# *Standard Drug Formulary*

April 2026

## Inland Empire Health Plan

This formulary was last updated on March 9, 2026. This formulary is subject to change and all previous versions of the formulary no longer apply. For the most current information about the Standard Drug Formulary visit https://www.iehp.org/en/browse-plans/covered-california/prescription-drugs.

IEHP Minimum Coverage HMO, IEHP Bronze 60 HMO, IEHP Silver 70 HMO, IEHP Silver 73 HMO, IEHP Silver 87 HMO, IEHP Silver 94 HMO, IEHP Gold 80 HMO, IEHP Platinum 90 HMO, and AIAN plans.

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**Informational Section**
The *IEHP Standard Drug Formulary* is a list of medications that are approved by the Food and Drug Administration (FDA) and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

Covered Formulary Drugs include:

- FDA-approved drugs that require a prescription either by California or Federal law.
- Insulin.
- Pen delivery systems for the administration of insulin, as medically necessary.
- Diabetic testing supplies, including these:
    - Lancets.
    - Lancet puncture devices.
    - Blood and urine testing strips.
- Over-the-counter drugs with a United States Preventive Services Task Force ("USPSTF") rating of A or B.
- Contraceptive drugs and devices, including these:
    - Diaphragms.
    - Cervical caps.
    - Contraceptive rings.
    - Contraceptive patches.
    - Oral contraceptives.
    - Emergency contraceptives.
    - Over-the-counter contraceptive products
- Disposable devices that are Medically Necessary for the administration of a covered outpatient prescription Drug such as syringes and inhaler spacers.

If you have questions about your pharmacy coverage, call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

**Definitions**

"Age Limit (AL)" limits use of medication dependent on age.

"Appeal" is a written or oral request, by or on behalf of a Member, to re-evaluate a specific determination made by the Plan or any of its delegated entities (e.g., Plan Providers).

"Brand name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

"Coinsurance" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Copayment” is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Deductible” is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

“Drug Tier” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.

“Essential health benefits (EHB) A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. These include doctors’ services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services, and more. Some plans cover more services.

“Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

“Evidence of Coverage (EOC)” is your guide to what is covered and what is excluded, how much you will pay depending on the circumstances, what your cost sharing will be, and other information about using your coverage.

“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

“Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

“Food and Drug Administration (FDA)” is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices

“Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list,

“Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase*** letters.

“Grievance” is a written or oral expression of dissatisfaction regarding the Plan, a provider and/or a pharmacy, including quality of care concerns.

“Nonformulary drug” is a prescription drug that is not listed on the health plan's formulary.

“Out-of-pocket cost” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“Pharmacy & therapeutics (P&T) committee” is responsible for developing, managing, updating, and administering the drug formulary

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

“Prior Authorization (PA)” is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“Quantity Limit (QL)” A form of utilization management (UM) that specifies quantity limitations or restrictions on prescriptions over time. Quantity limitations can take on various forms, the most typical being daily and monthly restrictions on the quantity issuance or re-issuance of a prescription.

“Step therapy (ST)” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Specialty Pharmacy” A pharmacy that handles specialty drugs, pharmaceutical therapies that are either high cost, high complexity and/or high touch.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

"USPSTF" The United States Preventive Services Task Force

"Utilization management (UM)" is a process that evaluates the efficiency, appropriateness, and medical necessity of the treatments, services, procedures, and facilities provided to patients on a case-by-case basis

**What is the process for finding a drug on this list?**
The drugs are listed alphabetically under the column titled "Prescription Drug Name" by its brand or generic name under the therapeutic category and class to which it belongs. This formulary uses the First DataBank Enhanced Therapeutic Classification System classification system.

You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or
- Searching the Alphabetical Index of Drugs by the name of the drug.
- Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

**How can I tell if the drug listed is a brand or generic drug?**
If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized.

A brand name drug is listed in all CAPITAL letters followed by the generic name in parenthesis in all ***bold and italicized lowercase*** letters.

**Example**: ANTICOAGULANTS HEPARINS AND HEPARINOID-LIKE AGENTS

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***enoxaparin inj***<br>100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML | **1** | QL= 17 days supply |
| FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML (***dalteparin sodium***) | **3** | |

From the above example:
Generic Drug:
- ***enoxaparin inj***

Brand Drug:
- FRAGMIN INJ (***dalteparin sodium***)

**What are drug tiers?**
Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the *Summary of Benefits* or the IEHP *Evidence of Coverage* (EOC). Please see the following link for the cost-sharing specific to your plan: https://www.iehp.org/en/browse-plans/covered-california#plan-materials.

The column titled "Drug Tier" is the cost level you pay for a drug.

| Drug Tier | Description |
|---|---|
| 1 | Most generic drugs and low-cost, preferred brand drugs |
| 2 | Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost |
| 3 | Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier |
| 4 | Drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than $600 for a one-month supply |

Preventive health drugs, including contraceptive drugs and devices are covered at $0 when specific criteria are met.

**How often is the formulary updated?**
This formulary is updated monthly and the changes are effective on the first of the month. The formulary can change when a new drug, new generic, or new formulation is available during the year. Formulary changes may result in changes to your prescription such as change in dispensed brand, cost-sharing tier, or restrictions governing use.

The Plan will provide sixty (60) days written notice of a Formulary change to negatively affected Members. The notice will include the date the Member will be impacted by the change. Some examples of Formulary changes that will result in a notice to the member include, but are not limited to:

- A drug or dosage form is moved to a higher Drug Tier that results in an increase in cost sharing
- A drug or dosage form is removed from the Formulary
- Drug Coverage Requirements or Limits for a drug are added or changed

Changes to the Formulary that may occur without prior written notice to the Member include:

- A drug is removed from the Formulary because it is removed from the market by either the drug manufacturer or the FDA
- A drug is added to the Formulary
- A drug is moved to a lower Drug Tier
- A Drug Coverage Requirement or Limit is removed from a drug
- A generic drug is added to the Formulary and the Brand Name drug is moved to a higher Drug Tier or removed from the Formulary

The drug formulary can be accessed by current and prospective Members. To view the most current Formulary, please visit www.iehp.org.

**What is a drug covered under the medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?**
A medical benefit drug is a medication that is generally administered by a health care professional and part of a doctor's office visit.

A drug covered under the Outpatient Prescription Drug Benefit is a medication that is self-administered drugs approved by the Federal Food and Drug Administration for sale to the public through retail or mail-order pharmacies that require prescriptions and are not provided for use on an inpatient basis.
For additional information, check the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

**What are preventive health drugs?**
Preventive health drugs are select drugs required by health reform legislation to be covered without charging the member a copayment, coinsurance, or deductible. Preventive health drugs are determined based on evidence-based recommendations that have in effect a rating of "A" or "B" in the recommendations of the United States Preventive Services Task Force (USPSTF), as periodically updated. Immunization recommendations by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention are also preventive health drugs. Individuals who are determined to be at high risk of contracting HIV by their attending health care provider are covered without cost sharing by IEHP. For more details about preventive health drugs, visit www.iehp.org.

**What is a contraceptive drug or device?**
Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. The drug contraceptives and contraceptive devices are covered at no charge to the insured.

FDA-approved contraceptive drugs, devices, and other products, including FDA-approved over-the-counter contraceptive drugs, devices, and products, are covered at no charge to the insured. FDA-approved over-the-counter contraceptive drugs, devices, and products can be provided at a network pharmacy at no charge to the insured. Coverage also includes a 12-month supply of FDA-approved, self-administered hormonal contraceptives dispensed at one time.

**What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?**
FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, urine test strips, lancets, insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

**What if my drug requires a prior authorization or step therapy?**
If a drug had previously been approved for coverage for treatment of a Member's medical condition, and the Member's provider continues to prescribe the drug for the medical condition,

provided the drug is appropriately prescribed, is safe, and effective therapy, the drug will continue to be covered. This does not preclude your prescriber from prescribing the alternative formulary drug.

The prior authorization process ("PA") is used to ensure that drug benefits are applied as intended and that Plan Members receive the most appropriate, safe, and cost-effective medication therapy. Your Physician's request for prior authorization will be evaluated once the submitted information has been received and a determination made based on established clinical criteria for the specific medication. The criteria used for prior authorization are developed by the Pharmacy and Therapeutics Committee. Your physician may contact us to get the policy. Before payment can be approved for drugs requiring prior authorization, the conditions for approval must be met and the prior authorization must be entered into the system. IEHP will reply to the doctor and/or pharmacist within 24 hours for exigent circumstance requests or 72 hours for standard requests after getting the requested medical information. Exigent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a course of treatment Once a medication is approved, its authorization becomes effective right away. You may get a list of drugs requiring Prior Authorization. Visit our website at www.iehp.org.

Prior Authorization is required for most brand name drugs with generic equivalents to determine Medical Necessity. IEHP will cover brand name drugs that have generic equivalents if the PA request is approved.

Some drugs have a special rule called step therapy. This means that you must first try another drug on the formulary before the prescribed drug is covered. If your doctor or other prescriber thinks the first drug does not work for you, then an exception to the step therapy rule can be requested.

Step therapy is the process of beginning therapy for a medical condition with drugs considered first-line treatment or that are more cost-effective, then progressing to drugs that are the next line in treatment or that may be less cost-effective. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, and the relative cost. If step therapy coverage requirements are not met for a prescription and Your physician or health care provider believes the drug is Medically Necessary, the prior authorization process may be used and timeframes previously described will also apply.

Requests for prior authorization, non-formulary, quantity limit, or step therapy exceptions may be submitted electronically, by phone or fax. A prior authorization request is exigent circumstances when a Member suffers from a health condition that may seriously jeopardize the Member's life, health, or ability to regain maximum function. Exigent circumstance requests from Physicians for authorization are processed, and prescribing providers are notified of IEHP's determination as soon as you can, not to exceed 24 hours, after receipt of the request and any additional information requested by IEHP that is reasonably necessary to make the determination.

Routine requests from Physicians are processed, and prescribing providers are notified of IEHP's determination in a timely fashion, not to exceed 72 hours. For both exigent circumstances and routine requests, IEHP must also notify the Member or their designee of its decision.

If you are denied Prior Authorization, please refer to the "Grievance, Appeals, Independent Medical Review and Arbitration" portion of the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

**What if my drug is non-formulary or not listed?**
Sometimes, doctors may prescribe a drug that is not on the formulary. This will require that the doctor get authorization from IEHP before you fill the prescription. To request a Formulary Exception, you, your Authorized Representative or your Prescribing Provider should follow the Prior Authorization Request process described above. To decide if the non-formulary drug will be covered, IEHP may ask the doctor for a "supporting statement", which explains why the drug you are asking for is medically necessary. Once all of the required supporting information has been received, the Formulary Exception Request will be either approved or denied based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in Exigent Circumstances. IEHP will notify you or your Authorized Representative and your Prescribing Provider of its coverage determination within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests. Exigent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a course of treatment using a non-formulary drug. IEHP shall provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills and shall provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency. If the Plan denies a Formulary Exception Request, the Member, an Authorized Representative, or the Provider can file an Appeal with the Plan.

Some drugs have coverage rules or limits on the amount you can get. In some cases, your doctor or other prescribers must do something before You can fill the prescription. For example, prior approval (or prior authorization): For some drugs, your doctor or other prescribers must get approval from IEHP before you fill Your prescription. If you do not get approval, IEHP may not cover the drug. If you are denied Prior Authorization, please refer to the "Grievance, Appeals, Independent Medical Review and Arbitration" portion of the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

**Participating retail pharmacies**
You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for specialty drug. IEHP contracts with a wide network of retail pharmacies. To find a network pharmacy, visit www.iehp.org.

**What are specialty drugs?**
Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self- administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such

as biotechnology), restriction to certain physicians or pharmacies or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by IEHP. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide the specialty drugs to you. Call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm, or visit www.iehp.org if you have questions about specialty drugs.

Oral Anticancer Drugs
Member's cost share for orally administered anticancer medications covered under the Plan shall not exceed $250 for an individual prescription of up to a thirty (30) day supply.

**Mail service pharmacy**
IEHP offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. It can be a convenient way to fill maintenance medications for up to a 100-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, visit www.iehp.org.

