



**WELLFLEET**  
RX PLAN

# Student Formulary

**For California plans issued by**

**Wellfleet Group, LLC dba Wellfleet Administrators, LLC**

**This formulary applies to the following plans:**

Full Time Training in Anaheim  
The Master's University and Seminary  
University of Redlands  
Charles Drew University  
Touro University  
Menlo College  
Irvine Valley College  
Saddleback College  
California State University, Los Angeles  
Marymount California University  
Palo Alto University  
American Collegiate, Los Angeles  
University of the Pacific Global

Visit [www.studentinsurance.com](http://www.studentinsurance.com) and search for your school to locate plan-specific coverage documents.

For an electronic version of this document visit: <http://wellfleetrx.com>

To contact customer service please call:

- Wellfleet Rx/ESI (ID Card BIN: 003858): (877) 640-7940

This document represents the efforts of the Remedy-One Pharmacy and Therapeutics (P&T) and Formulary Committees, on behalf of Wellfleet Rx, a pharmacy solution provided by Wellfleet Group, LLC (Wellfleet), in collaboration with Express Scripts (ESI), to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. This is accomplished through the auspices of the P&T Committees with input from Wellfleet and its Student Health Advisory Board. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary. The P&T Committees use the following criteria in the evaluation of drug selection for the Student Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

As used in this document, the terms defined below have the following meanings.

- “Brand name drug” means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.
- “Coinsurance” means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.
- “Copayment” means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.
- “Deductible” means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.
- “Drug Tier” means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.
- “Exception request” means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.
- “Exigent circumstances” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.
- “Formulary” or “prescription drug list” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

- “Generic drug” means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.
- “Medically Necessary” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.
- “Non-formulary drug” means a prescription drug that is not listed on this formulary.
- “Out-of-pocket costs” means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.
- “Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.
- “Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.
- “Prescription drug” means a drug that by law requires a prescription.
- “Prior Authorization” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.
- “Step therapy” means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

### How to Use the Formulary

The Formulary is a list of medications available to Wellfleet Rx members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name (in capital letters) and by therapeutic drug category. *In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only. Brand names usually cost more and are not preferred over generic alternatives.* Any drugs not found in this formulary listing or any formulary updates published by Wellfleet Rx are considered non-formulary drugs and require prior authorization.

All drugs are listed in each category in alphabetical order by brand and generic names according to First Databank Enhanced Therapeutic Classification System. All drugs have a generic name. The generic name for a brand name drug is included after the brand name in parentheses and all lowercase *italicized* letters. If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase letters; and if the generic drug is marketed under a proprietary, trademark-protected brand name, the brand will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized. If a generic equivalent for a brand is not

available on the market or is not covered, the drug will not be separately listed by its generic name. See the table below for an example of this formatting:

Drug	Status	Notes
<b>Hormonal Deficiency</b>		
<b>Androgenic Agents</b>		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) ( <i>testosterone</i> )	Tier 3	PA
<i>testosterone transdermal gel in metered-dose pump</i> (AndroGel) 20.25 mg/1.25 gram (1.62 %)	Tier 1	PA

Some drugs on the formulary have certain process requirements or limitations for coverage. These are denoted by:

Symbol	Name	Description
Age	Age Edit	Drug may not be recommended for some patients based on age.
OCh	Oral Chemotherapy	Drug subject to a maximum cost sharing amount of \$250.
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug.
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
SP	Specialty	Requires your doctor to request prior authorization to support use of this drug. Drugs may need to be filled at a Specialty pharmacy as opposed to retail.
ST	Step Therapy	Coverage may depend on previous use of another drug.
Tier 0	Preventative Medications	Covered with a \$0 copay.

Please note that a drug's presence on the formulary, no matter the tier, does not guarantee that it will be prescribed for any particular medical condition.

**Benefit Coverage and Limitations**

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, or a lack of coverage, which are not reflected in the Formulary. For example, drugs for the treatment of infertility may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

Medications covered under the plan are subject to copay or coinsurance depending on the specific benefit design, type of medication and tier of the medication. Each plan is divided into a 3 Tier copay structure and has a separate copay for Specialty medications. Below is a table divided by plans in the state of California that lists specific copays. Tier 1 medications are preferred formulary generic medications, Tier 2 medications are preferred formulary brand medications and high cost generics, and Tier 3 medications are non-preferred formulary brand and generic as well as excluded.

The Patient Protection and Affordable Care Act (PPACA), commonly known as health care reform, was signed into federal law in 2010. The PPACA established a package of items and services known as essential health benefits, which includes preventative services and medications. As of 2014, certain health plans are required to cover recommended preventative services and medications without charging a copayment, coinsurance or deductible. Wellfleet Rx has developed a list of medications and coverage criteria to support preventive medication requirements based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC) to be covered under the pharmacy benefit. Recommendations from USPSTF and the CDC can occur at any time and health plans have specified timelines to implement these recommendations to be compliant with federal law. Plans that meet the definition of a “grandfathered” plan are not subject to PPACA’s Essential Health Benefit requirements. Under the Affordable Care Act (ACA), plans are required to cover USPSTF preventive recommendations that have an A or B rating. Medications covered under this provision are denoted \$0 in the “Drug Tier” column. Coverage for these medications can be acquired by following the steps below in the section marked “How to obtain a Prescription with Your Benefit.”

For members utilizing disability policies, under California State law, the following equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin using diabetes, and gestational diabetes are required to be covered, as medically necessary: blood glucose monitors and blood glucose strips; blood glucose monitors designed to assist the visually impaired; ketone urine testing strips; lancets and lancet puncture devices; pen delivery systems for the administration of insulin; podiatric devices to prevent or treat diabetes-related complications; insulin syringes; visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin. Additionally, the following prescriptions are required to be covered as medically necessary: insulin; prescription medications for the treatment of diabetes; and glucagon. Coverage for outpatient self-management training, education, and medical nutrition therapy necessary to enable the member to properly utilize the equipment, supplies, and medication provided by appropriately licensed or registered health care professional is also required.

For members utilizing disability policies, under California State law, the following is required to be covered: all FDA-approved, contraceptive drugs, devices, and other contraceptive products, including all FDA-approved contraceptive drugs, devices, and products available over the counter, as prescribed by the member’s health care provider; voluntary sterilization procedures, patient education and counseling on contraception; follow-up services related to the drugs, devices, products, and procedures including management of side-effects, counseling for continued adherence, and device insertion and removal; and up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives are required to be covered.

**For California Plans  
 Plan Year 2021/2022  
 Student Formulary – July 2021**

**Maximum Cost Sharing by Drug Tier – Cost sharing amounts are based on each 30-day supply**

Plan/Group	Fulfillment Channels	Tier 1 – Preferred Generics	Tier 2 – Preferred Brand - High Cost Generics (HCG)	Tier 3 – Non-preferred Medications
The Master's University and Seminary	Retail	\$10	\$25	\$50
	Specialty*	\$50	\$50	\$50
Full Time Training in Anaheim	Retail	\$20	\$50	\$100
	Specialty*	\$100	\$100	\$100
University of Redlands	Retail	\$20	\$50	\$75
	Specialty*	\$75	\$75	\$75
Charles Drew University	Retail	\$15	\$50	20% coinsurance up to \$250
	Mail (Maintenance Drugs)	\$15	\$50	20% coinsurance up to \$250
	Specialty*	20% coinsurance up to \$250	20% coinsurance up to \$250	20% coinsurance up to \$250
Touro University	Retail	\$20	\$35	\$60
	Specialty*	\$60	\$60	\$60
Menlo College	Retail	\$15	\$30	\$50
	Specialty*	\$50	\$50	\$50
Irvine Valley College	Retail	\$10	\$20	\$40
	Specialty*	\$40	\$40	\$40
Saddleback College	Retail	\$10	\$20	\$40

Plan/Group	Fulfillment Channels	Tier 1 – Preferred Generics	Tier 2 – Preferred Brand - High Cost Generics (HCG)	Tier 3 – Non-preferred Medications
	Specialty*	\$40	\$40	\$40
California State University, Los Angeles	Retail	\$35	\$35	\$35
	Specialty*	\$35	\$35	\$35
Marymount California University	Retail	\$20	\$30	\$50
	Specialty*	\$50	\$50	\$50
Palo Alto University	Retail	\$30	\$60	\$80
	Specialty*	\$80	\$80	\$80
University of the Pacific Global	Retail	\$10	\$20	\$40
	Specialty*	\$40	\$40	\$40
American Collegiate, Los Angeles	Retail	\$10	\$20	\$40
	Specialty*	\$40	\$40	\$40

\* Note that for oral antineoplastic medications, a copay over \$250 is not permissible per CA state law  
 The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. Medications used in an inpatient setting are usually covered under the medical benefit. If a member has any specific questions regarding their coverage, they should contact Wellfleet at 877.657.5030.

**Utilization Management (UM) tools**

Depending upon a member’s specific benefit, the following topics may apply:

### ***1. Generic Substitution***

When available, FDA approved generic drugs must be used in most situations, regardless of the brand name indicated. Members usually have lower copays and or co-insurance when they use generic drugs. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by the P&T Committee. The P&T Committee approves such multi- source drugs for addition to the MAC list based on the following criteria:

- A multi- source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer’s products must have an “A” rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the P&T Committee.
- Drug product will be approved for generic substitution by the P&T Committee.

If a member requests a brand name drug instead of an approved generic, the member, based on their coverage, is typically required to pay the difference in cost between the brand and the generic. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

### ***2. Medication Synchronization (MedSync)***

For select medications (brand or generic, opioids included), a pro-rated copay will be applied if dispensed for less than a predefined day supply. This applies to patients receiving partial fills for the purposes of medication synchronization or who are starting new medication with a shortened fill to align with other already synchronized medications. The pro-rated amount will be calculated based on the maximum allowable day supply for the individual plan benefit and applies to flat copayment.

### ***3. Medication Request Process***

Depending upon plan benefit design, a medication request process may apply as follows:

#### ***A. Formulary Drugs***

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

#### ***B. Non-Formulary Drug Exceptions***

Any drug not found in the Formulary listing, or any Formulary updates published by Wellfleet Rx, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance. When a member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist will evaluate the patient’s drug history and contact the physician to determine if there is a reasonable medical need for a non-formulary drug. Each request will be reviewed on an individual patient need basis. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of formulary drugs is contraindicated in the patient.

- The patient has failed an appropriate trial of formulary or related agents.
- The choices available in the formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a formulary drug may provoke an underlying condition, which would be detrimental to patient care.

If the request does not meet the guidelines established by the P&T Committees, the request will not be approved, and alternative therapy may be recommended.

### *C. Obtaining Coverage*

Coverage, questions or information regarding the medication request or non-formulary exception process may be obtained by:

- Submitting an ePA request by following the instructions on [wellfleetrx.com/electronic-prior-authorization/](http://wellfleetrx.com/electronic-prior-authorization/)
- Faxing:
  - Wellfleet Rx/ESI (ID Card BIN: 003858): 877-251-5896 with a completed Prior Authorization Request Form
- Contacting Wellfleet Rx and providing all necessary information requested by calling:
  - Wellfleet Rx/ESI (ID Card BIN: 003858): 877-640-7938

An authorization number, specific for the medical need, will be provided for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Therapy that is deemed medically necessary must be covered pending the submission of supporting clinical evidence and documentation. Prior Authorization is generally not available for drugs that are specifically not covered by benefit design.

For any and all requests, a notice to either the member or a designated representative will be made no later than 72 hours following the receipt of all non-urgent requests and 24 hours following the receipt of an urgent or exigent request. Approved coverage for non-urgent requests must provide coverage for the duration of the prescription including refills. Approved coverage for an urgent or exigent circumstance must provide coverage for the duration of the urgency or exigency. A denied claim may be appealed and additional information about appeal rights and procedures will be provided with coverage documents.

### **4. Step Therapy Process**

Drugs that are listed in the Formulary with associated Step Therapy (ST) require evaluation, per P&T Committee Step Therapy guidelines prior to dispensing at a network pharmacy. Previous claims for pre-requisite drugs will be noted at the time of processing if they are within a certain time frame. If no claims are found a medication request form must be submitted stating all previous therapy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended. Note that a member cannot be required to try previously met steps from previous coverage but may be required to try any pre-requisite medication that has not been previously tried before coverage of a medication is approved.

To obtain coverage for a medication bypassing its step therapy requirements, please refer to the above section (3.C) for step by step instructions on requesting an exception.

### **5. Quantity Limits**

Drugs that are listed in the Formulary with associated Quantity Limits (QL) are subject to those limits. Approval for a quantity of a drug outside of an established QL requires evaluation, per P&T Committee guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

### **6. General Items Not Covered on the Formulary**

- A. Over the Counter (OTC) medications or their equivalents, unless otherwise specified in the Formulary listing.
- B. Nicotine Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, nicotine inhaler), except as required by ACA.
- C. Drugs specifically listed as not covered.
- D. Any drug products used for cosmetic purposes.
- E. Experimental drug products or any drug product used in an experimental manner.
- F. Replacement of lost or stolen medication.
- G. Non-self-administered injectable drug products unless otherwise specified in the Formulary listing.
- H. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration.

