



## Marketplace Formulary *Last Update: 12/06/2022*

The formulary is a list of drugs covered by your plan. The preferred drugs in the formulary are chosen by a group of Kaiser Permanente physicians and pharmacists known as the Pharmacy and Therapeutics Committee. The Committee meets regularly to evaluate and select drugs that are safe and effective for our members.

This formulary applies only to outpatient drugs and self-administered drugs. It does not apply to medical service drugs or medications used in inpatient settings or administered in one of the Kaiser Permanente medical centers.

You may have specific exclusions, copays, or coinsurance amounts that are not reflected in the formulary drug list. Please consult your Evidence of Coverage or Membership Agreement for additional information regarding your pharmacy benefits, including any specific limitations or exclusions.

### Generic, Brand Name and Specialty Drugs

Kaiser Permanente covers generic, brand name and specialty drugs at the applicable tier copay or cost share.

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand name drug.

Brand name drugs are manufactured and sold by the pharmaceutical company that originally researched and developed the drug. When the patent on a brand name drug expires, other pharmaceutical companies may then manufacture and sell the FDA- approved generic version of the drug at lower prices.

Specialty drugs are high cost, prescription medications used to treat serious or chronic medical conditions and require special handling, administration or monitoring.

In most cases, your doctor will prescribe a generic drug if one is available. Generic drugs generally cost less than brand name or specialty drugs.

### Using the Kaiser Permanente Formulary List

When you look through the formulary drug listing beginning on page 4, you will see that products available in a generic form are listed by their generic names. Medications that are only available as a brand name product are listed in **BOLD AND ALL CAPITAL** letters, except where multiple branded products exist.

You can search the formulary drug list by using the “FIND” function in Adobe Reader, or by

referencing the therapeutic drug category.

The first column of the chart lists the drug name. Please note that some drugs have multiple dosage forms. Examples of dosage forms are tablets, capsules, creams, injections, etc. Please note that not all dosage forms and strengths for a particular drug listed may be on the same drug tier.

The second column, "Drug Tier" will indicate what tier number the drug is in. Drugs on the Formulary are categorized in one of four tiers.

Tier 1: Most Preferred Generic Drugs, commonly prescribed Generic Drugs

Tier 2: Most Preferred Brand Name Drugs, commonly prescribed Brand Name Drugs and higher cost Generic Drugs

Tier 3: Non-Preferred Drugs

Tier 4: Specialty Drugs

Please remember that this list is subject to change and will be updated from time to time during the year. Any product not found on the list will be considered non-formulary.

### **Restrictions on medication coverage (Dispensing Limitations)**

Some covered drugs may have additional requirements or limits on coverage. Please consult your Evidence of Coverage or Membership Agreement for additional information regarding your pharmacy benefits, including any specific limitations or exclusions.

- **Limited distribution:** Some drugs may be subject to limited distribution or restricted access. A drug that is a limited distribution drug may only be available at one or a limited number of pharmacies.
- **Medical Service Drugs:** Drugs that may be covered under your medical benefit (physician visit or hospital visit). Medical service drugs require administration by a clinician or in a facility. They are not dispensed through the outpatient pharmacy
- **Oral chemotherapy drugs:** Drugs that fall under the District of Columbia and State of Maryland Oral Chemotherapy Parity Act.
- **Prior Authorization:** A review and approval procedure that applies to some outpatient prescription drugs and is used to encourage safe and cost-effective medication use. Prior authorization is generally applied to outpatient prescription drugs that have multiple medical uses, are higher in cost or have a significant safety concern.

The purpose of prior authorization is to ensure that you receive the right medication for your medical condition. This means that when your physician or authorized provider prescribes a drug that has been identified as subject to prior authorization, the drug must be reviewed by the utilization management program to determine medical necessity before the prescription is filled.

If a drug requires prior authorization, your prescribing physician or authorized provider must work with us to authorize the drug for your use. Drugs requiring prior authorization have specific clinical criteria, including but not limited to diagnosis of specified condition, laboratory requirements or prescriber specialty, that you must meet in order for the prescription to be eligible for coverage.

Refer to the formulary for a complete list of medications requiring prior authorization. Once a prior authorization has been approved for a drug used to treat a chronic condition, no reauthorization for a repeat prescription will be needed for 1 year or for the duration of the standard course of treatment for the chronic condition being treated, whichever is less.

- **Quantity limit:** For certain drugs, Kaiser Permanente Pharmacy and Therapeutics Committee limits the amount of medication dispensed to a certain quantity per copay.
- **Step Therapy Process:** A process that defines how and when a particular outpatient prescription drug can be covered by requiring the use of one or more prerequisite drugs (first line agents), as identified through your drug history, prior to the use of another drug (second line agent). The step therapy process encourages safe and cost-effective medication use. Under this process, a "step"

approach is required to receive coverage for certain high cost medications. This means that to receive coverage, you may first be required to try a proven, cost effective medication before using a more costly medication.

Your prescribing physician or authorized provider should prescribe a first-line medication appropriate for your condition. If your prescribing physician or authorized provider determines that a first-line drug is not appropriate or effective for you, a second-line medication may be covered after meeting certain conditions.

Refer to the formulary for a complete list of medications requiring step therapy

- **Zero Cost Share Preventive Drugs:** Drugs that may be covered at \$0 when written on a prescription.
- **Key:** (Refer to “Restrictions on medication coverage” section, above, for definitions of these terms)

**LD** = Limited Distribution Drugs

**OC** = Oral Chemotherapy Drugs

**QL** = A drug with a quantity limit

**PA** = Prior Authorization

**PRV** = Zero Cost Share Preventive Drugs

**ST** = Step Therapy

**MSD** = Medical Service Drugs

For more information about the Marketplace Formulary Drug List, you may contact Member Services at **301-468-6000** or **800-777-7902 (TTY 711)**. Representatives are available Monday through Friday, 7:30 a.m. until 9 p.m.

Name of drug	Drug Tier	Restrictions/Limits
<b>ANTI-INFECTIVE AGENTS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	1, 3	
EGATEN	3	
EMVERM	3	PA
<i>ivermectin</i>	3	
<i>praziquantel</i>	3	
<b>ANTIBACTERIALS</b>		
AEMCOLO	3	
<i>amikacin sulfate</i>	1	MB
<i>amoxicillin</i>	1, 3	
<i>amoxicillin &amp; pot clavulanate</i>	1, 3	
<i>ampicillin</i>	1	
<i>ampicillin &amp; sulbactam sodium</i>	1, 3, MSD	MB
<i>ampicillin sodium</i>	1, 3, MSD	MB
ARIKAYCE	4	LD
AVELOX	MSD	MB
AVYCAZ	MSD	MB
<i>azithromycin</i>	1, 3, MSD	MB
<i>aztreonam</i>	1, 3	MB
<i>bacitracin</i>	1	MB
BAXDELA	3, MSD	MB
BICILLIN C-R	3	MB
BICILLIN L-A	2	MB
CAYSTON	3	PA, LD
<i>cefaclor</i>	1	
CEFACLOR ER	3	
<i>cefadroxil</i>	3	
<i>cefazolin sodium</i>	1, 3	MB
CEFAZOLIN SODIUM-DEXTROSE	MSD	MB
<i>cefdinir</i>	1	
<i>cefeprime hcl</i>	1, 3, MSD	MB
CEFEPIME-DEXTROSE	MSD	MB
<i>cefixime</i>	1, 3	
CEFOTAN	3	MB
<i>ceftaxime sodium</i>	1, 2	MB
CEFOTETAN DISODIUM-DEXTROSE	MSD	MB
<i>cefoxitin sodium</i>	MSD	MB
CEFOXITIN SODIUM-DEXTROSE	MSD	MB
<i>cefpodoxime proxetil</i>	3	
<i>ceprozil</i>	3	
<i>ceftazidime</i>	1, 3, MSD	MB
CEFTAZIDIME AND DEXTROSE	MSD	MB
<i>ceftriaxone sodium</i>	1, MSD	MB
CEFTRIAXONE SODIUM IN DEXTROSE	MSD	MB
CEFTRIAXONE SODIUM-DEXTROSE	MSD	MB
<i>cefuroxime axetil</i>	1, 2	
<i>cefuroxime sodium</i>	1, 3, MSD	MB
<i>cephalexin</i>	1, 3	
CHLORAMPHENICOL SOD SUCCINATE	MSD	MB
<i>ciprofloxacin</i>	1, 3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
ciprofloxacin hcl	1, 3	
ciprofloxacin in d5w	MSD	MB
clarithromycin	1, 3	
clindamycin hcl	1, 3	
clindamycin palmitate hydrochloride	1, 3	
clindamycin phosphate	1, 3	MB
clindamycin phosphate in d5w	MSD	MB
colistimethate sodium	1, 3	MB
DALVANCE	MSD	MB
daptomycin	MSD	MB
demeclocycline hcl	3	
dicloxacillin sodium	1	
DIFICID	3, 4	
DORIPENEM	MSD	MB
doxycycline (monohydrate)	1, 3	
doxycycline hyclate	3, MSD	MB
ertapenem sodium	1, 3	MB
ERYTHROCIN STEARATE	3	
erythromycin base	1, 3	
erythromycin ethylsuccinate	1, 3	
erythromycin lactobionate	MSD	MB
erythromycin-sulfisoxazole	1	
FETROJA	MSD	MB
gentamicin in saline	MSD	MB
gentamicin sulfate	1, 3	MB
imipenem-cilastatin	MSD	MB
KIMYRSA	MSD	MB
levofloxacin	1, 3, MSD	MB
levofloxacin in d5w	MSD	MB
lincomycin hcl	3	MB
linezolid	1, 4, MSD	MB
LINEZOLID IN SODIUM CHLORIDE	MSD	MB
meropenem	MSD	MB
MEROPENEM-SODIUM CHLORIDE	MSD	MB
minocycline hcl	1, 3, MSD	MB
moxifloxacin hcl	3, MSD	MB
nafcillin sodium	1, MSD	MB
NAFCILLIN SODIUM IN DEXTROSE	MSD	MB
neomycin sulfate	1	
NUZYRA	3, MSD	MB
ofloxacin	3	
oxacillin sodium	3, MSD	MB
OXACILLIN SODIUM IN DEXTROSE	MSD	MB
PENICILLIN G POT IN DEXTROSE	MSD	MB
penicillin g potassium	1, 3	MB
PENICILLIN G PROCAINE	1	MB
PENICILLIN G SODIUM	1	MB
penicillin v potassium	1	
piperacillin sodium-tazobactam sodium	MSD	MB
polymyxin b sulfate	3	MB
RECARBRIOL	MSD	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
SEYSARA	4	
SIVEXTRO	4, MSD	MB
STREPTOMYCIN SULFATE	1	MB
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1, 3, MSD	MB
<i>sulfasalazine</i>	1, 3	
SYNERCID	MSD	MB
TEFLARO	MSD	MB
<i>tetracycline hcl</i>	3	
TIGECYCLINE	MSD	MB
TIMENTIN	MSD	MB
<i>tobramycin</i>	1, 3, 4	
TOBRAMYCIN SULFATE	1, 3	MB
VABOMERE	MSD	MB
<i>vancomycin hcl</i>	1, 3, 4, MSD	MB
VANCOMYCIN HCL IN DEXTROSE	MSD	MB
VIBATIV	MSD	MB
VIBRAMYCIN	3	
XENLETA	3, MSD	MB
XERAVA	MSD	MB
XIFAXAN	4	PA, QL
ZEMDRİ	MSD	MB
ZERBAXA	MSD	MB
ZOSYN	MSD	MB
<b>ANTIFUNGALS</b>		
ABELCET	MSD	MB
AMBIOSOME	MSD	MB
AMPHOTERICIN B	MSD	MB
BREXAFEMME	3	
<i>caspofungin acetate</i>	MSD	MB
<i>ciclopirox</i>	3	PA
CRESEMBA	4, MSD	PA, MB
ERAXIS	MSD	MB
<i>fluconazole</i>	1, 3	
<i>fluconazole in dextrose</i>	MSD	MB
<i>fluconazole in nacl</i>	MSD	MB
<i>flucytosine</i>	3, 4	
<i>griseofulvin microsize</i>	1, 3	
<i>griseofulvin ultramicrosize</i>	3	
<i>itraconazole</i>	1, 3, 4	PA
JUBLIA	3	PA
<i>ketoconazole</i>	1	
<i>micafungin sodium</i>	MSD	MB
MICONAZOLE-ZINC OXIDE-PETROLAT	3	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
<i>posaconazole</i>	4, MSD	MB
<i>tavaborole</i>	3	PA
<i>terbinafine hcl</i>	1	PA
<i>voriconazole</i>	1, 3, MSD	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<b>ANTIMYCOBACTERIALS</b>		
CAPASTAT SULFATE	3	MB
CYCLOSERINE	3	
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1, 3	
<i>isoniazid</i>	1, 3	MB
PASER	3	
PRETOMANID	2	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1, 3	
RIFAMATE	3	
<i>rifampin</i>	1, 3, MSD	MB
RIFATER	3	
SIRTURO	4	LD
TRECATOR	3	
<b>ANTIPROTOZOALS</b>		
ARAKODA	2, 3	
ARTESUNATE	MSD	MB
<i>atovaquone</i>	4	
<i>atovaquone-proguanil hcl</i>	1, 3	
BENZNIDAZOLE	3	LD
<i>chloroquine phosphate</i>	1	
COARTEM	2	
<i>hydroxychloroquine sulfate</i>	1, 3	
IMPAVIDO	3	
LAMPIT	3	
<i>mefloquine hcl</i>	1	
<i>metronidazole</i>	1, 3, MSD	MB
<i>nitazoxanide</i>	3	
<i>paromomycin sulfate</i>	3	
<i>pentamidine isethionate</i>	1, 2, 3	MB
<i>primaquine phosphate</i>	2	
<i>pyrimethamine</i>	3	
<i>quinine sulfate</i>	3	
SOLOSEC	3	
<i>tinidazole</i>	3	
<b>ANTIVIRALS</b>		
<i>abacavir sulfate</i>	1, 3	
<i>abacavir sulfate-lamivudine</i>	1, 3	
<i>abacavir sulfate-lamivudine-zidovudine</i>	1, 3	
<i>acyclovir</i>	1, 3	
<i>acyclovir sodium</i>	MSD	MB
<i>adefovir dipivoxil</i>	4	
APRETUDE	3	MB
APТИVUS	2	
<i>atazanavir sulfate</i>	1, 2, 3	
BIKTARVY	2, 3	
CABENUVA	2	MB
<i>cidofovir</i>	MSD	MB
CIMDUO	2, 3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
COMPLERA	2	
CRIXIVAN	2	
DAKLINZA	4	PA, QL
DELSTRIGO	2	
DESCOVY	2, 3	PREV
DIDANOSINE	1, 2, 3	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1, 3	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1, 3	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1, 2	
<i>emtricitabine</i>	1, 2, 3	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1, 3	PREV
<i>entecavir</i>	1, 3, 4	
EPCLUSA	3, 4	PA, QL
<i>etravirine</i>	1, 2, 3	
EVOTAZ	2	
<i>famciclovir</i>	3	
<i>fosamprenavir calcium</i>	1, 2, 3	
<i>foscarnet sodium</i>	MSD	MB
FUZEON	2	QL
GANCICLOVIR	MSD	MB
<i>ganciclovir sodium</i>	MSD	MB
GENVOYA	2	
HARVONI	2, 4	PA, QL
INVIRASE	2	
ISENTRESS	2	
JULUCA	2	
<i>lamivudine</i>	1, 3	
<i>lamivudine (hbv)</i>	1, 3	
<i>lamivudine-zidovudine</i>	1, 3	
LIVTENCITY	2	QL
<i>lopinavir-ritonavir</i>	1, 3	
<i>maraviroc</i>	1, 2, 3	
MAVYRET	3, 4	PA, QL
<i>nevirapine</i>	1, 3	
ODEFSEY	2	
OLYSIO	4	QL
<i>oseltamivir phosphate</i>	1, 3	QL
PEGASYS	4	QL
PEGINTRON	3	QL
PIFELTRO	2	
PLEGRIDY	4	PA, QL
PREVYMIS	2, MSD	MB
PREZCOBIX	2	
PREZISTA	2	
RAPIVAB	MSD	MB
RELENZA DISKHALER	2	QL
SCRIPTOR	3	
<i>ribavirin</i>	3	MB
<i>ribavirin (hepatitis c)</i>	1, 3, 4	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
RIMANTADINE HCL	1	
<i>ritonavir</i>	1, 2, 3	
RUKOBIA	3	
SOVALDI	4	PA, QL
STAVUDINE	1	
STRIBILD	2	
SYMTUZA	2	
SYNAGIS	2	MB
TECHNIVIE	4	QL
<i>tenofovir disoproxil fumarate</i>	1, 3	
TIVICAY	2, 3	
TRIUMEQ	2, 3	
TROGARZO	MSD	MB
<i>valacyclovir hcl</i>	1, 3	
<i>valganciclovir hcl</i>	1, 4	
VEKLURY	MSD	MB
VEMLIDY	3	
VIEKIRA PAK	4	PA, QL
VIRACEPT	2	
VOCABRIA	3	
VOSEVI	4	PA, QL
XOFLUZA (40 MG DOSE)	3	
ZEPATIER	4	PA, QL
<i>zidovudine</i>	1, 3, MSD	MB
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine</i>	1, 3	
<i>methenamine hippurate</i>	1, 3	
<i>methenamine mandelate</i>	3	
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal</i>	3	
<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>	3	
<i>nitrofurantoin</i>	1, 3	
<i>nitrofurantoin macrocrystal</i>	1, 3	
<i>nitrofurantoin monohyd macro</i>	1, 3	
PRIMSOL	3	
<i>trimethoprim</i>	1	
<b>ANTIHISTAMINE DRUGS</b>		
<b>ANTIHISTAMINE DRUGS</b>		
<i>carbinoxamine maleate</i>	3	
CLARINEX-D 12 HOUR	3	
CLEMASTINE FUMARATE	3	
<i>cyproheptadine hcl</i>	1	
<i>desloratadine</i>	3	
DEXCHLORPHENIRAMINE MALEATE	3	
<i>diphenhydramine hcl</i>	1	MB
<i>promethazine &amp; phenylephrine</i>	3	
<i>promethazine hcl</i>	1, 3	MB
QUZYTIR	MSD	MB
SEMPREX-D	3	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	1, 3, 4	OC