## Categorical List of Prescription Drugs


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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Alternative Therapy - Vitamins and Minerals** | | |
| **Alternative Therapy - Unclassified - Vitamins and Minerals** | | |
| NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***) | Tier 3 | |
| **Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever** | | |
| **Analgesic - Neuronal (N)-Type Calcium Channel Blockers (NCCBs) - Arthritis and Pain Drugs** | | |
| PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML (***ziconotide acetate***) | Tier 4 | |
| **Analgesic - Opioid Antagonists - Arthritis and Pain Drugs** | | |
| LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***) | Tier 3 | |
| NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***) | Tier 3 | |
| **Analgesic - Selective Sodium Channel Blockers - Arthritis and Pain Drugs** | | |
| JOURNAVX ORAL TABLET 50 MG (***suzetrigine***) | Tier 3 | PA |
| **Analgesic Opioid Agonists - Antipruritic - Arthritis and Pain Drugs** | | |
| KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (***difelikefalin acetate***) | Tier 4 | PA |
| **Analgesic Opioid Agonists - Arthritis and Pain Drugs** | | |
| ***codeine sulfate oral tablet 15 mg, 30 mg*** | Tier 1 | QL (12 EA per 1 day); Age (Min 12 Years) |
| ***codeine sulfate oral tablet 60 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (***meperidine hcl/pf***) | Tier 3 | |
| DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (***hydromorphone hcl/pf***) | Tier 3 | |
| ***fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)*** | Tier 1 | |
| ***fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)*** | Tier 1 | |
| ***fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg*** | Tier 1 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr*** | Tier 1 | PA; ST |
| ***fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour*** | Tier 1 | PA; ST |
| ***hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| ***hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml*** | Tier 1 | |
| ***hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)*** | Tier 1 | |
| ***hydromorphone oral liquid 1 mg/ml*** | Tier 1 | |
| ***hydromorphone oral tablet 2 mg, 4 mg, 8 mg*** | Tier 1 | |
| ***hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg*** | Tier 1 | PA; ST |
| ***hydromorphone rectal suppository 3 mg*** | Tier 1 | |
| HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 80 MG (***hydrocodone bitartrate***) | Tier 3 | ST; QL (1 EA per 1 day) |
| KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (***difelikefalin acetate***) | Tier 4 | PA |
| ***levorphanol tartrate oral tablet 2 mg*** | Tier 1 | ST |
| ***meperidine (pf) injection solution 100 mg/ml, 50 mg/ml*** | Tier 1 | |
| ***meperidine (pf) injection solution 25 mg/ml*** | Tier 1 | |
| ***meperidine oral solution 50 mg/5 ml*** | Tier 1 | QL (30 ML per 1 day) |
| ***meperidine oral tablet 50 mg*** | Tier 1 | QL (6 EA per 1 day) |
| ***methadone injection solution 10 mg/ml*** | Tier 1 | QL (4 ML per 1 day) |
| ***methadone hcl*** (Methadone Intensol Oral Concentrate 10 Mg/Ml) | Tier 1 | QL (4 ML per 1 day) |
| ***methadone oral concentrate 10 mg/ml*** | Tier 1 | QL (4 ML per 1 day) |
| ***methadone oral solution 10 mg/5 ml*** | Tier 1 | QL (20 ML per 1 day) |
| ***methadone oral solution 5 mg/5 ml*** | Tier 1 | QL (40 ML per 1 day) |
| ***methadone oral tablet 10 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***methadone oral tablet 5 mg*** | Tier 1 | QL (8 EA per 1 day) |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***methadone oral tablet,soluble 40 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***methadone hcl*** (Methadose Oral Tablet,Soluble 40 Mg) | Tier 1 | QL (1 EA per 1 day) |
| ***morphine (pf) intravenous syringe 1 mg/2 ml*** | Tier 1 | |
| ***morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)*** | Tier 1 | PA |
| ***morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml*** | Tier 1 | |
| ***morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml*** | Tier 1 | |
| ***morphine intramuscular pen injector 10 mg/0.7 ml*** | Tier 1 | |
| ***morphine oral capsule, er multiphase 24 hr 120 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| ***morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)*** | Tier 1 | |
| ***morphine oral tablet 15 mg*** | Tier 1 | |
| ***morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| ***morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg*** | Tier 1 | |
| ***morphine sulfate ir 30 mg tab*** | Tier 1 | |
| ***morphine sulfate ir 30 mg tab*** | Tier 2 | |
| ***morphine sulfate ir 30 mg tab u-d 4x25, blister*** | Tier 2 | |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (***tapentadol hcl***) | Tier 2 | ST; QL (2 EA per 1 day) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (***tapentadol hcl***) | Tier 3 | QL (6 EA per 1 day) |
| ***oxycodone oral capsule 5 mg*** | Tier 1 | |
| ***oxycodone oral concentrate 20 mg/ml*** | Tier 1 | PA |
| ***oxycodone oral solution 5 mg/5 ml*** | Tier 1 | |
| ***oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg*** | Tier 1 | |
| ***oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg, 40 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg*** | Tier 1 | ST; 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 3 | ST; QL (2 EA per 1 day) |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (***oxycodone hcl***) | Tier 3 | ST; QL (4 EA per 1 day) |
| ***oxymorphone oral tablet 10 mg, 5 mg*** | Tier 1 | |
| ***oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg*** | Tier 1 | ST; QL (4 EA per 1 day) |
| ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (***oxycodone hcl***) | Tier 3 | |
| ***tapentadol oral tablet 100 mg, 50 mg, 75 mg*** | Tier 1 | QL (6 EA per 1 day) |
| ***tramadol oral solution 5 mg/ml*** | Tier 1 | PA |
| ***tramadol oral tablet 50 mg*** | Tier 1 | QL (8 EA per 1 day); Age (Min 12 Years) |
| ***tramadol oral tablet extended release 24 hr 100 mg*** | Tier 1 | ST; QL (3 EA per 1 day); Age (Min 12 Years) |
| ***tramadol oral tablet extended release 24 hr 200 mg, 300 mg*** | Tier 1 | ST; QL (1 EA per 1 day); Age (Min 12 Years) |
| ***tramadol oral tablet, er multiphase 24 hr 100 mg*** | Tier 1 | ST; QL (3 EA per 1 day); Age (Min 12 Years) |
| ***tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg*** | Tier 1 | ST; 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 2 | ST; QL (2 EA per 1 day) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (***oxycodone myristate***) | Tier 2 | ST; QL (4 EA per 1 day) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (***oxycodone myristate***) | Tier 2 | ST; QL (8 EA per 1 day) |
| ***levorphanol tartrate*** (Xyvona Oral Tablet 2 Mg) | Tier 1 | ST |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs** | | |
| ***acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml*** | Tier 1 | QL (150 ML per 1 day); Age (Min 12 Years) |
| ***acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml*** | Tier 1 | Age (Min 12 Years) |
| ***acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg*** | Tier 1 | QL (12 EA per 1 day); Age (Min 12 Years) |
| ***acetaminophen-codeine oral tablet 300-60 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| ***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) |
| ***butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| ***codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| **Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs** | | |
| ***benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg*** | Tier 1 | ST; QL (12 EA per 1 day) |
| ***hydrocodone-acetaminophen oral solution 10-300 mg/15 ml*** | Tier 1 | QL (200 ML per 1 day) |
| ***hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml*** | Tier 1 | QL (184 ML per 1 day) |
| ***hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg*** | Tier 1 | QL (13 EA per 1 day) |
| ***hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg*** | Tier 1 | QL (12 EA per 1 day) |
| **Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs** | | |
| ***hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg*** | Tier 1 | |
| **Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs** | | |
| ***hydrocodone-acetaminophen oral solution 10-300 mg/15 ml*** | Tier 1 | QL (200 ML per 1 day) |
| ***hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml*** | Tier 1 | QL (184 ML per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg*** | Tier 1 | QL (13 EA per 1 day) |
| ***hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg*** | Tier 1 | QL (12 EA per 1 day) |
| ***hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg*** | Tier 1 | |
| **Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs** | | |
| ***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) |
| ***oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg*** | Tier 1 | QL (12 EA per 1 day) |
| ***oxycodone hcl/acetaminophen*** (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg) | Tier 1 | QL (12 EA per 1 day) |
| **Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs** | | |
| ***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) |
| ***oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg*** | Tier 1 | QL (12 EA per 1 day) |
| ***oxycodone hcl/acetaminophen*** (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg) | Tier 1 | QL (12 EA per 1 day) |
| **Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs** | | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (***buprenorphine hcl***) | Tier 2 | ST; QL (2 EA per 1 day) |
| ***buprenorphine hcl injection solution 0.3 mg/ml*** | Tier 1 | ST |
| ***buprenorphine hcl injection syringe 0.3 mg/ml*** | Tier 1 | ST |
| ***buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour*** | Tier 1 | ST; QL (4 EA per 28 days) |
| ***butorphanol injection solution 1 mg/ml, 2 mg/ml*** | Tier 1 | |
| ***butorphanol nasal spray,non-aerosol 10 mg/ml*** | Tier 1 | |
| ***nalbuphine injection solution 10 mg/ml, 20 mg/ml*** | Tier 1 | |
| ***pentazocine-naloxone oral tablet 50-0.5 mg*** | Tier 1 | |
| **Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***tramadol-acetaminophen oral tablet 37.5-325 mg*** | Tier 1 | QL (10 EA per 1 day); Age (Min 12 Years) |
| **Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs** | | |
| ***tramadol-acetaminophen oral tablet 37.5-325 mg*** | Tier 1 | QL (10 EA per 1 day); Age (Min 12 Years) |
| **Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs** | | |
| ***butalbital-acetaminophen oral tablet 50-300 mg*** | Tier 1 | ST; QL (6 EA per 1 day) |
| ***butalbital-acetaminophen oral tablet 50-325 mg*** | Tier 1 | |
| ***butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg*** | Tier 1 | |
| ***butalbital-acetaminophen-caff oral tablet 50-325-40 mg*** | Tier 1 | |
| ***butalbital/acetaminophen/caffeine*** (Fioricet Oral Capsule 50-300-40 Mg) | Tier 1 | |
| ***butalbital/acetaminophen*** (Tencon Oral Tablet 50-325 Mg) | Tier 1 | |
| **Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs** | | |
| TAVNEOS ORAL CAPSULE 10 MG (***avacopan***) | Tier 4 | PA |
| **Anti-Inflammatory - Interleukin-1 beta Blockers - Arthritis and Pain Drugs** | | |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab/pf***) | Tier 4 | PA |
| **Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs** | | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (***rilonacept***) | Tier 4 | PA |
| **Anti-inflammatory and Antipruritic-Bruton's Tyrosine Kinase Inhibitors - Arthritis and Pain Drugs** | | |
| RHAPSIDO ORAL TABLET 25 MG (***remibrutinib***) | Tier 4 | PA |
| **Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis and Pain Drugs** | | |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA |
| **Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs** | | |
| ***adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml*** | Tier 4 | PA |
| ***adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml*** | Tier 4 | PA |
| AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***) | Tier 4 | PA |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***) | Tier 4 | PA |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***) | Tier 4 | PA |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***) | Tier 4 | PA |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***) | Tier 4 | PA |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***) | Tier 4 | PA |
| ***infliximab intravenous recon soln 100 mg*** | Tier 4 | PA |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***) | Tier 4 | PA |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***) | Tier 4 | PA |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***) | Tier 4 | PA |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***) | Tier 4 | PA |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***) | Tier 4 | PA |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***) | Tier 4 | PA |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (***infliximab-dyyb***) | Tier 4 | PA |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (***infliximab-dyyb***) | Tier 4 | PA |
| **DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs** | | |
| ***adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml*** | Tier 4 | PA |
| ***adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml*** | Tier 4 | PA |
| AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***) | Tier 4 | PA |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***) | Tier 4 | PA |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***) | Tier 4 | PA |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***) | Tier 4 | PA |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***) | Tier 4 | PA |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***) | Tier 4 | PA |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***) | Tier 4 | PA |
| ***infliximab intravenous recon soln 100 mg*** | Tier 4 | PA |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***) | Tier 4 | PA |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***) | Tier 4 | PA |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***) | Tier 4 | PA |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***) | Tier 4 | PA |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***) | Tier 4 | PA |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***) | Tier 4 | PA |
| **DMARD - Antimalarials - Arthritis and Pain Drugs** | | |
| ***hydroxychloroquine oral tablet 100 mg*** | Tier 1 | QL (180 EA per 30 days) |
| ***hydroxychloroquine oral tablet 200 mg*** | Tier 1 | QL (100 EA per 30 days) |
| ***hydroxychloroquine oral tablet 300 mg*** | Tier 1 | QL (60 EA per 30 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***hydroxychloroquine oral tablet 400 mg*** | Tier 1 | QL (60 EA per 30 days) |
| SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***) | Tier 2 | QL (100 EA per 30 days) |
| **DMARD - Antimetabolites - Arthritis and Pain Drugs** | | |
| JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***) | Tier 3 | PA; OCH |
| ***methotrexate sodium (pf) injection solution 25 mg/ml*** | Tier 1 | |
| ***methotrexate sodium injection solution 25 mg/ml*** | Tier 1 | |
| ***methotrexate sodium oral tablet 2.5 mg*** | Tier 1 | OCH |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (***methotrexate/pf***) | Tier 2 | QL (0.8 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (***methotrexate/pf***) | Tier 2 | QL (1 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (***methotrexate/pf***) | Tier 2 | QL (1.2 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (***methotrexate/pf***) | Tier 2 | QL (1.4 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (***methotrexate/pf***) | Tier 2 | 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) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (***methotrexate/pf***) | Tier 2 | QL (2 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (***methotrexate/pf***) | Tier 2 | QL (2.4 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (***methotrexate/pf***) | Tier 2 | QL (0.6 ML per 28 days) |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***) | Tier 2 | OCH |
| XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***) | Tier 3 | ST; OCH; QL (120 ML per 60 days) |
| **DMARD - Antinflammatory, Select. costimulation modulator,T-cell Inhib. - Arthritis and Pain Drugs** | | |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (***abatacept/maltose***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (***abatacept***) | Tier 4 | PA |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (***abatacept***) | Tier 4 | PA |
| **DMARD - B Cell Targeted Agents - Arthritis and Pain Drugs** | | |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***) | Tier 4 | PA |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***) | Tier 4 | PA |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-pvvr***) | Tier 4 | PA |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-abbs***) | Tier 4 | PA |
| **DMARD - Gold Compounds - Arthritis and Pain Drugs** | | |
| ***auranofin oral capsule 3 mg*** | Tier 1 | |
| RIDAURA ORAL CAPSULE 3 MG (***auranofin***) | Tier 3 | |
| **DMARD - Immunosuppressives - Arthritis and Pain Drugs** | | |
| ***azathioprine oral tablet 100 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg*** | Tier 4 | |
| ***cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml*** | Tier 4 | |
| ***cyclophosphamide intravenous solution 500 mg/ml*** | Tier 4 | |
| ***cyclophosphamide oral capsule 25 mg, 50 mg*** | Tier 4 | OCH |
| ***cyclophosphamide oral tablet 50 mg*** | Tier 4 | OCH |
| ***cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***cyclosporine modified oral solution 100 mg/ml*** | Tier 1 | |
| ***cyclosporine oral capsule 100 mg, 25 mg*** | Tier 1 | |
| ***cyclosporine, modified*** (Gengraf Oral Capsule 100 Mg, 25 Mg) | Tier 1 | |
| ***cyclosporine, modified*** (Gengraf Oral Solution 100 Mg/Ml) | Tier 1 | |
| ***mycophenolate mofetil oral capsule 250 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***mycophenolate mofetil oral suspension for reconstitution 200 mg/ml*** | Tier 1 | |
| ***mycophenolate mofetil oral tablet 500 mg*** | Tier 1 | |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***) | Tier 2 | |
| NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***) | Tier 2 | |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***) | Tier 2 | |
| **DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs** | | |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***) | Tier 4 | PA |
| **DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis and Pain Drugs** | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab***) | Tier 4 | PA |
| 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 4 | PA |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab***) | Tier 4 | PA |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***) | Tier 4 | PA |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***) | Tier 4 | PA |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab-aazg***) | Tier 4 | PA |
| TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (***tocilizumab-aazg***) | Tier 4 | PA |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab-aazg***) | Tier 4 | PA |
| **DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs** | | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***) | Tier 4 | PA |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML (***upadacitinib***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***) | Tier 4 | PA |
| XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***) | Tier 4 | PA |
| XELJANZ ORAL TABLET 5 MG (***tofacitinib citrate***) | Tier 4 | PA |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (***tofacitinib citrate***) | Tier 4 | PA |
| **DMARD - Other - Arthritis and Pain Drugs** | | |
| D-PENAMINE ORAL TABLET 125 MG (***penicillamine***) | Tier 4 | PA |
| ***minocycline oral capsule 100 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***minocycline oral tablet 100 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***penicillamine oral capsule 250 mg*** | Tier 4 | PA |
| ***penicillamine oral tablet 250 mg*** | Tier 4 | PA |
| ***sulfasalazine oral tablet 500 mg*** | Tier 1 | |
| ***sulfasalazine oral tablet,delayed release (dr/ec) 500 mg*** | Tier 1 | |
| **DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs** | | |
| OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***) | Tier 4 | PA |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***) | Tier 4 | PA |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG (***apremilast***) | Tier 4 | PA |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG (***apremilast***) | Tier 4 | PA |
| **DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs** | | |
| ***leflunomide oral tablet 10 mg, 20 mg*** | Tier 1 | |
| **Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs** | | |
| REZUROCK ORAL TABLET 200 MG (***belumosudil mesylate***) | Tier 4 | PA |
| **Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs** | | |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (***belimumab***) | Tier 4 | PA |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (***belimumab***) | Tier 4 | PA |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (***belimumab***) | Tier 4 | PA |
| **NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs** | | |
| ***diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg*** | Tier 1 | |
| **NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs** | | |
| ***celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg*** | Tier 1 | |
| VYSCOXA ORAL SUSPENSION 10 MG/ML (***celecoxib***) | Tier 3 | PA; QL (40 ML per 1 day) |
| **NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs** | | |
| ***meclofenamate oral capsule 100 mg, 50 mg*** | Tier 1 | |
| ***mefenamic acid oral capsule 250 mg*** | Tier 1 | |
| **NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs** | | |
| ***ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)*** | Tier 1 | |
| ***ketorolac injection solution 30 mg/ml*** | Tier 1 | |
| ***ketorolac injection syringe 15 mg/ml, 30 mg/ml*** | Tier 1 | |
| ***ketorolac intramuscular solution 60 mg/2 ml*** | Tier 1 | |
| ***ketorolac intramuscular syringe 60 mg/2 ml*** | Tier 1 | |
| ***ketorolac oral tablet 10 mg*** | Tier 1 | QL (20 EA per 5 days) |
| ***nabumetone oral tablet 500 mg, 750 mg*** | Tier 1 | |
| ***sulindac oral tablet 150 mg, 200 mg*** | Tier 1 | |
| ***tolmetin oral capsule 400 mg*** | Tier 1 | |
| ***tolmetin oral tablet 600 mg*** | 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 | |
| **NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs** | | |
| ***meloxicam oral suspension 7.5 mg/5 ml*** | Tier 1 | |
| ***meloxicam oral tablet 15 mg, 7.5 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***piroxicam oral capsule 10 mg, 20 mg*** | Tier 1 | |
| ZYBIC ORAL SUSPENSION 7.5 MG/5 ML (***meloxicam***) | Tier 1 | |
| **NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs** | | |
| ***diclofenac potassium oral tablet 50 mg*** | Tier 1 | |
| ***diclofenac sodium oral tablet extended release 24 hr 100 mg*** | Tier 1 | |
| ***diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg*** | Tier 1 | |
| **NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs** | | |
| ***flurbiprofen oral tablet 100 mg*** | Tier 1 | |
| ***ibuprofen*** (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg) | Tier 1 | |
| ***ibuprofen oral suspension 100 mg/5 ml*** | Tier 1 | |
| ***ibuprofen oral tablet 400 mg, 600 mg, 800 mg*** | Tier 1 | |
| ***ketoprofen oral capsule 25 mg, 50 mg*** | Tier 1 | |
| ***ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg*** | Tier 1 | |
| ***flurbiprofen*** (Lurbiro Oral Tablet 100 Mg) | Tier 1 | |
| ***naproxen oral tablet 250 mg, 375 mg, 500 mg*** | Tier 1 | |
| ***naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg*** | Tier 1 | |
| ***naproxen sodium oral tablet 275 mg, 550 mg*** | Tier 1 | |
| ***oxaprozin oral tablet 600 mg*** | Tier 1 | |
| **NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs** | | |
| ***etodolac oral capsule 200 mg, 300 mg*** | Tier 1 | |
| ***etodolac oral tablet 400 mg, 500 mg*** | Tier 1 | |
| ***etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg*** | Tier 1 | |
| ***indomethacin oral capsule 25 mg, 50 mg*** | Tier 1 | |
| ***indomethacin oral capsule, extended release 75 mg*** | Tier 1 | |
| ***indomethacin rectal suppository 100 mg*** | Tier 1 | |
| **Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***butalbital-aspirin-caffeine oral capsule 50-325-40 mg*** | Tier 1 | |
| ***butalbital-aspirin-caffeine oral tablet 50-325-40 mg*** | Tier 1 | |
| **Salicylate Analgesic Combinations - Arthritis and Pain Drugs** | | |
| ***choline,magnesium salicylate oral liquid 500 mg/5 ml*** | Tier 1 | |
| **Salicylate Analgesics - Arthritis and Pain Drugs** | | |
| ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***) | $0 | EHB |
| ***aspirin oral tablet 325 mg*** | $0 | EHB |
| ***aspirin oral tablet,chewable 81 mg*** | $0 | EHB |
| ***aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg*** | $0 | EHB |
| BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***) | $0 | EHB |
| BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***) | $0 | EHB |
| BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***) | $0 | EHB |
| ***diflunisal oral tablet 500 mg*** | Tier 1 | |
| ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***) | $0 | EHB |
| ***salsalate oral tablet 500 mg, 750 mg*** | Tier 1 | |
| ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***) | $0 | EHB |
| ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| **Anesthetics - Drugs for Pain and Fever** | | |
| **Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (***midazolam/ketamine hcl/ondansetron hcl***) | Tier 1 | |
| **General Anesthetic - Inhalant Volatile - Drugs for Sedation** | | |
| ***desflurane inhalation liquid 100 %*** | Tier 1 | |
| ***isoflurane inhalation liquid 99.9 %*** | Tier 1 | |
| ***sevoflurane inhalation liquid 99.97 %*** | Tier 1 | |
| ***isoflurane*** (Terrell Inhalation Liquid 99.9 %) | Tier 1 | |
| **General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation** | | |
| ***midazolam (pf) injection solution 5 mg/ml*** | Tier 1 | |
| ***midazolam injection solution 5 mg/ml*** | Tier 1 | |
| **General Anesthetic Adjuncts - Opioid - Drugs for Sedation** | | |
| ***fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)*** | Tier 1 | |
| **Local Anesthetic - Amides - Drugs for Sedation** | | |
| ***lidocaine hcl laryngotracheal solution 4 %*** | Tier 1 | |
| MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (***bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| MARVONA-25 SUIK (PF) KIT 0.25 % (2.5 MG/ML) (***bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| **Anorectal Preparations - Rectal Preparations** | | |
| **Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations** | | |
| ***nitroglycerin rectal ointment 0.4 % (w/w)*** | Tier 1 | |
| **Anorectal - Glucocorticoids - Rectal Preparations** | | |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG (***hydrocortisone acetate***) | Tier 1 | |
| ***hydrocortisone acetate rectal suppository 25 mg, 30 mg*** | Tier 1 | |
| ***hydrocortisone topical cream with perineal applicator 1 %, 2.5 %*** | Tier 1 | |
| ***hydrocortisone*** (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %) | Tier 1 | |
| ***hydrocortisone*** (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %) | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***hydrocortisone*** (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %) | Tier 1 | |
| **Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations** | | |
| ***hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)*** | Tier 1 | |
| ***lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %*** | Tier 1 | |
| ***lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)*** | Tier 1 | |
| ***lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)*** | Tier 1 | |
| ***lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %*** | Tier 1 | |
| PROCORT RECTAL CREAM 1.85-1.15 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 3 | |
| PROCTOFOAM HC RECTAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | |
| **Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning** | | |
| **Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning** | | |
| ***acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)*** | Tier 1 | |
| **Antidote - Anticholinesterase Agents - Drugs for Overdose or Poisoning** | | |
| ***pyridostigmine bromide oral tablet extended release 105 mg*** | Tier 3 | |
| **Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning** | | |
| ***pralidoxime intramuscular pen injector 600 mg/2 ml*** | Tier 3 | |
| **Antidote - Cholinesterase Reactivating Agent and Muscarinic Antagonist - Drugs for Overdose or Poisoning** | | |
| DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (***pralidoxime chloride/atropine sulfate***) | Tier 3 | |
| **Antidote - Radioactive Agents - Drugs for Overdose or Poisoning** | | |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***) | Tier 3 | |
| **Antidote Others - Drugs for Overdose or Poisoning** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (***zinc acetate***) | Tier 3 | |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***) | Tier 3 | |
| **Chelating Agents - Copper - Drugs for Overdose or Poisoning** | | |
| CUVRIOR ORAL TABLET 300 MG (***trientine tetrahydrochloride***) | Tier 4 | PA |
| D-PENAMINE ORAL TABLET 125 MG (***penicillamine***) | Tier 4 | PA |
| ***penicillamine oral capsule 250 mg*** | Tier 4 | PA |
| ***penicillamine oral tablet 250 mg*** | Tier 4 | PA |
| ***trientine oral capsule 250 mg*** | Tier 4 | PA |
| ***trientine oral capsule 500 mg*** | Tier 4 | PA |
| **Chelating Agents - Iron - Drugs for Overdose or Poisoning** | | |
| ***deferasirox oral granules in packet 180 mg, 360 mg, 90 mg*** | Tier 4 | PA |
| ***deferasirox oral tablet 180 mg, 360 mg, 90 mg*** | Tier 4 | PA |
| ***deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg*** | Tier 4 | PA |
| ***deferiprone oral tablet 1,000 mg, 500 mg*** | Tier 4 | PA |
| ***deferoxamine injection recon soln 2 gram, 500 mg*** | Tier 1 | PA |
| FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***) | Tier 4 | PA |
| **Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning** | | |
| CHEMET ORAL CAPSULE 100 MG (***succimer***) | Tier 3 | |
| **Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning** | | |
| ***alvimopan oral capsule 12 mg*** | Tier 1 | |
| 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 3 | PA |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***) | Tier 3 | PA |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone bromide***) | Tier 3 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***) | Tier 2 | QL (1 EA per 1 day) |
| **Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning** | | |
| KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***) | Tier 2 | QL (4 EA per 30 days) |
| ***naloxone injection syringe 0.4 mg/ml, 1 mg/ml*** | Tier 1 | |
| ***naloxone nasal spray,non-aerosol 4 mg/actuation*** | Tier 1 | QL (4 EA per 30 days) |
| OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION (***nalmefene hcl***) | Tier 3 | QL (4 EA per 30 days) |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (***naloxone hcl***) | Tier 3 | QL (2 ML per 30 days) |
| ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML (***nalmefene hcl***) | Tier 3 | QL (2 ML per 30 days) |
| **Anti-Infective Agents - Drugs for Infections** | | |
| **Aminoglycoside Antibiotic - Antibiotics** | | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin sulfate liposomal with nebulizer accessories***) | Tier 4 | PA |
| ***neomycin oral tablet 500 mg*** | Tier 1 | |
| **Aminomethylcycline Antibiotics - Antibiotics** | | |
| NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***) | Tier 3 | PA |
| **Aminopenicillin Antibiotic - Antibiotics** | | |
| ***amoxicillin oral capsule 250 mg, 500 mg*** | Tier 1 | |
| ***amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml*** | Tier 1 | |
| ***amoxicillin oral tablet 500 mg, 875 mg*** | Tier 1 | |
| ***amoxicillin oral tablet,chewable 125 mg, 250 mg*** | Tier 1 | |
| ***ampicillin oral capsule 500 mg*** | Tier 1 | |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (***amoxicillin***) | Tier 3 | |
| PIVYA ORAL TABLET 185 MG (***pivmecillinam hcl***) | Tier 3 | PA |
| **Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics** | | |
| ***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*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg*** | Tier 1 | |
| ***amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg*** | Tier 1 | |
| ***amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg*** | Tier 1 | |
| **Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites** | | |
| ***albendazole oral tablet 200 mg*** | Tier 1 | |
| EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***) | Tier 2 | PA |
| **Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites** | | |
| ***ivermectin oral tablet 3 mg, 6 mg*** | Tier 1 | |
| **Anthelmintic Agents Other - Drugs for Parasites** | | |
| ***praziquantel oral tablet 600 mg*** | Tier 1 | |
| **Antibacterial Folate Antagonist - Other Combinations - Antibiotics** | | |
| ***sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml*** | Tier 1 | |
| ***sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg*** | Tier 1 | |
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (***sulfamethoxazole/trimethoprim***) | Tier 1 | |
| **Antibacterial Folate Antagonist Others - Antibiotics** | | |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML (***trimethoprim***) | Tier 2 | |
| ***trimethoprim oral tablet 100 mg*** | Tier 1 | |
| **Antibacterial Nitrofuran Derivatives - Antibiotics** | | |
| ***nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg*** | Tier 1 | |
| ***nitrofurantoin macrocrystal oral capsule 25 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***nitrofurantoin monohyd/m-cryst oral capsule 100 mg*** | Tier 1 | |
| ***nitrofurantoin oral suspension 25 mg/5 ml*** | Tier 1 | PA |
| **Antibacterial Other - Antibiotics** | | |
| ***fosfomycin tromethamine oral packet 3 gram*** | Tier 1 | |
| **Antifungal - Allylamines - Drugs for Fungus** | | |
| ***terbinafine hcl oral tablet 250 mg*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus** | | |
| ***nystatin oral tablet 500,000 unit*** | Tier 1 | |
| **Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus** | | |
| ***flucytosine oral capsule 250 mg, 500 mg*** | Tier 1 | |
| **Antifungal - Imidazoles - Drugs for Fungus** | | |
| ***ketoconazole oral tablet 200 mg*** | Tier 1 | |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (***miconazole***) | Tier 3 | |
| **Antifungal - Tetrazoles - Drugs for Fungus** | | |
| VIVJOA ORAL CAPSULE 150 MG (***oteseconazole***) | Tier 3 | PA |
| **Antifungal - Triazoles - Drugs for Fungus** | | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (***isavuconazonium sulfate***) | Tier 3 | PA |
| ***fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml*** | Tier 1 | |
| ***fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg*** | Tier 1 | |
| ***itraconazole oral capsule 100 mg*** | Tier 1 | |
| ***itraconazole oral solution 10 mg/ml*** | Tier 1 | |
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (***posaconazole***) | Tier 3 | PA |
| ***posaconazole oral suspension 200 mg/5 ml (40 mg/ml)*** | Tier 1 | PA |
| ***posaconazole oral tablet,delayed release (dr/ec) 100 mg*** | Tier 1 | PA |
| ***voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)*** | Tier 1 | |
| ***voriconazole oral tablet 200 mg, 50 mg*** | Tier 1 | |
| **Antifungal other - Drugs for Fungus** | | |
| ***griseofulvin microsize oral suspension 125 mg/5 ml*** | Tier 1 | |
| ***griseofulvin microsize oral tablet 500 mg*** | Tier 1 | |
| ***griseofulvin ultramicrosize oral tablet 125 mg, 250 mg*** | Tier 1 | |
| **Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***) | Tier 4 | PA |
| **Antileprotic - Immunomodulators - Antibiotics** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***) | Tier 4 | PA; OCH |
| **Antileprotic - Sulfone Agents - Antibiotics** | | |
| ***dapsone oral tablet 100 mg, 25 mg*** | Tier 1 | |
| **Antimalarial Combinations - Drugs for Parasites** | | |
| ***atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg*** | Tier 1 | |
| COARTEM ORAL TABLET 20-120 MG (***artemether/lumefantrine***) | Tier 3 | |
| **Antimalarials - Drugs for Parasites** | | |
| ARAKODA ORAL TABLET 100 MG (***tafenoquine succinate***) | Tier 3 | |
| ***chloroquine phosphate oral tablet 250 mg*** | Tier 1 | |
| ***chloroquine phosphate oral tablet 500 mg*** | Tier 1 | |
| ***hydroxychloroquine oral tablet 100 mg*** | Tier 1 | QL (180 EA per 30 days) |
| ***hydroxychloroquine oral tablet 200 mg*** | Tier 1 | QL (100 EA per 30 days) |
| ***hydroxychloroquine oral tablet 300 mg*** | Tier 1 | QL (60 EA per 30 days) |
| ***hydroxychloroquine oral tablet 400 mg*** | Tier 1 | QL (60 EA per 30 days) |
| KRINTAFEL ORAL TABLET 150 MG (***tafenoquine succinate***) | Tier 2 | QL (2 EA per 1 FILL) |
| ***mefloquine oral tablet 250 mg*** | Tier 1 | |
| ***primaquine oral tablet 26.3 mg (15 mg base)*** | Tier 2 | |
| ***pyrimethamine oral tablet 25 mg*** | Tier 4 | PA |
| ***quinine sulfate oral capsule 324 mg*** | Tier 1 | |
| SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***) | Tier 2 | QL (100 EA per 30 days) |
| **Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites** | | |
| LAMPIT ORAL TABLET 120 MG, 30 MG (***nifurtimox***) | Tier 3 | |
| **Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites** | | |
| ***benznidazole oral tablet 100 mg, 12.5 mg*** | Tier 1 | |
| **Antiprotozoal Agents - Other - Drugs for Parasites** | | |
| ***atovaquone oral suspension 750 mg/5 ml*** | Tier 1 | |
| IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***) | Tier 2 | PA |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites** | | |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***nitazoxanide***) | Tier 3 | QL (50 ML per 1 day) |
| ***nitazoxanide oral tablet 500 mg*** | Tier 1 | QL (2 EA per 1 day) |
| **Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections** | | |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML (***metronidazole***) | Tier 3 | PA |
| ***metronidazole oral capsule 375 mg*** | Tier 1 | |
| ***metronidazole oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections** | | |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (***secnidazole***) | Tier 3 | ST; QL (1 EA per 30 days) |
| ***tinidazole oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Antiretroviral - Anti-CD4 Domain 2 Monoclonal Antibody - Drugs for Viral Infections** | | |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (***ibalizumab-uiyk***) | Tier 2 | PA |
| **Antiretroviral - Capsid Inhibitors - Drugs for Infections** | | |
| SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***) | Tier 2 | PA |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***) | Tier 2 | PA |
| YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***) | Tier 2 | PA |
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***) | Tier 2 | PA |
| **Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections** | | |
| ***maraviroc oral tablet 150 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***maraviroc oral tablet 300 mg*** | Tier 1 | QL (4 EA per 1 day) |
| SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***) | Tier 2 | QL (31 ML per 1 day) |
| **Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (***fostemsavir tromethamine***) | Tier 2 | PA |
| **Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections** | | |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG (***enfuvirtide***) | Tier 2 | QL (2 EA per 1 day) |
| **Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections** | | |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (***cabotegravir***) | $0 | EHB; $0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years) |
| 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 (***raltegravir potassium***) | Tier 2 | QL (6 EA per 1 day) |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG (***raltegravir potassium***) | Tier 2 | QL (24 EA per 1 day) |
| TIVICAY ORAL TABLET 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) |
| **Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections** | | |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML (***cabotegravir/rilpivirine***) | Tier 2 | QL (4 ML per 30 days); Age (Min 12 Years) |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML (***cabotegravir/rilpivirine***) | Tier 2 | QL (6 ML per 30 days); Age (Min 12 Years) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***) | Tier 2 | QL (1 EA per 1 day) |
| **Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections** | | |
| DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***) | Tier 2 | QL (1 EA per 1 day) |
| **Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections** | | |
| EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***) | Tier 2 | QL (1 EA per 1 day) |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG (***rilpivirine hcl***) | Tier 2 | QL (180 EA per 30 days) |
| ***efavirenz oral tablet 600 mg*** | Tier 1 | |
| ***etravirine oral tablet 100 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***etravirine oral tablet 200 mg*** | Tier 1 | QL (2 EA per 1 day) |
| INTELENCE ORAL TABLET 25 MG (***etravirine***) | Tier 2 | QL (4 EA per 1 day) |
| ***nevirapine oral suspension 50 mg/5 ml*** | Tier 1 | QL (1200 ML per 30 days) |
| ***nevirapine oral tablet 200 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***nevirapine oral tablet extended release 24 hr 100 mg*** | Tier 1 | QL (3 EA per 1 day) |
| ***nevirapine oral tablet extended release 24 hr 400 mg*** | Tier 1 | QL (1 EA per 1 day) |
| PIFELTRO ORAL TABLET 100 MG (***doravirine***) | Tier 3 | QL (2 EA per 1 day) |
| **Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections** | | |
| CIMDUO ORAL TABLET 300-300 MG (***lamivudine/tenofovir disoproxil fumarate***) | Tier 2 | QL (1 EA per 1 day) |
| DESCOVY ORAL TABLET 120-15 MG (***emtricitabine/tenofovir alafenamide fumarate***) | Tier 2 | QL (1 EA per 1 day) |
| DESCOVY ORAL TABLET 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***) | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| ***emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg*** | Tier 1 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***emtricitabine-tenofovir (tdf) oral tablet 200-300 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| **Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections** | | |
| ***abacavir oral solution 20 mg/ml*** | Tier 1 | QL (960 ML per 30 days) |
| ***abacavir oral tablet 300 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***emtricitabine oral capsule 200 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***) | Tier 2 | QL (850 ML per 30 days) |
| ***lamivudine oral solution 10 mg/ml*** | Tier 1 | QL (960 ML per 30 days) |
| ***lamivudine oral tablet 150 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***lamivudine oral tablet 300 mg*** | Tier 1 | QL (1 EA per 1 day) |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***) | Tier 2 | |
| ***stavudine oral capsule 15 mg, 20 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***zidovudine oral capsule 100 mg*** | Tier 1 | QL (6 EA per 1 day) |
| ***zidovudine oral syrup 10 mg/ml*** | Tier 1 | QL (1920 ML per 30 days) |
| ***zidovudine oral tablet 300 mg*** | Tier 1 | QL (2 EA per 1 day) |
| **Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections** | | |
| ***tenofovir disoproxil fumarate oral tablet 300 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 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 2 | QL (240 GM per 30 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***) | Tier 2 | QL (1 EA per 1 day) |
| **Antiretroviral - Pre-Exposure Prophylaxis (PrEP) - Drugs for Infections** | | |
| YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***) | Tier 2 | PA |
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***) | Tier 2 | PA |
| **Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections** | | |
| EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***) | Tier 2 | QL (1 EA per 1 day) |
| ***lopinavir-ritonavir oral tablet 100-25 mg*** | Tier 1 | QL (10 EA per 1 day) |
| ***lopinavir-ritonavir oral tablet 200-50 mg*** | Tier 1 | QL (4 EA per 1 day) |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG (***darunavir ethanolate/cobicistat***) | Tier 3 | QL (1 EA per 1 day) |
| **Antiretroviral- Nucleoside and Nucleotide Analogs,Protease Inhibitors - Drugs for Viral Infections** | | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***) | Tier 2 | QL (1 EA per 1 day) |
| **Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections** | | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***) | Tier 2 | QL (1 EA per 1 day) |
| GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***) | Tier 2 | QL (1 EA per 1 day) |
| STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***) | Tier 2 | QL (1 EA per 1 day) |
| **Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections** | | |
| TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***) | Tier 2 | QL (1 EA per 1 day) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***) | Tier 2 | QL (6 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections** | | |
| ***abacavir-lamivudine oral tablet 600-300 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***lamivudine-zidovudine oral tablet 150-300 mg*** | Tier 1 | QL (2 EA per 1 day) |
| **Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections** | | |
| DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***) | Tier 3 | QL (1 EA per 1 day) |
| ***efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***) | Tier 2 | QL (1 EA per 1 day) |
| **Antitubercular - D-alanine Analogs - Antibiotics** | | |
| ***cycloserine oral capsule 250 mg*** | Tier 1 | |
| **Antitubercular - Diarylquinoline Antibiotics - Antibiotics** | | |
| SIRTURO ORAL TABLET 100 MG, 20 MG (***bedaquiline fumarate***) | Tier 4 | PA |
| **Antitubercular - Isonicotinic Acid Derivatives - Antibiotics** | | |
| ***isoniazid oral solution 50 mg/5 ml*** | Tier 1 | |
| ***isoniazid oral tablet 100 mg, 300 mg*** | Tier 1 | |
| **Antitubercular - Niacinamide Derivatives - Antibiotics** | | |
| ***pyrazinamide oral tablet 500 mg*** | Tier 1 | |
| **Antitubercular - Nitroimidazole Derivatives - Antibiotics** | | |
| ***pretomanid oral tablet 200 mg*** | Tier 3 | QL (1 EA per 1 day) |
| **Antitubercular - Rifamycin and Derivatives - Antibiotics** | | |
| PRIFTIN ORAL TABLET 150 MG (***rifapentine***) | Tier 3 | |
| ***rifabutin oral capsule 150 mg*** | Tier 1 | |
| ***rifampin oral capsule 150 mg, 300 mg*** | Tier 1 | |
| **Antitubercular Agents Other - Antibiotics** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***ethambutol oral tablet 100 mg, 400 mg*** | Tier 1 | |
| **Bacterial Topoisomerase II Inhibitors, Others - Drugs for Infections** | | |
| BLUJEPA ORAL TABLET 750 MG (***gepotidacin mesylate***) | Tier 3 | PA; QL (4 EA per 1 day) |
| **Carbapenem Antibiotic Combinations - Antibiotics** | | |
| ***imipenem-cilastatin intravenous recon soln 250 mg*** | Tier 1 | |
| **Cephalosporin Antibiotics - 1st Generation - Antibiotics** | | |
| ***cefadroxil oral capsule 500 mg*** | Tier 1 | |
| ***cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml*** | Tier 1 | |
| ***cefadroxil oral tablet 1 gram*** | Tier 1 | |
| ***cephalexin oral capsule 250 mg, 500 mg, 750 mg*** | Tier 1 | |
| ***cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml*** | Tier 1 | |
| ***cephalexin oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Cephalosporin Antibiotics - 2nd Generation - Antibiotics** | | |
| ***cefaclor oral capsule 250 mg, 500 mg*** | Tier 1 | |
| ***cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml*** | Tier 1 | |
| ***cefaclor oral tablet extended release 12 hr 500 mg*** | Tier 1 | |
| ***cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml*** | Tier 1 | |
| ***cefprozil oral tablet 250 mg, 500 mg*** | Tier 1 | |
| ***cefuroxime axetil oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Cephalosporin Antibiotics - 3rd Generation - Antibiotics** | | |
| ***cefdinir oral capsule 300 mg*** | Tier 1 | |
| ***cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml*** | Tier 1 | |
| ***cefixime oral capsule 400 mg*** | Tier 1 | |
| ***cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml*** | Tier 1 | |
| ***cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml*** | Tier 1 | |
| ***cefpodoxime oral tablet 100 mg, 200 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (***cefixime***) | Tier 2 | |
| SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (***cefixime***) | Tier 2 | |
| **CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections** | | |
| ***valganciclovir oral recon soln 50 mg/ml*** | Tier 1 | |
| ***valganciclovir oral tablet 450 mg*** | Tier 1 | |
| **CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections** | | |
| LIVTENCITY ORAL TABLET 200 MG (***maribavir***) | Tier 4 | PA |
| **CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections** | | |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (***letermovir***) | Tier 3 | PA |
| PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***) | Tier 3 | PA |
| **Fluoroquinolone Antibiotics - Antibiotics** | | |
| BAXDELA ORAL TABLET 450 MG (***delafloxacin meglumine***) | Tier 3 | PA |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (***ciprofloxacin***) | Tier 2 | |
| ***ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg*** | Tier 1 | |
| ***ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml*** | Tier 1 | |
| ***levofloxacin oral solution 250 mg/10 ml*** | Tier 1 | |
| ***levofloxacin oral tablet 250 mg, 500 mg, 750 mg*** | Tier 1 | |
| ***moxifloxacin oral tablet 400 mg*** | Tier 1 | |
| ***ofloxacin oral tablet 300 mg, 400 mg*** | Tier 1 | |
| **Glycopeptide Antibiotics - Antibiotics** | | |
| ***vancomycin oral capsule 125 mg*** | Tier 1 | QL (77 EA per 28 days) |
| ***vancomycin oral capsule 250 mg*** | Tier 1 | QL (112 EA per 1 FILL) |
| ***vancomycin oral recon soln 25 mg/ml*** | Tier 1 | QL (300 ML per 1 FILL) |
| ***vancomycin oral recon soln 50 mg/ml*** | Tier 1 | QL (600 ML per 1 FILL) |
| **Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections** | | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***) | Tier 4 | QL (630 ML per 30 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***entecavir oral tablet 0.5 mg, 1 mg*** | Tier 4 | QL (1 EA per 1 day) |
| ***lamivudine oral tablet 100 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections** | | |
| ***adefovir oral tablet 10 mg*** | Tier 4 | QL (1 EA per 1 day) |
| ***tenofovir disoproxil fumarate oral tablet 300 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***) | Tier 4 | QL (1 EA per 1 day) |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***) | Tier 2 | QL (240 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***) | Tier 2 | QL (1 EA per 1 day) |