Any drugs not listed in this print formulary are considered not covered by the drug benefit. The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

### **7. Pharmacist and Physician Communication**

The Formulary is a tool to promote cost-effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task.

### **How to obtain a Prescription with Your Benefit**

Prescriptions can be obtained through the all network pharmacies. To have a prescription filled, you may contact your physician and have them send a new prescription to any network pharmacy or you are able to have a network pharmacy transfer-in any current Prescription by contacting them and providing your current pharmacy's information. To locate an in-network pharmacy, please visit <http://wellfleetrx.com/students/pharmacy-network/>. The listing of in-network pharmacies is updated on a quarterly basis.

### **For Wellfleet Rx/ESI (ID Card BIN: 003858):**

In the case of specialty drugs, all available specialty drugs may be filled at Accredo or another network pharmacy unless the medication is under a limited distribution contract.

**Formulary Changes**

This formulary must be updated monthly to reflect formulary changes as new brand name and generic medications become available. At those times, medications may be subject to any Utilization Management (UM) tool available as determined by the P&T committee. Additional items that may be subject to change are a drug's inclusion on the formulary, a drug's tier placement on the formulary, and any UM tools that affect a drug on the formulary. The plan usually makes and implements changes to the present formulary on a quarterly basis, but depending on your benefit design, those changes may not impact member coverage until the next plan year renewal. For any formulary changes that may negatively affect members, letters will be mailed at least 90 days prior to the effective date of the changes to inform members about the change to their coverage. Letters will also be mailed to providers at the same time to better facilitate either continued coverage of a medication that is impacted or to provide alternative medication that would be covered by the plan.

A medication that has been previously approved for coverage for a member's medical condition that continues to be prescribed for that medical condition cannot be limited any more than previously limited, nor can coverage be excluded, provided that the medication is appropriately prescribed, safe, and effective for treating the medical condition.

*Drug list created 1/1/2019. Updated 7/1/2021. Next planned update 1/1/2022.*

## Zero Cost Generics

In addition to the ACA Preventive Care medications listed under the \$0 Tier in the formulary, the generic drugs listed in the table below are covered at no cost to you. We encourage you to share this list with your prescriber if you are receiving a medication in one of the categories below to determine if a zero cost option may be appropriate for your treatment.

\$0 Copay Generics	
Antibiotics	
Amoxicillin Capsules (250mg, 500mg)	Amoxicillin Tablets (875mg)
Azithromycin Tablets (250mg, 500mg)	Cephalexin Capsules (250mg, 500mg)
Sulfamethoxazole-Trimethoprim Tablets (400-80mg, 800-160mg)	
Antianxiety/Antidepressants	
Citalopram HBr Tablets 10mg	Sertraline HCl Tablets (50mg, 100mg)
Paroxetine HCl Tablets (10mg, 20mg, 30mg, 40mg)	
Acne	
Benzoyl Peroxide External Gel (5%, 10%)	Benzoyl Peroxide Wash External Liquid (5%, 10%)
Clindamycin Phosphate External Gel (1%)	Clindamycin Phosphate External Solution (1%)
Clindamycin Phosphate External Swab (1%)	Erythromycin External Solution (2%)
Sulfacetamide Sodium External Lotion (10%)	Sulfacetamide Sodium-Sulfur External Emulsion (10-5%)
Schizophrenia	
Olanzapine Tablets (2.5mg, 5mg, 7.5mg, 10mg, 15mg)	
Quetiapine Fumarate Tablets (25mg, 50mg, 100mg, 200mg)	
Risperidone Tablets (0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg)	
Narcotic Antagonists (Limited to one \$0 fill per year)	
Naloxone Injection Auto-Injector	Naloxone Injection Solution
Naloxone Injection Syringe	Narcan Nasal Spray (brand)
Diabetes	
Freestyle Libre 14 Day Reader (brand)	Freestyle Libre 14 Day Sensor (brand)
Freestyle Libre 2 Reader (brand)	Freestyle Libre 2 Sensor (brand)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Alternative Therapy - Vitamins And Minerals</b>		
<b>Alternative Therapy - Antiarthritics - Vitamins And Minerals</b>		
AZALGIA ORAL CAPSULE 125 MG-37.5 MG- 500 MCG-1.25MG (glucosamine/methylsulf/vit C/folic ac/manganese/diet 29)	Tier 3	
COSAMIN AVOCA (WITH BOSWELLIA) ORAL TABLET 500-500-33.3-70 MG (glucosamine HCl/methylsulfonylmethane/Boswellia/herbal 182)	Tier 3	
<i>glucosam-chondr-vit c-mn-boron oral tablet 750-600-30-1 mg</i>	Tier 1	
<i>glucosamine sulfate oral capsule 500 mg</i>	Tier 1	
<i>glucosamine-chondroitin oral capsule 500-400 mg</i>	Tier 1	
<i>glucosamine-msm-hyaluron acid oral tablet 500-500-1.1 mg</i>	Tier 1	
INVIGOFLEX D ORAL POWDER IN PACKET 1,500 MG (glucosamine sulfate)	Tier 3	
INVIGOFLEX D ORAL TABLET 750 MG (glucosamine sulfate)	Tier 3	
INVIGOFLEX GS ORAL TABLET 750-50 MG (glucosamine sulfate dipotassium chlor/Boswellia serrata ext)	Tier 3	
MOVE FREE JOINT HEALTH ORAL TABLET 750 MG-100 MG- 1.65 MG-108 MG (glucosamine/chondroitin/hyaluronic acid/calcium fructoborate)	Tier 3	
MOVE FREE PLUS MSM ORAL TABLET 500 MG-66.7 MG- 500 MG-1.1 MG (glucosamine/chondroitin/msm/hyaluronic ac/calc fructoborate)	Tier 3	
MOVE FREE PLUS MSM-VIT D3 ORAL TABLET 750 MG-100 MG- 25 MCG (glucosamine/chondroitin/msm/D3/hyaluronic acid/cal borate)	Tier 3	
<b>Alternative Therapy - Antioxidant - Vitamins And Minerals</b>		
<i>alpha lipoic acid oral capsule 100 mg</i>	Tier 3	
<i>alpha lipoic acid oral tablet 600 mg</i>	Tier 1	
<b>Alternative Therapy - Estrogenic Agents - Vitamins And Minerals</b>		

Tier 0 = Preventive Medications | Tier 1 = Preferred Generic Drugs | Tier 2 = Preferred Brand Name Drugs | Tier 3 = Non-Preferred Brand Name Drugs  
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROVEN WEIGHT MANAGEMENT ORAL CAPSULE 56-40-300 MG (soy isoflavone/black cohosh root ext/Cissus quadrangular ext)	Tier 3	
<b>Alternative Therapy - Hepatotropics - Vitamins And Minerals</b>		
LIVETROL ORAL CAPSULE 15 MG (zinc oxide/herbal complex no.303)	Tier 3	
<b>Alternative Therapy - Pineal Hormone Agents - Vitamins And Minerals</b>		
<i>melatonin oral lozenge 5 mg</i>	Tier 3	
<i>melatonin oral tablet 1 mg</i>	Tier 1	
<i>melatonin oral tablet 3 mg</i>	Tier 1	
<b>Alternative Therapy - Unclassified - Vitamins And Minerals</b>		
AIRBORNE (ASCORBIC ACID) ORAL POWDER EFFERVESCENT IN PACKET 1,000-350 MG (multivitamin-minerals/ascorbic acid/herbal no.124)	Tier 3	
AIRBORNE (ASCORBIC ACID) ORAL TABLET,CHEWABLE 250-8.875 MG (multivitamin-minerals/vit C/herbal no.124)	Tier 3	
AIRBORNE (ASCORBIC ACID) ORAL TABLET,CHEWABLE 250-87.5 MG (multivitamin-minerals/ascorbic acid/herbal no.124)	Tier 3	
AIRBORNE (ELDERBERRY) ORAL TABLET,CHEWABLE 100-50 MG (ascorbic acid/elderberry fruit)	Tier 3	
AIRBORNE (LYSINE HCL) ORAL TABLET, EFFERVESCENT 1,000-50 MG (multivit-minerals/vit C/glutamine/lysine HCl/herbal no.124)	Tier 1	
AIRBORNE ELDERBERRY ORAL TABLET, EFFERVESCENT 1,000 MG-50 MG-35.5 MG (multivitamin-minerals/ascorbic acid/elderberry/herb no.124)	Tier 3	
AIRBORNE EVERYDAY STRESS AWAY ORAL POWDER IN PACKET 1,000 MG-200 MG-360 MG (multivit with minerals/ascorbic acid/theanine/herb no.310)	Tier 3	
AIRBORNE GUMMY ORAL TABLET,CHEWABLE 250-11.66 MG (multivitamin-minerals/vit C/herbal no.124)	Tier 3	
AIRBORNE KIDS ORAL TABLET,CHEWABLE 250-11.66 MG, 250-8.875 MG (multivitamin-minerals/vit C/herbal no.124)	Tier 3	

Tier 0 = Preventive Medications | Tier 1 = Preferred Generic Drugs | Tier 2 = Preferred Brand Name Drugs | Tier 3 = Non-Preferred Brand Name Drugs  
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRBORNE NATURAL ENERGY ORAL LIQUID IN PACKET 500-175 MG/30 ML (multivitamin-minerals/ascorbic acid/herbal no.124)	Tier 3	
AIRBORNE PLUS GOOD REST ORAL TABLET,CHEWABLE 250 MG-66.6 MG- 15 MG (multivit with minerals/vitamin C/theanine/herb no.310)	Tier 3	
AIRBORNE PLUS PROBIOTIC ORAL TABLET,CHEWABLE 250 MG-166.67 MILLION CELL (multivit-min/vitamin C/Bacillus coagulans/herbal no.124)	Tier 3	
AIRBORNE VITS ZINC ELDERBERRY ORAL TABLET,CHEWABLE 65 MG-3.15 MCG- 3.35 MG-1 MG (ascorbic acid/vitamin D3/vitamin E/zinc gluconate/elderberry)	Tier 3	
AIRSHIELD IMMUNE ORAL TABLET, EFFERVESCENT 1,000-50 MG (multivit-minerals/vit C/glutamine/lysine HCl/herbal no.124)	Tier 1	
<i>ascorbic acid-elderberry fruit oral tablet,chewable 100-50 mg</i>	Tier 1	
<i>ashwagandha root extract oral capsule 300 mg</i>	Tier 3	
CO Q-10 ORAL CAPSULE 100 MG (ubidecarenone)	Tier 1	
<i>coenzyme q10 oral capsule 100 mg, 200 mg, 30 mg, 50 mg</i>	Tier 1	
<i>coenzyme q10-black pepper ext oral capsule 400 mg- 400 mcg</i>	Tier 1	
ESTROVEN CMLPT MENOPAUSE RLF ORAL TABLET 4 MG (rhubarb root extract)	Tier 3	
<i>ginkgo biloba leaf extract oral capsule 120 mg</i>	Tier 3	
GLUCOSA FACTOR ORAL CAPSULE 150 MG (alpha lipoic acid/herbal complex no.305)	Tier 3	
GLUCOSA IMMUNE BOOSTER ORAL CAPSULE (herbal complex no.306)	Tier 3	
MEGARED JOINT CARE ORAL CAPSULE 353 MG (krill oil/hyaluronic acid/astaxanthin)	Tier 3	
MOVE FREE ULTRA OMEGA JOINT PL ORAL CAPSULE 353 MG (krill oil/hyaluronic acid/astaxanthin)	Tier 3	
MOVE FREE ULTRA TRIPLE ACTION ORAL TABLET 40-5-3.3 MG (cartilage/collagen type II/boron glycinate/hyaluronate sod)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVE FREE ULTRA TURMERIC-TAMAR ORAL TABLET 250 MG (tamarindus indica seed/turmeric root extract)	Tier 3	
MOVE FREE ULTRA-BORATE-K2-D3 ORAL TABLET 20 MCG-180 MCG- 216 MG (cholecalciferol (vit D3)/vitamin K2/calcium fructoborate)	Tier 3	
OVEEZA ORAL CAPSULE 500 MCG-250 MCG-50 MG-50 MG (folic acid/B12/ALA/ubiquinone/omega-3/dha/epa)	Tier 3	
<i>peppermint oil oil</i>	Tier 1	
PREDIA ORAL TABLET 56.3 MG-0.04 MG-500 MG (magnesium oxide/chromium picolinate/grape seed extract)	Tier 3	
Q-GEL MEGA ORAL CAPSULE 100-150 MG-UNIT (ubidecarenone/vitamin E acetate)	Tier 1	
<i>red yeast rice oral capsule 600 mg</i>	Tier 3	
<b>Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever</b>		
<b>Analgesic Opioid Agonists - Arthritis And Pain Drugs</b>		
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG (morphine sulfate)	Tier 2	QL (3 EA per 1 day)
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML (hydromorphone HCl/PF)	Tier 1	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone HCl/PF)	Tier 3	
DISKETS ORAL TABLET,SOLUBLE 40 MG (methadone HCl)	Tier 2	QL (1 EA per 1 day)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML (morphine sulfate/PF)	Tier 3	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,250 mcg/25 ml (50 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 400 mcg/8 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous syringe 250 mcg/5 ml (50 mcg/ml)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl citrate (pf)-0.9%nacl injection patient control.analgesia soln 600 mcg/30 ml, 750 mcg/30 ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl injection prefilled pump reservoir 10 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syringe 1,100 mcg/55 ml, 1,250 mcg/25 ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl injection solution 25 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syringe 1,250 mcg/50 ml (25 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 500 mcg/50 ml (10 mcg/ml), 600 mcg/30 ml (20 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 100 mcg/10 ml (10 mcg/ml), 50 mcg/5 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA
<i>fentanyl citrate in d5w (pf) intravenous pt controlled analgesia syringe 100 mcg/10 ml (10 mcg/ml), 300 mcg/30 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate in d5w (pf) intravenous solution 10 mcg/ml</i>	Tier 1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (1 EA per 3 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	PA; QL (1 EA per 3 days)
<i>hydromorphone (pf) in water injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf) in water intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml), 20 mg/100 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	

