 5MG	OXYCODONE HCL TAB 5 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXAYDO TAB 7.5MG	OXYCODONE HCL TAB 7.5 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXY-ACETAMIN TAB 7.5-300	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-300 MG	Tier 3		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCOD/ACETA SOL 10/300MG	OXYCODONE W/ ACETAMINOPHEN SOLN 10-300 MG/5ML	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCOD/ACETA SOL 5/325MG	OXYCODONE W/ ACETAMINOPHEN SOLN 5-325 MG/5ML	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCOD/APAP TAB 10-300MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-300 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCOD/APAP TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCOD/APAP TAB 2.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCOD/APAP TAB 5-300MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-300 MG	Tier 3		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCOD/APAP TAB 5-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCOD/APAP TAB 7.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCOD-APAP TAB 2.5-300	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-300 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE CAP 5MG	OXYCODONE HCL CAP 5 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE CON 100/5ML	OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE SOL 5MG/5ML	OXYCODONE HCL SOLN 5 MG/5ML	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE TAB 10MG	OXYCODONE HCL TAB 10 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE TAB 10MG	OXYCODONE HCL TAB ABUSE DETER 10 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE TAB 15MG	OXYCODONE HCL TAB 15 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE TAB 15MG	OXYCODONE HCL TAB ABUSE DETER 15 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE TAB 20MG	OXYCODONE HCL TAB 20 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE TAB 30MG	OXYCODONE HCL TAB 30 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE TAB 30MG	OXYCODONE HCL TAB ABUSE DETER 30 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE TAB 5MG	OXYCODONE HCL TAB 5 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYCODONE TAB 5MG	OXYCODONE HCL TAB ABUSE DETER 5 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYMORPHONE TAB HCL 10MG	OXYMORPHONE HCL TAB 10 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	OXYMORPHONE TAB HCL 5MG	OXYMORPHONE HCL TAB 5 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	PENTAZ/NALOX TAB 50-0.5MG	PENTAZOCINE W/ NALOXONE HCL TAB 50-0.5 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	PERCOCET TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	PERCOCET TAB 2.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Analgesics, Short-acting - Opioid Pain Relievers	PERCOCET TAB 5-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	PERCOCET TAB 7.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	PROLATE SOL 10/300MG	OXYCODONE W/ ACETAMINOPHEN SOLN 10-300 MG/5ML	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	PROLATE TAB 10-300MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-300 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	PROLATE TAB 5-300MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-300 MG	Tier 3		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	PROLATE TAB 7.5-300	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-300 MG	Tier 3		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	QDOLO SOL 5MG/ML	TRAMADOL HCL ORAL SOLN 5 MG/ML	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ROXICODONE TAB 15MG	OXYCODONE HCL TAB 15 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ROXICODONE TAB 30MG	OXYCODONE HCL TAB 30 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ROXYBOND TAB 10MG	OXYCODONE HCL TAB ABUSE DETER 10 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ROXYBOND TAB 15MG	OXYCODONE HCL TAB ABUSE DETER 15 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ROXYBOND TAB 30MG	OXYCODONE HCL TAB ABUSE DETER 30 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	ROXYBOND TAB 5MG	OXYCODONE HCL TAB ABUSE DETER 5 MG	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	TRAMADL/APAP TAB 37.5-325	TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	TRAMADOL SOL 5MG/ML	TRAMADOL HCL ORAL SOLN 5 MG/ML	Tier 3		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	TRAMADOL HCL TAB 100MG	TRAMADOL HCL TAB 100 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	TRAMADOL HCL TAB 25MG	TRAMADOL HCL TAB 25 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	TRAMADOL HCL TAB 50MG	TRAMADOL HCL TAB 50 MG	Tier 1		X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers	TRAMADOL HCL TAB 75MG	TRAMADOL HCL TAB 75 MG	Tier 1		X	X	
Opioid Analgesics, Short-acting - Opioid Pain Relievers	TREZIX CAP	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	BUPREN/NALOX MIS 12-3MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	BUPREN/NALOX MIS 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	BUPREN/NALOX MIS 4-1MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	BUPREN/NALOX MIS 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	BUPREN/NALOX SUB 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	BUPREN/NALOX SUB 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	BUPRENORPHIN SUB 2MG	BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	BUPRENORPHIN SUB 8MG	BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	NALTREXONE TAB 50MG	NALTREXONE HCL TAB 50 MG	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	SUBOXONE MIS 12-3MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	Tier 3	X	X	X	
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	SUBOXONE MIS 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	Tier 3	X	X	X	
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	SUBOXONE MIS 4-1MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	Tier 3	X	X	X	
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	SUBOXONE MIS 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	Tier 3	X	X	X	
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	ZUBSOLV SUB 0.7-0.18	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 0.7-0.18 MG (BASE EQ)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	ZUBSOLV SUB 1.4-0.36	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 1.4-0.36 MG (BASE EQ)	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	ZUBSOLV SUB 11.4-2.9	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG (BASE EQ)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	ZUBSOLV SUB 2.9-0.71	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2.9-0.71 MG (BASE EQ)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	ZUBSOLV SUB 5.7-1.4	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 5.7-1.4 MG (BASE EQ)	Tier 1		X		
Opioid Dependence Treatments - Antidotes/ Deterrents/Protectants	ZUBSOLV SUB 8.6-2.1	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG (BASE EQ)	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	KLOXXADO SPR 8MG	NALOXONE HCL NASAL SPRAY 8 MG/0.1ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	NALOXONE INJ 0.4MG/ ML	NALOXONE HCL INJ 0.4 MG/ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	NALOXONE INJ 0.4MG/ ML	NALOXONE HCL INJ 4 MG/10ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	NALOXONE INJ 0.4MG/ ML	NALOXONE HCL SOLN CARTRIDGE 0.4 MG/ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	NALOXONE INJ 4MG/10ML	NALOXONE HCL INJ 4 MG/10ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	NALOXONE SPR	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	NALOXONE SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	NALOXONE HCL INJ 1MG/ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	NALOXONE HCL INJ 2MG/2ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	NALOXONE HCL SOL 0.4MG/ML	NALOXONE HCL SOLN PREFILLED SYRINGE 0.4 MG/ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	NALOXONE HCL SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	NARCAN SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	OPVEE SPR 2.7/0.1	NALMEFENE HCL NASAL SPRAY 2.7 MG/0.1ML (BASE EQUIV)	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	REXTOVY SPR 4/0.25ML	NALOXONE HCL NASAL SPRAY 4 MG/0.25ML	Tier 1		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	RIVIVE SPR 3/0.1ML	NALOXONE HCL NASAL SPRAY 3 MG/0.1ML	Tier 2		X		
Opioid Reversal Agents - Antidotes/Deterrents/ Protectants	ZIMHI SOL	NALOXONE HCL SOLN PREFILLED SYRINGE 5 MG/0.5ML	Tier 2		X		
Otic Agents - Drugs for the Ear	ACETIC ACID SOL 2% OTIC	ACETIC ACID OTIC SOLN 2%	Tier 1				
Otic Agents - Drugs for the Ear	CETRAXAL SOL 0.2%	CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT)	Tier 3				
Otic Agents - Drugs for the Ear	CIPRO HC SUS OTIC	CIPROFLOXACIN-HYDROCORTISONE OTIC SUSP 0.2-1%	Tier 3				
Otic Agents - Drugs for the Ear	CIPRO/DEXA SUS 0.3-0.1%	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	Tier 1				
Otic Agents - Drugs for the Ear	CIPRO/FLUOC DRO PF	CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025%	Tier 3			X	
Otic Agents - Drugs for the Ear	CIPRODEX SUS 0.3-0.1%	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	Tier 3			X	
Otic Agents - Drugs for the Ear	CIPROFLOXACN SOL 0.2%	CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT)	Tier 1				
Otic Agents - Drugs for the Ear	CORTISPORIN SUS -TC OTIC	NEOMYCIN-COLISTIN-HC-THONZONIUM OTIC SUSP 3.3-3-10-0.5 MG/ML	Tier 3				
Otic Agents - Drugs for the Ear	DERMOTIC OIL 0.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 3				
Otic Agents - Drugs for the Ear	FLAC OIL 0.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 1				
Otic Agents - Drugs for the Ear	FLUOCIN ACET OIL 0.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 1				
Otic Agents - Drugs for the Ear	FLUOCIN ACET OIL EAR0.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 1				
Otic Agents - Drugs for the Ear	HC/ACET ACID SOL 1-2%OTIC	HYDROCORTISONE W/ ACETIC ACID OTIC SOLN 1-2%	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Otic Agents - Drugs for the Ear	NEO/POLY/HC SOL 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SOLN 1%	Tier 1				
Otic Agents - Drugs for the Ear	NEO/POLY/HC SUS 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG/ML-10000 UNIT/ML-1%	Tier 1				
Otic Agents - Drugs for the Ear	OTOVEL DRO	CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025%	Tier 3			X	
Otic Agents - Drugs for the Ear	PRAMOTIC DRO 1-0.1%	PRAMOXINE-CHLOROXYLENOL OTIC LIQUID 1-0.1%	Tier 3				
Otic Agents - Drugs to Treat Ear Conditions	OFLOXACIN DRO 0.3%OTIC	OFLOXACIN OTIC SOLN 0.3%	Tier 1				
Parasympathomimetics - Myasthenia Gravis Drugs	MESTINON SOL 60MG/5ML	PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML	Tier 3				
Parasympathomimetics - Myasthenia Gravis Drugs	MESTINON TAB 60MG	PYRIDOSTIGMINE BROMIDE TAB 60 MG	Tier 3			X	
Parasympathomimetics - Myasthenia Gravis Drugs	MESTINON TAB TIMESPAN	PYRIDOSTIGMINE BROMIDE TAB ER 180 MG	Tier 3			X	
Parasympathomimetics - Myasthenia Gravis Drugs	PYRIDOSTIGM TAB 60MG	PYRIDOSTIGMINE BROMIDE TAB 60 MG	Tier 1				
Parasympathomimetics - Myasthenia Gravis Drugs	PYRIDOSTIGMI SOL 60MG/5ML	PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML	Tier 1				
Parasympathomimetics - Myasthenia Gravis Drugs	PYRIDOSTIGMI TAB 30MG	PYRIDOSTIGMINE BROMIDE TAB 30 MG	Tier 1			X	
Parasympathomimetics - Myasthenia Gravis Drugs	PYRIDOSTIGMI TAB ER 180MG	PYRIDOSTIGMINE BROMIDE TAB ER 180 MG	Tier 1				
Pediculicides/Scabicides - Scabies and Lice Drugs	CROTAN LOT 10%	CROTAMITON LOTION 10%	Tier 3				
Pediculicides/Scabicides - Scabies and Lice Drugs	ELIMITE CRE 5%	PERMETHRIN CREAM 5%	Tier 3				
Pediculicides/Scabicides - Scabies and Lice Drugs	MALATHION LOT 0.5%	MALATHION LOTION 0.5%	Tier 1				
Pediculicides/Scabicides - Scabies and Lice Drugs	NATROBA SUS 0.9%	SPINOSAD SUSP 0.9%	Tier 3			X	
Pediculicides/Scabicides - Scabies and Lice Drugs	OVIDE LOT 0.5%	MALATHION LOTION 0.5%	Tier 3				
Pediculicides/Scabicides - Scabies and Lice Drugs	PERMETHRIN CRE 5%	PERMETHRIN CREAM 5%	Tier 1				
Pediculicides/Scabicides - Scabies and Lice Drugs	SPINOSAD SUS 0.9%	SPINOSAD SUSP 0.9%	Tier 1				
Pediculicides/Scabicides - Scabies and Lice Drugs	SULF LIME SOL	SULFURATED LIME SOLUTION	Tier 1				
Phosphate Binders - Phosphate-Removing Agents	AURYXIA TAB 210MG	FERRIC CITRATE TAB 1 GM (210 MG FERRIC IRON)	Tier 3			X	
Phosphate Binders - Phosphate-Removing Agents	CALC ACETATE CAP 667MG	CALCIUM ACETATE (PHOSPHATE BINDER) CAP 667 MG (169 MG CA)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Phosphate Binders - Phosphate-Removing Agents	CALC ACETATE TAB 667MG	CALCIUM ACETATE (PHOSPHATE BINDER) TAB 667 MG	Tier 1				
Phosphate Binders - Phosphate-Removing Agents	FERRIC CITRA TAB 210MG	FERRIC CITRATE TAB 1 GM (210 MG FERRIC IRON)	Tier 3			X	
Phosphate Binders - Phosphate-Removing Agents	FOSRENOL CHW 1000MG	LANTHANUM CARBONATE CHEW TAB 1000 MG (ELEMENTAL)	Tier 3			X	
Phosphate Binders - Phosphate-Removing Agents	FOSRENOL CHW 500MG	LANTHANUM CARBONATE CHEW TAB 500 MG (ELEMENTAL)	Tier 3			X	
Phosphate Binders - Phosphate-Removing Agents	FOSRENOL CHW 750MG	LANTHANUM CARBONATE CHEW TAB 750 MG (ELEMENTAL)	Tier 3			X	
Phosphate Binders - Phosphate-Removing Agents	FOSRENOL POW 1000MG	LANTHANUM CARBONATE ORAL POWDER PACK 1000 MG (ELEMENTAL)	Tier 3				
Phosphate Binders - Phosphate-Removing Agents	FOSRENOL POW 750MG	LANTHANUM CARBONATE ORAL POWDER PACK 750 MG (ELEMENTAL)	Tier 3				
Phosphate Binders - Phosphate-Removing Agents	LANTHANUM CHW 1000MG	LANTHANUM CARBONATE CHEW TAB 1000 MG (ELEMENTAL)	Tier 1				
Phosphate Binders - Phosphate-Removing Agents	LANTHANUM CHW 500MG	LANTHANUM CARBONATE CHEW TAB 500 MG (ELEMENTAL)	Tier 1				
Phosphate Binders - Phosphate-Removing Agents	LANTHANUM CHW 750MG	LANTHANUM CARBONATE CHEW TAB 750 MG (ELEMENTAL)	Tier 1				
Phosphate Binders - Phosphate-Removing Agents	PHOSLYRA SOL	CALCIUM ACETATE (PHOSPHATE BINDER) ORAL SOLN 667 MG/5ML	Tier 3				
Phosphate Binders - Phosphate-Removing Agents	RENAGEL TAB 800MG	SEVELAMER HCL TAB 800 MG	Tier 3			X	
Phosphate Binders - Phosphate-Removing Agents	RENVELA POW 0.8GM	SEVELAMER CARBONATE PACKET 0.8 GM	Tier 3			X	
Phosphate Binders - Phosphate-Removing Agents	RENVELA POW 2.4GM	SEVELAMER CARBONATE PACKET 2.4 GM	Tier 3			X	
Phosphate Binders - Phosphate-Removing Agents	RENVELA TAB 800MG	SEVELAMER CARBONATE TAB 800 MG	Tier 3			X	
Phosphate Binders - Phosphate-Removing Agents	SEVELAM CARB POW 0.8GM	SEVELAMER CARBONATE PACKET 0.8 GM	Tier 1				
Phosphate Binders - Phosphate-Removing Agents	SEVELAM CARB POW 2.4GM	SEVELAMER CARBONATE PACKET 2.4 GM	Tier 1				
Phosphate Binders - Phosphate-Removing Agents	SEVELAM CARB TAB 800MG	SEVELAMER CARBONATE TAB 800 MG	Tier 1				
Phosphate Binders - Phosphate-Removing Agents	SEVELAM HCL TAB 400MG	SEVELAMER HCL TAB 400 MG	Tier 1			X	
Phosphate Binders - Phosphate-Removing Agents	SEVELAM HCL TAB 800MG	SEVELAMER HCL TAB 800 MG	Tier 1			X	
Phosphate Binders - Phosphate-Removing Agents	VELPHORO CHW 500MG	SUCROFERRIC OXYHYDROXIDE CHEW TAB 500 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	DALIRESP TAB 250MCG	ROFLUMILAST TAB 250 MCG	Tier 3			X	
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	DALIRESP TAB 500MCG	ROFLUMILAST TAB 500 MCG	Tier 3		X	X	
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	ELIXOPHYLLIN ELX 80/15ML	THEOPHYLLINE ELIXIR 80 MG/15ML	Tier 3				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	ROFLUMILAST TAB 250MCG	ROFLUMILAST TAB 250 MCG	Tier 1				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	ROFLUMILAST TAB 500MCG	ROFLUMILAST TAB 500 MCG	Tier 1		X		
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEO-24 CAP 100MG CR	THEOPHYLLINE CAP ER 24HR 100 MG	Tier 3				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEO-24 CAP 200MG CR	THEOPHYLLINE CAP ER 24HR 200 MG	Tier 3				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEO-24 CAP 300MG CR	THEOPHYLLINE CAP ER 24HR 300 MG	Tier 3				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEO-24 CAP 400MG ER	THEOPHYLLINE CAP ER 24HR 400 MG	Tier 3				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEOPHYLLINE ELX 80/15ML	THEOPHYLLINE ELIXIR 80 MG/15ML	Tier 1				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEOPHYLLINE SOL 80/15ML	THEOPHYLLINE SOLN 80 MG/15ML	Tier 1				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEOPHYLLINE TAB 100MG ER	THEOPHYLLINE TAB ER 12HR 100 MG	Tier 1				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEOPHYLLINE TAB 200MG ER	THEOPHYLLINE TAB ER 12HR 200 MG	Tier 1				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEOPHYLLINE TAB 300MG ER	THEOPHYLLINE TAB ER 12HR 300 MG	Tier 1				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEOPHYLLINE TAB 400MG ER	THEOPHYLLINE TAB ER 24HR 400 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEOPHYLLINE TAB 450MG ER	THEOPHYLLINE TAB ER 12HR 450 MG	Tier 1				
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	THEOPHYLLINE TAB 600MG ER	THEOPHYLLINE TAB ER 24HR 600 MG	Tier 1				
Platelet Modifying Agents - Platelet Modifying Drugs	ASA/DIPYRIDA CAP 25-200MG	ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	Tier 1				
Platelet Modifying Agents - Platelet Modifying Drugs	BRILINTA TAB 60MG	TICAGRELOR TAB 60 MG	Tier 2		X		
Platelet Modifying Agents - Platelet Modifying Drugs	BRILINTA TAB 90MG	TICAGRELOR TAB 90 MG	Tier 2		X		
Platelet Modifying Agents - Platelet Modifying Drugs	CABLIVI KIT 11MG	CAPLACIZUMAB-YHDP FOR INJ KIT 11 MG	Tier 2	X	X		X
Platelet Modifying Agents - Platelet Modifying Drugs	CILOSTAZOL TAB 100MG	CILOSTAZOL TAB 100 MG	Tier 1				
Platelet Modifying Agents - Platelet Modifying Drugs	CILOSTAZOL TAB 50MG	CILOSTAZOL TAB 50 MG	Tier 1				
Platelet Modifying Agents - Platelet Modifying Drugs	CLOPIDOGREL TAB 300MG	CLOPIDOGREL BISULFATE TAB 300 MG (BASE EQUIV)	Tier 1				
Platelet Modifying Agents - Platelet Modifying Drugs	CLOPIDOGREL TAB 75MG	CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	Tier 1				
Platelet Modifying Agents - Platelet Modifying Drugs	DIPYRIDAMOLE TAB 25MG	DIPYRIDAMOLE TAB 25 MG	Tier 1				
Platelet Modifying Agents - Platelet Modifying Drugs	DIPYRIDAMOLE TAB 50MG	DIPYRIDAMOLE TAB 50 MG	Tier 1				
Platelet Modifying Agents - Platelet Modifying Drugs	DIPYRIDAMOLE TAB 75MG	DIPYRIDAMOLE TAB 75 MG	Tier 1				