| **Hepatitis C - Interferons - Drugs for Viral Infections** | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***) | Tier 4 | PA |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***) | Tier 4 | PA |
| **Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections** | | |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG (***glecaprevir/pibrentasvir***) | Tier 4 | PA |
| MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***) | Tier 4 | PA |
| ZEPATIER ORAL TABLET 50-100 MG (***elbasvir/grazoprevir***) | Tier 4 | PA |
| **Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections** | | |
| VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuvir/velpatasvir/voxilaprevir***) | Tier 4 | PA |
| **Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (***sofosbuvir/velpatasvir***) | Tier 4 | PA |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir/velpatasvir***) | Tier 4 | PA |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (***ledipasvir/sofosbuvir***) | Tier 4 | PA |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir/sofosbuvir***) | Tier 4 | PA |
| **Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections** | | |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (***sofosbuvir***) | Tier 4 | PA |
| SOVALDI ORAL TABLET 200 MG, 400 MG (***sofosbuvir***) | Tier 4 | PA |
| **Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections** | | |
| ***ribavirin oral capsule 200 mg*** | Tier 1 | |
| ***ribavirin oral tablet 200 mg*** | Tier 1 | |
| **Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections** | | |
| ***acyclovir oral capsule 200 mg*** | Tier 1 | |
| ***acyclovir oral suspension 200 mg/5 ml*** | Tier 1 | |
| ***acyclovir oral tablet 400 mg, 800 mg*** | Tier 1 | |
| ***valacyclovir oral tablet 1 gram, 500 mg*** | Tier 1 | |
| **Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections** | | |
| ***famciclovir oral tablet 125 mg, 250 mg, 500 mg*** | Tier 1 | |
| **Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections** | | |
| ***oseltamivir oral capsule 30 mg, 45 mg, 75 mg*** | Tier 1 | |
| ***oseltamivir oral suspension for reconstitution 6 mg/ml*** | Tier 1 | |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***) | Tier 3 | QL (40 EA per 180 days) |
| **Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections** | | |
| XOFLUZA ORAL TABLET 40 MG (***baloxavir marboxil***) | Tier 2 | QL (4 EA per 180 days) |
| XOFLUZA ORAL TABLET 80 MG (***baloxavir marboxil***) | Tier 2 | QL (2 EA per 180 days) |
| **Lincosamide Antibiotics - Antibiotics** | | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg*** | Tier 1 | |
| ***clindamycin palmitate hcl oral recon soln 75 mg/5 ml*** | Tier 1 | |
| ***clindamycin palmitate hcl*** (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml) | Tier 1 | |
| **Macrolide Antibiotics - Antibiotics** | | |
| ***azithromycin oral packet 1 gram*** | Tier 1 | |
| ***azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml*** | Tier 1 | |
| ***azithromycin oral tablet 250 mg, 500 mg, 600 mg*** | Tier 1 | |
| ***clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml*** | Tier 1 | |
| ***clarithromycin oral tablet 250 mg, 500 mg*** | Tier 1 | |
| ***clarithromycin oral tablet extended release 24 hr 500 mg*** | Tier 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (***fidaxomicin***) | Tier 2 | QL (10 ML per 1 day) |
| DIFICID ORAL TABLET 200 MG (***fidaxomicin***) | Tier 1 | QL (20 EA per 10 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, 500 Mg) | Tier 1 | |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (***erythromycin stearate***) | Tier 1 | |
| ***erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml*** | Tier 1 | |
| ***erythromycin ethylsuccinate oral tablet 400 mg*** | Tier 1 | |
| ***erythromycin oral capsule,delayed release(dr/ec) 250 mg*** | Tier 1 | |
| ***erythromycin oral tablet 250 mg, 500 mg*** | Tier 1 | |
| ***erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg*** | Tier 1 | |
| ***fidaxomicin oral tablet 200 mg*** | Tier 1 | QL (20 EA per 10 days) |
| **Misc Anti-Infective - Drugs for Infections** | | |
| ***methenamine hippurate oral tablet 1 gram*** | Tier 1 | |
| ***methenamine mandelate oral tablet 0.5 gram, 1 gram*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***pentamidine inhalation recon soln 300 mg*** | Tier 1 | |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***) | Tier 3 | |
| **Misc Anti-Infective Combinations - Drugs for Infections** | | |
| ***methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg*** | Tier 1 | |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***) | Tier 2 | |
| 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 | |
| **Oxazolidinone Antibiotics - Antibiotics** | | |
| ***linezolid oral suspension for reconstitution 100 mg/5 ml*** | Tier 1 | |
| ***linezolid oral tablet 600 mg*** | Tier 1 | |
| SIVEXTRO ORAL TABLET 200 MG (***tedizolid phosphate***) | Tier 2 | PA |
| **Penem Antibiotic Combinations - Drugs for Infections** | | |
| ORLYNVAH ORAL TABLET 500-500 MG (***sulopenem etzadroxil/probenecid***) | Tier 3 | PA; QL (2 EA per 1 day) |
| **Penicillin Antibiotic - Natural - Antibiotics** | | |
| ***penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml*** | Tier 1 | |
| ***penicillin v potassium oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Penicillin Antibiotic - Penicillinase-resistant - Antibiotics** | | |
| ***dicloxacillin oral capsule 250 mg, 500 mg*** | Tier 1 | |
| **Pleuromutilin Antibiotics - Antibiotics** | | |
| XENLETA ORAL TABLET 600 MG (***lefamulin acetate***) | Tier 3 | PA |
| **Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections** | | |
| APTIVUS ORAL CAPSULE 250 MG (***tipranavir***) | Tier 2 | QL (4 EA per 1 day) |
| ***darunavir oral tablet 600 mg*** | Tier 1 | QL (2 EA per 1 day) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***darunavir oral tablet 800 mg*** | Tier 1 | QL (1 EA per 1 day) |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG (***darunavir ethanolate/cobicistat***) | Tier 3 | QL (1 EA per 1 day) |
| PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***) | Tier 2 | QL (400 ML per 30 days) |
| PREZISTA ORAL TABLET 150 MG (***darunavir***) | Tier 2 | QL (8 EA per 1 day) |
| PREZISTA ORAL TABLET 75 MG (***darunavir***) | Tier 2 | QL (16 EA per 1 day) |
| **Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections** | | |
| ***atazanavir oral capsule 150 mg, 200 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***atazanavir oral capsule 300 mg*** | Tier 1 | QL (1 EA per 1 day) |
| EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***) | Tier 2 | QL (1 EA per 1 day) |
| ***fosamprenavir oral tablet 700 mg*** | Tier 1 | QL (4 EA per 1 day) |
| NORVIR ORAL CAPSULE 100 MG (***ritonavir***) | Tier 2 | QL (12 EA per 1 day) |
| NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***) | Tier 2 | QL (12 EA per 1 day) |
| REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***) | Tier 2 | QL (5 EA per 1 day) |
| ***ritonavir oral tablet 100 mg*** | Tier 1 | QL (12 EA per 1 day) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***) | Tier 2 | |
| **Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections** | | |
| ***ribavirin inhalation recon soln 6 gram*** | Tier 1 | |
| **Rifamycins and Related Derivative Antibiotics - Antibiotics** | | |
| PRIFTIN ORAL TABLET 150 MG (***rifapentine***) | Tier 3 | |
| ***rifabutin oral capsule 150 mg*** | Tier 1 | |
| ***rifampin oral capsule 150 mg, 300 mg*** | Tier 1 | |
| XIFAXAN ORAL TABLET 200 MG (***rifaximin***) | Tier 3 | PA |
| XIFAXAN ORAL TABLET 550 MG (***rifaximin***) | Tier 2 | PA |
| **SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections** | | |
| PAXLOVID 150-100 MG DOSE PACK (MODERATE RENAL DOSE) INNER 150 MG (10)- 100 MG (10) (***nirmatrelvir/ritonavir***) | $0 | QL (20 EA per 28 days); Age (Min 12 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PAXLOVID 150-100 MG DOSE PACK (MODERATE RENAL DOSE) OUTER 150 MG (10)- 100 MG (10) (***nirmatrelvir/ritonavir***) | $0 | QL (20 EA per 28 days); Age (Min 12 Years) |
| PAXLOVID 300/150-100 MG DOSE PACK (SEVERE RENAL DOSE) 150 MG (6)- 100 MG (5) (***nirmatrelvir/ritonavir***) | $0 | QL (11 EA per 28 days); Age (Min 12 Years) |
| PAXLOVID 300-100 MG DOSE PACK INNER 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***) | $0 | QL (30 EA per 28 days); Age (Min 12 Years) |
| PAXLOVID 300-100 MG DOSE PACK OUTER 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***) | $0 | QL (30 EA per 28 days); Age (Min 12 Years) |
| **SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections** | | |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG (***molnupiravir***) | $0 | QL (40 EA per 29 days); Age (Min 18 Years) |
| **Sulfonamide Antibiotic - Antibiotics** | | |
| ***sulfadiazine oral tablet 500 mg*** | Tier 1 | |
| **Tetracycline Antibiotics - Antibiotics** | | |
| ***demeclocycline oral tablet 150 mg, 300 mg*** | Tier 1 | |
| ***doxycycline hyclate oral capsule 100 mg, 50 mg*** | Tier 1 | |
| ***doxycycline hyclate oral tablet 100 mg*** | Tier 1 | |
| ***doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg*** | Tier 1 | ST |
| ***doxycycline monohydrate oral capsule 100 mg, 50 mg*** | Tier 1 | |
| ***doxycycline monohydrate oral capsule 150 mg, 75 mg*** | Tier 1 | ST |
| ***doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg*** | Tier 1 | PA |
| ***doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml*** | Tier 1 | |
| ***doxycycline monohydrate oral tablet 100 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***doxycycline monohydrate oral tablet 150 mg*** | Tier 1 | ST |
| ***doxycycline monohydrate oral tablet 50 mg, 75 mg*** | Tier 1 | |
| EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***) | Tier 3 | PA |
| ***minocycline oral capsule 100 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***minocycline oral tablet 100 mg, 50 mg, 75 mg*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| ***doxycycline monohydrate*** (Mondoxyne Nl Oral Capsule 100 Mg) | Tier 1 | |
| ***doxycycline monohydrate*** (Mondoxyne Nl Oral Capsule 75 Mg) | Tier 1 | ST |
| NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***) | Tier 3 | PA |
| ***tetracycline oral capsule 250 mg, 500 mg*** | Tier 1 | |
| **Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections** | | |
| TEMBEXA ORAL SUSPENSION 10 MG/ML (***brincidofovir***) | Tier 2 | |
| TEMBEXA ORAL TABLET 100 MG (***brincidofovir***) | Tier 2 | |
| TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (***tecovirimat***) | Tier 2 | |
| **Antineoplastics - Drugs for Cancer** | | |
| **ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer** | | |
| ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-maly***) | Tier 4 | PA |
| AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab***) | Tier 4 | PA |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-awwb***) | Tier 4 | PA |
| VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-adcd***) | Tier 4 | PA |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-bvzr***) | Tier 4 | PA |
| **Antineoplasic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer** | | |
| ***lapatinib oral tablet 250 mg*** | Tier 4 | PA; OCH |
| **Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer** | | |
| RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML (***amivantamab-hyaluronidase, human recombinant-lpuj***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML (***amivantamab-vmjw***) | Tier 4 | PA |
| **Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer** | | |
| ***abiraterone oral tablet 250 mg, 500 mg*** | Tier 4 | PA; OCH |
| YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***) | Tier 4 | PA; OCH |
| **Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer** | | |
| ***erlotinib oral tablet 100 mg, 150 mg, 25 mg*** | Tier 4 | PA; OCH |
| ***gefitinib oral tablet 250 mg*** | Tier 4 | PA; OCH |
| **Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer** | | |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***) | Tier 4 | PA; OCH |
| NERLYNX ORAL TABLET 40 MG (***neratinib maleate***) | Tier 4 | PA; OCH |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***) | Tier 4 | PA; OCH |
| **Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer** | | |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG (***lazertinib mesylate***) | Tier 4 | PA; OCH |
| TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***) | Tier 4 | PA; OCH |
| **Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor - Drugs for Cancer** | | |
| TRUQAP ORAL TABLET 160 MG, 200 MG (***capivasertib***) | Tier 4 | PA; OCH |
| **Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer** | | |
| ***busulfan intravenous solution 60 mg/10 ml*** | Tier 4 | |
| MYLERAN ORAL TABLET 2 MG (***busulfan***) | Tier 4 | OCH |
| **Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer** | | |
| TEPADINA INJECTION RECON SOLN 100 MG (***thiotepa***) | Tier 4 | |
| TEPADINA INJECTION SOLUTION 200 MG (***thiotepa***) | Tier 4 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***thiotepa injection recon soln 100 mg, 15 mg*** | Tier 4 | |
| **Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer** | | |
| MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***) | Tier 4 | OCH |
| **Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer** | | |
| ***cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg*** | Tier 4 | |
| ***cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml*** | Tier 4 | |
| ***cyclophosphamide intravenous solution 500 mg/ml*** | Tier 4 | |
| ***cyclophosphamide oral capsule 25 mg, 50 mg*** | Tier 4 | OCH |
| ***cyclophosphamide oral tablet 50 mg*** | Tier 4 | OCH |
| EVOMELA INTRAVENOUS RECON SOLN 50 MG (***melphalan hcl/betadex sulfobutyl ether sodium***) | Tier 4 | |
| ***ifosfamide intravenous recon soln 1 gram, 3 gram*** | Tier 4 | |
| ***ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml*** | Tier 4 | |
| LEUKERAN ORAL TABLET 2 MG (***chlorambucil***) | Tier 4 | OCH |
| ***melphalan hcl intravenous recon soln 50 mg*** | Tier 4 | |
| **Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer** | | |
| ***carmustine intravenous recon soln 100 mg*** | Tier 4 | |
| ***carmustine intravenous recon soln 300 mg*** | Tier 4 | |
| GLIADEL WAFER IMPLANT WAFER 7.7 MG (***carmustine in polifeprosan 20***) | Tier 4 | |
| ***lomustine oral capsule 10 mg, 100 mg, 40 mg*** | Tier 4 | PA; OCH |
| **Antineoplastic - Alkylating Agent - Other - Drugs for Cancer** | | |
| ***bendamustine intravenous recon soln 100 mg, 25 mg*** | Tier 4 | |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***) | Tier 4 | |
| VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***) | Tier 4 | |
| **Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer** | | |
| TEMODAR INTRAVENOUS RECON SOLN 100 MG (***temozolomide***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg*** | Tier 4 | PA; OCH |
| **Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer** | | |
| ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***) | Tier 4 | PA; OCH |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***) | Tier 4 | PA; OCH |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (***brigatinib***) | Tier 4 | PA; OCH |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG (***ensartinib hydrochloride***) | Tier 4 | PA; OCH |
| LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***) | Tier 4 | PA; OCH |
| XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***) | Tier 4 | PA; OCH |
| XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (***crizotinib***) | Tier 4 | PA; OCH |
| ZYKADIA ORAL TABLET 150 MG (***ceritinib***) | Tier 4 | PA; OCH |
| **Antineoplastic - Antiadrenals - Drugs for Cancer** | | |
| LYSODREN ORAL TABLET 500 MG (***mitotane***) | Tier 4 | OCH |
| **Antineoplastic - Antiandrogens - Drugs for Cancer** | | |
| ***abiraterone oral tablet 250 mg, 500 mg*** | Tier 4 | PA; OCH |
| ***bicalutamide oral tablet 50 mg*** | Tier 1 | OCH |
| ERLEADA ORAL TABLET 240 MG, 60 MG (***apalutamide***) | Tier 4 | PA; OCH |
| ***nilutamide oral tablet 150 mg*** | Tier 4 | OCH; QL (2 EA per 1 day) |
| NUBEQA ORAL TABLET 300 MG (***darolutamide***) | Tier 4 | PA; OCH |
| XTANDI ORAL CAPSULE 40 MG (***enzalutamide***) | Tier 4 | PA; OCH |
| XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***) | Tier 4 | PA; OCH |
| YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***) | Tier 4 | PA; OCH |
| **Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer** | | |
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (***daunorubicin/cytarabine liposomal***) | Tier 4 | PA |
| **Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer** | | |
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***) | Tier 4 | PA |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (***inotuzumab ozogamicin***) | Tier 4 | PA |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***) | Tier 4 | PA |
| EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG (***telisotuzumab vedotin-tllv***) | Tier 4 | PA |
| ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***) | Tier 4 | PA |
| KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***) | Tier 4 | PA |
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***) | Tier 4 | PA |
| PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***) | Tier 4 | PA |
| POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***) | Tier 4 | PA |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***) | Tier 4 | PA |
| **Antineoplastic - Anti-GD2 Ganglioside Monoclonal Antibody - Drugs for Cancer** | | |
| DANYELZA INTRAVENOUS SOLUTION 4 MG/ML (***naxitamab-gqgk***) | Tier 4 | PA |
| **Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer** | | |
| AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG (***pemetrexed dipotassium***) | Tier 4 | PA |
| FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (***pralatrexate***) | Tier 4 | PA |
| JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***) | Tier 3 | PA; OCH |
| ***methotrexate sodium (pf) injection recon soln 1 gram*** | Tier 1 | |
| ***methotrexate sodium (pf) injection solution 25 mg/ml*** | Tier 1 | |
| ***methotrexate sodium injection solution 25 mg/ml*** | Tier 1 | |
| ***methotrexate sodium oral tablet 2.5 mg*** | Tier 1 | OCH |
| ***pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg*** | Tier 4 | PA |
| ***pemetrexed disodium intravenous recon soln 100 mg, 500 mg*** | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***pemetrexed disodium intravenous solution 25 mg/ml*** | Tier 4 | PA |
| ***pemetrexed intravenous solution 25 mg/ml*** | Tier 4 | PA |
| PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (***pemetrexed***) | Tier 4 | PA |
| PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML (***pemetrexed disodium***) | Tier 4 | PA |
| ***pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)*** | Tier 4 | PA |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***) | Tier 2 | OCH |
| XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***) | Tier 3 | ST; OCH; QL (120 ML per 60 days) |
| **Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer** | | |
| ***cladribine intravenous solution 10 mg/10 ml*** | Tier 4 | |
| ***clofarabine intravenous solution 1 mg/ml*** | Tier 4 | |
| ***fludarabine intravenous recon soln 50 mg*** | Tier 4 | |
| ***fludarabine intravenous solution 50 mg/2 ml*** | Tier 4 | |
| ***mercaptopurine oral suspension 20 mg/ml*** | Tier 4 | ST; OCH |
| ***mercaptopurine oral tablet 50 mg*** | Tier 1 | OCH |
| ***nelarabine intravenous solution 5 mg/ml*** | Tier 4 | |
| NIPENT INTRAVENOUS RECON SOLN 10 MG (***pentostatin***) | Tier 4 | |
| PURIXAN ORAL SUSPENSION 20 MG/ML (***mercaptopurine***) | Tier 4 | ST; OCH |
| TABLOID ORAL TABLET 40 MG (***thioguanine***) | Tier 4 | OCH |
| **Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer** | | |
| ***azacitidine injection recon soln 100 mg*** | Tier 4 | |
| ***capecitabine oral tablet 150 mg, 500 mg*** | Tier 4 | PA; OCH |
| ***cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml*** | Tier 4 | |
| ***cytarabine injection solution 20 mg/ml*** | Tier 4 | |
| ***decitabine intravenous recon soln 50 mg*** | Tier 4 | |
| ***floxuridine injection recon soln 0.5 gram*** | Tier 4 | |
| ***gemcitabine intravenous recon soln 1 gram, 200 mg*** | Tier 4 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***gemcitabine intravenous recon soln 2 gram*** | Tier 4 | |
| ***gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)*** | Tier 4 | |
| ***gemcitabine intravenous solution 100 mg/ml, 200 mg/5.26 ml (38 mg/ml)*** | Tier 4 | |
| 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 4 | |
| INLEXZO INTRAVESICAL IMPLANT 225 MG (***gemcitabine hcl***) | Tier 3 | |
| ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***) | Tier 4 | PA; OCH |
| **Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer** | | |
| ***hydroxyurea oral capsule 500 mg*** | Tier 1 | OCH |
| **Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer** | | |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (***trifluridine/tipiracil hcl***) | Tier 4 | PA; OCH |
| **Antineoplastic - Anti-PD-1 and Anti-LAG-3 Monoclonal Antibodies - Drugs for Cancer** | | |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML (***nivolumab-relatlimab-rmbw***) | Tier 4 | PA |
| **Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents - Drugs for Cancer** | | |
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (***elotuzumab***) | Tier 4 | PA |
| **Antineoplastic - Aromatase Inhibitors - Drugs for Cancer** | | |
| ***anastrozole oral tablet 1 mg*** | $0 | OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***exemestane oral tablet 25 mg*** | $0 | OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| ***letrozole oral tablet 2.5 mg*** | Tier 1 | OCH |
| **Antineoplastic - Arsenic Compounds - Drugs for Cancer** | | |
| ***arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml*** | Tier 4 | |
| TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (***arsenic trioxide***) | Tier 4 | |
| **Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer** | | |
| ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML (***calaspargase pegol-mknl***) | Tier 4 | PA |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML (***pegaspargase***) | Tier 4 | PA |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (***asparaginase erwinia chrysanthemi (recombinant)-rywn***) | Tier 4 | PA |
| **Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer** | | |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***) | Tier 4 | PA; OCH |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***) | Tier 4 | PA; OCH |
| **Antineoplastic - Bispecific HER2-Directed Monoclonal Antibody - Drugs for Cancer** | | |
| ZIIHERA INTRAVENOUS RECON SOLN 300 MG (***zanidatamab-hrii***) | Tier 4 | PA |
| **Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer** | | |
| BRAFTOVI ORAL CAPSULE 75 MG (***encorafenib***) | Tier 4 | PA; OCH |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (***tovorafenib***) | Tier 4 | PA; OCH |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (***tovorafenib***) | Tier 4 | PA; OCH |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***) | Tier 4 | PA; OCH |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (***dabrafenib mesylate***) | Tier 4 | PA; OCH |
| ZELBORAF ORAL TABLET 240 MG (***vemurafenib***) | Tier 4 | PA; OCH |
| **Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer** | | |
| BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***) | Tier 4 | PA; OCH |
| BRUKINSA ORAL TABLET 160 MG (***zanubrutinib***) | Tier 4 | PA; OCH |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***) | Tier 4 | PA; OCH |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***) | Tier 4 | PA; OCH |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***) | Tier 4 | PA; OCH |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***) | Tier 4 | PA; OCH |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***) | Tier 4 | PA; OCH |
| **Antineoplastic - Caseinolytic Protease P (ClpP) Activators - Drugs for Cancer** | | |
| MODEYSO ORAL CAPSULE 125 MG (***dordaviprone hcl***) | Tier 4 | PA; OCH; QL (20 EA per 28 days) |
| **Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer** | | |
| POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (***mogamulizumab-kpkc***) | Tier 4 | PA |
| **Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer** | | |
| ZYNLONTA INTRAVENOUS RECON SOLN 10 MG (***loncastuximab tesirine-lpyl***) | Tier 4 | PA |
| **Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer** | | |
| MONJUVI INTRAVENOUS RECON SOLN 200 MG (***tafasitamab-cxix***) | Tier 4 | PA |
| **Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer** | | |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (***obinutuzumab***) | Tier 4 | PA |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) (***rituximab/hyaluronidase, human recombinant***) | Tier 4 | PA |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***) | Tier 4 | PA |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-pvvr***) | Tier 4 | PA |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-abbs***) | Tier 4 | PA |
| **Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer** | | |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (***daratumumab-hyaluronidase-fihj***) | Tier 4 | PA |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (***daratumumab***) | Tier 4 | PA |
| SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (***isatuximab-irfc***) | Tier 4 | PA |
| **Antineoplastic - Claudin (CLDN) Directed Monoclonal Antibody - Drugs for Cancer** | | |
| VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG (***zolbetuximab-clzb***) | Tier 4 | PA |
| **Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer** | | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***) | Tier 4 | PA; OCH |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***) | Tier 4 | PA; 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 4 | PA; OCH |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***) | Tier 4 | PA; OCH |
| **Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer** | | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML (***tremelimumab-actl***) | Tier 4 | PA |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (***ipilimumab***) | Tier 4 | PA |
| **Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer** | | |
| HERNEXEOS ORAL TABLET 60 MG (***zongertinib***) | Tier 4 | PA; OCH; QL (3 EA per 1 day) |
| HYRNUO ORAL TABLET 10 MG (***sevabertinib***) | Tier 4 | PA; OCH; QL (4 EA per 1 day) |
| TUKYSA ORAL TABLET 150 MG, 50 MG (***tucatinib***) | Tier 4 | PA; OCH |
| **Antineoplastic - Epipodophyllotoxins - Drugs for Cancer** | | |
| ***etoposide oral capsule 50 mg*** | Tier 1 | OCH |
| **Antineoplastic - Epothilones and Analogs - Drugs for Cancer** | | |
| IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (***ixabepilone***) | Tier 4 | PA |
| **Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer** | | |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***) | Tier 4 | PA; OCH |
| **Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer** | | |
| TAZVERIK ORAL TABLET 200 MG (***tazemetostat hydrobromide***) | Tier 4 | PA; OCH |
| **Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer** | | |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***) | Tier 4 | PA; OCH |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (***futibatinib***) | Tier 4 | PA; OCH |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***) | Tier 4 | PA; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer** | | |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (***quizartinib dihydrochloride***) | Tier 4 | PA; OCH |
| XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***) | Tier 4 | PA; OCH |
| **Antineoplastic - Gamma-Secretase Inhibitor (GSI) - Drugs for Cancer** | | |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (***nirogacestat hydrobromide***) | Tier 4 | PA |
| **Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer** | | |
| DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib maleate***) | Tier 4 | PA; OCH |
| ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***) | Tier 4 | PA; OCH |
| ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***) | Tier 4 | PA; OCH |
| **Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer** | | |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG (***belinostat***) | Tier 4 | PA |
| ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (***romidepsin***) | Tier 4 | PA |
| ***romidepsin intravenous recon soln 10 mg/2 ml*** | Tier 4 | PA |
| ***romidepsin intravenous solution 5 mg/ml*** | Tier 4 | PA |
| ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***) | Tier 4 | OCH |
| **Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer** | | |
| WELIREG ORAL TABLET 40 MG (***belzutifan***) | Tier 4 | PA; OCH |
| **Antineoplastic - Interferons - Drugs for Cancer** | | |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (***ropeginterferon alfa-2b-njft***) | Tier 4 | PA |
| **Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer** | | |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (***siltuximab***) | Tier 4 | PA |
| **Antineoplastic - Interleukins - Drugs for Cancer** | | |
| LYMPHIR INTRAVENOUS RECON SOLN 300 MCG (***denileukin diftitox-cxdl***) | Tier 4 | PA |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (***aldesleukin***) | Tier 4 | |
| **Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer** | | |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***) | Tier 4 | PA; OCH; QL (2 EA per 1 day) |
| **Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors - Drugs for Cancer** | | |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (***momelotinib dihydrochloride***) | Tier 4 | PA; OCH |
| **Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer** | | |
| INREBIC ORAL CAPSULE 100 MG (***fedratinib dihydrochloride***) | Tier 4 | PA; OCH; QL (4 EA per 1 day) |
| VONJO ORAL CAPSULE 100 MG (***pacritinib citrate***) | Tier 4 | PA; OCH; QL (4 EA per 1 day) |
| **Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer** | | |
| KRAZATI ORAL TABLET 200 MG (***adagrasib***) | Tier 4 | PA; OCH |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (***sotorasib***) | Tier 4 | PA; OCH |
| **Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer** | | |
| CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG (***leuprolide mesylate***) | Tier 4 | PA |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide acetate***) | Tier 4 | PA |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide acetate***) | Tier 4 | PA |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***) | Tier 4 | PA |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***) | Tier 4 | PA |
| ***leuprolide subcutaneous kit 1 mg/0.2 ml*** | Tier 4 | PA |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (***leuprolide acetate***) | Tier 4 | PA |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide acetate***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide acetate***) | Tier 4 | PA |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (***leuprolide acetate***) | Tier 4 | PA |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (***triptorelin pamoate***) | Tier 4 | PA |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***) | Tier 4 | PA |
| **Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer** | | |
| ORGOVYX ORAL TABLET 120 MG (***relugolix***) | Tier 4 | PA; OCH |
| **Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer** | | |
| ***cromolyn oral concentrate 100 mg/5 ml*** | Tier 1 | |
| **Antineoplastic - MEK Kinase Inhibitors - Drugs for Cancer** | | |
| COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***) | Tier 4 | PA; OCH |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG (***mirdametinib***) | Tier 4 | PA; OCH |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (***mirdametinib***) | Tier 4 | PA; OCH |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate***) | Tier 4 | PA; OCH |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG (***selumetinib sulfate***) | Tier 4 | PA; OCH |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML (***trametinib dimethyl sulfoxide***) | Tier 4 | PA; OCH |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***) | Tier 4 | PA; OCH |
| MEKTOVI ORAL TABLET 15 MG (***binimetinib***) | Tier 4 | PA; OCH |
| **Antineoplastic - Menin Inhibitors - Drugs for Cancer** | | |
| KOMZIFTI ORAL CAPSULE 200 MG (***ziftomenib***) | Tier 4 | PA; OCH; QL (3 EA per 1 day) |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (***revumenib citrate***) | Tier 4 | PA; OCH |
| **Antineoplastic - Microtubule Inhibitors - Drugs for Cancer** | | |
| ***eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)*** | Tier 4 | PA |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer** | | |
| ***everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg*** | Tier 4 | PA; OCH |
| ***everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg*** | Tier 4 | PA; OCH |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (***sirolimus protein-bound***) | Tier 4 | PA |
| ***temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)*** | Tier 4 | PA |
| ***everolimus*** (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg) | Tier 4 | PA; OCH |
| **Antineoplastic - Multikinase Inhibitors - Drugs for Cancer** | | |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***) | Tier 4 | PA; 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 4 | PA; OCH |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***) | Tier 4 | PA; OCH |
| ***sorafenib oral tablet 200 mg*** | Tier 4 | PA; OCH |
| STIVARGA ORAL TABLET 40 MG (***regorafenib***) | Tier 4 | PA; OCH |
| **Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer** | | |
| REZLIDHIA ORAL CAPSULE 150 MG (***olutasidenib***) | Tier 4 | PA; OCH |
| TIBSOVO ORAL TABLET 250 MG (***ivosidenib***) | Tier 4 | PA; OCH |
| **Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer** | | |
| IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib mesylate***) | Tier 4 | PA; OCH |
| **Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors - Drugs for Cancer** | | |
| IWILFIN ORAL TABLET 192 MG (***eflornithine hcl***) | Tier 4 | PA; OCH |
| **Antineoplastic - Other - Drugs for Cancer** | | |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML (***nogapendekin alfa inbakicept-pmln***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - PARP Inhibitor and Antiandrogen Combinations - Drugs for Cancer** | | |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (***niraparib tosylate/abiraterone acetate***) | Tier 4 | PA; OCH |
| **Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer** | | |
| LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***) | Tier 4 | PA |
| PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (***lutetium lu-177 vipivotide tetraxetan***) | Tier 4 | PA |
| **Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer** | | |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***) | Tier 4 | PA; OCH |
| ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***) | Tier 4 | PA; OCH |
| **Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer** | | |
| ITOVEBI ORAL TABLET 3 MG, 9 MG (***inavolisib***) | Tier 4 | PA; OCH |
| 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 4 | PA; OCH |
| **Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer** | | |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***) | Tier 4 | PA; OCH |
| **Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer** | | |
| ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***) | Tier 4 | PA; OCH |
| **Antineoplastic - Platinum Complexes - Drugs for Cancer** | | |
| ***carboplatin intravenous recon soln 150 mg*** | Tier 4 | |
| ***carboplatin intravenous solution 10 mg/ml*** | Tier 4 | |
| ***cisplatin intravenous recon soln 50 mg*** | Tier 4 | |
| ***cisplatin intravenous solution 1 mg/ml*** | Tier 4 | |
| KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (***cisplatin***) | Tier 4 | |
| ***oxaliplatin intravenous recon soln 100 mg, 50 mg*** | Tier 4 | |
| ***oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)*** | Tier 4 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer** | | |
| LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***) | Tier 4 | PA; OCH |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib camsylate***) | Tier 4 | PA; OCH |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***) | Tier 4 | PA; OCH |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (***niraparib tosylate***) | Tier 4 | PA; OCH |
| **Antineoplastic - Progestins - Drugs for Cancer** | | |
| ***megestrol oral tablet 20 mg, 40 mg*** | Tier 1 | OCH |
| **Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer** | | |
| ***bortezomib injection recon soln 1 mg, 2.5 mg*** | Tier 4 | PA |
| ***bortezomib injection recon soln 3.5 mg*** | Tier 4 | PA |
| ***bortezomib intravenous recon soln 3.5 mg*** | Tier 4 | PA |
| ***bortezomib intravenous solution 2.5 mg/ml*** | Tier 4 | PA |
| KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (***carfilzomib***) | Tier 4 | PA |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***) | Tier 4 | PA; OCH |
| **Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer** | | |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG (***repotrectinib***) | Tier 4 | PA; OCH |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (***avapritinib***) | Tier 4 | PA; OCH |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG (***bosutinib***) | Tier 4 | PA; OCH |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (***bosutinib***) | Tier 4 | PA; OCH |
| BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***) | Tier 4 | PA; OCH |
| BRUKINSA ORAL TABLET 160 MG (***zanubrutinib***) | Tier 4 | PA; OCH |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***) | Tier 4 | PA; OCH |
| CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***) | Tier 4 | PA; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DANZITEN ORAL TABLET 71 MG, 95 MG (***nilotinib tartrate***) | Tier 4 | PA; OCH |
| ***dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg*** | Tier 4 | PA; OCH |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (***tivozanib hcl***) | Tier 4 | PA; OCH |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (***fruquintinib***) | Tier 4 | PA; OCH |
| IBTROZI ORAL CAPSULE 200 MG (***taletrectinib adipate***) | Tier 4 | PA; OCH |
| ***imatinib oral tablet 100 mg, 400 mg*** | Tier 4 | PA; OCH |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***) | Tier 4 | PA; OCH |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***) | Tier 4 | PA; OCH |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***) | Tier 4 | PA; OCH |
| IMKELDI ORAL SOLUTION 80 MG/ML (***imatinib mesylate***) | Tier 4 | PA; OCH |
| INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***) | Tier 4 | PA; OCH |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***) | Tier 4 | PA; OCH |
| 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 4 | PA; OCH |
| ***nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg*** | Tier 4 | PA; OCH |
| OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***) | Tier 4 | PA |
| ***pazopanib oral tablet 200 mg*** | Tier 4 | PA; OCH |
| ***pazopanib oral tablet 400 mg*** | Tier 4 | PA; OCH |
| PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (***dasatinib anhydrous***) | Tier 4 | PA; OCH |
| QINLOCK ORAL TABLET 50 MG (***ripretinib***) | Tier 4 | PA; OCH |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (***vimseltinib***) | Tier 4 | PA; OCH |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***) | Tier 4 | PA; OCH |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG (***entrectinib***) | Tier 4 | PA; OCH |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RYDAPT ORAL CAPSULE 25 MG (***midostaurin***) | Tier 4 | PA; OCH |
| SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (***asciminib hydrochloride***) | Tier 4 | PA; OCH |
| ***sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg*** | Tier 4 | PA; OCH |
| TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hydrochloride***) | Tier 4 | PA; OCH |
| TEPMETKO ORAL TABLET 225 MG (***tepotinib hcl***) | Tier 4 | PA; OCH |
| TURALIO ORAL CAPSULE 125 MG (***pexidartinib hydrochloride***) | Tier 4 | PA; OCH |
| **Antineoplastic - Radiolabeled Prostate-Specific Membrane Antigen Inhib - Drugs for Cancer** | | |
| PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (***lutetium lu-177 vipivotide tetraxetan***) | Tier 4 | PA |
| **Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer** | | |
| LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***) | Tier 4 | PA |
| **Antineoplastic - Retinoids - Drugs for Cancer** | | |
| ***tretinoin (antineoplastic) oral capsule 10 mg*** | Tier 4 | OCH |
| **Antineoplastic - Selective Estrogen Receptor Degraders (SERDs) - Drugs for Cancer** | | |
| ***fulvestrant intramuscular syringe 250 mg/5 ml*** | Tier 4 | PA |
| INLURIYO ORAL TABLET 200 MG (***imlunestrant tosylate***) | Tier 4 | PA; OCH; QL (2 EA per 1 day) |
| ORSERDU ORAL TABLET 345 MG, 86 MG (***elacestrant hcl***) | Tier 4 | PA; OCH |
| **Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer** | | |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML (***tamoxifen citrate***) | Tier 2 | OCH |
| ***tamoxifen oral tablet 10 mg, 20 mg*** | $0 | OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| ***toremifene oral tablet 60 mg*** | Tier 4 | PA; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - Selective Inhibitiors of Nuclear Export (SINE) - Drugs for Cancer** | | |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***) | Tier 4 | PA; OCH |
| **Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer** | | |
| GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***) | Tier 4 | PA; OCH |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (***selpercatinib***) | Tier 4 | PA; OCH |
| **Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer** | | |
| ***bexarotene oral capsule 75 mg*** | Tier 4 | PA; OCH |
| **Antineoplastic - Systemic Enzyme Inhibitors Combinations - Drugs for Cancer** | | |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG (***avutometinib potassium/defactinib hydrochloride***) | Tier 4 | PA; OCH |
| **Antineoplastic - Taxanes - Drugs for Cancer** | | |
| BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML) (***docetaxel***) | Tier 4 | |
| BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML (***docetaxel/albumin, human***) | Tier 4 | |
| ***docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)*** | Tier 4 | |
| ***docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)*** | Tier 4 | |
| JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) (***cabazitaxel***) | Tier 4 | |
| ***paclitaxel intravenous concentrate 6 mg/ml*** | Tier 4 | |
| ***paclitaxel protein-bound intravenous suspension for reconstitution 100 mg*** | Tier 4 | PA |
| **Antineoplastic - Telomerase Inhibitors - Drugs for Cancer** | | |
| RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG (***imetelstat sodium***) | Tier 4 | PA |
| **Antineoplastic - Thalidomide Analogs - Drugs for Cancer** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg*** | Tier 4 | PA; OCH |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***) | Tier 4 | PA; OCH |
| THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***) | Tier 4 | PA; OCH |
| **Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer** | | |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***) | Tier 4 | OCH |
| ***irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml*** | Tier 4 | |
| ***irinotecan intravenous solution 500 mg/25 ml*** | Tier 4 | |
| ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (***irinotecan liposomal***) | Tier 4 | PA |
| ***topotecan intravenous recon soln 4 mg*** | Tier 4 | |
| ***topotecan intravenous solution 4 mg/4 ml (1 mg/ml)*** | Tier 4 | |
| **Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer** | | |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG (***larotrectinib sulfate***) | Tier 4 | PA; OCH |
| VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib sulfate***) | Tier 4 | PA; OCH |
| **Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag - Drugs for Cancer** | | |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (***ramucirumab***) | Tier 4 | PA |
| **Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer** | | |
| ***vinblastine intravenous solution 1 mg/ml*** | Tier 4 | |
| ***vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml*** | Tier 4 | |
| **Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer** | | |
| ***dactinomycin intravenous recon soln 0.5 mg*** | Tier 4 | |
| **Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer** | | |
| ***daunorubicin intravenous solution 5 mg/ml*** | Tier 4 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***doxorubicin, peg-liposomal intravenous suspension 2 mg/ml*** | Tier 4 | |
| ***epirubicin intravenous recon soln 50 mg*** | Tier 4 | |
| ***epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml*** | Tier 4 | |
| ***idarubicin intravenous solution 1 mg/ml*** | Tier 4 | |
| ***mitoxantrone intravenous concentrate 2 mg/ml*** | Tier 4 | PA |
| ***valrubicin intravesical solution 40 mg/ml*** | Tier 4 | |
| VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (***valrubicin***) | Tier 4 | |
| **Antineoplastic Antibiotic - Others - Drugs for Cancer** | | |
| ***bleomycin injection recon soln 15 unit, 30 unit*** | Tier 4 | |
| ***mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg*** | Tier 4 | |
| ***mitomycin*** (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg) | Tier 4 | |
| **Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives - Drugs for Cancer** | | |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG (***trabectedin***) | Tier 4 | PA |
| ZEPZELCA INTRAVENOUS RECON SOLN 4 MG (***lurbinectedin***) | Tier 4 | PA |
| **Antineoplastic-Anti-Programmed Cell Death Ligand-1 (PD-L1) MC Antib. - Drugs for Cancer** | | |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (***avelumab***) | Tier 4 | PA |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (***durvalumab***) | Tier 4 | PA |
| TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML (***atezolizumab-hyaluronidase-tqjs***) | Tier 4 | PA |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (***atezolizumab***) | Tier 4 | PA |
| UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5 ML (60 MG/ML) (***cosibelimab-ipdl***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib. - Drugs for Cancer** | | |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML (***dostarlimab-gxly***) | Tier 4 | PA |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (***pembrolizumab***) | Tier 4 | PA |
| KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML (***pembrolizumab-berahyaluronidase alfa-pmph***) | Tier 4 | PA |
| LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML (***cemiplimab-rwlc***) | Tier 4 | PA |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) (***toripalimab-tpzi***) | Tier 4 | PA |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML (***nivolumab***) | Tier 4 | PA |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML (***nivolumab-hyaluronidase-nvhy***) | Tier 4 | PA |
| TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML (***tislelizumab-jsgr***) | Tier 4 | PA |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML (***retifanlimab-dlwr***) | Tier 4 | PA |
| **Antineoplastic-CD123-Directed Cytotoxin (IL-3 and diphth.) Conjugate - Drugs for Cancer** | | |
| ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML (***tagraxofusp-erzs***) | Tier 4 | PA |
| **Antineoplastic-CD22 Specific Antibody / Cytotoxic Antibiotic Conjugate - Drugs for Cancer** | | |
| BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (***inotuzumab ozogamicin***) | Tier 4 | PA |
| **Antineoplastic-CD30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer** | | |
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***) | Tier 4 | PA |
| **Antineoplastic-CD33 Specific Antibody and Cytoxic Antibiotic Conjugate - Drugs for Cancer** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***) | Tier 4 | PA |
| **Antineoplastic-CD79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer** | | |
| POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***) | Tier 4 | PA |
| **Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj - Drugs for Cancer** | | |
| ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***) | Tier 4 | PA |
| **Antineoplastic-HER2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer** | | |
| KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***) | Tier 4 | PA |
| **Antineoplastic-HER2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer** | | |
| ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***) | Tier 4 | PA |
| **Antineoplastic-Isocitrate Dehydrogenase-1 and -2 (IDH1 and IDH2) Inhib - Drugs for Cancer** | | |
| VORANIGO ORAL TABLET 10 MG, 40 MG (***vorasidenib citrate***) | Tier 4 | PA; OCH |
| **Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer** | | |
| PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***) | Tier 4 | PA |
| **Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer** | | |
| INQOVI ORAL TABLET 35-100 MG (***decitabine/cedazuridine***) | Tier 4 | PA; OCH |
| **Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer** | | |
| TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***) | Tier 4 | PA |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer** | | |
| DATROWAY INTRAVENOUS RECON SOLN 100 MG (***datopotamab deruxtecan-dlnk***) | Tier 4 | PA |
| TRODELVY INTRAVENOUS RECON SOLN 180 MG (***sacituzumab govitecan-hziy***) | Tier 4 | PA |
| **Antineoplastic-Vasc Endothelial Growth Fac(VEGF-A,B and PlGF)Inhibitor - Drugs for Cancer** | | |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) (***ziv-aflibercept***) | Tier 4 | PA |
| **Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer** | | |
| ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (***elranatamab-bcmm***) | Tier 4 | PA |
| LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML (***linvoseltamab-gcpt***) | Tier 4 | PA; QL (15 ML per 8 days) |
| LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML (***linvoseltamab-gcpt***) | Tier 4 | PA; QL (40 ML per 28 days) |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML (***teclistamab-cqyv***) | Tier 4 | PA |
| **Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer** | | |
| BLINCYTO INTRAVENOUS KIT 35 MCG (***blinatumomab***) | Tier 4 | PA |
| **Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer** | | |
| COLUMVI INTRAVENOUS SOLUTION 1 MG/ML (***glofitamab-gxbm***) | Tier 4 | PA |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML (***epcoritamab-bysp***) | Tier 4 | PA |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML (***mosunetuzumab-axgb***) | Tier 4 | PA |
| **Bispecific DLL3-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer** | | |
| IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG (***tarlatamab-dlle***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Bispecific GPRC5D-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer** | | |
| TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML (***talquetamab-tgvs***) | Tier 4 | PA |
| **Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab - Drugs for Cancer** | | |
| PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (***pertuzumab***) | Tier 4 | PA |
| **Epidermal Growth Factor Recept Blocker (HER-1 Type), Rec-MC Antibody - Drugs for Cancer** | | |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML (***cetuximab***) | Tier 4 | PA |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (***panitumumab***) | Tier 4 | PA |
| **Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody - Drugs for Cancer** | | |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (***trastuzumab-hyaluronidase-oysk***) | Tier 4 | PA |
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG (***trastuzumab***) | Tier 4 | PA |
| HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-strf***) | Tier 4 | PA |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-pkrb***) | Tier 4 | PA |
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-anns***) | Tier 4 | PA |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML (***margetuximab-cmkb***) | Tier 4 | PA |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dkst***) | Tier 4 | PA |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dttb***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (***pertuzumab-trastuzumab-hyaluronidase-zzxf***) | Tier 4 | PA |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-qyyp***) | Tier 4 | PA |
| **Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer** | | |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML (***tebentafusp-tebn***) | Tier 4 | PA |
| **Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer** | | |
| VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***) | Tier 4 | |
| **Methotrexate Rescue Agents - Drugs for Cancer** | | |
| KHAPZORY INTRAVENOUS RECON SOLN 175 MG (***levoleucovorin***) | Tier 4 | |
| ***leucovorin calcium oral tablet 10 mg, 15 mg*** | Tier 1 | OCH |
| ***leucovorin calcium oral tablet 25 mg, 5 mg*** | Tier 1 | OCH |
| ***levoleucovorin calcium intravenous solution 10 mg/ml*** | Tier 4 | |
| VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***) | Tier 4 | |
| **Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer** | | |
| KHAPZORY INTRAVENOUS RECON SOLN 175 MG (***levoleucovorin***) | Tier 4 | |
| ***leucovorin calcium oral tablet 10 mg, 15 mg*** | Tier 1 | OCH |
| ***leucovorin calcium oral tablet 25 mg, 5 mg*** | Tier 1 | OCH |
| ***levoleucovorin calcium intravenous solution 10 mg/ml*** | Tier 4 | |
| **Otoprotective Agents used in conjunction with Chemotherapy - Drugs for Cancer** | | |
| PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML) (***sodium thiosulfate***) | Tier 4 | |
| **Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer** | | |
| ***mesna oral tablet 400 mg*** | Tier 1 | OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiseptics and Disinfectants - Antiseptics and Disinfectants** | | |
| **Antiseptic - Alcohols - Antiseptics and Disinfectants** | | |
| ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| ***alcohol swabs topical pads, medicated*** | Tier 3 | DD |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| WEBCOL TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| **Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants** | | |
| HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***) | Tier 3 | |
| RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***) | Tier 3 | |
| RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***) | Tier 3 | |
| **Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants** | | |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (***cadexomer iodine***) | Tier 3 | |
| IODOSORB TOPICAL GEL 0.9 % (***cadexomer iodine***) | Tier 3 | |
| LUGOLS TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***) | Tier 1 | |
| STRONG IODINE TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***) | Tier 1 | |
| **Biologicals - Biological Agents** | | |
| **Allergenic Extracts - Grass Pollen - Biological Agents** | | |
| GRASTEK SUBLINGUAL TABLET 2,800 BAU (***allergenic extract,grass pollen-timothy,standard***) | Tier 2 | PA |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***) | Tier 2 | PA |
| **Allergenic Extracts - Mite Extracts - Biological Agents** | | |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***) | Tier 2 | PA |
| **Allergenic Extracts - Weed Pollen - Biological Agents** | | |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***allergenic extract-weed pollen-short ragweed***) | Tier 2 | PA |
| **Antivenoms - Scorpion Antivenoms - Biological Agents** | | |
| ANASCORP INTRAVENOUS RECON SOLN 35 MG (***centruroides (scorpion) polyvalent antivenom***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections** | | |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML (***nirsevimab-alip***) | $0 | PA; EHB; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER |
| BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML (***nirsevimab-alip***) | $0 | PA; EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS AND 19 MONTHS OF AGE OR YOUNGER |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (***palivizumab***) | Tier 4 | PA |
| **Antiviral Monoclonal Antibodies - SARS-CoV-2 Coronavirus - Biological Agents** | | |
| PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML (***pemivibart***) | Tier 4 | PA |
| **Chemicals, foods, irritant/allergenic - Biological Agents** | | |
| T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (***chemical allergens***) | Tier 3 | |
| **Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines** | | |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (***hepatitis a virus and hepatitis b virus vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Hepatitis A Vaccine - Single Agents - Vaccines** | | |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Hepatitis B Vaccine Combinations - Vaccines** | | |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Hepatitis B Vaccines - Single Agents - Vaccines** | | |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Immune Globulin - Cytomegalovirus (CMV) - Biological Agents** | | |
| CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (***cytomegalovirus immune globulin (human)***) | Tier 4 | |
| **Immune Globulin - gamma globulin (IgG), human - Biological Agents** | | |
| ALYGLO INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-stwk human***) | Tier 4 | PA |
| ASCENIV INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-slra human***) | Tier 4 | PA |
| BIVIGAM INTRAVENOUS SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***) | Tier 4 | PA |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (***immune globulin,gamma(igg)-hipp human/maltose***) | Tier 4 | PA |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***) | Tier 4 | PA |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml***) | Tier 4 | PA |
| GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma(igg)/glycine***) | Tier 4 | PA |
| GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml***) | Tier 4 | PA |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***) | Tier 4 | PA |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (***immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml***) | Tier 4 | PA |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (***immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (***immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml***) | Tier 4 | PA |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml***) | Tier 4 | PA |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (***immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml***) | Tier 4 | PA |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***) | Tier 4 | PA |
| HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***) | Tier 4 | PA |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (***immune globulin,gamma(igg) human/hyaluronidase, human recomb***) | Tier 4 | PA |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml***) | Tier 4 | PA |
| PANZYGA INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma(igg)-ifas human/glycine***) | Tier 4 | PA |
| PRIVIGEN INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***) | Tier 4 | PA |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)-klhw human***) | Tier 4 | PA |
| YIMMUGO INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-dira human***) | Tier 4 | PA |
| **Immune Globulin - Rho(D) - Biological Agents** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML (***rho(d) immune globulin/maltose***) | Tier 4 | |
| **Live Vaccine and Live Virus Formulations - Vaccines** | | |
| FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***) | Tier 3 | |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***) | Tier 3 | |
| **Peanut Desensitization Agents - Biological Agents** | | |
| PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (***peanut allergen powder-dnfp***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA |
| **Toxoid Vaccine Combinations - Vaccines** | | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML (***diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines** | | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (***haemophilus b conjugate vaccine (meningococcal prot.conj)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***) | Tier 3 | |
| **Vaccine Bacterial - Gram Negative Cocci - Vaccines** | | |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (***meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML (***meningoc a,c,y,w-135,dt cmp/n.mening b nhba,nada,fhbp,omv/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Bacterial - Gram Positive Cocci - Vaccines** | | |
| CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines** | | |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (***meningococcal group b vaccine, 4-component***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML (***meningoc a,c,y,w-135,dt cmp/n.mening b nhba,nada,fhbp,omv/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines** | | |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***) | Tier 3 | |
| **Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines** | | |
| VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (***covid vacc 2025-2026 (5-11 years) (pfizer)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (***covid vaccine 2025-2026 (12 yrs up) (pfizer)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML (***covid vaccine 2025-2026 (12 years up) (moderna)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (***covid vaccine 2025-2026 (12 yrs up)/adjuvant-matrix/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***covid vaccine 2025-2026 (12 years up) (moderna)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (***covid vaccine 2025-2026 (6 months-11 years)(moderna)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines** | | |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Influenza A and B - Vaccines** | | |
| AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trival split 2025-26 (36 mos up)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2025-26 (6 mos and older)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza vaccine tvs 2025-26 (65 yr up)/adjuvant mf59c.1/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2025-2026(6 months and older)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (***influenza virus vaccine tv 2025-26(9 yrs and older)rcmb/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine tri 2025-2026(6 month and older)cell derived/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine triv 2025-2026(6 month and older)cell derived***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2025-2026(6 months and older)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2025-2026(6 months and older)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2025-26 (6 mos and older)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (***influenza virus vaccine trival split 2025-2026(65 yr up)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Measles - Vaccines** | | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Mpox - Vaccines** | | |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Mumps and Related - Vaccines** | | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Poliomyelitis - Vaccines** | | |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (***poliomyelitis vaccine, killed***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Respiratory Syncytial Virus (RSV) - Vaccines** | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref a and b/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (***respiratory syncytial virus vacc. antigen/as01e adjuvant/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref protein, mrna/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Rotavirus - Vaccines** | | |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Rubella - Vaccines** | | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Smallpox - Vaccines** | | |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Varicella - Vaccines** | | |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral Combinations - Vaccines** | | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Cardiovascular Therapy Agents - Drugs for the Heart** | | |
| **ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure** | | |
| ***amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg*** | Tier 1 | |
| ***trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg*** | Tier 1 | |
| **ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure** | | |
| ***benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg*** | Tier 1 | |
| ***captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg*** | Tier 1 | |
| ***enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg*** | Tier 1 | |
| ***fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg*** | Tier 1 | |
| ***lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg*** | Tier 1 | |
| ***quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg*** | Tier 1 | |
| **ACE Inhibitors - Drugs for High Blood Pressure** | | |
| ***benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg*** | Tier 1 | |
| ***captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***enalapril maleate oral solution 1 mg/ml*** | Tier 1 | PA |
| ***enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg*** | Tier 1 | |
| ***fosinopril oral tablet 10 mg, 20 mg, 40 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg*** | Tier 1 | |
| ***moexipril oral tablet 15 mg, 7.5 mg*** | Tier 1 | |
| ***perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg*** | Tier 1 | |
| QBRELIS ORAL SOLUTION 1 MG/ML (***lisinopril***) | Tier 3 | PA |
| ***quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg*** | Tier 1 | |
| ***ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| ***trandolapril oral tablet 1 mg, 2 mg, 4 mg*** | Tier 1 | |
| **Aldosterone Receptor Antagonists - Drugs for High Blood Pressure** | | |
| ***eplerenone oral tablet 25 mg, 50 mg*** | Tier 1 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (***finerenone***) | Tier 3 | PA |
| ***spironolactone oral suspension 25 mg/5 ml*** | Tier 1 | PA |
| ***spironolactone oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Alpha-Beta Blockers - Drugs for High Blood Pressure** | | |
| ***carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg*** | Tier 1 | |
| ***carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***labetalol oral tablet 100 mg, 200 mg, 300 mg*** | Tier 1 | |
| ***labetalol oral tablet 400 mg*** | Tier 1 | |
| **Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure** | | |
| ***amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg*** | Tier 1 | |
| ***amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg*** | Tier 1 | |
| ***telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg*** | Tier 1 | |
| **Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure** | | |
| ***amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg*** | Tier 1 | |
| **Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure** | | |
| ***candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg*** | Tier 1 | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan medoxomil/chlorthalidone***) | Tier 3 | ST |
| ***irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg*** | Tier 1 | |
| ***losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg*** | Tier 1 | |
| ***olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg*** | Tier 1 | |
| ***telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg*** | Tier 1 | |
| ***valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg*** | Tier 1 | |
| **Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure** | | |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG (***sacubitril/valsartan***) | Tier 3 | QL (8 EA per 1 day) |
| ***sacubitril-valsartan oral tablet 24-26 mg*** | Tier 1 | QL (6 EA per 1 day) |
| ***sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg*** | Tier 1 | QL (2 EA per 1 day) |
| **Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure** | | |
| ARBLI ORAL SUSPENSION 10 MG/ML (***losartan potassium***) | Tier 3 | PA |
| ***candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg*** | Tier 1 | |
| EDARBI ORAL TABLET 40 MG, 80 MG (***azilsartan medoxomil***) | Tier 3 | ST |
| ***eprosartan oral tablet 600 mg*** | Tier 1 | |
| ***irbesartan oral tablet 150 mg, 300 mg, 75 mg*** | Tier 1 | |
| ***losartan oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***olmesartan oral tablet 20 mg, 40 mg, 5 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***telmisartan oral tablet 20 mg, 40 mg, 80 mg*** | Tier 1 | |
| ***valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg*** | Tier 1 | |
| **Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina** | | |
| ***isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg*** | Tier 1 | |
| ***isosorbide mononitrate oral tablet 10 mg, 20 mg*** | Tier 1 | |
| ***isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg*** | Tier 1 | |
| ***nitroglycerin*** (Nitro-Bid Transdermal Ointment 2 %) | Tier 2 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (***nitroglycerin***) | Tier 2 | |
| ***nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg*** | Tier 1 | |
| ***nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr*** | Tier 1 | |
| ***nitroglycerin translingual spray,non-aerosol 400 mcg/spray*** | Tier 1 | |
| NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (***nitroglycerin***) | Tier 1 | |
| **Antianginal and Anti-ischemic Agents - Drugs for Angina** | | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***) | Tier 3 | PA |
| **Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina** | | |
| ***ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg*** | Tier 1 | |
| **Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms** | | |
| ***disopyramide phosphate oral capsule 100 mg, 150 mg*** | Tier 1 | |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (***disopyramide phosphate***) | Tier 2 | |
| ***quinidine gluconate oral tablet extended release 324 mg*** | Tier 1 | |
| ***quinidine sulfate oral tablet 200 mg, 300 mg*** | Tier 1 | |
| **Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms** | | |
| ***mexiletine oral capsule 150 mg, 200 mg, 250 mg*** | Tier 1 | |
| **Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms** | | |
| ***flecainide oral tablet 100 mg, 150 mg, 50 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg*** | Tier 1 | |
| ***propafenone oral tablet 150 mg, 225 mg, 300 mg*** | Tier 1 | |
| **Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms** | | |
| ***sotalol hcl*** (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg) | Tier 1 | |
| ***sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg*** | Tier 1 | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***) | Tier 3 | ST; QL: 8 BOTTLES IN 30 DAYS |
| **Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms** | | |
| ***amiodarone oral tablet 100 mg, 200 mg, 400 mg*** | Tier 1 | |
| ***dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg*** | Tier 1 | |
| MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***) | Tier 2 | |
| ***amiodarone hcl*** (Pacerone Oral Tablet 100 Mg, 200 Mg) | Tier 1 | |
| **Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms** | | |
| CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY (***etripamil***) | Tier 3 | QL (2 EA per 1 FILL) |
| ***verapamil oral tablet 120 mg, 40 mg, 80 mg*** | Tier 1 | |
| **Antihyperlipidemic - Angiopoietin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol** | | |
| EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML (***evinacumab-dgnb***) | Tier 4 | PA |
| **Antihyperlipidemic - apolipoprotein C-III Synthesis Inhibitors - Drugs for Diabetes** | | |
| REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***plozasiran sodium***) | Tier 4 | PA; QL (0.5 ML per 90 days) |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***olezarsen sodium***) | Tier 4 | PA |
| **Antihyperlipidemic - Apolipoprotein Inhibitors - Drugs for Cholesterol** | | |
| REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***plozasiran sodium***) | Tier 4 | PA; QL (0.5 ML per 90 days) |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***olezarsen sodium***) | Tier 4 | PA |
| **Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***) | Tier 2 | ST |
| **Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol** | | |
| ***cholestyramine*** (Cholestyramine Light Oral Powder 4 Gram) | Tier 1 | |
| ***cholestyramine*** (Cholestyramine Light Oral Powder In Packet 4 Gram) | Tier 1 | |
| ***cholestyramine oral powder 4 gram*** | Tier 1 | |
| ***cholestyramine oral powder in packet 4 gram*** | Tier 1 | |
| ***colesevelam oral powder in packet 3.75 gram*** | Tier 1 | |
| ***colesevelam oral tablet 625 mg*** | Tier 1 | |
| ***colestipol oral granules 5 gram*** | Tier 1 | |
| ***colestipol oral packet 5 gram*** | Tier 1 | |
| ***colestipol oral tablet 1 gram*** | Tier 1 | |
| ***cholestyramine*** (Prevalite Oral Powder 4 Gram) | Tier 1 | |
| ***cholestyramine*** (Prevalite Oral Powder In Packet 4 Gram) | Tier 1 | |
| **Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol** | | |
| ***fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg*** | Tier 1 | |
| ***fenofibrate nanocrystallized oral tablet 145 mg, 48 mg*** | Tier 1 | |
| ***fenofibrate oral capsule 150 mg, 50 mg*** | Tier 1 | |
| ***fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg*** | Tier 1 | |
| ***fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg*** | Tier 1 | |
| ***fenofibric acid oral tablet 105 mg, 35 mg*** | Tier 1 | |
| ***gemfibrozil oral tablet 600 mg*** | Tier 1 | |
| **Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol** | | |
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (***atorvastatin calcium***) | Tier 3 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***atorvastatin oral tablet 10 mg, 20 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| ***atorvastatin oral tablet 40 mg, 80 mg*** | Tier 1 | |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (***rosuvastatin calcium***) | Tier 3 | ST; QL (1 EA per 1 day) |
| FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (***simvastatin***) | Tier 3 | PA |
| ***fluvastatin oral capsule 20 mg*** | $0 | ST; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| ***fluvastatin oral capsule 40 mg*** | $0 | ST; EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| ***fluvastatin oral tablet extended release 24 hr 80 mg*** | $0 | ST; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***lovastatin oral tablet 10 mg, 20 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| ***lovastatin oral tablet 40 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| ***pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| ***pravastatin oral tablet 10 mg, 80 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| ***pravastatin oral tablet 20 mg, 40 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***rosuvastatin oral tablet 10 mg, 5 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| ***rosuvastatin oral tablet 20 mg, 40 mg*** | Tier 1 | |
| ***simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS |
| ***simvastatin oral tablet 80 mg*** | Tier 1 | PA; QL (1 EA per 1 day) |
| **Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol** | | |
| ***niacin oral tablet 500 mg*** | Tier 1 | |
| ***niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg*** | Tier 1 | |
| ***niacin*** (Niacor Oral Tablet 500 Mg) | Tier 1 | |
| **Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol** | | |
| ***icosapent ethyl oral capsule 0.5 gram*** | Tier 1 | QL (8 EA per 1 day) |
| ***icosapent ethyl oral capsule 1 gram*** | Tier 1 | QL (4 EA per 1 day) |
| ***omega-3 acid ethyl esters oral capsule 1 gram*** | Tier 1 | ST; QL (4 EA per 1 day) |
| **Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol** | | |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***) | Tier 3 | ST |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***) | Tier 2 | ST |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***) | Tier 2 | ST |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***) | Tier 2 | ST |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol** | | |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***) | Tier 3 | ST |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***) | Tier 2 | ST |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***) | Tier 2 | ST |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***) | Tier 2 | ST |
| **Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol** | | |
| ***ezetimibe oral tablet 10 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol** | | |
| NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***) | Tier 2 | ST |
| **Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol** | | |
| ***amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol** | | |
| ***ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg*** | Tier 1 | |
| ***ezetimibe-simvastatin oral tablet 10-80 mg*** | Tier 1 | PA; QL (1 EA per 1 day) |
| ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (***ezetimibe/rosuvastatin calcium***) | Tier 3 | QL (1 EA per 1 day) |
| **Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol** | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (***lomitapide mesylate***) | Tier 4 | PA |
| **Beta Blockers Cardiac Selective - Drugs for High Blood Pressure** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***atenolol oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***betaxolol oral tablet 10 mg, 20 mg*** | Tier 1 | |
| ***bisoprolol fumarate oral tablet 10 mg, 5 mg*** | Tier 1 | |
| ***bisoprolol fumarate oral tablet 2.5 mg*** | Tier 1 | |
| KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***) | Tier 3 | |
| LOPRESSOR ORAL SOLUTION 10 MG/ML (***metoprolol tartrate***) | Tier 3 | PA |
| ***metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***metoprolol tartrate oral tablet 100 mg, 50 mg*** | Tier 1 | |
| ***metoprolol tartrate oral tablet 12.5 mg*** | Tier 3 | QL (4 EA per 1 day) |
| ***metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg*** | Tier 1 | |
| ***nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg*** | Tier 1 | |
| **Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure** | | |
| ***acebutolol oral capsule 200 mg, 400 mg*** | Tier 1 | |
| **Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure** | | |
| ***pindolol oral tablet 10 mg, 5 mg*** | Tier 1 | |
| **Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure** | | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***) | Tier 3 | ST; QL (360 ML per 30 days) |
| ***nadolol oral tablet 20 mg, 40 mg, 80 mg*** | Tier 1 | |
| ***propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg*** | Tier 1 | |
| ***propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)*** | Tier 1 | |
| ***propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg*** | Tier 1 | |
| ***sotalol hcl*** (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg) | Tier 1 | |
| ***sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***) | Tier 3 | ST; QL: 8 BOTTLES IN 30 DAYS |
| ***timolol maleate oral tablet 10 mg, 20 mg, 5 mg*** | Tier 1 | |
| **Bradykinin B2 Receptor Antagonists - Drugs for the Heart** | | |
| ***icatibant subcutaneous syringe 30 mg/3 ml*** | Tier 4 | PA |
| ***icatibant acetate*** (Sajazir Subcutaneous Syringe 30 Mg/3 Ml) | Tier 4 | PA |
| **Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure** | | |
| ***diltiazem hcl*** (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg) | Tier 1 | |
| ***diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg*** | Tier 1 | |
| ***diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg*** | Tier 1 | |
| ***diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg*** | Tier 1 | |
| ***diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg*** | Tier 1 | |
| ***diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg*** | Tier 1 | |
| ***diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg*** | Tier 1 | |
| DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***) | Tier 1 | |
| ***diltiazem hcl*** (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg) | Tier 1 | |
| ***diltiazem hcl*** (Tiadylt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg) | Tier 1 | |
| **Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure** | | |
| ***nimodipine oral capsule 30 mg*** | Tier 1 | |
| ***nimodipine oral solution 60 mg/20 ml*** | Tier 4 | PA |
| NYMALIZE ORAL SOLUTION 60 MG/10 ML (***nimodipine***) | Tier 3 | PA |
| NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (***nimodipine***) | Tier 3 | PA |
| **Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***amlodipine oral tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| CONJUPRI ORAL TABLET 2.5 MG (***levamlodipine maleate***) | Tier 3 | PA |
| ***felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| ***isradipine oral capsule 2.5 mg, 5 mg*** | Tier 1 | |
| ***levamlodipine oral tablet 2.5 mg, 5 mg*** | Tier 1 | PA |
| ***nicardipine oral capsule 20 mg, 30 mg*** | Tier 1 | |
| ***nifedipine oral capsule 10 mg, 20 mg*** | Tier 1 | |
| ***nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg*** | Tier 1 | |
| ***nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg*** | Tier 1 | |
| ***nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg*** | Tier 1 | |
| NORLIQVA ORAL SOLUTION 1 MG/ML (***amlodipine besylate***) | Tier 3 | PA |
| **Calcium Channel Blockers - Phenylakylamines - Drugs for High Blood Pressure** | | |
| CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY (***etripamil***) | Tier 3 | QL (2 EA per 1 FILL) |
| ***verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg*** | Tier 1 | |
| ***verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg*** | Tier 1 | |
| ***verapamil oral tablet 120 mg, 40 mg, 80 mg*** | Tier 1 | |
| ***verapamil oral tablet extended release 120 mg, 180 mg, 240 mg*** | Tier 1 | |
| **Cardiac Myosin Inhibitor - Drugs for the Heart** | | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (***mavacamten***) | Tier 4 | PA |
| **Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure** | | |
| ***atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg*** | Tier 1 | |
| ***bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg*** | Tier 1 | |
| **Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction** | | |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (***epinephrine***) | Tier 2 | QL (2 EA per 365 days) |
| ***epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml*** | Tier 1 | QL (4 EA per 1 FILL) |
| NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) (***epinephrine***) | Tier 3 | QL (4 EA per 1 FILL) |
| **Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction** | | |
| ***droxidopa oral capsule 100 mg, 200 mg, 300 mg*** | Tier 4 | PA |
| ***midodrine oral tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| **Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure** | | |
| ***methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg*** | Tier 1 | |
| **Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure** | | |
| ***clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg*** | Tier 1 | |
| ***clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr*** | Tier 1 | |
| ***guanfacine oral tablet 1 mg, 2 mg*** | Tier 1 | |
| JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML) (***clonidine hcl***) | Tier 3 | PA; QL (120 ML per 1 day) |
| ***methyldopa oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Digitalis Glycosides - Drugs for the Heart** | | |
| ***digoxin*** (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg)) | Tier 1 | |
| ***digoxin 0.05 mg/ml solution 50 mcg/ml (0.05 mg/ml)*** | Tier 1 | |
| ***digoxin 0.05 mg/ml solution 50 mcg/ml (0.05 mg/ml)*** | Tier 2 | |
| ***digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)*** | Tier 1 | |
| ***digoxin oral tablet 62.5 mcg (0.0625 mg)*** | Tier 1 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (***digoxin***) | Tier 2 | |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (***digoxin***) | Tier 2 | PA |
| **Direct Acting Vasodilators - Drugs for High Blood Pressure** | | |
| ***hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***minoxidil oral tablet 10 mg, 2.5 mg*** | Tier 1 | |
| **Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure** | | |
| ***spironolactone oral suspension 25 mg/5 ml*** | Tier 1 | PA |
| ***spironolactone oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure** | | |
| ***eplerenone oral tablet 25 mg, 50 mg*** | Tier 1 | |
| **Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure** | | |
| ***acetazolamide oral capsule, extended release 500 mg*** | Tier 1 | |
| ***acetazolamide oral tablet 125 mg, 250 mg*** | Tier 1 | |
| ***dichlorphenamide oral tablet 50 mg*** | Tier 4 | PA |
| ***methazolamide oral tablet 25 mg, 50 mg*** | Tier 1 | |
| **Diuretic - Loop - Drugs for High Blood Pressure** | | |
| ***bumetanide oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ENBUMYST NASAL SPRAY,NON-AEROSOL 0.5 MG/SPRAY (0.1 ML) (***bumetanide***) | Tier 3 | PA |
| ***ethacrynic acid oral tablet 25 mg*** | Tier 1 | PA |
| FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (***furosemide***) | Tier 4 | PA |
| ***furosemide oral solution 10 mg/ml*** | Tier 1 | |
| ***furosemide oral solution 40 mg/5 ml (8 mg/ml)*** | Tier 1 | |
| ***furosemide oral tablet 20 mg, 40 mg, 80 mg*** | Tier 1 | |
| LASIX ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML (***furosemide***) | Tier 4 | PA; QL (1 EA per 1 FILL) |
| ***torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg*** | Tier 1 | |
| **Diuretic - Potassium Sparing - Drugs for High Blood Pressure** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***amiloride oral tablet 5 mg*** | Tier 1 | |
| ***triamterene oral capsule 100 mg, 50 mg*** | Tier 1 | |
| **Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure** | | |
| ***amiloride-hydrochlorothiazide oral tablet 5-50 mg*** | Tier 1 | |
| ***spironolacton-hydrochlorothiaz oral tablet 25-25 mg*** | Tier 1 | |
| ***triamterene-hydrochlorothiazid oral capsule 37.5-25 mg*** | Tier 1 | |
| ***triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg*** | Tier 1 | |
| **Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure** | | |
| ***tolvaptan oral tablet 15 mg*** | Tier 4 | QL (30 EA per 365 days) |
| ***tolvaptan oral tablet 30 mg*** | Tier 4 | QL (60 EA per 365 days) |
| **Diuretic - Thiazides and Related - Drugs for High Blood Pressure** | | |
| ***chlorthalidone oral tablet 25 mg, 50 mg*** | Tier 1 | |
| DIURIL ORAL SUSPENSION 250 MG/5 ML (***chlorothiazide***) | Tier 3 | |
| HEMICLOR ORAL TABLET 12.5 MG (***chlorthalidone***) | Tier 3 | |
| ***hydrochlorothiazide oral capsule 12.5 mg*** | Tier 1 | |
| ***hydrochlorothiazide oral tablet 12.5 mg*** | Tier 1 | |
| ***hydrochlorothiazide oral tablet 25 mg, 50 mg*** | Tier 1 | |
| ***indapamide oral tablet 1.25 mg, 2.5 mg*** | Tier 1 | |
| INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (***hydrochlorothiazide***) | Tier 3 | PA |
| ***metolazone oral tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| THALITONE ORAL TABLET 15 MG (***chlorthalidone***) | Tier 3 | |
| **Endothelin Receptor Antagonists - Drugs for the Heart** | | |
| TRYVIO ORAL TABLET 12.5 MG (***aprocitentan***) | Tier 4 | PA |
| VANRAFIA ORAL TABLET 0.75 MG (***atrasentan hydrochloride***) | Tier 4 | PA |
| **Endothelin-Angiotensin Receptor Antagonist - Drugs for the Heart** | | |
| FILSPARI ORAL TABLET 200 MG, 400 MG (***sparsentan***) | Tier 4 | PA |
| **Factor XII Inhibitors - Drugs to Prevent Bleeding** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML (***garadacimab-gxii***) | Tier 4 | PA |
| **Ganglionic Blocking, Non-Depolarizing - Drugs for High Blood Pressure** | | |
| VECAMYL ORAL TABLET 2.5 MG (***mecamylamine hcl***) | Tier 4 | PA |
| **Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure** | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML (***ivabradine hcl***) | Tier 2 | QL (20 ML per 1 day) |
| ***ivabradine oral tablet 5 mg, 7.5 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| **Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms** | | |
| ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (***atropine sulfate***) | Tier 3 | |
| **Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure** | | |
| ***propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg*** | Tier 1 | |
| **PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure** | | |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG (***selexipag***) | Tier 4 | PA |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***) | Tier 4 | PA |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***) | Tier 4 | PA |
| **PAH-Endothelin Receptor Antagonist-Selective cGMP PDE5 Inhibitor Comb - Drugs for the Heart** | | |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (***macitentan/tadalafil***) | Tier 4 | PA |
| **Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure** | | |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (***doxazosin mesylate***) | Tier 3 | |
| ***doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***phenoxybenzamine oral capsule 10 mg*** | Tier 4 | PA |
| ***prazosin oral capsule 1 mg, 2 mg, 5 mg*** | Tier 1 | |
| ***terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg*** | Tier 1 | |
| TEZRULY ORAL SOLUTION 1 MG/ML (***terazosin hcl***) | Tier 3 | PA |
| **Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure** | | |
| ***papaverine injection solution 30 mg/ml*** | Tier 1 | |
| **Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure** | | |
| ***metyrosine oral capsule 250 mg*** | Tier 4 | PA |
| **Plasma Kallikrein Inhibitor Agents, Antisense Oligonucleotide (ASO) - Drugs for the Heart** | | |
| DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***donidalorsen sodium***) | Tier 4 | PA; QL (0.8 ML per 28 days) |
| **Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart** | | |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***) | Tier 4 | PA |
| **Plasma Kallikrein Inhibitor Agents, Recombinant Protein - Drugs for the Heart** | | |
| KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (***ecallantide***) | Tier 4 | PA |
| **Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart** | | |
| EKTERLY ORAL TABLET 300 MG (***sebetralstat***) | Tier 4 | PA; QL (4 EA per 1 day) |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***) | Tier 4 | PA |
| **Pulmonary Antihypertensive Agent - Activin Receptor IIA-Fc (ActRIIA) - Drugs for the Heart** | | |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) (***sotatercept-csrk***) | Tier 4 | PA |
| **Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure** | | |
| ***epoprostenol intravenous recon soln 0.5 mg, 1.5 mg*** | Tier 4 | PA |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (***treprostinil diolamine***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (***treprostinil diolamine***) | Tier 4 | PA |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (***treprostinil diolamine***) | Tier 4 | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***) | Tier 4 | PA |
| REMODULIN INJECTION SOLUTION 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (***treprostinil sodium***) | Tier 4 | PA |
| ***treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml*** | Tier 4 | PA |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 64 MCG, 80 MCG (***treprostinil***) | Tier 4 | PA |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***) | Tier 4 | PA |
| TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***) | Tier 4 | PA |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***) | Tier 4 | PA |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***) | Tier 4 | PA |
| VELETRI INTRAVENOUS RECON SOLN 0.5 MG (***epoprostenol sodium***) | Tier 4 | PA |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost tromethamine***) | Tier 4 | PA |
| YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (***treprostinil sodium***) | Tier 4 | PA |
| **Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***) | Tier 4 | PA |
| **Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure** | | |
| ***ambrisentan oral tablet 10 mg, 5 mg*** | Tier 4 | PA |
| ***bosentan oral tablet 125 mg, 62.5 mg*** | Tier 4 | PA |
| ***bosentan oral tablet for suspension 32 mg*** | Tier 4 | PA |
| OPSUMIT ORAL TABLET 10 MG (***macitentan***) | Tier 4 | PA |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***) | Tier 4 | PA |
| **Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure** | | |
| ***tadalafil*** (Alyq Oral Tablet 20 Mg) | Tier 4 | PA; QL (2 EA per 1 day) |
| ***sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml*** | Tier 1 | PA |
| ***sildenafil (pulm.hypertension) oral tablet 20 mg*** | Tier 1 | PA |
| ***tadalafil (pulm. hypertension) oral tablet 20 mg*** | Tier 4 | PA; QL (2 EA per 1 day) |
| **Renin Inhibitor, Direct - Drugs for High Blood Pressure** | | |
| ***aliskiren oral tablet 150 mg, 300 mg*** | Tier 1 | |
| **Vasodilator Combinations - Drugs for High Blood Pressure** | | |
| ***isosorbide-hydralazine oral tablet 20-37.5 mg*** | Tier 1 | |
| **Central Nervous System Agents - Drugs for the Nervous System** | | |
| **Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches** | | |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (***galcanezumab-gnlm***) | Tier 2 | PA; QL (3 ML per 30 days) |
| **Antianxiety Agent - Antihistamine Type - Drugs for Anxiety** | | |
| ***hydroxyzine hcl oral solution 10 mg/5 ml*** | Tier 1 | |
| ***hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Antianxiety Agent - Benzodiazepines - Drugs for Anxiety** | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***) | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg*** | Tier 1 | |
| ***alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg*** | Tier 1 | |
| ***clonazepam oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg*** | Tier 1 | |
| ***diazepam*** (Diazepam Intensol Oral Concentrate 5 Mg/Ml) | Tier 1 | |
| ***diazepam oral concentrate 5 mg/ml*** | Tier 1 | |
| ***diazepam oral solution 5 mg/5 ml (1 mg/ml)*** | Tier 1 | |
| ***diazepam oral tablet 10 mg, 2 mg, 5 mg*** | Tier 1 | |
| ***lorazepam*** (Lorazepam Intensol Oral Concentrate 2 Mg/Ml) | Tier 1 | |
| ***lorazepam oral concentrate 2 mg/ml*** | Tier 1 | |
| ***lorazepam oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***oxazepam oral capsule 10 mg, 15 mg, 30 mg*** | Tier 1 | |
| **Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety** | | |
| ***meprobamate oral tablet 200 mg, 400 mg*** | Tier 1 | |
| **Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety** | | |
| ***buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg*** | Tier 1 | |
| **Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***perampanel oral suspension 0.5 mg/ml*** | Tier 1 | QL (680 ML per 28 days) |
| ***perampanel oral tablet 10 mg, 12 mg, 8 mg*** | Tier 1 | QL (30 EA per 30 days) |
| ***perampanel oral tablet 2 mg*** | Tier 1 | QL (120 EA per 30 days) |
| ***perampanel oral tablet 4 mg, 6 mg*** | Tier 1 | QL (60 EA per 30 days) |
| **Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg*** | Tier 1 | |
| ***phenobarbital oral tablet 15 mg, 30 mg, 60 mg*** | Tier 1 | |
| ***primidone oral tablet 125 mg*** | Tier 1 | |
| ***primidone oral tablet 250 mg, 50 mg*** | Tier 1 | |
| **Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***clobazam oral suspension 2.5 mg/ml*** | Tier 1 | QL (480 ML per 30 days) |
| ***clobazam oral tablet 10 mg, 20 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***clonazepam oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg*** | Tier 1 | |
| ***midazolam intramuscular auto-injector 10 mg/0.7 ml*** | Tier 3 | QL (7 ML per 30 days) |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***) | Tier 2 | QL (10 EA per 30 days) |
| VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (***diazepam***) | Tier 2 | QL (10 EA per 30 days) |
| **Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol (cbd)***) | Tier 4 | ST |
| **Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***felbamate oral suspension 600 mg/5 ml*** | Tier 1 | |
| ***felbamate oral tablet 400 mg, 600 mg*** | Tier 1 | |
| **Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***) | Tier 2 | |
| DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***) | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***) | Tier 2 | |
| ***divalproex oral capsule, delayed rel sprinkle 125 mg*** | Tier 1 | |
| ***divalproex oral tablet extended release 24 hr 250 mg, 500 mg*** | Tier 1 | |
| ***divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg*** | Tier 1 | |
| ***valproic acid (as sodium salt) oral solution 250 mg/5 ml*** | Tier 1 | |
| ***valproic acid oral capsule 250 mg*** | Tier 1 | |
| **Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***lacosamide oral solution 10 mg/ml*** | Tier 1 | |
| ***lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg*** | Tier 1 | |
| MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (***lacosamide***) | Tier 3 | PA |
| **Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***gabapentin oral capsule 100 mg, 300 mg, 400 mg*** | Tier 1 | |
| ***gabapentin oral solution 250 mg/5 ml*** | Tier 1 | |
| ***gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)*** | Tier 1 | |
| ***gabapentin oral tablet 600 mg, 800 mg*** | Tier 1 | |
| ***pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***pregabalin oral solution 20 mg/ml*** | Tier 1 | |
| **Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***tiagabine oral tablet 12 mg, 2 mg, 4 mg*** | Tier 1 | ST; QL (4 EA per 1 day) |
| ***tiagabine oral tablet 16 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| **Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***vigabatrin oral powder in packet 500 mg*** | Tier 4 | PA |
| ***vigabatrin oral tablet 500 mg*** | Tier 4 | PA |
| ***vigabatrin*** (Vigadrone Oral Powder In Packet 500 Mg) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***vigabatrin*** (Vigadrone Oral Tablet 500 Mg) | Tier 4 | PA |
| VIGAFYDE ORAL SOLUTION 100 MG/ML (***vigabatrin***) | Tier 4 | PA |
| **Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***phenytoin sodium extended*** (Dilantin Extended Oral Capsule 100 Mg) | Tier 2 | |
| ***phenytoin*** (Dilantin Infatabs Oral Tablet,Chewable 50 Mg) | Tier 2 | |
| ***phenytoin sodium extended*** (Dilantin Oral Capsule 30 Mg) | Tier 3 | |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***) | Tier 2 | |
| ***phenytoin sodium extended*** (Phenytek 200 Mg Capsule) | Tier 1 | |
| ***phenytoin sodium extended*** (Phenytek 200 Mg Capsule) | Tier 2 | |
| ***phenytoin sodium extended*** (Phenytek 300 Mg Capsule) | Tier 1 | |
| ***phenytoin sodium extended*** (Phenytek 300 Mg Capsule) | Tier 2 | |
| ***phenytoin oral suspension 125 mg/5 ml*** | Tier 1 | |
| ***phenytoin oral tablet,chewable 50 mg*** | Tier 1 | |
| ***phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg*** | Tier 1 | |
| **Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg*** | Tier 1 | |
| ***carbamazepine oral suspension 100 mg/5 ml*** | Tier 1 | |
| ***carbamazepine oral tablet 200 mg*** | Tier 1 | |
| ***carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg*** | Tier 1 | |
| ***carbamazepine oral tablet,chewable 100 mg*** | Tier 1 | |
| ***carbamazepine oral tablet,chewable 200 mg*** | Tier 1 | |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***) | Tier 2 | |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***) | Tier 3 | |
| ***eslicarbazepine oral tablet 200 mg, 400 mg*** | Tier 1 | QL (1 EA per 1 day) |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***eslicarbazepine oral tablet 600 mg, 800 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)*** | Tier 1 | |
| ***oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg*** | Tier 1 | |
| ***oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| ***oxcarbazepine oral tablet extended release 24 hr 600 mg*** | Tier 1 | ST; QL (4 EA per 1 day) |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***) | Tier 2 | |
| TEGRETOL ORAL TABLET 200 MG (***carbamazepine***) | Tier 2 | |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***) | Tier 2 | |
| **Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***topiramate oral capsule, sprinkle 15 mg, 25 mg*** | Tier 1 | |
| ***topiramate oral capsule, sprinkle 50 mg*** | Tier 1 | |
| ***topiramate oral capsule,extended release 24hr 100 mg*** | Tier 1 | QL (3 EA per 1 day) |
| ***topiramate oral capsule,extended release 24hr 200 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***topiramate oral capsule,extended release 24hr 25 mg*** | Tier 1 | QL (8 EA per 1 day) |
| ***topiramate oral capsule,extended release 24hr 50 mg*** | Tier 1 | QL (7 EA per 1 day) |
| ***topiramate oral capsule,sprinkle,er 24hr 100 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| ***topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***topiramate oral capsule,sprinkle,er 24hr 25 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| ***topiramate oral capsule,sprinkle,er 24hr 50 mg*** | Tier 1 | ST; QL (7 EA per 1 day) |
| ***topiramate oral solution 25 mg/ml*** | Tier 1 | PA |
| ***topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ZTALMY ORAL SUSPENSION 50 MG/ML (***ganaxolone***) | Tier 4 | PA |
| **Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (***lamotrigine***) | Tier 3 | |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (***lamotrigine***) | Tier 3 | |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (***lamotrigine***) | Tier 3 | |
| ***lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg*** | Tier 1 | |
| ***lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)*** | Tier 1 | |
| ***lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg*** | Tier 1 | |
| ***lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg*** | Tier 1 | |
| ***lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)*** | Tier 1 | |
| SUBVENITE ORAL SUSPENSION 10 MG/ML (***lamotrigine***) | Tier 3 | PA |
| ***lamotrigine*** (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg) | Tier 3 | |
| ***lamotrigine*** (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35)) | Tier 3 | |
| ***lamotrigine*** (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14)) | Tier 3 | |
| ***lamotrigine*** (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7)) | Tier 3 | |