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<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/25 ml (1 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous syringe 1 mg/5 ml (0.2 mg/ml), 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl injection pt controlled analgesia syring 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous patient control.analgesia soln 15 mg/30 ml (0.5 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 15 mg/30 ml (0.5 mg/ml), 5 mg/25 ml (0.2 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous solution 0.2 mg/ml</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous solution 0.5 mg/50 ml, 1 mg/50 ml, 2 mg/50 ml</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous syringe 0.5 mg/ml, 1 mg/ml (1 ml), 2 mg/10 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone in d5w (pf) intravenous pt controlled analgesia syring 3 mg/30 ml (0.1 mg/ml)</i>	Tier 1	
<i>hydromorphone in d5w (pf) intravenous syringe 0.5 mg/5 ml (0.1 mg/ml)</i>	Tier 1	
<i>hydromorphone injection solution 1 mg/ml</i>	Tier 1	
<i>hydromorphone injection solution 2 mg/ml</i>	Tier 1	
<i>hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 2	PA; QL (2 EA per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate)	Tier 2	QL (1 EA per 1 day)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML (morphine sulfate/PF)	Tier 3	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	
<i>meperidine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 550 mg/55 ml (10 mg/ml)</i>	Tier 1	
<i>meperidine oral tablet 100 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection syringe 5 mg/0.5 ml</i>	Tier 1	
methadone HCl (Methadone Intensol Oral Concentrate 10 Mg/ML)	Tier 1	QL (4 ML per 1 day)
<i>methadone intravenous syringe 10 mg/ml</i>	Tier 1	
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i>	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone HCl)	Tier 2	QL (4 ML per 1 day)
methadone HCl (Methadose Oral Tablet, Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML (morphine sulfate/PF)	Tier 1	
<i>morphine (pf) in 0.9 % sod chl injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)</i>	Tier 1	

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<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 0.5 mg/ml, 1 mg/ml, 2 mg/2 ml (1 mg/ml), 2 mg/ml, 4 mg/ml, 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor injection pt controlled analgesia syring 125 mg/25 ml, 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 1,000 mg/ 100 ml, 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 275 mg/55 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 60 mg/30 ml (2 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous syringe 0.5 mg/ml, 1 mg/ml (1 ml), 3 mg/3 ml (1 mg/ml)</i>	Tier 1	
<i>morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine injection solution 2 mg/ml</i>	Tier 3	
<i>morphine injection solution 4 mg/ml</i>	Tier 1	
<i>morphine injection syringe 10 mg/ml</i>	Tier 3	
<i>morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>morphine oral capsule, extend. release pellets 40 mg</i>	Tier 1	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (morphine sulfate)	Tier 3	QL (3 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (tapentadol HCl)	Tier 2	QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol HCl)	Tier 2	QL (6 EA per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG (oxycodone HCl)	Tier 2	
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i>	Tier 1	QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone HCl)	Tier 2	QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 80 MG (oxycodone HCl)	Tier 2	QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (oxycodone myristate)	Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (oxycodone myristate)	Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (oxycodone myristate)	Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; QL (8 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (hydrocodone bitartrate)	Tier 3	ST: Prior prescription for Hysingla ER, Morphine Sulfate, Nucynta ER, Oxycodone HCL, or Oxycontin within the past 120 days; QL (2 EA per 1 day)