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
ABRAXANE	MSD	MB
ALECENSA	4	OC
ALFERON N	3	MB
ALIMTA	MSD	MB
ALIQOPA	MSD	MB
ALUNBRIG	4	OC
<i>anastrozole</i>	1, 3	OC
ARRANON	MSD	MB
<i>arsenic trioxide</i>	MSD	MB
ARZERRA	MSD	MB
ASPARLAS	MSD	MB
AVASTIN	MSD	MB
AYVAKIT	3, 4	OC
<i>azacitidine</i>	1, 3, 4	OC, MB
AZEDRA DOSIMETRIC	MSD	MB
BALVERSA	3	OC
BAVENCIO	MSD	MB
BELEODAQ	MSD	MB
BELRAPZO	MSD	MB
BESPONSA	MSD	MB
<i>bexarotene</i>	1, 4	OC
<i>bicalutamide</i>	1, 3	OC
BICNU	MSD	MB
BLENREP	MSD	MB
<i>bleomycin sulfate</i>	1	MB
BLINCYTO	MSD	MB
<i>bortezomib</i>	1, 3, MSD	MB
BOSULIF	3	OC
BRAFTOVI	4	OC
BRUKINSA	2	OC
<i>busulfan</i>	2, MSD	OC, MB
CABOMETYX	4	LD, OC
CALQUENCE	4	OC
CAMCEVI	3	MB
CAMPATH	MSD	LD, MB
<i>capecitabine</i>	1, 3, 4	OC
CAPRELSA	2, 4	LD, OC
<i>carboplatin</i>	MSD	MB
<i>cisplatin</i>	MSD	MB
<i>cladribine</i>	MSD	MB
<i>clofarabine</i>	MSD	MB
COPIKTRA	4	OC
COSELA	MSD	MB
COTELLIC	4	OC
<i>cyclophosphamide</i>	1, 2, MSD	PA, MB
CYRAMZA	MSD	MB
<i>cytarabine</i>	1	MB
<i>dacarbazine</i>	MSD	MB
<i>dactinomycin</i>	MSD	MB
DANYELZA	MSD	MB
DARZALEX	MSD	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
DARZALEX FASPRO	3	MB
<i>daunorubicin hcl</i>	MSD	MB
DAURISMO	4	OC
<i>decitabine</i>	MSD	MB
<i>docetaxel</i>	MSD	MB
<i>doxorubicin hcl</i>	MSD	MB
<i>doxorubicin hcl liposomal</i>	MSD	MB
ELIGARD	2, 3	QL
ELIGARD	2, 3	QL
ELIGARD	2, 3	QL
ELZONRIS	MSD	MB
EMCYT	4	OC
EMPLICITI	MSD	MB
ENHERTU	MSD	MB
<i>epirubicin hcl</i>	MSD	MB
ERBITUX	MSD	MB
ERIVEDGE	4	OC
ERLEADA	4	OC
<i>erlotinib hcl</i>	4	OC
ERWINAZE	3	MB
ETOPOPHOS	MSD	MB
<i>etoposide</i>	1, MSD	OC, MB
EULEXIN	1, 3	OC
<i>everolimus</i>	1, 3, 4	OC
<i>exemestane</i>	1, 3	OC
EXKIVITY	3	OC
FARYDAK	4	OC
FIRMAGON	3	MB
<i>flouxuridine</i>	1	MB
<i>fludarabine phosphate</i>	MSD	MB
<i>fluorouracil</i>	MSD	MB
FOLOTYN	MSD	MB
FOTIVDA	4	OC
<i>fulvestrant</i>	1, 2, 3	MB
FYARRO	MSD	MB
GAVRETO	3	OC
GAZYVA	MSD	MB
<i>gemcitabine hcl</i>	MSD	MB
GILOTrif	4	OC
GLEOSTINE	2, 4	OC
HALAVEN	MSD	MB
HERCEPTIN	MSD	MB
HERCEPTIN HYLECTA	3	MB
HERZUMA	MSD	MB
HEXALEN	4	OC
<i>hydroxyurea</i>	1, 3	OC
IBRANCE	4	OC
ICLUSIG	4	OC
<i>idarubicin hcl</i>	MSD	MB
IDHIFA	4	OC
<i>ifosfamide</i>	MSD	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>imatinib mesylate</i>	1, 4	OC
IMBRUVICA	4	OC
IMFINZI	MSD	MB
IMLYGIC	3	MB
INFUGEM	MSD	MB
INLYTA	4	OC
INQOVI	3	OC
INREBIC	4	OC
INTRON A	4	QL
IRESSA	2	OC
<i>irinotecan hcl</i>	MSD	MB
ISTODAX (OVERFILL)	MSD	MB
IXEMPRA KIT	MSD	MB
JAKAFI	2, 3	OC
JEMPERLI	MSD	MB
JEVTANA	MSD	MB
KADCYLA	MSD	MB
KANJINTI	MSD	MB
KEYTRUDA	MSD	MB
KIMMTRAK	MSD	MB
KISQALI (200 MG DOSE)	4	OC
KISQALI FEMARA (400 MG DOSE)	4	OC
KOSELUGO	3	OC
KYPROLIS	MSD	MB
<i>lapatinib ditosylate</i>	1, 4	OC
<i>lenalidomide</i>	1, 4	PA, LD
LENVIMA (10 MG DAILY DOSE)	4	OC
<i>letrozole</i>	1, 3	OC
<i>leucovorin calcium</i>	3	MB
LEUKERAN	2	OC
<i>leuprolide acetate</i>	1, 2, 3	PA, QL, HC
LIBTAYO	MSD	MB
LONSURF	4	OC
LORBRENA	4	OC
LUMAKRAS	3	OC
LUMOXITI	MSD	MB
LUPANETA PACK	3	MB
LUPRON DEPOT-PED (1-MONTH)	4	QL
LUPRON DEPOT-PED (3-MONTH)	4	QL
LUTATHERA	MSD	MB
LYNPARZA	4	OC
LYSODREN	2	LD, OC
MARGENZA	MSD	MB
MARQIBO	MSD	MB
MATULANE	4	OC
<i>megestrol acetate</i>	1	
MEKINIST	4	OC
MEKTOVI	4	OC
<i>melphalan</i>	1, 3	OC
<i>melphalan hcl</i>	MSD	MB
<i>mercaptopurine</i>	1, 4	OC

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>methotrexate sodium</i>	1, 3	MB
<i>mitomycin</i>	3, MSD	MB
<i>mitoxantrone hcl</i>	MSD	MB
MONJUVI	MSD	MB
MUSTARGEN	2	MB
MVASI	MSD	MB
MYLOTARG	MSD	MB
NERLYNX	4	OC
<i>nilutamide</i>	3	OC
NINLARO	4	OC
NIPENT	MSD	MB
NUBEQA	4	OC
ODOMZO	2	OC
OGIVRI	MSD	MB
ONCASPAR	2	MB
ONIVYDE	MSD	MB
ONTRUZANT	MSD	MB
OPDIVO	MSD	MB
OPDUALAG	MSD	MB
<i>oxaliplatin</i>	MSD	MB
<i>paclitaxel</i>	MSD	MB
PADCEV	MSD	MB
PEMAZYRE	3	LD, OC
PEMFEXY	MSD	MB
PEPAXTO	MSD	MB
PERJETA	MSD	MB
PHESGO	3	MB
PIQRAY (200 MG DAILY DOSE)	4	OC
POLIVY	MSD	MB
POMALYST	4	LD, OC
PORTRAZZA	MSD	MB
POTELIGEO	MSD	MB
PROLEUKIN	MSD	MB
QINLOCK	4	OC
RETEVMO	4	OC
RIABNI	MSD	MB
RITUXAN	MSD	MB
RITUXAN HYCELIA	3	MB
ROZLYTREK	3	OC
RUBRACA	4	OC
RUXIENCE	MSD	MB
RYBREVANT	MSD	MB
RYDAPT	4	OC
RYLAZE	3	MB
SARCLISA	MSD	MB
SCEMBLIX	3	OC
<i>sorafenib tosylate</i>	1, 4	OC
SPRYCEL	4	OC
STIVARGA	4	OC
<i>sunitinib malate</i>	1, 4	OC
SYLATRON	4	QL