| **Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| BRIVIACT ORAL SOLUTION 10 MG/ML (***brivaracetam***) | Tier 2 | QL (600 ML per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (***brivaracetam***) | Tier 2 | QL (2 EA per 1 day) |
| ***levetiracetam oral solution 100 mg/ml*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg*** | Tier 1 | |
| ***levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg*** | Tier 1 | |
| **Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***ethosuximide oral capsule 250 mg*** | Tier 1 | |
| ***ethosuximide oral solution 250 mg/5 ml*** | Tier 1 | |
| ***methsuximide oral capsule 300 mg*** | Tier 1 | |
| **Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML (***zonisamide***) | Tier 3 | PA |
| ***zonisamide oral capsule 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***rufinamide oral suspension 40 mg/ml*** | Tier 1 | ST; QL (80 ML per 1 day) |
| ***rufinamide oral tablet 200 mg*** | Tier 1 | ST; QL (16 EA per 1 day) |
| ***rufinamide oral tablet 400 mg*** | Tier 1 | ST; QL (8 EA per 1 day) |
| **Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***) | Tier 4 | PA |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (***stiripentol***) | Tier 4 | PA |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML (***fenfluramine hcl***) | Tier 4 | PA |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***) | Tier 2 | QL (2 EA per 1 day) |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (***cenobamate***) | Tier 2 | QL (1 EA per 1 day) |
| XCOPRI ORAL TABLET 200 MG (***cenobamate***) | Tier 2 | QL (2 EA per 1 day) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (***cenobamate***) | Tier 2 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression** | | |
| ***mirtazapine oral tablet 15 mg, 30 mg, 45 mg*** | Tier 1 | |
| ***mirtazapine oral tablet 7.5 mg*** | Tier 1 | |
| ***mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg*** | Tier 1 | |
| **Antidepressant - Azapirones - Drugs for Depression** | | |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG (***gepirone hcl***) | Tier 3 | PA; QL (1 EA per 1 day) |
| EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS) (***gepirone hcl***) | Tier 3 | PA; QL (1 EA per 1 day) |
| **Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression** | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (***selegiline***) | Tier 3 | ST; QL (1 EA per 1 day) |
| MARPLAN ORAL TABLET 10 MG (***isocarboxazid***) | Tier 3 | |
| ***phenelzine oral tablet 15 mg*** | Tier 1 | |
| ***tranylcypromine oral tablet 10 mg*** | Tier 1 | |
| **Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression** | | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (***dextromethorphan hbr/bupropion hcl***) | Tier 3 | ST |
| **Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression** | | |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (***zuranolone***) | Tier 4 | PA |
| **Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression** | | |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (***esketamine hcl***) | Tier 4 | PA |
| **Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression** | | |
| ***citalopram oral solution 10 mg/5 ml*** | Tier 1 | |
| ***citalopram oral tablet 10 mg, 20 mg, 40 mg*** | Tier 1 | |
| ***escitalopram oxalate oral solution 5 mg/5 ml*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg*** | Tier 1 | |
| ***fluoxetine oral capsule 10 mg, 20 mg, 40 mg*** | Tier 1 | |
| ***fluoxetine oral capsule,delayed release(dr/ec) 90 mg*** | Tier 1 | |
| ***fluoxetine oral solution 20 mg/5 ml (4 mg/ml)*** | Tier 1 | |
| ***fluoxetine oral tablet 10 mg, 20 mg*** | Tier 1 | |
| ***fluoxetine oral tablet 60 mg*** | Tier 1 | |
| ***fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***fluvoxamine oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***paroxetine hcl oral suspension 10 mg/5 ml*** | Tier 1 | |
| ***paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg*** | Tier 1 | |
| ***paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg*** | Tier 1 | |
| ***sertraline oral capsule 150 mg, 200 mg*** | Tier 3 | ST; QL (1 EA per 1 day) |
| ***sertraline oral concentrate 20 mg/ml*** | Tier 1 | |
| ***sertraline oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression** | | |
| ***nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg*** | Tier 1 | |
| RALDESY ORAL SOLUTION 10 MG/ML (***trazodone hcl***) | Tier 3 | PA |
| ***trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg*** | Tier 1 | |
| **Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression** | | |
| ***desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| ***desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (***duloxetine hcl***) | Tier 3 | ST; QL (1 EA per 1 day) |
| ***duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg*** | Tier 1 | |
| ***duloxetine oral capsule,delayed release(dr/ec) 40 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (***levomilnacipran hcl***) | Tier 2 | QL (1 EA per 1 day) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***) | Tier 2 | QL (1 EA per 1 day) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***) | Tier 3 | ST; QL (2 EA per 1 day) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***) | Tier 3 | ST; QL (2 EA per 1 day) |
| ***venlafaxine besylate oral tablet extended release 24hr 112.5 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg*** | Tier 1 | |
| ***venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg*** | Tier 1 | |
| **Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression** | | |
| ***vilazodone oral tablet 10 mg, 20 mg, 40 mg*** | Tier 1 | |
| **Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression** | | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hydrobromide***) | Tier 2 | QL (1 EA per 1 day) |
| **Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression** | | |
| ***perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg*** | Tier 1 | |
| **Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression** | | |
| ***amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg*** | Tier 1 | |
| **Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression** | | |
| ***olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***bupropion hcl oral tablet 100 mg, 75 mg*** | Tier 1 | |
| ***bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg*** | Tier 1 | |
| ***bupropion hcl oral tablet extended release 24 hr 450 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| ***bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg*** | Tier 1 | |
| **Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression** | | |
| ***amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***clomipramine oral capsule 25 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***doxepin oral concentrate 10 mg/ml*** | Tier 1 | |
| ***imipramine hcl oral tablet 10 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg*** | Tier 1 | |
| ***nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***nortriptyline oral solution 10 mg/5 ml*** | Tier 1 | |
| ***protriptyline oral tablet 10 mg, 5 mg*** | Tier 1 | |
| ***trimipramine oral capsule 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson** | | |
| ***carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg*** | Tier 1 | |
| **Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson** | | |
| ***carbidopa-levodopa oral capsule, extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg*** | Tier 1 | ST; QL (10 EA per 1 day) |
| ***carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg*** | Tier 1 | |
| ***carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg*** | Tier 1 | |
| CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG (***carbidopa/levodopa***) | Tier 3 | ST; QL (4 EA per 1 day) |
| CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 52.5-210 MG (***carbidopa/levodopa***) | Tier 3 | ST; QL (10 EA per 1 day) |
| CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 70-280 MG (***carbidopa/levodopa***) | Tier 3 | ST; QL (7 EA per 1 day) |
| CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 87.5-350 MG (***carbidopa/levodopa***) | Tier 3 | ST; QL (6 EA per 1 day) |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (***carbidopa/levodopa***) | Tier 4 | PA |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML (***foscarbidopa/foslevodopa***) | Tier 4 | PA |
| **Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs for Parkinson** | | |
| NOURIANZ ORAL TABLET 20 MG, 40 MG (***istradefylline***) | Tier 4 | PA |
| **Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson** | | |
| ***tolcapone oral tablet 100 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| **Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson** | | |
| ***entacapone oral tablet 200 mg*** | Tier 1 | |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG (***opicapone***) | Tier 3 | PA |
| **Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson** | | |
| ***carbidopa oral tablet 25 mg*** | Tier 1 | |
| **Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson** | | |
| ***benztropine oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***trihexyphenidyl oral elixir 0.4 mg/ml*** | Tier 1 | |
| ***trihexyphenidyl oral tablet 2 mg, 5 mg*** | Tier 1 | |
| **Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson** | | |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (***levodopa***) | Tier 4 | PA |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson** | | |
| ***bromocriptine oral capsule 5 mg*** | Tier 1 | |
| ***bromocriptine oral tablet 2.5 mg*** | Tier 1 | |
| **Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson** | | |
| ***rasagiline oral tablet 0.5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***rasagiline oral tablet 1 mg*** | Tier 1 | |
| ***selegiline hcl oral capsule 5 mg*** | Tier 1 | |
| ***selegiline hcl oral tablet 5 mg*** | Tier 1 | |
| XADAGO ORAL TABLET 100 MG, 50 MG (***safinamide mesylate***) | Tier 3 | ST; QL (1 EA per 1 day) |
| ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (***selegiline hcl***) | Tier 3 | ST; QL (2 EA per 1 day) |
| **Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson** | | |
| ***amantadine hcl oral capsule 100 mg*** | Tier 1 | |
| ***amantadine hcl oral solution 50 mg/5 ml*** | Tier 1 | |
| ***amantadine hcl oral tablet 100 mg*** | Tier 1 | |
| ***apomorphine subcutaneous cartridge 10 mg/ml*** | Tier 4 | PA |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (***rotigotine***) | Tier 2 | ST; QL (1 EA per 1 day) |
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML (***apomorphine hcl***) | Tier 4 | PA |
| ***pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg*** | Tier 1 | |
| ***pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| ***ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg*** | Tier 1 | |
| ***ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| **Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | QL (2 EA per 1 day) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (***asenapine***) | Tier 3 | ST; QL (1 EA per 1 day) |
| **Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders** | | |
| ***lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg*** | Tier 1 | QL (30 EA per 30 days) |
| ***lurasidone oral tablet 80 mg*** | Tier 1 | QL (60 EA per 30 days) |
| ***ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg*** | Tier 1 | |
| **Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders** | | |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***) | Tier 3 | QL (1.5 ML per 21 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML (***paliperidone palmitate***) | Tier 3 | QL (1 ML per 21 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***iloperidone***) | Tier 3 | ST; QL (2 EA per 1 day) |
| FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) (***iloperidone***) | Tier 3 | ST; QL (8 EA per 28 days) |
| FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) (***iloperidone***) | Tier 3 | ST; QL (12 EA per 28 days) |
| FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) (***iloperidone***) | Tier 3 | ST; QL (8 EA per 28 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (***paliperidone palmitate***) | Tier 2 | QL (3.5 ML per 166 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (***paliperidone palmitate***) | Tier 2 | QL (5 ML per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (***paliperidone palmitate***) | Tier 2 | QL (0.75 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (***paliperidone palmitate***) | Tier 2 | QL (1 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***) | Tier 2 | QL (1.5 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (***paliperidone palmitate***) | Tier 2 | QL (0.25 ML per 21 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (***paliperidone palmitate***) | Tier 2 | QL (0.5 ML per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (***paliperidone palmitate***) | Tier 2 | QL (0.88 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (***paliperidone palmitate***) | Tier 2 | QL (1.32 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (***paliperidone palmitate***) | Tier 2 | QL (1.75 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (***paliperidone palmitate***) | Tier 2 | QL (2.63 ML per 70 days) |
| ***paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***paliperidone oral tablet extended release 24hr 6 mg*** | Tier 1 | QL (2 EA per 1 day) |
| PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (***risperidone***) | Tier 3 | QL (1 EA per 28 days) |
| ***risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml*** | Tier 1 | QL (1 EA per 14 days) |
| ***risperidone oral solution 1 mg/ml*** | Tier 1 | |
| ***risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg*** | Tier 1 | |
| ***risperidone oral tablet,disintegrating 0.25 mg*** | Tier 1 | |
| ***risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg*** | Tier 1 | |
| RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***) | Tier 2 | QL (1 EA per 14 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML (***risperidone***) | Tier 2 | QL (0.28 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML (***risperidone***) | Tier 2 | QL (0.35 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML (***risperidone***) | Tier 2 | QL (0.42 ML per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML (***risperidone***) | Tier 2 | QL (0.56 ML per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML (***risperidone***) | Tier 2 | QL (0.7 ML per 56 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML (***risperidone***) | Tier 2 | QL (0.14 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML (***risperidone***) | Tier 2 | QL (0.21 ML per 28 days) |
| **Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders** | | |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (***lumateperone tosylate***) | Tier 2 | QL (1 EA per 1 day) |
| **Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders** | | |
| ***clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg*** | Tier 1 | QL (3 EA per 1 day) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML (***clozapine***) | Tier 3 | ST; QL (18 ML per 1 day) |
| **Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders** | | |
| ***haloperidol lactate oral concentrate 2 mg/ml*** | Tier 1 | |
| ***haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg*** | Tier 1 | |
| **Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders** | | |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***) | Tier 4 | |
| ***loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg*** | Tier 1 | |
| **Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders** | | |
| ***molindone oral tablet 10 mg*** | Tier 1 | QL (8 EA per 1 day) |
| ***molindone oral tablet 25 mg*** | Tier 1 | QL (9 EA per 1 day) |
| ***molindone oral tablet 5 mg*** | Tier 1 | |
| **Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders** | | |
| ***pimozide oral tablet 1 mg, 2 mg*** | Tier 1 | |
| **Antipsychotic - Muscarinic Agonist/Antagonist Combinations - Drugs for Severe Mental Disorders** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (***xanomeline tartrate/trospium chloride***) | Tier 3 | ST; QL (2 EA per 1 day) |
| COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG (***xanomeline tartrate/trospium chloride***) | Tier 3 | ST |
| **Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders** | | |
| ***chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml*** | Tier 1 | |
| ***chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders** | | |
| ***fluphenazine hcl oral concentrate 5 mg/ml*** | Tier 1 | |
| ***fluphenazine hcl oral elixir 2.5 mg/5 ml*** | Tier 1 | |
| ***fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| ***perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg*** | Tier 1 | |
| ***prochlorperazine maleate oral tablet 10 mg, 5 mg*** | Tier 1 | |
| ***trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg*** | Tier 1 | |
| **Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders** | | |
| ***thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders** | | |
| ***thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg*** | Tier 1 | |
| **Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders** | | |
| ***quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg*** | Tier 1 | |
| ***quetiapine oral tablet 150 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg*** | Tier 1 | |
| **Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders** | | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***) | Tier 3 | ST; QL (1 EA per 1 day) |
| ***olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg*** | Tier 1 | |
| ***olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (***olanzapine pamoate***) | Tier 3 | QL (1 EA per 14 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (***olanzapine pamoate***) | Tier 3 | QL (1 EA per 28 days) |
| **Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders** | | |
| NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin tartrate***) | Tier 4 | PA |
| NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***) | Tier 4 | PA |
| **Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders** | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML (***aripiprazole***) | Tier 2 | QL (2.4 ML per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML (***aripiprazole***) | Tier 2 | QL (3.2 ML per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG (***aripiprazole***) | Tier 2 | QL (1 EA per 26 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG (***aripiprazole***) | Tier 2 | QL (2 EA per 26 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG (***aripiprazole***) | Tier 2 | QL (1 EA per 26 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG (***aripiprazole***) | Tier 2 | QL (2 EA per 26 days) |
| ***aripiprazole oral solution 1 mg/ml*** | Tier 1 | ST |
| ***aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg*** | Tier 1 | |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***aripiprazole oral tablet,disintegrating 10 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| ***aripiprazole oral tablet,disintegrating 15 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (***aripiprazole lauroxil, submicronized***) | Tier 2 | |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (***aripiprazole lauroxil***) | Tier 2 | QL (3.9 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (***aripiprazole lauroxil***) | Tier 2 | QL (1.6 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (***aripiprazole lauroxil***) | Tier 2 | QL (2.4 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (***aripiprazole lauroxil***) | Tier 2 | QL (3.2 ML per 14 days) |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***) | Tier 3 | ST |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***) | Tier 2 | QL (1 EA per 1 day) |
| **Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders** | | |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***) | Tier 2 | QL (1 EA per 1 day) |
| **Antipsychotics,Atypical,Dopamine,Serotonin Antag and Opioid Antag Comb - Drugs for Severe Mental Disorders** | | |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***) | Tier 3 | ST; QL (1 EA per 1 day) |
| **Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder** | | |
| ***clonidine hcl oral tablet extended release 12 hr 0.1 mg*** | Tier 1 | |
| ***guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg*** | Tier 1 | |
| ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML (***clonidine hcl***) | Tier 3 | ST; QL (4 ML per 1 day) |
| **Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder** | | |
| ***amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg*** | Tier 3 | ST; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***amphetamine sulfate oral tablet 10 mg, 5 mg*** | Tier 1 | QL (4 EA per 1 day) |
| AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (***serdexmethylphenidate chloride/dexmethylphenidate hcl***) | Tier 2 | ST; QL (1 EA per 1 day) |
| COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (***methylphenidate***) | Tier 3 | ST; QL (1 EA per 1 day) |
| COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (***methylphenidate***) | Tier 3 | ST; QL (2 EA per 1 day) |
| ***dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***dextroamphetamine sulfate oral capsule, extended release 10 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***dextroamphetamine sulfate oral capsule, extended release 15 mg*** | Tier 1 | QL (120 EA per 30 days) |
| ***dextroamphetamine sulfate oral capsule, extended release 5 mg*** | Tier 1 | QL (60 EA per 30 days) |
| ***dextroamphetamine sulfate oral tablet 10 mg, 5 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg*** | Tier 1 | ST; QL (4 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 20 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 30 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg*** | Tier 1 | QL (2 EA per 1 day) |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (***amphetamine***) | Tier 3 | ST; QL (240 ML per 30 days) |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (***amphetamine***) | Tier 3 | ST; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate hcl***) | Tier 2 | ST; QL (1 EA per 1 day) |
| ***lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg*** | Tier 1 | QL (1 EA per 1 day) |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (***methylphenidate hcl***) | Tier 1 | QL (90 EA per 30 days) |
| ***methamphetamine oral tablet 5 mg*** | Tier 1 | QL (150 EA per 30 days) |
| ***methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg*** | Tier 3 | ST; QL (1 EA per 1 day) |
| ***methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***methylphenidate hcl oral capsule, er biphasic 30-70 30 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***methylphenidate hcl oral capsule,er biphasic 50-50 30 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml*** | Tier 1 | |
| ***methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg*** | Tier 1 | QL (90 EA per 30 days) |
| ***methylphenidate hcl oral tablet extended release 10 mg*** | Tier 1 | QL (3 EA per 1 day) |
| ***methylphenidate hcl oral tablet extended release 20 mg*** | Tier 1 | QL (90 EA per 30 days) |
| ***methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***methylphenidate hcl oral tablet extended release 24hr 36 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***methylphenidate hcl oral tablet,chewable 10 mg*** | Tier 1 | QL (6 EA per 1 day) |
| ***methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg*** | Tier 1 | QL (90 EA per 30 days) |
| ***methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr*** | Tier 1 | ST; QL (1 EA per 1 day) |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (***methylphenidate hcl***) | Tier 3 | ST; QL (1 EA per 1 day) |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (***methylphenidate hcl***) | Tier 3 | ST; QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***) | Tier 3 | ST; 120mL BOTTLE; QL (240 ML per 30 days) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***) | Tier 3 | ST; 150mL BOTTLE; QL (300 ML per 30 days) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***) | Tier 3 | ST; 180mL BOTTLE; QL (360 ML per 30 days) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***) | Tier 3 | ST; 60mL BOTTLE; QL (60 ML per 30 days) |
| XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (***dextroamphetamine***) | Tier 3 | ST; QL (1 EA per 1 day) |
| ***dextroamphetamine sulfate*** (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg) | Tier 3 | ST; QL (4 EA per 1 day) |
| **Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder** | | |
| ***atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg*** | Tier 1 | |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (***viloxazine hcl***) | Tier 3 | ST; QL (1 EA per 1 day) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (***viloxazine hcl***) | Tier 3 | ST; QL (2 EA per 1 day) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (***viloxazine hcl***) | Tier 3 | ST; QL (3 EA per 1 day) |
| **Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***) | Tier 2 | |
| ***alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg*** | Tier 1 | |
| ***alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg*** | Tier 1 | |
| ***chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg*** | Tier 1 | |
| ***chlordiazepoxide-clidinium oral capsule 5-2.5 mg*** | Tier 1 | |
| ***clobazam oral suspension 2.5 mg/ml*** | Tier 1 | QL (480 ML per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***clobazam oral tablet 10 mg, 20 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***clonazepam oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg*** | Tier 1 | |
| ***diazepam*** (Diazepam Intensol Oral Concentrate 5 Mg/Ml) | Tier 1 | |
| ***diazepam oral concentrate 5 mg/ml*** | Tier 1 | |
| ***diazepam oral solution 5 mg/5 ml (1 mg/ml)*** | Tier 1 | |
| ***diazepam oral tablet 10 mg, 2 mg, 5 mg*** | Tier 1 | |
| ***diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg*** | Tier 1 | |
| ***estazolam oral tablet 1 mg, 2 mg*** | Tier 1 | |
| ***flurazepam oral capsule 15 mg, 30 mg*** | Tier 1 | |
| ***lorazepam*** (Lorazepam Intensol Oral Concentrate 2 Mg/Ml) | Tier 1 | |
| ***lorazepam oral concentrate 2 mg/ml*** | Tier 1 | |
| ***lorazepam oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***midazolam (pf) injection solution 5 mg/ml*** | Tier 1 | |
| ***midazolam injection solution 5 mg/ml*** | Tier 1 | |
| ***midazolam intramuscular auto-injector 10 mg/0.7 ml*** | Tier 3 | QL (7 ML per 30 days) |
| ***midazolam oral syrup 2 mg/ml*** | Tier 1 | |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***) | Tier 2 | QL (10 EA per 30 days) |
| ***oxazepam oral capsule 10 mg, 15 mg, 30 mg*** | Tier 1 | |
| ***quazepam oral tablet 15 mg*** | Tier 1 | ST |
| ***temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg*** | Tier 1 | |
| ***triazolam oral tablet 0.125 mg, 0.25 mg*** | Tier 1 | |
| VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (***diazepam***) | Tier 2 | QL (10 EA per 30 days) |
| **Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg*** | Tier 1 | |
| ***carbamazepine oral suspension 100 mg/5 ml*** | Tier 1 | |
| ***carbamazepine oral tablet 200 mg*** | Tier 1 | |
| ***carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg*** | Tier 1 | |
| ***carbamazepine oral tablet,chewable 100 mg*** | Tier 1 | |
| ***carbamazepine oral tablet,chewable 200 mg*** | Tier 1 | |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***) | Tier 2 | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***) | Tier 2 | |
| DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***) | Tier 2 | |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***) | Tier 2 | |
| ***divalproex oral capsule, delayed rel sprinkle 125 mg*** | Tier 1 | |
| ***divalproex oral tablet extended release 24 hr 250 mg, 500 mg*** | Tier 1 | |
| ***divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg*** | Tier 1 | |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***) | Tier 3 | |
| ***lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)*** | Tier 1 | |
| ***lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)*** | Tier 1 | |
| ***lamotrigine*** (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35)) | Tier 3 | |
| ***lamotrigine*** (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14)) | Tier 3 | |
| ***lamotrigine*** (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7)) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***) | Tier 2 | |
| TEGRETOL ORAL TABLET 200 MG (***carbamazepine***) | Tier 2 | |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***) | Tier 2 | |
| ***valproic acid (as sodium salt) oral solution 250 mg/5 ml*** | Tier 1 | |
| ***valproic acid oral capsule 250 mg*** | Tier 1 | |
| **Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders** | | |
| ***aripiprazole oral solution 1 mg/ml*** | Tier 1 | ST |
| ***aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg*** | Tier 1 | |
| ***aripiprazole oral tablet,disintegrating 10 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| ***aripiprazole oral tablet,disintegrating 15 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | QL (2 EA per 1 day) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***) | Tier 3 | ST; QL (1 EA per 1 day) |
| ***olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg*** | Tier 1 | |
| ***olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg*** | Tier 1 | |
| ***olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg*** | Tier 1 | QL (1 EA per 1 day) |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***) | Tier 3 | ST |
| ***quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg*** | Tier 1 | |
| ***quetiapine oral tablet 150 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg*** | Tier 1 | |
| ***risperidone oral solution 1 mg/ml*** | Tier 1 | |
| ***risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg*** | Tier 1 | |
| ***risperidone oral tablet,disintegrating 0.25 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg*** | Tier 1 | |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***) | Tier 2 | QL (1 EA per 1 day) |
| ***ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg*** | Tier 1 | |
| **Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders** | | |
| ***lithium carbonate oral capsule 150 mg, 600 mg*** | Tier 1 | |
| ***lithium carbonate oral capsule 300 mg*** | Tier 1 | |
| ***lithium carbonate oral tablet 300 mg*** | Tier 1 | |
| ***lithium carbonate oral tablet extended release 300 mg, 450 mg*** | Tier 1 | |
| ***lithium citrate oral solution 8 meq/5 ml*** | Tier 1 | |
| **Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***dronabinol oral capsule 10 mg, 2.5 mg, 5 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***) | Tier 3 | ST; QL (60 ML per 30 days) |
| **CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder** | | |
| ***amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg*** | Tier 3 | ST; QL (1 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg*** | Tier 1 | QL (2 EA per 1 day) |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (***amphetamine***) | Tier 3 | ST; QL (240 ML per 30 days) |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (***amphetamine***) | Tier 3 | ST; QL (1 EA per 1 day) |
| **CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder** | | |
| ***amphetamine sulfate oral tablet 10 mg, 5 mg*** | Tier 1 | QL (4 EA per 1 day) |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***dextroamphetamine sulfate oral capsule, extended release 10 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***dextroamphetamine sulfate oral capsule, extended release 15 mg*** | Tier 1 | QL (120 EA per 30 days) |
| ***dextroamphetamine sulfate oral capsule, extended release 5 mg*** | Tier 1 | QL (60 EA per 30 days) |
| ***dextroamphetamine sulfate oral solution 5 mg/5 ml*** | Tier 1 | QL (1800 ML per 30 days) |
| ***dextroamphetamine sulfate oral tablet 10 mg, 5 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg*** | Tier 1 | ST; QL (4 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 20 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 30 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***methamphetamine oral tablet 5 mg*** | Tier 1 | QL (150 EA per 30 days) |
| XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (***dextroamphetamine***) | Tier 3 | ST; QL (1 EA per 1 day) |
| ***dextroamphetamine sulfate*** (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg) | Tier 3 | ST; QL (4 EA per 1 day) |
| **CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System** | | |
| ***caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)*** | Tier 1 | |
| **Diabetic Peripheral Neuropathy Agents - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| ***pregabalin oral tablet extended release 24 hr 330 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| **Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***pregabalin oral solution 20 mg/ml*** | Tier 1 | |
| **Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (***duloxetine hcl***) | Tier 3 | ST; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg*** | Tier 1 | |
| ***duloxetine oral capsule,delayed release(dr/ec) 40 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***) | Tier 3 | ST; QL (2 EA per 1 day) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***) | Tier 3 | ST; QL (2 EA per 1 day) |
| **HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System** | | |
| ADDYI ORAL TABLET 100 MG (***flibanserin***) | Tier 3 | PA |
| **HSDD Agents-Non-Selective Melanocortin Receptor Agonist - Drugs for the Nervous System** | | |
| VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML (***bremelanotide acetate***) | Tier 3 | PA |
| **Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia** | | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (***tasimelteon***) | Tier 4 | PA |
| ***ramelteon oral tablet 8 mg*** | Tier 1 | ST |
| ***tasimelteon oral capsule 20 mg*** | Tier 4 | PA |
| **Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches** | | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***) | Tier 2 | |
| ***divalproex oral tablet extended release 24 hr 250 mg, 500 mg*** | Tier 1 | |
| **Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches** | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (***fremanezumab-vfrm***) | Tier 2 | PA; QL (1.5 ML per 30 days) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***) | Tier 2 | PA; QL (1.5 ML per 30 days) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***) | Tier 2 | PA; QL (1 ML per 30 days) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***) | Tier 2 | PA; QL (1 ML per 30 days) |
| VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (***eptinezumab-jjmr***) | Tier 4 | PA; QL (3 ML per 90 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches** | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***) | Tier 2 | PA; QL (1 ML per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***) | Tier 2 | PA; QL (18 EA per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (***atogepant***) | Tier 2 | PA; QL (1 EA per 1 day) |
| UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***) | Tier 2 | PA; QL (16 EA per 30 days) |
| ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (***zavegepant hcl***) | Tier 3 | PA; QL (8 EA per 30 days) |
| **Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches** | | |
| ***dihydroergotamine injection solution 1 mg/ml*** | Tier 1 | ST; QL (15 ML per 14 days) |
| ***dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)*** | Tier 1 | ST; QL (8 ML per 28 days) |
| ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine tartrate***) | Tier 3 | QL (10 EA per 7 days) |
| TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (***dihydroergotamine mesylate***) | Tier 3 | ST; QL (12 ML per 28 days); Age (Min 18 Years) |
| **Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches** | | |
| ***ergotamine-caffeine oral tablet 1-100 mg*** | Tier 1 | ST; QL (10 EA per 7 days) |
| **Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches** | | |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (***celecoxib***) | Tier 3 | PA |
| **Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches** | | |
| ***almotriptan malate oral tablet 12.5 mg, 6.25 mg*** | Tier 1 | ST; QL (18 EA per 30 days) |
| ***eletriptan oral tablet 20 mg, 40 mg*** | Tier 1 | ST; QL (18 EA per 30 days) |
| ***frovatriptan oral tablet 2.5 mg*** | Tier 1 | ST; QL (18 EA per 30 days) |
| ***naratriptan oral tablet 1 mg, 2.5 mg*** | Tier 1 | QL (18 EA per 30 days) |
| ***rizatriptan oral tablet 10 mg, 5 mg*** | Tier 1 | QL (27 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***rizatriptan oral tablet,disintegrating 10 mg, 5 mg*** | Tier 1 | QL (27 EA per 30 days) |
| ***sumatriptan nasal spray,non-aerosol 20 mg/actuation*** | Tier 1 | QL (18 EA per 30 days) |
| ***sumatriptan nasal spray,non-aerosol 5 mg/actuation*** | Tier 1 | QL (36 EA per 30 days) |
| ***sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | QL (18 EA per 30 days) |
| ***sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml*** | Tier 1 | QL (18 ML per 30 days) |
| ***sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml*** | Tier 1 | QL (18 ML per 30 days) |
| ***sumatriptan succinate subcutaneous solution 6 mg/0.5 ml*** | Tier 1 | QL (18 ML per 30 days) |
| ***sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml*** | Tier 1 | QL (18 ML per 30 days) |
| ***zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg*** | Tier 1 | ST; QL (18 EA per 30 days) |
| ***zolmitriptan oral tablet 2.5 mg, 5 mg*** | Tier 1 | ST; QL (18 EA per 30 days) |
| ***zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg*** | Tier 1 | ST; QL (18 EA per 30 days) |
| ***zolmitriptan*** (Zomig Oral Tablet 2.5 Mg, 5 Mg) | Tier 1 | ST; QL (18 EA per 30 days) |
| **Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches** | | |
| REYVOW ORAL TABLET 100 MG, 50 MG (***lasmiditan succinate***) | Tier 2 | PA; QL (8 EA per 30 days) |
| **Movement Disorder Drug Therapy - Drugs for the Nervous System** | | |
| AUSTEDO ORAL TABLET 12 MG, 9 MG (***deutetrabenazine***) | Tier 4 | PA; QL (4 EA per 1 day) |
| AUSTEDO ORAL TABLET 6 MG (***deutetrabenazine***) | Tier 4 | PA; QL (2 EA per 1 day) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (***deutetrabenazine***) | Tier 4 | PA; QL (1 EA per 1 day) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (***deutetrabenazine***) | Tier 4 | PA |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***) | Tier 4 | PA; QL (1 EA per 1 day) |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***) | Tier 4 | PA; QL (1 EA per 1 day) |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***) | Tier 4 | PA; QL (1 EA per 1 day) |
| ***tetrabenazine oral tablet 12.5 mg, 25 mg*** | Tier 4 | PA |
| **Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System** | | |
| AUSTEDO ORAL TABLET 12 MG, 9 MG (***deutetrabenazine***) | Tier 4 | PA; QL (4 EA per 1 day) |
| AUSTEDO ORAL TABLET 6 MG (***deutetrabenazine***) | Tier 4 | PA; QL (2 EA per 1 day) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (***deutetrabenazine***) | Tier 4 | PA; QL (1 EA per 1 day) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (***deutetrabenazine***) | Tier 4 | PA |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***) | Tier 4 | PA; QL (1 EA per 1 day) |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***) | Tier 4 | PA; QL (1 EA per 1 day) |
| ***tetrabenazine oral tablet 12.5 mg, 25 mg*** | Tier 4 | PA |
| **Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System** | | |
| AUSTEDO ORAL TABLET 12 MG, 9 MG (***deutetrabenazine***) | Tier 4 | PA; QL (4 EA per 1 day) |
| AUSTEDO ORAL TABLET 6 MG (***deutetrabenazine***) | Tier 4 | PA; QL (2 EA per 1 day) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (***deutetrabenazine***) | Tier 4 | PA; QL (1 EA per 1 day) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (***deutetrabenazine***) | Tier 4 | PA |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***) | Tier 4 | PA; QL (1 EA per 1 day) |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***) | Tier 4 | PA; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***) | Tier 4 | PA; QL (1 EA per 1 day) |
| **Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder** | | |
| LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (***sodium oxybate***) | Tier 4 | PA |
| LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (***sodium oxybate***) | Tier 4 | PA |
| ***sodium oxybate oral solution 500 mg/ml*** | Tier 4 | PA |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***) | Tier 4 | PA |
| **Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder** | | |
| SUNOSI ORAL TABLET 150 MG, 75 MG (***solriamfetol hcl***) | Tier 2 | PA |
| **Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder** | | |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG (***pitolisant hcl***) | Tier 4 | PA |
| **Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder** | | |
| ***armodafinil oral tablet 150 mg, 200 mg, 250 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***armodafinil oral tablet 50 mg*** | Tier 1 | QL (3 EA per 1 day) |
| ***modafinil oral tablet 100 mg, 200 mg*** | Tier 1 | QL (2 EA per 1 day) |
| **Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder** | | |
| ***methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml*** | Tier 1 | |
| ***methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg*** | Tier 1 | QL (90 EA per 30 days) |
| ***methylphenidate hcl oral tablet,chewable 10 mg*** | Tier 1 | QL (6 EA per 1 day) |
| ***methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg*** | Tier 1 | QL (90 EA per 30 days) |
| **Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs for Sleep Disorder** | | |
| ***amphetamine sulfate oral tablet 10 mg, 5 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***dextroamphetamine sulfate oral capsule, extended release 10 mg*** | Tier 1 | QL (4 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***dextroamphetamine sulfate oral capsule, extended release 15 mg*** | Tier 1 | QL (120 EA per 30 days) |
| ***dextroamphetamine sulfate oral capsule, extended release 5 mg*** | Tier 1 | QL (60 EA per 30 days) |
| ***dextroamphetamine sulfate oral tablet 10 mg, 5 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg*** | Tier 1 | ST; QL (4 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 20 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 30 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***dextroamphetamine sulfate*** (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg) | Tier 3 | ST; QL (4 EA per 1 day) |
| **Neuropathic Pain Therapy - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| ***pregabalin oral tablet extended release 24 hr 330 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| **Postherpetic Neuralgia Agents - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg*** | Tier 1 | ST; QL (3 EA per 1 day) |
| ***pregabalin oral tablet extended release 24 hr 330 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| **Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders** | | |
| NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan hbr/quinidine sulfate***) | Tier 3 | PA |
| **Sedative-Hypnotic - Barbiturates - Drugs for Insomnia** | | |
| ***phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)*** | Tier 1 | |
| ***phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg*** | Tier 1 | |
| ***phenobarbital oral tablet 15 mg, 30 mg, 60 mg*** | Tier 1 | |
| **Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia** | | |
| ***estazolam oral tablet 1 mg, 2 mg*** | Tier 1 | |
| ***flurazepam oral capsule 15 mg, 30 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***midazolam oral syrup 2 mg/ml*** | Tier 1 | |
| ***quazepam oral tablet 15 mg*** | Tier 1 | ST |
| ***temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg*** | Tier 1 | |
| ***triazolam oral tablet 0.125 mg, 0.25 mg*** | Tier 1 | |
| **Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia** | | |
| ***eszopiclone oral tablet 1 mg, 2 mg, 3 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***zaleplon oral capsule 10 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***zolpidem oral tablet 10 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***zolpidem sublingual tablet 1.75 mg, 3.5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia** | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***) | Tier 2 | ST; QL (1 EA per 1 day) |
| DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***) | Tier 2 | ST; QL (1 EA per 1 day) |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG (***daridorexant hcl***) | Tier 3 | ST; QL (1 EA per 1 day) |
| **Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs for Insomnia** | | |
| IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (***dexmedetomidine hcl***) | Tier 3 | PA |
| **Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia** | | |
| ***doxepin oral tablet 3 mg, 6 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| **Chemical Dependency, Agents to Treat - Drugs for Addiction** | | |
| **Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction** | | |
| ***lofexidine oral tablet 0.18 mg*** | Tier 1 | PA |
| **Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction** | | |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML (***buprenorphine***) | Tier 4 | |
| ***buprenorphine hcl sublingual tablet 2 mg, 8 mg*** | Tier 1 | QL (3 EA per 1 day) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg*** | Tier 1 | |
| ***buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg*** | Tier 1 | QL (3 EA per 1 day) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (***buprenorphine***) | Tier 4 | PA |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG (***buprenorphine hcl/naloxone hcl***) | Tier 2 | QL (1 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (***buprenorphine hcl/naloxone hcl***) | Tier 2 | QL (2 EA per 1 day) |
| **Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction** | | |
| ***acamprosate oral tablet,delayed release (dr/ec) 333 mg*** | Tier 1 | |
| **Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction** | | |
| ***naltrexone oral tablet 50 mg*** | Tier 1 | |
| VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (***naltrexone microspheres***) | Tier 4 | |
| **Alcohol Deterrents - Drugs for Alcohol Addiction** | | |
| ***disulfiram oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction** | | |
| ***bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| **Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction** | | |
| ***nicotine (polacrilex) buccal gum 2 mg, 4 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***nicotine (polacrilex) buccal lozenge 2 mg, 4 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| ***nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| ***nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| ***nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML (***nicotine***) | $0 | EHB; $0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days) |
| QUIT 2 BUCCAL GUM 2 MG (***nicotine polacrilex***) | $0 | EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| QUIT 2 BUCCAL LOZENGE 2 MG (***nicotine polacrilex***) | $0 | EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| QUIT 4 BUCCAL GUM 4 MG (***nicotine polacrilex***) | $0 | EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| QUIT 4 BUCCAL LOZENGE 4 MG (***nicotine polacrilex***) | $0 | EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (***nicotine polacrilex***) | $0 | EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| **Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction** | | |
| ***varenicline tartrate oral tablet 0.5 mg, 1 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| ***varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)*** | $0 | EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| **Chemicals-Pharmaceutical Adjuvants** | | |
| **Pharmaceutical Adjuvant - Inhalation Vehicles** | | |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (***sodium chloride for inhalation***) | Tier 3 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (***sodium chloride for inhalation***) | Tier 1 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (***sodium chloride for inhalation***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %*** | Tier 1 | |
| **Cognitive Disorder Therapy - Drugs for the Nervous System** | | |
| **Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease** | | |
| KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML (***donanemab-azbt***) | Tier 4 | PA |
| LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML (***lecanemab-irmb***) | Tier 4 | PA |
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML (***lecanemab-irmb***) | Tier 4 | PA |
| **Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease** | | |
| ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (***donepezil hcl***) | Tier 3 | PA |
| ***donepezil oral tablet 10 mg, 23 mg, 5 mg*** | Tier 1 | |
| ***donepezil oral tablet,disintegrating 10 mg, 5 mg*** | Tier 1 | |
| ***galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg*** | Tier 1 | QL (30 EA per 30 days) |
| ***galantamine oral solution 4 mg/ml*** | Tier 1 | QL (200 ML per 30 days) |
| ***galantamine oral tablet 12 mg, 4 mg, 8 mg*** | Tier 1 | QL (60 EA per 30 days) |
| ***rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg*** | Tier 1 | |
| ***rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour*** | Tier 1 | QL (30 EA per 30 days) |
| ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG (***benzgalantamine gluconate***) | Tier 3 | ST; QL (2 EA per 1 day) |
| **Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease** | | |
| ***memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg*** | Tier 1 | ST; QL (30 EA per 30 days) |
| ***memantine oral solution 2 mg/ml*** | Tier 1 | QL (300 ML per 30 days) |
| ***memantine oral tablet 10 mg, 5 mg*** | Tier 1 | QL (60 EA per 30 days) |
| ***memantine oral tablets,dose pack 5-10 mg*** | Tier 1 | QL (49 EA per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (***memantine hcl***) | Tier 2 | ST; QL (28 EA per 28 days) |
| **Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease** | | |
| ***memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG (***memantine hcl/donepezil hcl***) | Tier 2 | ST; QL (1 EA per 1 day) |
| **Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease** | | |
| ***ergoloid oral tablet 1 mg*** | Tier 1 | |
| **Rett Syndrome Agents - Glypromate (GPE) Analogs - Drugs for Alzheimer's Disease** | | |
| DAYBUE ORAL SOLUTION 200 MG/ML (***trofinetide***) | Tier 4 | PA |
| DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG (***trofinetide***) | Tier 4 | PA |
| **Contraceptives - Drugs for Women** | | |
| **Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment** | | |
| PHEXX VAGINAL GEL 1.8-1-0.4 % (***lactic acid/citric acid/potassium bitartrate***) | $0 | CT; EHB |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % (***lactic acid/citric acid/potassium bitartrate***) | $0 | CT; EHB |