### **Analgesic Opioid Codeine Combinations - Arthritis And Pain Drugs**

<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
codeine phosphate/butalbital/aspirin/caffeine (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine phosphate/butalbital/aspirin/caffeine (Butalbital Compound W/Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Analgesic Opioid Dihydrocodeine Combinations - Arthritis And Pain Drugs</b>		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
<b>Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic, Xanthine - Arthritis And Pain Drugs</b>		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
<b>Analgesic Opioid Fentanyl Combinations - Arthritis And Pain Drugs</b>		
<i>fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 5-0.04 mcg/ml-%, 5-0.075 mcg/ml-%</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml-0.0625 %</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml-0.1 %, 2 mcg/ml- 0.125 %, 5 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) injection prefilled pump reservoir 2 mcg/ml-0.1 %</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%</i>	Tier 1	
<b>Analgesic Opioid Hydrocodone And Non-Salicylate Combinations - Arthritis And Pain Drugs</b>		
hydrocodone bitartrate/acetaminophen (Vicodin Hp Oral Tablet 10-300 Mg)	Tier 2	QL (13 EA per 1 day)
<b>Analgesic Opioid Hydrocodone Combinations - Arthritis And Pain Drugs</b>		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 2	QL (13 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
hydrocodone bitartrate/acetaminophen (Lorcet (Hydrocodone) Oral Tablet 5-325 Mg)	Tier 1	QL (12 EA per 1 day)
hydrocodone bitartrate/acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	QL (12 EA per 1 day)
hydrocodone bitartrate/acetaminophen (Vicodin Hp Oral Tablet 10-300 Mg)	Tier 2	QL (13 EA per 1 day)
<b>Analgesic Opioid Oxycodone And Non-Salicylate Combinations - Arthritis And Pain Drugs</b>		
oxycodone HCl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<b>Analgesic Opioid Oxycodone And Nsaid Combinations - Arthritis And Pain Drugs</b>		
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
<b>Analgesic Opioid Oxycodone And Salicylate Combinations - Arthritis And Pain Drugs</b>		
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
<b>Analgesic Opioid Oxycodone Combinations - Arthritis And Pain Drugs</b>		
oxycodone HCl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
<b>Analgesic Opioid Partial-Mixed Agonists - Arthritis And Pain Drugs</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine HCl)	Tier 2	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	QL (1 EA per 7 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
<b>Analgesic Opioid Tramadol Combinations - Arthritis And Pain Drugs</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
<b>Analgesic Or Antipyretic Non-Opioid/Sedative Combinations - Arthritis And Pain Drugs</b>		
<i>butalbital/acetaminophen (Allzital Oral Tablet 25-325 Mg)</i>	Tier 3	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 1	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	Tier 1	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	Tier 2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)</i>	Tier 2	
<i>butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)</i>	Tier 1	
<i>butalbital/acetaminophen/caffeine (Zebutal Oral Capsule 50-325-40 Mg)</i>	Tier 1	
<b>Anti-Inflammatory - Interleukin-1 Beta Blockers - Arthritis And Pain Drugs</b>		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (canakinumab/PF)	Tier 2	PA; SP
<b>Anti-Inflammatory - Interleukin-1 Receptor Antagonist - Arthritis And Pain Drugs</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (rilonacept)	Tier 3	SP
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel - Arthritis And Pain Drugs</b>		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 3	PA; SP
<b>Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis And Pain Drugs</b>		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (etanercept)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 2	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 3	PA; SP
<b>Dmard - Antimetabolites - Arthritis And Pain Drugs</b>		
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	Och
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (methotrexate/PF)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (methotrexate/PF)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (methotrexate/PF)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (methotrexate/PF)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (methotrexate/PF)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (methotrexate/PF)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (methotrexate/PF)	Tier 2	QL (1.8 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (methotrexate/PF)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (methotrexate/PF)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (methotrexate/PF)	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 3	Och
<b>Dmard - Antinflammatory, Select. Costimulation Modulator, T-Cell Inhib. - Arthritis And Pain Drugs</b>		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (abatacept/maltose)	Tier 3	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (abatacept)	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (abatacept)	Tier 3	PA; SP
<b>Dmard - Gold Compounds - Arthritis And Pain Drugs</b>		
RIDAURA ORAL CAPSULE 3 MG (auranofin)	Tier 2	
<b>Dmard - Immunosuppressives - Arthritis And Pain Drugs</b>		
<i>azathioprine sodium injection recon soln 100 mg</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg</i>	Tier 1	SP
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	SP
cyclosporine, modified (Gengraf Oral Solution 100 Mg/ML)	Tier 1	SP
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)	Tier 3	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	SP
<b>Dmard - Interleukin-1 Receptor Antagonist (Il-1Ra) - Arthritis And Pain Drugs</b>		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (anakinra)	Tier 3	PA; SP
<b>Dmard - Interleukin-6 (Il-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis And Pain Drugs</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab)	Tier 2	PA; SP
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (tocilizumab)	Tier 2	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab)	Tier 2	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 3	PA; SP
<b>Dmard - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs</b>		
OLUMIANT ORAL TABLET 1 MG, 2 MG (baricitinib)	Tier 3	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG (upadacitinib)	Tier 2	PA; SP
XELJANZ ORAL TABLET 5 MG (tofacitinib citrate)	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (tofacitinib citrate)	Tier 2	PA; SP
<b>Dmard - Other - Arthritis And Pain Drugs</b>		
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 1	PA; SP
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA; SP
<b>Dmard - Phosphodiesterase-4 (Pde4) Inhibitors - Arthritis And Pain Drugs</b>		
OTEZLA ORAL TABLET 30 MG (apremilast)	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (apremilast)	Tier 2	PA; SP
<b>Dmard - Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs</b>		
ARAVAL ORAL TABLET 10 MG, 20 MG (leflunomide)	Tier 3	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab - Arthritis And Pain Drugs</b>		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (belimumab)	Tier 2	SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (belimumab)	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (belimumab)	Tier 3	PA; SP
<b>Nsaid Analgesic And Prostaglandin Analog Combinations - Arthritis And Pain Drugs</b>		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
<b>Nsaid Analgesic And Topical Irritant Counter-Irritant Combinations - Arthritis And Pain Drugs</b>		
COMFORT PAC-IBUPROFEN KIT 800 MG (ibuprofen/irritants counter-irritants combination no.2)	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG (meloxicam/irritants counter-irritants combination no.2)	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG (naproxen/irritant counter-irritant combination no.2)	Tier 3	
<b>Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors - Arthritis And Pain Drugs</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
<b>Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives - Arthritis And Pain Drugs</b>		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<b>Nsaid Analgesics (Cox Non-Specific) - Other - Arthritis And Pain Drugs</b>		
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection solution 30 mg/ml</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
READYSHARP KETOROLAC INJECTION KIT 15 MG/ML (ketorolac tromethamine)	Tier 3	
nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)	Tier 3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
<b>Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs</b>		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
<b>Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives - Arthritis And Pain Drugs</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
<b>Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives - Arthritis And Pain Drugs</b>		
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML) (ibuprofen)	Tier 2	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML) (ibuprofen)	Tier 2	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	
<i>fenoprofen oral tablet 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
<b>Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives - Arthritis And Pain Drugs</b>		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	Tier 3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
etodolac (Lodine Oral Tablet 400 Mg)	Tier 3	
<b>Salicylate Analgesic And Sedative Combinations - Arthritis And Pain Drugs</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<b>Salicylate Analgesic Combinations - Arthritis And Pain Drugs</b>		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<b>Salicylate Analgesics - Arthritis And Pain Drugs</b>		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 0	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin oral tablet 325 mg</i>	Tier 0	
<i>aspirin oral tablet, chewable 81 mg</i>	Tier 0	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	Tier 0	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
CHILDREN'S ASPIRIN ORAL TABLET, CHEWABLE 81 MG (aspirin)	Tier 0	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)	Tier 3	
E.C. PRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
LITE COAT ASPIRIN ORAL TABLET 325 MG (aspirin)	Tier 0	
LO-DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET, CHEWABLE 81 MG (aspirin)	Tier 0	
ST. JOSEPH ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
<b>Anesthetics - Drugs For Pain And Fever</b>		
<b>General Anesthetic Adjuncts - Neuroleptic, Butyrophenone Derivative - Drugs For Sedation</b>		
<i>droperidol injection solution 2.5 mg/ml</i>	Tier 1	
<b>General Anesthetic Adjuncts - Opioid - Drugs For Sedation</b>		
<i>fentanyl citrate (pf) injection syringe 25 mcg/0.5 ml</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous patient control. analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 2,500 mcg/50 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous solution 50 mcg/ml</i>	Tier 1	
<b>Local Anesthetic - Amides - Drugs For Sedation</b>		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (3 ML), 0.9 % (5 ML) (lidocaine HCl buffered with 8.4 % sodium bicarbonate)	Tier 3	
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (10 ML) (lidocaine HCl buffered with 8.4 % sodium bicarbonate)	Tier 1	
<i>bupivacaine in nacl(pf) injection prefilled pump reservoir 0.125 % (1,250 mcg/ml)</i>	Tier 1	
<i>bupivacaine in nacl(pf) injection syringe 150 mg/30 ml (5 mg/ml) 0.5 %, 50 mg/20 ml (2.5mg/ml)0.25%, 75 mg/30 ml (2.5mg/ml)0.25%</i>	Tier 1	
<i>bupivacaine in nacl(pf) local infiltration elastomeric pump,hi var rate 0.125 % 545 ml</i>	Tier 1	
mepivacaine HCl (Carbocaine Injection Cartridge 30 Mg/ML (3 %))	Tier 1	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %)</i>	Tier 1	
<i>lidocaine (pf) injection syringe 10 mg/ml (1 %), 200 mg/10 ml (2 %), 400 mg/20 ml (2 %), 50 mg/5 ml (1 %), 60 mg/3 ml (2 %)</i>	Tier 1	
<i>lidocaine hcl injection syringe 10 mg/ml (1 %), 100 mg/10 ml (1 %), 100 mg/5 ml (2 %), 30 mg/3 ml (1%), 50 mg/5 ml (1 %)</i>	Tier 1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine hcl(pf) in 0.9% nacl injection syringe 10 mg/ml (1 %) (1 ml), 100 mg/10 ml (1 %)</i>	Tier 1	
<i>lidocaine in nacl,iso-osmo(pf) injection syringe 100 mg/10 ml (1 %)</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
lidocaine HCl (Lta Pre-Attached Laryngotracheal Solution 4 %)	Tier 2	
<i>mepivacaine injection cartridge 30 mg/ml (3 %)</i>	Tier 1	
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %) (mepivacaine HCl)	Tier 1	
mepivacaine HCl/PF (Polocaine-Mpf Injection Solution 10 Mg/ML (1 %), 20 Mg/ML (2 %))	Tier 1	
<i>ropivacaine (pf) injection solution 5 mg/ml (0.5 %)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ropivacaine (pf) injection syringe 100 mg/20 ml (5 mg/ml) 0.5 %</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor injection solution 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor injection syringe 120 mg/60 ml (2 mg/ml) 0.2 %, 150 mg/30 ml (5 mg/ml) 0.5 %, 40 mg/20 ml (2 mg/ml) 0.2 %</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomer pump,hi var rate,pca 0.2 % 545 ml</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,hi var rate 0.2 % 545 ml, 0.2 % 745 ml</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,lo var rate 0.2 % 545 ml, 0.2 % 745 ml</i>	Tier 1	
mepivacaine HCl (Scandonest Plain Injection Cartridge 30 Mg/MI (3 %))	Tier 1	
XYLOCAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %) (lidocaine HCl/PF)	Tier 1	
<b>Local Anesthetic - Esters - Drugs For Sedation</b>		
<i>tetracaine hcl (pf) injection solution 1 % (10 mg/ml)</i>	Tier 1	
<b>Local Anesthetic - Sympathomimetic Combinations - Drugs For Sedation</b>		
<i>lidocaine-epinephrine bit injection cartridge 2 %-1:100,000, 2 %-1:50,000</i>	Tier 1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75 %-1:200,000 (bupivacaine HCl/epinephrine/PF)	Tier 1	
lidocaine HCl/epinephrine bitartrate (Xylocaine Dental-Epinephrine Injection Cartridge 2 %-1:100,000)	Tier 1	
lidocaine HCl/epinephrine bitartrate (Xylocaine Dental-Epinephrine Injection Cartridge 2 %-1:50,000)	Tier 2	
<b>Local Anesthetic-Alpha 2 Agonist-Nsaid Combinations - Drugs For Sedation</b>		
<i>ropivacaine-clonidin-ketorolac periarticular syringe 123-0.04-15 mg/50 ml</i>	Tier 1	
<b>Local Anesthetic-Nsaid-Nmda Receptor Antagonist Combinations - Drugs For Sedation</b>		
<i>bupivacaine-ketorolac-ketamine injection syringe 150-60-60 mg/50 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ropivacaine-ketorolac-ketamine injection syringe 100-15-30 mg/50 ml</i>	Tier 1	
<b>Local Anesthetic-Sympathomimetic-Alpha 2 Agonist-Nsaid Combinations - Drugs For Sedation</b>		
<i>ropivacaine-epi-clonid-ketorol periarticular syringe 2.46-0.005- 0.0008-0.3mg/ml</i>	Tier 1	
<b>Anorectal Preparations - Rectal Preparations</b>		
<b>Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations</b>		
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 2	
<b>Anorectal - Glucocorticoids - Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<b>Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations</b>		
ANA-LEX KIT RECTAL KIT 2-2 % (hydrocortisone acetate/lidocaine HCl/aloe vera)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % (hydrocortisone acetate/pramoxine HCl/skin cleanser no.16)	Tier 3	
<b>Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning</b>		
<b>Anticoagulant Reversal Agent For Direct Thrombin Inhibitors - Drugs For Overdose Or Poisoning</b>		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML (idarucizumab)	Tier 3	SP
<b>Anticoagulant Reversal Agent For Factor Xa Inhibitors - Drugs For Overdose Or Poisoning</b>		
ANDEXXA INTRAVENOUS RECON SOLN 100 MG, 200 MG (coagulation factor Xa, inactivated-zhzo (recombinant))	Tier 3	PA; SP
<b>Antidote - Acetaminophen Poisoning - Drugs For Overdose Or Poisoning</b>		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (20 %) (acetylcysteine)	Tier 3	
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	Tier 1	
<b>Antidote - Anticholinesterase Agents - Drugs For Overdose Or Poisoning</b>		
<i>physostigmine salicylate injection solution 1 mg/ml</i>	Tier 1	
<b>Antidote - Cholinesterase Reactivating Agent - Drugs For Overdose Or Poisoning</b>		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
<b>Antidote - Cholinesterase Reactivating Agent And Muscarinic Antagonist - Drugs For Overdose Or Poisoning</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (pralidoxime chloride/atropine sulfate)	Tier 3	
<b>Antidote - Cyanide Poisoning - Drugs For Overdose Or Poisoning</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
CYANOKIT INTRAVENOUS RECON SOLN 5 GRAM (hydroxocobalamin)	Tier 1	
NITHIODOTE INTRAVENOUS SOLUTION 300 MG/10 ML-12.5 GRAM/50 ML (sodium nitrite/sodium thiosulfate)	Tier 3	
<i>sodium thiosulfate in water intravenous solution 12.5 gram/50 ml (250 mg/ml)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i>	Tier 1	
<b>Antidote - Methemoglobinemia - Drugs For Overdose Or Poisoning</b>		
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML (0.5 %) (methylene blue)	Tier 1	
<b>Antidote - Radioactive Agents - Drugs For Overdose Or Poisoning</b>		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 3	
<b>Antidote Others - Drugs For Overdose Or Poisoning</b>		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (zinc acetate)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 3	
<b>Benzodiazepine Reversal Agents - Benzodiazepine Antagonists - Drugs For Overdose Or Poisoning</b>		
<i>flumazenil intravenous solution 0.1 mg/ml</i>	Tier 1	
<b>Chelating Agents - Copper - Drugs For Overdose Or Poisoning</b>		
trientine HCl (Clovique Oral Capsule 250 Mg)	Tier 1	SP
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 1	PA; SP
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA; SP
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA; SP
<i>trientine oral capsule 250 mg</i>	Tier 1	SP
<b>Chelating Agents - Iron - Drugs For Overdose Or Poisoning</b>		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 1	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 1	PA; SP
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 1	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG (deferasirox)	Tier 3	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG (deferiprone)	Tier 2	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRIPROX ORAL TABLET 1,000 MG, 500 MG (deferiprone)	Tier 2	PA; SP
<b>Chelating Agents - Lead Poisoning - Drugs For Overdose Or Poisoning</b>		
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML (dimercaprol)	Tier 2	
CHEMET ORAL CAPSULE 100 MG (succimer)	Tier 2	
<b>Chelating Agents - Others - Drugs For Overdose Or Poisoning</b>		
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML (dimercaprol)	Tier 2	
<i>pentetate calcium trisodium intravenous solution 200 mg/ml</i>	Tier 1	
<i>pentetate zinc trisodium intravenous solution 200 mg/ml</i>	Tier 1	
<b>Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs For Overdose Or Poisoning</b>		
ENTEREG ORAL CAPSULE 12 MG (alvimopan)	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (naloxegol oxalate)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (methylnaltrexone bromide)	Tier 2	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (methylnaltrexone bromide)	Tier 2	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (methylnaltrexone bromide)	Tier 2	PA
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	Tier 2	QL (1 EA per 1 day)
<b>Opioid Reversal Agents - Opioid Antagonists - Drugs For Overdose Or Poisoning</b>		
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML (naloxone HCl)	Tier 2	
<i>naloxone injection auto-injector 2 mg/0.4 ml</i>	Tier 1	
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone HCl)	Tier 2	
<b>Reversal Agents - Heparin Antagonists - Drugs For Overdose Or Poisoning</b>		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>protamine intravenous solution 10 mg/ml</i>	Tier 1	
<b>Anti-Infective Agents - Drugs For Infections</b>		
<b>Amebicides - Drugs For Parasites</b>		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
<b>Aminoglycoside Antibiotic - Antibiotics</b>		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (amikacin sulfate liposomal with nebulizer accessories)	Tier 2	PA; SP
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	Tier 1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	Tier 1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	Tier 1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	Tier 1	
<i>neomycin oral tablet 500 mg</i>	Tier 1	
<i>streptomycin intramuscular recon soln 1 gram</i>	Tier 1	
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	Tier 1	
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	Tier 1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	Tier 1	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML (plazomicin sulfate)	Tier 3	
<b>Aminopenicillin Antibiotic - Antibiotics</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	Tier 1	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations - Antibiotics</b>		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	Tier 1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	Tier 1	
AUGMENTIN ORAL TABLET 875-125 MG (amoxicillin/potassium clavulanate)	Tier 3	
<b>Anthelmintic Agents - Benzimidazole Derivatives - Drugs For Parasites</b>		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
ALBENZA ORAL TABLET 200 MG (albendazole)	Tier 2	
EGATEN ORAL TABLET 250 MG (triclabendazole)	Tier 2	
EMVERM ORAL TABLET, CHEWABLE 100 MG (mebendazole)	Tier 2	PA
<b>Anthelmintic Agents - Macrocyclic Lactones - Drugs For Parasites</b>		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
<b>Anthelmintic Agents Other - Drugs For Parasites</b>		
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	Tier 3	
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
<b>Antibacterial Folate Antagonist - Other Combinations - Antibiotics</b>		
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole/trimethoprim)	Tier 1	
<b>Antibacterial Folate Antagonist Others - Antibiotics</b>		
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
<b>Antibacterial Other - Antibiotics</b>		
MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)	Tier 2	QL (1 EA per 1 FILL)
<b>Antifungal - Allylamines - Drugs For Fungus</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
<b>Antifungal - Amphoteric Polyene Macrolides - Drugs For Fungus</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML (amphotericin B lipid complex)	Tier 2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG (amphotericin B liposome)	Tier 2	
<i>amphotericin b injection recon soln 50 mg</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
<b>Antifungal - Glucan Synthesis Inhibitors (Echinocandins) - Drugs For Fungus</b>		
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG (caspofungin acetate)	Tier 2	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	Tier 1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG (anidulafungin)	Tier 2	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	Tier 1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG (micafungin sodium)	Tier 3	
<b>Antifungal - Imidazoles - Drugs For Fungus</b>		
<i>ketconazole oral tablet 200 mg</i>	Tier 1	
<b>Antifungal - Triazoles - Drugs For Fungus</b>		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG (isavuconazonium sulfate)	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG (isavuconazonium sulfate)	Tier 2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML (posaconazole)	Tier 2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	Tier 2	
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (posaconazole)	Tier 3	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)	Tier 3	
VFEND ORAL TABLET 200 MG, 50 MG (voriconazole)	Tier 3	
<i>voriconazole intravenous recon soln 200 mg</i>	Tier 1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 2	
<b>Antifungal Other - Drugs For Fungus</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
<b>Anti-Infective Immunologic Adjuvants - Interferons - Drugs For Infections</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (interferon gamma-1b, recomb.)	Tier 2	SP
<b>Antileprotic - Immunomodulators - Antibiotics</b>		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (thalidomide)	Tier 2	PA; SP; QL (2 EA per 1 day)
<b>Antileprotic - Sulfone Agents - Antibiotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antimalarial Combinations - Drugs For Parasites</b>		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG (artemether/lumefantrine)	Tier 2	
<b>Antimalarials - Drugs For Parasites</b>		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	Tier 3	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	Tier 3	PA; SP
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 1	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