Platelet Modifying Agents - Platelet Modifying Drugs	EFFIENT TAB 10MG	PRASUGREL HCL TAB 10 MG (BASE EQUIV)	Tier 3			X	
Platelet Modifying Agents - Platelet Modifying Drugs	EFFIENT TAB 5MG	PRASUGREL HCL TAB 5 MG (BASE EQUIV)	Tier 3			X	
Platelet Modifying Agents - Platelet Modifying Drugs	PLAVIX TAB 75MG	CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	Tier 3			X	
Platelet Modifying Agents - Platelet Modifying Drugs	PRASUGREL TAB 10MG	PRASUGREL HCL TAB 10 MG (BASE EQUIV)	Tier 1				
Platelet Modifying Agents - Platelet Modifying Drugs	PRASUGREL TAB 5MG	PRASUGREL HCL TAB 5 MG (BASE EQUIV)	Tier 1				
Platelet Modifying Agents - Platelet Modifying Drugs	TICAGRELOR TAB 60MG	TICAGRELOR TAB 60 MG	Tier 1		X		
Platelet Modifying Agents - Platelet Modifying Drugs	TICAGRELOR TAB 90MG	TICAGRELOR TAB 90 MG	Tier 1		X		
Platelet Modifying Agents - Platelet Modifying Drugs	ZONTIVITY TAB 2.08MG	VORAPAXAR SULFATE TAB 2.08 MG (BASE EQUIVALENT)	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Progesterone Agonists/ Antagonists - Hormone Replacement/Modifying Drugs	ELLA TAB 30MG	ULIPRISTAL ACETATE TAB 30 MG	HCR		X		
Progestins	OPILL TAB 0.075MG	NORGESTREL TAB 0.075 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	AFTERA TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	AYGESTIN TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	Tier 3				
Progestins - Hormone Replacement/Modifying Drugs	CAMILA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	CRINONE GEL 4% VAG	PROGESTERONE VAGINAL GEL 4%	Tier 3			X	
Progestins - Hormone Replacement/Modifying Drugs	CRINONE GEL 8% VAG	PROGESTERONE VAGINAL GEL 8%	Tier 3			X	
Progestins - Hormone Replacement/Modifying Drugs	CURAE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	DEBLITANE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	DEPO-PROVERA INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML	HCR		X		
Progestins - Hormone Replacement/Modifying Drugs	DEPO-PROVERA INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	HCR		X		
Progestins - Hormone Replacement/Modifying Drugs	DEPO-SQ PROV INJ 104	MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML	HCR		X		
Progestins - Hormone Replacement/Modifying Drugs	ECONTRA OS TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	EC-RX PROGES CRE 10%	PROGESTERONE MICRONIZED TD CREAM 10% (CMPD KIT)	Tier 3	X			
Progestins - Hormone Replacement/Modifying Drugs	EC-RX PROGES CRE 20%	PROGESTERONE MICRONIZED TD CREAM 20% (CMPD KIT)	Tier 3	X			
Progestins - Hormone Replacement/Modifying Drugs	EMZAHH TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Progestins - Hormone Replacement/Modifying Drugs	ENDOMETRIN SUP 100MG	PROGESTERONE VAGINAL INSERT 100 MG	Tier 2				
Progestins - Hormone Replacement/Modifying Drugs	ERRIN TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	GALLIFREY TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	Tier 1				
Progestins - Hormone Replacement/Modifying Drugs	HEATHER TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	HER STYLE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	INCASSIA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	JENCYCLA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	LEVONORGESTR TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	LYLEQ TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	LYZA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML	HCR		X		
Progestins - Hormone Replacement/Modifying Drugs	MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	HCR		X		
Progestins - Hormone Replacement/Modifying Drugs	MEDROXYPR AC TAB 10MG	MEDROXYPROGESTERONE ACETATE TAB 10 MG	Tier 1				
Progestins - Hormone Replacement/Modifying Drugs	MEDROXYPR AC TAB 2.5MG	MEDROXYPROGESTERONE ACETATE TAB 2.5 MG	Tier 1				
Progestins - Hormone Replacement/Modifying Drugs	MEDROXYPR AC TAB 5MG	MEDROXYPROGESTERONE ACETATE TAB 5 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Progestins - Hormone Replacement/Modifying Drugs	MEGESTROL SUS 625MG/5M	MEGESTROL ACETATE SUSP 625 MG/5ML	Tier 1				
Progestins - Hormone Replacement/Modifying Drugs	MEGESTROL AC SUS 40MG/ML	MEGESTROL ACETATE SUSP 40 MG/ML	Tier 1				
Progestins - Hormone Replacement/Modifying Drugs	MEGESTROL AC TAB 20MG	MEGESTROL ACETATE TAB 20 MG	Tier 1				
Progestins - Hormone Replacement/Modifying Drugs	MEGESTROL AC TAB 40MG	MEGESTROL ACETATE TAB 40 MG	Tier 1				
Progestins - Hormone Replacement/Modifying Drugs	MY CHOICE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	MY WAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	NEW DAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	NORA-BE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	NORETHIN ACE TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	Tier 1				
Progestins - Hormone Replacement/Modifying Drugs	NORETHINDRON TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	NORLYROC TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	OPCICON TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	OPTION 2 TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	PLAN B TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	PROGESTERONE CAP 100MG	PROGESTERONE CAP 100 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Progestins - Hormone Replacement/Modifying Drugs	PROGESTERONE CAP 200MG	PROGESTERONE CAP 200 MG	Tier 1				
Progestins - Hormone Replacement/Modifying Drugs	PROGESTERONE CRE 10% KIT	PROGESTERONE MICRONIZED TD CREAM 10% (CMPD KIT)	Tier 3	X			
Progestins - Hormone Replacement/Modifying Drugs	PROGESTERONE INJ 50MG/ML	PROGESTERONE IM IN OIL 50 MG/ML	Tier 1				
Progestins - Hormone Replacement/Modifying Drugs	PROGESTERONE SUP VGS 100	PROGESTERONE VAGINAL SUPPOSITORY 100 MG	Tier 3	X			
Progestins - Hormone Replacement/Modifying Drugs	PROGESTERONE SUP VGS 200	PROGESTERONE VAGINAL SUPPOSITORY 200 MG	Tier 3	X			
Progestins - Hormone Replacement/Modifying Drugs	PROMETRIUM CAP 100MG	PROGESTERONE CAP 100 MG	Tier 3			X	
Progestins - Hormone Replacement/Modifying Drugs	PROMETRIUM CAP 200MG	PROGESTERONE CAP 200 MG	Tier 3			X	
Progestins - Hormone Replacement/Modifying Drugs	PROVERA TAB 10MG	MEDROXYPROGESTERONE ACETATE TAB 10 MG	Tier 3				
Progestins - Hormone Replacement/Modifying Drugs	PROVERA TAB 2.5MG	MEDROXYPROGESTERONE ACETATE TAB 2.5 MG	Tier 3				
Progestins - Hormone Replacement/Modifying Drugs	PROVERA TAB 5MG	MEDROXYPROGESTERONE ACETATE TAB 5 MG	Tier 3				
Progestins - Hormone Replacement/Modifying Drugs	REACT TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	SHAROBEL TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	SLYND TAB 4MG	DROSPIRENONE TAB 4 MG	HCR				
Progestins - Hormone Replacement/Modifying Drugs	TAKE ACTION TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	HCR				
Protectants - Ulcer and Stomach Acid Drugs	CARAFATE SUS 1GM/10ML	SUCRALFATE SUSP 1 GM/10ML	Tier 3			X	
Protectants - Ulcer and Stomach Acid Drugs	CARAFATE TAB 1GM	SUCRALFATE TAB 1 GM	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Protectants - Ulcer and Stomach Acid Drugs	CYTOTEC TAB 100MCG	MISOPROSTOL TAB 100 MCG	Tier 3				
Protectants - Ulcer and Stomach Acid Drugs	CYTOTEC TAB 200MCG	MISOPROSTOL TAB 200 MCG	Tier 3				
Protectants - Ulcer and Stomach Acid Drugs	MISOPROSTOL TAB 100MCG	MISOPROSTOL TAB 100 MCG	Tier 1				
Protectants - Ulcer and Stomach Acid Drugs	MISOPROSTOL TAB 200MCG	MISOPROSTOL TAB 200 MCG	Tier 1				
Protectants - Ulcer and Stomach Acid Drugs	SUCRALFATE SUS 1GM/10ML	SUCRALFATE SUSP 1 GM/10ML	Tier 1				
Protectants - Ulcer and Stomach Acid Drugs	SUCRALFATE TAB 1GM	SUCRALFATE TAB 1 GM	Tier 1				
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	DEXILANT CAP 30MG DR	DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG	Tier 3		X	X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	DEXILANT CAP 60MG DR	DEXLANSOPRAZOLE CAP DELAYED RELEASE 60 MG	Tier 3		X	X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	DEXLANSOPRAZ CAP 30MG	DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG	Tier 1		X	X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	DEXLANSOPRAZ CAP 30MG DR	DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG	Tier 1		X	X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	DEXLANSOPRAZ CAP 60MG DR	DEXLANSOPRAZOLE CAP DELAYED RELEASE 60 MG	Tier 1		X	X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	ESOMEPRAZOLE GRA 10MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG	Tier 1		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	ESOMEPRAZOLE GRA 2.5MG	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACK 2.5 MG	Tier 1		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	ESOMEPRAZOLE GRA 2.5MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACK 2.5 MG	Tier 1		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	ESOMEPRAZOLE GRA 20MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG	Tier 1		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	ESOMEPRAZOLE GRA 40MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG	Tier 1		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	ESOMEPRAZOLE GRA 5MG	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 5 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	ESOMEPRAZOLE GRA 5MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 5 MG	Tier 1		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	FIRST-OMEPRA SUS 2MG/ML	OMEPRAZOLE SUSP 2 MG/ML (COMPOUND KIT)	Tier 3	X			
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	FIRST-PANTPR SUS 4MG/ML	PANTOPRAZOLE SODIUM SUSP 4 MG/ML (COMPOUND KIT)	Tier 3				
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	KONVOMEP SUS 2-84/ML	OMEPRAZOLE-SODIUM BICARBONATE FOR ORAL SUSP 2-84 MG/ML	Tier 3			X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	LANSOPRAZOLE SUS 3MG/ML	LANSOPRAZOLE SUSP 3 MG/ML (COMPOUND KIT)	Tier 3	X			
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	LANSOPRAZOLE TAB 15MG ODT	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG	Tier 1		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	LANSOPRAZOLE TAB 30MG	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG	Tier 1		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	LANSOPRAZOLE TAB 30MG ODT	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG	Tier 1		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	NEXIUM GRA 10MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG	Tier 3		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	NEXIUM GRA 2.5MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACK 2.5 MG	Tier 3		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	NEXIUM GRA 20MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG	Tier 3		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	NEXIUM GRA 40MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG	Tier 3		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	NEXIUM GRA 5MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 5 MG	Tier 3		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	OMEPRA/BICAR POW 20-1680	OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 20-1680 MG	Tier 1		X	X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	OMEPRA/BICAR POW 40-1680	OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 40-1680 MG	Tier 1		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	OMEPRAZOLE CAP 10MG	OMEPRAZOLE CAP DELAYED RELEASE 10 MG	Tier 1				
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	OMEPRAZOLE CAP 20MG	OMEPRAZOLE CAP DELAYED RELEASE 20 MG	Tier 1				
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	OMEPRAZOLE CAP 40MG	OMEPRAZOLE CAP DELAYED RELEASE 40 MG	Tier 1				
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	OMEPRAZOLE + SUS SYRSPEND	OMEPRAZOLE SUSP 2 MG/ML (COMPOUND KIT)	Tier 3	X			
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	PANTOPRAZOLE TAB 20MG	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	Tier 1				
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	PANTOPRAZOLE TAB 40MG	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)	Tier 1				
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	PREVACID TAB 15MG STB	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG	Tier 3		X	X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	PREVACID TAB 30MG STB	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG	Tier 3		X	X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	PROTONIX TAB 20MG	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	Tier 3			X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	PROTONIX TAB 40MG	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)	Tier 3			X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	RABEPRAZOLE TAB 20MG	RABEPRAZOLE SODIUM EC TAB 20 MG	Tier 1		X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	VOQUEZNA TAB 10MG	VONOPRAZAN FUMARATE TAB 10 MG	Tier 3	X	X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	VOQUEZNA TAB 20MG	VONOPRAZAN FUMARATE TAB 20 MG	Tier 3	X	X		
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	ZEGERID POW 20-1680	OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 20-1680 MG	Tier 3		X	X	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	ZEGERID POW 40-1680	OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 40-1680 MG	Tier 3		X	X	
Pulmonary Antihypertensives - Asthma/Lung Drugs	ADCIRCA TAB 20MG	TADALAFIL TAB 20 MG (PAH)	Tier 3	X	X	X	X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Pulmonary Antihypertensives - Asthma/Lung Drugs	ADEMPAS TAB 0.5MG	RIOCIGUAT TAB 0.5 MG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ADEMPAS TAB 1.5MG	RIOCIGUAT TAB 1.5 MG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ADEMPAS TAB 1MG	RIOCIGUAT TAB 1 MG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ADEMPAS TAB 2.5MG	RIOCIGUAT TAB 2.5 MG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ADEMPAS TAB 2MG	RIOCIGUAT TAB 2 MG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ALYQ TAB 20MG	TADALAFIL TAB 20 MG (PAH)	Tier 1	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	AMBRISENTAN TAB 10MG	AMBRISENTAN TAB 10 MG	Tier 1	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	AMBRISENTAN TAB 5MG	AMBRISENTAN TAB 5 MG	Tier 1	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	BOSENTAN TAB 125MG	BOSENTAN TAB 125 MG	Tier 1	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	BOSENTAN TAB 62.5MG	BOSENTAN TAB 62.5 MG	Tier 1	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	LETAIRIS TAB 10MG	AMBRISENTAN TAB 10 MG	Tier 3	X	X	X	X
Pulmonary Antihypertensives - Asthma/Lung Drugs	LETAIRIS TAB 5MG	AMBRISENTAN TAB 5 MG	Tier 3	X	X	X	X
Pulmonary Antihypertensives - Asthma/Lung Drugs	LIQREV SUS 10MG/ML	SILDENAFIL CITRATE ORAL SUSP 10 MG/ML	Tier 3	X	X	X	X
Pulmonary Antihypertensives - Asthma/Lung Drugs	OPSUMIT TAB 10MG	MACITENTAN TAB 10 MG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ORENITRAM TAB 0.125MG	TREPROSTINIL DIOLAMINE TAB ER 0.125 MG (BASE EQUIV)	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ORENITRAM TAB 0.25MG	TREPROSTINIL DIOLAMINE TAB ER 0.25 MG (BASE EQUIV)	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ORENITRAM TAB 1MG	TREPROSTINIL DIOLAMINE TAB ER 1 MG (BASE EQUIV)	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ORENITRAM TAB 2.5MG	TREPROSTINIL DIOLAMINE TAB ER 2.5 MG (BASE EQUIV)	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ORENITRAM TAB 5MG	TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASE EQUIV)	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ORENITRAM TAB MONTH 1	TREPROSTINIL TAB ER TITR PK (MO1) 126 X0.125MG & 42 X0.25MG	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ORENITRAM TAB MONTH 2	TREPROSTINIL TAB ER TITR PK (MO2) 126 X0.125MG & 210 X0.25MG	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	ORENITRAM TAB MONTH 3	TREPROSTINIL TAB ER TITR PK (MO3) 126 X 0.125MG & 42 X 0.25MG & 84 X 1MG	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Pulmonary Antihypertensives - Asthma/Lung Drugs	REVATIO SUS 10MG/ML	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	Tier 3	X	X	X	X
Pulmonary Antihypertensives - Asthma/Lung Drugs	REVATIO TAB 20MG	SILDENAFIL CITRATE TAB 20 MG	Tier 3		X	X	X
Pulmonary Antihypertensives - Asthma/Lung Drugs	SILDENAFIL SUS 10MG/ML	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	Tier 1	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	SILDENAFIL TAB 20MG	SILDENAFIL CITRATE TAB 20 MG	Tier 1		X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TADALAFIL TAB 20MG	TADALAFIL TAB 20 MG (PAH)	Tier 1	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TADLIQ SUS 20MG/5ML	TADALAFIL ORAL SUSP 20 MG/5ML (PAH)	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TRACLEER TAB 125MG	BOSENTAN TAB 125 MG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TRACLEER TAB 32MG	BOSENTAN TAB FOR ORAL SUSP 32 MG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TRACLEER TAB 62.5MG	BOSENTAN TAB 62.5 MG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TYVASO SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	Tier 2	X			X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TYVASO DPI POW 16-32-48	TREPROSTINIL INH POWD 112 X 16MCG & 112 X 32MCG & 28 X 48MCG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TYVASO DPI POW 16-32MCG	TREPROSTINIL INH POWDER 112 X 16MCG & 84 X 32MCG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TYVASO DPI POW 16MCG	TREPROSTINIL INH POWDER 16 MCG/CARTRIDGE	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TYVASO DPI POW 32-48MCG	TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 48MCG	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TYVASO DPI POW 32MCG	TREPROSTINIL INH POWDER 32 MCG/CARTRIDGE	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TYVASO DPI POW 48MCG	TREPROSTINIL INH POWDER 48 MCG/CARTRIDGE	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TYVASO DPI POW 64MCG	TREPROSTINIL INH POWDER 64 MCG/CARTRIDGE	Tier 2	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TYVASO RF KT SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	Tier 2	X			X
Pulmonary Antihypertensives - Asthma/Lung Drugs	TYVASO ST KT SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	Tier 2	X			X