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
SYLVANT	MSD	MB
SYNRIBO	3	MB
TABLOID	2	OC
TABRECTA	4	OC
TAFINLAR	4	OC
TAGRISSO	4	OC
TALZENNA	3	OC
<i>tamoxifen citrate</i>	1, 3	PA
TASIGNA	4	OC
TAZVERIK	3	OC
TECENTRIQ	MSD	MB
<i>temozolomide</i>	1, 4, MSD	OC, MB
<i>temsirolimus</i>	MSD	MB
TENIPOSIDE	MSD	MB
TEPMETKO	4	OC
<i>thiotepa</i>	3	MB
TIBSOVO	4	OC
TIVDAK	MSD	MB
<i>topotecan hcl</i>	4, MSD	OC, MB
<i>toremifene citrate</i>	3, 4	OC
TRAZIMERA	MSD	MB
TRELSTAR MIXJECT	3	MB
<i>tretinoin (chemotherapy)</i>	1	OC
TRODELVY	MSD	MB
TRUSELTIQ (100MG DAILY DOSE)	4	OC
TRUXIMA	MSD	MB
TUKYSA	3	OC
TURALIO	4	OC
UKONIQ	3	OC
UNITUXIN	MSD	MB
VECTIBIX	MSD	MB
VENCLEXTA	2	OC
VERZENIO	4	OC
VINBLASTINE SULFATE	MSD	MB
<i>vincristine sulfate</i>	MSD	MB
<i>vinorelbine tartrate</i>	MSD	MB
VITRAKVI	4	LD, OC
VIZIMPRO	4	OC
VONJO	3	OC
VOTRIENT	4	OC
VYXEOS	MSD	MB
WELIREG	3	LD, OC
XALKORI	4	OC
XATMEP	3	
XOSPATA	4	OC
XPOVIO (100 MG ONCE WEEKLY)	3	OC
XTANDI	4	OC
YERVOY	MSD	MB
YONDELIS	MSD	MB
ZALTRAP	MSD	MB
ZANOSAR	MSD	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
ZEJULA	4	OC
ZELBORAF	4	OC
ZEPZELCA	MSD	MB
ZIRABEV	MSD	MB
ZOLADEX	2	MB
ZOLINZA	4	OC
ZYDELIG	3	OC
ZYKADIA	4	OC
ZYNLONTA	MSD	MB
<b>AUTONOMIC DRUGS</b>		
<b>ANTICHOLINERGIC AGENTS</b>		
ANORO ELLIPTA	3	
<i>atropine sulfate</i>	1, 3	MB
ATROVENT HFA	3	
BEVESPI AEROSPHERE	3	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1, 3	
COCAINE HCL	3	MB
<i>dicyclomine hcl</i>	1, 3	MB
DUAKLIR PRESSAIR	3	
<i>glycopyrrolate</i>	1, 3	MB
<i>hyoscyamine</i>	1	
<i>hyoscyamine sulfate</i>	1, 3	
INCRUSE ELLIPTA	3	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1, 3	
LONHALA MAGNAIR REFILL KIT	3	
<i>methscopolamine bromide</i>	3	
<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>	3	
PROPANTHELINE BROMIDE	3	
SPIRIVA HANDIHALER	2, 3	
STIOLTO RESPIMAT	2	
TUDORZA PRESSAIR	3	
YUPELRI	4	
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
<i>bupropion hcl (smoking deterrent)</i>	PRV	
CHANTIX	PRV	QL
<i>nicotine</i>	PRV	
<i>nicotine polacrilex</i>	PRV	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>		
<i>bethanechol chloride</i>	1, 3	
<i>cevimeline hcl</i>	3	
<i>donepezil hydrochloride</i>	1, 3	
FIRDAPSE	4	PA
<i>galantamine hydrobromide</i>	1, 3	
GUANIDINE HCL	3	
<i>neostigmine methylsulfate</i>	1, MSD	MB
PHYSOSTIGMINE SALICYLATE	2	MB
<i>pilocarpine hcl (oral)</i>	1, 3	
<i>pyridostigmine bromide</i>	1, 3, MSD	MB
<i>rivastigmine</i>	3	
<i>rivastigmine tartrate</i>	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
RUZURGI	4	
<b>SKELETAL MUSCLE RELAXANTS</b>		
baclofen	1, 3	MB
carisoprodol	3	
carisoprodol w/ aspirin & codeine	3	QL
chlorzoxazone	3	
cyclobenzaprine hcl	1, 3	
dantrolene sodium	1, 3, MSD	MB
metaxalone	3	
methocarbamol	1, 3	MB
orphenadrine citrate	3	MB
orphenadrine w/ aspirin & caff	3	
tizanidine hcl	3	
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>		
alfuzosin hcl	3	
dihydroergotamine mesylate	1, 3	QL
ERGOLOID MESYLATES	1	
ERGOMAR	3	
phenoxybenzamine hcl	1, 3	
QULIPTA	3	QL
silodosin	3	
tamsulosin hcl	1, 3	
TRUDHESA	3	LD
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
AIRDUO DIGIHALER	3	
AKOVAZ	MSD	MB
albuterol sulfate	1, 3	
ARCAPTA NEOHALER	3	
arformoterol tartrate	4	
DOBUTAMINE HCL	MSD	MB
DOBUTAMINE IN D5W	MSD	MB
droxidopa	3, 4	
EPINEPHRINE	3	MB
epinephrine (anaphylaxis)	1, 2, 3	PA, QL, LD, MB
epinephrine hcl	1	MB
fluticasone-salmeterol	1, 2, 3	
formoterol fumarate	3	
ipratropium-albuterol	1, 3	
levalbuterol hcl	3	
LEVALBUTEROL TARTRATE	3	
metaproterenol sulfate	1, 3	
midodrine hcl	1	
phenylephrine hcl (pressors)	MSD	MB
PROAIR DIGIHALER	3	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
terbutaline sulfate	1	MB
UTIBRON NEOHALER	3	
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b>		
<b>COAGULANTS AND ANTICOAGULANTS</b>		
AFSTYLA	MSD	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
AGGRASTAT	MSD	MB
ALPHANATE/VWF COMPLEX/HUMAN	MSD	MB
ALPROLIX	MSD	MB
<i>aminocaproic acid</i>	1, 3, MSD	MB
<i>anagrelide hcl</i>	1, 3	
ANDEXXA	MSD	MB
<i>argatroban</i>	MSD	MB
<i>aspirin-dipyridamole</i>	1, 3	
ASPIRIN-OMEPRAZOLE	3	
BEVYXXA	3	
<i>bivalirudin trifluoroacetate</i>	MSD	MB
BIVALIRUDIN-SODIUM CHLORIDE	MSD	MB
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1, 3	
COAGADEX	MSD	MB
CORIFACT	MSD	LD, MB
DURLAZA	3	
ELIQUIS	3	
ELOCTATE	MSD	MB
<i>enoxaparin sodium</i>	1, 3	QL
<i>eptifibatide</i>	MSD	MB
FIBRYGA	MSD	MB
<i>fondaparinux sodium</i>	3	QL
FRAGMIN	3	QL
HEMLIBRA	2	PA, QL
<i>heparin (porcine) in sodium chloride</i>	MSD	MB
HEPARIN SOD (PORCINE) IN D5W	MSD	MB
<i>heparin sodium (porcine)</i>	1	QL
<i>heparin sodium (porcine) lock flush</i>	MSD	MB
IDELVION	MSD	MB
IXINITY	MSD	MB
JIVI	MSD	MB
KCENTRA	MSD	MB
KENGREAL	MSD	MB
KOVALTRY	MSD	MB
NOVOEIGHT	MSD	MB
NUWIQ	MSD	MB
OBIZUR	MSD	MB
<i>pentoxifylline</i>	1	
PRADAXA	2	
<i>prasugrel hcl</i>	1, 3	
PRAXBIND	MSD	MB
PYRUKYND	3	
REBINYN	MSD	MB
SAVAYSA	3	
TAVALISSE	3	
<i>tranexamic acid</i>	1, 3, MSD	MB
TRETEN	MSD	MB
VONVENDI	MSD	MB
<i>warfarin sodium</i>	1, 3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
XARELTO	2	
ZONTIVITY	3	
<b>HEMATOPOIETIC AGENTS</b>		
ARANESP (ALBUMIN FREE)	4	PA, QL
DOPTELET	4	
EPOGEN	2, 3	QL
FULPHILA	4	QL
GRANIX	4	QL
LEUKINE	4	QL
MIRCERA	3	PA, QL
MOZOBIL	3	MB
MULPLETA	4	
NEULASTA	3, 4	QL, MB
NEUMEGA	4	QL
NEUPOGEN	4	QL
NIVESTYM	2	QL
NPLATE	3	MB
NYVEPRIA	4	QL
PROMACTA	2, 3	LD
REBLOZYL	3	MB
RELEUKO	3	
RETACRIT	3	PA, QL
UDENYCA	4	QL
ZARXIO	2	QL
ZIEXTENZO	3	QL
<b>CARDIOVASCULAR DRUGS</b>		
<b>A-ADRENERGIC BLOCKING AGENTS</b>		
CARDURA XL	3	
<i>doxazosin mesylate</i>	1, 3	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	
<b>ANTILIPIDIC AGENTS</b>		
<i>atorvastatin calcium</i>	1, 3	
<i>cholestyramine</i>	1, 3	
<i>cholestyramine light</i>	1, 3	
<i>choline fenofibrate</i>	3	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl</i>	1, 3	
EVKEEZA	MSD	MB
<i>ezetimibe</i>	1, 3	
EZETIMIBE-ROSVASTATIN	3	
<i>ezetimibe-simvastatin</i>	3	
<i>fenofibrate</i>	1, 3	
<i>fenofibrate micronized</i>	3	
FENOFIBRIC ACID	3	
<i>fluvastatin sodium</i>	3	
<i>gemfibrozil</i>	1, 3	
<i>icosapent ethyl</i>	3	
JUXTAPID	4	LD
KYNAMRO	4	QL, LD
LIVALO	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>lovastatin</i>	1, 3	
NEXLETOL	3	
NEXLIZET	3	
<i>niacin (antihyperlipidemic)</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	PA, QL
<i>pravastatin sodium</i>	1, 3	
REPATHA	3	PA, QL
<i>rosuvastatin calcium</i>	1, 3	
<i>simvastatin</i>	1, 3	
ZYPITAMAG	3	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>esmolol hcl</i>	MSD	MB
<i>labetalol hcl</i>	MSD	MB
LABETALOL HCL-SODIUM CHLORIDE	MSD	MB
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1, MSD	MB
SOTYLIZE	3	
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
<i>amlodipine besylate</i>	1, 3	
<i>amlodipine besylate-atorvastatin calcium</i>	3	
<i>amlodipine besylate-benazepril hcl</i>	3	
<i>amlodipine besylate-olmesartan medoxomil</i>	3	
<i>amlodipine besylate-valsartan</i>	3	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	
CARDENE IV	MSD	MB
CLEVIPREX	MSD	MB
CONJUPRI	3	
CONSENSI	3	
<i>diltiazem hcl</i>	1, 3, MSD	MB
<i>diltiazem hcl coated beads</i>	1, 3	
<i>diltiazem hcl extended release beads</i>	3	
<i>felodipine</i>	3	
<i>isradipine</i>	3	
KATERZIA	3	
<i>nicardipine hcl</i>	3, MSD	MB
<i>nifedipine</i>	1, 3	
<i>nimodipine</i>	3, 4	
<i>nisoldipine</i>	3	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	3	
PRESTALIA	3	
TARKA	3	
<i>telmisartan-amlodipine</i>	3	
<i>verapamil hcl</i>	1, 3, MSD	MB
<b>CARDIAC DRUGS</b>		
<i>adenosine</i>	MSD	MB
<i>amiodarone hcl</i>	1, 3, MSD	MB
CORLANOR	3	
<i>digoxin</i>	1, 2, 3	MB
<i>disopyramide phosphate</i>	1, 3	
<i>dofetilide</i>	1, 4	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
flecainide acetate	1	
lidocaine hcl (cardiac)	MSD	MB
lidocaine in d5w	MSD	MB
mexiletine hcl	1	
MULTAQ	3	
NEXTERONE	MSD	MB
procainamide hcl	1, 3	MB
propafenone hcl	1, 3	
quinidine gluconate	1	
quinidine sulfate	1	
ranolazine	3	
VYNDAMAX	3	PA
VYNDAQEL	3	PA
<b>HYPOTENSIVE AGENTS</b>		
clonidine	1, 3	
clonidine hcl	1, 3	
CORLOPAM	MSD	MB
guanfacine hcl	1	
hydralazine hcl	1	MB
METHYLDOPA	1	
METHYLDOPA-HYDROCHLOROTHIAZIDE	3	
METHYLDOPATE HCL	MSD	MB
minoxidil	1	
NIPRIDE RTU	MSD	MB
VECAMYL	4	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
GIAPREZA	MSD	MB
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
aliskiren fumarate	3	
benazepril & hydrochlorothiazide	3	
benazepril hcl	3	
candesartan cilexetil	3	
candesartan cilexetil-hydrochlorothiazide	3	
captoril	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	3	
EDARBI	3	
EDARBYCLOL	3	
enalapril maleate	1, 3	
enalapril maleate & hydrochlorothiazide	3	
ENTRESTO	2	
eplerenone	3	
EPROSARTAN MESYLATE	3	
fosinopril sodium	3	
fosinopril sodium & hydrochlorothiazide	3	
irbesartan	3	
irbesartan-hydrochlorothiazide	3	
KERENDIA	3	
lisinopril	1, 3	
lisinopril & hydrochlorothiazide	1, 3	
losartan potassium	1, 3	
losartan potassium & hydrochlorothiazide	1, 3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>moexipril hcl</i>	3	
<i>olmesartan medoxomil</i>	3	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	3	
<i>perindopril erbumine</i>	3	
<i>quinapril hcl</i>	3	
<i>quinapril-hydrochlorothiazide</i>	3	
<i>ramipril</i>	3	
<i>spironolactone</i>	1, 3	
<i>spironolactone &amp; hydrochlorothiazide</i>	1, 3	
TEKTURNA HCT	3	
<i>telmisartan</i>	3	
<i>telmisartan-hydrochlorothiazide</i>	3	
<i>trandolapril</i>	3	
<i>valsartan</i>	1, 3	
<i>valsartan-hydrochlorothiazide</i>	1, 3	
<b>VASODILATING AGENTS</b>		
BIDIL	3	
<i>dipyridamole</i>	1	
<i>isosorbide dinitrate</i>	1, 3	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1, 2, 3, MSD	MB
NITROGLYCERIN IN D5W	MSD	MB
<i>papaverine hcl</i>	1	MB
<i>sildenafil citrate (pulmonary hypertension)</i>	1, 3, 4, MSD	PA, MB, HC
<i>tadalafil (pulmonary hypertension)</i>	1, 4	PA, LD, HC
VERQUVO	3	
<b>β-ADRENERGIC BLOCKING AGENTS</b>		
BYVALSON	3	
<i>labetalol hcl</i>	MSD	MB
<i>metoprolol tartrate</i>	MSD	MB
<i>nebivolol hcl</i>	3	
<i>propranolol hcl</i>	1, 3, MSD	MB
PROPRANOLOL-HCTZ	3	
<i>sotalol hcl</i>	1, 3	
<i>timolol maleate</i>	3	
<b>Α<sub>2</sub>-ADRENERGIC BLOCKING AGENTS</b>		
BETAPACE AF	3	
BYSTOLIC	3	
<i>carvedilol phosphate</i>	3	
CORGARD	3	
KAPSPARGO SPRINKLE	3	
LOPRESSOR	3	
<i>propranolol hcl</i>	1	
<i>sotalol hcl</i>	1	
TENORETIC 50	3	
TENORMIN	3	
<b>β-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl</i>	3	
<i>atenolol</i>	1, 3	
<i>atenolol &amp; chlorthalidone</i>	1, 3	
BETAPACE AF	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>betaxolol hcl</i>	3	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1, 3	
<i>bisoprolol fumarate</i>	1	
<i>BYSTOLIC</i>	3	
<i>carvedilol</i>	1, 3	
<i>carvedilol phosphate</i>	3	
<i>INDERAL XL</i>	3	
<i>labetalol hcl</i>	1	
<i>metoprolol &amp; hydrochlorothiazide</i>	3	
<i>metoprolol succinate</i>	1, 3	
<i>metoprolol tartrate</i>	1, 3, MSD	MB
<i>nadolol</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl</i>	1, 3	
<i>sotalol hcl</i>	1, 3, MSD	MB
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ANALGESICS AND ANTIPIRETICS</b>		
<i>acetaminophen</i>	MSD	MB
<i>acetaminophen w/ codeine</i>	1, 3	QL
<i>acetaminophen-caff-dihydrocod</i>	3	QL
<i>alfentanil hcl</i>	MSD	MB
<i>APADAZ</i>	3	QL
<i>aspirin</i>	PRV	
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	PRV	
<i>buprenorphine</i>	3	QL
<i>buprenorphine hcl</i>	3	QL
<i>butalbital-acetaminophen</i>	3	
<i>butalbital-acetaminophen-caffeine</i>	3	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	3	QL
<i>butalbital-aspirin-caffeine</i>	3	
<i>butalbital-aspirin-caffeine w/cod</i>	3	QL
<i>butorphanol tartrate</i>	1, 3	QL, MB
<i>CAMBIA</i>	3	
<i>celecoxib</i>	3	
<i>choline &amp; mag salicylate</i>	1, 3	
<i>clonidine hcl (analgesia)</i>	1, 3	MB
<i>codeine sulfate</i>	1	QL
<i>DICLOFENAC</i>	3	
<i>diclofenac potassium</i>	3, 4	
<i>diclofenac sodium</i>	1, 3	
<i>diclofenac w/ misoprostol</i>	3	
<i>diflunisal</i>	3	
<i>DSUVIA</i>	3	MB
<i>DUEXIS</i>	4	
<i>EMBEDA</i>	3	QL
<i>etodolac</i>	1, 3	
<i>fenoprofen calcium</i>	3	
<i>fentanyl</i>	1, 3	QL
<i>fentanyl citrate</i>	1, 3	QL, MB
<i>flurbiprofen</i>	3	
<i>GRALISE</i>	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
hydrocodone bitartrate	3	QL
hydrocodone-acetaminophen	1, 3	QL
hydrocodone-ibuprofen	3	QL
hydromorphone hcl	1, 3	QL, MB
ibuprofen	1, 3, MSD	MB
ILARIS	3	PA, MB
indomethacin	1, 3	
KETOPROFEN	3	
ketorolac tromethamine	1, 3	MB
levorphanol tartrate	3	QL
MECLOFENAMATE SODIUM	3	
mefenamic acid	3	
meloxicam	1, 3, MSD	MB
meperidine hcl	1, 3	QL, MB
methadone hcl	1, 3	QL, MB
morphine sulfate	1, 2, 3, MSD	QL, MB
MORPHINE SULFATE ER BEADS	3	QL
morphine sulfate for continuous microinfusion	3	MB
nabumetone	1, 3	
nalbuphine hcl	3	MB
naproxen	1, 3	
naproxen sodium	3	
naproxen-esomeprazole magnesium	3	
NUCYNTA	3, 4	QL
OLINVYK	MSD	MB
oxaprozin	3	
oxycodone hcl	1, 2, 3	QL
oxycodone w/ acetaminophen	1, 3, 4	QL
OXYCODONE-ASPIRIN	3	QL
OXYCODONE-IBUPROFEN	3	QL
oxymorphone hcl	3	QL
pentazocine w/ naloxone hcl	3	QL
piroxicam	3	
pregabalin (once-daily)	3	
salsalate	3	
sulindac	1	
TOLMETIN SODIUM	3	
tramadol hcl	1, 3, 4	QL
tramadol-acetaminophen	3	QL
XTAMPZA ER	3	QL
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b>		
ADZENYS ER	3	PA
amphetamine sulfate	3	PA
amphetamine-dextroamphetamine	1, 3	PA
armodafinil	3	
AZSTARYS	3	
caffeine citrate	MSD	MB
COTEMPLA XR-ODT	3	PA
dexmethylphenidate hcl	1, 3	
dextroamphetamine sulfate	1, 3	
methamphetamine hcl	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>methylphenidate hcl</i>	1, 3	PA
<i>modafinil</i>	1, 3	
SUNOSI	3	PA
VYVANSE	3	PA
WAKIX	3	PA, LD
<b>ANTICONVULSANTS</b>		
APTIOM	3	PA
BRIVIACT	3, MSD	PA, MB
<i>carbamazepine</i>	1, 3	
CELONTIN	2	
<i>clobazam</i>	3, 4	PA
<i>clonazepam</i>	1, 3	QL
DIACOMIT	4	PA, LD
<i>divalproex sodium</i>	1, 3	
EPIDIOLEX	4	PA, LD
EQUETRO	3	
<i>ethosuximide</i>	1, 3	
<i>felbamate</i>	3	PA
FINTEPLA	4	
<i>fosphenytoin sodium</i>	1, 3	MB
FYCOMPA	3	PA
<i> gabapentin</i>	1, 3	
HORIZANT	3	
<i>lacosamide</i>	1, 3, MSD	MB
<i>lamotrigine</i>	1, 3	
<i>levetiracetam</i>	1, 3, 4, MSD	MB
LEVETIRACETAM IN NACL	MSD	MB
<i>magnesium sulfate</i>	1, MSD	MB
NAYZILAM	4	QL
<i>oxcarbazepine</i>	1, 3	
PEGANONE	3	
<i>phenytoin</i>	1, 3	
<i>phenytoin sodium</i>	1	MB
<i>phenytoin sodium extended</i>	1, 2, 3	
<i>pregabalin</i>	3	
<i>primidone</i>	1, 3	
<i>rufinamide</i>	4	PA
<i>tiagabine hcl</i>	3	PA
<i>topiramate</i>	1, 3	
<i>valproate sodium</i>	1, 3, MSD	MB
<i>valproic acid</i>	1	
VALTOCO 10 MG DOSE	3	QL
<i>vigabatrin</i>	3, 4	PA, LD
XCOPRI	3	
<i>zonisamide</i>	3	
<b>ANTIMIGRAINE AGENTS</b>		
AIMOVIG	3	PA, QL
AJOVY	2	PA, QL
<i>almotriptan malate</i>	3	QL
<i>eletriptan hydrobromide</i>	3	QL
ELYXYB	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
EMGALITY	3, 4	PA, QL
<i>ergotamine w/ caffeine</i>	3	
<i>frovatriptan succinate</i>	3	QL
<i>naratriptan hcl</i>	1, 3	QL
NURTEC	3	PA, QL
REYVOW	3	PA, QL
<i>rizatriptan benzoate</i>	1, 3	QL
<i>sumatriptan</i>	1, 3	
<i>sumatriptan succinate</i>	1, 3	QL
<i>sumatriptan-naproxen sodium</i>	3	QL
UBRELVY	3	PA, QL
VYEPTI	MSD	MB
<i>zolmitriptan</i>	3	QL
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i>	1, 3, 4	LD
<i>apomorphine hydrochloride</i>	3, 4	QL
<i>benztropine mesylate</i>	1, 3	MB
<i>bromocriptine mesylate</i>	1, 3	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1, 3	
<i>carbidopa-levodopa</i>	1, 3, 4	
<i>carbidopa-levodopa-entacapone</i>	3	
<i>entacapone</i>	1, 3	
INBRIJA	4	
NEUPRO	3	
NOURIANZ	3	LD
ONGENTYS	3	
<i>pramipexole dihydrochloride</i>	1, 3	
<i>rasagiline mesylate</i>	3	
<i>ropinirole hydrochloride</i>	1, 3	
<i>selegiline hcl</i>	1, 3	
<i>tolcapone</i>	3	
<i>trihexyphenidyl hcl</i>	1	
XADAGO	3	
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
<i>alprazolam</i>	1, 3	QL
BELSOMRA	3	QL
<i>buspirone hcl</i>	1, 3	
BYFAVO	MSD	MB
<i>chlordiazepoxide hcl</i>	3	QL
<i>clorazepate dipotassium</i>	3	QL
DAYVIGO	3	
<i>dexmedetomidine hcl</i>	MSD	MB
<i>dexmedetomidine hcl in sodium chloride</i>	MSD	MB
DIASTAT ACUDIAL	1, 2	QL
<i>diazepam</i>	1, 3	QL, MB
DORAL	3	QL
<i>doxepin hcl (sleep)</i>	3	QL
<i>droperidol</i>	1	MB
<i>estazolam</i>	3	QL
<i>eszopiclone</i>	3	QL