<b>Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs For Parasites</b>		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
<b>Antiprotozoal Agents - Other - Drugs For Parasites</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 2	
ALINIA ORAL TABLET 500 MG (nitazoxanide)	Tier 2	
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	Tier 2	
<b>Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs For Parasites</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 2	
<b>Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections</b>		
METRO I.V. INTRAVENOUS PIGGYBACK 500 MG/100 ML (metronidazole in sodium chloride)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	Tier 1	
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections</b>		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (secnidazole)	Tier 3	ST: At least 2 prior prescriptions for Cleocin Phosphate, Cleocin, Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Clindesse, Metronidazole, Noritate, Nuversa, Tinidazole, or Vandazole in the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Antibody - Drugs For Viral Infections</b>		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (ibalizumab-uiyk)	Tier 3	
<b>Antiretroviral - Ccr5 Co-Receptor Antagonist - Drugs For Viral Infections</b>		
SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)	Tier 2	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG, 75 MG (maraviroc)	Tier 2	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG, 300 MG (maraviroc)	Tier 2	QL (4 EA per 1 day)
<b>Antiretroviral - Cd4 Attachment Inhibitors - Drugs For Viral Infections</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (fostemsavir tromethamine)	Tier 2	QL (2 EA per 1 day)
<b>Antiretroviral - Hiv-1 Fusion Inhibitors - Drugs For Viral Infections</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (enfuvirtide)	Tier 2	ST: Prior prescription for Antiretrovirals in the past 120 days; QL (2 EA per 1 day)
<b>Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors - Drugs For Viral Infections</b>		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (raltegravir potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (raltegravir potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (raltegravir potassium)	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (dolutegravir sodium)	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (dolutegravir sodium)	Tier 2	QL (6 EA per 1 day)
<b>Antiretroviral - Integrase Inhibitor And Nrti Combinations - Drugs For Viral Infections</b>		
JULUCA ORAL TABLET 50-25 MG (dolutegravir sodium/rilpivirine HCl)	Tier 3	
<b>Antiretroviral - Integrase Inhibitor And Nrti Combinations - Drugs For Viral Infections</b>		
DOVATO ORAL TABLET 50-300 MG (dolutegravir sodium/lamivudine)	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti) - Drugs For Viral Infections</b>		
EDURANT ORAL TABLET 25 MG (rilpivirine HCl)	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	
<i>efavirenz oral tablet 600 mg</i>	Tier 1	
INTELENCE ORAL TABLET 100 MG, 25 MG (etravirine)	Tier 2	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG (etravirine)	Tier 2	QL (2 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	QL (1 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (efavirenz)	Tier 3	
SUSTIVA ORAL TABLET 600 MG (efavirenz)	Tier 3	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML (nevirapine)	Tier 3	QL (1200 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIRAMUNE ORAL TABLET 200 MG (nevirapine)	Tier 3	QL (2 EA per 1 day)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG (nevirapine)	Tier 3	QL (1 EA per 1 day)
<b>Antiretroviral - Nucleoside And Nucleotide Analog Rtis Combinations - Drugs For Viral Infections</b>		
CIMDUO ORAL TABLET 300-300 MG (lamivudine/tenofovir disoproxil fumarate)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (emtricitabine/tenofovir alafenamide fumarate)	Tier 2	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA PER 1 DAY)
TEMIXYS ORAL TABLET 300-300 MG (lamivudine/tenofovir disoproxil fumarate)	Tier 3	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine/tenofovir disoproxil fumarate)	Tier 2	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 200-300 MG (emtricitabine/tenofovir disoproxil fumarate)	Tier 2	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<b>Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti) - Drugs For Viral Infections</b>		
<i>abacavir oral solution 20 mg/ml</i>	Tier 1	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	Tier 2	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	Tier 2	QL (850 ML per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	Tier 3	QL (960 ML per 30 days)
EPIVIR ORAL TABLET 150 MG (lamivudine)	Tier 3	QL (2 EA per 1 day)
EPIVIR ORAL TABLET 300 MG (lamivudine)	Tier 3	QL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (zidovudine)	Tier 2	
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	Tier 3	QL (6 EA per 1 day)
RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)	Tier 3	QL (1920 ML per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir sulfate)	Tier 3	QL (960 ML per 30 days)
ZIAGEN ORAL TABLET 300 MG (abacavir sulfate)	Tier 3	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs For Viral Infections</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir disoproxil fumarate)	Tier 3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir disoproxil fumarate)	Tier 3	QL (1 EA per 1 day)
<b>Antiretroviral Combinations - Protease Inhibitors - Drugs For Viral Infections</b>		
KALETRA ORAL TABLET 100-25 MG (lopinavir/ritonavir)	Tier 2	QL (2 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG (lopinavir/ritonavir)	Tier 2	QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 1	QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 3	QL (1 EA per 1 day)
<b>Antiretroviral- Nucleoside And Nucleotide Analogs, Protease Inhibitors - Drugs For Viral Infections</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG (darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide)	Tier 3	QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor, Nucleoside And Nucleotide Rtis Comb - Drugs For Viral Infections</b>		
BIKTARVY ORAL TABLET 50-200-25 MG (bictegravir sodium/emtricitabine/tenofovir alafenamide fumarate)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENVOYA ORAL TABLET 150-150-200-10 MG (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations - Drugs For Viral Infections</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir sulfate/dolutegravir sodium/lamivudine)	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb - Drugs For Viral Infections</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 1	QL (2 EA per 1 day)
COMBIVIR ORAL TABLET 150-300 MG (lamivudine/zidovudine)	Tier 3	QL (2 EA per 1 day)
EPZICOM ORAL TABLET 600-300 MG (abacavir sulfate/lamivudine)	Tier 3	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (abacavir sulfate/lamivudine/zidovudine)	Tier 3	QL (2 EA per 1 day)
<b>Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti - Drugs For Viral Infections</b>		
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitabine/rilpivirine HCl/tenofovir alafenamide fumarate)	Tier 2	QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz/lamivudine/tenofovir disoproxil fumarate)	Tier 2	QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz/lamivudine/tenofovir disoproxil fumarate)	Tier 2	QL (1 EA per 1 day)
<b>Antitubercular - Aminobenzoic Acid Analogs - Antibiotics</b>		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (aminosalicylic acid)	Tier 3	
<b>Antitubercular - Cyclic Peptide Antibiotics - Antibiotics</b>		
CAPASTAT INJECTION RECON SOLN 1 GRAM (capreomycin sulfate)	Tier 2	
<b>Antitubercular - D-Alanine Analogs - Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<b>Antitubercular - Diarylquinoline Antibiotics - Antibiotics</b>		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIRTURO ORAL TABLET 100 MG, 20 MG (bedaquiline fumarate)	Tier 2	PA; SP
<b>Antitubercular - Isonicotinic Acid Derivatives - Antibiotics</b>		
<i>isoniazid injection solution 100 mg/ml</i>	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
<b>Antitubercular - Niacinamide Derivatives - Antibiotics</b>		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<b>Antitubercular - Nitroimidazole Derivatives - Antibiotics</b>		
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
<b>Antitubercular - Rifamycin And Derivatives - Antibiotics</b>		
PRIFTIN ORAL TABLET 150 MG (rifapentine)	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin intravenous recon soln 600 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
<b>Antitubercular Agents Other - Antibiotics</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECTOR ORAL TABLET 250 MG (ethionamide)	Tier 3	
<b>Antitubercular Combinations - Antibiotics</b>		
RIFATER ORAL TABLET 50-120-300 MG (rifampin/isoniazid/pyrazinamide)	Tier 3	
<b>Carbapenem Antibiotic Combinations - Antibiotics</b>		
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	Tier 1	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM (imipenem/cilastatin sodium/relebactam)	Tier 3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM (meropenem/vaborbactam)	Tier 3	
<b>Carbapenem Antibiotics (Thienamycins) - Antibiotics</b>		
<i>ertapenem injection recon soln 1 gram</i>	Tier 1	
INVANZ INJECTION RECON SOLN 1 GRAM (ertapenem sodium)	Tier 2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml</i>	Tier 1	
<b>Catheter Lock - Aminoglycoside Antibiotics-Anticoagulant Comb - Antibiotics</b>		
<i>gentamicin-sodium citrate intra-catheter solution 320 mcg/ml-4 %</i>	Tier 1	
<b>Cephalosporin Antibiotic And Beta-Lactamase Inhibitor Combinations - Antibiotics</b>		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM (ceftazidime/avibactam sodium)	Tier 2	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM (ceftolozane sulfate/tazobactam sodium)	Tier 2	
<b>Cephalosporin Antibiotics - 1St Generation - Antibiotics</b>		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>	Tier 1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	Tier 1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	Tier 1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml, 2 gram/50 ml</i>	Tier 1	
<i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>	Tier 1	
<i>cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml</i>	Tier 1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 20 gram, 500 mg</i>	Tier 1	
<i>cefazolin injection recon soln 100 gram, 300 g</i>	Tier 1	
<i>cefazolin intravenous recon soln 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporin Antibiotics - 2Nd Generation - Antibiotics</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM (cefotetan disodium)	Tier 3	
<i>cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	Tier 1	
<i>cefotetan intravenous recon soln 10 gram</i>	Tier 1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	Tier 1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	Tier 1	
<b>Cephalosporin Antibiotics - 3Rd Generation - Antibiotics</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>cefotaxime injection recon soln 1 gram</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ceftazidime in d5w intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	Tier 1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	Tier 1	
<i>ceftriaxone injection recon soln 100 gram</i>	Tier 1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	Tier 1	
<i>ceftazidime (Tazicef Injection Recon Soln 1 Gram, 2 Gram)</i>	Tier 1	
<b>Cephalosporin Antibiotics - 4Th Generation - Antibiotics</b>		
<i>cefepime in dextrose 5 % intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 3	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	Tier 2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	Tier 1	
<i>cefepime intravenous recon soln 100 gram</i>	Tier 1	
<b>Cephalosporin Antibiotics - 5Th Generation - Antibiotics</b>		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG (ceftaroline fosamil acetate)	Tier 2	
<b>Cephalosporin Antibiotics - Siderophore - Antibiotics</b>		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM (cefiderocol sulfate tosylate)	Tier 3	
<b>Cmv Antiviral Agent - Inorganic Pyrophosphate Analogs - Drugs For Viral Infections</b>		
<i>foscarnet intravenous solution 24 mg/ml</i>	Tier 1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML (foscarnet sodium)	Tier 3	
<b>Cmv Antiviral Agent - Nucleoside Analogs - Drugs For Viral Infections</b>		
<i>ganciclovir intravenous solution 500 mg/250 ml (2 mg/ml)</i>	Tier 3	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	Tier 1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cmv Antiviral Agent - Nucleotide Analogs - Drugs For Viral Infections</b>		
<i>cidofovir intravenous solution 75 mg/ml</i>	Tier 1	
<b>Cmv Antiviral Agent - Terminase Complex Inhibitors - Drugs For Viral Infections</b>		
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML (letermovir)	Tier 3	
PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)	Tier 3	
<b>Cyclic Lipopeptide Antibiotics - Antibiotics</b>		
<i>daptomycin intravenous recon soln 350 mg</i>	Tier 1	
<b>Fluoroquinolone Antibiotics - Antibiotics</b>		
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML (moxifloxacin HCl in sodium chloride, iso-osmotic)	Tier 2	
BAXDELA INTRAVENOUS RECON SOLN 300 MG (delafloxacin meglumine)	Tier 2	PA
BAXDELA ORAL TABLET 450 MG (delafloxacin meglumine)	Tier 2	PA
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG (gemifloxacin mesylate)	Tier 3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	Tier 1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Glycopeptide Antibiotics - Antibiotics</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin HCl)	Tier 3	
FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin HCl)	Tier 3	QL (600 ML per 1 FILL)
VANCOGIN ORAL CAPSULE 125 MG (vancomycin HCl)	Tier 3	QL (40 EA per 30 days)
VANCOGIN ORAL CAPSULE 250 MG (vancomycin HCl)	Tier 3	QL (80 EA per 30 days)
<i>vancomycin hcl in water intravenous solution 100 mg/ml</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/300 ml, 1.5 gram/500 ml, 1.75 gram/250 ml, 1.75 gram/500 ml, 2 gram/500 ml, 750 mg/150 ml, 750 mg/250 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous piggyback 750 mg/150 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous solution 1 gram/100 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/500 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous solution 1 gram/250 ml</i>	Tier 2	
<i>vancomycin injection recon soln 100 gram</i>	Tier 1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	Tier 1	
<i>vancomycin intravenous recon soln 1.25 gram, 250 mg, 5 gram, 750 mg</i>	Tier 1	
<i>vancomycin intravenous recon soln 1.5 gram</i>	Tier 3	
<i>vancomycin oral capsule 125 mg</i>	Tier 1	QL (40 EA per 30 days)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	QL (80 EA per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
<i>vancomycin-water inject (peg) intravenous piggyback 1.25 gram/250 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs For Viral Infections</b>		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)	Tier 2	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) (lamivudine)	Tier 2	QL (720 ML per 30 days)
EPIVIR HBV ORAL TABLET 100 MG (lamivudine)	Tier 3	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs For Viral Infections</b>		
<i>adefovir oral tablet 10 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (tenofovir alafenamide)	Tier 2	SP; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir disoproxil fumarate)	Tier 3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir disoproxil fumarate)	Tier 3	QL (1 EA per 1 day)
<b>Hepatitis C - Interferons - Drugs For Viral Infections</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	Tier 3	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (peginterferon alfa-2a)	Tier 3	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML (peginterferon alfa-2b)	Tier 3	PA; SP
<b>Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination - Drugs For Viral Infections</b>		
MAVYRET ORAL TABLET 100-40 MG (glecaprevir/pibrentasvir)	Tier 2	PA; SP
<b>Hepatitis C - Ns5a, Ns3/4A Protease, Nucleo.Ns5b Polymerase Inhib Comb - Drugs For Viral Infections</b>		
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir/velpatasvir/voxilaprevir)	Tier 3	PA; SP
<b>Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations - Drugs For Viral Infections</b>		
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (ledipasvir/sofosbuvir)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARVONI ORAL TABLET 45-200 MG (ledipasvir/sofosbuvir)	Tier 2	PA; SP
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Tier 1	PA; SP
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Tier 1	PA; SP
<b>Hepatitis C - Nucleoside Analogs - Drugs For Viral Infections</b>		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<b>Herpes Antiviral Agent - Purine Analogs - Drugs For Viral Infections</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	Tier 1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	
<b>Herpes Antiviral Agent - Thymidine Analogs - Drugs For Viral Infections</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<b>Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs For Viral Infections</b>		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1	QL (360 ML per 180 days)
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (peramivir/PF)	Tier 2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (zanamivir)	Tier 2	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 30 MG (oseltamivir phosphate)	Tier 3	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG (oseltamivir phosphate)	Tier 3	QL (20 EA per 180 days)
oseltamivir phosphate (Tamiflu Oral Capsule 75 Mg)	Tier 3	QL (20 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir phosphate)	Tier 3	QL (360 ML per 180 days)
<b>Influenza Antiviral Agents - Pa Endonuclease Inhibitor - Drugs For Viral Infections</b>		
XOFLUZA ORAL TABLET 20 MG, 40 MG (baloxavir marboxil)	Tier 3	QL (4 EA per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Influenza-A Antiviral Agents - Drugs For Viral Infections</b>		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
<b>Lincosamide Antibiotics - Antibiotics</b>		
CLEOCIN INJECTION SOLUTION 150 MG/ML (clindamycin phosphate)	Tier 3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	Tier 3	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	
clindamycin palmitate HCl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 MI)	Tier 1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	Tier 1	
<i>lincomycin injection solution 300 mg/ml</i>	Tier 1	
<b>Lipoglycopeptide Antibiotics - Antibiotics</b>		
DALVANCE INTRAVENOUS SOLUTION 500 MG (dalbavancin HCl)	Tier 2	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG (oritavancin diphosphate)	Tier 2	
VIBATIV INTRAVENOUS RECON SOLN 750 MG (telavancin HCl)	Tier 2	
<b>Macrolide Antibiotics - Antibiotics</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	Tier 1	
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFICID ORAL TABLET 200 MG (fidaxomicin)	Tier 3	ST: Prior prescription for Metronidazole and Vancomycin HCL in the past 365 days; QL (20 EA per 30 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
erythromycin base (Ery-Tab Oral Tablet, Delayed Release (Dr/Ec) 250 Mg)	Tier 1	
erythromycin stearate (Erythrocin (As Stearate) Oral Tablet 250 Mg)	Tier 1	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (erythromycin lactobionate)	Tier 2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg</i>	Tier 1	
<b>Misc Anti-Infective - Drugs For Infections</b>		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine isethionate)	Tier 3	
PENTAM INJECTION RECON SOLN 300 MG (pentamidine isethionate)	Tier 3	
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 1	
<i>pentamidine injection recon soln 300 mg</i>	Tier 1	
<b>Misc Anti-Infective Combinations - Drugs For Infections</b>		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG (methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin)	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG (methenamine/methylene blue/salicylate/sodium phos/hyoscyamin)	Tier 1	
URIN DS ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
URL ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 2	
USTELL ORAL CAPSULE 120-0.12 MG (methenamine/methylene blue/salicylate/sodium phos/hyoscyamin)	Tier 1	
UTIRA-C ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
<b>Monobactam Antibiotics - Antibiotics</b>		
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	Tier 1	
<b>Oxazolidinone Antibiotics - Antibiotics</b>		
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	Tier 1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG (tedizolid phosphate)	Tier 3	
SIVEXTRO ORAL TABLET 200 MG (tedizolid phosphate)	Tier 3	
<b>Penicillin Antibiotic - Natural - Antibiotics</b>		
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML (penicillin G benzathine)	Tier 2	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	Tier 1	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	Tier 1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	Tier 1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	Tier 1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
penicillin G potassium (Pfizerpen-G Injection Recon Soln 20 Million Unit, 5 Million Unit)	Tier 1	
<b>Penicillin Antibiotic - Penicillinase-Resistant - Antibiotics</b>		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	Tier 1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	Tier 1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	
<i>oxacillin intravenous recon soln 1 gram, 2 gram</i>	Tier 1	
<b>Penicillin Antibiotic, Extended-Spectrum And Beta-Lactamase Inhib Comb - Antibiotics</b>		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	Tier 1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	Tier 1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML (piperacillin and tazobactam in dextrose, iso-osmotic)	Tier 2	
<b>Penicillin Natural Antibiotic Combinations - Extended Release - Antibiotics</b>		
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) (penicillin G benzathine/penicillin G procaine)	Tier 2	
<b>Pleuromutilin Antibiotics - Antibiotics</b>		
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML (lefamulin acetate)	Tier 3	PA
XENLETA ORAL TABLET 600 MG (lefamulin acetate)	Tier 3	PA
<b>Polymyxins And Derivatives - Single Agents - Antibiotics</b>		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	Tier 1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	Tier 1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	Tier 1	
<b>Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs For Viral Infections</b>		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML (tipranavir/vitamin E TPGS)	Tier 2	QL (380 ML per 30 days)
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	Tier 2	QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 3	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir ethanolate)	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (darunavir ethanolate)	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (darunavir ethanolate)	Tier 2	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (darunavir ethanolate)	Tier 2	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (darunavir ethanolate)	Tier 2	QL (1 EA per 1 day)
<b>Protease Inhibitors (Peptidic) Antiretroviral - Drugs For Viral Infections</b>		
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atazanavir oral capsule 300 mg</i>	Tier 1	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG (indinavir sulfate)	Tier 2	
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG (saquinavir mesylate)	Tier 2	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (fosamprenavir calcium)	Tier 3	QL (1800 ML per 30 days)
LEXIVA ORAL TABLET 700 MG (fosamprenavir calcium)	Tier 3	QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG (ritonavir)	Tier 3	QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (ritonavir)	Tier 3	QL (480 ML per 30 days)
NORVIR ORAL TABLET 100 MG (ritonavir)	Tier 3	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG (atazanavir sulfate)	Tier 3	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)	Tier 2	
<b>Respiratory Syncytial Virus (Rsv) Antiviral Agents - Drugs For Viral Infections</b>		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
<b>Rifamycins And Related Derivative Antibiotics - Antibiotics</b>		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG (rifamycin sodium)	Tier 3	PA
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<b>Streptogramin Antibiotics - Antibiotics</b>		
SYNERCID INTRAVENOUS RECON SOLN 500 MG (quinupristin/dalfopristin)	Tier 2	
<b>Sulfonamide Antibiotic - Antibiotics</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<b>Tetracycline Antibiotics - Antibiotics</b>		
doxycycline monohydrate (Avidoxy Oral Tablet 100 Mg)	Tier 2	QL (2 EA per 1 day)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
doxycycline hyclate (Doxy-100 Intravenous Recon Soln 100 Mg)	Tier 1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	Tier 1	