Pulmonary Antihypertensives - Asthma/Lung Drugs	UPTRAVI TAB 1000MCG	SELEXIPAG TAB 1000 MCG	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	UPTRAVI TAB 1200MCG	SELEXIPAG TAB 1200 MCG	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	UPTRAVI TAB 1400MCG	SELEXIPAG TAB 1400 MCG	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	UPTRAVI TAB 1600MCG	SELEXIPAG TAB 1600 MCG	Tier 3	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Pulmonary Antihypertensives - Asthma/Lung Drugs	UPTRAVI TAB 200MCG	SELEXIPAG TAB 200 MCG	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	UPTRAVI TAB 400MCG	SELEXIPAG TAB 400 MCG	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	UPTRAVI TAB 600MCG	SELEXIPAG TAB 600 MCG	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	UPTRAVI TAB 800MCG	SELEXIPAG TAB 800 MCG	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	UPTRAVI PACK TAB 200/800	SELEXIPAG TAB THERAPY PACK 200 MCG (140) & 800 MCG (60)	Tier 3	X	X		X
Pulmonary Antihypertensives - Asthma/Lung Drugs	VENTAVIS SOL 10MCG/ML	ILOPROST INHALATION SOLUTION 10 MCG/ML	Tier 2	X			X
Pulmonary Antihypertensives - Asthma/Lung Drugs	VENTAVIS SOL 20MCG/ML	ILOPROST INHALATION SOLUTION 20 MCG/ML	Tier 2	X			X
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	ESBRIET TAB 267MG	PIRFENIDONE TAB 267 MG	Tier 3	X		X	X
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	ESBRIET TAB 801MG	PIRFENIDONE TAB 801 MG	Tier 3	X		X	X
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	OFEV CAP 100MG	NINTEDANIB ESYLATE CAP 100 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	OFEV CAP 150MG	NINTEDANIB ESYLATE CAP 150 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	PIRFENIDONE TAB 267MG	PIRFENIDONE TAB 267 MG	Tier 1	X			X
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	PIRFENIDONE TAB 801MG	PIRFENIDONE TAB 801 MG	Tier 1	X			X
Quinolones - Antibiotics	BAXDELA TAB 450MG	DELAFLOXACIN MEGLUMINE TAB 450 MG (BASE EQUIV)	Tier 3				
Quinolones - Antibiotics	CIPRO TAB 250MG	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	Tier 3				
Quinolones - Antibiotics	CIPRO TAB 500MG	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	Tier 3				
Quinolones - Antibiotics	CIPRO (10%) SUS 500MG/5	CIPROFLOXACIN FOR ORAL SUSP 500 MG/5ML (10%) (10 GM/100ML)	Tier 3				
Quinolones - Antibiotics	CIPRO (5%) SUS 250MG/5	CIPROFLOXACIN FOR ORAL SUSP 250 MG/5ML (5%) (5 GM/100ML)	Tier 3				
Quinolones - Antibiotics	CIPROFLOXACN TAB 100MG	CIPROFLOXACIN HCL TAB 100 MG (BASE EQUIV)	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Quinolones - Antibiotics	CIPROFLOXACN TAB 250MG	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	Tier 1				
Quinolones - Antibiotics	CIPROFLOXACN TAB 500MG	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	Tier 1				
Quinolones - Antibiotics	CIPROFLOXACN TAB 750MG	CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV)	Tier 1				
Quinolones - Antibiotics	LEVOFLOXACIN SOL 25MG/ML	LEVOFLOXACIN ORAL SOLN 25 MG/ML	Tier 1				
Quinolones - Antibiotics	LEVOFLOXACIN TAB 250MG	LEVOFLOXACIN TAB 250 MG	Tier 1				
Quinolones - Antibiotics	LEVOFLOXACIN TAB 500MG	LEVOFLOXACIN TAB 500 MG	Tier 1				
Quinolones - Antibiotics	LEVOFLOXACIN TAB 750MG	LEVOFLOXACIN TAB 750 MG	Tier 1				
Quinolones - Antibiotics	MOXIFLOXACIN TAB 400MG	MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)	Tier 1				
Quinolones - Antibiotics	OFLOXACIN TAB 300MG	OFLOXACIN TAB 300 MG	Tier 1				
Quinolones - Antibiotics	OFLOXACIN TAB 400MG	OFLOXACIN TAB 400 MG	Tier 1				
Quinolones - Antibiotics	XEPI CRE 1%	OZENOXACIN CREAM 1%	Tier 3				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ACETYLCYST SOL 10%	ACETYLCYSTEINE INHAL SOLN 10%	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ACETYLCYST SOL 20%	ACETYLCYSTEINE INHAL SOLN 20%	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ADVAIR DISKU AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ ACT	Tier 3		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ADVAIR DISKU AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ ACT	Tier 3		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ADVAIR DISKU AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ ACT	Tier 3		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ADVAIR HFA AER 115/21	FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ ACT	Tier 2		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ADVAIR HFA AER 230/21	FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ ACT	Tier 2		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ADVAIR HFA AER 45/21	FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT	Tier 2		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	AIRDUO DGHLR INH 113-14	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ ACT W/SENSOR	Tier 2			X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	AIRDUO DGHLR INH 232-14	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ ACT W/SENSOR	Tier 2			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Respiratory Tract Agents, Other - Asthma/Lung Drugs	AIRDUO DGHLR INH 55-14	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT W/ SENSOR	Tier 2			X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	AIRDUO RESPI INH 113-14	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ ACT	Tier 3		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	AIRDUO RESPI INH 232-14	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ ACT	Tier 3		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	AIRDUO RESPI INH 55-14	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT	Tier 3		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	AIRSUPRA AER 90-80MCG	ALBUTEROL-BUDESONIDE INHALATION AEROSOL 90-80 MCG/ACT	Tier 3				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ANORO ELLIPT AER 62.5-25	UMECLIDINIUM-VILANTEROL AERO POWD BA 62.5-25 MCG/ ACT	Tier 3		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	BEVESPI AER 9-4.8MCG	GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL 9-4.8 MCG/ACT	Tier 2		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	BREO ELLIPTA INH 100-25	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT	Tier 2		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	BREO ELLIPTA INH 200-25	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT	Tier 3		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	BREO ELLIPTA INH 50-25MCG	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 50-25 MCG/ACT	Tier 3		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	BREYNA AER 160/4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	Tier 1		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	BREYNA AER 80/4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	Tier 1		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	BREZTRI AERO AER SPHERE	BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-9-4.8 MCG/ACT	Tier 3		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	BUDES/FORMOT AER 160-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	Tier 1		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	BUDES/FORMOT AER 80-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	Tier 1		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	CODEINE/GG SOL 10-100/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Respiratory Tract Agents, Other - Asthma/Lung Drugs	COMBIVENT AER 20-100	IPRATROPIUM-ALBUTEROL INHAL AEROSOL SOLN 20-100 MCG/ACT	Tier 2		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	DEXTROMETHOR CRY MONOHYDR	DEXTROMETHORPHAN HBR CRYSTALS	Tier 3	X			
Respiratory Tract Agents, Other - Asthma/Lung Drugs	DUAKLIR AER 400/12	ACLIDINIUM BR-FORMOTEROL FUM AERO POW BR ACT 400-12 MCG/ACT	Tier 3		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	DULERA AER 100-5MCG	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 100-5 MCG/ACT	Tier 3		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	DULERA AER 200-5MCG	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 200-5 MCG/ACT	Tier 3		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	DULERA AER 50-5MCG	MOMETASONE FUROATE-FORMOTEROL FUMARATE AEROSOL 50-5 MCG/ACT	Tier 3		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ESBRIET CAP 267MG	PIRFENIDONE CAP 267 MG	Tier 3	X	X	X	X
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FASENRA PEN INJ 30MG/ML	BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML	Tier 3	X	X		X
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FLUTIC/SALME AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	Tier 1		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FLUTIC/SALME AER 115-21	FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT	Tier 3		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FLUTIC/SALME AER 230-21	FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT	Tier 3		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FLUTIC/SALME AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	Tier 1		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FLUTIC/SALME AER 45-21MCG	FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT	Tier 3		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FLUTIC/SALME AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	Tier 1		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FLUTIC/SALME INH 113/14	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT	Tier 2		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FLUTIC/SALME INH 232/14	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT	Tier 2		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FLUTIC/SALME INH 55/14	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FLUTIC/VILAN INH 100-25	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT	Tier 3		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	FLUTIC/VILAN INH 200-25	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT	Tier 3		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	G TUSSIN AC LIQ 100-10/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	GG/CODEINE SOL 100-10/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	GG/CODEINE SOL 200-20MG	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	GRASTEK SUB 2800BAU	TIMOTHY GRASS POLLEN ALLERGEN EXT SL TAB 2800 BAU	Tier 3	X	X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	GUAIFENESIN SYP 100-10/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	HYCODAN SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	Tier 3	X		X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	HYCODAN TAB 5-1.5MG	HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG	Tier 3	X		X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	HYD POL/CPM SUS 10-8/5ML	HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	Tier 1	X			
Respiratory Tract Agents, Other - Asthma/Lung Drugs	HYDROC/HOMAT TAB 5-1.5MG	HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG	Tier 1	X			
Respiratory Tract Agents, Other - Asthma/Lung Drugs	HYDROCOD/HOM SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	Tier 1	X			
Respiratory Tract Agents, Other - Asthma/Lung Drugs	HYDROMET SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	Tier 1	X			
Respiratory Tract Agents, Other - Asthma/Lung Drugs	HYPERSAL NEB 3.5%	SODIUM CHLORIDE SOLN NEBU 3.5%	Tier 2				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	HYPERSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 2				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	IPRATROPIUM/ SOL ALBUTER	IPRATROPIUM-ALBUTEROL NEBU SOLN 0.5-2.5(3) MG/3ML	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	KALYDECO TAB 150MG	IVACAFTOR TAB 150 MG	Tier 2	X	X		X
Respiratory Tract Agents, Other - Asthma/Lung Drugs	MAXI-TUSS AC SOL	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	NEBUSAL NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	Tier 3				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	NEOTUSS PLUS LIQ	PHENYLEPHRINE-CHLORPHEN-DM LIQUID 7.5-4-30 MG/5ML	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ODACTRA SUB	DUST MITE MIXED EXT SL TAB 12 SQ-HDM	Tier 3	X	X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ORALAIR SUB 300 IR	GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY)	Tier 3	X	X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ORALAIR ADLT SUB 300 IR	GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY)	Tier 3	X	X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	ORALAIR CHLD SUB 100 IR	GRASS MIXED POLLEN EXT SL TAB 100 IR (INDEX OF REACTIVITY)	Tier 3	X	X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	PIRFENIDONE CAP 267MG	PIRFENIDONE CAP 267 MG	Tier 1	X	X		X
Respiratory Tract Agents, Other - Asthma/Lung Drugs	PIRFENIDONE TAB 534MG	PIRFENIDONE TAB 534 MG	Tier 1	X	X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	PROMETH VC SYP 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	PROMETH VC/ SYP CODEINE	PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG/5ML	Tier 1	X			
Respiratory Tract Agents, Other - Asthma/Lung Drugs	PROMETH/COD SOL 6.25-10	PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML	Tier 1	X			
Respiratory Tract Agents, Other - Asthma/Lung Drugs	PROMETH/PE SOL 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	PSEUDOEPHEDR CRY HCL	PSEUDOEPHEDRINE HCL CRYSTALS	Tier 3	X			
Respiratory Tract Agents, Other - Asthma/Lung Drugs	PULMOSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 2				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	PULMOZYME SOL 1MG/ML	DORNASE ALFA INHAL SOLN 2.5 MG/2.5ML	Tier 2	X	X		X
Respiratory Tract Agents, Other - Asthma/Lung Drugs	RAGWITEK SUB	SHORT RAGWEED POLLEN ALLERGEN EXTRACT SL TAB 12 AMB A 1-U	Tier 3	X	X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	SOD CHLORIDE NEB 0.9%	SODIUM CHLORIDE SOLN NEBU 0.9%	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	SOD CHLORIDE NEB 10%	SODIUM CHLORIDE SOLN NEBU 10%	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	SOD CHLORIDE NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	SOD CHLORIDE NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 1				
Respiratory Tract Agents, Other - Asthma/Lung Drugs	STIOLTO AER 2.5-2.5	TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG/ACT	Tier 2		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Respiratory Tract Agents, Other - Asthma/Lung Drugs	SYMBICORT AER 160-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	Tier 1		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	SYMBICORT AER 80-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	Tier 1		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	TEZSPIRE INJ 210MG	TEZEPELUMAB-EKKO SUBCUTANEOUS SOLN AUTO-INJ 210 MG/1.91ML	Tier 3	X	X		X
Respiratory Tract Agents, Other - Asthma/Lung Drugs	TRELEGY AER 100MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG/ACT	Tier 3		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	TRELEGY AER 200MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG/ACT	Tier 3		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	TUXARIN ER TAB 54.3-8MG	CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG	Tier 3	X			
Respiratory Tract Agents, Other - Asthma/Lung Drugs	UMECLID/VILA INH 62.5-25	UMECLIDINIUM-VILANTEROL AERO POWD BA 62.5-25 MCG/ACT	Tier 3		X	X	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	WIXELA INHUB AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	Tier 1		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	WIXELA INHUB AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	Tier 1		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	WIXELA INHUB AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	Tier 1		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs	XOLAIR INJ 150MG/ML	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	Tier 2	X	X		X
Respiratory Tract Agents, Other - Asthma/Lung Drugs	XOLAIR INJ 150MG/ML	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	Tier 2	X	X		X
Respiratory Tract Agents, Other - Asthma/Lung Drugs	XOLAIR INJ 300/2ML	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML	Tier 2	X	X		X
Respiratory Tract Agents, Other - Asthma/Lung Drugs	XOLAIR INJ 300/2ML	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 2	X	X		X
Respiratory Tract Agents, Other - Asthma/Lung Drugs	XOLAIR INJ 75/0.5	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML	Tier 2	X	X		X

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Respiratory Tract Agents, Other - Asthma/Lung Drugs	XOLAIR INJ 75/0.5	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 75 MG/0.5ML	Tier 2	X	X		X
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	ADRENALIN SOL 1:1000	EPINEPHRINE HCL NASAL SOLN 0.1%	Tier 2				
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	BENZONATATE CAP 100MG	BENZONATATE CAP 100 MG	Tier 1				
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	BENZONATATE CAP 150MG	BENZONATATE CAP 150 MG	Tier 1				
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	BENZONATATE CAP 200MG	BENZONATATE CAP 200 MG	Tier 1				
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	BPM-PSE-DM SYP 2-30-10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Tier 1				
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	BROM/PSE/DM SYP	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Tier 1				
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	BROM/PSE/DM SYP 2/30/10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Tier 1				
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	BROM/PSE/DM SYP 2-30-10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Tier 1				
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	BROMFED DM SOL 2-30-10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Tier 3				
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	EPINEPHRINE SOL 30/30ML	EPINEPHRINE HCL NASAL SOLN 0.1%	Tier 1				
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	PROMETHAZINE SOL DM	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	PROMETHAZINE SYP DM	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	Tier 1				
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	TUZISTRA XR SUS	CODEINE POLIST-CHLORPHEN POLIST ER SUSP 14.7-2.8 MG/5ML	Tier 3				
Retinoids - Chemotherapy Agents	BEXAROTENE CAP 75MG	BEXAROTENE CAP 75 MG	Tier 1				X
Retinoids - Chemotherapy Agents	BEXAROTENE GEL 1%	BEXAROTENE GEL 1%	Tier 1				X
Retinoids - Chemotherapy Agents	PANRETIN GEL 0.1%	ALITRETINOIN GEL 0.1%	Tier 3				
Retinoids - Chemotherapy Agents	TARGRETIN CAP 75MG	BEXAROTENE CAP 75 MG	Tier 3			X	X
Retinoids - Chemotherapy Agents	TARGRETIN GEL 1%	BEXAROTENE GEL 1%	Tier 3			X	X
Retinoids - Chemotherapy Agents	TRETINOIN CAP 10MG	TRETINOIN CAP 10 MG	Tier 1				X