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>etomidate</i>	MSD	MB
FLURAZEPAM HCL	3	QL
HETLIOZ	4	LD
<i>hydroxyzine hcl</i>	1	MB
<i>hydroxyzine pamoate</i>	1, 3	
<i>ketamine hcl</i>	1	MB
<i>lorazepam</i>	1, 3	QL, MB
<i>meprobamate</i>	3	
<i>midazolam hcl</i>	1, 3	QL, MB
MIDAZOLAM-SODIUM CHLORIDE	MSD	MB
<i>oxazepam</i>	3	QL
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	MB
<i>propofol</i>	MSD	MB
<i>ramelteon</i>	3	QL
<i>temazepam</i>	1, 3	QL
<i>triazolam</i>	3	QL
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1, 3	QL
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>		
<i>acamprosate calcium</i>	1	
<i>atomoxetine hcl</i>	1, 3	
<i>atracurium besylate</i>	MSD	MB
AUSTEDO	4	
<i>cisatracurium besylate</i>	MSD	MB
<i>clonidine hcl (adhd)</i>	3	
CONTRAVE	3	HC
<i>diethylpropion hcl</i>	1	HC
<i>flumazenil</i>	MSD	MB
<i>guanfacine hcl (adhd)</i>	1, 3	
INGREZZA	4	
<i>ketamine hcl</i>	1	MB
<i>memantine hcl</i>	1, 3	
NAMZARIC	3	
NUDEXTA	3	
<i>phendimetrazine tartrate</i>	3	HC
<i>phentermine hcl</i>	1	HC
QELBREE	3	
QUELICIN	2	MB
RADICAVA	MSD	MB
<i>riluzole</i>	1, 4	
<i>rocuronium bromide</i>	MSD	MB
SAVELLA	3	
<i>sevoflurane</i>	1	MB
SUPRANE	2	MB
<i>tetrabenazine</i>	3, 4	
<i>vecuronium bromide</i>	MSD	MB
XYREM	4	PA, QL, LD
XYWAV	3	LD
<b>OPIATE ANTAGONISTS</b>		
<i>buprenorphine hcl</i>	1, 3	QL, MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
buprenorphine hcl-naloxone hcl dihydrate	1, 3	QL
naloxone hcl	1, 3	QL
naltrexone hcl	1	
SUBLOCADE	3	LD, MB
VIVITROL	3	MB
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
ABILIFY MYCITE	4	
ABILIFY MYCITE MAINTENANCE KIT	4	
amitriptyline hcl	1	
AMOXAPINE	3	
APLENZIN	3	
aripiprazole	1, 3	MB
ARISTADA	2, 3	MB
asenapine maleate	3	
bupropion hcl	1, 3	PA
CAPLYTA	3	
CHLORDIAZEPOXIDE-AMITRIPTYLINE	3	
chlorpromazine hcl	1, 3	MB
citalopram hydrobromide	1, 3	
clomipramine hcl	3	
clozapine	1, 3	QL
desipramine hcl	1, 3	
DESVENLAFAKINE ER	3	
desvenlafaxine succinate	3	
doxepin hcl	1	
duloxetine hcl	1, 3	
EMSAM	4	
escitalopram oxalate	1, 3	
FANAPT	3, 4	
FETZIMA	3	
fluoxetine hcl	1, 3	
FLUOXETINE HCL (PMDD)	3	
fluphenazine decanoate	1	MB
fluphenazine hcl	1, 3	MB
fluvoxamine maleate	1, 3	
haloperidol	1	
haloperidol decanoate	1, 3	MB
haloperidol lactate	1, 3	MB
imipramine hcl	1, 3	
imipramine pamoate	3	
INVEGA HAFYERA	2, 3	MB
LATUDA	3	
LITHIUM	2	
lithium carbonate	1, 3	
loxpipamine succinate	3	
LYBALVI	3	
MAPROTILINE HCL	3	
MARPLAN	3	
mirtazapine	1, 3	
MOLINDONE HCL	3	
NEFAZODONE HCL	1	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>nortriptyline hcl</i>	1, 3	
NUPLAZID	4	
<i>olanzapine</i>	1, 3	MB
<i>olanzapine-fluoxetine hcl</i>	3	
<i>paliperidone</i>	3	
<i>paroxetine hcl</i>	1, 3	
<i>paroxetine mesylate (vasomotor)</i>	3	
<i>perphenazine</i>	1	
PERPHENAZINE-AMITRIPTYLINE	3	
PEXEVA	3	
<i>phenelzine sulfate</i>	1, 3	
PIMOZIDE	1, 3	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1, 3	
REXULTI	4	
RISPERDAL CONSTA	2	MB
<i>risperidone</i>	1, 3	MB
SECUADO	3	
<i>sertraline hcl</i>	1, 3	
SPRAVATO (56 MG DOSE)	3	MB
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine sulfate</i>	3	
<i>trazodone hcl</i>	1, 3	
<i>trifluoperazine hcl</i>	1	
<i>trimipramine maleate</i>	3	
TRINTELLIX	3	
<i>venlafaxine hcl</i>	1, 3	
VIBRYD	3	
VRAYLAR	3	
<i>ziprasidone hcl</i>	1, 3	
<i>ziprasidone mesylate</i>	3	MB
ZULRESSO	MSD	MB
ZYPREXA RELPREVV	3	MB
<b>DIABETIC SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
ADVOCATE CONTROL SOLUTION	2	
ALBUSTIX	2	
AUTOPEN	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE U-500	2	
BD LANCET ULTRAFINE 30G	2	
CONTOUR NEXT TEST	2	QL
DASTIX	2	
KETO-DIASTIX	2	
KETOSTIX	2	
MINIMED SYRINGE RESERVOIR/3ML/22G X 1/2"	2	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
ONETOUCH VERIO FLEX SYSTEM	2	
PENLET II BLOOD SAMPLER	2	
PRECISION XTRA KETONE	2	
URISTIX	2	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ACIDIFYING AND ALKALINIZING AGENTS</b>		
K-PHOS NO 2	2	
<i>pot &amp; sod citrates w/citric ac</i>	1, 2	
<i>potassium citrate (alkalinizer)</i>	1, 3	
<i>potassium citrate-citric acid</i>	1	
SODIUM ACETATE	MSD	MB
<i>sodium bicarbonate</i>	MSD	MB
<i>sodium citrate &amp; citric acid</i>	1	
SODIUM LACTATE	MSD	MB
<b>AMMONIA DETOXICANTS</b>		
<i>carglumic acid</i>	3	
<i>lactulose</i>	1, 3	
<i>lactulose (encephalopathy)</i>	1	
LITHOSTAT	3	LD
RAVICTI	4	LD
<i>sodium phenylbutyrate</i>	3, 4	
<b>CALORIC AGENTS</b>		
<i>amino acid electrolyte infusion</i>	MSD	MB
<i>amino acid infusion</i>	MSD	MB
CLINIMIX E/DEXTROSE (2.75/10)	MSD	MB
CLINIMIX E/DEXTROSE (2.75/5)	MSD	MB
CLINIMIX E/DEXTROSE (4.25/25)	MSD	MB
CLINIMIX E/DEXTROSE (5/15)	MSD	MB
CLINIMIX E/DEXTROSE (5/20)	MSD	MB
CLINIMIX/DEXTROSE (4.25/10)	MSD	MB
CLINIMIX/DEXTROSE (4.25/20)	MSD	MB
CLINIMIX/DEXTROSE (4.25/25)	MSD	MB
CLINIMIX/DEXTROSE (4.25/5)	MSD	MB
CLINIMIX/DEXTROSE (5/15)	MSD	MB
<i>dextrose</i>	MSD	MB
ELCYS	MSD	MB
INTRALIPID	MSD	MB
OMEGAVEN	MSD	MB
<b>DIURETICS</b>		
<i>amiloride &amp; hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	3	MB
CHLOROTHIAZIDE	1, 3	
<i>chlorothiazide sodium</i>	MSD	MB
<i>chlorthalidone</i>	1, 3	
<i>ethacrynone sodium</i>	MSD	MB
<i>ethacrynic acid</i>	3	
<i>furosemide</i>	1, 3	MB
<i>hydrochlorothiazide</i>	1, 3	
<i>indapamide</i>	1	
<i>mannitol</i>	MSD	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
metolazone	1	
tolvaptan	3	PA, QL, LD
torsemide	1, 3	
triamterene	3	
triamterene & hydrochlorothiazide	1, 3	
<b>ION-REMOVING AGENTS</b>		
AURYXIA	4	
lanthanum carbonate	3, 4	
LOKELMA	3	
sevelamer carbonate	1, 3	
sevelamer hcl	3	
sodium polystyrene sulfonate	1, 2	
VELPHORO	3	
VELTASSA	3	
<b>IRRIGATING SOLUTIONS</b>		
acetic acid	1	
DIANEAL LOW CALCIUM/1.5% DEX	2	
EXTRANEAL	2	
irrigation solutions, physiological	3	MB
lactated ringer's (irrigation)	3	MB
RENACIDIN	3	MB
ringer's irrigation	3	MB
sodium chloride (gu irrigant)	1	MB
water for irrigation, sterile	1	
<b>REPLACEMENT PREPARATIONS</b>		
bacteriostatic sodium chloride	1	MB
calcium acetate (phosphate binder)	1, 2	
calcium chloride (dihydrate)	MSD	MB
calcium gluconate	MSD	MB
CALCIUM GLUCONATE-NACL	MSD	MB
dextrose in lactated ringers	MSD	MB
dextrose w/ sodium chloride	MSD	MB
HESPA	MSD	MB
IONOSOL-MB IN D5W	MSD	MB
ISOLYTE-P IN D5W	MSD	MB
ISOLYTE-S	MSD	MB
K-PHOS	2	
KCL-LACTATED RINGERS-D5W	MSD	MB
LACTATED RINGERS	MSD	MB
MAGNESIUM SULFATE IN D5W	MSD	MB
MANGANESE CHLORIDE	MSD	MB
MANGANESE SULFATE	MSD	MB
NORMOSOL-M IN D5W	MSD	MB
NORMOSOL-R IN D5W	MSD	MB
NORMOSOL-R PH 7.4	MSD	MB
PLASMA-LYTE 148	MSD	MB
PLASMA-LYTE A	MSD	MB
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	1, 2	
potassium acetate	MSD	MB
potassium bicarbonate	1, 2	
potassium chloride	1, 2, 3, MSD	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>potassium chloride in dextrose</i>	MSD	MB
<i>potassium chloride in dextrose &amp; sodium chloride</i>	MSD	MB
<i>potassium chloride in nacl</i>	MSD	MB
<i>potassium chloride microencapsulated crystals cr</i>	1, 2, 3	
<i>potassium phosphates</i>	MSD	MB
<i>ringer's</i>	MSD	MB
SELENIOS ACID	MSD	MB
<i>sodium chloride</i>	1, MSD	MB
<i>sodium chloride flush</i>	MSD	MB
<i>sodium phosphates (sodium phosphate dibasic &amp; monobasic)</i>	MSD	MB
<i>trace minerals (cr-cu-mn-se-zn)</i>	MSD	MB
ZINC CHLORIDE	MSD	MB
<b>URICOSURIC AGENTS</b>		
<i>colchicine w/ probenecid</i>	3	
<i>probenecid</i>	1	
<b>ENZYMES</b>		
<b>ENZYMES</b>		
ADAGEN	2	LD, MB
ALDURAZYME	MSD	MB
BRINEURA	3	MB
CEREZYME	MSD	MB
ELAPRASE	MSD	MB
EELYSO	MSD	MB
ELITEK	MSD	MB
FABRAZYME	MSD	MB
KANUMA	MSD	MB
LUMIZYME	MSD	MB
MEPSEVII	MSD	MB
NAGLAZYME	MSD	MB
NEXVIAZYME	MSD	MB
PALYNZIQ	3	PA, QL, LD
PULMOZYME	2	
REVCOVI	3	LD, MB
STRENSIQ	3	QL, LD
SUCRAID	3	LD
VIMIZIM	MSD	MB
VITRASE	2	MB
VPRIV	MSD	MB
<b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b>		
<b>ANTI-INFECTIVES</b>		
ARZOL SILVER NIT APPLICATORS	1	
AZASITE	3	
BACITRACIN	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	2	MB
CETRAXAL	3	
<i>chlorhexidine gluconate (mouth-throat)</i>	3	
<i>ciprofloxacin hcl (ophth)</i>	1, 2, 3	
CIPROFLOXACIN-FLUOCINOLONE PF	3	
<i>erythromycin (ophth)</i>	1	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>gatifloxacin (ophth)</i>	3	
<i>gentamicin sulfate (ophth)</i>	1	
<i>levofloxacin (ophth)</i>	3	
<i>moxifloxacin hcl (ophth)</i>	1, 3	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	3	
<i>ofloxacin (ophth)</i>	1, 3	
<i>ofloxacin (otic)</i>	3	
OTIPRIO	3	
<i>polymyxin b-trimethoprim</i>	1, 3	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	1, 2, 3	
TRIFLURIDINE	1	
ZIRGAN	3	
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>bacitracin-poly-neomycin-hc</i>	1	
BECONASE AQ	3	
BLEPHAMIDE	1, 2, 3	
<i>bromfenac sodium (ophth)</i>	3	
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1, 3	
COLY-MYCIN S	2	
<i>cyclosporine (ophth)</i>	1, 3	QL
DEXAMETHASONE SODIUM PHOSPHATE	1	
DEXTENZA	3	MB
<i>diclofenac sodium (ophth)</i>	1	
<i>difluprednate</i>	3	
FLAREX	3	
<i>flunisolide (nasal)</i>	1	
<i>fluocinolone acetonide (otic)</i>	3	
<i>fluorometholone (ophth)</i>	1, 2, 3	
FLURBIPROFEN SODIUM	1	
<i>hydrocortisone w/acetic acid</i>	1	
ILEVRO	3	
ILUVIEN	3	MB
<i>ketorolac tromethamine (ophth)</i>	1, 3	
<i>loteprednol etabonate</i>	3	
<i>mometasone furoate (nasal)</i>	3	MB
<i>neomycin-polomyx-dexameth</i>	1, 3	
NEOMYCIN-POLYMYXIN-HC	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
OMNARIS	3	
PRED FORTE	1, 3	
PRED-G	2, 3	
PREDNISOLONE SODIUM PHOSPHATE	1	
QNDSL	3	
<i>tobramycin-dexamethasone</i>	1, 2, 3	
XIIDRA	3	QL
ZYLET	3	
<b>ANTIALLERGIC AGENTS</b>		