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<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 150mg tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	ST: Prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in the past 120 days
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 2	ST: Prior prescription for Doxycycline Monohydrate or Hyclate or Doxycycline 100mg capsules or tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>	Tier 2	ST: Prior prescription for generic Doxycycline Monohydrate 150mg tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i>	Tier 2	ST: Prior prescription for Doxycycline Monohydrate or Hyclate or Doxycycline 100mg capsules or tablets in the past 120 days
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>	Tier 2	ST: Prior prescription for Doxycycline Monohydrate 50mg capsules or tablets in the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 75 mg</i>	Tier 2	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
MINOCIN INTRAVENOUS RECON SOLN 100 MG (minocycline HCl)	Tier 2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	
doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate (Mondoxyne NI Oral Capsule 75 Mg)	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
NUZYRA INTRAVENOUS RECON SOLN 100 MG (omadacycline tosylate)	Tier 3	
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	Tier 3	PA
doxycycline monohydrate (Oracea Oral Capsule, Ir - Delay Rel, Biphase 40 Mg)	Tier 2	ST: Prior prescription for Doxycycline Monohydrate 50mg capsules in the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML (doxycycline monohydrate)	Tier 3	
XERAVA INTRAVENOUS RECON SOLN 50 MG (eravacycline di-hydrochloride)	Tier 3	
<b>Antineoplastics - Drugs For Cancer</b>		
<b>Anp - Human Vascular Endothelial Growth Factor Inhib Rec-Mc Antibody - Drugs For Cancer</b>		
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (bevacizumab)	Tier 2	PA; SP
MVASI INTRAVENOUS SOLUTION 25 MG/ML (bevacizumab-awwb)	Tier 2	PA; SP
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (bevacizumab-bvzr)	Tier 2	PA; SP
<b>Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib - Drugs For Cancer</b>		
TYKERB ORAL TABLET 250 MG (lapatinib ditosylate)	Tier 2	PA; SP; Och
<b>Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor - Drugs For Cancer</b>		
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA; SP; Och
<b>Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer</b>		
<i>erlotinib oral tablet 100 mg</i>	Tier 1	PA; Och
<i>erlotinib oral tablet 150 mg, 25 mg</i>	Tier 1	PA; SP; Och
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 2	PA; SP; Och
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (erlotinib HCl)	Tier 3	PA; SP; Och
<b>Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer</b>		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	Tier 2	PA; SP; Och
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	Tier 3	PA; SP; Och; QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	Tier 2	PA; SP; Och
<b>Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer</b>		
TAGRISSO ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	Tier 2	PA; SP; Och
<b>Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs For Cancer</b>		
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 1	SP
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML (busulfan)	Tier 2	SP
MYLERAN ORAL TABLET 2 MG (busulfan)	Tier 2	SP; Och
<b>Antineoplastic - Alkylating Agent - Ethylenimines And Methylmelamines - Drugs For Cancer</b>		
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG (thiotepa)	Tier 3	PA; SP
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	Tier 1	PA; SP
<b>Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs For Cancer</b>		
MATULANE ORAL CAPSULE 50 MG (procarbazine HCl)	Tier 2	SP; Och
<b>Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer</b>		
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG (melphalan HCl)	Tier 3	SP
ALKERAN ORAL TABLET 2 MG (melphalan)	Tier 3	Och
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 1	SP
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	Tier 1	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	SP; Och
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	Tier 1	SP
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 1	SP
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	Tier 2	SP; Och
<i>melphalan hcl intravenous recon soln 50 mg</i>	Tier 1	SP
<i>melphalan oral tablet 2 mg</i>	Tier 1	Och
<b>Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs For Cancer</b>		
BICNU INTRAVENOUS RECON SOLN 100 MG (carmustine)	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carmustine intravenous recon soln 100 mg</i>	Tier 1	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 2	SP; Och
GLIADEL WAFER IMPLANT WAFER 7.7 MG (carmustine in polifeprosan 20)	Tier 3	SP
<b>Antineoplastic - Alkylating Agent - Other - Drugs For Cancer</b>		
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML (bendamustine HCl)	Tier 2	SP
<i>bendamustine intravenous solution 25 mg/ml</i>	Tier 2	SP
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine HCl)	Tier 2	SP
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG (bendamustine HCl)	Tier 2	SP
<b>Antineoplastic - Alkylating Agent - Triazines - Drugs For Cancer</b>		
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Tier 1	
TEMODAR INTRAVENOUS RECON SOLN 100 MG (temozolomide)	Tier 2	PA; SP
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (temozolomide)	Tier 3	PA; SP; Och
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA; SP; Och
<b>Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors - Drugs For Cancer</b>		
ALECENSA ORAL CAPSULE 150 MG (alectinib HCl)	Tier 2	PA; SP; Och; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (brigatinib)	Tier 3	PA; SP; Och; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG (brigatinib)	Tier 3	PA; SP; Och
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23) (brigatinib)	Tier 3	PA; SP; Och; QL (1 EA per 1 day)
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	Tier 2	PA; SP; Och
XALKORI ORAL CAPSULE 200 MG, 250 MG (crizotinib)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
ZYKADIA ORAL TABLET 150 MG (ceritinib)	Tier 2	PA; SP; Och
<b>Antineoplastic - Antiadrenals - Drugs For Cancer</b>		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYSODREN ORAL TABLET 500 MG (mitotane)	Tier 2	SP; Och
<b>Antineoplastic - Antiandrogens - Drugs For Cancer</b>		
<i>abiraterone oral tablet 250 mg</i>	Tier 1	SP; Och; QL (4 EA per 1 day)
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	Och
ERLEADA ORAL TABLET 60 MG (apalutamide)	Tier 2	PA; SP; Och
<i>flutamide oral capsule 125 mg</i>	Tier 1	Och
<i>nilutamide oral tablet 150 mg</i>	Tier 1	SP; Och; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (darolutamide)	Tier 2	PA; SP; Och
XTANDI ORAL CAPSULE 40 MG (enzalutamide)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA; SP; Och
<b>Antineoplastic - Antibiotic And Antimetabolite Combinations - Drugs For Cancer</b>		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (daunorubicin/cytarabine liposomal)	Tier 3	PA; SP
<b>Antineoplastic - Antibody-Drug Conjugates (Adcs) - Drugs For Cancer</b>		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (brentuximab vedotin)	Tier 2	PA; SP
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (inotuzumab ozogamicin)	Tier 3	PA; SP
BLENREP INTRAVENOUS RECON SOLN 100 MG (belantamab mafodotin-blmf)	Tier 3	PA; SP
ENHERTU INTRAVENOUS RECON SOLN 100 MG (fam-trastuzumab deruxtecan-nxki)	Tier 3	PA; SP
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (ado-trastuzumab emtansine)	Tier 2	PA; SP
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (gemtuzumab ozogamicin)	Tier 3	PA; SP
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (enfortumab vedotin-ejfv)	Tier 3	PA; SP
POLIVY INTRAVENOUS RECON SOLN 140 MG (polatuzumab vedotin-piiq)	Tier 3	PA; SP
<b>Antineoplastic - Anti-Gd2 Ganglioside Monoclonal Antibody - Drugs For Cancer</b>		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML (dinutuximab)	Tier 2	PA; SP
<b>Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs For Cancer</b>		
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG (pemetrexed disodium)	Tier 2	PA; SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (pralatrexate)	Tier 2	SP
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 3	Och
<b>Antineoplastic - Antimetabolite - Purine Analogs - Drugs For Cancer</b>		
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML (nelarabine)	Tier 2	SP
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 1	SP
<i>clofarabine intravenous solution 20 mg/20 ml</i>	Tier 1	SP
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML (clofarabine)	Tier 2	SP
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 1	SP
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Tier 1	SP
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	Och
NIPENT INTRAVENOUS RECON SOLN 10 MG (pentostatin)	Tier 3	SP
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 2	SP; Och; ST: Prior prescription for Mercaptopurine in the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 2	SP; Och
<b>Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs For Cancer</b>		
fluorouracil (Acrucil Intravenous Solution 2.5 Gram/50 Ml)	Tier 1	
<i>azacitidine injection recon soln 100 mg</i>	Tier 1	SP
<i>capecitabine oral tablet 150 mg</i>	Tier 1	PA; SP; Och; QL (28 EA per 21 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>capecitabine oral tablet 500 mg</i>	Tier 1	PA; SP; OCh; QL (112 EA per 21 days)
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 1	SP
<i>cytarabine injection solution 20 mg/ml</i>	Tier 1	SP
<i>decitabine intravenous recon soln 50 mg</i>	Tier 1	SP
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 1	SP
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	Tier 1	
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	Tier 1	
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	Tier 1	SP
<i>gemcitabine intravenous recon soln 2 gram</i>	Tier 1	SP
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	Tier 1	SP
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) (gemcitabine HCl in 0.9 % sodium chloride)	Tier 3	PA; SP
ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)	Tier 3	OCh
<b>Antineoplastic - Antimetabolite - Urea Derivatives - Drugs For Cancer</b>		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	OCh
<b>Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs For Cancer</b>		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine/tipiracil HCl)	Tier 2	PA; SP; OCh
<b>Antineoplastic - Anti-Slamf7 Monoclonal Antibody Agents - Drugs For Cancer</b>		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (elotuzumab)	Tier 3	PA; SP
<b>Antineoplastic - Aromatase Inhibitors - Drugs For Cancer</b>		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>exemestane oral tablet 25 mg</i>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	Och
<b>Antineoplastic - Arsenic Compounds - Drugs For Cancer</b>		
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	Tier 1	PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	Tier 1	PA; SP
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (arsenic trioxide)	Tier 3	PA; SP
<b>Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs For Cancer</b>		
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML (calaspargase pegol-mknl)	Tier 3	PA; SP
ERWINAZE INJECTION RECON SOLN 10,000 UNIT (asparaginase (Erwinia chrysanthemi))	Tier 3	PA; SP
ONCASPARG INJECTION SOLUTION 750 UNIT/ML (pegaspargase)	Tier 2	PA; SP
<b>Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors - Drugs For Cancer</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)	Tier 2	PA; SP; Och
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (venetoclax)	Tier 2	PA; SP; Och
<b>Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer</b>		
BRAFTOVI ORAL CAPSULE 50 MG (encorafenib)	Tier 3	PA; SP; Och; QL (4 EA per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	Tier 3	PA; SP; Och; QL (6 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)	Tier 2	PA; SP; Och
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	Tier 2	PA; SP; Och; QL (8 EA per 1 day)
<b>Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor - Drugs For Cancer</b>		
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 2	PA; SP; Och
CALQUENCE ORAL CAPSULE 100 MG (acalabrutinib)	Tier 3	PA; SP; Och
IMBRUVICA ORAL CAPSULE 70 MG (ibrutinib)	Tier 2	PA; SP; Och