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	CLOMID TAB 50MG	CLOMIPHENE CITRATE TAB 50 MG	Tier 2				
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	CLOMIPHENE TAB 50MG	CLOMIPHENE CITRATE TAB 50 MG	Tier 1				
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	EVISTA TAB 60MG	RALOXIFENE HCL TAB 60 MG	Tier 3			X	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	OSPHENA TAB 60MG	OSPEMIFENE TAB 60 MG	Tier 2	X	X		
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	RALOXIFENE TAB 60MG	RALOXIFENE HCL TAB 60 MG	Tier 1^				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ALMOTRIP MAL TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ALMOTRIP MAL TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ALMOTRIPTAN TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ALMOTRIPTAN TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ELETRIPTAN TAB 20MG	ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ELETRIPTAN TAB 40MG	ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	FROVA TAB 2.5MG	FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	FROVATRIPTAN TAB 2.5MG	FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	IMITREX INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	IMITREX INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	IMITREX INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	IMITREX INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	IMITREX SPR 20MG/ACT	SUMATRIPTAN NASAL SPRAY 20 MG/ACT	Tier 3				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	IMITREX SPR 5MG/ACT	SUMATRIPTAN NASAL SPRAY 5 MG/ACT	Tier 3				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	IMITREX TAB 100MG	SUMATRIPTAN SUCCINATE TAB 100 MG	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	IMITREX TAB 25MG	SUMATRIPTAN SUCCINATE TAB 25 MG	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	IMITREX TAB 50MG	SUMATRIPTAN SUCCINATE TAB 50 MG	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	MAXALT TAB 10MG	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	MAXALT-MLT TAB 10MG	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	NARATRIPTAN TAB 1MG	NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	NARATRIPTAN TAB 2.5MG	NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ONZETRA XSAI MIS 11MG	SUMATRIPTAN SUCCINATE EXHALER POWDER 11 MG/ NOSEPIECE	Tier 3				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	RELPAX TAB 20MG	ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	RELPAX TAB 40MG	ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	REYVOW TAB 100MG	LASMIDITAN SUCCINATE TAB 100 MG	Tier 3	X	X	X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	REYVOW TAB 50MG	LASMIDITAN SUCCINATE TAB 50 MG	Tier 3	X	X	X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	RIZATRIPTAN TAB 10MG	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	RIZATRIPTAN TAB 10MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	RIZATRIPTAN TAB 5MG	RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	RIZATRIPTAN TAB 5MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMAT-NAPROX TAB 85-500MG	SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG	Tier 1			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN INJ 6/0.5ML	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN INJ 6MG/.5ML	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN INJ 6MG/.5ML	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN SPR 20MG/ACT	SUMATRIPTAN NASAL SPRAY 20 MG/ACT	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN SPR 5MG/ ACT	SUMATRIPTAN NASAL SPRAY 5 MG/ACT	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN TAB 100MG	SUMATRIPTAN SUCCINATE TAB 100 MG	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN TAB 25MG	SUMATRIPTAN SUCCINATE TAB 25 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	SUMATRIPTAN TAB 50MG	SUMATRIPTAN SUCCINATE TAB 50 MG	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	TOSYMRA SOL 10MG	SUMATRIPTAN NASAL SPRAY 10 MG/ACT	Tier 3				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	TREXIMET TAB 85-500MG	SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG	Tier 3			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ZEMBRACE SYM INJ 3/0.5ML	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 3 MG/0.5ML	Tier 3				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ZOLMITRIPTAN SPR 2.5MG	ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT	Tier 2			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ZOLMITRIPTAN SPR 5MG	ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT	Tier 1			X	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ZOLMITRIPTAN TAB 2.5 MG	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ZOLMITRIPTAN TAB 2.5MG	ZOLMITRIPTAN TAB 2.5 MG	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ZOLMITRIPTAN TAB 5MG	ZOLMITRIPTAN TAB 5 MG	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ZOLMITRIPTAN TAB 5MG ODT	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ZOMIG SPR 2.5MG	ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT	Tier 2				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ZOMIG SPR 5MG	ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT	Tier 1				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	ZOMIG TAB 5MG	ZOLMITRIPTAN TAB 5 MG	Tier 3			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	AMRIX CAP 15MG	CYCLOBENZAPRINE HCL CAP ER 24HR 15 MG	Tier 3			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	AMRIX CAP 30MG	CYCLOBENZAPRINE HCL CAP ER 24HR 30 MG	Tier 3			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	BACLOFEN CRE 1%	BACLOFEN CREAM 1% (COMPOUND KIT)	Tier 3	X			
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	BACLOFEN TAB 10MG	BACLOFEN TAB 10 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	BACLOFEN TAB 20MG	BACLOFEN TAB 20 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CARISOPRODOL TAB 250MG	CARISOPRODOL TAB 250 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CARISOPRODOL TAB 350MG	CARISOPRODOL TAB 350 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CHLORZOXAZON TAB 250MG	CHLORZOXAZONE TAB 250 MG	Tier 1			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CHLORZOXAZON TAB 375MG	CHLORZOXAZONE TAB 375 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CHLORZOXAZON TAB 500MG	CHLORZOXAZONE TAB 500 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CHLORZOXAZON TAB 750MG	CHLORZOXAZONE TAB 750 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CYCLOBENZAPR CAP 15MG ER	CYCLOBENZAPRINE HCL CAP ER 24HR 15 MG	Tier 1			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CYCLOBENZAPR CAP 30MG ER	CYCLOBENZAPRINE HCL CAP ER 24HR 30 MG	Tier 1			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CYCLOBENZAPR CRE 20MG/GM	CYCLOBENZAPRINE HCL TD CREAM 20 MG/GM (COMPOUND KIT)	Tier 3	X			
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CYCLOBENZAPR TAB 10MG	CYCLOBENZAPRINE HCL TAB 10 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CYCLOBENZAPR TAB 5MG	CYCLOBENZAPRINE HCL TAB 5 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CYCLOBENZAPR TAB 7.5MG	CYCLOBENZAPRINE HCL TAB 7.5 MG	Tier 1			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	CYCLOPHENE CRE RAPIDPAQ	CYCLOBENZAPRINE HCL TD CREAM 5% (COMPOUND KIT)	Tier 3	X			
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	DANTRIUM CAP 25MG	DANTROLENE SODIUM CAP 25 MG	Tier 3				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	DANTROLENE CAP 100MG	DANTROLENE SODIUM CAP 100 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	DANTROLENE CAP 25MG	DANTROLENE SODIUM CAP 25 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	DANTROLENE CAP 50MG	DANTROLENE SODIUM CAP 50 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	FEXMID TAB 7.5MG	CYCLOBENZAPRINE HCL TAB 7.5 MG	Tier 3			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	METAXALONE TAB 400MG	METAXALONE TAB 400 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	METAXALONE TAB 640MG	METAXALONE TAB 640 MG	Tier 1			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	METAXALONE TAB 800MG	METAXALONE TAB 800 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	METHOCARBAM TAB 500MG	METHOCARBAMOL TAB 500 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	METHOCARBAM TAB 750MG	METHOCARBAMOL TAB 750 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	METHOCARBAMO TAB 1000MG	METHOCARBAMOL TAB 1000 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	NORGESIC TAB	ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 25-385-30 MG	Tier 3			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	NORGESIC TAB FORTE	ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 50-770-60 MG	Tier 3			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	ORPH/ASA/CAF TAB	ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 25-385-30 MG	Tier 1			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	ORPHENADRINE TAB 100MG ER	ORPHENADRINE CITRATE TAB ER 12HR 100 MG	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	ORPHENGESIC TAB FORTE	ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 50-770-60 MG	Tier 3			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	SOMA TAB 250MG	CARISOPRODOL TAB 250 MG	Tier 3			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	SOMA TAB 350MG	CARISOPRODOL TAB 350 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	TABRADOL SUS 1MG/ML	CYCLOBENZAPRINE HCL W/ MSM ORAL SUSP 1 MG/ML (CMPD KIT)	Tier 3	X			
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	TABRADOL SUS RAPIDPAQ	CYCLOBENZAPRINE HCL W/ MSM ORAL SUSP 1 MG/ML (CMPD KIT)	Tier 3	X			
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	TANLOR TAB 1000MG	METHOCARBAMOL TAB 1000 MG	Tier 3				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	TIZANIDINE CAP 2MG	TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT)	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	TIZANIDINE CAP 4MG	TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT)	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	TIZANIDINE CAP 6MG	TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT)	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	TIZANIDINE TAB 2MG	TIZANIDINE HCL TAB 2 MG (BASE EQUIVALENT)	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	TIZANIDINE TAB 4MG	TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT)	Tier 1				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	VANADOM TAB 350MG	CARISOPRODOL TAB 350 MG	Tier 3			X	
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	ZANAFLEX CAP 2MG	TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT)	Tier 3				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	ZANAFLEX CAP 4MG	TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT)	Tier 3				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	ZANAFLEX CAP 6MG	TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT)	Tier 3				
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	ZANAFLEX TAB 4MG	TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT)	Tier 3				
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	BACLOFEN SOL 10MG/5ML	BACLOFEN ORAL SOLN 10 MG/5ML	Tier 3				
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	BACLOFEN SOL 5MG/5ML	BACLOFEN ORAL SOLN 5 MG/5ML	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	BACLOFEN SUS 25MG/5ML	BACLOFEN SUSP 25 MG/5ML	Tier 1				
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	BACLOFEN TAB 15MG	BACLOFEN TAB 15 MG	Tier 1				
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	BACLOFEN TAB 5MG	BACLOFEN TAB 5 MG	Tier 1				
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	FLEQSUVY SUS 25MG/5ML	BACLOFEN SUSP 25 MG/5ML	Tier 3				
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	LYVISPAH GRA 10MG	BACLOFEN GRANULES PACKET 10 MG	Tier 3			X	
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	LYVISPAH GRA 20MG	BACLOFEN GRANULES PACKET 20 MG	Tier 3			X	
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	LYVISPAH GRA 5MG	BACLOFEN GRANULES PACKET 5 MG	Tier 3			X	
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	OZOBAX SOL 5MG/5ML	BACLOFEN ORAL SOLN 5 MG/5ML	Tier 3				
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	OZOBAX DS SOL 10MG/5ML	BACLOFEN ORAL SOLN 10 MG/5ML	Tier 3				
Sleep Disorders, Other - Drugs for Sleeping	ARMODAFINIL TAB 150MG	ARMODAFINIL TAB 150 MG	Tier 1		X		
Sleep Disorders, Other - Drugs for Sleeping	ARMODAFINIL TAB 200MG	ARMODAFINIL TAB 200 MG	Tier 1		X		
Sleep Disorders, Other - Drugs for Sleeping	ARMODAFINIL TAB 250MG	ARMODAFINIL TAB 250 MG	Tier 1		X		
Sleep Disorders, Other - Drugs for Sleeping	ARMODAFINIL TAB 50MG	ARMODAFINIL TAB 50 MG	Tier 1		X		
Sleep Disorders, Other - Drugs for Sleeping	BELSOMRA TAB 10MG	SUVOREXANT TAB 10 MG	Tier 3		X		
Sleep Disorders, Other - Drugs for Sleeping	BELSOMRA TAB 15MG	SUVOREXANT TAB 15 MG	Tier 3		X		
Sleep Disorders, Other - Drugs for Sleeping	BELSOMRA TAB 20MG	SUVOREXANT TAB 20 MG	Tier 3		X		
Sleep Disorders, Other - Drugs for Sleeping	BELSOMRA TAB 5MG	SUVOREXANT TAB 5 MG	Tier 3		X		
Sleep Disorders, Other - Drugs for Sleeping	DAYVIGO TAB 10MG	LEMBOREXANT TAB 10 MG	Tier 3		X		
Sleep Disorders, Other - Drugs for Sleeping	DAYVIGO TAB 5MG	LEMBOREXANT TAB 5 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Sleep Disorders, Other - Drugs for Sleeping	DOXEPIN TAB 3MG	DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV)	Tier 1		X		
Sleep Disorders, Other - Drugs for Sleeping	DOXEPIN TAB 6MG	DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV)	Tier 1		X		
Sleep Disorders, Other - Drugs for Sleeping	HETLIOZ CAP 20MG	TASIMELTEON CAPSULE 20 MG	Tier 3	X	X		X
Sleep Disorders, Other - Drugs for Sleeping	HETLIOZ LQ SUS 4MG/ ML	TASIMELTEON ORAL SUSP 4 MG/ ML	Tier 3	X	X		X
Sleep Disorders, Other - Drugs for Sleeping	LUMRYZ PAK 6GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 6 GM	Tier 3	X	X		X
Sleep Disorders, Other - Drugs for Sleeping	LUMRYZ PAK 7.5GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 7.5 GM	Tier 3	X	X		X
Sleep Disorders, Other - Drugs for Sleeping	LUMRYZ PAK 9GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 9 GM	Tier 3	X	X		X
Sleep Disorders, Other - Drugs for Sleeping	LUMRYZ PAK STARTER	SODIUM OXYBATE PACK FOR ER SUSP 4.5 & 6 & 7.5 GM STARTER PAK	Tier 3	X	X		X
Sleep Disorders, Other - Drugs for Sleeping	LUMRYZ PKG 4.5GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 4.5 GM	Tier 3	X	X		X
Sleep Disorders, Other - Drugs for Sleeping	MODAFINIL TAB 100MG	MODAFINIL TAB 100 MG	Tier 1		X		
Sleep Disorders, Other - Drugs for Sleeping	MODAFINIL TAB 200MG	MODAFINIL TAB 200 MG	Tier 1		X		
Sleep Disorders, Other - Drugs for Sleeping	NUVIGIL TAB 150MG	ARMODAFINIL TAB 150 MG	Tier 3		X	X	
Sleep Disorders, Other - Drugs for Sleeping	NUVIGIL TAB 200MG	ARMODAFINIL TAB 200 MG	Tier 3		X	X	
Sleep Disorders, Other - Drugs for Sleeping	NUVIGIL TAB 250MG	ARMODAFINIL TAB 250 MG	Tier 3		X	X	
Sleep Disorders, Other - Drugs for Sleeping	NUVIGIL TAB 50MG	ARMODAFINIL TAB 50 MG	Tier 3		X	X	
Sleep Disorders, Other - Drugs for Sleeping	PROVIGIL TAB 100MG	MODAFINIL TAB 100 MG	Tier 3		X	X	
Sleep Disorders, Other - Drugs for Sleeping	PROVIGIL TAB 200MG	MODAFINIL TAB 200 MG	Tier 3		X	X	
Sleep Disorders, Other - Drugs for Sleeping	QUVIVIQ TAB 25MG	DARIDOREXANT HCL TAB 25 MG	Tier 3		X	X	
Sleep Disorders, Other - Drugs for Sleeping	QUVIVIQ TAB 50MG	DARIDOREXANT HCL TAB 50 MG	Tier 3		X	X	
Sleep Disorders, Other - Drugs for Sleeping	RAMELTEON TAB 8MG	RAMELTEON TAB 8 MG	Tier 1		X		
Sleep Disorders, Other - Drugs for Sleeping	ROZEREM TAB 8MG	RAMELTEON TAB 8 MG	Tier 3		X	X	
Sleep Disorders, Other - Drugs for Sleeping	SILENOR TAB 3MG	DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV)	Tier 3		X		
Sleep Disorders, Other - Drugs for Sleeping	SILENOR TAB 6MG	DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV)	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Sleep Disorders, Other - Drugs for Sleeping	SOD OXYBATE SOL 500MG/ML	SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	Tier 3	X	X		X
Sleep Disorders, Other - Drugs for Sleeping	SOD OXYBATE SOL 500MG/ML	SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	Tier 3	X	X	X	X
Sleep Disorders, Other - Drugs for Sleeping	SUNOSI TAB 150MG	SOLRIAMFETOL HCL TAB 150 MG (BASE EQUIV)	Tier 2	X	X		
Sleep Disorders, Other - Drugs for Sleeping	SUNOSI TAB 75MG	SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV)	Tier 2	X	X		
Sleep Disorders, Other - Drugs for Sleeping	TASIMELTEON CAP 20MG	TASIMELTEON CAPSULE 20 MG	Tier 1	X	X		X
Sleep Disorders, Other - Drugs for Sleeping	WAKIX TAB 17.8MG	PITOLISANT HCL TAB 17.8 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Sleep Disorders, Other - Drugs for Sleeping	WAKIX TAB 4.45MG	PITOLISANT HCL TAB 4.45 MG (BASE EQUIVALENT)	Tier 3	X	X		X
Sleep Disorders, Other - Drugs for Sleeping	XYREM SOL 500MG/ML	SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	Tier 3	X	X	X	X
Sleep Disorders, Other - Drugs for Sleeping	XYWAV SOL 0.5GM/ML	CALCIUM, MAG, POTASSIUM, & SOD OXYBATES ORAL SOLN 500 MG/ML	Tier 3	X	X		X