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
ALOCRIL	3	
ALOMIDE	3	
<i>azelastine hcl</i>	1, 3	
<i>azelastine hcl (ophth)</i>	3	
<i>azelastine hcl-fluticasone propionate</i>	3	
<i>bepotastine besilate</i>	3	
<i>cromolyn sodium (ophth)</i>	1	
<i>epinastine hcl (ophth)</i>	3	
LASTACRAFT	3	
<i>olopatadine hcl (nasal)</i>	3	
ZERVIADE	3	
<b>ANTIGLAUCOMA AGENTS</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	MB
<i>betaxolol hcl (ophth)</i>	1, 3	
BETIMOL	3	
<i>bimatoprost</i>	3	MB
<i>brimonidine tartrate</i>	1, 3	
<i>brinzolamide</i>	3	
CARTEOLOL HCL	3	
COMBIGAN	3	
<i>dorzolamide hcl</i>	1, 3	
<i>dorzolamide hcl-timolol maleate</i>	1, 3	
KEVEYIS	4	LD
<i>latanoprost</i>	1, 3	
<i>levobunolol hcl</i>	1	
<i>methazolamide</i>	1	
METIPRANOLOL	1	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl</i>	1, 3	
SIMBRINZA	3	
<i>timolol maleate (ophth)</i>	1, 3	
<i>travoprost</i>	3	
VYZULTA	3	
ZIOPTAN	3	
<b>EENT DRUGS, MISCELLANEOUS</b>		
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
<i>apraclonidine hcl</i>	3	
BEOVU	3	MB
BSS	2	MB
CYSTADROPS	3	LD
DEBACTEROL	3	
EYLEA	3	MB
JETREA	3	MB
LACRISERT	3	
LUCENTIS	2, 3	MB
OXERVATE	3	LD
PHOTREXA VISCOUS	2	MB
RHOPRESSA	3	
ROCKLATAN	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
TEPEZZA	MSD	MB
TYRVAYA	3	QL
<b>LOCAL ANESTHETICS</b>		
<i>fluorescein w/ benoxinate</i>	1, 3	MB
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1, 3	MB
<i>tetracaine hcl (ophth)</i>	1, 3	MB
<b>MYDRIATICS</b>		
<i>atropine sulfate (ophthalmic)</i>	1	
CYCLOMYDRIL	2	MB
<i>cyclopentolate hcl</i>	1, 3	
HOMATROPAIRE	1	
OMIDRIA	3	MB
<i>tropicamide</i>	1, 3	MB
<b>VASOCONSTRICATORS</b>		
<i>phenylephrine hcl (mydriatic)</i>	1, 3	
<b>GASTROINTESTINAL DRUGS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>alosetron hcl</i>	3, 4	
<i>balsalazide disodium</i>	1, 3	
DIPENTUM	3	
<i>mesalamine</i>	1, 2, 3	
<i>mesalamine w/ cleanser</i>	3	
<b>ANTIDIARRHEA AGENTS</b>		
<i>diphenoxylate w/ atropine</i>	1, 3	
<i>loperamide hcl</i>	3	
MOTOFEN	3	
MYTESI	3	
<i>opium tincture</i>	3	
XERMELO	4	LD
<b>ANTIEMETICS</b>		
AKYNZEO	MSD	MB
AKYNZEO	2	
<i>aprepitant</i>	1, 3, MSD	MB
BARHEMSYS	MSD	MB
CESAMET	3	
<i>doxylamine-pyridoxine</i>	3	
<i>dronabinol</i>	1, 3	
EMEND	MSD	MB
<i>gransetron hcl</i>	3, MSD	MB
<i>meclizine hcl</i>	3	
<i>ondansetron</i>	1, 3	
<i>ondansetron hcl</i>	1, 3	MB
<i>palonosetron hcl</i>	MSD	MB
<i>prochlorperazine edisylate</i>	1, 3	MB
SANCUSO	3	MB
<i>scopolamine</i>	1, 2	
<i>trimethobenzamide hcl</i>	3	MB
VARUBI (180 MG DOSE)	3	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
AMOXICILL-CLARITHRO-LANSOPRAZ	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
cimetidine	3	
cimetidine hcl	3	
DEXILANT	3	
esomeprazole magnesium	3	
esomeprazole sodium	MSD	MB
ESOMEPRAZOLE STRONTIUM	3	
famotidine	1, 3, MSD	MB
FAMOTIDINE PREMIXED	MSD	MB
HELIDAC THERAPY	3	
lansoprazole	3	
misoprostol	1, 3	
NIZATIDINE	3	
OMECLAMOX-PAK	3	
omeprazole	1, 3	
omeprazole-sodium bicarbonate	3	
pantoprazole sodium	1, 3, MSD	MB
PYLERA	3	
rabeprazole sodium	3	
sucralfate	1, 3	
TALICIA	3	
<b>CATHARTICS AND LAXATIVES</b>		
bisacodyl	PRV	
CLENPIQ	PRV	
docusate sodium	PRV	
magnesium citrate	PRV	
OSMOPREP	PRV	
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	PRV	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	PRV	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	PRV	
PEG-PREP	PRV	
polyethylene glycol 3350	PRV	
SALINE LAXATIVE	PRV	
SUPREP BOWEL PREP KIT	PRV	
SUTAB	PRV	
<b>DIGESTANTS</b>		
PANCREAZE	2, 3	
<b>GI DRUGS, MISCELLANEOUS</b>		
AMITIZA	1, 3	PA
BYLVAY	3	
CHENODAL	3	
CHOLBAM	4	
CREON	2, 3	
ENTEREG	3	
ENTYVIO	MSD	MB
GATTEX	4	QL, LD
IBSRELA	3	
LINZESS	3	PA
LIVMARLI	3	
metoclopramide hcl	1, 3	MB
MOTEGRITY	3	PA
MOVANTIK	3	PA