| **Contraceptive Implant - Progestin - Birth Control Pills** | | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG (***etonogestrel***) | $0 | CT; EHB |
| **Contraceptive Injectable - Progestin - Birth Control Pills** | | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (***medroxyprogesterone acetate***) | $0 | CT; EHB |
| DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (***medroxyprogesterone acetate***) | $0 | CT; EHB |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***medroxyprogesterone intramuscular suspension 150 mg/ml*** | $0 | CT; EHB |
| ***medroxyprogesterone intramuscular syringe 150 mg/ml*** | $0 | CT; EHB |
| **Contraceptive Intrauterine - Copper IUD - Birth Control Pills** | | |
| MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM (***copper***) | $0 | CT; EHB |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***) | $0 | CT; EHB |
| PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***) | $0 | CT; EHB |
| **Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills** | | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (***levonorgestrel***) | $0 | CT; EHB |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (***levonorgestrel***) | $0 | CT; EHB |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| **Contraceptive Oral - Biphasic - Birth Control Pills** | | |
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***) | $0 | CT; EHB |
| CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |
| ***desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5*** | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| ***l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)*** | $0 | CT; EHB |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| **Contraceptive Oral - Monophasic - Birth Control Pills** | | |
| ***levonorgestrel/ethinyl estradiol*** (Afirmelle Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Altavera (28) Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***levonorgestrel/ethinyl estradiol*** (Amethyst (28) Oral Tablet 90-20 Mcg (28)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Apri Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Aubra Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7) (***desogestrel/ethinyl estradiol/ferrous bis-glycinate chelate***) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Aviane Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Ayuna Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) (***levonorgestrel/ethinyl estradiol/iron***) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg) | $0 | CT; EHB |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (***drospirenone/ethinyl estradiol/levomefolate calcium***) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Briellyn Oral Tablet 0.4-35 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4)) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norgestrel-ethinyl estradiol*** (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Cyred Eq Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Cyred Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Dolishale Oral Tablet 90-20 Mcg (28)) | $0 | CT; EHB |
| ***drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)*** | $0 | CT; EHB |
| ***drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg*** | $0 | CT; EHB |
| ***norgestrel-ethinyl estradiol*** (Elinest Oral Tablet 0.3-30 Mg-Mcg) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Enskyce Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Estarylla Oral Tablet 0.25-0.035 Mg) | $0 | CT; EHB |
| ***ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg*** | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Feirza Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7), 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG (***norethindrone acetate/ethinyl estradiol***) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol/ferrous fumarate*** (Galbriela Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Hailey Oral Tablet 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91)) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Isibloom Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Jasmiel (28) Oral Tablet 3-0.02 Mg) | $0 | CT; EHB |
| JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (***levonorgestrel/ethinyl estradiol***) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol/iron*** (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7)) | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***desogestrel-ethinyl estradiol*** (Juleber Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol/ferrous fumarate*** (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Kalliga Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***ethynodiol diacetate-ethinyl estradiol*** (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Kurvelo (28) Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Lessina Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)*** | $0 | CT; EHB |
| ***levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)*** | $0 | CT; EHB |
| ***levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)*** | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Levora-28 Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Loestrin Fe 1.5/30 (28-Day) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Loestrin Fe 1/20 (28-Day) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Loryna (28) Oral Tablet 3-0.02 Mg) | $0 | CT; EHB |
| ***norgestrel-ethinyl estradiol*** (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Luizza Oral Tablet 1-20 Mg-Mcg, 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Marlissa (28) Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Mili Oral Tablet 0.25-0.035 Mg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol/iron*** (Minzoya Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Mono-Linyah Oral Tablet 0.25-0.035 Mg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg) | $0 | CT; EHB |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (***drospirenone/estetrol***) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Nikki (28) Oral Tablet 3-0.02 Mg) | $0 | CT; EHB |
| ***noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)*** | $0 | CT; EHB |
| ***norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg*** | $0 | CT; EHB |
| ***norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)*** | $0 | CT; EHB |
| ***norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)*** | $0 | CT; EHB |
| ***norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)*** | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg*** | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg) | $0 | CT; EHB |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (***norethindrone-ethinyl estradiol***) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OCELLA ORAL TABLET 3-0.03 MG (***ethinyl estradiol/drospirenone***) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Philith Oral Tablet 0.4-35 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Portia 28 Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Reclipsen (28) Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (***drospirenone/ethinyl estradiol/levomefolate calcium***) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Sprintec (28) Oral Tablet 0.25-0.035 Mg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Sronyx Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Syeda Oral Tablet 3-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***) | $0 | CT; EHB |
| ***norgestrel-ethinyl estradiol*** (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg) | $0 | CT; EHB |
| TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (***levonorgestrel/ethinyl estradiol***) | $0 | CT; EHB |
| ***drospirenone/ethinyl estradiol/levomefolate calcium*** (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7)) | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***ethynodiol diacetate-ethinyl estradiol*** (Valtya Oral Tablet 1-35 Mg-Mcg, 1-50 Mg-Mcg) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Vestura (28) Oral Tablet 3-0.02 Mg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Vienva Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Vylibra Oral Tablet 0.25-0.035 Mg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Wera (28) Oral Tablet 0.5-35 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol/ferrous fumarate*** (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol/ferrous fumarate*** (Xelria Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7)) | $0 | CT; EHB |
| YASMIN (28) ORAL TABLET 3-0.03 MG (***ethinyl estradiol/drospirenone***) | $0 | CT; EHB |
| YAZ (28) ORAL TABLET 3-0.02 MG (***ethinyl estradiol/drospirenone***) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Zarah Oral Tablet 3-0.03 Mg) | $0 | CT; EHB |
| ***ethynodiol diacetate-ethinyl estradiol*** (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Zumandimine (28) Oral Tablet 3-0.03 Mg) | $0 | CT; EHB |
| **Contraceptive Oral - Progestin - Birth Control Pills** | | |
| ***norethindrone*** (Camila Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| ***norethindrone*** (Deblitane Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| ***norethindrone*** (Emzahh Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| ***norethindrone*** (Errin Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| ***norethindrone*** (Heather Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| ***norethindrone*** (Incassia Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| ***norethindrone*** (Jencycla Oral Tablet 0.35 Mg) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***norethindrone*** (Lyleq Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| ***norethindrone*** (Lyza Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| ***norethindrone*** (Meleya Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| NORA-BE ORAL TABLET 0.35 MG (***norethindrone***) | $0 | CT; EHB |
| ***norethindrone (contraceptive) oral tablet 0.35 mg*** | $0 | CT; EHB |
| OPILL ORAL TABLET 0.075 MG (***norgestrel***) | $0 | CT; EHB |
| ***norethindrone*** (Orquidea Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| ***norethindrone*** (Sharobel Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| SLYND ORAL TABLET 4 MG (28) (***drospirenone***) | $0 | CT; EHB |
| ***norethindrone*** (Tulana Oral Tablet 0.35 Mg) | $0 | CT; EHB |
| **Contraceptive Oral - Quadraphasic - Birth Control Pills** | | |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (***estradiol valerate/dienogest***) | $0 | CT; EHB |
| RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Rosyrah Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg) | $0 | CT; EHB |
| **Contraceptive Oral - Triphasic - Birth Control Pills** | | |
| ***norethindrone-ethinyl estradiol*** (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10)) | $0 | CT; EHB |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (***norethindrone-ethinyl estradiol***) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10)) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)*** | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)*** | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Xarah Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9)) | $0 | CT; EHB |
| **Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills** | | |
| ***norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr*** | $0 | CT; EHB |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (***levonorgestrel/ethinyl estradiol***) | $0 | CT; EHB |
| ***norelgestromin/ethinyl estradiol*** (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr) | $0 | CT; EHB |
| ***norelgestromin/ethinyl estradiol*** (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr) | $0 | CT; EHB |
| **Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills** | | |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (***segesterone acetate/ethinyl estradiol***) | $0 | CT; EHB |
| ***etonogestrel/ethinyl estradiol*** (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr) | $0 | CT; EHB |
| ***etonogestrel/ethinyl estradiol*** (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr) | $0 | CT; EHB |
| ***etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr*** | $0 | CT; EHB |
| ***etonogestrel/ethinyl estradiol*** (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr) | $0 | CT; EHB |
| NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (***etonogestrel/ethinyl estradiol***) | $0 | CT; EHB |
| **Emergency Contraceptives - Birth Control Pills** | | |
| AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ELLA ORAL TABLET 30 MG (***ulipristal acetate***) | $0 | CT; EHB |
| ***levonorgestrel oral tablet 1.5 mg*** | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| SHEWISE ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| **Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills** | | |
| ELLA ORAL TABLET 30 MG (***ulipristal acetate***) | $0 | CT; EHB |
| **Emergency Contraceptives - Progestin Type - Birth Control Pills** | | |
| AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ***levonorgestrel oral tablet 1.5 mg*** | $0 | CT; EHB |
| MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| SHEWISE ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| **Spermicides - Birth Control Pills** | | |
| VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***) | $0 | CT; EHB |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***) | $0 | CT; EHB |
| **Dermatological - Drugs for the Skin** | | |
| **Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin** | | |
| ***isotretinoin*** (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | Tier 1 | |
| ***isotretinoin*** (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | Tier 1 | |
| ***isotretinoin*** (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | Tier 1 | |
| ***isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg*** | Tier 1 | |
| ***isotretinoin*** (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | Tier 1 | |
| **Acne Therapy Systemic - Tetracycline antibiotic - Drugs for the Skin** | | |
| ***minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| **Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin** | | |
| WINLEVI TOPICAL CREAM 1 % (***clascoterone***) | Tier 3 | PA; QL (60 GM per 30 days) |
| **Acne Therapy Topical - Anti-infective - Drugs for the Skin** | | |
| ABENOR HP TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***) | Tier 3 | |
| AMZEEQ TOPICAL FOAM 4 % (***minocycline hcl***) | Tier 3 | ST; Age (Min 9 Years) |
| ***azelaic acid topical gel 15 %*** | Tier 1 | |
| AZELEX TOPICAL CREAM 20 % (***azelaic acid***) | Tier 3 | ST |
| ***clindamycin phosphate topical foam 1 %*** | Tier 1 | |
| ***clindamycin phosphate topical gel 1 %*** | Tier 1 | |
| ***clindamycin phosphate topical gel, once daily 1 %*** | Tier 1 | |
| ***clindamycin phosphate topical lotion 1 %*** | Tier 1 | |
| ***clindamycin phosphate topical solution 1 %*** | Tier 1 | QL (180 ML per 1 FILL) |
| ***clindamycin phosphate topical swab 1 %*** | Tier 1 | |
| ***dapsone topical gel 5 %*** | Tier 1 | |
| ***dapsone topical gel 7.5 %*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***dapsone topical gel with pump 7.5 %*** | Tier 1 | |
| ***erythromycin base in ethanol*** (Ery Pads Topical Swab 2 %) | Tier 1 | |
| ***erythromycin with ethanol topical gel 2 %*** | Tier 1 | |
| ***erythromycin with ethanol topical solution 2 %*** | Tier 1 | QL (180 ML per 1 FILL) |
| FINACEA TOPICAL FOAM 15 % (***azelaic acid***) | Tier 2 | |
| MELZARA TOPICAL CREAM 10-6-2 % (***azelaic acid/tranexamic acid/niacinamide***) | Tier 3 | |
| OXIAICE TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***) | Tier 3 | |
| ***sulfacetamide sodium (acne) topical suspension 10 %*** | Tier 1 | |
| **Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin** | | |
| ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***) | Tier 3 | |
| ADMIRAZOL TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***) | Tier 3 | |
| ALIXI HP TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***) | Tier 3 | |
| ALIXI TOPICAL CREAM 6-4 % (***dapsone/niacinamide***) | Tier 3 | |
| DIADIMAXIA TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***) | Tier 3 | |
| DIAOXIA TOPICAL CREAM 6-4 % (***dapsone/niacinamide***) | Tier 3 | |
| DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***) | Tier 3 | |
| DIASOXIA TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***) | Tier 3 | |
| **Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin** | | |
| ARTILIS TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 1 | |
| CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***) | Tier 1 | |
| ***clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %, 1.2-2.5 %*** | Tier 1 | ST |
| ***clindamycin-benzoyl peroxide topical gel with pump 1-5 %*** | Tier 1 | |
| ***erythromycin-benzoyl peroxide topical gel 3-5 %*** | Tier 1 | |
| NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 % (***clindamycin phosphate/benzoyl peroxide/emollient comb no.94***) | Tier 3 | |
| ***clindamycin phosphate/benzoyl peroxide*** (Neuac Topical Gel 1.2 %(1 % Base) -5 %) | Tier 1 | |
| ROSULA TOPICAL CLEANSER 10-4.5 % (***sulfacetamide sodium/sulfur***) | Tier 3 | |
| SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (***sulfacetamide sodium/sulfur***) | Tier 1 | |
| ***sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %*** | Tier 1 | |
| ***sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)*** | Tier 1 | QL (1419 GM per 1 FILL) |
| ***sulfacetamide sodium-sulfur topical cleanser 8-4 %*** | Tier 1 | |
| ***sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)*** | Tier 1 | |
| ***sulfacetamide sodium-sulfur topical suspension 8-4 %*** | Tier 1 | |
| ***sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %*** | Tier 1 | QL (1419 ML per 1 FILL) |
| SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (***sulfacetamide sodium/sulfur***) | Tier 1 | |
| **Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin** | | |
| ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| ALOMIRA HP TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| AVIDORA HP TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***) | Tier 3 | |
| AVIDORA TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| AWANIS TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***) | Tier 3 | |
| CABTREO TOPICAL GEL 0.15-3.1-1.2 % (***adapalene/benzoyl peroxide/clindamycin phosphate***) | Tier 3 | PA |
| ***clindamycin-tretinoin topical gel 1.2-0.025 %*** | Tier 1 | ST |
| DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***) | Tier 3 | |
| DEOXIAVAR TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***) | Tier 3 | |
| DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***) | Tier 3 | |
| DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***) | Tier 3 | |
| INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***) | Tier 3 | |
| ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***) | Tier 3 | |
| ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| **Acne Therapy Topical - Keratolytic - Drugs for the Skin** | | |
| ***benzoyl peroxide topical foam 9.8 %*** | Tier 1 | |
| BPO TOPICAL GEL 8 % (***benzoyl peroxide***) | Tier 1 | |
| PACNEX HP TOPICAL PADS, MEDICATED 7 % (***benzoyl peroxide***) | Tier 3 | |
| PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (***benzoyl peroxide***) | Tier 3 | |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (***benzoyl peroxide microspheres***) | Tier 1 | |
| **Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (***benzoyl peroxide/hydrocortisone***) | Tier 2 | |
| **Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin** | | |
| ***adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %*** | Tier 1 | |
| ALURIS HP TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| IDYYXIATAR TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***) | Tier 3 | |
| OXIAVARY TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| SIRVANA TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***) | Tier 3 | |
| **Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin** | | |
| ***adapalene topical cream 0.1 %*** | Tier 1 | |
| ***adapalene topical gel 0.3 %*** | Tier 1 | |
| ***adapalene topical gel with pump 0.3 %*** | Tier 1 | |
| ***adapalene topical lotion 0.1 %*** | Tier 1 | Age (Max 39 Years) |
| AKLIEF TOPICAL CREAM 0.005 % (***trifarotene***) | Tier 3 | ST; Age (Max 39 Years) |
| ALTRENO TOPICAL LOTION 0.05 % (***tretinoin***) | Tier 3 | |
| AVITA TOPICAL CREAM 0.025 % (***tretinoin***) | Tier 1 | |
| DIFFERIN TOPICAL LOTION 0.1 % (***adapalene***) | Tier 3 | Age (Max 39 Years) |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 % (***tretinoin microspheres***) | Tier 3 | ST; Age (Max 39 Years) |
| ***tretinoin microspheres topical gel 0.04 %, 0.1 %*** | Tier 1 | Age (Max 39 Years) |
| ***tretinoin microspheres topical gel with pump 0.04 %, 0.1 %*** | Tier 1 | Age (Max 39 Years) |
| ***tretinoin microspheres topical gel with pump 0.08 %*** | Tier 1 | ST; Age (Max 39 Years) |
| ***tretinoin topical cream 0.025 %, 0.05 %, 0.1 %*** | Tier 1 | |
| ***tretinoin topical gel 0.01 %, 0.025 %, 0.05 %*** | Tier 1 | |
| **Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin** | | |
| DUOBRII TOPICAL LOTION 0.01-0.045 % (***halobetasol propionate/tazarotene***) | Tier 3 | ST; QL (200 GM per 28 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin** | | |
| ***calcipotriene-betamethasone topical ointment 0.005-0.064 %*** | Tier 1 | ST |
| ***calcipotriene-betamethasone topical suspension 0.005-0.064 %*** | Tier 1 | ST |
| ENSTILAR TOPICAL FOAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***) | Tier 2 | |
| WYNZORA TOPICAL CREAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***) | Tier 3 | ST |
| **Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors,MC Antibody - Drugs for the Skin** | | |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***) | Tier 4 | PA |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab***) | Tier 4 | PA |
| STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-stba***) | Tier 4 | PA |
| ***ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml*** | Tier 4 | PA |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***) | Tier 4 | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-kfce***) | Tier 4 | PA |
| **Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin** | | |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (***tildrakizumab-asmn***) | Tier 4 | PA |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***) | Tier 4 | PA |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (***risankizumab-rzaa***) | Tier 4 | PA |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***) | Tier 4 | PA |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***guselkumab***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (***guselkumab***) | Tier 4 | PA |
| **Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, MC - Drugs for the Skin** | | |
| SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML (***spesolimab-sbzo***) | Tier 4 | PA |
| SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (***spesolimab-sbzo***) | Tier 4 | PA |
| **Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin** | | |
| SOTYKTU ORAL TABLET 6 MG (***deucravacitinib***) | Tier 4 | PA |
| **Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin** | | |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML (***bimekizumab-bkzx***) | Tier 4 | PA |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML (***bimekizumab-bkzx***) | Tier 4 | PA |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***) | Tier 4 | PA |
| COSENTYX INTRAVENOUS SOLUTION 25 MG/ML (***secukinumab***) | Tier 4 | PA |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***) | Tier 4 | PA |
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***) | Tier 4 | PA |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***secukinumab***) | Tier 4 | PA |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (***secukinumab***) | Tier 4 | PA |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (***brodalumab***) | Tier 4 | PA |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***) | Tier 4 | PA |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***) | Tier 4 | PA |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (***ixekizumab***) | Tier 4 | PA |
| **Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin** | | |
| ANZUPGO TOPICAL CREAM 2 % (***delgocitinib***) | Tier 3 | PA; QL (60 GM per 30 days) |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (***abrocitinib***) | Tier 4 | PA |
| OPZELURA TOPICAL CREAM 1.5 % (***ruxolitinib phosphate***) | Tier 2 | PA; QL (60 GM per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (***upadacitinib***) | Tier 4 | PA |
| **Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin** | | |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (***tralokinumab-ldrm***) | Tier 4 | PA |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (***tralokinumab-ldrm***) | Tier 4 | PA |
| EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (***lebrikizumab-lbkz***) | Tier 4 | PA |
| EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (***lebrikizumab-lbkz***) | Tier 4 | PA |
| **Dermatitis Agents,Systemic - IL-31 Receptor alpha Antagonist MAb - Drugs for the Skin** | | |
| NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG (***nemolizumab-ilto***) | Tier 4 | PA |
| **Dermatitis Agents,Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin** | | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***) | Tier 4 | PA |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***) | Tier 4 | PA |
| **Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin** | | |
| EUCRISA TOPICAL OINTMENT 2 % (***crisaborole***) | Tier 2 | PA; QL (100 GM per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ZORYVE TOPICAL CREAM 0.05 %, 0.15 % (***roflumilast***) | Tier 2 | PA; QL (60 GM per 30 days) |
| **Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin** | | |
| ***gentamicin topical cream 0.1 %*** | Tier 1 | QL (90 GM per 1 FILL) |
| ***gentamicin topical ointment 0.1 %*** | Tier 1 | QL (90 GM per 1 FILL) |
| **Dermatological - Antibacterial Other - Drugs for the Skin** | | |
| BASADROX TOPICAL GEL IN PACKET (***silver***) | Tier 3 | |
| CENTANY AT TOPICAL OINTMENT KIT 2 % (***mupirocin***) | Tier 3 | |
| ***mupirocin calcium topical cream 2 %*** | Tier 1 | QL (90 GM per 1 FILL) |
| ***mupirocin topical ointment 2 %*** | Tier 1 | QL (90 GM per 1 FILL) |
| NORMLGEL AG TOPICAL GEL 0.11 % (***silver carbonate***) | Tier 3 | |
| ***silver nitrate topical solution 0.5 %*** | Tier 1 | |
| ***silver nitrate topical solution 10 %, 25 %, 50 %*** | Tier 1 | |
| **Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin** | | |
| ALTABAX TOPICAL OINTMENT 1 % (***retapamulin***) | Tier 3 | ST |
| **Dermatological - Antibacterial Quinolones - Drugs for the Skin** | | |
| XEPI TOPICAL CREAM 1 % (***ozenoxacin***) | Tier 3 | ST |
| **Dermatological - Antibacterial,Antifungal Agent with Glucocorticoid - Drugs for the Skin** | | |
| ***hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %*** | Tier 1 | |
| **Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs for the Skin** | | |
| NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide/emollient comb no.65***) | Tier 3 | ST |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide***) | Tier 3 | ST |
| **Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin** | | |
| QBREXZA TOPICAL TOWELETTE 2.4 % (***glycopyrronium tosylate***) | Tier 2 | PA |
| SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION) (***sofpironium bromide***) | Tier 3 | PA |
| **Dermatological - Antifungal Allylamines - Drugs for the Skin** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***naftifine topical cream 1 %*** | Tier 1 | |
| ***naftifine topical cream 2 %*** | Tier 1 | QL (180 GM per 1 FILL) |
| ***naftifine topical gel 2 %*** | Tier 1 | |
| **Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin** | | |
| ***nystatin*** (Klayesta Topical Powder 100,000 Unit/Gram) | Tier 1 | |
| ***nystatin*** (Nyamyc Topical Powder 100,000 Unit/Gram) | Tier 1 | |
| ***nystatin topical cream 100,000 unit/gram*** | Tier 1 | |
| ***nystatin topical ointment 100,000 unit/gram*** | Tier 1 | QL (90 GM per 1 FILL) |
| ***nystatin topical powder 100,000 unit/gram*** | Tier 1 | |
| ***nystatin*** (Nystop Topical Powder 100,000 Unit/Gram) | Tier 1 | |
| **Dermatological - Antifungal Combinations Other - Drugs for the Skin** | | |
| EXODERM TOPICAL LOTION 25-1 % (***sodium thiosulfate/salicylic acid***) | Tier 1 | |
| FERVINA TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***) | Tier 3 | |
| FIDILA TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***) | Tier 3 | |
| HEXIOUNYL TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***) | Tier 3 | |
| PHEDRAX TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***) | Tier 3 | |
| **Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin** | | |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox olamine/skin cleanser combination no.28***) | Tier 3 | |
| ***ciclopirox topical cream 0.77 %*** | Tier 1 | QL (180 GM per 1 FILL) |
| ***ciclopirox topical gel 0.77 %*** | Tier 1 | |
| ***ciclopirox topical shampoo 1 %*** | Tier 1 | |
| ***ciclopirox topical solution 8 %*** | Tier 1 | QL (19.8 ML per 1 FILL) |
| ***ciclopirox topical suspension 0.77 %*** | Tier 1 | QL (180 ML per 1 FILL) |
| ***ciclopirox-ure-camph-menth-euc topical solution 8 %*** | Tier 1 | QL (19.8 ML per 1 FILL) |
| DAFILOR TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***) | Tier 3 | |
| FILOMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| HAXDRAX TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***) | Tier 3 | |
| HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***) | Tier 3 | |
| **Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin** | | |
| ***clotrimazole topical cream 1 %*** | Tier 1 | |
| ***clotrimazole topical solution 1 %*** | Tier 1 | |
| ***econazole nitrate topical cream 1 %*** | Tier 1 | QL (170 GM per 1 FILL) |
| ***econazole nitrate topical foam 1 %*** | Tier 1 | |
| EXELDERM TOPICAL CREAM 1 % (***sulconazole nitrate***) | Tier 2 | |
| EXELDERM TOPICAL SOLUTION 1 % (***sulconazole nitrate***) | Tier 2 | |
| ***ketoconazole topical cream 2 %*** | Tier 1 | QL (180 GM per 1 FILL) |
| ***ketoconazole topical shampoo 2 %*** | Tier 1 | QL (360 ML per 1 FILL) |
| KETODAN KIT TOPICAL COMBO PACK 2 % (***ketoconazole/skin cleanser combination no.28***) | Tier 3 | |
| ***luliconazole topical cream 1 %*** | Tier 1 | ST; QL (60 GM per 28 days) |
| ***miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %*** | Tier 1 | |
| ***oxiconazole topical cream 1 %*** | Tier 1 | QL (180 GM per 1 FILL) |
| OXISTAT TOPICAL LOTION 1 % (***oxiconazole nitrate***) | Tier 3 | |
| ***sulconazole topical cream 1 %*** | Tier 1 | |
| ***sulconazole topical solution 1 %*** | Tier 1 | |
| **Dermatological - Antifungal Oxaborole - Drugs for the Skin** | | |
| ***tavaborole topical solution with applicator 5 %*** | Tier 1 | PA |
| **Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin** | | |
| ***clotrimazole-betamethasone topical cream 1-0.05 %*** | Tier 1 | |
| ***clotrimazole-betamethasone topical lotion 1-0.05 %*** | Tier 1 | |
| DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (***hydrocortisone/iodoquinol***) | Tier 3 | |
| ***hydrocortisone-iodoquinol topical cream 1-1 %*** | Tier 1 | |
| ***nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%*** | Tier 1 | QL (180 GM per 1 FILL) |
| **Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin** | | |
| VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine hcl***) | Tier 4 | PA |
| **Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin** | | |
| ***fluorouracil topical cream 0.5 %*** | Tier 1 | PA |
| ***fluorouracil topical cream 5 %*** | Tier 1 | |
| ***fluorouracil topical solution 2 %, 5 %*** | Tier 1 | |
| TOLAK TOPICAL CREAM 4 % (***fluorouracil***) | Tier 2 | |
| **Dermatological - Antineoplastic or Premalig. Lesions - Antimicrotubule - Drugs for the Skin** | | |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***) | Tier 3 | QL (5 EA per 1 FILL) |
| KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***) | Tier 3 | QL (5 EA per 1 FILL) |
| **Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin** | | |
| ***diclofenac sodium topical gel 3 %*** | Tier 1 | |
| **Dermatological - Antineoplastic Retinoids - Drugs for the Skin** | | |
| PANRETIN TOPICAL GEL 0.1 % (***alitretinoin***) | Tier 4 | QL (60 GM per 28 days) |
| **Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin** | | |
| ***bexarotene topical gel 1 %*** | Tier 4 | PA |
| **Dermatological - Antiperspirants - Drugs for the Skin** | | |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (***aluminum chloride***) | Tier 2 | |
| DRYSOL TOPICAL SOLUTION 20 % (***aluminum chloride***) | Tier 2 | |
| **Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin** | | |
| ***methoxsalen oral capsule,liqd-filled,rapid rel 10 mg*** | Tier 1 | |
| **Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***acitretin oral capsule 10 mg, 17.5 mg, 25 mg*** | Tier 1 | |
| **Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin** | | |
| ***calcipotriene scalp solution 0.005 %*** | Tier 1 | ST |
| ***calcipotriene topical cream 0.005 %*** | Tier 1 | ST |
| ***calcipotriene topical foam 0.005 %*** | Tier 1 | ST |
| ***calcipotriene topical ointment 0.005 %*** | Tier 1 | ST |
| ***calcitriol topical ointment 3 mcg/gram*** | Tier 1 | ST |
| DIOOXIA TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***) | Tier 3 | |
| DRITHOCREME HP TOPICAL CREAM 1 % (***anthralin***) | Tier 2 | ST |
| PURAZIL TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***) | Tier 3 | |
| SORILUX TOPICAL FOAM 0.005 % (***calcipotriene***) | Tier 3 | ST |
| ***tazarotene topical cream 0.05 %*** | Tier 1 | Age (Max 39 Years) |
| ***tazarotene topical cream 0.1 %*** | Tier 1 | |
| ***tazarotene topical gel 0.05 %, 0.1 %*** | Tier 1 | Age (Max 39 Years) |
| VTAMA TOPICAL CREAM 1 % (***tapinarof***) | Tier 2 | PA; QL (60 GM per 30 days) |
| ZITHRANOL TOPICAL SHAMPOO 1 % (***anthralin micronized***) | Tier 3 | ST |
| ZORYVE TOPICAL CREAM 0.3 % (***roflumilast***) | Tier 2 | PA; QL (60 GM per 30 days) |
| **Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin** | | |
| OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***) | Tier 4 | PA |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***) | Tier 4 | PA |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG (***apremilast***) | Tier 4 | PA |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG (***apremilast***) | Tier 4 | PA |
| **Dermatological - Antiseborrheic - Drugs for the Skin** | | |
| OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (***sulfacetamide sodium***) | Tier 2 | |
| ***selenium sulfide topical lotion 2.5 %*** | Tier 1 | |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***selenium sulfide topical shampoo 2.25 %, 2.3 %*** | Tier 1 | |
| ***sulfacetamide sodium topical cleanser 10 %*** | Tier 1 | |
| ***sulfacetamide sodium topical cleanser, gel 10 %*** | Tier 1 | |
| ***sulfacetamide sodium topical shampoo 10 %, 9.8 %*** | Tier 1 | |
| ZORYVE TOPICAL FOAM 0.3 % (***roflumilast***) | Tier 2 | PA; QL (60 GM per 30 days) |
| **Dermatological - Antiviral, Herpes - Drugs for the Skin** | | |
| ***acyclovir topical ointment 5 %*** | Tier 1 | |
| **Dermatological - Burn Products - Drugs for the Skin** | | |
| NEXOBRID TOPICAL GEL 8.8 % (***anacaulase-bcdb***) | Tier 3 | |
| **Dermatological - Burn Products Anti-infective - Drugs for the Skin** | | |
| ***mafenide acetate topical packet 50 gram*** | Tier 1 | |
| ***silver sulfadiazine topical cream 1 %*** | Tier 1 | |
| SSD TOPICAL CREAM 1 % (***silver sulfadiazine***) | Tier 1 | |
| SULFAMYLON TOPICAL CREAM 85 MG/G (***mafenide acetate***) | Tier 3 | |
| SULFAMYLON TOPICAL PACKET 50 GRAM (***mafenide acetate***) | Tier 3 | |
| **Dermatological - Calcineurin Inhibitors - Drugs for the Skin** | | |
| HOVYN TOPICAL SOLUTION 0.1 % (***tacrolimus***) | Tier 3 | |
| NUJO TOPICAL SOLUTION 0.1 % (***tacrolimus***) | Tier 3 | |
| ***pimecrolimus topical cream 1 %*** | Tier 1 | ST |
| ***tacrolimus topical ointment 0.03 %, 0.1 %*** | Tier 1 | ST |
| **Dermatological - Depigmenting Agents - Drugs for the Skin** | | |
| ***hydroquinone topical cream 4 %*** | Tier 1 | |
| OBAGI ELASTIDERM TOPICAL CREAM 4 % (***hydroquinone***) | Tier 1 | |
| OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (***hydroquinone***) | Tier 1 | |
| OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (***hydroquinone***) | Tier 1 | |
| **Dermatological - Depigmenting Combinations - Drugs for the Skin** | | |
| KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| KATARVIA TOPICAL EMULSION 4-0.025 % (***hydroquinone/tretinoin***) | Tier 3 | |
| KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***) | Tier 3 | |
| KEVARTIA TOPICAL EMULSION 6-0.05 % (***hydroquinone/tretinoin***) | Tier 3 | |
| KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***) | Tier 3 | |
| KUTAR TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***) | Tier 3 | |
| KUTARVIA TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***) | Tier 3 | |
| MAVILO HP TOPICAL EMULSION 6-0.05-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***) | Tier 3 | |
| MAVILO LP TOPICAL EMULSION 4-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***) | Tier 3 | |
| MAVILO TOPICAL EMULSION 5-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***) | Tier 3 | |
| MOKURA LP TOPICAL EMULSION 4-0.025 % (***hydroquinone/tretinoin***) | Tier 3 | |
| MOKURA MOD TOPICAL EMULSION 6-0.05 % (***hydroquinone/tretinoin***) | Tier 3 | |
| MOKURA PLUS TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***) | Tier 3 | |
| MOKURA TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***) | Tier 3 | |
| MOLEXI TOPICAL EMULSION 4-0.025-2.5 % (***hydroquinone/tretinoin/hydrocortisone***) | Tier 3 | |
| OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %-SPF 15 (***hydroquinone/sunscreens (oxybenzone/octinoxate)***) | Tier 3 | |
| OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (***hydroquinone/ascorbic acid***) | Tier 3 | |
| OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (***hydroquinone/ascorbic acid/vit e acetate (d-alpha tocoph)***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (***fluocinolone acetonide/tretinoin/hydroquinone***) | Tier 3 | |
| YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (***hydroquinone/tretinoin/hydrocortisone***) | Tier 3 | |
| **Dermatological - Emollient Combinations Other - Drugs for the Skin** | | |
| MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 % (***emol53/e.water/namgfs/naphos/nacl/hypochlorous acid/nahypocl***) | Tier 1 | |
| **Dermatological - Emollient Mixtures - Drugs for the Skin** | | |
| XCLAIR TOPICAL CREAM (***hyaluronate sodium/vit e/emollient no.12/allantoin/shea tree***) | Tier 3 | |
| **Dermatological - Emollients - Drugs for the Skin** | | |
| ***ammonium lactate topical cream 12 %*** | Tier 1 | |
| ***ammonium lactate topical lotion 12 %*** | Tier 1 | |
| KERASTAT TOPICAL CREAM (***keratin***) | Tier 3 | |
| KERASTAT TOPICAL GEL 5 % (***keratin***) | Tier 3 | |
| **Dermatological - Enzymes - Drugs for the Skin** | | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***) | Tier 3 | PA |
| **Dermatological - Glucocorticoid - Drugs for the Skin** | | |
| ***hydrocortisone*** (Ala-Cort Topical Cream 1 %) | Tier 1 | |
| ***hydrocortisone*** (Ala-Scalp Topical Lotion 2 %) | Tier 1 | ST |
| ***alclometasone topical cream 0.05 %*** | Tier 1 | |
| ***alclometasone topical ointment 0.05 %*** | Tier 1 | |
| ***amcinonide topical cream 0.1 %*** | Tier 1 | ST |
| ***betamethasone dipropionate topical cream 0.05 %*** | Tier 1 | |
| ***betamethasone dipropionate topical lotion 0.05 %*** | Tier 1 | |
| ***betamethasone dipropionate topical ointment 0.05 %*** | Tier 1 | |
| ***betamethasone valerate topical cream 0.1 %*** | Tier 1 | |
| ***betamethasone valerate topical foam 0.12 %*** | Tier 1 | |
| ***betamethasone valerate topical lotion 0.1 %*** | Tier 1 | |
| ***betamethasone valerate topical ointment 0.1 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***betamethasone, augmented topical cream 0.05 %*** | Tier 1 | |
| ***betamethasone, augmented topical gel 0.05 %*** | Tier 1 | |
| ***betamethasone, augmented topical lotion 0.05 %*** | Tier 1 | |
| ***betamethasone, augmented topical ointment 0.05 %*** | Tier 1 | |
| CAPEX TOPICAL SHAMPOO 0.01 % (***fluocinolone acetonide***) | Tier 3 | |
| ***clobetasol scalp solution 0.05 %*** | Tier 1 | |
| ***clobetasol topical cream 0.05 %*** | Tier 1 | |
| ***clobetasol topical foam 0.05 %*** | Tier 1 | |
| ***clobetasol topical gel 0.05 %*** | Tier 1 | |
| ***clobetasol topical lotion 0.05 %*** | Tier 1 | |
| ***clobetasol topical ointment 0.05 %*** | Tier 1 | |
| ***clobetasol topical shampoo 0.05 %*** | Tier 1 | |
| ***clobetasol topical spray,non-aerosol 0.05 %*** | Tier 1 | |
| ***clobetasol-emollient topical cream 0.05 %*** | Tier 1 | |
| ***clobetasol-emollient topical foam 0.05 %*** | Tier 1 | |
| ***clocortolone pivalate topical cream 0.1 %*** | Tier 1 | ST |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (***flurandrenolide***) | Tier 3 | ST; QL (2 EA per 30 days) |
| ***desonide topical cream 0.05 %*** | Tier 1 | |
| ***desonide topical gel 0.05 %*** | Tier 1 | ST |
| ***desonide topical lotion 0.05 %*** | Tier 1 | |
| ***desonide topical ointment 0.05 %*** | Tier 1 | |
| ***desoximetasone topical cream 0.05 %, 0.25 %*** | Tier 1 | |
| ***desoximetasone topical gel 0.05 %*** | Tier 1 | |
| ***desoximetasone topical ointment 0.05 %, 0.25 %*** | Tier 1 | |
| ***desoximetasone topical spray,non-aerosol 0.25 %*** | Tier 1 | ST |
| ***fluocinolone and shower cap scalp oil 0.01 %*** | Tier 1 | |
| ***fluocinolone topical cream 0.01 %, 0.025 %*** | Tier 1 | |
| ***fluocinolone topical oil 0.01 %*** | Tier 1 | |
| ***fluocinolone topical ointment 0.025 %*** | Tier 1 | |
| ***fluocinolone topical solution 0.01 %*** | Tier 1 | |
| ***fluocinonide topical cream 0.05 %, 0.1 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***fluocinonide topical gel 0.05 %*** | Tier 1 | |
| ***fluocinonide topical ointment 0.05 %*** | Tier 1 | |
| ***fluocinonide topical solution 0.05 %*** | Tier 1 | |
| ***fluocinonide/emollient base*** (Fluocinonide-E Topical Cream 0.05 %) | Tier 1 | |
| ***fluocinonide-emollient topical cream 0.05 %*** | Tier 1 | |
| ***flurandrenolide topical cream 0.05 %*** | Tier 1 | ST |
| ***flurandrenolide topical lotion 0.05 %*** | Tier 1 | |
| ***flurandrenolide topical ointment 0.05 %*** | Tier 1 | ST; QL (180 GM per 30 days) |
| ***fluticasone propionate topical cream 0.05 %*** | Tier 1 | |
| ***fluticasone propionate topical lotion 0.05 %*** | Tier 1 | |
| ***fluticasone propionate topical ointment 0.005 %*** | Tier 1 | |
| ***halcinonide topical cream 0.1 %*** | Tier 1 | ST |
| ***halcinonide topical solution 0.1 %*** | Tier 1 | ST |
| ***halobetasol propionate topical cream 0.05 %*** | Tier 1 | |
| ***halobetasol propionate topical ointment 0.05 %*** | Tier 1 | |
| HALOG TOPICAL SOLUTION 0.1 % (***halcinonide***) | Tier 3 | ST |
| ***hydrocortisone butyrate topical cream 0.1 %*** | Tier 1 | |
| ***hydrocortisone butyrate topical lotion 0.1 %*** | Tier 1 | ST; QL (236 ML per 30 days) |
| ***hydrocortisone butyrate topical ointment 0.1 %*** | Tier 1 | ST |
| ***hydrocortisone butyrate topical solution 0.1 %*** | Tier 1 | |
| ***hydrocortisone topical cream 1 %, 2.5 %*** | Tier 1 | |
| ***hydrocortisone topical cream with perineal applicator 1 %, 2.5 %*** | Tier 1 | |
| ***hydrocortisone topical lotion 2 %*** | Tier 1 | ST |
| ***hydrocortisone topical lotion 2.5 %*** | Tier 1 | |
| ***hydrocortisone topical ointment 1 %, 2.5 %*** | Tier 1 | |
| ***hydrocortisone topical solution 2.5 %*** | Tier 1 | ST |
| ***hydrocortisone valerate topical cream 0.2 %*** | Tier 1 | |
| ***hydrocortisone valerate topical ointment 0.2 %*** | Tier 1 | ST |
| ***hydrocortisone-pramoxine topical cream 2.5-1 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***mometasone topical cream 0.1 %*** | Tier 1 | |
| ***mometasone topical ointment 0.1 %*** | Tier 1 | |
| ***mometasone topical solution 0.1 %*** | Tier 1 | |
| PANDEL TOPICAL CREAM 0.1 % (***hydrocortisone probutate***) | Tier 3 | ST; QL (160 GM per 30 days) |
| ***prednicarbate topical cream 0.1 %*** | Tier 1 | |
| ***hydrocortisone*** (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %) | 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 | |
| SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (***hydrocortisone/salicylic acid/sulfur/shampoo no.1***) | Tier 2 | |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (***betamethasone dipropionate***) | Tier 3 | ST |
| ***triamcinolone acetonide topical aerosol 0.147 mg/gram*** | Tier 1 | |
| ***triamcinolone acetonide topical cream 0.025 %, 0.1 %*** | Tier 1 | |
| ***triamcinolone acetonide topical cream 0.5 %*** | Tier 1 | QL (454 GM per 30 days) |
| ***triamcinolone acetonide topical lotion 0.025 %, 0.1 %*** | Tier 1 | |
| ***triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %*** | Tier 1 | |
| ***triamcinolone acetonide*** (Triderm Topical Cream 0.5 %) | Tier 1 | QL (454 GM per 30 days) |
| **Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin** | | |
| ACIOXIA TOPICAL GEL 0.1-0.5 % (***triamcinolone acetonide/pentoxifylline***) | Tier 3 | |
| DYNOMA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***) | Tier 3 | |
| FLUOXIA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***) | Tier 3 | |
| TELIORA TOPICAL GEL 0.1-0.5 % (***triamcinolone acetonide/pentoxifylline***) | Tier 3 | |
| **Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin** | | |
| NUCORT TOPICAL LOTION 2 % (***hydrocortisone acetate/aloe vera***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***) | Tier 3 | QL (375 GM per 30 days) |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***) | Tier 3 | QL (375 GM per 30 days) |
| **Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin** | | |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | |
| EPIFOAM TOPICAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 3 | ST |
| ***hydrocortisone-pramoxine topical cream 2.5-1 %*** | Tier 1 | |
| ***lidocaine hcl-hydrocortison ac topical cream 3-0.5 %*** | Tier 1 | |
| PRAMOSONE TOPICAL CREAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | ST |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | |
| PRAMOSONE TOPICAL OINTMENT 1-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | ST |
| PRAMOSONE TOPICAL OINTMENT 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | |
| **Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin** | | |
| CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % (***clobetasol propionate/skin cleanser combination no.28***) | Tier 3 | |
| SYNALAR TS TOPICAL KIT 0.01 % (***fluocinolone acetonide/skin cleanser comb no.28***) | Tier 3 | |
| **Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin** | | |
| ***imiquimod topical cream in packet 5 %*** | Tier 1 | |
| **Dermatological - Immunomodulator - Interferons - Drugs for the Skin** | | |
| ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (***interferon alfa-n3***) | Tier 3 | |
| **Dermatological - Immunomodulator Combinations - Drugs for the Skin** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| KERIDA TOPICAL GEL 5-0.1-30 % (***imiquimod/tretinoin/salicylic acid***) | Tier 3 | |
| QUIDROXZAR TOPICAL GEL 5-0.1-30 % (***imiquimod/tretinoin/salicylic acid***) | Tier 3 | |
| **Dermatological - Keratolytic Combinations Other - Drugs for the Skin** | | |
| NENDRUX TOPICAL GEL 40-5 % (***salicylic acid/lidocaine***) | Tier 3 | |
| PRONAL TOPICAL GEL 10-40 % (***lactic acid/urea***) | Tier 3 | |
| URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 % (***urea/emollient combination no.65***) | Tier 3 | |
| WAYZEN TOPICAL GEL 40-5 % (***salicylic acid/lidocaine***) | Tier 3 | |
| XIRUN TOPICAL GEL 10-40 % (***lactic acid/urea***) | Tier 3 | |
| **Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin** | | |
| ***silver nitrate applicators topical stick 75-25 %*** | Tier 1 | |
| **Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin** | | |
| ***cantharidin in acetone topical solution 0.7 %*** | Tier 1 | |
| CEM-UREA TOPICAL GEL 45 % (***urea***) | Tier 1 | |
| PODOCON TOPICAL LIQUID 25 % (***podophyllum resin***) | Tier 1 | |
| ***podofilox topical gel 0.5 %*** | Tier 1 | ST; QL (0.5 GM per 1 day) |
| ***podofilox topical solution 0.5 %*** | Tier 1 | QL (0.5 ML per 1 day) |
| ***salicylic acid topical cream 6 %*** | Tier 1 | |
| ***salicylic acid topical cream,extended release 6 %*** | Tier 1 | |
| ***salicylic acid topical film forming liquid w/appl 27.5 %*** | Tier 1 | |
| ***salicylic acid topical film-forming soln er w/ appl 28.5 %*** | Tier 1 | |
| ***salicylic acid topical foam 6 %*** | Tier 1 | |
| ***salicylic acid topical liquid 26 %*** | Tier 1 | |
| ***salicylic acid topical lotion 6 %*** | Tier 1 | |
| ***salicylic acid topical lotion,extended release 6 %*** | Tier 1 | |
| ***salicylic acid topical shampoo 6 %*** | Tier 1 | |
| SALIMEZ FORTE TOPICAL CREAM 10 % (***salicylic acid***) | Tier 3 | |
| TRI-CHLOR TOPICAL SOLUTION 80 % (***trichloroacetic acid***) | Tier 3 | |
| URAMAXIN TOPICAL FOAM 20 % (***urea***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| UREA NAIL STICK TOPICAL SOLUTION 50 % (***urea***) | Tier 1 | |
| ***urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %*** | Tier 1 | |
| ***urea topical foam 35 %*** | Tier 1 | |
| ***urea topical gel 45 %*** | Tier 1 | |
| XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (***salicylic acid***) | Tier 3 | |
| YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (***cantharidin***) | Tier 3 | PA |
| **Dermatological - Local Anesthetic Combinations - Drugs for the Skin** | | |
| CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (***tetracaine/benzocaine/butamben***) | Tier 3 | |
| ENZNONUTY TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***) | Tier 3 | |
| ***lidocaine-prilocaine topical cream 2.5-2.5 %*** | Tier 1 | |
| NOBELA TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***) | Tier 3 | |
| **Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin** | | |
| CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| **Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin** | | |
| ***ethyl chloride topical aerosol,spray 100 %*** | Tier 1 | |
| **Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin** | | |
| HYFTOR TOPICAL GEL 0.2 % (***sirolimus***) | Tier 4 | PA |
| **Dermatological - Miscellaneous Combinations - Drugs for the Skin** | | |
| KEFUNOVA TOPICAL CREAM 5-0.005 % (***fluorouracil/calcipotriene***) | Tier 3 | |
| **Dermatological - Miscellaneous Single Agents - Drugs for the Skin** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (***baclofen***) | Tier 3 | |
| NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***gabapentin***) | Tier 3 | |
| SIVORA TOPICAL CREAM 0.3 % (***estriol***) | Tier 3 | |
| **Dermatological - Nitric Oxide Releasing Agents - Drugs for the Skin** | | |
| ZELSUVMI TOPICAL GEL 10.3 % (***berdazimer sodium***) | Tier 3 | PA |
| **Dermatological - NSAID Single Agents - Drugs for the Skin** | | |