Smoking Cessation Agents - Deterrents	BUPROPION TAB 150MG SR	BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE GUM 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Smoking Cessation Agents - Deterrents	CVS NICOTINE LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	CVS NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE GUM 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE LOZ 2MG CINN	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE LOZ 4MG CINN	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	EQ NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	EQL NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	EQL NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	FT NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	FT NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	FT NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	FT NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Smoking Cessation Agents - Deterrents	FT NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	FT NICOTINE LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	FT NICOTINE LOZ 4MG	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE GUM 4MG FRT	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE LOZ 4MG CHER	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	GNP NICOTINE LOZ MINI 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	HABITROL DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	HM NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	HM NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	HM NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	HM NICOTINE GUM 4MG FRT	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	HM NICOTINE LOZ 2MG CINN	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	HM NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	KLS QUIT2 GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Smoking Cessation Agents - Deterrents	KLS QUIT2 LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	KLS QUIT4 GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	KLS QUIT4 LOZ 4MG	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICODERM CQ DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICODERM CQ DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICODERM CQ DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE GUM 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE LOZ 4MG	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE ST GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE ST GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICORETTE ST GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Smoking Cessation Agents - Deterrents	NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE LOZ 4MG CINN	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE LOZ MINI 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 2MG REF	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 2MG STRT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 4MG REF	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 4MG STRT	NICOTINE POLACRILEX GUM 4 MG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Smoking Cessation Agents - Deterrents	NICOTINE POL GUM 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL LOZ 2MG CHRY	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL LOZ 2MG CINN	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL LOZ 2MG MINI	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL LOZ 4MG CHRY	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL LOZ 4MG CINN	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE POL LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE SYS KIT TRANSDER	NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE TD DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE TD DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE TD DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE TD DIS STEP 1	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICOTINE TD DIS STEP 3	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	NICOTROL INH	NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED)	HCR	X			
Smoking Cessation Agents - Deterrents	NICOTROL NS SPR 10MG/ML	NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY)	HCR	X			
Smoking Cessation Agents - Deterrents	QC NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	QC NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	RA NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	RA NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	RA NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	RA NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Smoking Cessation Agents - Deterrents	SM NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE LOZ 2MG CHRY	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE LOZ 2MG CINN	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE LOZ 4MG	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE LOZ 4MG CINN	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	SM NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	STOP SMOKING GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	STOP SMOKING GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	STOP SMOKING GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	HCR				
Smoking Cessation Agents - Deterrents	STOP SMOKING LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	HCR				
Smoking Cessation Agents - Deterrents	STOP SMOKING LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	HCR				
Smoking Cessation Agents - Deterrents	THRIVE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	HCR				
Smoking Cessation Agents - Deterrents	VARENICLINE TAB 0.5& 1MG	VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK	HCR	X			
Smoking Cessation Agents - Deterrents	VARENICLINE TAB 0.5MG	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	HCR	X			
Smoking Cessation Agents - Deterrents	VARENICLINE TAB 1MG	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	HCR	X			
Sodium Channel Agents - Seizure Control Drugs	APTIOM TAB 200MG	ESLICARBAZEPINE ACETATE TAB 200 MG	Tier 3	X			
Sodium Channel Agents - Seizure Control Drugs	APTIOM TAB 400MG	ESLICARBAZEPINE ACETATE TAB 400 MG	Tier 3	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Sodium Channel Agents - Seizure Control Drugs	APTIOM TAB 600MG	ESLICARBAZEPINE ACETATE TAB 600 MG	Tier 3	X			
Sodium Channel Agents - Seizure Control Drugs	APTIOM TAB 800MG	ESLICARBAZEPINE ACETATE TAB 800 MG	Tier 3	X			
Sodium Channel Agents - Seizure Control Drugs	BANZEL SUS 40MG/ML	RUFINAMIDE SUSP 40 MG/ML	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	BANZEL TAB 200MG	RUFINAMIDE TAB 200 MG	Tier 3	X			
Sodium Channel Agents - Seizure Control Drugs	BANZEL TAB 400MG	RUFINAMIDE TAB 400 MG	Tier 3	X			
Sodium Channel Agents - Seizure Control Drugs	CARBAMAZEPIN CAP 100MG ER	CARBAMAZEPINE CAP ER 12HR 100 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	CARBAMAZEPIN CAP 200MG ER	CARBAMAZEPINE CAP ER 12HR 200 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	CARBAMAZEPIN CAP 300MG ER	CARBAMAZEPINE CAP ER 12HR 300 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	CARBAMAZEPIN CHW 100MG	CARBAMAZEPINE CHEW TAB 100 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	CARBAMAZEPIN CHW 200MG	CARBAMAZEPINE CHEW TAB 200 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	CARBAMAZEPIN SUS 100/5ML	CARBAMAZEPINE SUSP 100 MG/5ML	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	CARBAMAZEPIN TAB 100MG ER	CARBAMAZEPINE TAB ER 12HR 100 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	CARBAMAZEPIN TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	CARBAMAZEPIN TAB 200MG ER	CARBAMAZEPINE TAB ER 12HR 200 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	CARBAMAZEPIN TAB 400MG ER	CARBAMAZEPINE TAB ER 12HR 400 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	CARBATROL CAP 100MG	CARBAMAZEPINE CAP ER 12HR 100 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	CARBATROL CAP 200MG	CARBAMAZEPINE CAP ER 12HR 200 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	CARBATROL CAP 300MG	CARBAMAZEPINE CAP ER 12HR 300 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	DILANTIN CAP 100MG	PHENYTOIN SODIUM EXTENDED CAP 100 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	DILANTIN CAP 30MG	PHENYTOIN SODIUM EXTENDED CAP 30 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	DILANTIN CHW 50MG	PHENYTOIN CHEW TAB 50 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	DILANTIN-125 SUS 125/5ML	PHENYTOIN SUSP 125 MG/5ML	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	EPITOL TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Sodium Channel Agents - Seizure Control Drugs	LACOSAMIDE SOL 100/10ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	LACOSAMIDE SOL 10MG/ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	LACOSAMIDE SOL 150/15ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	LACOSAMIDE SOL 200/20ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	LACOSAMIDE SOL 50/5ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	LACOSAMIDE SOL 50MG/5ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	LACOSAMIDE TAB 100MG	LACOSAMIDE TAB 100 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	LACOSAMIDE TAB 150MG	LACOSAMIDE TAB 150 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	LACOSAMIDE TAB 200MG	LACOSAMIDE TAB 200 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	LACOSAMIDE TAB 50MG	LACOSAMIDE TAB 50 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	MOTPOLY XR CAP 100MG	LACOSAMIDE CAP ER 24HR 100 MG	Tier 3	X			
Sodium Channel Agents - Seizure Control Drugs	MOTPOLY XR CAP 150MG	LACOSAMIDE CAP ER 24HR 150 MG	Tier 3	X			
Sodium Channel Agents - Seizure Control Drugs	MOTPOLY XR CAP 200MG	LACOSAMIDE CAP ER 24HR 200 MG	Tier 3	X			
Sodium Channel Agents - Seizure Control Drugs	OXCARBAZEPIN SUS 300/5ML	OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML)	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	OXCARBAZEPIN TAB 150MG	OXCARBAZEPINE TAB 150 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	OXCARBAZEPIN TAB 150MG ER	OXCARBAZEPINE TAB ER 24HR 150 MG	Tier 1			X	
Sodium Channel Agents - Seizure Control Drugs	OXCARBAZEPIN TAB 300MG	OXCARBAZEPINE TAB 300 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	OXCARBAZEPIN TAB 300MG ER	OXCARBAZEPINE TAB ER 24HR 300 MG	Tier 1			X	
Sodium Channel Agents - Seizure Control Drugs	OXCARBAZEPIN TAB 600MG	OXCARBAZEPINE TAB 600 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	OXCARBAZEPIN TAB 600MG ER	OXCARBAZEPINE TAB ER 24HR 600 MG	Tier 1			X	
Sodium Channel Agents - Seizure Control Drugs	OXTELLAR XR TAB 150MG	OXCARBAZEPINE TAB ER 24HR 150 MG	Tier 3			X	
Sodium Channel Agents - Seizure Control Drugs	OXTELLAR XR TAB 300MG	OXCARBAZEPINE TAB ER 24HR 300 MG	Tier 3			X	
Sodium Channel Agents - Seizure Control Drugs	OXTELLAR XR TAB 600MG	OXCARBAZEPINE TAB ER 24HR 600 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Sodium Channel Agents - Seizure Control Drugs	PHENYTEK CAP 200MG	PHENYTOIN SODIUM EXTENDED CAP 200 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	PHENYTEK CAP 300MG	PHENYTOIN SODIUM EXTENDED CAP 300 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	PHENYTOIN CHW 50MG	PHENYTOIN CHEW TAB 50 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	PHENYTOIN SUS 125/5ML	PHENYTOIN SUSP 125 MG/5ML	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	PHENYTOIN EX CAP 100MG	PHENYTOIN SODIUM EXTENDED CAP 100 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	PHENYTOIN EX CAP 200MG	PHENYTOIN SODIUM EXTENDED CAP 200 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	PHENYTOIN EX CAP 300MG	PHENYTOIN SODIUM EXTENDED CAP 300 MG	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	RUFINAMIDE SUS 40MG/ML	RUFINAMIDE SUSP 40 MG/ML	Tier 1				
Sodium Channel Agents - Seizure Control Drugs	RUFINAMIDE TAB 200MG	RUFINAMIDE TAB 200 MG	Tier 1	X			
Sodium Channel Agents - Seizure Control Drugs	RUFINAMIDE TAB 400MG	RUFINAMIDE TAB 400 MG	Tier 1	X			
Sodium Channel Agents - Seizure Control Drugs	TEGRETOL SUS 100/5ML	CARBAMAZEPINE SUSP 100 MG/5ML	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	TEGRETOL TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	TEGRETOL-XR TAB 100MG	CARBAMAZEPINE TAB ER 12HR 100 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	TEGRETOL-XR TAB 200MG	CARBAMAZEPINE TAB ER 12HR 200 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	TEGRETOL-XR TAB 400MG	CARBAMAZEPINE TAB ER 12HR 400 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	TRILEPTAL SUS 300/5ML	OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML)	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	TRILEPTAL TAB 150MG	OXCARBAZEPINE TAB 150 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	TRILEPTAL TAB 300MG	OXCARBAZEPINE TAB 300 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	TRILEPTAL TAB 600MG	OXCARBAZEPINE TAB 600 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	VIMPAT SOL 10MG/ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	VIMPAT TAB 100MG	LACOSAMIDE TAB 100 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	VIMPAT TAB 150MG	LACOSAMIDE TAB 150 MG	Tier 3				
Sodium Channel Agents - Seizure Control Drugs	VIMPAT TAB 200MG	LACOSAMIDE TAB 200 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Sodium Channel Agents - Seizure Control Drugs	VIMPAT TAB 50MG	LACOSAMIDE TAB 50 MG	Tier 3				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	CELEXA TAB 10MG	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	CELEXA TAB 20MG	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	CELEXA TAB 40MG	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	CITALOPRAM CAP 30MG	CITALOPRAM HYDROBROMIDE CAP 30 MG	Tier 3				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	CITALOPRAM SOL 10MG/5ML	CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG/5ML	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	CITALOPRAM TAB 10MG	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	CITALOPRAM TAB 20MG	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	CITALOPRAM TAB 40MG	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	DESVENLAFAX TAB 100MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	DESVENLAFAX TAB 100MG ER	DESVENLAFAXINE TAB ER 24HR 100 MG	Tier 3				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	DESVENLAFAX TAB 25MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	DESVENLAFAX TAB 50MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	DESVENLAFAX TAB 50MG ER	DESVENLAFAXINE TAB ER 24HR 50 MG	Tier 3				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	DRIZALMA CAP 20MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 20 MG (BASE EQ)	Tier 3		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	DRIZALMA CAP 30MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 30 MG (BASE EQ)	Tier 3		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	DRIZALMA CAP 40MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 40 MG (BASE EQ)	Tier 3		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	DRIZALMA CAP 60MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 60 MG (BASE EQ)	Tier 3		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	EFFEXOR XR CAP 150MG	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	EFFEXOR XR CAP 37.5MG	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	EFFEXOR XR CAP 75MG	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	ESCITALOPRAM SOL 5MG/5ML	ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	ESCITALOPRAM TAB 10MG	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	ESCITALOPRAM TAB 20MG	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	ESCITALOPRAM TAB 5MG	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FETZIMA CAP 120MG	LEVOMILNACIPRAN HCL CAP ER 24HR 120 MG (BASE EQUIVALENT)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FETZIMA CAP 20MG	LEVOMILNACIPRAN HCL CAP ER 24HR 20 MG (BASE EQUIVALENT)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FETZIMA CAP 40MG	LEVOMILNACIPRAN HCL CAP ER 24HR 40 MG (BASE EQUIVALENT)	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FETZIMA CAP 80MG	LEVOMILNACIPRAN HCL CAP ER 24HR 80 MG (BASE EQUIVALENT)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FETZIMA CAP TITRATIO	LEVOMILNACIPRAN HCL CAP ER 24HR 20 & 40 MG THERAPY PACK	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUOXETINE CAP 10MG	FLUOXETINE HCL CAP 10 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUOXETINE CAP 20MG	FLUOXETINE HCL CAP 20 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUOXETINE CAP 40MG	FLUOXETINE HCL CAP 40 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUOXETINE CAP 90MG DR	FLUOXETINE HCL CAP DELAYED RELEASE 90 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUOXETINE SOL 20MG/5ML	FLUOXETINE HCL SOLUTION 20 MG/5ML	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUOXETINE TAB 10MG	FLUOXETINE HCL TAB 10 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUOXETINE TAB 10MG	FLUOXETINE HCL (PMDD) TAB 10 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUOXETINE TAB 20MG	FLUOXETINE HCL TAB 20 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUOXETINE TAB 20MG	FLUOXETINE HCL (PMDD) TAB 20 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUOXETINE TAB 60MG	FLUOXETINE HCL TAB 60 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUVOXAMINE CAP 100MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 100 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUVOXAMINE CAP 150MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 150 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUVOXAMINE TAB 100MG	FLUVOXAMINE MALEATE TAB 100 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUVOXAMINE TAB 25MG	FLUVOXAMINE MALEATE TAB 25 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	FLUVOXAMINE TAB 50MG	FLUVOXAMINE MALEATE TAB 50 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	LEXAPRO TAB 10MG	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	LEXAPRO TAB 20MG	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	LEXAPRO TAB 5MG	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	LYBALVI TAB 10-10MG	OLANZAPINE-SAMIDORPHAN L-MALATE TAB 10-10 MG	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	LYBALVI TAB 15-10MG	OLANZAPINE-SAMIDORPHAN L-MALATE TAB 15-10 MG	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	LYBALVI TAB 20-10MG	OLANZAPINE-SAMIDORPHAN L-MALATE TAB 20-10 MG	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	LYBALVI TAB 5-10MG	OLANZAPINE-SAMIDORPHAN L-MALATE TAB 5-10 MG	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	NEFAZODONE TAB 100MG	NEFAZODONE HCL TAB 100 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	NEFAZODONE TAB 150MG	NEFAZODONE HCL TAB 150 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	NEFAZODONE TAB 200MG	NEFAZODONE HCL TAB 200 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	NEFAZODONE TAB 250MG	NEFAZODONE HCL TAB 250 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	NEFAZODONE TAB 50MG	NEFAZODONE HCL TAB 50 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	OLANZA/FLUOX CAP 12-25MG	OLANZAPINE-FLUOXETINE HCL CAP 12-25 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	OLANZA/FLUOX CAP 12-50MG	OLANZAPINE-FLUOXETINE HCL CAP 12-50 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	OLANZA/FLUOX CAP 3-25MG	OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	OLANZA/FLUOX CAP 6-25MG	OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	OLANZA/FLUOX CAP 6-50MG	