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
OCALIVA	4	PA, LD
RELISTOR	3	PA, QL
SYMPROIC	3	PA
TRULANCE	3	PA
<i>ursodiol</i>	1, 3, 4	
VIBERZI	3	PA, QL
ZELNORM	3	
<b>GOLD COMPOUNDS</b>		
<b>GOLD COMPOUNDS</b>		
MYOCHRYSINE	2	MB
RIDAURA	3	
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
CHEMET	4	
<i>deferasirox</i>	1, 4	
<i>deferiprone</i>	3, 4	
<i>deferoxamine mesylate</i>	1	MB
<i>penicillamine</i>	3, 4	
RADIOGARDASE	3	
<i>trientine hcl</i>	3	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
BREZTRI AEROSPHERE	3	
<i>budesonide</i>	1, 3, 4	
CELESTONE SOLUSPAN	2	MB
CORTISONE ACETATE	1	
<i>dexamethasone</i>	1, 2, 3	
<i>dexamethasone sodium phosphate</i>	1, 3	MB
EMFLAZA	4	PA, LD
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1, 3, 4	
INTRAROSA	3	
<i>methylprednisolone</i>	1, 2, 3	
<i>methylprednisolone acetate</i>	1, 2, 3	MB
<i>methylprednisolone sod succ</i>	1, 2, 3	MB
<i>prednisolone</i>	1, 2, 3	
<i>prednisolone sodium phosphate</i>	1, 3	
<i>prednisone</i>	1, 2, 3	
SOLU-CORTEF	2, 3	MB
TRELEGY ELLIPTA	3	
<i>triamcinolone acetonide</i>	1, 2, 3	MB
<b>ANDROGENS</b>		
ANADROL-50	3	
AVEED	3	MB
<i>danazol</i>	1	
<i>methyltestosterone</i>	3	
<i>oxandrolone</i>	3, 4	
<i>testosterone</i>	1, 3	
<i>testosterone cypionate</i>	1, 2	QL
TESTOSTERONE ENANTHATE	1, 3	QL
<b>CONTRACEPTIVES</b>		