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (ibrutinib)	Tier 2	PA; SP; Och
<b>Antineoplastic - Cc Chemokine Receptor 4 (Ccr4) Antagonist, Rec-Mab - Drugs For Cancer</b>		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (mogamulizumab-kpkc)	Tier 3	SP
<b>Antineoplastic - Cd-19 Directed Car-T Cell Immunotherapy - Drugs For Cancer</b>		
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL (tisagenlecleucel)	Tier 2	PA; SP
TECARTUS INTRAVENOUS SUSPENSION 2X10EXP6 TO 2X10EXP8 CELL (brexucabtagene autoleucel)	Tier 3	PA; SP
YESCARTA INTRAVENOUS SUSPENSION (axicabtagene ciloleucel)	Tier 3	PA; SP
<b>Antineoplastic - Cd19 Specific Recombinant Monoclonal Antibody Agents - Drugs For Cancer</b>		
MONJUVI INTRAVENOUS RECON SOLN 200 MG (tafasitamab-cxix)	Tier 3	PA; SP
<b>Antineoplastic - Cd20 Specific Recombinant Monoclonal Antibody Agents - Drugs For Cancer</b>		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML (ofatumumab)	Tier 2	PA; SP
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (obinutuzumab)	Tier 2	PA; SP
RUXIENCE INTRAVENOUS CONCENTRATE 10 MG/ML (rituximab-pvvr)	Tier 2	PA; SP
TRUXIMA INTRAVENOUS CONCENTRATE 10 MG/ML (rituximab-abbs)	Tier 3	PA; SP
<b>Antineoplastic - Cd22 Directed Antibody And Cytotoxin Conjugate - Drugs For Cancer</b>		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG (moxetumomab pasudotox-tdfk)	Tier 3	PA; SP
<b>Antineoplastic - Cd38 Specific Recombinant Monoclonal Antibody Agents - Drugs For Cancer</b>		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (daratumumab-hyaluronidase-fihj)	Tier 2	PA; SP
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (daratumumab)	Tier 2	PA; SP
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (isatuximab-irfc)	Tier 3	PA; SP
<b>Antineoplastic - Cd52 Specific Recombinant Monoclonal Antibody Agents - Drugs For Cancer</b>		
CAMPATH INTRAVENOUS SOLUTION 30 MG/ML (alemtuzumab)	Tier 3	
<b>Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors - Drugs For Cancer</b>		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA; SP; Och
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA; SP; Och
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (ribociclib succinate)	Tier 3	PA; SP; Och
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
<b>Antineoplastic - Cytotoxic T-Lymphocyte Antigen (Ctla-4),R-Mc Antibody - Drugs For Cancer</b>		
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (ipilimumab)	Tier 2	PA; SP
<b>Antineoplastic - Epidermal Growth Factor Receptor-2 (Her2) Inhibitor - Drugs For Cancer</b>		
TUKYSA ORAL TABLET 150 MG, 50 MG (tucatinib)	Tier 3	PA; SP; Och
<b>Antineoplastic - Epipodophyllotoxins - Drugs For Cancer</b>		
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG (etoposide phosphate)	Tier 2	
<i>etoposide intravenous solution 20 mg/ml</i>	Tier 1	
<i>etoposide oral capsule 50 mg</i>	Tier 1	Och
<i>teniposide intravenous solution 50 mg/5 ml</i>	Tier 1	SP
etoposide (Toposar Intravenous Solution 20 Mg/MI)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Epothilones And Analogs - Drugs For Cancer</b>		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (ixabepilone)	Tier 2	PA; SP
<b>Antineoplastic - Estrogen Receptor Antagonist - Drugs For Cancer</b>		
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML (fulvestrant)	Tier 3	PA; SP
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	Tier 1	PA; SP
<b>Antineoplastic - Estrogens - Drugs For Cancer</b>		
EMCYT ORAL CAPSULE 140 MG (estramustine phosphate sodium)	Tier 2	SP; Och
<b>Antineoplastic - Ezh2 Histone Methyltransferase (Hmt) Inhibitor - Drugs For Cancer</b>		
TAZVERIK ORAL TABLET 200 MG (tazemetostat hydrobromide)	Tier 2	PA; SP; Och
<b>Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib - Drugs For Cancer</b>		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (erdafitinib)	Tier 3	PA; SP; Och
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)	Tier 3	PA; SP; Och
<b>Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors - Drugs For Cancer</b>		
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	Tier 3	PA; SP; Och
<b>Antineoplastic - Halichondrin B Analogs, Microtubule Inhibitors - Drugs For Cancer</b>		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (eribulin mesylate)	Tier 2	PA; SP
<b>Antineoplastic - Hedgehog Pathway Inhibitor - Drugs For Cancer</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)	Tier 3	PA; SP; Och
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	Tier 3	PA; SP; Och
<b>Antineoplastic - Histone Deacetylase (Hdac) Inhibitors - Drugs For Cancer</b>		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG (belinostat)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (panobinostat lactate)	Tier 3	PA; SP; Och
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (romidepsin)	Tier 2	PA; SP
<i>romidepsin intravenous solution 5 mg/ml</i>	Tier 1	PA; SP
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	Tier 2	SP; Och
<b>Antineoplastic - Immunotherapy, Therapeutic Vaccines - Drugs For Cancer</b>		
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML (sipuleucel-T/lactated ringers solution)	Tier 2	SP
<b>Antineoplastic - Immunotherapy, Virus-Based - Drugs For Cancer</b>		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML (talimogene laherparepvec)	Tier 3	PA; SP
<b>Antineoplastic - Immunotoxins - Drugs For Cancer</b>		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG (moxetumomab pasudotox-tdfk)	Tier 3	PA; SP
<b>Antineoplastic - Interferons - Drugs For Cancer</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) (interferon alfa-2b, recomb.)	Tier 2	PA; SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML (interferon alfa-2b, recomb.)	Tier 2	PA; SP
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG (peginterferon alfa-2b)	Tier 2	PA; SP
<b>Antineoplastic - Interleukin-6 (Il-6) Inhibitors, Monoclonal Antibody - Drugs For Cancer</b>		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (siltuximab)	Tier 2	PA; SP
<b>Antineoplastic - Interleukins - Drugs For Cancer</b>		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (aldesleukin)	Tier 2	SP
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors - Drugs For Cancer</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib - Drugs For Cancer</b>		
INREBIC ORAL CAPSULE 100 MG (fedratinib dihydrochloride)	Tier 3	PA; SP; Och
<b>Antineoplastic - Kinase Inhibitor And Aromatase Inhibitor Combination - Drugs For Cancer</b>		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG (ribociclib succinate/letrozole)	Tier 3	PA; SP; Och
<b>Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Cancer</b>		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (leuprolide acetate)	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (leuprolide acetate)	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (leuprolide acetate)	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (leuprolide acetate)	Tier 2	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 1	PA; SP
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	Tier 1	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (leuprolide acetate)	Tier 3	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (leuprolide acetate)	Tier 3	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (leuprolide acetate)	Tier 3	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (leuprolide acetate)	Tier 3	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (triptorelin pamoate)	Tier 3	PA; SP
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY) (histrelin acetate)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (goserelin acetate)	Tier 2	PA; SP
<b>Antineoplastic - Lhrh (Gnrh) Antagonist Pituitary Suppressants - Drugs For Cancer</b>		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 2	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (degarelix acetate)	Tier 2	SP; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 2	SP; QL (2 EA per 365 days)
<b>Antineoplastic - Mast Cell Stabilizers - Drugs For Cancer</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors - Drugs For Cancer</b>		
COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)	Tier 2	PA; SP; Och; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (selumetinib sulfate/vitamin E TPGS)	Tier 2	PA; SP; Och
MEKINIST ORAL TABLET 0.5 MG, 2 MG (trametinib dimethyl sulfoxide)	Tier 2	PA; SP; Och
MEKTOVI ORAL TABLET 15 MG (binimetinib)	Tier 3	PA; SP; Och; QL (6 EA per 1 day)
<b>Antineoplastic - Monoclonal Antibodies For Radiopharmaceutical Therapy - Drugs For Cancer</b>		
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML (kit for prep yttrium-90/ibritumomab tiuxetan/albumin human)	Tier 2	SP
<b>Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer</b>		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus)	Tier 2	PA; SP; Och
AFINITOR ORAL TABLET 10 MG (everolimus)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG (everolimus)	Tier 3	PA; SP; Och; QL (1 EA per 1 day)
AFINITOR ORAL TABLET 7.5 MG (everolimus)	Tier 3	PA; SP; Och; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; SP; OCh; QL (1 EA per 1 day)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i>	Tier 1	PA; SP; OCh; QL (2 EA per 1 day)
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	Tier 1	PA; SP
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST) (temsirolimus)	Tier 2	PA; SP
<b>Antineoplastic - Multikinase Inhibitors - Drugs For Cancer</b>		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	Tier 2	PA; SP; OCh
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (cabozantinib s-malate)	Tier 2	PA; SP; OCh; QL (112 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG (ponatinib HCl)	Tier 2	PA; SP; OCh; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 45 MG (ponatinib HCl)	Tier 2	PA; SP; OCh; QL (1 EA per 1 day)
NEXAVAR ORAL TABLET 200 MG (sorafenib tosylate)	Tier 2	PA; SP; OCh; QL (4 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (regorafenib)	Tier 2	PA; SP; OCh; QL (3 EA per 1 day)
<b>Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Mdh1) Inhibitors - Drugs For Cancer</b>		
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	Tier 3	PA; SP; OCh
<b>Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Mdh2) Inhibitors - Drugs For Cancer</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	Tier 3	PA; SP; OCh; QL (1 EA per 1 day)
<b>Antineoplastic - Pan-Class I Pi3k Inhibitors - Drugs For Cancer</b>		
ALIQOPA INTRAVENOUS RECON SOLN 60 MG (copanlisib di-HCl)	Tier 3	PA; SP
<b>Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer</b>		
ALIQOPA INTRAVENOUS RECON SOLN 60 MG (copanlisib di-HCl)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 3	PA; SP; Och
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 2	PA; SP; Och
<b>Antineoplastic - Photosensitizers - Drugs For Cancer</b>		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG (porfimer sodium)	Tier 2	PA; SP
UVADEX INJECTION SOLUTION 20 MCG/ML (methoxsalen)	Tier 2	
<b>Antineoplastic - Pi3k-Alpha Inhibitors - Drugs For Cancer</b>		
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (alpelisib)	Tier 3	PA; SP; Och
<b>Antineoplastic - Pi3k-Delta And Gamma Inhibitors - Drugs For Cancer</b>		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 3	PA; SP; Och
<b>Antineoplastic - Pi3k-Delta Inhibitors - Drugs For Cancer</b>		
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 2	PA; SP; Och
<b>Antineoplastic - Platinum Complexes - Drugs For Cancer</b>		
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 1	SP
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 1	SP
<i>cisplatin intravenous recon soln 50 mg</i>	Tier 1	SP
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 1	SP
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 1	SP
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 1	SP
carboplatin (Paraplatin Intravenous Solution 10 Mg/MI)	Tier 3	
<b>Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors - Drugs For Cancer</b>		
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 200 MG, 300 MG (rucaparib camsylate)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 250 MG (rucaparib camsylate)	Tier 3	SP; Och; QL (4 EA per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (talazoparib tosylate)	Tier 2	PA; SP; Och