OLANZAPINE-FLUOXETINE HCL CAP 6-50 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAROXETIN ER TAB 12.5MG	PAROXETINE HCL TAB ER 24HR 12.5 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAROXETIN ER TAB 37.5MG	PAROXETINE HCL TAB ER 24HR 37.5 MG	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAROXETINE CAP 7.5MG	PAROXETINE MESYLATE CAP 7.5 MG (BASE EQUIV)	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAROXETINE SUS 10MG/5ML	PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAROXETINE TAB 10MG	PAROXETINE HCL TAB 10 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAROXETINE TAB 20MG	PAROXETINE HCL TAB 20 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAROXETINE TAB 25MG ER	PAROXETINE HCL TAB ER 24HR 25 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAROXETINE TAB 30MG	PAROXETINE HCL TAB 30 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAROXETINE TAB 40MG	PAROXETINE HCL TAB 40 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAXIL SUS 10MG/5ML	PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	Tier 3				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAXIL TAB 10MG	PAROXETINE HCL TAB 10 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAXIL TAB 20MG	PAROXETINE HCL TAB 20 MG	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAXIL TAB 30MG	PAROXETINE HCL TAB 30 MG	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAXIL TAB 40MG	PAROXETINE HCL TAB 40 MG	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAXIL CR TAB 12.5MG	PAROXETINE HCL TAB ER 24HR 12.5 MG	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAXIL CR TAB 25MG	PAROXETINE HCL TAB ER 24HR 25 MG	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PAXIL CR TAB 37.5MG	PAROXETINE HCL TAB ER 24HR 37.5 MG	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PEXEVA TAB 10MG	PAROXETINE MESYLATE TAB 10 MG (BASE EQUIV)	Tier 3		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PEXEVA TAB 20MG	PAROXETINE MESYLATE TAB 20 MG (BASE EQUIV)	Tier 3		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PEXEVA TAB 30MG	PAROXETINE MESYLATE TAB 30 MG (BASE EQUIV)	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PRISTIQ TAB 100MG	DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PRISTIQ TAB 25MG	DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PRISTIQ TAB 50MG	DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PROZAC CAP 10MG	FLUOXETINE HCL CAP 10 MG	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PROZAC CAP 20MG	FLUOXETINE HCL CAP 20 MG	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	PROZAC CAP 40MG	FLUOXETINE HCL CAP 40 MG	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	RALDESY SOL 10MG/ML	TRAZODONE HCL ORAL SOLN 50 MG/5ML	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	SERTRALINE CAP 150MG	SERTRALINE HCL CAP 150 MG	Tier 3		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	SERTRALINE CAP 200MG	SERTRALINE HCL CAP 200 MG	Tier 3		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	SERTRALINE CON 20MG/ML	SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	SERTRALINE TAB 100MG	SERTRALINE HCL TAB 100 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	SERTRALINE TAB 25MG	SERTRALINE HCL TAB 25 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	SERTRALINE TAB 50MG	SERTRALINE HCL TAB 50 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	SYMBYAX CAP 3-25MG	OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG	Tier 3		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	SYMBYAX CAP 6-25MG	OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG	Tier 3		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	TRAZODONE TAB 100MG	TRAZODONE HCL TAB 100 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	TRAZODONE TAB 150MG	TRAZODONE HCL TAB 150 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	TRAZODONE TAB 300MG	TRAZODONE HCL TAB 300 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	TRAZODONE TAB 50MG	TRAZODONE HCL TAB 50 MG	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	TRINTELLIX TAB 10MG	VORTIOXETINE HBR TAB 10 MG (BASE EQUIV)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	TRINTELLIX TAB 20MG	VORTIOXETINE HBR TAB 20 MG (BASE EQUIV)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	TRINTELLIX TAB 5MG	VORTIOXETINE HBR TAB 5 MG (BASE EQUIV)	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE CAP 150MG ER	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE CAP 37.5 ER	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE CAP 75MG ER	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE TAB 100MG	VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE TAB 150MG ER	VENLAFAXINE HCL TAB ER 24HR 150 MG (BASE EQUIVALENT)	Tier 1		X		

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE TAB 225MG ER	VENLAFAXINE HCL TAB ER 24HR 225 MG (BASE EQUIVALENT)	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE TAB 25MG	VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE TAB 37.5 ER	VENLAFAXINE HCL TAB ER 24HR 37.5 MG (BASE EQUIVALENT)	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE TAB 37.5MG	VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE TAB 50MG	VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE TAB 75MG	VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	Tier 1				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VENLAFAXINE TAB 75MG ER	VENLAFAXINE HCL TAB ER 24HR 75 MG (BASE EQUIVALENT)	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VIIBRYD KIT STARTER	VILAZODONE HCL TAB STARTER KIT 10 (7) & 20 (23) MG	Tier 2				
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VIIBRYD TAB 10MG	VILAZODONE HCL TAB 10 MG	Tier 3		X	X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VIIBRYD TAB 20MG	VILAZODONE HCL TAB 20 MG	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VIIBRYD TAB 40MG	VILAZODONE HCL TAB 40 MG	Tier 3		X	X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VILAZODONE TAB 10MG	VILAZODONE HCL TAB 10 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VILAZODONE TAB 20MG	VILAZODONE HCL TAB 20 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	VILAZODONE TAB 40MG	VILAZODONE HCL TAB 40 MG	Tier 1		X		
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	ZOLOFT CON 20MG/ML	SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	ZOLOFT TAB 100MG	SERTRALINE HCL TAB 100 MG	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	ZOLOFT TAB 25MG	SERTRALINE HCL TAB 25 MG	Tier 3			X	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	ZOLOFT TAB 50MG	SERTRALINE HCL TAB 50 MG	Tier 3			X	
Sulfonamides - Antibiotics	AZULFIDINE TAB 500MG	SULFASALAZINE TAB 500 MG	Tier 3				
Sulfonamides - Antibiotics	AZULFIDINE TAB 500MG EN	SULFASALAZINE TAB DELAYED RELEASE 500 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Sulfonamides - Antibiotics	BACTRIM TAB 400-80MG	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	Tier 3				
Sulfonamides - Antibiotics	BACTRIM DS TAB 800-160	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	Tier 3				
Sulfonamides - Antibiotics	SMZ/TMP DS TAB 800-160	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	Tier 1				
Sulfonamides - Antibiotics	SMZ-TMP SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	Tier 1				
Sulfonamides - Antibiotics	SMZ-TMP TAB 400-80MG	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	Tier 1				
Sulfonamides - Antibiotics	SULFADIAZINE TAB 500MG	SULFADIAZINE TAB 500 MG	Tier 1				
Sulfonamides - Antibiotics	SULFASALAZIN TAB 500MG	SULFASALAZINE TAB 500 MG	Tier 1				
Sulfonamides - Antibiotics	SULFASALAZIN TAB 500MG DR	SULFASALAZINE TAB DELAYED RELEASE 500 MG	Tier 1				
Sulfonamides - Antibiotics	SULFATRIM PD SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	Tier 1				
Tetracyclines - Antibiotics	AVIDOXY TAB 100MG	DOXYCYCLINE MONOHYDRATE TAB 100 MG	Tier 3				
Tetracyclines - Antibiotics	AVIDOXY DK KIT	DOXYCYCLINE TAB 100 MG & SUNCREEN & SAL ACID WASH 2% KIT	Tier 3				
Tetracyclines - Antibiotics	COREMINO TAB 135MG	MINOCYCLINE HCL TAB ER 24HR 135 MG	Tier 1				
Tetracyclines - Antibiotics	COREMINO TAB 45MG	MINOCYCLINE HCL TAB ER 24HR 45 MG	Tier 1				
Tetracyclines - Antibiotics	COREMINO TAB 90MG	MINOCYCLINE HCL TAB ER 24HR 90 MG	Tier 1				
Tetracyclines - Antibiotics	DEMECLOCYCL TAB 150MG	DEMECLOCYCLINE HCL TAB 150 MG	Tier 1				
Tetracyclines - Antibiotics	DEMECLOCYCL TAB 300MG	DEMECLOCYCLINE HCL TAB 300 MG	Tier 1				
Tetracyclines - Antibiotics	DORYX TAB 200MG	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 200 MG	Tier 3			X	
Tetracyclines - Antibiotics	DORYX TAB 50MG	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 50 MG	Tier 3			X	
Tetracyclines - Antibiotics	DORYX TAB 80MG	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 80 MG	Tier 3				
Tetracyclines - Antibiotics	DORYX MPC TAB 120MG	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 120 MG	Tier 3				
Tetracyclines - Antibiotics	DORYX MPC TAB 60MG	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 60 MG	Tier 3				
Tetracyclines - Antibiotics	DOXYCYC MONO CAP 100MG	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Tetracyclines - Antibiotics	DOXYCYC MONO CAP 150MG	DOXYCYCLINE MONOHYDRATE CAP 150 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYC MONO CAP 50MG	DOXYCYCLINE MONOHYDRATE CAP 50 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYC MONO CAP 75MG	DOXYCYCLINE MONOHYDRATE CAP 75 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYC MONO TAB 100MG	DOXYCYCLINE MONOHYDRATE TAB 100 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYC MONO TAB 150MG	DOXYCYCLINE MONOHYDRATE TAB 150 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYC MONO TAB 50MG	DOXYCYCLINE MONOHYDRATE TAB 50 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYC MONO TAB 75MG	DOXYCYCLINE MONOHYDRATE TAB 75 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC CAP 100MG	DOXYCYCLINE HYCLATE CAP 100 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC CAP 50MG	DOXYCYCLINE HYCLATE CAP 50 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC TAB 100MG	DOXYCYCLINE HYCLATE TAB 100 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC TAB 100MG DR	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 100 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC TAB 150MG	DOXYCYCLINE HYCLATE TAB 150 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC TAB 150MG DR	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 150 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC TAB 200MG DR	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 200 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC TAB 20MG	DOXYCYCLINE HYCLATE TAB 20 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC TAB 50MG	DOXYCYCLINE HYCLATE TAB 50 MG	Tier 1			X	
Tetracyclines - Antibiotics	DOXYCYCL HYC TAB 50MG DR	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 50 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC TAB 75MG	DOXYCYCLINE HYCLATE TAB 75 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC TAB 75MG DR	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 75 MG	Tier 1				
Tetracyclines - Antibiotics	DOXYCYCL HYC TAB 80MG DR	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 80 MG	Tier 3				
Tetracyclines - Antibiotics	DOXYCYCLINE CAP 40MG	DOXYCYCLINE (ROSACEA) CAP DELAYED RELEASE 40 MG	Tier 1			X	
Tetracyclines - Antibiotics	DOXYCYCLINE CAP 40MG	DOXYCYCLINE (ROSACEA) CAP DELAYED RELEASE 40 MG	Tier 3			X	
Tetracyclines - Antibiotics	DOXYCYCLINE SUS 25MG/5ML	DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Tetracyclines - Antibiotics	LYMEPAK TAB 100MG	DOXYCYCLINE HYCLATE TAB 100 MG	Tier 3			X	
Tetracyclines - Antibiotics	MINOCYCLINE CAP 100MG	MINOCYCLINE HCL CAP 100 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE CAP 135MG ER	MINOCYCLINE HCL CAP ER 24HR 135 MG (BASE EQUIVALENT)	Tier 3				
Tetracyclines - Antibiotics	MINOCYCLINE CAP 45MG ER	MINOCYCLINE HCL CAP ER 24HR 45 MG (BASE EQUIVALENT)	Tier 3				
Tetracyclines - Antibiotics	MINOCYCLINE CAP 50MG	MINOCYCLINE HCL CAP 50 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE CAP 75MG	MINOCYCLINE HCL CAP 75 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE CAP 90MG ER	MINOCYCLINE HCL CAP ER 24HR 90 MG (BASE EQUIVALENT)	Tier 3				
Tetracyclines - Antibiotics	MINOCYCLINE TAB 100MG	MINOCYCLINE HCL TAB 100 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE TAB 105MG ER	MINOCYCLINE HCL TAB ER 24HR 105 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE TAB 115MG ER	MINOCYCLINE HCL TAB ER 24HR 115 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE TAB 135MG ER	MINOCYCLINE HCL TAB ER 24HR 135 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE TAB 45MG ER	MINOCYCLINE HCL TAB ER 24HR 45 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE TAB 50MG	MINOCYCLINE HCL TAB 50 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE TAB 55MG ER	MINOCYCLINE HCL TAB ER 24HR 55 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE TAB 65MG ER	MINOCYCLINE HCL TAB ER 24HR 65 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE TAB 75MG	MINOCYCLINE HCL TAB 75 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE TAB 80MG ER	MINOCYCLINE HCL TAB ER 24HR 80 MG	Tier 1				
Tetracyclines - Antibiotics	MINOCYCLINE TAB 90MG ER	MINOCYCLINE HCL TAB ER 24HR 90 MG	Tier 1				
Tetracyclines - Antibiotics	MINOLIRA TAB 105MG	MINOCYCLINE HCL TAB ER 24HR BIPHASIC RELEASE 105 MG	Tier 3			X	
Tetracyclines - Antibiotics	MINOLIRA TAB 135MG	MINOCYCLINE HCL TAB ER 24HR BIPHASIC RELEASE 135 MG	Tier 3			X	
Tetracyclines - Antibiotics	MONDOXYNE NL CAP 100MG	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 3			X	
Tetracyclines - Antibiotics	NUZYRA TAB 150MG	OMADACYCLINE TOSYLATE TAB 150 MG (BASE EQUIVALENT)	Tier 3				
Tetracyclines - Antibiotics	ORACEA CAP 40MG	DOXYCYCLINE (ROSACEA) CAP DELAYED RELEASE 40 MG	Tier 3			X	
Tetracyclines - Antibiotics	SEYSARA TAB 100MG	SARECYCLINE HCL TAB 100 MG (BASE EQUIVALENT)	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Tetracyclines - Antibiotics	SEYSARA TAB 150MG	SARECYCLINE HCL TAB 150 MG (BASE EQUIVALENT)	Tier 3			X	
Tetracyclines - Antibiotics	SEYSARA TAB 60MG	SARECYCLINE HCL TAB 60 MG (BASE EQUIVALENT)	Tier 3			X	
Tetracyclines - Antibiotics	SOLODYN TAB 105MG	MINOCYCLINE HCL TAB ER 24HR 105 MG	Tier 3				
Tetracyclines - Antibiotics	SOLODYN TAB 115MG	MINOCYCLINE HCL TAB ER 24HR 115 MG	Tier 3				
Tetracyclines - Antibiotics	SOLODYN TAB 55MG	MINOCYCLINE HCL TAB ER 24HR 55 MG	Tier 3				
Tetracyclines - Antibiotics	SOLODYN TAB 65MG	MINOCYCLINE HCL TAB ER 24HR 65 MG	Tier 3				
Tetracyclines - Antibiotics	SOLODYN TAB 80MG	MINOCYCLINE HCL TAB ER 24HR 80 MG	Tier 3				
Tetracyclines - Antibiotics	TARGADOX TAB 50MG	DOXYCYCLINE HYCLATE TAB 50 MG	Tier 3			X	
Tetracyclines - Antibiotics	TETRACYCLINE CAP 250MG	TETRACYCLINE HCL CAP 250 MG	Tier 1				
Tetracyclines - Antibiotics	TETRACYCLINE CAP 500MG	TETRACYCLINE HCL CAP 500 MG	Tier 1				
Tetracyclines - Antibiotics	TETRACYCLINE TAB 250MG	TETRACYCLINE HCL TAB 250 MG	Tier 3			X	
Tetracyclines - Antibiotics	TETRACYCLINE TAB 500MG	TETRACYCLINE HCL TAB 500 MG	Tier 3			X	
Tetracyclines - Antibiotics	VIBRAMYCIN CAP 100MG	DOXYCYCLINE HYCLATE CAP 100 MG	Tier 3				
Tetracyclines - Antibiotics	VIBRAMYCIN SUS 25MG/5ML	DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML	Tier 3				
Tetracyclines - Antibiotics	XIMINO CAP 135MG ER	MINOCYCLINE HCL CAP ER 24HR 135 MG (BASE EQUIVALENT)	Tier 3				
Tetracyclines - Antibiotics	XIMINO CAP 45MG ER	MINOCYCLINE HCL CAP ER 24HR 45 MG (BASE EQUIVALENT)	Tier 3				
Tetracyclines - Antibiotics	XIMINO CAP 90MG ER	MINOCYCLINE HCL CAP ER 24HR 90 MG (BASE EQUIVALENT)	Tier 3				
Treatment Adjuncts - Supportive Chemotherapy Drugs	MESNA TAB 400MG	MESNA TAB 400 MG	Tier 1				X
Treatment Adjuncts - Supportive Chemotherapy Drugs	MESNEX TAB 400MG	MESNA TAB 400 MG	Tier 3				X
Treatment-Resistant - Mood Disorder Drugs	CLOZAPINE TAB 100MG	CLOZAPINE TAB 100 MG	Tier 1				
Treatment-Resistant - Mood Disorder Drugs	CLOZAPINE TAB 200MG	CLOZAPINE TAB 200 MG	Tier 1				
Treatment-Resistant - Mood Disorder Drugs	CLOZAPINE TAB 25MG	CLOZAPINE TAB 25 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Treatment-Resistant - Mood Disorder Drugs	CLOZAPINE TAB 50MG	CLOZAPINE TAB 50 MG	Tier 1				
Treatment-Resistant - Mood Disorder Drugs	CLOZARIL TAB 100MG	CLOZAPINE TAB 100 MG	Tier 3				
Treatment-Resistant - Mood Disorder Drugs	CLOZARIL TAB 200MG	CLOZAPINE TAB 200 MG	Tier 3				
Treatment-Resistant - Mood Disorder Drugs	CLOZARIL TAB 25MG	CLOZAPINE TAB 25 MG	Tier 3				
Treatment-Resistant - Mood Disorder Drugs	CLOZARIL TAB 50MG	CLOZAPINE TAB 50 MG	Tier 3				
Tricyclics - Antidepressants	AMITRIPTYLIN TAB 100MG	AMITRIPTYLINE HCL TAB 100 MG	Tier 1				
Tricyclics - Antidepressants	AMITRIPTYLIN TAB 10MG	AMITRIPTYLINE HCL TAB 10 MG	Tier 1				
Tricyclics - Antidepressants	AMITRIPTYLIN TAB 150MG	AMITRIPTYLINE HCL TAB 150 MG	Tier 1				
Tricyclics - Antidepressants	AMITRIPTYLIN TAB 25MG	AMITRIPTYLINE HCL TAB 25 MG	Tier 1				
Tricyclics - Antidepressants	AMITRIPTYLIN TAB 50MG	AMITRIPTYLINE HCL TAB 50 MG	Tier 1				
Tricyclics - Antidepressants	AMITRIPTYLIN TAB 75MG	AMITRIPTYLINE HCL TAB 75 MG	Tier 1				
Tricyclics - Antidepressants	AMOXAPINE TAB 100MG	AMOXAPINE TAB 100 MG	Tier 1				
Tricyclics - Antidepressants	AMOXAPINE TAB 150MG	AMOXAPINE TAB 150 MG	Tier 1				
Tricyclics - Antidepressants	AMOXAPINE TAB 25MG	AMOXAPINE TAB 25 MG	Tier 1				
Tricyclics - Antidepressants	AMOXAPINE TAB 50MG	AMOXAPINE TAB 50 MG	Tier 1				
Tricyclics - Antidepressants	ANAFRANIL CAP 25MG	CLOMIPRAMINE HCL CAP 25 MG	Tier 3			X	
Tricyclics - Antidepressants	ANAFRANIL CAP 50MG	CLOMIPRAMINE HCL CAP 50 MG	Tier 3			X	
Tricyclics - Antidepressants	ANAFRANIL CAP 75MG	CLOMIPRAMINE HCL CAP 75 MG	Tier 3			X	
Tricyclics - Antidepressants	CDP/AMITRIP TAB 10-25MG	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 10-25 MG	Tier 1				
Tricyclics - Antidepressants	CDP/AMITRIP TAB 5-12.5MG	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 5-12.5 MG	Tier 1				
Tricyclics - Antidepressants	CLOMIPRAMINE CAP 25MG	CLOMIPRAMINE HCL CAP 25 MG	Tier 1				
Tricyclics - Antidepressants	CLOMIPRAMINE CAP 50MG	CLOMIPRAMINE HCL CAP 50 MG	Tier 1				
Tricyclics - Antidepressants	CLOMIPRAMINE CAP 75MG	CLOMIPRAMINE HCL CAP 75 MG	Tier 1				
Tricyclics - Antidepressants	DESIPRAMINE TAB 100MG	DESIPRAMINE HCL TAB 100 MG	Tier 1				