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
ANNOVERA	PRV	
BALCOLTRA	PRV	
<i>desogestrel &amp; ethinyl estradiol</i>	PRV	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	PRV	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	PRV	
<i>drospernone-ethinyl estradiol</i>	PRV	
<i>drospernone-ethinyl estradiol-levomefolate calcium</i>	PRV	
ELLA	PRV	
<i>ethynodiol diacet &amp; eth estrad</i>	PRV	
<i>etonogestrel-ethinyl estradiol</i>	PRV	
<i>levonorgestrel &amp; eth estradiol</i>	PRV	
<i>levonorgestrel (emergency oc)</i>	PRV	
<i>levonorgestrel-eth estradiol (triphasic)</i>	PRV	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	PRV	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	PRV	
LO LOESTRIN FE	PRV	
NATAZIA	PRV	
NECON 10/11-28	PRV	
NEXTSTELLIS	PRV	
<i>norelgestromin-ethinyl estradiol</i>	PRV	
<i>norethin acet &amp; estrad-fe</i>	PRV	
<i>norethindrone &amp; eth estradiol</i>	PRV	
<i>norethindrone &amp; ethinyl estradiol-fe</i>	PRV	
<i>norethindrone (contraceptive)</i>	PRV	
<i>norethindrone acet &amp; eth estra</i>	PRV	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	PRV	
<i>norethindrone-eth estradiol (triphasic)</i>	PRV	
<i>norgestimate-ethinyl estradiol</i>	PRV	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	PRV	
<i>norgestrel &amp; ethinyl estradiol</i>	PRV	
SLYND	PRV	
TWIRLA	PRV	
<b>DIABETIC AGENTS</b>		
acarbose	1, 3	
ADLYXIN	3	
ADMELOG	2, 3	PA
AFREZZA	2, 3	PA
ALOGLIPTIN BENZOATE	3	PA
ALOGLIPTIN-METFORMIN HCL	3	PA
ALOGLIPTIN-PIOGLITAZONE	3	PA
APIDRA	3	PA
AVANDIA	3	
BAQSIMI ONE PACK	2, 3	
BYDUREON	3	PA
CYCLOSET	3	
<i>diazoxide</i>	1, 3	
FARXIGA	3	PA
FIASP	3	PA
<i>glimepiride</i>	1, 3	
<i>glipizide</i>	1, 3	
<i>glipizide-metformin hcl</i>	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
GLUCAGEN HYPOKIT	3	
<i>glucagon (rdna)</i>	1, 3	
<i>glyburide</i>	3	
<i>glyburide micronized</i>	3	
<i>glyburide-metformin</i>	3	
GLYXAMBI	3	PA
HUMALOG MIX 50/50	3	PA
HUMULIN 70/30	2, 3	PA
HUMULIN N	2, 3	
INSULIN ASP PROT & ASP FLEXPEN	3	PA
INSULIN ASPART	3	PA
INSULIN GLARGINE-YFGN	3	
INVOKAMET	3	PA
INVOKANA	3	PA
JANUMET	3	PA
JANUVIA	3	PA
JARDIANCE	2	
JENTADUETO	3	PA
KOMBIGLYZE XR	3	PA
KORLYM	3	LD
LANTUS	2, 3	PA
LEVEMIR	3	PA
LYUMJEV	3	
<i>metformin hcl</i>	1, 3	PA
<i>miglitol</i>	3	
MYXREDLIN	MSD	
<i>nateglinide</i>	3	
ONGLYZA	3	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	PA
<i>pioglitazone hcl</i>	1, 3	
<i>pioglitazone hcl-glimepiride</i>	3	
<i>pioglitazone hcl-metformin hcl</i>	3	
QTERN	3	PA
<i>repaglinide</i>	3	
REPAGLINIDE-METFORMIN HCL	3	
SEGLUROMET	3	PA
STEGLATRO	3	PA
STEGLUJAN	3	PA
SYMLINPEN 120	3	
SYNJARDY	3	PA
TOLBUTAMIDE	3	
TRADJENTA	3	PA
TRESIBA	3	PA
TRIJARDY XR	3	
TRULICITY	3	PA
VICTOZA	3	PA
XIGDUO XR	3	PA
XULTOPHY	3	PA
ZEGALOGUE	3	
<b>ESTROGENS AND ANTIESTROGENS</b>		
ANGELIQ	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
BIJUVA	3	
CLIMARA PRO	3	
CLOMIPHENE CITRATE	1	HC
DEPO-ESTRADIOL	3	QL
DUAVEE	3	
<i>esterified estrogens &amp; methyltestosterone</i>	1	
<i>estradiol</i>	1, 2, 3	
<i>estradiol &amp; norethindrone acetate</i>	3	
<i>estradiol vaginal</i>	1, 2, 3	
<i>estradiol valerate</i>	3	QL
FEMRING	3	
MENEST	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
ORIAHNN	3	
PREFEST	3	
PREMARIN	3	MB
PREMARIN	3	
PREMPHASE	3	
<i>raloxifene hcl</i>	1, 3	
<b>GONADOTROPINS</b>		
BRAVELLE	2	QL, HC
CETROTIDE	3	QL, HC
CHORIONIC GONADOTROPIN	2	QL, HC
FENSOLVI (6 MONTH)	3	MB
FOLLISTIM AQ	2, 3	QL, HC
GANIRELIX ACETATE	2	QL, HC
GONAL-F	2	QL, HC
MENOPUR	2	QL, HC
MYFEMBREE	4	QL
ORILISSA	3	
SYNAREL	3	
TRIPTODUR	3	MB
<b>IUD</b>		
KYLEENA	PRV	MB
NEXPLANON	PRV	MB
<b>PARATHYROID</b>		
<i>calcitonin (salmon)</i>	1, 3	QL
FORTEO	4	QL
NATPARA	4	QL, LD
TYMLOS	4	QL
<b>PITUITARY</b>		
ACTHAR	4	PA, QL, LD
<i>desmopressin acetate</i>	1, 2, 3	QL
<i>desmopressin acetate refrigerated</i>	1, 3	
<i>desmopressin acetate spray</i>	1, 3	
<i>desmopressin acetate spray refrigerated</i>	1	
VASOSTRICT	MSD	MB
<b>PROGESTINS</b>		
CRINONE	3	PA, HC
DEPO-PROVERA	2	MB
HYDROXYPROGESTERONE CAPROATE	1	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>hydroxyprogesterone caproate</i>	3	QL, MB
<i>medroxyprogesterone acetate</i>	1, 3	
<i>medroxyprogesterone acetate (contraceptive)</i>	PRV	MB
<i>megestrol acetate (appetite)</i>	3	
<i>norethindrone acetate</i>	1, 3	
<i>progesterone</i>	1, 3	PA, QL, HC
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
EGRIFTA	3	QL, LD
GENOTROPIN	2, 3, 4	QL
INCRELEX	4	QL
<i>octreotide acetate</i>	1, 2, 3, 4	QL, MB
SAIZEN	3, 4	QL, LD
SIGNIFOR	4	QL
SIGNIFOR LAR	3	MB
SKYTROFA	3	
SOMATULINE DEPOT	3	MB
SOMAVERT	4	QL, LD
<b>THYROID AND ANTITHYROID AGENTS</b>		
<i>levothyroxine sodium</i>	1, 3, MSD	MB
<i>liothyronine sodium</i>	1, 3, MSD	MB
<i>methimazole</i>	1, 3	
<i>propylthiouracil</i>	1	
<i>thyroid</i>	3	
<b>MEDICAL DEVICE</b>		
<b>DIAPHRAGM</b>		
CAYA	PRV	
FEMCAP	PRV	
WIDE-SEAL DIAPHRAGM 60	PRV	
<b>IUD</b>		
PARAGARD INTRAUTERINE COPPER	PRV	MB
<b>MEDICAL DEVICE</b>		
AEROCHAMBER Z-STAT PLUS	2	
AEROGEAR ACTION ASTHMA KIT	2	
CATHFLO ACTIVASE	2	MB
DEVILBISS COMPACT COMPRESSOR	2	
DEVILBISS DISPOSABLE NEBULIZER	2	
PIKO 1	2	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
10ML SYRINGE SLIP TIP	2	
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2"	2	
<i>acetylcysteine</i>	1	
ACTEMRA	2, MSD	PA, QL, MB
ACTIMMUNE	4	QL, LD
ADAKVEO	MSD	MB
ADDYI	3	QL, HC
<i>adenosine (diagnostic)</i>	MSD	MB
ALBUMIN HUMAN	MSD	MB
ALBUMINEX	MSD	MB
<i>alendronate sodium</i>	1, 3	
<i>allopurinol</i>	1, 3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
allopurinol sodium	MSD	MB
AMONDYS 45	MSD	MB
ARCALYST	4	QL
ATGAM	MSD	MB
AUBAGIO	4	PA, LD
AVONEX	3	PA, QL
AVSOLA	MSD	MB
azathioprine	1, 3	
AZATHIOPRINE SODIUM	3	MB
AZEDRA THERAPEUTIC	MSD	MB
BACTERIOSTATIC WATER(BENZ ALC)	2	MB
BAFIERTAM	4	
BASAGLAR KWIKPEN	3	PA
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2"	2	
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4"	2	
BD BLUNT FILL NEEDLE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLES	2	
BD FILTER NEEDLE/5 MICRON	2	
BD LUER-LOK SYRINGE	2	
BD SYRINGE SLIP TIP	2	
BENLYSTA	4, MSD	QL, MB
BERINERT	4, MSD	QL, LD, MB
BESREMI	3	
betaine	3, 4	LD
BOTOX	2, 3	MB
BRIDION	MSD	MB
bupivacaine hcl	1, 3	MB
bupivacaine in dextrose	1	MB
bupivacaine w/ epinephrine	1, 3	MB
CABLIVI	3	MB
CAMPHOR	2	
CAMPHOR BLOCKS	2	
CAMPHOR SPIRIT	1	
CARBOCAINE PRESERVATIVE-FREE	2, 3	MB
CERDELGA	4	LD
CERVIDIL	3	MB
CHLORAMPHENICOL	2	
chlorprocaine hcl	3	MB
CIBINQO	3	QL
CIMZIA	3, 4	PA, QL, MB
cinacalcet hcl	1, 3	
COAL TAR	2	
colchicine	1, 3	
CORTROSYN	2	MB
CRYSVITA	3	PA, MB
cyclosporine	1, 2, MSD	MB
cyclosporine modified (for microemulsion)	1, 3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
CYSTAGON	3, 4	LD
<i>dalfampridine</i>	3, 4	PA
DEFITELIO	MSD	MB
<i>dexrazoxane hcl</i>	MSD	MB
DIETHYLSTILBESTROL	2	
DILTIAZEM HCL	2	
<i>dimethyl fumarate</i>	1, 4	PA
<i>disulfiram</i>	1, 3	
<i>dopamine in d5w</i>	MSD	MB
DROXIA	3, 4	
DUREX REALFEEL	PRV	
<i>dutasteride</i>	3	
<i>dutasteride-tamsulosin hcl</i>	3	
DYSPORT	3	MB
ELMIRON	3	
EMPAVELI	3	
ENBREL	3	PA, QL
ENDARI	3	PA
ENJAYMO	MSD	MB
ENSPRYNG	3	QL
EOVIST	MSD	MB
ETHYOL	MSD	MB
ETIDRONATE DISODIUM	1	
EVENITY	3	MB
<i>everolimus (immunosuppressant)</i>	3, 4	
EXONDYS 51	MSD	MB
EXPAREL	3	MB
EXTAVIA	3	QL
FC2 FEMALE CONDOM	PRV	
<i>febuxostat</i>	3	
<i>finasteride</i>	1, 3	
<i>fomepizole</i>	MSD	MB
FOSAMAX PLUS D	3	
GADAVIST	MSD	MB
GALAFOLD	3	LD
GAMIFANT	MSD	MB
GELFOAM SPONGE	2	MB
GILENYA	4	PA
GIVLAARI	3	PA, MB
<i>glatiramer acetate</i>	1, 3, 4	QL
GLUCAGEN DIAGNOSTIC	2	MB
GRASTEK	3	
HUMIRA	2, 3	PA, QL
HYDROCORTISONE	2	
HYDROCORTISONE MICRONIZED	2	
HYDROXYUREA	2	
<i>ibandronate sodium</i>	3, MSD	MB
<i>icatibant acetate</i>	1, 4	QL
IMCIVREE	3	PA, QL, HC
INFLECTRA	MSD	MB
INFLIXIMAB	MSD	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
ISTURISA	3	
KALBITOR	3	MB
KESIMPTA	3	PA, QL
KETAMINE HCL	2	
KETOPROFEN	2	
KEVZARA	4	PA, QL
KHAPZORY	MSD	MB
KIMONO	PRV	
KINERET	3	PA, QL
<i>leflunomide</i>	1, 3	
LEMTRADA	MSD	MB
LETS	2	MB
<i>leucovorin calcium</i>	1, 3, MSD	MB
LEUCOVORIN CALCIUM	2	
<i>levocarnitine (metabolic modifiers)</i>	3, MSD	MB
<i>levoleucovorin calcium</i>	MSD	MB
LEXISCAN	MSD	MB
LIDOCAINE	2	
LIDOCAINE HCL	2	
<i>lidocaine hcl (local anesth.)</i>	1, 2, 3	MB
LIDOCAINE IN DEXTROSE	3	MB
<i>lidocaine w/ epinephrine</i>	1, 3	MB
LUCEMYRA	3	
LUPKYNIS	4	
MAGNEVIST	MSD	MB
MAVENCLAD (10 TABS)	3	PA, LD
MAYZENT	3	PA
MENTHOL	2	
<i>mesna</i>	2, MSD	MB
<i>methylergonovine maleate</i>	1	MB
<i>metyrosine</i>	3	
MIFEPREX	2	
<i>miglustat</i>	3, 4	
MONOJECT SYRINGE	2	
MYALEPT	3	PA, QL, LD
<i>mycophenolate mofetil</i>	1, 3	
<i>mycophenolate mofetil hcl</i>	MSD	MB
<i>mycophenolate sodium</i>	3	
<i>nitisinone</i>	3, 4	LD
NULOJIX	MSD	MB
NYSTATIN	2	
OCREVUS	MSD	MB
ODACTRA	2	
OLUMIANT	3, 4	PA
OMNITROPE PEN 5 INJ DEVICE	2	
ONPATTRO	MSD	MB
OPTIONS GYNOL II CONTRACEPTIVE	PRV	
ORALAIR	3	
ORENCIA	4, MSD	PA, QL, MB
ORGOVYX	3	
ORLADEYO	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
OSPHENA	3	
OTEZLA	4	PA, QL
OTREXUP	3	PA, QL
OXBRYTA	3	PA
OXLUMO	3	MB
<i>oxytocin</i>	2	MB
PALFORZIA (12 MG DAILY DOSE)	3	LD
<i>pamidronate disodium</i>	MSD	MB
PANHEMATIN	MSD	MB
PARSABIV	MSD	MB
PCCA LIPODERM BASE	2	
<i>phenazopyridine hcl</i>	3	
PHENOL	2	
PHEXXI	PRV	
PLASMANATE	MSD	MB
PONVORY	3	
PROLIA	3, 4	QL, MB
PROVAYBLUE	MSD	MB
PROVOCHOLINE	2	MB
QUADRAMET	MSD	MB
RAGWITEK	3	
READI-CAT 2	2	
RECORLEV	3	
RENFLEXIS	MSD	MB
REZUROCK	3	
RIMSO-50	2	MB
RINVOQ	3, 4	PA, QL
<i>risedronate sodium</i>	3	
<i>ropivacaine hcl</i>	3	MB
RUCONEST	MSD	LD, MB
SALICYLIC ACID	2	
SAPHNELO	MSD	MB
<i>sapropterin dihydrochloride</i>	4	
SAXENDA	3	PA, QL, HC
SCULPTRA	2	MB
SIMPONI	4, MSD	PA, QL, MB
SIMULECT	MSD	MB
<i>sirolimus</i>	3, 4	
<i>sodium fluoride</i>	PRV	
SOLIQUA	3	PA
SOLIRIS	MSD	MB
SPINRAZA	3	MB
SSKI	2	
SULFAMETHOXAZOLE	2	
SULFUR	2	
SUPPRELIN LA	3	MB
<i>tacrolimus</i>	1, 3, MSD	MB
TAKHYRO	3	QL
TAVNEOS	3	
TEGSEDI	3	PA, QL
THALOMID	4	PA, LD

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
THYMOGLOBULIN	MSD	MB
THYMOL	2	
THYROGEN	2	MB
<i>tiopronin</i>	4	LD
TUBERSOL	2	MB
TYBOST	3	
TYSABRI	MSD	MB
ULTOMIRIS	MSD	MB
UPLIZNA	MSD	MB
VIJOICE	3	
VILTEPSO	MSD	MB
VISTOGARD	3	
VORAXAZE	MSD	MB
VOXZOGO	3	
VUMERITY	3	PA
VYONDYS 53	MSD	MB
VYVGART	MSD	MB
<i>water for injection, sterile</i>	1	MB
WEGOVY	4	PA, HC
XELJANZ	2, 3	PA
XEOMIN	3	MB
XURIDEN	3	
<i>yohimbine hcl</i>	1	HC
ZEPOSIA	3	
ZINBRYTA	4	QL
ZOKINVY	3	
<i>zoledronic acid</i>	MSD	MB
ZOLGENSMA 10.1-10.5 KG	MSD	MB
ZYNRELEF	3	MB
<b>MUSCULOSKELETAL THEARPY</b>		
BETASERON	2	QL
DUROLANE	2, 3	MB
<b>VITAMINS</b>		
<i>phytonadione</i>	1	MB
<i>potassium aminobenzoate</i>	1, 2, 3	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
CINQAIR	MSD	MB
<i>cromolyn sodium</i>	1	
<i>cromolyn sodium (mastocytosis)</i>	1, 4	
FASENRA	2, 4	PA, QL, MB
<i>montelukast sodium</i>	1, 3	
NUCALA	3	PA, QL, MB
<i>zafirlukast</i>	3	
<i>zileuton</i>	3, 4	
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1, 3	
DURATUSS HD	2	
<i>guaiifenesin-codeine</i>	1	QL
<i>hydrocodone bitartrate-homatropine methylbromide</i>	1	QL
<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	3	QL

