

Direct Pay Metal Plans: Base, Bronze, Silver, Gold or Platinum and Essential Plan

Additions

| Drug Name | Tier | Category | Management |
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| PEMAZYRE | 3 | Antineoplastics | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| ISTURISA | 3 | Antineoplastics | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| KOSELUGO | 3 | Antineoplastics | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| ONE TOUCH VERIO REFLECT | 2 | Diabetic Supplies | New Brand: Tier 2 |
| INSULIN LISPRO JUNIOR KWIKPEN | 2 | Blood Glucose Regulators | New Brand: Tier 2 |
| INSULIN LISPRO PROTAMINE MIX 75-25U/ML | 2 | Blood Glucose Regulators | New Brand: Tier 2 |
| dexabliss 11 day pack | 1 | Hormonal Agents, Stimulant/Replacement/Modifying | New Generic: Tier 1, Prior Authorization and Quantity limit applies |
| diazoxide 50mg susp | 1 | Blood Glucose Regulators | New Generic: Tier 1 |

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| MINOCYCLINE HCL | 3 | Antibacterials | New Brand: Tier 3, Prior Authorization applies |
| pyrimethamine | 1 | Antiparastics | New Generic: Tier 1 |
| TERIPARARIDE | 3 | Metabolic Bone Disease Agents | New Brand: Tier 3, Prior Authorization applies |
| everolimus | 1 | Immunological Agents | New Generic: Tier 1 |
| SILA III | 3 | Dermatological Agents | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| azelastine-fluticasone | 1 | Respiratory Tract/Pulmonary Agents | New Generic: Tier 1, Quantity limit applies |
| albuterol sulfate hfa | 1 | Respiratory Tract/Pulmonary Agents | New Generic: Tier 1, Quantity limit applies |
| naproxen-esomeprazole dr tablet | 1 | Analgesics | New Generic: Tier 1, Prior Authorization and Quantity limit applies |
| NEXLETOL TABLET | 3 | Cardiovascular Agents | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| EVENCARE PROVIEW TEST STRIP | 3 | Blood Glucose Regulators | New Brand: Tier 3, Step Therapy and Quantity limit applies |

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| MICRODOT XTRA TEST STRIP | 3 | Blood Glucose Regulators | New Brand: Tier 3, Step Therapy and Quantity limit applies |
| HARMONY GLUCOSE TEST STRIP | 3 | Blood Glucose Regulators | New Brand: Tier 3, Step Therapy and Quantity limit applies |
| KETOROLAC TROMETHAMINE NASAL SPRAY | 3 | Analgesics | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| TAZVERIK | 3 | Antineoplastics | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| AYVAKIT | 3 | Antineoplastics | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| hydrocodone bitartrate | 1 | Analgesics | New Generic: Tier 1, Prior Authorization applies |
| NALOXONE HCL AUTO INJECTOR | 3 | Anti-Addiction/Substance Abuse Treatment Agents | New Brand: Tier 3, Quantity limit applies |
| ABSORICA LD | 3 | Dermatological Agents | New Brand: Tier 3, Prior Authorization |
| penicillamine | 1 | Electrolytes/Minerals/Metals/Vitamins | New Generic: Tier 1 |
| AMPHETAMINE 1.25MG/ML SUSP | 3 | Central Nervous System Agents | New Brand: Tier 3, Prior Authorization and Quantity limit applies |

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| doxepin hcl | 1 | Sleep Disorder Agents | New Generic: Tier 1, Quantity limit applies |
| NOVOLIN-N FLEXPEN | 2 | Blood Glucose Regulators | New Brand: Tier 2 |
| NOVOLIN-R FLEXPEN | 2 | Blood Glucose Regulators | New Brand: Tier 2 |
| DIMENTHO 1.5-10% | 3 | Dermatological Agents | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| eluryng | 1 | Hormonal Agents, Stimulant/Replacement/Modifying | New Generic: Tier 1 |
| etonogestrel-ethinyl estradiol | 1 | Hormonal Agents, Stimulant/Replacement/Modifying | New Generic: Tier 1 |
| norethin-eth estra ferrous fum | 1 | Hormonal Agents, Stimulant/Replacement/Modifying | New Generic: Tier 1 |
| PEDIZOLPAK | 3 | Antifungals | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| PRILO PATCH | 3 | Anesthetics | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| TOVET KIT | 3 | Electrolytes/Minerals/Metals/Vitamins | New Brand: Tier 3, Prior Authorization and Quantity limit applies |

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| travoprost 0.004% drops | 1 | Ophthalmic Agents | New Generic: Tier 1 |
| everolimus | 1 | Antineoplastics | New Generic: Tier 1 |
| pentamidine 300mg vial | 1 | Antiparastics | New Generic: Tier 1 |
| BRUKINSA | 3 | Antineoplastic Agents | New Brand: Tier 3, Prior Authorization and Quantity limit applies |
| TRIKAFTA | 3 | Respiratory Tract/Pulmonary Agents | New Brand: Tier 3, Prior Authorization and Quantity limit applies |

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