Tricyclics - Antidepressants	DESIPRAMINE TAB 10MG	DESIPRAMINE HCL TAB 10 MG	Tier 1				
Tricyclics - Antidepressants	DESIPRAMINE TAB 150MG	DESIPRAMINE HCL TAB 150 MG	Tier 1				
Tricyclics - Antidepressants	DESIPRAMINE TAB 25MG	DESIPRAMINE HCL TAB 25 MG	Tier 1				
Tricyclics - Antidepressants	DESIPRAMINE TAB 50MG	DESIPRAMINE HCL TAB 50 MG	Tier 1				
Tricyclics - Antidepressants	DESIPRAMINE TAB 75MG	DESIPRAMINE HCL TAB 75 MG	Tier 1				
Tricyclics - Antidepressants	DOXEPIN HCL CAP 100MG	DOXEPIN HCL CAP 100 MG	Tier 1				
Tricyclics - Antidepressants	DOXEPIN HCL CAP 10MG	DOXEPIN HCL CAP 10 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Tricyclics - Antidepressants	DOXEPIN HCL CAP 150MG	DOXEPIN HCL CAP 150 MG	Tier 1				
Tricyclics - Antidepressants	DOXEPIN HCL CAP 25MG	DOXEPIN HCL CAP 25 MG	Tier 1				
Tricyclics - Antidepressants	DOXEPIN HCL CAP 50MG	DOXEPIN HCL CAP 50 MG	Tier 1				
Tricyclics - Antidepressants	DOXEPIN HCL CAP 75MG	DOXEPIN HCL CAP 75 MG	Tier 1				
Tricyclics - Antidepressants	DOXEPIN HCL CON 10MG/ML	DOXEPIN HCL CONC 10 MG/ML	Tier 1				
Tricyclics - Antidepressants	IMIPRAM HCL TAB 10MG	IMIPRAMINE HCL TAB 10 MG	Tier 1				
Tricyclics - Antidepressants	IMIPRAM HCL TAB 25MG	IMIPRAMINE HCL TAB 25 MG	Tier 1				
Tricyclics - Antidepressants	IMIPRAM HCL TAB 50MG	IMIPRAMINE HCL TAB 50 MG	Tier 1				
Tricyclics - Antidepressants	IMIPRAM PAM CAP 100MG	IMIPRAMINE PAMOATE CAP 100 MG	Tier 1				
Tricyclics - Antidepressants	IMIPRAM PAM CAP 125MG	IMIPRAMINE PAMOATE CAP 125 MG	Tier 1				
Tricyclics - Antidepressants	IMIPRAM PAM CAP 150MG	IMIPRAMINE PAMOATE CAP 150 MG	Tier 1				
Tricyclics - Antidepressants	IMIPRAM PAM CAP 75MG	IMIPRAMINE PAMOATE CAP 75 MG	Tier 1				
Tricyclics - Antidepressants	NORPRAMIN TAB 10MG	DESIPRAMINE HCL TAB 10 MG	Tier 3				
Tricyclics - Antidepressants	NORPRAMIN TAB 25MG	DESIPRAMINE HCL TAB 25 MG	Tier 3				
Tricyclics - Antidepressants	NORTRIPTYLIN CAP 10MG	NORTRIPTYLINE HCL CAP 10 MG	Tier 1				
Tricyclics - Antidepressants	NORTRIPTYLIN CAP 25MG	NORTRIPTYLINE HCL CAP 25 MG	Tier 1				
Tricyclics - Antidepressants	NORTRIPTYLIN CAP 50MG	NORTRIPTYLINE HCL CAP 50 MG	Tier 1				
Tricyclics - Antidepressants	NORTRIPTYLIN CAP 75MG	NORTRIPTYLINE HCL CAP 75 MG	Tier 1				
Tricyclics - Antidepressants	NORTRIPTYLIN SOL 10MG/5ML	NORTRIPTYLINE HCL SOLN 10 MG/5ML	Tier 1				
Tricyclics - Antidepressants	PAMELOR CAP 10MG	NORTRIPTYLINE HCL CAP 10 MG	Tier 3			X	
Tricyclics - Antidepressants	PAMELOR CAP 25MG	NORTRIPTYLINE HCL CAP 25 MG	Tier 3			X	
Tricyclics - Antidepressants	PAMELOR CAP 50MG	NORTRIPTYLINE HCL CAP 50 MG	Tier 3			X	
Tricyclics - Antidepressants	PAMELOR CAP 75MG	NORTRIPTYLINE HCL CAP 75 MG	Tier 3			X	
Tricyclics - Antidepressants	PERPHEN/AMIT TAB 2-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-10 MG	Tier 1				
Tricyclics - Antidepressants	PERPHEN/AMIT TAB 2-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-25 MG	Tier 1				
Tricyclics - Antidepressants	PERPHEN/AMIT TAB 4-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-10 MG	Tier 1				
Tricyclics - Antidepressants	PERPHEN/AMIT TAB 4-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-25 MG	Tier 1				
Tricyclics - Antidepressants	PERPHEN/AMIT TAB 4-50MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-50 MG	Tier 1				
Tricyclics - Antidepressants	PROTRIPTYLIN TAB 10MG	PROTRIPTYLINE HCL TAB 10 MG	Tier 1				
Tricyclics - Antidepressants	PROTRIPTYLIN TAB 5MG	PROTRIPTYLINE HCL TAB 5 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Tricyclics - Antidepressants	TRIMIPRAMINE CAP 100MG	TRIMIPRAMINE MALEATE CAP 100 MG	Tier 1				
Tricyclics - Antidepressants	TRIMIPRAMINE CAP 25MG	TRIMIPRAMINE MALEATE CAP 25 MG	Tier 1				
Tricyclics - Antidepressants	TRIMIPRAMINE CAP 50MG	TRIMIPRAMINE MALEATE CAP 50 MG	Tier 1				
Vaccines	ABRYSVO INJ	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML	HCR				
Vaccines	ABRYSVO INJ 120MCG	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML	HCR				
Vaccines	ACTHIB INJ	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ	HCR				
Vaccines	ADACEL INJ	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2-15.5 LF-LF-MCG/0.5ML	HCR				
Vaccines	AFLURIA INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	HCR				
Vaccines	AFLURIA INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT IM SUSP	HCR				
Vaccines	AREXVY INJ 120MCG	RSVPREF3 VACCINE RECOMB ADJUVANTED FOR IM SUSP 120 MCG/0.5ML	HCR				
Vaccines	BEXSERO INJ	MENINGOCOCCAL VAC B (RECOMB OMV ADJUV) INJ PREFILLED SYRINGE	HCR				
Vaccines	BOOSTRIX INJ	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2.5-18.5 LF-LF-MCG/0.5ML	HCR				
Vaccines	BOOSTRIX INJ	TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2.5-18.5 LF-MCG/0.5ML	HCR				
Vaccines	CAPVAXIVE INJ 0.5ML	PNEUMOCOCCAL 21-VALENT CONJUGATE VACCINE SOLN PREF SYR 0.5ML	HCR				
Vaccines	COMIRNATY INJ 2024-25	COVID-19 MRNA VAC TRIS-PFIZER IM SUSP PREF SYR 30 MCG/0.3ML	HCR				
Vaccines	DAPTACEL INJ	DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-23 MCG-5 LF/0.5ML	HCR				
Vaccines	DENGVAXIA SUS	DENGUE VIRUS VACCINE LIVE TETRAVALENT FOR SUBCUTANEOUS SUSP	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vaccines	ENGERIX-B INJ 10/0.5ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/0.5ML	HCR				
Vaccines	ENGERIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 20 MCG/ML	HCR				
Vaccines	ENGERIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 20 MCG/ML	HCR				
Vaccines	FLUAD INJ 2024-25	INFLUENZA VAC TYPE A&B SURFACE ANT ADJ SUSP PREF SYR 0.5 ML	HCR				
Vaccines	FLUARIX INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	HCR				
Vaccines	FLUCELVAX INJ 2024-25	INFLUENZA VIRUS VAC TISS-CULT SUBUNIT SUSP PREF SYR 0.5 ML	HCR				
Vaccines	FLULAVAL INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	HCR				
Vaccines	FLUMIST NASA LIQ 2024-25	INFLUENZA VIRUS VACCINE LIVE INTRANASAL LIQUID	HCR				
Vaccines	FLUZONE INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	HCR				
Vaccines	FLUZONE INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT IM SUSP	HCR				
Vaccines	FLUZONE HD INJ 2024-25	INFLUENZA VIRUS VAC SPLIT HIGH-DOSE PF SUSP PREF SYR 0.5ML	HCR				
Vaccines	GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP	HCR				
Vaccines	GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR	HCR				
Vaccines	HAVRIX INJ 1440UNIT	HEPATITIS A VACCINE INJ SUSP 1440 EL UNIT/ML	HCR				
Vaccines	HAVRIX INJ 720UNIT	HEPATITIS A VACCINE SUSP PREFILLED SYR 720 EL UNIT/0.5ML	HCR				
Vaccines	HEPLISAV-B INJ 20/0.5ML	HEPATITIS B VACCINE RECOMB ADJUVANTED PREF SYR 20 MCG/0.5ML	HCR				
Vaccines	HIBERIX SOL 10MCG	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VAC FOR INJ 10 MCG	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vaccines	INFANRIX INJ	DIPH, ACELLULAR PERT & TET TOX INJ 25 LF-58 MCG-10 LF/0.5ML	HCR				
Vaccines	IPOL INJ INACTIVE	POLIOVIRUS VACCINE, IPV INJECTION	HCR				
Vaccines	MENQUADFI INJ	MENINGOCOCCAL (A, C, Y, AND W-135) TETANUS CONJUGATE VACCINE	HCR				
Vaccines	MENVEO INJ	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC FOR INJ	HCR				
Vaccines	MENVEO SOL	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC IM SOLN	HCR			X	
Vaccines	M-M-R II INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR INJ SOLN	HCR				
Vaccines	MODERNA INJ 2024-25	COVID-19 MRNA VAC 6MO-11YR-MODERNA IM SUSP PFS 25 MCG/0.25ML	HCR				
Vaccines	PEDIARIX INJ 0.5ML	DIPH-TET TOX-ACELL PERT-HEP B-POLIO IPV VAC SUSP PREF SYR	HCR				
Vaccines	PEDVAX HIB INJ	HAEMOPHILUS B POLYSACCHARIDE CONJ VAC IM SUSP 7.5 MCG/0.5 ML	HCR				
Vaccines	PENBRAYA INJ	MENINGOCOCCAL ACYW (TET CONJ)-MENING B (RCMB) VACC FOR INJ	HCR				
Vaccines	PENTACEL INJ	DIPH-AC PER-TET TOX AD-POLIOV-HAEMOPH B POLY VAC FOR IM SUSP	HCR				
Vaccines	PFIZER 5-11Y INJ 2024-25	COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG/0.3ML	HCR				
Vaccines	PFIZER 6M-4Y INJ 2024-25	COVID-19 MRNA VAC TRIS-S 6MO-4Y-PFIZER IM SUSP 3 MCG/0.3ML	HCR				
Vaccines	PNEUMOVAX 23 INJ 25/0.5	PNEUMOCOCCAL VACCINE POLYVALENT SOLN PREF SYR 25 MCG/0.5ML	HCR				
Vaccines	PNEUMOVAX 23 INJ 25/0.5	PNEUMOCOCCAL VACCINE POLYVALENT INJ SOLN 25 MCG/0.5ML	HCR				
Vaccines	PREHEVBRIO SUS 10MCG/ML	HEPATITIS B VACCINE 3-ANTIGEN (RECOMBINANT) SUSP 10 MCG/ML	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vaccines	PREVNAR 20 INJ	PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	HCR				
Vaccines	PRIORIX INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR SUBCUTANEOUS SUSP	HCR				
Vaccines	PROQUAD INJ	MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR SUSP	HCR				
Vaccines	QUADRACEL INJ	DIPH-TETANUS TOX AD-ACELL PERT & POLIO VIRUS, IPV VAC INJ	HCR				
Vaccines	QUADRACEL INJ 0.5ML	DIPH-TETANUS TOX AD-ACELL PERT & POLIO VIRUS, IPV VAC INJ	HCR				
Vaccines	RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/ML	HCR				
Vaccines	RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG/ML	HCR				
Vaccines	RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 5 MCG/0.5ML	HCR				
Vaccines	RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP 5 MCG/0.5ML	HCR				
Vaccines	RECOMBIVA-HB INJ 40MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG/ML	HCR				
Vaccines	ROTARIX SUS	ROTAVIRUS VACCINE, LIVE ORAL SUSP	HCR				
Vaccines	ROTARIX SUS	ROTAVIRUS VACCINE, LIVE FOR ORAL SUSP	HCR				
Vaccines	ROTATEQ SOL	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN	HCR				
Vaccines	SHINGRIX INJ 50/0.5ML	ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG/0.5ML	HCR				
Vaccines	SPIKEVAX INJ 2024-25	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 50 MCG/0.5ML	HCR				
Vaccines	TDVAX INJ 2-2 LF	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 2-2 LF/0.5ML	HCR				
Vaccines	TENIVAC INJ 5-2LF	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 5-2 LFU	HCR				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vaccines	TRUMENBA INJ	MENINGOCOCCAL GROUP B VAC (RECOMB) IM SUSP PREFILLED SYR	HCR				
Vaccines	TWINRIX INJ	HEP A-HEP B VACCINE SUSP PREF SYR 720-20 ELU-MCG/ML	HCR				
Vaccines	VAQTA INJ 25/0.5ML	HEPATITIS A VACCINE INJ SUSP 25 UNIT/0.5ML	HCR				
Vaccines	VAQTA INJ 50UNT/ML	HEPATITIS A VACCINE INJ SUSP 50 UNIT/ML	HCR				
Vaccines	VARIVAX INJ	VARICELLA VIRUS VAC LIVE FOR INJ 1350 PFU/0.5ML	HCR				
Vaccines	VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEPATITIS B RECMB SUSP	HCR				
Vaccines	VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEP B REC SUSP PRE SYR	HCR				
Vaccines	VAXNEUVANCE INJ	PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	HCR				
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	HYDRALAZINE TAB 100MG	HYDRALAZINE HCL TAB 100 MG	Tier 1				
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	HYDRALAZINE TAB 10MG	HYDRALAZINE HCL TAB 10 MG	Tier 1				
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	HYDRALAZINE TAB 25MG	HYDRALAZINE HCL TAB 25 MG	Tier 1				
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	HYDRALAZINE TAB 50MG	HYDRALAZINE HCL TAB 50 MG	Tier 1				
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	MINOXIDIL TAB 10MG	MINOXIDIL TAB 10 MG	Tier 1				
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	MINOXIDIL TAB 2.5MG	MINOXIDIL TAB 2.5 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	GONITRO POW 400MCG	NITROGLYCERIN SUBLINGUAL POWDER PACKET 400 MCG	Tier 3				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISORDIL TAB 40MG	ISOSORBIDE DINITRATE TAB 40 MG	Tier 3			X	
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISORDIL TAB 5MG	ISOSORBIDE DINITRATE TAB 5 MG	Tier 3			X	
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISOSORB DIN TAB 10MG	ISOSORBIDE DINITRATE TAB 10 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISOSORB DIN TAB 20MG	ISOSORBIDE DINITRATE TAB 20 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISOSORB DIN TAB 30MG	ISOSORBIDE DINITRATE TAB 30 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISOSORB DIN TAB 40MG	ISOSORBIDE DINITRATE TAB 40 MG	Tier 1			X	
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISOSORB DIN TAB 5MG	ISOSORBIDE DINITRATE TAB 5 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISOSORB MONO TAB 10MG	ISOSORBIDE MONONITRATE TAB 10 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISOSORB MONO TAB 120MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISOSORB MONO TAB 20MG	ISOSORBIDE MONONITRATE TAB 20 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISOSORB MONO TAB 30MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 30 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	ISOSORB MONO TAB 60MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITRO-BID OIN 2%	NITROGLYCERIN OINT 2%	Tier 2				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITRO-DUR DIS 0.1MG/HR	NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR	Tier 3				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITRO-DUR DIS 0.2MG/HR	NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR	Tier 3				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITRO-DUR DIS 0.3MG/HR	NITROGLYCERIN TD PATCH 24HR 0.3 MG/HR	Tier 3				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITRO-DUR DIS 0.4MG/HR	NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR	Tier 3				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITRO-DUR DIS 0.6MG/HR	NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR	Tier 3				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITRO-DUR DIS 0.8MG/HR	NITROGLYCERIN TD PATCH 24HR 0.8 MG/HR	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROGLYCER DIS 0.1MG/HR	NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROGLYCER DIS 0.2MG/HR	NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROGLYCER DIS 0.4MG/HR	NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROGLYCER DIS 0.6MG/HR	NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROGLYCERI OIN 0.4%	NITROGLYCERIN OINT 0.4%	Tier 1		X		
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROGLYCERI SUB 0.6MG	NITROGLYCERIN SL TAB 0.6 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROGLYCERN SUB 0.3MG	NITROGLYCERIN SL TAB 0.3 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROGLYCERN SUB 0.4MG	NITROGLYCERIN SL TAB 0.4 MG	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROGLYCRN SPR 400MCG	NITROGLYCERIN TL SOLN 0.4 MG/SPRAY (400 MCG/SPRAY)	Tier 1				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROLINGUAL SPR 400MCG	NITROGLYCERIN TL SOLN 0.4 MG/SPRAY (400 MCG/SPRAY)	Tier 3			X	
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROSTAT SUB 0.3MG	NITROGLYCERIN SL TAB 0.3 MG	Tier 3				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROSTAT SUB 0.4MG	NITROGLYCERIN SL TAB 0.4 MG	Tier 3				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITROSTAT SUB 0.6MG	NITROGLYCERIN SL TAB 0.6 MG	Tier 3				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITRO-TIME CAP 2.5MG ER	NITROGLYCERIN CAP ER 2.5 MG	Tier 3				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITRO-TIME CAP 6.5MG ER	NITROGLYCERIN CAP ER 6.5 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	NITRO-TIME CAP 9MG ER	NITROGLYCERIN CAP ER 9 MG	Tier 3				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	RECTIV OIN 0.4%	NITROGLYCERIN OINT 0.4%	Tier 3		X		
Vitamins	3232A INFANT POW FORMULA	NUTRITIONAL SUPPLEMENT POWDER	Tier 1				
Vitamins	3232A INFANT POW FORMULA	NUTRITIONAL SUPPLEMENT POWDER	Tier 1	X			
Vitamins	ASCORBIC ACD GRA	ASCORBIC ACID (BULK) GRANULES	Tier 3	X			
Vitamins	ASCORBIC ACD POW	ASCORBIC ACID (BULK) POWDER	Tier 3	X			
Vitamins	ASCORBIC ACD POW CASSAVE	ASCORBIC ACID (BULK) POWDER	Tier 3	X			
Vitamins	ATABEX OB TAB 29-1MG	PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FA TAB 29-1 MG	Tier 3				
Vitamins	AZESCO TAB 13-1MG	PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG	Tier 3			X	
Vitamins	BCAD 1 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	BCAD 2 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	BLENDED MEAL MIS PEDIATRI	NUTRITIONAL SUPPLEMENT MISC	Tier 3	X			
Vitamins	BLENDED MEAL MIS PEDIATRI	NUTRITIONAL SUPPLEMENT MISC	Tier 3				
Vitamins	CHICKEN/PEAS POW CARROTS	NUTRITIONAL SUPPLEMENT POWDER	Tier 1				
Vitamins	CHICKEN/PEAS POW PEDIATRI	NUTRITIONAL SUPPLEMENT POWDER	Tier 1				
Vitamins	CITRANATAL CAP HARMONY	PRENAT W/O A W/FE FUM-FE CBN-DSS-FA-DHA CAP 27-1-260 MG	Tier 3				
Vitamins	CITRANATAL CAP MEDLEY	PRENAT W/O A W/FE FUM-FE CBN-FA-DHA CAP 27-1-200 MG	Tier 3				
Vitamins	CITRANATAL MIS 90 DHA	PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB 90 &DHA CAP 300MG PAK	Tier 3				
Vitamins	CITRANATAL MIS B-CALM	PRENAT W/O A W/FECBN-FEGLU-FA TAB 20-1 MG & VIT B6 TAB PAK	Tier 3				
Vitamins	CITRANATAL PAK ASSURE	PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB & DHA CAP 300 MG PACK	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vitamins	CITRANATAL PAK DHA	PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB & DHA CAP 250 MG PACK	Tier 3				
Vitamins	CITRANATAL TAB BLOOM	PRENATAL VIT W/ DSS-FE CBN-FE GLUC-FA TAB 90-1 MG	Tier 3				
Vitamins	C-NATE DHA CAP 28-1-200	PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG	Tier 3				
Vitamins	COD LIVER CAP OIL	COD LIVER OIL CAP	Tier 1				
Vitamins	COMPLETE NAT PAK DHA	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK	Tier 2				
Vitamins	COMPLETENATE CHW	PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	Tier 3				
Vitamins	COMPLEX ESSE POW MSD	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	CO-NATAL FA TAB 29-1MG	PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG	Tier 2				
Vitamins	CONCEPT DHA CAP	PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG	Tier 3				
Vitamins	CONCEPT OB CAP	PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 130-92.4-1 MG	Tier 3				
Vitamins	CYANOCOBALAM INJ 10000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 1				
Vitamins	CYANOCOBALAM INJ 1000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 1				
Vitamins	CYANOCOBALAM INJ 30000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 1				
Vitamins	CYANOCOBALAM SPR 500MCG	CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML	Tier 1				
Vitamins	DAVIMET/FLUO CHW 0.75MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.75 MG	Tier 3				
Vitamins	DERMACINRX TAB PRETRATE	PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG	Tier 3			X	