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
OBREDON	3	QL
<i>phenyleph-cpm w/ hydrocod</i>	1	
<i>phenylephrine-ephedrine-chlorpheniramine w/ carbetapentane</i>	1	
<i>promethazine w/codeine</i>	3	QL
TUXARIN ER	3	QL
TUZISTRA XR	3	QL
<b>RESPIRATORY AGENTS, MISCELLANEOUS</b>		
ADEMPAS	4	PA, LD
ALVESCO	2	
<i>ambrisentan</i>	1, 4	PA, LD
ARALAST NP	MSD	LD, MB
ARMONAIR DIGIHALER	3	
ARNUITY ELLIPTA	3	
ASMANEX (120 METERED DOSES)	2	
<i>bosentan</i>	1, 4	PA, LD
BREO ELLIPTA	3	
<i>brompheniramine &amp; phenyleph</i>	1	
BRONCHITOL	3	
<i>budesonide (inhalation)</i>	1, 3	
BUDESONIDE-FORMOTEROL FUMARATE	2	
DALIRESP	3	
DULERA	3	
ESBRIET	3, 4	PA, LD
FLOVENT DISKUS	3	
FLOVENT HFA	2, 3	
KALYDECO	3	PA, LD
OFEV	4	PA, LD
OPSUMIT	4	PA, LD
ORENITRAM	4	PA, LD
ORKAMBI	2, 3	PA, LD
QVAR REDIHALER	3	
<i>sodium chloride (inhalant)</i>	1	
SYMDEKO	4	PA, LD
TEZSPIRE	3	MB
<i>treprostinil</i>	3	PA, LD, MB
TRIKAFTA	4	PA, LD
UPTRAVI	4, MSD	PA, LD, MB
VENTAVIS	4	LD
XOLAIR	3	PA, MB
<b>SERUMS, TOXOIDS, AND VACCINES</b>		
<b>SERUMS</b>		
ASCENIV	MSD	MB
BIVIGAM	MSD	MB
CUTAQUIG	4	QL
CUVITRU	3, 4	QL
GAMASTAN	2	MB
GAMMAGARD	2	QL
HYPERRAB	2, 3	MB
HYPERRHO S/D	2	MB
HYQVIA	3, 4	QL, LD
NABI-HB	2	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
PANZYGA	MSD	MB
VARIZIG	3	MB
XEMBIFY	4	QL
ZINPLAVA	MSD	MB
<b>TOXOIDS</b>		
ADACEL	2	MB
DIPHTHERIA-TETANUS TOXOIDS DT	3	MB
KINRIX	2, 3	MB
PENTACEL	3	MB
TDVAX	2	MB
TE ANATOXAL BERNA	2	MB
<b>VACCINES</b>		
ACTHIB	2	MB
ADACEL	2, 3	MB
BCG VACCINE	3	MB
BEXSERO	2	MB
DAPTACEL	2, 3	MB
ENGERIX-B	2, 3	MB
FLULALVAL QUADRIVALENT	2	MB
FLUZONE HIGH-DOSE QUADRIVALENT	2	MB
GARDASIL 9	2	MB
HAVRIX	2, 3	MB
HEPLISAV-B	3	MB
IMOVAX RABIES	2	MB
IPOL	2	MB
IXIARO	2	MB
JE-VAX	2	MB
M-M-R II	2	MB
MENACTRA	3	MB
MENOMUNE-A/C/Y/W-135	2	MB
MENQUADFI	3	MB
MENVEO	2	MB
MERUVAX II W/DILUENT 10 DOSE	2	MB
MUMPSVAX W/DILUENT 10 DOSE	2	MB
PEDIARIX	2	MB
PNEUMOVAX 23	2	MB
PREHEVBRIOS	3	MB
PREVNAR 13	2	MB
PREVNAR 20	2	MB
PROQUAD	2	MB
QUADRACEL	3	MB
RABAVERT	2	MB
ROTARIX	2	MB
ROTATEQ	2	MB
SHINGRIX	2	MB
STAMARIL	2, 3	MB
TICE BCG	2	MB
TICOVAC	3	MB
TRUMENBA	3	MB
TWINRIX	3	MB
TYPHIM VI	2	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
VARIVAX	2	MB
VAXCHORA	2	MB
VIVOTIF	2	
ZOSTAVAX	2	MB
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>acyclovir topical</i>	3	
ALTABAX	3	
AMZEEQ	3	
<i>benzoyl peroxide-erythromycin</i>	3	
<i>ciclopirox</i>	1, 3	
<i>ciclopirox olamine</i>	1, 3	
CLINDACIN PAC	3	
<i>clindamycin phosphate (topical)</i>	1, 3	
<i>clindamycin phosphate vaginal</i>	1, 3	
<i>clindamycin phosphate-benzoyl peroxide</i>	3	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	3	
CLINDESSE	3	
<i>clotrimazole</i>	1	
<i>clotrimazole (topical)</i>	3	
<i>clotrimazole w/ betamethasone</i>	3	
CROTAN	3	
DENAVIR	3	
<i>econazole nitrate</i>	3	
ERTACZO	3	
<i>erythromycin (acne aid)</i>	1, 3	
ESKATA	3	MB
EXELDERM	3	
<i>gentamicin sulfate (topical)</i>	1	
GYNAZOLE-1	3	
<i>iodoquinol-hc</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	3	
IVERMECTIN	3	
<i>ivermectin (rosacea)</i>	3	
<i>ketoconazole (topical)</i>	1, 3	
LINDANE	3	
LULICONAZOLE	3	
<i>mafenide acetate</i>	3	
<i>malathion</i>	3	
MENTAX	3	
<i>metronidazole (topical)</i>	1, 3	
<i>metronidazole vaginal</i>	1, 2, 3	
MICONAZOLE 3	3	
<i>mupirocin</i>	1, 3	
<i>mupirocin calcium (topical)</i>	3	
<i>naftifine hcl</i>	3	
NATROBA	3	
NEOMYCIN-POLYMYXIN B GU	3	
NEUAC	3	
<i>nystatin (topical)</i>	1	
<i>oxiconazole nitrate</i>	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
permethrin	1, 3	
ROSADAN	3	
selenium sulfide	1, 3	
silver sulfadiazine	1, 3	
sulfacetamide sodium	3	
sulfacetamide sodium (acne)	3	
sulfacetamide sodium w/ sulfur	1, 3	
terconazole vaginal	3	
ULESFIA	3	
XEPI	3	
XERESE	3	
ZILXI	3	
<b>ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)</b>		
alclometasone dipropionate	3	
AMCINONIDE	3	
APEXICON E	3	
betamethasone dipropionate (topical)	1, 3	
betamethasone dipropionate augmented	1, 3	
betamethasone valerate	1, 3	
calcipotriene-betamethasone dipropionate	3, 4	
clobetasol propionate	1, 2, 3	
clobetasol propionate emollient base	3	
clobetasol propionate emulsion	3	
clocontolone pivalate	3	
CLODAN	3	
CORTIFOAM	3	
CORTISPORIN	3	
CORTISPORIN	3	
desonide	3	
desoximetasone	1, 3	
diflorasone diacetate	1, 3	
DUOBRII	3	
EUCRISA	3	
fluocinolone acetonide	1, 3	
fluocinonide	1, 3	
fluocinonide emulsified base	1	
flurandrenolide	3	
fluticasone propionate	3	
halcinonide	3, 4	
halobetasol propionate	3, 4	
hydrocortisone (intrarectal)	1, 3	
hydrocortisone (rectal)	1, 3	
hydrocortisone (topical)	1, 3	
hydrocortisone acetate (rectal)	3	
hydrocortisone butyrate	1, 3	
hydrocortisone butyrate hydrophilic lipo base	3	
hydrocortisone valerate	1	
MICORT-HC	3	
mometasone furoate	1, 3	
NEO-SYNALAR	3	
NEO-SYNALAR	3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>nystatin-triamcinolone</i>	3	
PANDEL	3	
PREDNICARBATE	3	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1, 2, 3	
UCERIS	3	
<i>urea-hc acetate</i>	1	
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
ADAZIN	3	
DOXE PIN HCL	3	
<i>hydrocortisone acetate w/ pramoxine</i>	3	
<i>lidocaine</i>	3	
LIDOCAINE HCL	3	
<i>lidocaine hcl</i>	1, 3	
<i>lidocaine-hydrocortisone acetate (rectal)</i>	3	
<i>lidocaine-prilocaine</i>	1	
PLIAGLIS	3	MB
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
AKLIEF	3	
KEPIVANCE	MSD	MB
<i>tretinoin</i>	1, 2, 3	
<i>tretinoin microsphere</i>	3	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>		
ABSORICA LD	3	
<i>acitretin</i>	1, 3	
<i>adapalene</i>	1, 2, 3	
<i>adapalene-benzoyl peroxide</i>	1, 3, 4	
ADBRY	3	
<i>aluminum chloride</i>	1, 3	
AMELUZ	3	MB
ARAZLO	3	
<i>azelaic acid</i>	1, 3	
AZELEX	3	
<i>calcipotriene</i>	1, 3	
CALCITRIOL	2	
<i>clindamycin phosphate-tretinoin</i>	3	
COSENTYX	2, 3	PA, QL
<i>dapsone (topical)</i>	3	
DICLOFENAC EPOLAMINE	3	
<i>diclofenac sodium (actinic keratoses)</i>	3	
<i>diclofenac sodium (topical)</i>	3	
DOXYCYCLINE	3	
DUPIXENT	3	PA, QL
<i>fluorouracil (topical)</i>	1, 3, 4	
ILUMYA	3	PA, MB
<i>imiquimod</i>	1, 3	
<i>isotretinoin</i>	1, 3	
KLISYRI	3	
KORSUVA	MSD	MB
<i>lactic acid (ammonium lactate)</i>	3	
METHOXSALEN RAPID	1, 3	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
MINOCYCLINE HCL ER	3	
MIRVASO	3	
OPZELURA	3	
PANRETIN	3	
PICATO	3	
<i>pimecrolimus</i>	3	
<i>podofilox</i>	1, 3	
QBREXZA	3	
RECTIV	3	
REGRANEX	3	
RHOFADE	3	
<i>salicylic acid</i>	1, 3	
SANTYL	2	
SILIQ	4	PA, QL, LD
SKYRIZI	4	PA, QL
STELARA	MSD	MB
STELARA	4	PA
<i>tacrolimus (topical)</i>	1, 3	
TALTZ	4	PA, QL
TARGRETIN	3	
<i>tazarotene</i>	3	
TREMFYA	4	PA, QL
<i>urea</i>	3	
UVADEX	3	MB
VALCHLOR	4	LD
VEREGEN	3	
WINLEVI	3	
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>SMOOTH MUSCLE RELAXANTS</b>		
<i>aminophylline</i>	MSD	MB
<i>caffeine citrate</i>	3	
<i>darifenacin hydrobromide</i>	1, 3	
<i>flavoxate hcl</i>	3	
GEMTESA	3	PA
MYRBETRIQ	2, 3	PA
<i>oxybutynin chloride</i>	1, 3	
<i>solifenacin succinate</i>	1, 3	
<i>theophylline</i>	1, 3	
<i>tolterodine tartrate</i>	3	
TOVIAZ	3	
<i>trospium chloride</i>	1, 3	
<b>VASODILATING AGENTS</b>		
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
CAVERJECT	2	QL, HC
LEVITRA	3	QL, HC
<i>sildenafil citrate</i>	1, 3	QL, HC
<i>tadalafil</i>	1, 3	PA, QL, HC
<b>VITAMINS</b>		
<b>VITAMINS</b>		
AQUASOL A	2	MB
<i>ascorbic acid</i>	1, MSD	MB

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>calcitriol</i>	1, 3, MSD	MB
<i>cyanocobalamin</i>	1, 3	QL
<i>doxercalciferol</i>	3, MSD	MB
<i>ergocalciferol</i>	1, 3	
<i>ferrous sulfate</i>	PRV	
<i>folic acid</i>	1, PRV	QL
INFED	2	MB
INFUVITE ADULT	MSD	MB
INFUVITE PEDIATRIC	MSD	MB
MONOFERRIC	MSD	MB
<i>multiple vitamins w/ minerals</i>	1	
NIACOR	1	
<i>paricalcitol</i>	3, MSD	MB
<i>ped multivitamins w/fl &amp; iron</i>	1, 2	
<i>pediatric multivitamins w/fl</i>	1, 2	
<i>pediatric vitamins acd fluoride &amp; iron</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	
<i>phytonadione</i>	1, 2	MB
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	1	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	1, 2	
PYRIDOXINE HCL	1	MB
RAYALDEE	3	
<i>thiamine hcl</i>	1	MB
TRIFERIC	3	MB
VENOFER	MSD	MB
VINATE M	2	

HC = Higher Copay

LD - Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

QL = Quantity Limit

ST = Step Therapy

## **Nondiscrimination Statement**

It is the policy of Kaiser Foundation Health Plan of the Mid-Atlantic, Inc. (Kaiser Health Plan) not to discriminate on the basis of race, color, national origin, sex, age or disability. Kaiser Health Plan has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Kaiser Civil Rights Coordinator, 2101 East Jefferson Street, Rockville, MD 20852, telephone number: 1-800-777-7902, who has been designated to coordinate the efforts of the Kaiser Health Plan to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Kaiser Health Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

### Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Kaiser Health Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of

discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201. Toll free#:800-368-1019 TDD: 800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Kaiser Health Plan will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

## **Language Accessibility Statement**

## **Interpreter Services Are Available for Free**

*ATTENTION: If you speak [language], language assistance services, free of charge, are available to you. Call 855-249-5019 (TTY: 711).*

## Español/Spanish

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-249-5019 (TTY: 711).

አማርኛ / Amharic

ማስታወሻ: የሚገኘውን ቁጥር አማካይ ከሆነ የትራንስፖርት እና የፌዴራል የሚከተሉት ቀን ለመስጠት ተዘግቷል፡፡ በንዑስ ለመስጠት ተዘግቷል፡፡ ወደ ማረጋገጫ ከተለመ ቅጥር ይደውሉ 855-249-5019 (ማስታወሻ ለተከናወል፡፡ 711).

العربية / Arabic

رقم (-19-5019-249-555) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برق

-هاتف الصم والبكم: 117(.

## Bàsój-wùdù-po-nyò /Bassa

Dè ðe nià ke dyédé gbo: Ⓜ jú ké m [Bàsó ò -wùdqù-po-nyò] jú ní, nií, à wudu kà kò qò po-poò bér in m gbo kpáa. Đá **855-249-5019** (TTY: 711).

中文/Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**855-249-5019** (TTY: 711)。

فارسی / Farsi

855-249-5019- توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگیرید تماس باشید می فر ((TTY: 711)).

## Français/French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **855-249-5019** (ATS: 711).

## ગુજરાતી/Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

અનુભૂતિ

855-249-5019 (TTY: 711).

## **kreyòl ayisyen/Haitian Creole**

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele - **855-249-5019** (TTY: 711).

### **Igbo**

Nti: O bürü na asu Ibo, asusụ aka ọasụ n'efu, defu, aka. Call **855-249-5019** (TTY: 711).

### **한국어/Korean**

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **855-249-5019** (TTY: 711). 번으로 전화해 주십시오.

### **Português/Portuguese**

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **855-249-5019** (TTY: 711).

### **Русский/Russian**

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **855-249-5019** (телефон: 711).

### **Tagalog**

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **855-249-5019** (TTY: 711).

### **اردو/Urdu**

خدمات مفت میں دستیاب ہیں۔ کالخبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی کریں。(855-249-5019 (TTY: 711).

### **Tiếng Việt/Vietnamese**

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **855-249-5019** (TTY: 711).

### **Yorùbá/Yoruba**

**AKIYESI:** Bi o ba nsø èdè Yorùbú ofé ni iranlöwö lori èdè wa fun yin o. E pe ẹrọ-ibaniṣoṛọ yi 1-**855-249-5019** (TTY: 711).