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEJULA ORAL CAPSULE 100 MG (niraparib tosylate)	Tier 3	PA; SP; Och
<b>Antineoplastic - Progestins - Drugs For Cancer</b>		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML (medroxyprogesterone acetate)	Tier 2	
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	Och
<b>Antineoplastic - Proteasome Enzyme Inhibitors - Drugs For Cancer</b>		
<i>bortezomib intravenous recon soln 3.5 mg</i>	Tier 2	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (carfilzomib)	Tier 2	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	Tier 2	PA; SP; Och
VELCADE INJECTION RECON SOLN 3.5 MG (bortezomib)	Tier 2	PA; SP
<b>Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs For Cancer</b>		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG (avapritinib)	Tier 2	PA; SP; Och
BOSULIF ORAL TABLET 100 MG (bosutinib)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (bosutinib)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 2	PA; SP; Och
CALQUENCE ORAL CAPSULE 100 MG (acalabrutinib)	Tier 3	PA; SP; Och
CAPRELSA ORAL TABLET 100 MG (vandetanib)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
<i>imatinib oral tablet 100 mg</i>	Tier 1	PA; SP; Och; QL (3 EA per 1 day)
<i>imatinib oral tablet 400 mg</i>	Tier 1	PA; SP; Och; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 2	PA; SP; Och
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (ibrutinib)	Tier 2	PA; SP; Och
INLYTA ORAL TABLET 1 MG (axitinib)	Tier 2	PA; SP; Och; QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INLYTA ORAL TABLET 5 MG (axitinib)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (lenvatinib mesylate)	Tier 2	PA; SP; Och
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 2	PA; SP
QINLOCK ORAL TABLET 50 MG (ripretinib)	Tier 3	PA; SP; Och
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)	Tier 2	PA; SP; Och
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	Tier 3	PA; SP; Och
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hydrochloride)	Tier 3	PA; SP; Och
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib HCl)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
TURALIO ORAL CAPSULE 200 MG (pexidartinib hydrochloride)	Tier 3	PA; SP; Och
VOTRIENT ORAL TABLET 200 MG (pazopanib HCl)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
<b>Antineoplastic - Retinoids - Drugs For Cancer</b>		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	SP; Och
<b>Antineoplastic - Selective Estrogen Receptor Modulators (Serms) - Drugs For Cancer</b>		
FARESTON ORAL TABLET 60 MG (toremifene citrate)	Tier 3	PA; SP; Och
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 0	Och
<i>toremifene oral tablet 60 mg</i>	Tier 1	PA; SP; Och
<b>Antineoplastic - Selective Ret Kinase Inhibitor - Drugs For Cancer</b>		
RETEVMO ORAL CAPSULE 40 MG, 80 MG (selpercatinib)	Tier 3	PA; SP; Och

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs For Cancer</b>		
<i>bexarotene oral capsule 75 mg</i>	Tier 1	PA; SP; Och
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	Tier 3	PA; SP; Och
<b>Antineoplastic - Taxanes - Drugs For Cancer</b>		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (paclitaxel protein-bound)	Tier 2	PA; SP
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG (docetaxel)	Tier 2	SP
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 1	SP
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	Tier 1	SP
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) (cabazitaxel)	Tier 2	SP
ONXOL INTRAVENOUS CONCENTRATE 6 MG/ML (paclitaxel)	Tier 1	SP
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 1	SP
<b>Antineoplastic - Thalidomide Analogs - Drugs For Cancer</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	Tier 2	PA; SP; Och
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
<b>Antineoplastic - Topoisomerase I Inhibitors - Drugs For Cancer</b>		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML (irinotecan HCl)	Tier 3	PA; SP
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan HCl)	Tier 2	SP; Och
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i>	Tier 1	PA; SP
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Tier 1	PA; SP
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (irinotecan liposomal)	Tier 2	PA; SP
<i>topotecan intravenous recon soln 4 mg</i>	Tier 1	SP
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 1	SP

Tier 0 = Preventive Medications | Tier 1 = Preferred Generic Drugs | Tier 2 = Preferred Brand Name Drugs | Tier 3 = Non-Preferred Brand Name Drugs  
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | Och = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor - Drugs For Cancer</b>		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (larotrectinib sulfate)	Tier 3	PA; SP; Och
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	Tier 3	PA; SP; Och
<b>Antineoplastic - Vasc Endothelial Growth Factor Receptor (Vegfr) Antag - Drugs For Cancer</b>		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (ramucirumab)	Tier 2	PA; SP
<b>Antineoplastic - Vinca Alkaloids And Analogs - Drugs For Cancer</b>		
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL (vincristine sulfate liposomal)	Tier 2	PA; SP
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 1	SP
vincristine sulfate (Vincasar Pfs Intravenous Solution 1 Mg/ML, 2 Mg/2 ML)	Tier 1	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	Tier 1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	Tier 1	SP
<b>Antineoplastic Antibiotic - Actinomycins - Drugs For Cancer</b>		
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG (dactinomycin)	Tier 3	SP
<i>dactinomycin intravenous recon soln 0.5 mg</i>	Tier 1	SP
<b>Antineoplastic Antibiotic - Anthracyclines - Drugs For Cancer</b>		
ADRIAMYCIN INTRAVENOUS RECON SOLN 10 MG (doxorubicin HCl)	Tier 1	
doxorubicin HCl (Adriamycin Intravenous Recon Soln 50 Mg)	Tier 1	
doxorubicin HCl (Adriamycin Intravenous Solution 10 Mg/5 ML, 2 Mg/ML, 20 Mg/10 ML, 50 Mg/25 ML)	Tier 1	
<i>daunorubicin intravenous recon soln 20 mg</i>	Tier 1	SP
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 1	SP
<i>doxorubicin intravenous recon soln 50 mg</i>	Tier 1	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Tier 1	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	Tier 1	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML (epirubicin HCl)	Tier 3	SP
<i>epirubicin intravenous recon soln 200 mg, 50 mg</i>	Tier 1	SP
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	Tier 1	SP
<i>idarubicin intravenous solution 1 mg/ml</i>	Tier 1	SP
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 1	PA; SP
<b>Antineoplastic Antibiotic - Others - Drugs For Cancer</b>		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 1	SP
JELMYTO INTRA-PYELOCALYCEAL RECON SOLN 40 MG (mitomycin)	Tier 3	SP
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	Tier 1	SP
mitomycin (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg)	Tier 1	SP
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM (streptozocin)	Tier 2	SP
<b>Antineoplastic -Cephalotaxines - Drugs For Cancer</b>		
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG (omacetaxine mepesuccinate)	Tier 2	PA; SP
<b>Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline And Derivatives - Drugs For Cancer</b>		
YONDELIS INTRAVENOUS RECON SOLN 1 MG (trabectedin)	Tier 2	PA; SP
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG (lurbinectedin)	Tier 3	PA; SP
<b>Antineoplastic-Anti-Programmed Cell Death Ligand-1 (Pd-L1) Mc Antib. - Drugs For Cancer</b>		

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