Vitamins	DODEX INJ	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 3				
Vitamins	DRISDOL CAP 50000UNT	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 3				
Vitamins	DUET DHA MIS BALANCED	PRENAT W/FE POLY-NA FERED-FA TAB 25-1 & OMEGA CAP 267 MG	Tier 3				
Vitamins	DUET DHA 400 MIS 25-1-400	PRENAT W/FE POLY-NA FERED-FA TAB 25-1 & OMEGA CAP 400 MG	Tier 3				
Vitamins	ELITE-OB TAB	PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vitamins	ENBRACE HR CAP	PRENATAL VIT W/ FE GLY CYS-FA-OMEGA 3 FATTY ACIDS CAP	Tier 3				
Vitamins	ENCALA POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	ENSURE ORIGN POW VANILLA	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	ENU PRO3 POW PLUS	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	EQUACARE JR POW CHOCOLA	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	EQUACARE JR POW UNFLAVO	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	EQUACARE JR POW VANILLA	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	ESSENTIAL POW CARE JR	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	FA-8 CAP 800MCG	FOLIC ACID CAP 0.8 MG	HCR				
Vitamins	FLORAFOL CHW 0.5MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG	Tier 3				
Vitamins	FLORAFOL FE SOL PEDIATRC	PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-7 MG/ML	Tier 3			X	
Vitamins	FLORAFOL PED CHW 1MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	Tier 3				
Vitamins	FLORAFOL PED SOL 0.25/ML	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML	Tier 3				
Vitamins	FLORIVA DRO PLUS	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML	Tier 3				
Vitamins	FLOTREX CHW 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	Tier 3				
Vitamins	FLOTREX CHW 0.5MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG	Tier 3				
Vitamins	FOLIC ACID TAB 1000MCG	FOLIC ACID TAB 1 MG	Tier 1				
Vitamins	FOLIC ACID TAB 1MG	FOLIC ACID TAB 1 MG	Tier 1				
Vitamins	FOLIC ACID TAB 400MCG	FOLIC ACID TAB 400 MCG	HCR				
Vitamins	FOLIC ACID TAB 800MCG	FOLIC ACID TAB 800 MCG	HCR				
Vitamins	FOLIVANE-OB CAP	PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 85-1 MG	Tier 3				
Vitamins	FT FOLIC ACI TAB 400MCG	FOLIC ACID TAB 400 MCG	HCR				
Vitamins	GA POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	GLYTACTIN POW BETTRMLK	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vitamins	HCY 1 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	HCY 2 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	JENLIVA CAP	PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA CAP 1 MG	Tier 3			X	
Vitamins	KALE/QUINOA POW BERRIES	NUTRITIONAL SUPPLEMENT POWDER	Tier 1				
Vitamins	KALE/QUINOA POW PEDIATRI	NUTRITIONAL SUPPLEMENT POWDER	Tier 1				
Vitamins	KOSHR PRENAT TAB 30-1MG	PRENATAL VIT W/ IRON CARBONYL-FA TAB 30-1 MG	Tier 1				
Vitamins	LIPISTART POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	LMD POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	MALTOCARB POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	MATERNACEL TAB	PRENAT VIT W/FE BISGLYC CHELATE-FA TAB 20-1MG (1.7MG DFE)	Tier 3			X	
Vitamins	METANX FC CAP	L-METHYLFOLATE W/ VIT B6-VIT B12 CAP 3-35-2 MG	Tier 3				
Vitamins	METHIONINE CAP 200MG	NUTRITIONAL SUPPLEMENT CAPS	Tier 3	X			
Vitamins	M-NATAL PLUS TAB	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
Vitamins	MULTI VIT/FL CHW 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	Tier 1				
Vitamins	MULTIVIT/FL CHW 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	Tier 1				
Vitamins	MULTIVIT/FL CHW 0.5MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG	Tier 1				
Vitamins	MULTIVIT/FL CHW 1MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	Tier 1				
Vitamins	MULTIVIT/FL DRO 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML	Tier 1				
Vitamins	MULTIVIT/FL DRO 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML	Tier 3				
Vitamins	MULTI-VIT/FL DRO /FE 0.25	PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML	Tier 1				
Vitamins	MULTI-VIT/FL DRO 0.5MG/ML	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML	Tier 1				
Vitamins	MULTI-VIT-FL CHW 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vitamins	MULTI-VIT-FL CHW 0.5MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG	Tier 3				
Vitamins	MULTI-VIT-FL CHW 1MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	Tier 3				
Vitamins	NASCOBAL SPR 500MCG	CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML	Tier 3				
Vitamins	NATACHEW CHW	PRENATAL VIT W/ FE FUM-FE BISGLYCIN-FA CHEW TAB 28-1 MG	Tier 3				
Vitamins	NATAL PNV TAB	PRENATAL VIT W/ FE GLUCONATE-FA TAB 6-0.5 MG	Tier 3				
Vitamins	NEEVO DHA CAP 27-1.13	PRENAT W/O A W/FEFUM-METHYLFOL-OMEGAS CAP 27-1.13 MG	Tier 3				
Vitamins	NEOCATE INFT POW DHA/ARA	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	NEOCATE SYNE POW JUNIOR	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	NEONATAL TAB COMPLETE	PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG	Tier 3				
Vitamins	NEONATAL TAB COMPLTE	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
Vitamins	NEONATAL TAB PLUS	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
Vitamins	NEONATAL 19 TAB	PRENATAL VITAMIN-FOLIC ACID TAB 1 MG	Tier 3				
Vitamins	NEONATAL PLS TAB 27-1MG	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
Vitamins	NEONATAL/DHA MIS	PRENATAL MV W/FE FUM-FA TAB 29-1 MG & DHA CAP 200 MG PACK	Tier 3				
Vitamins	NEO-VITAL RX TAB	PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG	Tier 3				
Vitamins	NESTABS TAB	PRENATAL VIT W/O VIT A W/ FE BISGLYCINATE-FA TAB 32-1 MG	Tier 3				
Vitamins	NESTABS DHA PAK	PRENAT W/O A W/ FE BISGLYC-FA TAB 32-1 MG & OMEGA CAP PACK	Tier 3				
Vitamins	NESTABS ONE CAP	PRENAT W/O A W/FECBN-BISG-METHYLF-DHA CAP 38-1-225 MG	Tier 3				
Vitamins	NIVA-PLUS TAB	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
Vitamins	OA 1 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	OA 2 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vitamins	OB COMPLETE CAP ONE	PRENATAL W/O A W/FECBN-FE ASP GLYC-FA-FISH CAP 50-1-476 MG	Tier 3				
Vitamins	OB COMPLETE CAP PETITE	PRENAT W/O A W/FECBN-FEASPGLYC-FA-OMEGA CAP 35-5-1-200 MG	Tier 3				
Vitamins	OB COMPLETE TAB	PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG	Tier 3				
Vitamins	OB COMPLETE TAB PREMIER	PRENATAL VIT W/ FE CBN-FE ASP GLYC-FA TAB 30-20-1 MG	Tier 3				
Vitamins	OB COMPLETE/ CAP DHA	PRENAT W/ IRON CBN-FE ASP GLYC-FA-OMEGA CAP 30-10-1-200 MG	Tier 3				
Vitamins	OBSTETRX ONE CAP 38-1-225	PRENAT W/O A W/FECBN-BISG-METHYLF-DSS-DHA CAP 38-1-225 MG	Tier 3				
Vitamins	ONE VITE TAB 1MG PLUS	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
Vitamins	PFD 2 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PFD TODDLER POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	PFD TODDLER POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PHENYLADE POW ESSNTL	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PHENYLADE POW GMP	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PHENYLADE60 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PHENYLADE60 POW DRNK MIX	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PHENYLD GMP POW DHA/FIBR	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PHENYL-FREE POW 2	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PHENYL-FREE POW 2HP	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PHYTONADIONE TAB 5MG	PHYTONADIONE TAB 5 MG	Tier 1				
Vitamins	PKU EASY POW SHAKE&GO	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PKU START POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PKU TRIO POW UNFLAVOR	NUTRITIONAL SUPPLEMENT POWDER	Tier 1	X			

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vitamins	PKU TRIO POW VANILLA	NUTRITIONAL SUPPLEMENT POWDER	Tier 1	X			
Vitamins	PNV TAB 20-1 TAB	PRENAT VIT W/FE BISGLYC CHELATE-FA TAB 20-1MG (1.7MG DFE)	Tier 3			X	
Vitamins	PNV-DHA CAP	PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG	Tier 1				
Vitamins	PNV-DHA CAP DOCUSATE	PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 27-1.25-300 MG	Tier 1				
Vitamins	PNV-OMEGA CAP	PRENAT W/O A W/ FE FUMARATE-METHYLFOLATE-FA-OMEGA 3 CAP	Tier 1				
Vitamins	PNV-SELECT TAB	PRENATAL VIT W/ FE FUM-METHYLFOLATE-FA TAB 27-0.6-0.4 MG	Tier 1				
Vitamins	POLY-VI-FLOR CHW 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	Tier 3				
Vitamins	POLY-VI-FLOR CHW 0.5MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG	Tier 3				
Vitamins	POLY-VI-FLOR CHW 1MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	Tier 3				
Vitamins	POLY-VI-FLOR CHW W/ IRON	PEDIATRIC MULTIPLE VITAMINS W/ FL-FE CHEW TAB 0.5-10 MG	Tier 3				
Vitamins	POLY-VI-FLOR SUS /IRON	PEDIATRIC MULTIPLE VITAMIN W/ FL-FE SUSP 0.25-7 MG/ML	Tier 3				
Vitamins	POLY-VI-FLOR SUS 0.25/ ML	PEDIATRIC MULTIPLE VITAMIN W/ FLUORIDE SUSP 0.25 MG/ML	Tier 3				
Vitamins	PORTAGEN POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	PREGEN DHA CAP	PRENATAL MV & MIN W/FE CARBONYL-FA-DHA CAP 28-1-35 MG	Tier 3			X	
Vitamins	PREGENNA TAB	PRENAT VIT W/FE BISGLYC CHELATE-FA TAB 20-1MG (1.7MG DFE)	Tier 3			X	
Vitamins	PREKUNIL TAB	NUTRITIONAL SUPPLEMENT TABS	Tier 3				
Vitamins	PREMESISRX TAB	PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG	Tier 3				
Vitamins	PRENA1 PEARL CAP	PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG	Tier 3				
Vitamins	PRENAISSANCE CAP	PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 29-1.25-325 MG	Tier 2				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vitamins	PRENAISSANCE CAP PLUS	PRENATAL W/O A W/FE CBN-DSS-FA-DHA CAP 28-1-250 MG	Tier 2				
Vitamins	PRENATAL TAB 27-1MG	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 1				
Vitamins	PRENATAL TAB PLUS	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 1				
Vitamins	PRENATAL 19 CHW 29-1MG	PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	Tier 1				
Vitamins	PRENATAL 19 CHW TAB	PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	Tier 1				
Vitamins	PRENATAL 19 TAB 29-1MG	PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG	Tier 1				
Vitamins	PRENATAL PLS MIS MV + DHA	PRENAT W/ FE FUM-FA TAB 27-1 MG & OMEGA 3 CAP 312 MG PAK	Tier 1				
Vitamins	PRENATAL-U CAP 106.5-1	PRENATAL W/O A VIT W/ FE FUMARATE-FA CAP 106.5-1 MG	Tier 2				
Vitamins	PRENATE CAP ENHANCE	PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 28-0.6-0.4-400 MG	Tier 3				
Vitamins	PRENATE CAP ESSENT	PRENAT W/O A W/FEASPG-METHFOL-FA-DHA CAP 18-0.6-0.4-300 MG	Tier 3				
Vitamins	PRENATE CAP PIXIE	PRENAT W/O A W/FEASPG-METHFOL-FA-DHA CAP 10-0.6-0.4-200 MG	Tier 3				
Vitamins	PRENATE CAP RESTORE	PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-400 MG	Tier 3				
Vitamins	PRENATE CHW 0.6-0.4	PRENAT MV & MIN W/ L-METHYLFOLATE-FA CHEW TAB 0.6-0.4 MG	Tier 3				
Vitamins	PRENATE TAB ELITE	PRENATAL W/ FE ASP GLY-L METHYLFOL-FA TAB 20-0.6-0.4 MG	Tier 3				
Vitamins	PRENATE AM TAB 1MG	PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG	Tier 3				
Vitamins	PRENATE DHA CAP	PRENAT W/O A W/FEASPG-METHFOL-FA-DHA CAP 18-0.6-0.4-300 MG	Tier 3				
Vitamins	PRENATE MINI CAP	PRENAT W/OA W/FECB-FEASP-METH-FA-DHA CAP 18-0.6-0.4-350 MG	Tier 3				
Vitamins	PRENATOL-M TAB 27-1.2MG	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1.2 MG	Tier 3			X	
Vitamins	PRENATRIX TAB	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3			X	

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vitamins	PRENATRYL TAB	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3			X	
Vitamins	PRENATVITE TAB COMPLETE	PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG	Tier 3				
Vitamins	PRENATVITE TAB PLUS	PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG	Tier 3				
Vitamins	PRENATVITE TAB RX	PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG	Tier 3				
Vitamins	PRIMACARE CAP	PRENAT W/O A W/FEASP-METHLF-FA-OMEG CAP 30-0.75-0.25-470MG	Tier 3				
Vitamins	PROT COOKIE MIS OATRAISN	NUTRITIONAL SUPPLEMENT MISC	Tier 3				
Vitamins	PROVIDA OB CAP	PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 20-20-1.25 MG	Tier 3				
Vitamins	QUFLORA PED CHW 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	Tier 3				
Vitamins	QUFLORA PED CHW 0.5MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG	Tier 3				
Vitamins	QUFLORA PED CHW 1MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	Tier 3				
Vitamins	QUFLORA PED DRO 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML	Tier 3				
Vitamins	QUFLORA PED DRO 0.5MG/ML	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML	Tier 3				
Vitamins	RELNATE DHA CAP	PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG	Tier 3				
Vitamins	RENASTART POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	SCANDICAL POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	SCANDISHAKE POW VANILLA	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	SELECT-OB CHW	PRENATAL VIT W/ FE POLYSAC CMPLX-FA CHEW TAB 29-1 MG	Tier 3				
Vitamins	SELECT-OB CHW	PRENAT W/ FEPOLYCMPLX-METHYLFOL-FA CHEW TAB 29-0.6-0.4 MG	Tier 3				
Vitamins	SELECT-OB+ PAK DHA	PRENATAL MV W/FE POLY-FA CHW 29-1 MG & DHA CAP 250 MG PAK	Tier 3				
Vitamins	SE-NATAL 19 CHW	PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vitamins	SE-NATAL 19 TAB	PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG	Tier 3				
Vitamins	SM FOLIC ACD TAB 400MCG	FOLIC ACID TAB 400 MCG	HCR				
Vitamins	TARON-C DHA CAP	PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 35-1 MG	Tier 3				
Vitamins	THRIVITE RX TAB 29-1MG	PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG	Tier 3				
Vitamins	TRICARE TAB PRENATAL	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
Vitamins	TRINATAL RX TAB 1	PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG	Tier 3				
Vitamins	TRINATE TAB	PRENATAL VIT W/ FE FUMARATE-FA TAB 28-1 MG	Tier 3				
Vitamins	TRISTART CAP FREE	PRENAT W/O A W/DHA & FECBN-METHYLF-FA CAP 33-1 MG	Tier 3				
Vitamins	TRISTART DHA CAP	PRENAT W/O A W/FECBN-METHYLF-FA-DHA CAP 31-0.6-0.4-200 MG	Tier 3				
Vitamins	TRISTART ONE CAP 35-1-215	PRENAT W/O A W/FECBN-METHYLF-FA-DHA CAP 35-1-215 MG	Tier 3				
Vitamins	TRI-VI-FLOR SUS 0.25/ML	PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.25 MG/ML	Tier 3				
Vitamins	TRI-VI-FLOR SUS 0.5MG/ML	PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.5 MG/ML	Tier 3				
Vitamins	TRI-VI-FLORO SUS 0.25/ML	PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.25 MG/ML	Tier 3				
Vitamins	TRI-VI-FLORO SUS 0.5MG/ML	PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.5 MG/ML	Tier 3				
Vitamins	TRI-VITAMIN SOL 0.25MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML	Tier 3				
Vitamins	TYROS 1 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	TYROS 2 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	UCD TRIO POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 1	X			
Vitamins	VINATE DHA CAP 27-1.13	PRENAT W/O A W/FEFUM-METHYLFOL-OMEGAS CAP 27-1.13 MG	Tier 3				
Vitamins	VIRT-NATE CAP DHA	PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG	Tier 3				
Vitamins	VIRT-PN DHA CAP	PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG	Tier 1				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vitamins	VITAFOL CAP ULTRA	PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 29-0.6-0.4-200 MG	Tier 3				
Vitamins	VITAFOL CHW GUMMIES	PRENAT VIT W/ FE PHOS-FA-OMEGA CHEW TAB 3.33-0.333-34.8 MG	Tier 3				
Vitamins	VITAFOL FE+ CAP	PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 90-0.6-0.4-200 MG	Tier 3				
Vitamins	VITAFOL STRP MIS 1MG	PRENATAL W/ B6-B12-CHOLECALCIFEROL-FOLIC ACID FILM 1 MG	Tier 3				
Vitamins	VITAFOL-NANO TAB	PRENATAL W/O A W/ FEFUM-L METHYLFOL-FA TAB 18-0.6-0.4 MG	Tier 3				
Vitamins	VITAFOL-OB PAK +DHA	PRENATAL MV W/FE FUM-FA TAB 65-1 MG & DHA CAP 250 MG PACK	Tier 3				
Vitamins	VITAFOL-OB TAB 65-1MG	PRENATAL VIT W/ FE FUMARATE-FA TAB 65-1 MG	Tier 3				
Vitamins	VITAFOL-ONE CAP	PRENATAL MV W/ FE POLYSAC CMPLX-FA-DHA CAP 29-1-200 MG	Tier 3				
Vitamins	VITALARA TAB	PRENAT VIT W/FE BISGLYC CHELATE-FA TAB 20-1MG (1.7MG DFE)	Tier 3			X	
Vitamins	VITAMED MD CAP ONE RX	PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 30-0.6-0.4-200 MG	Tier 3				
Vitamins	VITAMIN B12 TAB 100MCG	CYANOCOBALAMIN TAB 100 MCG	Tier 1				
Vitamins	VITAMIN D CAP 1.25MG	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 1				
Vitamins	VITAMIN D CAP 50000	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 1				
Vitamins	VITAMIN D CAP 50000UNT	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 1				
Vitamins	VITAPEARL CAP	PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG	Tier 3				
Vitamins	VITATHELY TAB	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3				
Vitamins	VIVA DHA CAP	PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG	Tier 3				
Vitamins	WESCAP-C DHA CAP	PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG	Tier 3				
Vitamins	WESCAP-PN CAP DHA	PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Therapeutic class	Medication name	Generic medication name	Drug tier*	PA**	Supply limit	Step therapy	Specialty
Vitamins	WESNATAL DHA PAK COMPLETE	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK	Tier 2				
Vitamins	WESNATE DHA CAP	PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG	Tier 3				
Vitamins	WESTAB PLUS TAB 27-1MG	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 3			X	
Vitamins	WESTGEL DHA CAP	PRENAT W/O A W/FECBN-METHYLF-FA-DHA CAP 31-0.6-0.4-200 MG	Tier 3				
Vitamins	WHEAT GERM OIL	WHEAT GERM - OIL	Tier 1				
Vitamins	WND 1 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3	X			
Vitamins	WND 2 POW	NUTRITIONAL SUPPLEMENT POWDER	Tier 3				
Vitamins	ZALVIT TAB 13-1MG	PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG	Tier 3			X	
Vitamins	ZIPHEX TAB 13-1MG	PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG	Tier 3			X	
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs	CYANOCOBAL POW	CYANOCOBALAMIN (BULK) POWDER	Tier 3				
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs	CYANOCOBALAM CRY	CYANOCOBALAMIN (BULK) CRYSTALS	Tier 3				
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs	CYANOCOBALAM SOL 2000MCG	CYANOCOBALAMIN INJ 2000 MCG/ML	Tier 3				

*HCR = HCR Preventive Care
**PA = Prior Authorization

^May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

This page is intentionally left blank.

This page is intentionally left blank.

United
Healthcare
Oxford