| ***diclofenac epolamine transdermal patch 12 hour 1.3 %*** | Tier 1 | |
| ***diclofenac sodium topical drops 1.5 %*** | Tier 1 | |
| ***diclofenac sodium topical gel 1 %*** | Tier 1 | |
| ***diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)*** | Tier 1 | ST; QL (224 GM per 28 days) |
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (***diclofenac epolamine***) | Tier 3 | ST; QL (1 EA per 1 day) |
| **Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin** | | |
| AMELUZ TOPICAL GEL 10 % (***aminolevulinic acid hcl***) | Tier 3 | |
| LEVULAN TOPICAL SOLUTION 20 % (***aminolevulinic acid hcl***) | Tier 3 | |
| **Dermatological - Protectant Combinations - Drugs for the Skin** | | |
| PR CREAM TOPICAL CREAM (***protectives combination no.2/ceramides 1,3,6-ii***) | Tier 1 | |
| RECEDO TOPICAL GEL (***polydimethylsiloxanes/silicon dioxide***) | Tier 3 | |
| WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (***hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol***) | Tier 3 | |
| **Dermatological - Protectants - Drugs for the Skin** | | |
| VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (***petrolatum,white***) | Tier 1 | |
| **Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin** | | |
| ***tazarotene topical cream 0.1 %*** | Tier 1 | |
| **Dermatological - Rosacea Therapy, Systemic - Drugs for the Skin** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg*** | Tier 1 | PA |
| EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***) | Tier 3 | PA |
| **Dermatological - Rosacea Therapy, Topical - Drugs for the Skin** | | |
| AVEIDA TOPICAL GEL 1-1 % (***ivermectin/metronidazole***) | Tier 3 | |
| ***azelaic acid topical gel 15 %*** | Tier 1 | |
| AZELEX TOPICAL CREAM 20 % (***azelaic acid***) | Tier 3 | ST |
| BAXONIL TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***) | Tier 3 | |
| ***brimonidine topical gel with pump 0.33 %*** | Tier 1 | |
| CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***) | Tier 1 | |
| DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (***brimonidine tartrate/ivermectin/metronidazole/niacinamide***) | Tier 3 | |
| DAZOMON TOPICAL GEL 0.25 % (***brimonidine tartrate***) | Tier 3 | |
| FINACEA TOPICAL FOAM 15 % (***azelaic acid***) | Tier 2 | |
| IDARAN TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***) | Tier 3 | |
| ***ivermectin topical cream 1 %*** | Tier 1 | ST |
| ***metronidazole topical cream 0.75 %*** | Tier 1 | |
| ***metronidazole topical gel 0.75 %, 1 %*** | Tier 1 | |
| ***metronidazole topical gel with pump 1 %*** | Tier 1 | |
| ***metronidazole topical lotion 0.75 %*** | Tier 1 | |
| REMYDA TOPICAL GEL 0.25 % (***brimonidine tartrate***) | Tier 3 | |
| RENSOTI TOPICAL CREAM 1-1-4 % (***ivermectin/oxymetazoline hcl/niacinamide***) | Tier 3 | |
| RESTIMO TOPICAL GEL 1-1 % (***ivermectin/metronidazole***) | Tier 3 | |
| ROCELIX TOPICAL CREAM 1-4 % (***oxymetazoline hcl/niacinamide***) | Tier 3 | |
| ***metronidazole*** (Rosadan Topical Cream 0.75 %) | Tier 1 | |
| ROVIS TOPICAL GEL 0.25-1-1-4 % (***brimonidine tartrate/ivermectin/metronidazole/niacinamide***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %*** | Tier 1 | QL (1419 ML per 1 FILL) |
| **Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs for the Skin** | | |
| ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***) | Tier 3 | |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***) | Tier 3 | |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***) | Tier 3 | |
| **Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin** | | |
| ANASTIA TOPICAL LOTION 2.75 % (***lidocaine hcl***) | Tier 3 | |
| ***lidocaine*** (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %) | Tier 1 | QL (90 EA per 30 days) |
| DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (***lidocaine hcl***) | Tier 3 | |
| DERMACINRX LIDOREX TOPICAL GEL 2.8 % (***lidocaine hcl***) | Tier 3 | |
| ***lidocaine hcl*** (Glydo Mucous Membrane Jelly In Applicator 2 %) | Tier 1 | |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***) | Tier 1 | |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***) | Tier 1 | |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***) | Tier 1 | |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***) | Tier 3 | |
| ***lidocaine hcl mucous membrane jelly 2 %*** | Tier 1 | |
| ***lidocaine hcl mucous membrane jelly in applicator 2 %*** | Tier 1 | |
| ***lidocaine hcl topical cream 3 %*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***lidocaine topical adhesive patch,medicated 5 %*** | Tier 1 | QL (90 EA per 30 days) |
| ***lidocaine topical ointment 5 %*** | Tier 1 | QL (240 GM per 30 days) |
| ***lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %*** | Tier 1 | |
| ***lidocaine*** (Lidocan Iii Topical Adhesive Patch,Medicated 5 %) | Tier 1 | QL (90 EA per 30 days) |
| ***lidocaine*** (Lidocan Iv Topical Adhesive Patch,Medicated 5 %) | Tier 1 | QL (90 EA per 30 days) |
| ***lidocaine*** (Lidocan V Topical Adhesive Patch,Medicated 5 %) | Tier 1 | QL (90 EA per 30 days) |
| LIDOPIN TOPICAL CREAM 3.25 % (***lidocaine hcl***) | Tier 3 | |
| LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***lidocaine***) | Tier 3 | |
| LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % (***lidocaine***) | Tier 3 | |
| NOLIRA TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***) | Tier 3 | |
| NUMBONEX TOPICAL LOTION 2.75 % (***lidocaine hcl***) | Tier 3 | |
| NYNUTEY TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***) | Tier 3 | |
| REGENECARE TOPICAL GEL 2 % (***lidocaine hcl/collagen***) | Tier 3 | |
| TRANZAREL TOPICAL GEL 4 % (***lidocaine***) | Tier 3 | |
| **Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin** | | |
| ANACAINE TOPICAL OINTMENT 10 % (***benzocaine***) | Tier 3 | |
| **Dermatological - Topical Local Anesthetic Others - Drugs for the Skin** | | |
| PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (***ketamine hcl***) | Tier 3 | |
| **Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin** | | |
| QUTENZA TOPICAL KIT 8 % (***capsaicin/skin cleanser***) | Tier 3 | PA |
| **Hair Growth Agents - Kinase Inhibitor - Drugs for the Skin** | | |
| LEQSELVI ORAL TABLET 8 MG (***deuruxolitinib phosphate***) | Tier 4 | PA |
| LITFULO ORAL CAPSULE 50 MG (***ritlecitinib tosylate***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***) | Tier 4 | PA |
| **Human Cellular Regenerative Tissue Matrix - Drugs for the Skin** | | |
| EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (***human regenerative tissue matrix***) | Tier 3 | |
| GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (***human regenerative tissue matrix***) | Tier 3 | |
| GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (***human regenerative tissue matrix***) | Tier 3 | |
| GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (***human regenerative tissue matrix***) | Tier 3 | |
| STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (***human regenerative tissue matrix***) | Tier 3 | |
| TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (***human regenerative tissue matrix***) | Tier 3 | |
| **Nail Protectives - Drugs for the Skin** | | |
| GENADUR (WITH LEXINAL) KIT 2,500 MCG (***biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm***) | Tier 3 | |
| **Porcine Skin Dressings, Non-Living - Drugs for the Skin** | | |
| MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG (***extracellular matrix (ecm), porcine derived***) | Tier 3 | |
| MIRO3D TOPICAL SHEET 10 X 2 X 2 CM, 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 2 X 2 CM, 5 X 5 X 2 CM, 6 X 5 X 2 CM, 7 X 5 X 2 CM, 8 X 5 X 2 CM (***extracellular matrix (ecm), porcine derived***) | Tier 3 | |
| MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (***extracellular matrix (ecm),porcine derived,fenestrated***) | Tier 3 | |
| MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (***extracellular matrix (ecm),porcine derived,fenestrated***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 2 CM, 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 2 CM, 5 X 5 CM, 5 X 7 CM, 6 X 5 CM, 8 X 5 CM (***extracellular matrix (ecm), porcine derived***) | Tier 3 | |
| MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM (***extracellular matrix (ecm), porcine derived***) | Tier 3 | |
| **Scabicide and Pediculicide Single Agents - Drugs for the Skin** | | |
| ***malathion topical lotion 0.5 %*** | Tier 1 | |
| ***permethrin topical cream 5 %*** | Tier 1 | |
| ***spinosad topical suspension 0.9 %*** | Tier 1 | |
| ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***) | Tier 3 | |
| **Skin Replacement, Live Tissue Dressings - Drugs for the Skin** | | |
| APLIGRAF TOPICAL DISK (***cultured skin substitute,human and bovine***) | Tier 3 | |
| **Wound Care - Cleanser Combinations - Drugs for the Skin** | | |
| HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***) | Tier 3 | |
| RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***) | Tier 3 | |
| RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***) | Tier 3 | |
| **Wound Care - Cleansers - Drugs for the Skin** | | |
| VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (***sodium chloride irrigating solution/hypochlorous acid***) | Tier 3 | |
| **Wound Care - Dressings - Drugs for the Skin** | | |
| L-MESITRAN SOFT TOPICAL GEL 40 % (***honey***) | Tier 3 | |
| OCM TOPICAL OINTMENT IN PACKET (***collagen, hydrolyzed/cod liver oil***) | Tier 3 | |
| **Wound Care Combinations Other - Drugs for the Skin** | | |
| FILSUVEZ TOPICAL GEL 10 % (***birch bark extract***) | Tier 4 | PA |
| **Diagnostic Agents** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Diagnostic - Multiple Urine Tests** | | |
| CHEK-STIX CONTROL STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 10 MD STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 10/SG STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 2 GP STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 50B STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 7 STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 9 STRIP (***urine multiple test strips***) | Tier 3 | |
| COMBISTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| HEMA-COMBISTIX STRIP (***urine multiple test strips***) | Tier 3 | |
| LABSTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 10 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 5 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 7 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 8 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 9 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 9 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX STRIP (***urine multiple test strips***) | Tier 3 | |
| URISTIX 4 STRIP (***urine multiple test strips***) | Tier 3 | |
| URISTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| **Drugs to treat Erectile Dysfunction - Drugs for the Urinary System** | | |
| **Erectile Dysfunction (ED) Drugs - Prostaglandins - Drugs for Erectile Dysfunction** | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (***alprostadil***) | Tier 3 | QL (1 EA per 5 days) |
| CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (***alprostadil***) | Tier 3 | QL (1 EA per 5 days) |
| CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (***alprostadil***) | Tier 3 | QL (1 EA per 5 days) |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (***alprostadil***) | Tier 3 | QL: 6 INJECTIONS IN 30 DAYS |
| **Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction** | | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG-1 MG/ML (***papaverine hcl/phentolamine mesylate in water***) | Tier 1 | |
| **Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction** | | |
| TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (***papaverine hcl/phentolamine mesylate/alprostadil***) | Tier 3 | |
| **Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction** | | |
| ***avanafil oral tablet 100 mg, 200 mg, 50 mg*** | Tier 1 | ST; QL (1 EA per 5 days) |
| ***sildenafil oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | QL (1 EA per 5 days) |
| ***tadalafil oral tablet 10 mg, 20 mg*** | Tier 1 | QL (1 EA per 5 days) |
| ***tadalafil oral tablet 2.5 mg, 5 mg*** | Tier 1 | PA; QL (1 EA per 1 day) |
| ***vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg*** | Tier 1 | ST; QL (1 EA per 5 days) |
| ***vardenafil oral tablet,disintegrating 10 mg*** | Tier 1 | ST; QL (1 EA per 5 days) |
| **Electrolyte Balance-Nutritional Products - Drugs for Nutrition** | | |
| **Amino Acid - Carnitine Derivatives - Drugs for Nutrition** | | |
| ***levocarnitine oral tablet 330 mg*** | Tier 1 | |
| **Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition** | | |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***) | Tier 4 | PA |
| ***glutamine (sickle cell) oral powder in packet 5 gram*** | Tier 4 | PA |
| **B-Complex Vitamins - Drugs for Nutrition** | | |
| B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (***thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine***) | Tier 1 | |
| B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (***thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine***) | Tier 1 | |
| **Diluents - Insulin Diluting Solutions - Drugs for Nutrition** | | |
| DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (***diluent for insulin aspart***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Diluents - Sodium Chloride - Drugs for Nutrition** | | |
| ***sodium chlor 0.9% bacteriostat injection solution 0.9 %*** | Tier 1 | |
| ***sodium chloride 0.9 % injection solution*** | Tier 1 | |
| ***sodium chloride injection syringe 0.9 %*** | Tier 1 | |
| **Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition** | | |
| KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML (***sodium polystyrene sulfonate/sorbitol solution***) | Tier 1 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (***sodium zirconium cyclosilicate***) | Tier 2 | |
| ***sodium polystyrene sulfonate oral powder 15 gram*** | Tier 1 | |
| ***sodium polystyrene sulfonate oral suspension 15 gram/60 ml*** | Tier 1 | |
| ***sodium polystyrene sulfonate/sorbitol solution*** (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml) | Tier 1 | |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (***sodium polystyrene sulfonate/sorbitol solution***) | Tier 3 | |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM (***patiromer calcium sorbitex***) | Tier 3 | PA |
| **Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors - Drugs for Nutrition** | | |
| XPHOZAH ORAL TABLET 20 MG, 30 MG (***tenapanor hcl***) | Tier 3 | ST; QL (2 EA per 1 day) |
| **Irrigation Solutions - Drugs for Nutrition** | | |
| ***lactated ringers irrigation solution*** | Tier 3 | |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***) | Tier 3 | |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***) | Tier 3 | |
| ***ringer's irrigation solution*** | Tier 1 | |
| ***sodium chloride irrigation solution 0.9 %*** | Tier 1 | |
| ***water for irrigation, sterile irrigation solution*** | Tier 1 | |
| **Minerals and Electrolytes - Iodine - Drugs for Nutrition** | | |
| ***potassium iodide oral solution 1 gram/ml*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***) | Tier 1 | |
| STRONG IODINE ORAL SOLUTION 5 % (***potassium iodide/iodine***) | Tier 1 | |
| **Minerals and Electrolytes - Iron - Drugs for Nutrition** | | |
| ***ferric citrate oral tablet 210 mg iron*** | Tier 1 | ST; QL (12 EA per 1 day) |
| INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML (***ferric carboxymaltose***) | Tier 4 | |
| **Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition** | | |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (***potassium bicarbonate/citric acid***) | Tier 3 | |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (***potassium bicarbonate/citric acid***) | Tier 1 | |
| ***potassium chloride*** (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq) | Tier 1 | |
| ***potassium chloride*** (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq) | Tier 1 | |
| ***potassium chloride*** (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq) | Tier 1 | |
| ***potassium chloride oral capsule, extended release 10 meq, 8 meq*** | Tier 1 | |
| ***potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml*** | Tier 1 | |
| ***potassium chloride oral packet 20 meq*** | Tier 1 | |
| ***potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq*** | Tier 1 | |
| ***potassium chloride oral tablet extended release 15 meq*** | Tier 1 | |
| ***potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq*** | Tier 1 | |
| **Minerals and Electrolytes - Trace Minerals - Drugs for Nutrition** | | |
| ZYCUBO SUBCUTANEOUS RECON SOLN 2.9 MG (***copper histidinate***) | Tier 4 | PA; QL (1 EA per 1 day) |
| **Multivitamin and Mineral Combinations - Drugs for Nutrition** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (***multivitamin-min no.110/folic acid/omega-3/dha/epa/fish oil***) | $0 | EHB |
| **Multivitamins - Drugs for Nutrition** | | |
| FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***) | Tier 3 | |
| OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***) | Tier 3 | |
| TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***) | Tier 1 | |
| **Nutritional Product - Lipid Others - Drugs for Nutrition** | | |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML (***triheptanoin***) | Tier 4 | PA |
| **Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition** | | |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***) | Tier 4 | PA |
| ***glutamine (sickle cell) oral powder in packet 5 gram*** | Tier 4 | PA |
| **Prenatal Vitamins and Minerals - Drugs for Nutrition** | | |
| ATABEX ONE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 27 MG IRON- 1,000 MCG DFE (***prenatal vit no.203/iron bis-glycinate/methyltetrahyrofolate***) | $0 | EHB |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG (***prenatal vit no.100/iron ps cplex,sod edta/folic acid/omega3***) | $0 | EHB |
| BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (***prenatal vit no.81/iron ps,sod.feredetate/folic acid/omega-3***) | $0 | EHB |
| CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (***prenatal vitamins no.83/iron fumarate/folate no.6/dha***) | $0 | EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (***prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate***) | Tier 3 | |
| CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha***) | Tier 3 | |
| CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha***) | Tier 3 | |
| CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (***prenatal vits no.76/iron carbon,gluc/folic acid/docusate/dha***) | Tier 3 | |
| CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (***prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha***) | Tier 3 | |
| COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (***prenatal vitamins no.52/iron/folic acid/omega-3/dha***) | $0 | EHB |
| COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.14/ferrous fumarate/folic acid***) | $0 | EHB |
| FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***) | Tier 3 | |
| KPN ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.98/ferrous fumarate/folic acid***) | $0 | EHB |
| MASONATAL PRENATAL ORAL TABLET 28 MG IRON-800 MCG (***prenatal vitamins no.159/ferrous fumarate/folic acid***) | $0 | EHB |
| MATRONEX ORAL TABLET 27 MG IRON- 1,000 MCG (***prenatal vitamins no.204/ferrous fumarate/folic acid***) | $0 | EHB |
| MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (***prenatal vitamins no.49/ferrous fumarate/folic acid***) | $0 | EHB |
| M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***) | $0 | EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (***prenatal vit with calcium 15/iron/folic acid/docusate sodium***) | $0 | EHB |
| MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***) | $0 | EHB |
| MYNATAL ORAL TABLET 90-1-50 MG (***prenatal vitamins with calcium/iron,carb/docusate/folic acid***) | $0 | EHB |
| MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***) | $0 | EHB |
| MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***) | $0 | EHB |
| MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (***prenatal vitamins with calcium/ferrous fum/docusate/folic ac***) | $0 | EHB |
| NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (***prenatal vits no.53/iron fum/folic acid/docusate calcium/dha***) | Tier 3 | |
| OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (***prenatal vits no.12/iron,carb/folic acid/docusate/omega-3***) | $0 | EHB |
| OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha***) | $0 | EHB |
| OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron,carbonyl/levomefolate calcium***) | $0 | EHB |
| OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (***prenatal vitamins no.127/iron,carbonyl/folic acid/docusate***) | $0 | EHB |
| OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***) | Tier 3 | |
| ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG (***prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa***) | $0 | EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ONE-A-DAY PRENATAL ADVANCED ORAL COMBO PACK 27 MG IRON-800 MCG-110 MG (***pnv168/iron,carb/folic ac/choline bit/om-3/dha/epa/fish oil***) | $0 | EHB |
| ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (***prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa***) | $0 | EHB |
| P2I PRENATAL WITH CHOLINE ORAL CAPSULE 4.25 MG IRON- 333.5 MCG DFE (***prenatal vitamin no.200/iron bis-glycinate/levomefolate calc***) | $0 | EHB |
| ***pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg*** | $0 | EHB |
| PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (***prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha***) | $0 | EHB |
| PNV-SELECT ORAL TABLET 27-1 MG (***prenatal vits with calcium no.40/iron fumarate/folate no.1***) | $0 | EHB |
| PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG (***prenatal vit no.19/iron bg hcl,suc-prot/folic acid/omega-3***) | $0 | EHB |
| PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (***prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3***) | $0 | EHB |
| PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG (***prenatal vit 55/iron bisgly hcl,suc-prot/folic acid/omega-3***) | $0 | EHB |
| PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG - 430 MG (***prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3***) | $0 | EHB |
| PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (***prenatal vits with calcium no.80/iron fum/folic acid/dss/dha***) | Tier 1 | |
| PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (***prenatal vit with calcium no.69/iron/folic acid/docusate/dha***) | Tier 1 | |
| PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.37/ferrous fumarate/folic acid***) | $0 | EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRENATABS FA ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***) | $0 | EHB |
| PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-975 MCG-200 MG (***prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha***) | $0 | EHB |
| PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vit with calcium 95/ferrous fumarate/folic acid/dha***) | $0 | EHB |
| PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (***prenatal vits no.115/iron fumarate/folic acid/docusate sod.***) | $0 | EHB |
| PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***) | $0 | EHB |
| PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***) | $0 | EHB |
| PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (***prenatal vits with calcium no.21/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE (***prenatal vits no.173/iron bisglycinate/folate no.11***) | $0 | EHB |
| PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.93/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (***prenatal vitamins no.116/iron fumarate/folic acid/dha***) | $0 | EHB |
| PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (***prenatal vit with calcium no.122/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (***prenatal vitamins no.40/ferrous fumarate/folic acid/dha***) | $0 | EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (***prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish***) | $0 | EHB |
| PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vit with calcium no.129/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL ORAL TABLET 28-800 MG-MCG (***prenatal vits with calcium 133/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (***pnv no.72/ferrous fumarate/folic acid/omega-3/dha***) | $0 | EHB |
| PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (***prenatal vits with calcium no.72/iron,carbonyl/folic acid***) | $0 | EHB |
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.180/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***) | $0 | EHB |
| ***prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg*** | $0 | EHB |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (***prenatal vit with calcium no.130/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vits with calcium no.124/ferrous fumarat/folic acid***) | $0 | EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***) | $0 | EHB |
| ***prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg*** | $0 | EHB |
| PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (***prenatal vitamins no.103/folic acid/omega-3s/dha/fish oil***) | $0 | EHB |
| PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (***prenatal vits no.65/ferrous fumarate,iron polysac/folic acid***) | $0 | EHB |
| SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium 118/ferrous fumarate/folic acid***) | $0 | EHB |
| SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***) | $0 | EHB |
| SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (***prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut***) | $0 | EHB |
| STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (***prenatal vitamins no.63/iron,carbonyl/folic acid/dha***) | $0 | EHB |
| TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***) | Tier 1 | |
| THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (***prenatal vitamins no.32/ferrous fumarate/folic acid/dha***) | $0 | EHB |
| THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (***prenatal vitamins no.100/iron fumarate/folic acid/dha/epa***) | $0 | EHB |
| THERANATAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.28/ferrous fumarate/folic acid***) | $0 | EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (***prenatal vitamins no.74/ferrous fumarate/folic acid/dha***) | $0 | EHB |
| THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***) | $0 | EHB |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***) | $0 | EHB |
| TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (***prenatal vitamin 27 with calcium/ferrous fumarate/folic acid***) | $0 | EHB |
| TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***) | $0 | EHB |
| ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG (***prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil***) | $0 | EHB |
| VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (***prenatal vits no.102/iron polysacch/folate no.1/docusate/dha***) | Tier 3 | |
| VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (***prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha***) | Tier 1 | |
| WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (***prenatal vitamins no.52/iron/folic acid/omega-3/dha***) | $0 | EHB |
| WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***) | $0 | EHB |
| WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (***prenatal vit with calcium no.61/iron fumarate/folic acid/dha***) | $0 | EHB |
| **Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition** | | |
| ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (***prenatal vitamins no.167/folic acid/docosahexaenoic acid***) | $0 | EHB |
| PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (***prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil***) | $0 | EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRENATAL ORAL TABLET,CHEWABLE 400 MCG (***prenatal vitamins no.144/folic acid***) | $0 | EHB |
| THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (***prenatal vitamins no.74/ferrous fumarate/folic acid/coq10***) | $0 | EHB |
| VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (***prenatal vits no.112/iron phosph/folic acid/omega-3s/dha/epa***) | $0 | EHB |
| **Sodium Chloride Flushes - Drugs for Nutrition** | | |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***) | Tier 1 | |
| NORMAL SALINE FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***) | Tier 1 | |
| ***sodium chlor 0.9% bacteriostat injection solution 0.9 %*** | Tier 1 | |
| ***sodium chloride 0.9 % (flush) injection syringe*** | Tier 1 | |
| ***sodium chloride 0.9 % injection solution*** | Tier 1 | |
| **Sodium Chloride, Parenteral - Drugs for Nutrition** | | |
| ***sodium chloride 0.45 % intravenous parenteral solution 0.45 %*** | Tier 1 | |
| ***sodium chloride 0.9 % intravenous parenteral solution*** | Tier 1 | |
| ***sodium chloride 0.9 % intravenous piggyback*** | Tier 1 | |
| **Vitamins - B-1, Thiamine and Derivatives - Drugs for Nutrition** | | |
| ***thiamine hcl (vitamin b1) injection solution 100 mg/ml*** | Tier 1 | |
| **Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition** | | |
| ***cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml*** | Tier 1 | |
| ***cyanocobalamin (vitamin b-12)*** (Dodex Injection Solution 1,000 Mcg/Ml) | Tier 1 | |
| ***hydroxocobalamin intramuscular solution 1,000 mcg/ml*** | Tier 1 | |
| ***mecobalamin (vitamin b12) injection recon soln 10,000 mcg*** | Tier 1 | |
| **Vitamins - B-3, Niacin and Derivatives - Drugs for Nutrition** | | |
| ***niacin oral tablet 500 mg*** | Tier 1 | |
| **Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***pyridoxine (vitamin b6) injection solution 100 mg/ml*** | Tier 1 | |
| **Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition** | | |
| ASCOR INTRAVENOUS SOLUTION 500 MG/ML (***ascorbic acid***) | Tier 3 | |
| ***ascorbic acid (vitamin c) injection solution 500 mg/ml*** | Tier 1 | |
| **Vitamins - D Derivatives - Drugs for Nutrition** | | |
| ***calcitriol oral capsule 0.25 mcg, 0.5 mcg*** | Tier 1 | |
| ***calcitriol oral solution 1 mcg/ml*** | Tier 1 | |
| ***ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)*** | Tier 1 | |
| ***ergocalciferol (vitamin d2)*** (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit)) | Tier 1 | |
| **Vitamins - Folic Acid and Derivatives - Drugs for Nutrition** | | |
| ***folic acid injection solution 5 mg/ml*** | Tier 1 | |
| ***folic acid oral tablet 1 mg*** | Tier 1 | |
| ***folic acid oral tablet 400 mcg, 800 mcg*** | $0 | EHB |
| PUREVITA FOLIC ACID ORAL TABLET 400 MCG (***folic acid***) | $0 | EHB |
| **Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition** | | |
| ***phytonadione (vitamin k1) injection solution 10 mg/ml*** | Tier 1 | |
| ***phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml*** | Tier 1 | |
| ***phytonadione (vitamin k1) oral tablet 5 mg*** | Tier 1 | |
| VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (***phytonadione (vit k1)***) | Tier 1 | |
| ***phytonadione (vit k1)*** (Vitamin K1 Injection Solution 10 Mg/Ml) | Tier 1 | |
| **Endocrine - Hormones** | | |
| **Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women** | | |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (***dinoprostone***) | Tier 3 | |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G (***dinoprostone***) | Tier 3 | |
| **Abortifacients- Progesterone Receptor Antagonist - Drugs for Women** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MIFEPREX ORAL TABLET 200 MG (***mifepristone***) | Tier 3 | |
| ***mifepristone oral tablet 200 mg*** | Tier 1 | |
| **Adrenal Steroid Inhibitors - Hormones** | | |
| ISTURISA ORAL TABLET 1 MG, 5 MG (***osilodrostat phosphate***) | Tier 4 | PA |
| RECORLEV ORAL TABLET 150 MG (***levoketoconazole***) | Tier 4 | PA |
| **Adrenocorticotrophic Hormones - Hormones** | | |
| ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***) | Tier 4 | PA |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (***corticotropin***) | Tier 4 | PA |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (***corticotropin***) | Tier 4 | PA |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML (***corticotropin***) | Tier 4 | PA |
| **Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes** | | |
| BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***) | Tier 2 | DD; QL (4 EA per 1 FILL) |
| ***diazoxide oral suspension 50 mg/ml*** | Tier 1 | DD |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (***glucagon hcl***) | Tier 3 | ST; DD; QL (4 EA per 1 FILL) |
| ***glucagon*** (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg) | Tier 1 | ST; DD; QL (4 EA per 1 FILL) |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***) | Tier 2 | DD; QL (0.4 ML per 1 FILL) |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***) | Tier 2 | DD; QL (0.8 ML per 1 FILL) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***) | Tier 2 | DD; QL (0.4 ML per 1 FILL) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***) | Tier 2 | DD; QL (0.8 ML per 1 FILL) |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***) | Tier 2 | DD; QL (0.8 ML per 1 FILL) |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***) | Tier 2 | DD; QL (0.8 ML per 1 FILL) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (***glucagon***) | Tier 2 | DD; QL (0.8 ML per 1 FILL) |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (***dasiglucagon hcl***) | Tier 3 | ST; DD; QL (2.4 ML per 1 FILL) |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (***dasiglucagon hcl***) | Tier 3 | ST; DD; QL (2.4 ML per 1 FILL) |
| **Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones** | | |
| ATTRUBY ORAL TABLET 356 MG (***acoramidis hcl***) | Tier 4 | PA |
| VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***) | Tier 4 | PA |
| VYNDAQEL ORAL CAPSULE 20 MG (***tafamidis meglumine***) | Tier 4 | PA |
| **Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones** | | |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (***eplontersen sodium***) | Tier 4 | PA |
| **Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones** | | |
| AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***vutrisiran sodium***) | Tier 4 | PA |
| ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML (***patisiran sodium, lipid complex***) | Tier 4 | PA |
| **Androgen - Single Agents - Drugs for Men** | | |
| JATENZO ORAL CAPSULE 158 MG, 198 MG (***testosterone undecanoate***) | Tier 3 | PA; QL (4 EA per 1 day) |
| JATENZO ORAL CAPSULE 237 MG (***testosterone undecanoate***) | Tier 3 | PA; QL (2 EA per 1 day) |
| KYZATREX ORAL CAPSULE 100 MG (***testosterone undecanoate***) | Tier 3 | PA; QL (2 EA per 1 day) |
| KYZATREX ORAL CAPSULE 150 MG, 200 MG (***testosterone undecanoate***) | Tier 3 | PA; QL (4 EA per 1 day) |
| METHITEST ORAL TABLET 10 MG (***methyltestosterone***) | Tier 3 | PA |
| ***methyltestosterone oral capsule 10 mg*** | Tier 1 | PA |
| NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (***testosterone***) | Tier 3 | PA; QL (22 GM per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml*** | Tier 1 | PA; QL (10 ML per 28 days) |
| ***testosterone enanthate intramuscular oil 200 mg/ml*** | Tier 1 | PA; QL (5 ML per 28 days) |
| ***testosterone transdermal gel 50 mg/5 gram (1 %)*** | Tier 1 | PA; QL (10 GM per 1 day) |
| ***testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation*** | Tier 1 | PA; QL (4 GM per 1 day) |
| ***testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)*** | Tier 1 | PA; QL (10 GM per 1 day) |
| ***testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)*** | Tier 1 | PA; QL (5 GM per 1 day) |
| ***testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)*** | Tier 1 | PA; QL (5 GM per 1 day) |
| ***testosterone transdermal gel in packet 1 % (50 mg/5 gram)*** | Tier 1 | PA; QL (10 GM per 1 day) |
| ***testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)*** | Tier 1 | PA; QL (1.25 GM per 1 day) |
| ***testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)*** | Tier 1 | PA; QL (6 ML per 1 day) |
| TLANDO ORAL CAPSULE 112.5 MG (***testosterone undecanoate***) | Tier 3 | PA; QL (4 EA per 1 day) |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (***testosterone enanthate***) | Tier 3 | PA; QL (2 ML per 28 days) |
| **Antidiabetic - CD3 Directed Monoclonal Antibody - Drugs for Diabetes** | | |
| TZIELD INTRAVENOUS SOLUTION 1 MG/ML (***teplizumab-mzwv***) | Tier 4 | PA; DD |
| **Antidiuretic and Vasopressor Hormones - Hormones** | | |
| ***desmopressin injection solution 4 mcg/ml*** | Tier 1 | |
| ***desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)*** | Tier 1 | |
| ***desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)*** | Tier 1 | |
| ***desmopressin oral tablet 0.1 mg, 0.2 mg*** | Tier 1 | |
| NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (***desmopressin acetate***) | Tier 3 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (***desmopressin acetate***) | Tier 3 | QL (1 EA per 1 day) |
| **Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes** | | |
| ***acarbose oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | DD |
| ***miglitol oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | DD |
| **Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes** | | |
| ***alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg*** | Tier 3 | ST; DD; QL (1 EA per 1 day) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***) | Tier 2 | DD; QL (1 EA per 1 day) |
| ***saxagliptin oral tablet 2.5 mg, 5 mg*** | Tier 1 | ST; DD; QL (1 EA per 1 day) |
| ***sitagliptin oral tablet 100 mg, 25 mg, 50 mg*** | Tier 3 | ST; DD; QL (1 EA per 1 day) |
| TRADJENTA ORAL TABLET 5 MG (***linagliptin***) | Tier 3 | ST; DD; QL (1 EA per 1 day) |
| **Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes** | | |
| CYCLOSET ORAL TABLET 0.8 MG (***bromocriptine mesylate***) | Tier 3 | ST; DD |
| **Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes** | | |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***) | Tier 2 | PA; DD; QL (0.5 ML per 7 days) |
| **Antihyperglycemic - Dual SGLT1 and SGLT2 Inhibitors - Drugs for Diabetes** | | |
| INPEFA ORAL TABLET 200 MG (***sotagliflozin***) | Tier 3 | ST; DD; QL (2 EA per 1 day) |
| INPEFA ORAL TABLET 400 MG (***sotagliflozin***) | Tier 3 | ST; DD; QL (1 EA per 1 day) |
| **Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes** | | |
| ***exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml*** | Tier 1 | PA; DD; QL (2.4 ML per 30 days) |
| ***exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml*** | Tier 1 | PA; DD; QL (1.2 ML per 30 days) |
| ***liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)*** | Tier 1 | PA; DD; QL (9 ML per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (***semaglutide***) | Tier 2 | PA; DD; QL (3 ML per 28 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***) | Tier 2 | PA; DD; QL (1 EA per 1 day) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (***dulaglutide***) | Tier 2 | PA; DD; QL (2 ML per 28 days) |
| **Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes** | | |
| KORLYM ORAL TABLET 300 MG (***mifepristone***) | Tier 4 | PA; DD |
| ***mifepristone oral tablet 300 mg*** | Tier 4 | PA; DD |
| **Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes** | | |
| ***nateglinide oral tablet 120 mg, 60 mg*** | Tier 1 | DD |
| ***repaglinide oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | DD |
| **Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes** | | |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (***canagliflozin/metformin hcl***) | Tier 3 | ST; DD; QL (2 EA per 1 day) |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (***canagliflozin/metformin hcl***) | Tier 3 | ST; DD; QL (2 EA per 1 day) |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (***ertugliflozin pidolate/metformin hcl***) | Tier 3 | ST; DD; QL (2 EA per 1 day) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin/metformin hcl***) | Tier 2 | DD; QL (2 EA per 1 day) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (***empagliflozin/metformin hcl***) | Tier 2 | DD; QL (1 EA per 1 day) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (***empagliflozin/metformin hcl***) | Tier 2 | DD; QL (2 EA per 1 day) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (***dapagliflozin propanediol/metformin hcl***) | Tier 2 | DD; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (***dapagliflozin propanediol/metformin hcl***) | Tier 2 | DD; QL (2 EA per 1 day) |
| **Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes** | | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin/linagliptin***) | Tier 2 | DD; QL (1 EA per 1 day) |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin pidolate/sitagliptin phosphate***) | Tier 3 | ST; DD; QL (1 EA per 1 day) |
| **Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes** | | |
| BRENZAVVY ORAL TABLET 20 MG (***bexagliflozin***) | Tier 3 | ST; DD; QL (1 EA per 1 day) |
| FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin propanediol***) | Tier 2 | DD; QL (1 EA per 1 day) |
| INVOKANA ORAL TABLET 100 MG, 300 MG (***canagliflozin***) | Tier 3 | ST; DD; QL (30 EA per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***) | Tier 2 | DD; QL (1 EA per 1 day) |
| STEGLATRO ORAL TABLET 15 MG, 5 MG (***ertugliflozin pidolate***) | Tier 3 | ST; DD; QL (1 EA per 1 day) |
| **Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes** | | |
| ***glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg*** | Tier 1 | DD |
| ***glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg*** | Tier 1 | DD |
| **Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes** | | |
| ***glimepiride oral tablet 1 mg, 2 mg, 4 mg*** | Tier 1 | DD |
| ***glipizide oral tablet 10 mg, 5 mg*** | Tier 1 | DD |
| ***glipizide oral tablet 2.5 mg*** | Tier 1 | DD; QL (2 EA per 1 day) |
| ***glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg*** | Tier 1 | DD |
| ***glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg*** | Tier 1 | DD |
| ***glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg*** | Tier 1 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes** | | |
| ***pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg*** | Tier 1 | ST; DD |
| **Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes** | | |
| ***pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg*** | Tier 1 | ST; DD |
| **Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes** | | |
| ***alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg*** | Tier 3 | ST; DD; QL (1 EA per 1 day) |
| **Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes** | | |
| ***alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg*** | Tier 3 | ST; DD; QL (2 EA per 1 day) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***) | Tier 2 | DD; QL (2 EA per 1 day) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (***sitagliptin phosphate/metformin hcl***) | Tier 2 | DD; QL (1 EA per 1 day) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***) | Tier 2 | DD; QL (2 EA per 1 day) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin/metformin hcl***) | Tier 3 | ST; DD; QL (2 EA per 1 day) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (***linagliptin/metformin hcl***) | Tier 3 | ST; DD; QL (2 EA per 1 day) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (***linagliptin/metformin hcl***) | Tier 3 | ST; DD; QL (1 EA per 1 day) |
| ***saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg*** | Tier 1 | ST; DD; QL (2 EA per 1 day) |
| ***saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg*** | Tier 1 | ST; DD; QL (1 EA per 1 day) |
| **Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (***insulin glargine,human recombinant analog/lixisenatide***) | Tier 2 | DD; QL (30 ML per 28 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec/liraglutide***) | Tier 2 | DD; QL (15 ML per 28 days) |
| **Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes** | | |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***) | Tier 2 | DD; QL (1 EA per 1 day) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***) | Tier 2 | DD; QL (2 EA per 1 day) |
| **Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid** | | |
| ***methimazole oral tablet 10 mg, 5 mg*** | Tier 1 | |
| **Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid** | | |
| ***propylthiouracil oral tablet 50 mg*** | Tier 1 | |
| **Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody - Drugs for Menopause and Bone Loss** | | |
| EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2) (***romosozumab-aqqg***) | Tier 4 | PA |
| **Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss** | | |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (***vosoritide***) | Tier 4 | PA |
| **Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss** | | |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***) | Tier 4 | PA |
| **Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss** | | |
| ***teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)*** | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations - Drugs for Menopause and Bone Loss** | | |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (***alendronate sodium/cholecalciferol (vitamin d3)***) | Tier 2 | |
| **Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss** | | |
| ***alendronate oral solution 70 mg/75 ml*** | Tier 1 | QL (75 ML per 7 days) |
| ***alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg*** | Tier 1 | |
| ***ibandronate oral tablet 150 mg*** | Tier 1 | |
| ***risedronate oral tablet 150 mg*** | Tier 1 | ST; QL (1 EA per 30 days) |
| ***risedronate oral tablet 30 mg, 5 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| ***risedronate oral tablet 35 mg*** | Tier 1 | ST; QL (1 EA per 7 days) |
| ***risedronate oral tablet,delayed release (dr/ec) 35 mg*** | Tier 1 | ST; QL (1 EA per 7 days) |
| **Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss** | | |
| ***cinacalcet oral tablet 30 mg, 60 mg*** | Tier 4 | |
| ***cinacalcet oral tablet 90 mg*** | Tier 4 | QL (4 EA per 1 day) |
| PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (***etelcalcetide hydrochloride***) | Tier 4 | PA |
| **Calcitonins - Drugs for Menopause and Bone Loss** | | |
| ***calcitonin (salmon) injection solution 200 unit/ml*** | Tier 1 | |
| ***calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation*** | Tier 1 | |
| **Corticotropin-Releasing Factor (CRF) Type 1 Receptor Antagonists - Hormones** | | |
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (***crinecerfont***) | Tier 4 | PA |
| CRENESSITY ORAL SOLUTION 50 MG/ML (***crinecerfont***) | Tier 4 | PA |
| **Estrogen and Progestin with Antimineralocorticoid Activity,Combination - Drugs for Women** | | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (***drospirenone/estradiol***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women** | | |
| DUAVEE ORAL TABLET 0.45-20 MG (***estrogens, conjugated/bazedoxifene acetate***) | Tier 2 | |
| **Estrogen-Androgen - Drugs for Women** | | |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***) | Tier 1 | |
| COVARYX ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***) | Tier 1 | |
| EEMT HS ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***) | Tier 1 | |
| EEMT ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***) | Tier 1 | |
| ***estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg*** | Tier 1 | |
| **Estrogen-Progestin - Drugs for Women** | | |
| ***estradiol/norethindrone acetate*** (Abigale Lo Oral Tablet 0.5-0.1 Mg) | Tier 1 | |
| ***estradiol/norethindrone acetate*** (Abigale Oral Tablet 1-0.5 Mg) | Tier 1 | |
| BIJUVA ORAL CAPSULE 0.5-100 MG (***estradiol/progesterone***) | Tier 2 | QL (1 EA per 1 day) |
| BIJUVA ORAL CAPSULE 1-100 MG (***estradiol/progesterone***) | Tier 2 | QL (30 EA per 30 days) |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (***estradiol/levonorgestrel***) | Tier 3 | ST; QL (1 EA per 7 days) |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol/norethindrone acetate***) | Tier 2 | QL (2 EA per 7 days) |
| ***estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg*** | Tier 1 | |
| ***norethindrone acetate/ethinyl estradiol*** (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg) | Tier 1 | |
| ***norethindrone acetate/ethinyl estradiol*** (Jinteli Oral Tablet 1-5 Mg-Mcg) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***estradiol/norethindrone acetate*** (Mimvey Oral Tablet 1-0.5 Mg) | Tier 1 | |
| ***norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg*** | Tier 1 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated/medroxyprogesterone acetate***) | Tier 2 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***estrogens, conjugated/medroxyprogesterone acetate***) | Tier 2 | |
| **Estrogens - Drugs for Women** | | |
| ***conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg*** | Tier 1 | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***) | Tier 3 | |
| ***estradiol*** (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr) | Tier 1 | QL (2 EA per 7 days) |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (***estradiol***) | Tier 3 | ST; QL (52 GM per 30 days) |
| ***estradiol oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***estradiol transdermal gel in metered-dose pump 1.25 gram/actuation*** | Tier 1 | ST |
| ***estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)*** | Tier 1 | ST; QL (30 EA per 30 days) |
| ***estradiol transdermal gel in packet 1 mg/gram (0.1 %)*** | Tier 1 | ST; QL (30 GM per 30 days) |
| ***estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)*** | Tier 1 | ST; QL (37.5 GM per 30 days) |
| ***estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr*** | Tier 1 | QL (2 EA per 7 days) |
| ***estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr*** | Tier 1 | QL (1 EA per 7 days) |
| ***estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%) (***estradiol***) | Tier 3 | ST; QL (16.2 ML per 30 days) |
| ***estradiol*** (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr) | Tier 1 | QL (2 EA per 7 days) |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (***estrogens,esterified***) | Tier 3 | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (***estradiol***) | Tier 3 | QL (1 EA per 7 days) |
| **Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women** | | |
| CRINONE VAGINAL GEL 8 % (***progesterone, micronized***) | Tier 2 | |
| ***progesterone micronized vaginal insert 100 mg*** | Tier 1 | |
| **Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women** | | |
| ***clomiphene citrate oral tablet 50 mg*** | Tier 1 | |
| ***clomiphene citrate*** (Milophene Oral Tablet 50 Mg) | Tier 1 | |
| **Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody - Drugs for Menopause and Bone Loss** | | |
| CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (***burosumab-twza***) | Tier 4 | PA |
| **Follicle-Stimulating and Luteinizing Hormones - Drugs for Women** | | |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (***menotropins***) | Tier 4 | |
| **Follicle-Stimulating Hormone (FSH) - Drugs for Women** | | |
| FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (***follitropin beta,recombinant***) | Tier 4 | ST |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML (***follitropin alfa, recombinant***) | Tier 4 | |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (***follitropin alfa, recombinant***) | Tier 4 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (***follitropin alfa, recombinant***) | Tier 4 | |
| **Glucocorticoid Salt Combinations - Drugs for Inflammation** | | |
| BETALOAN SUIK KIT 6 MG/ML (***betamethasone acetate and sodium phosph/norflurane/hfc 245fa***) | Tier 3 | |
| **Glucocorticoids - Drugs for Inflammation** | | |
| AGAMREE ORAL SUSPENSION 40 MG/ML (***vamorolone***) | Tier 4 | PA |
| ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (***hydrocortisone***) | Tier 4 | PA |
| ***cortisone oral tablet 25 mg*** | Tier 1 | |
| ***deflazacort oral suspension 22.75 mg/ml*** | Tier 4 | PA |
| ***deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg*** | Tier 4 | PA |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (***dexamethasone***) | Tier 3 | |
| ***dexamethasone oral elixir 0.5 mg/5 ml*** | Tier 1 | |
| ***dexamethasone oral solution 0.5 mg/5 ml*** | Tier 1 | |
| ***dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg*** | Tier 1 | |
| ***dexamethasone oral tablet 1 mg, 2 mg*** | Tier 1 | |
| DEXONTO IONTOPHORETIC SOLUTION 0.4 % (***dexamethasone sodium phosphate***) | Tier 3 | |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML (***deflazacort***) | Tier 4 | PA |
| EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML (***budesonide***) | Tier 4 | PA |
| ***hydrocortisone oral tablet 10 mg, 20 mg, 5 mg*** | Tier 1 | |
| ***hydrocortisone sod succinate injection recon soln 100 mg*** | Tier 1 | |
| ***deflazacort*** (Jaythari Oral Suspension 22.75 Mg/Ml) | Tier 4 | PA |
| ***deflazacort*** (Jaythari Oral Tablet 18 Mg, 30 Mg, 36 Mg, 6 Mg) | Tier 4 | PA |
| KENALOG-80 INJECTION SUSPENSION 80 MG/ML (***triamcinolone acetonide***) | Tier 3 | |
| ***deflazacort*** (Kymbee Oral Tablet 18 Mg, 30 Mg, 36 Mg, 6 Mg) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MEDROL ORAL TABLET 2 MG (***methylprednisolone***) | Tier 2 | |
| MEDROLOAN II SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***) | Tier 3 | |
| MEDROLOAN SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***) | Tier 3 | |
| ***methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg*** | Tier 1 | |
| ***methylprednisolone oral tablets,dose pack 4 mg*** | Tier 1 | |
| ***prednisolone oral solution 15 mg/5 ml*** | Tier 1 | |
| ***prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)*** | Tier 1 | |
| ***prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)*** | Tier 1 | |
| ***prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg*** | Tier 1 | |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***) | Tier 2 | |
| ***prednisone oral solution 5 mg/5 ml*** | Tier 1 | |
| ***prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg*** | Tier 1 | |
| ***prednisone oral tablets,dose pack 10 mg, 5 mg*** | Tier 1 | |
| ***deflazacort*** (Pyquvi Oral Suspension 22.75 Mg/Ml) | Tier 4 | PA |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML (***hydrocortisone sodium succinate/pf***) | Tier 3 | |
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (***budesonide***) | Tier 4 | PA |
| ***triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml*** | Tier 1 | |
| TRILOAN II SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| TRILOAN SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| **Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women** | | |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***danazol oral capsule 100 mg, 200 mg, 50 mg*** | Tier 1 | |
| **Growth Hormone Receptor Antagonists - Drugs for Growth** | | |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***) | Tier 4 | |
| **Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth** | | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (***tesamorelin acetate***) | Tier 4 | PA |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (***tesamorelin acetate***) | Tier 4 | PA |
| **Growth Hormones - Drugs for Growth** | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (***somatropin***) | Tier 4 | PA |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***) | Tier 4 | PA |
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (***somatropin***) | Tier 4 | PA |
| NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (***somatrogon-ghla***) | Tier 4 | PA |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***) | Tier 4 | PA |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) (***somatropin***) | Tier 4 | PA |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***) | Tier 4 | PA |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (***somatropin***) | Tier 4 | PA |
| SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (***somatropin***) | Tier 4 | PA |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (***somatropin***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (***lonapegsomatropin-tcgd***) | Tier 4 | PA |
| SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somapacitan-beco***) | Tier 4 | PA |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (***somatropin***) | Tier 4 | PA |
| **Human Chorionic Gonadotropin (hCG) - Drugs for Women** | | |
| ***chorionic gonadotropin, human intramuscular recon soln 10,000 unit*** | Tier 3 | ST |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (***chorionic gonadotropin, human***) | Tier 2 | |
| OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (***choriogonadotropin alfa***) | Tier 2 | |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (***chorionic gonadotropin, human***) | Tier 3 | ST |
| **Human Insulins - Fixed Combinations - Drugs for Diabetes** | | |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***) | Tier 2 | DD; QL (40 ML per 28 days) |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***) | Tier 2 | DD; QL (30 ML per 28 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***) | Tier 2 | DD; QL (40 ML per 28 days) |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***) | Tier 2 | DD; QL (30 ML per 28 days) |
| **Human Insulins - Intermediate Acting - Drugs for Diabetes** | | |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***) | Tier 2 | DD; QL (30 ML per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***) | Tier 2 | DD; QL (40 ML per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***) | Tier 2 | DD; QL (30 ML per 28 days) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***) | Tier 2 | DD; QL (40 ML per 28 days) |
| **Human Insulins - Rapid Acting - Drugs for Diabetes** | | |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (***insulin regular, human***) | Tier 3 | PA; DD |
| **Human Insulins - Short Acting - Drugs for Diabetes** | | |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***) | Tier 2 | DD; QL (40 ML per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular, human***) | Tier 2 | DD; QL (40 ML per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***) | Tier 2 | DD; QL (24 ML per 28 days) |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin regular, human***) | Tier 2 | DD; QL (30 ML per 28 days) |
| NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***) | Tier 2 | DD; QL (40 ML per 28 days) |
| **Insulin Analogs - Fixed Combinations - Drugs for Diabetes** | | |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***) | Tier 2 | DD; QL (30 ML per 28 days) |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***) | Tier 2 | DD; QL (40 ML per 28 days) |
| ***insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)*** | Tier 3 | ST; DD; QL (30 ML per 28 days) |
| ***insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)*** | Tier 3 | ST; DD; QL (40 ML per 28 days) |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)*** | Tier 1 | DD; QL (30 ML per 28 days) |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***) | Tier 2 | DD; QL (40 ML per 28 days) |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***) | Tier 2 | DD; QL (30 ML per 28 days) |
| **Insulin Analogs - Long Acting - Drugs for Diabetes** | | |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***) | Tier 3 | ST; DD; QL (30 ML per 28 days) |
| ***insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)*** | Tier 2 | DD; QL (30 ML per 28 days) |
| ***insulin glargine-yfgn subcutaneous solution 100 unit/ml*** | Tier 2 | DD; QL (40 ML per 28 days) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***) | Tier 3 | ST; DD; QL (30 ML per 28 days) |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine,human recombinant analog***) | Tier 3 | ST; DD; QL (40 ML per 28 days) |
| REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-aglr***) | Tier 3 | ST; DD; QL (30 ML per 28 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***) | Tier 2 | DD; QL (18 ML per 28 days) |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine,human recombinant analog***) | Tier 2 | DD; QL (13.5 ML per 28 days) |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin degludec***) | Tier 2 | DD; QL (30 ML per 28 days) |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin degludec***) | Tier 2 | DD; QL (18 ML per 28 days) |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***) | Tier 2 | DD; QL (40 ML per 28 days) |
| **Insulin Analogs - Rapid Acting - Drugs for Diabetes** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro***) | Tier 3 | ST; DD; QL (30 ML per 28 days) |
| ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***) | Tier 3 | ST; DD; QL (40 ML per 28 days) |
| APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin glulisine***) | Tier 3 | ST; DD; QL (30 ML per 28 days) |
| APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glulisine***) | Tier 3 | ST; DD; QL (40 ML per 28 days) |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***) | Tier 2 | DD; QL (30 ML per 28 days) |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***) | Tier 2 | DD; QL (30 ML per 28 days) |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (***insulin aspart (niacinamide)/pump cartridge***) | Tier 2 | DD; QL (40 ML per 28 days) |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart (niacinamide)***) | Tier 2 | DD; QL (40 ML per 28 days) |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro***) | Tier 2 | DD; QL (12 ML per 28 days) |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***) | Tier 2 | DD; QL (30 ML per 28 days) |
| ***insulin aspart u-100 subcutaneous cartridge 100 unit/ml*** | Tier 3 | ST; DD; QL (30 ML per 28 days) |
| ***insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)*** | Tier 3 | ST; DD; QL (30 ML per 28 days) |
| ***insulin aspart u-100 subcutaneous solution 100 unit/ml*** | Tier 3 | ST; DD; QL (40 ML per 28 days) |
| ***insulin lispro subcutaneous insulin pen 100 unit/ml*** | Tier 1 | DD; QL (30 ML per 28 days) |
| ***insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml*** | Tier 1 | DD; QL (30 ML per 28 days) |
| ***insulin lispro subcutaneous solution 100 unit/ml*** | Tier 1 | DD; QL (40 ML per 28 days) |
| KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart-xjhz***) | Tier 3 | ST; DD; QL (30 ML per 28 days) |
| KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart-xjhz***) | Tier 3 | ST; DD; QL (40 ML per 28 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro-aabc***) | Tier 2 | DD; QL (30 ML per 28 days) |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro-aabc***) | Tier 2 | DD; QL (12 ML per 28 days) |
| LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (***insulin lispro-aabc***) | Tier 3 | ST; DD; QL (30 ML per 28 days) |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***) | Tier 2 | DD; QL (40 ML per 28 days) |
| MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart-szjj***) | Tier 3 | ST; DD |
| MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart-szjj***) | Tier 3 | ST; DD |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart***) | Tier 2 | DD; QL (30 ML per 28 days) |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin aspart***) | Tier 2 | DD; QL (30 ML per 28 days) |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart***) | Tier 2 | DD; QL (40 ML per 28 days) |
| **Insulin Response Enhancers - Biguanides - Drugs for Diabetes** | | |
| ***metformin oral solution 500 mg/5 ml*** | Tier 1 | DD |
| ***metformin oral tablet 1,000 mg, 500 mg, 850 mg*** | Tier 1 | DD |
| ***metformin oral tablet extended release 24 hr 500 mg, 750 mg*** | Tier 1 | DD |
| **Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes** | | |
| ***pioglitazone oral tablet 15 mg, 30 mg, 45 mg*** | Tier 1 | DD |
| **Insulin-like Growth Factor-1 (IGF-1) - Hormones** | | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***) | Tier 4 | PA |
| **Leptin Hormone Analogs - Hormones** | | |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (***metreleptin***) | Tier 4 | PA |
| **LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs for Women** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***) | Tier 4 | PA |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (***leuprolide acetate***) | Tier 4 | PA |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (***leuprolide acetate***) | Tier 4 | PA |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide acetate***) | Tier 4 | PA |
| SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) (***histrelin acetate***) | Tier 4 | PA |
| TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***triptorelin pamoate***) | Tier 4 | PA |
| **LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women** | | |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (***leuprolide acetate***) | Tier 4 | PA |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (***leuprolide acetate***) | Tier 4 | PA |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***) | Tier 4 | PA |
| **LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman** | | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG (***relugolix/estradiol/norethindrone acetate***) | Tier 2 | PA |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***) | Tier 2 | PA |
| **LHRH (GnRH) Antagonists - Drugs for Women** | | |
| ***cetrorelix subcutaneous kit 0.25 mg*** | Tier 4 | |
| ***ganirelix acetate*** (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 Ml) | Tier 4 | |
| ***ganirelix subcutaneous syringe 250 mcg/0.5 ml*** | Tier 4 | |
| ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***) | Tier 2 | PA |
| **Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (***estradiol***) | Tier 3 | ST; QL (18 EA per 28 days) |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (***estradiol***) | Tier 3 | ST; QL (18 EA per 28 days) |
| INTRAROSA VAGINAL INSERT 6.5 MG (***prasterone (dhea)***) | Tier 3 | ST; QL (1 EA per 1 day) |
| **Menopausal Symptoms Suppressant-Dual Neurokinin (NK) Receptor Antag - Drugs for Woman** | | |
| LYNKUET ORAL CAPSULE 60 MG (***elinzanetant***) | Tier 3 | PA; QL (2 EA per 1 day) |
| **Menopausal Symptoms Suppressant-Neurokinin 3 (NK3) Receptor Antagonist - Drugs for Woman** | | |
| VEOZAH ORAL TABLET 45 MG (***fezolinetant***) | Tier 3 | |
| **Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators - Drugs for Women** | | |
| OSPHENA ORAL TABLET 60 MG (***ospemifene***) | Tier 3 | ST; QL (1 EA per 1 day) |
| **Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women** | | |
| ***paroxetine mesylate(menop.sym) oral capsule 7.5 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| **Mineralocorticoids - Drugs for Inflammation** | | |
| ***fludrocortisone oral tablet 0.1 mg*** | Tier 1 | |
| **Oxytocic - Ergot Alkaloids - Drugs for Women** | | |
| ***methylergonovine oral tablet 0.2 mg*** | Tier 1 | QL (28 EA per 30 days) |
| **Parathyroid Hormones and Analogs - Drugs for Menopause and Bone Loss** | | |
| YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (***palopegteriparatide***) | Tier 4 | PA |
| **Progestins - Drugs for Women** | | |
| ***norethindrone acetate*** (Gallifrey Oral Tablet 5 Mg) | Tier 1 | |
| ***medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| ***norethindrone acetate oral tablet 5 mg*** | Tier 1 | |
| ***progesterone intramuscular oil 50 mg/ml*** | Tier 1 | |
| ***progesterone micronized oral capsule 100 mg, 200 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women** | | |
| ***cabergoline oral tablet 0.5 mg*** | Tier 1 | |
| **RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss** | | |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab-bmwo***) | Tier 4 | PA |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab***) | Tier 4 | PA |
| STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab-bmwo***) | Tier 4 | PA |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab***) | Tier 4 | PA |
| **Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss** | | |
| ***raloxifene oral tablet 60 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day) |
| **Somatostatic Agents - Drugs for Growth** | | |
| BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML) (***octreotide acetate***) | Tier 4 | PA |
| ***lanreotide subcutaneous syringe 120 mg/0.5 ml*** | Tier 4 | PA |
| MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***octreotide acetate***) | Tier 4 | PA |
| ***octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml*** | Tier 4 | |
| ***octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)*** | Tier 4 | |
| ***octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg*** | Tier 4 | PA |
| PALSONIFY ORAL TABLET 20 MG, 30 MG (***paltusotine hcl***) | Tier 4 | PA |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (***pasireotide pamoate***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide diaspartate***) | Tier 4 | PA |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML (***lanreotide acetate***) | Tier 4 | PA |
| **Thyroid Eye Disease Agents - Drugs for Thyroid** | | |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG (***teprotumumab-trbw***) | Tier 4 | PA |
| **Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid** | | |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (***thyroid,pork***) | Tier 3 | ST |
| ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid,pork***) | Tier 3 | ST |
| EVEXITHROID ORAL TABLET 180 MG, 45 MG, 75 MG (***thyroid,pork***) | Tier 3 | ST |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (***thyroid,pork***) | Tier 1 | ST |
| RENTHYROID ORAL TABLET 45 MG, 75 MG (***thyroid,pork***) | Tier 3 | ST |
| ***thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg*** | Tier 1 | ST |
| **Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid** | | |
| ***liothyronine sodium*** (Liomny Oral Tablet 25 Mcg, 5 Mcg, 50 Mcg) | Tier 1 | |
| ***liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg*** | Tier 1 | |
| **Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid** | | |
| ERMEZA ORAL SOLUTION 30 MCG/ML (***levothyroxine sodium***) | Tier 1 | PA |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***) | Tier 1 | |
| ***levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg*** | Tier 1 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg*** | Tier 1 | |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML (***levothyroxine sodium***) | Tier 3 | ST; QL (20 ML per 1 day) |
| TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (***levothyroxine sodium***) | Tier 3 | PA |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (***levothyroxine sodium***) | Tier 3 | PA |
| **Gastrointestinal Therapy Agents - Drugs for the Stomach** | | |
| **Agents to Treat CHAPLE Disease - Drugs to Relax Muscles** | | |
| VEOPOZ INJECTION SOLUTION 200 MG/ML (***pozelimab-bbfg***) | Tier 4 | PA |
| **Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea** | | |
| ***loperamide oral capsule 2 mg*** | Tier 1 | |
| ***opium tincture oral tincture 10 mg/ml (morphine)*** | Tier 1 | |
| **Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea** | | |
| MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (***crofelemer***) | Tier 2 | ST; QL (2 EA per 1 day) |
| **Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea** | | |
| XERMELO ORAL TABLET 250 MG (***telotristat etiprate***) | Tier 4 | PA |
| **Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea** | | |
| ***diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml*** | Tier 1 | |
| ***diphenoxylate-atropine oral tablet 2.5-0.025 mg*** | Tier 1 | |
| **Antidiarrheal Opioid Agents - Drugs for Diarrhea** | | |
| ***opium tincture oral tincture 10 mg/ml (morphine)*** | Tier 1 | |
| **Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea** | | |
| ***scopolamine base transdermal patch 3 day 1 mg over 3 days*** | Tier 1 | |
| **Antiemetic - Antihistamines - Drugs for Vomiting and Nausea** | | |
| ***meclizine oral tablet 12.5 mg, 25 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea** | | |
| ***doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg*** | Tier 1 | QL (120 EA per 30 days) |
| **Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea** | | |
| ***dronabinol oral capsule 10 mg, 2.5 mg, 5 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***) | Tier 3 | ST; QL (60 ML per 30 days) |
| **Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea** | | |
| ***trimethobenzamide oral capsule 300 mg*** | Tier 1 | |
| **Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea** | | |
| ***prochlorperazine*** (Compro Rectal Suppository 25 Mg) | Tier 1 | |
| ***prochlorperazine maleate oral tablet 10 mg, 5 mg*** | Tier 1 | |
| ***prochlorperazine rectal suppository 25 mg*** | Tier 1 | |
| ***promethazine injection solution 25 mg/ml, 50 mg/ml*** | Tier 1 | |
| ***promethazine oral syrup 6.25 mg/5 ml*** | Tier 1 | |
| ***promethazine oral tablet 12.5 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***promethazine rectal suppository 12.5 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***promethazine hcl*** (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg) | Tier 1 | |
| **Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea** | | |
| ***granisetron hcl oral tablet 1 mg*** | Tier 1 | ST; QL (10 EA per 21 days) |
| ***ondansetron hcl oral solution 4 mg/5 ml*** | Tier 1 | QL (150 ML per 21 days) |
| ***ondansetron hcl oral tablet 4 mg, 8 mg*** | Tier 1 | |
| ***ondansetron oral tablet,disintegrating 4 mg, 8 mg*** | Tier 1 | |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (***granisetron***) | Tier 3 | ST; QL (1 EA per 7 days) |
| **Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea** | | |
| ***aprepitant oral capsule 125 mg*** | Tier 1 | QL (1 EA per 21 days) |
| ***aprepitant oral capsule 40 mg*** | Tier 1 | QL (1 EA per 28 days) |
| ***aprepitant oral capsule 80 mg*** | Tier 1 | QL (2 EA per 21 days) |
| ***aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)*** | Tier 1 | QL (3 EA per 21 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (***aprepitant***) | Tier 2 | QL (3 EA per 21 days) |
| VARUBI ORAL TABLET 90 MG (***rolapitant hcl***) | Tier 2 | QL (2 EA per 14 days) |
| **Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea** | | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (***netupitant/palonosetron hcl***) | Tier 2 | QL (1 EA per 21 days) |
| **Bile Acids - Drugs for the Stomach** | | |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***) | Tier 4 | PA |
| **Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation** | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***) | Tier 2 | QL (1 EA per 1 day) |
| TRULANCE ORAL TABLET 3 MG (***plecanatide***) | Tier 2 | QL (1 EA per 1 day) |
| **Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach** | | |
| ***lactulose*** (Enulose Oral Solution 10 Gram/15 Ml) | Tier 1 | |
| ***lactulose*** (Generlac Oral Solution 10 Gram/15 Ml) | Tier 1 | |
| ***lactulose oral solution 10 gram/15 ml*** | Tier 1 | |
| **Digestive Enzyme Mixtures - Drugs for the Stomach** | | |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (***lipase/protease/amylase (porcine)***) | Tier 2 | |
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT (***lipase/protease/amylase (porcine)***) | Tier 3 | ST |
| PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT (***lipase/protease/amylase (porcine)***) | Tier 3 | ST |
| VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (***lipase/protease/amylase (porcine)***) | Tier 3 | ST |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (***lipase/protease/amylase (porcine)***) | Tier 2 | |
| **Digestive Enzymes - Drugs for the Stomach** | | |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***) | Tier 4 | PA |
| **Fecal Microbiota Transplantation (FMT) - Drugs for Stomach** | | |
| REBYOTA RECTAL ENEMA 150 ML (***fecal microbiota, live-jslm***) | Tier 4 | PA |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL (***fecal microbiota spores, live-brpk***) | Tier 4 | PA |
| **Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach** | | |
| CHENODAL ORAL TABLET 250 MG (***chenodiol***) | Tier 4 | PA |
| CTEXLI ORAL TABLET 250 MG (***chenodiol***) | Tier 4 | PA |
| ***ursodiol oral capsule 300 mg*** | Tier 1 | |
| ***ursodiol oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid** | | |
| ***cimetidine hcl oral solution 300 mg/5 ml*** | Tier 1 | |
| ***cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg*** | Tier 1 | |
| ***famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)*** | Tier 1 | |
| ***famotidine oral tablet 20 mg, 40 mg*** | Tier 1 | |
| ***nizatidine oral capsule 150 mg, 300 mg*** | Tier 1 | |
| **Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers - Drugs for Ulcers and Stomach Acid** | | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG (***vonoprazan fumarate***) | Tier 3 | PA; QL (1 EA per 1 day) |
| **Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG (***rabeprazole sodium***) | Tier 3 | ST; QL (1 EA per 1 day) |
| ***dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| ***esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***esomeprazole magnesium oral granules dr for susp in packet 40 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg*** | Tier 1 | |
| ***lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg*** | Tier 1 | ST |
| ***omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg*** | Tier 1 | |
| ***pantoprazole oral granules dr for susp in packet 40 mg*** | Tier 1 | ST |
| ***pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg*** | Tier 1 | |
| PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (***omeprazole magnesium***) | Tier 3 | ST |
| ***rabeprazole oral capsule, delayed rel sprinkle 10 mg*** | Tier 1 | ST; QL (1 EA per 1 day) |
| ***rabeprazole oral tablet,delayed release (dr/ec) 20 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid** | | |
| KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML (***omeprazole/sodium bicarbonate***) | Tier 3 | PA |
| ***omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram*** | Tier 1 | ST; QL (1 EA per 1 day) |
| ***omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg*** | Tier 1 | PA |
| **Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid** | | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***misoprostol oral tablet 100 mcg, 200 mcg*** | Tier 1 | |
| **Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach** | | |
| ***prucalopride oral tablet 1 mg, 2 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach** | | |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (***metoclopramide hcl***) | Tier 4 | PA |
| ***metoclopramide hcl oral solution 5 mg/5 ml*** | Tier 1 | |
| ***metoclopramide hcl oral tablet 10 mg, 5 mg*** | Tier 1 | |
| **GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps** | | |
| ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |
| ***hyoscyamine sulfate oral drops 0.125 mg/ml*** | Tier 1 | |
| ***hyoscyamine sulfate oral elixir 0.125 mg/5 ml*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet 0.125 mg*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet,disintegrating 0.125 mg*** | Tier 1 | |
| ***hyoscyamine sulfate sublingual tablet 0.125 mg*** | Tier 1 | |
| HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***) | Tier 1 | |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***) | Tier 1 | |
| ***methscopolamine oral tablet 2.5 mg, 5 mg*** | Tier 1 | |
| OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***) | Tier 3 | |
| **GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (***glycopyrrolate***) | Tier 3 | ST; QL (4 EA per 1 day); Age (Min 18 Years) |
| ***glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)*** | Tier 1 | |
| ***glycopyrrolate oral tablet 1 mg, 2 mg*** | Tier 1 | |
| GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (***glycopyrrolate/pf***) | Tier 3 | |
| **GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps** | | |
| ***dicyclomine oral capsule 10 mg*** | Tier 1 | |
| ***dicyclomine oral solution 10 mg/5 ml*** | Tier 1 | |
| ***dicyclomine oral tablet 20 mg*** | Tier 1 | |
| **GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps** | | |
| ***chlordiazepoxide-clidinium oral capsule 5-2.5 mg*** | Tier 1 | |
| **GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps** | | |
| ***belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg*** | Tier 1 | |
| **GI Antispasmodic Combinations Other - Drugs for Stomach Cramps** | | |
| ***belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg*** | Tier 1 | |
| ***chlordiazepoxide-clidinium oral capsule 5-2.5 mg*** | Tier 1 | |
| **H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid** | | |
| ***bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg*** | Tier 1 | |
| **H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid** | | |
| ***amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg*** | Tier 1 | QL (112 EA per 10 days) |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (***omeprazole/clarithromycin/amoxicillin trihydrate***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (***omeprazole magnesium/amoxicillin trihydrate/rifabutin***) | Tier 3 | QL (168 EA per 14 days); Age (Min 18 Years) |
| **H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach** | | |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (***vonoprazan fumarate/amoxicillin trihydrate***) | Tier 3 | PA; QL (112 EA per 14 days) |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (***vonoprazan fumarate/amoxicillin trihydrate/clarithromycin***) | Tier 3 | PA; QL (112 EA per 14 days) |
| **IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome** | | |
| ***lubiprostone oral capsule 24 mcg*** | Tier 1 | QL (2 EA per 1 day) |
| ***lubiprostone oral capsule 8 mcg*** | Tier 1 | QL (4 EA per 1 day) |
| **IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome** | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***) | Tier 2 | QL (1 EA per 1 day) |
| TRULANCE ORAL TABLET 3 MG (***plecanatide***) | Tier 2 | QL (1 EA per 1 day) |
| **IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome** | | |
| VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***) | Tier 2 | QL (2 EA per 1 day) |
| **IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome** | | |
| ***alosetron oral tablet 0.5 mg, 1 mg*** | Tier 1 | |
| **IBS Agent - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitor - Drugs for Irritable Bowel Syndrome** | | |
| IBSRELA ORAL TABLET 50 MG (***tenapanor hcl***) | Tier 3 | PA |
| **Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease** | | |
| SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-aekn***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab***) | Tier 4 | PA |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***) | Tier 4 | PA |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab***) | Tier 4 | PA |
| STEQEYMA INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-stba***) | Tier 4 | PA |
| STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-stba***) | Tier 4 | PA |
| YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-kfce***) | Tier 4 | PA |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***) | Tier 4 | PA |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-kfce***) | Tier 4 | PA |
| **Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease** | | |
| OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML) (***mirikizumab-mrkz***) | Tier 4 | PA |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***) | Tier 4 | PA |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***) | Tier 4 | PA |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (***risankizumab-rzaa***) | Tier 4 | PA |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (***risankizumab-rzaa***) | Tier 4 | PA |
| TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (***guselkumab***) | Tier 4 | PA |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***) | Tier 4 | PA |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (***guselkumab***) | Tier 4 | PA |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (***guselkumab***) | Tier 4 | PA |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (***guselkumab***) | Tier 4 | PA |
| **Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease** | | |
| ***balsalazide oral capsule 750 mg*** | Tier 1 | |
| DIPENTUM ORAL CAPSULE 250 MG (***olsalazine sodium***) | Tier 3 | ST |
| ***mesalamine oral capsule (with del rel tablets) 400 mg*** | Tier 1 | |
| ***mesalamine oral capsule, extended release 500 mg*** | Tier 1 | |
| ***mesalamine oral capsule,extended release 24hr 0.375 gram*** | Tier 1 | |
| ***mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg*** | Tier 1 | |
| ***mesalamine rectal enema 4 gram/60 ml*** | Tier 1 | |
| ***mesalamine rectal suppository 1,000 mg*** | Tier 1 | |
| ***mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml*** | Tier 1 | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (***mesalamine***) | Tier 3 | |
| ***sulfasalazine oral tablet 500 mg*** | Tier 1 | |
| ***sulfasalazine oral tablet,delayed release (dr/ec) 500 mg*** | Tier 1 | |
| **Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease** | | |
| ***budesonide oral capsule,delayed,extend.release 3 mg*** | Tier 1 | |
| ***budesonide oral tablet,delayed and ext.release 9 mg*** | Tier 1 | ST |
| ***budesonide rectal foam 2 mg/actuation*** | Tier 1 | |
| CORTIFOAM RECTAL FOAM 10 % (80 MG) (***hydrocortisone acetate***) | Tier 2 | |
| ***hydrocortisone rectal enema 100 mg/60 ml*** | Tier 1 | |
| **Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ENTYVIO INTRAVENOUS RECON SOLN 300 MG (***vedolizumab***) | Tier 4 | PA |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (***vedolizumab***) | Tier 4 | PA |
| **Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease** | | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (***upadacitinib***) | Tier 4 | PA |
| XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***) | Tier 4 | PA |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (***tofacitinib citrate***) | Tier 4 | PA |
| **Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome** | | |
| VELSIPITY ORAL TABLET 2 MG (***etrasimod arginine***) | Tier 4 | PA |
| ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***) | Tier 4 | PA |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***) | Tier 4 | PA |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***) | Tier 4 | PA |
| **Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease** | | |
| ***adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml*** | Tier 4 | PA |
| ***adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml*** | Tier 4 | PA |
| AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***) | Tier 4 | PA |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***) | Tier 4 | PA |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***) | Tier 4 | PA |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***) | Tier 4 | PA |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***) | Tier 4 | PA |
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***) | Tier 4 | PA |
| ***infliximab intravenous recon soln 100 mg*** | Tier 4 | PA |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***) | Tier 4 | PA |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***) | Tier 4 | PA |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***) | Tier 4 | PA |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***golimumab***) | Tier 4 | PA |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (***golimumab***) | Tier 4 | PA |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (***infliximab-dyyb***) | Tier 4 | PA |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (***infliximab-dyyb***) | Tier 4 | PA |
| **Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome** | | |
| ***alosetron oral tablet 0.5 mg, 1 mg*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***lubiprostone oral capsule 24 mcg*** | Tier 1 | QL (2 EA per 1 day) |
| ***lubiprostone oral capsule 8 mcg*** | Tier 1 | QL (4 EA per 1 day) |
| VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***) | Tier 2 | QL (2 EA per 1 day) |
| **Keratinocyte Growth Factor (KGF) - Drugs for the Stomach** | | |
| KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG (***palifermin***) | Tier 4 | |
| **Laxative - Saline and Osmotic - Drugs to Prevent Constipation** | | |
| ***lactulose*** (Constulose Oral Solution 10 Gram/15 Ml) | Tier 1 | |
| ***lactulose oral solution 10 gram/15 ml*** | Tier 1 | |
| **Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation** | | |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***) | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL) |
| ***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*** (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram) | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL) |
| ***sodium chloride/sodium bicarbonate/potassium chloride/peg*** (Gavilyte-N Oral Recon Soln 420 Gram) | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL) |
| ***peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram*** | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram*** | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (1 EA per 1 FILL) |
| ***peg-electrolyte soln oral recon soln 420 gram*** | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL) |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***) | $0 | ST; EHB; $0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND AGE 45-75 YEARS; QL (3 EA per 1 FILL) |
| ***sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram*** | $0 | EHB; $0 COPAY IF QUANTITY LIMTED TO 354, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (354 ML per 1 FILL) |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (***peg 3350/sodium sulfate,chloride/potassium chlor/magnesium***) | $0 | ST; EHB; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND AGE 45-75 YEARS; QL (2 EA per 1 FILL) |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (***sodium sulfate/potassium chloride/magnesium sulfate***) | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (24 EA per 1 FILL) |
| **Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (***sodium picosulfate/magnesium oxide/citric acid***) | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (350 ML per 1 FILL) |
| **Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid** | | |
| ***sucralfate oral suspension 100 mg/ml*** | Tier 1 | |
| ***sucralfate oral tablet 1 gram*** | Tier 1 | |
| **Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach** | | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***) | Tier 4 | PA |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***) | Tier 4 | PA |
| **Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach** | | |
| BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML) (***octreotide acetate***) | Tier 4 | PA |
| ***octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml*** | Tier 4 | |
| ***octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)*** | Tier 4 | |
| ***octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg*** | Tier 4 | PA |
| **Genitourinary Therapy - Drugs for the Urinary System** | | |
| **BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate** | | |
| ***dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg*** | Tier 1 | ST |
| **Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System** | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***) | Tier 4 | |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (***cysteamine bitartrate***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (***cysteamine bitartrate***) | Tier 4 | PA |
| **G.U. Irrigants - Anti-infective - Drugs for the Urinary System** | | |
| ***neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml*** | Tier 1 | |
| **G.U. Irrigants - Drugs for the Urinary System** | | |
| ***acetic acid irrigation solution 0.25 %*** | Tier 1 | |
| ***glycine urologic solution irrigation solution 1.5 %*** | Tier 1 | |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (***citric acid/gluconolactone/magnesium carbonate***) | Tier 3 | |
| ***sorbitol irrigation solution 3 %*** | Tier 1 | |
| ***sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml*** | Tier 1 | |
| **Interstitial Cystitis Agents - Drugs for the Urinary System** | | |
| ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***) | Tier 2 | PA |
| **Kidney Stone Agents - Drugs for the Urinary System** | | |
| THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (***tiopronin***) | Tier 4 | |
| ***tiopronin oral tablet 100 mg*** | Tier 4 | |
| ***tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg*** | Tier 4 | |
| ***tiopronin*** (Venxxiva Oral Tablet,Delayed Release (Dr/Ec) 100 Mg, 300 Mg) | Tier 4 | |
| **Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder** | | |
| GEMTESA ORAL TABLET 75 MG (***vibegron***) | Tier 3 | ST; QL (1 EA per 1 day) |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (***mirabegron***) | Tier 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***) | Tier 1 | QL (1 EA per 1 day) |
| **Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (***lumasiran sodium***) | Tier 4 | PA |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (***nedosiran sodium***) | Tier 4 | PA |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (***nedosiran sodium***) | Tier 4 | PA |
| **Phosphate Binders - Calcium-based - Drugs for the Urinary System** | | |
| ***calcium acetate(phosphat bind) oral capsule 667 mg*** | Tier 1 | |
| ***calcium acetate(phosphat bind) oral tablet 667 mg*** | Tier 1 | |
| **Phosphate Binders - Drugs for the Urinary System** | | |
| ***calcium acetate(phosphat bind) oral capsule 667 mg*** | Tier 1 | |
| ***calcium acetate(phosphat bind) oral tablet 667 mg*** | Tier 1 | |
| ***ferric citrate oral tablet 210 mg iron*** | Tier 1 | ST; QL (12 EA per 1 day) |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (***lanthanum carbonate***) | Tier 3 | ST; QL (3 EA per 1 day) |
| ***lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg*** | Tier 1 | |
| ***sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram*** | Tier 1 | |
| ***sevelamer carbonate oral tablet 800 mg*** | Tier 1 | |
| ***sevelamer hcl oral tablet 400 mg, 800 mg*** | Tier 1 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***) | Tier 2 | QL (6 EA per 1 day) |
| **Phosphate Binders - Iron-based - Drugs for the Urinary System** | | |
| ***ferric citrate oral tablet 210 mg iron*** | Tier 1 | ST; QL (12 EA per 1 day) |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***) | Tier 2 | QL (6 EA per 1 day) |
| **Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System** | | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG (***tolvaptan***) | Tier 4 | PA |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (***tolvaptan***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate** | | |
| ***alfuzosin oral tablet extended release 24 hr 10 mg*** | Tier 1 | |
| ***silodosin oral capsule 4 mg, 8 mg*** | Tier 1 | |
| ***tamsulosin oral capsule 0.4 mg*** | Tier 1 | |
| **Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate** | | |
| ***finasteride oral tablet 5 mg*** | Tier 1 | |
| **Prostatic Hypertrophy Agent-Sel.cGMP Phosphodiesterase Type5 Inhibitor - Drugs for the Prostate** | | |
| ***tadalafil oral tablet 2.5 mg, 5 mg*** | Tier 1 | PA; QL (1 EA per 1 day) |
| **Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate** | | |
| ***dutasteride oral capsule 0.5 mg*** | Tier 1 | |
| **Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections** | | |
| LITHOSTAT ORAL TABLET 250 MG (***acetohydroxamic acid***) | Tier 3 | |
| **Urinary Acidifier - Phosphates - Drugs for Infections** | | |
| K-PHOS NO 2 ORAL TABLET 305-700 MG (***sodium phosphate,monobasic/potassium phosphate,monobasic***) | Tier 3 | |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***) | Tier 3 | |
| **Urinary Alkalinizer - Citrates - Drugs for Infections** | | |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid/sodium citrate***) | Tier 3 | |
| ***potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)*** | Tier 1 | |
| ***sodium citrate-citric acid oral solution 490-640 mg/5 ml*** | Tier 1 | |
| **Urinary Analgesics - Drugs for Infections** | | |
| ***phenazopyridine oral tablet 100 mg, 200 mg*** | Tier 1 | |
| **Urinary Antibacterial - Methenamine and Salts - Drugs for Infections** | | |
| ***methenamine hippurate oral tablet 1 gram*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***methenamine mandelate oral tablet 0.5 gram, 1 gram*** | Tier 1 | |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***) | Tier 3 | |
| **Urinary Antibacterial - Nitrofuran Derivatives - Drugs for Infections** | | |
| ***nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg*** | Tier 1 | |
| ***nitrofurantoin macrocrystal oral capsule 25 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***nitrofurantoin monohyd/m-cryst oral capsule 100 mg*** | Tier 1 | |
| ***nitrofurantoin oral suspension 25 mg/5 ml*** | Tier 1 | PA |
| **Urinary Antibacterials Other - Drugs for Infections** | | |
| ***fosfomycin tromethamine oral packet 3 gram*** | Tier 1 | |
| **Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections** | | |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***) | Tier 2 | |
| URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***) | Tier 1 | |
| **Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections** | | |
| ***methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg*** | Tier 1 | |
| UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***) | Tier 1 | |
| **Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder** | | |
| ***darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg*** | Tier 1 | |
| ***solifenacin oral tablet 10 mg, 5 mg*** | Tier 1 | |
| **Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder** | | |
| ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***hyoscyamine sulfate oral drops 0.125 mg/ml*** | Tier 1 | |
| ***hyoscyamine sulfate oral elixir 0.125 mg/5 ml*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet 0.125 mg*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet,disintegrating 0.125 mg*** | Tier 1 | |
| ***hyoscyamine sulfate sublingual tablet 0.125 mg*** | Tier 1 | |
| HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***) | Tier 1 | |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***) | Tier 1 | |
| OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***) | Tier 3 | |
| **Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder** | | |
| ***fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***flavoxate oral tablet 100 mg*** | Tier 1 | |
| ***oxybutynin chloride oral syrup 5 mg/5 ml*** | Tier 1 | |
| ***oxybutynin chloride oral tablet 2.5 mg*** | Tier 1 | |
| ***oxybutynin chloride oral tablet 5 mg*** | Tier 1 | |
| ***oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg*** | Tier 1 | |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (***oxybutynin***) | Tier 3 | ST |
| ***tolterodine oral capsule,extended release 24hr 2 mg, 4 mg*** | Tier 1 | |
| ***tolterodine oral tablet 1 mg, 2 mg*** | Tier 1 | |
| ***trospium oral capsule,extended release 24hr 60 mg*** | Tier 1 | |
| ***trospium oral tablet 20 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder** | | |
| ***bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg*** | Tier 1 | |
| **Gout and Hyperuricemia Therapy - Drugs for Pain and Fever** | | |
| **Gout Acute Therapy - Antimitotics - Gout Drugs** | | |
| ***colchicine oral capsule 0.6 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***colchicine oral tablet 0.6 mg*** | Tier 1 | |
| GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (***colchicine***) | Tier 3 | ST; QL (10 ML per 1 day) |
| **Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs** | | |
| ***probenecid-colchicine oral tablet 500-0.5 mg*** | Tier 1 | |
| **Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs** | | |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML, 8 MG/ML (***pegloticase***) | Tier 4 | PA |
| **Hyperuricemia Therapy - Uricosurics - Gout Drugs** | | |
| ***probenecid oral tablet 500 mg*** | Tier 1 | |
| **Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs** | | |
| ***allopurinol oral tablet 100 mg, 300 mg*** | Tier 1 | |
| ***febuxostat oral tablet 40 mg, 80 mg*** | Tier 1 | |
| **Hematological Agents - Drugs for the Blood** | | |
| **Agents to treat aTTP- anti von Willebrand Factor (vWF) A1 domain - Drugs for the Blood** | | |
| CABLIVI INJECTION KIT 11 MG (***caplacizumab-yhdp***) | Tier 4 | PA |
| **Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood** | | |
| ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (***sutimlimab-jome***) | Tier 4 | PA |
| **Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy - Drugs to Prevent Blood Clots** | | |
| ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT (***adamts13, recombinant-krhn***) | Tier 4 | PA |
| **Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***) | Tier 4 | PA |
| EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab-aagh***) | Tier 4 | PA |
| FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***) | Tier 4 | PA |
| PIASKY INJECTION SOLUTION 340 MG/2 ML (170 MG/ML) (***crovalimab-akkz***) | Tier 4 | PA |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab***) | Tier 4 | PA |
| ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***) | Tier 4 | PA |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***) | Tier 4 | PA |
| **Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots** | | |
| ***anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml*** | Tier 1 | |
| ***sodium citrate in 0.9 % nacl solution 0.5 %*** | Tier 1 | |
| ***sodium citrate intra-catheter solution 4 %*** | Tier 1 | |
| ***sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)*** | Tier 1 | |
| ***sodium citrate solution 4 gram /100 ml (4 %)*** | Tier 1 | |
| **Anticoagulants - Coumarin - Drugs to Prevent Blood Clots** | | |
| ***warfarin sodium*** (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg) | Tier 1 | |
| ***warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg*** | Tier 1 | |
| **Anti-Inhibitor Coagulation Complex - Drugs to Prevent Bleeding** | | |
| FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (***anti-inhibitor coagulant complex***) | Tier 4 | |
| **Antiporphyria Factors - Drugs for the Blood** | | |
| PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (***hemin***) | Tier 4 | |
| **Blood Cell and Platelet Disorder Treatment-Tyrosine Kinase Inhibitors - Drugs for the Blood** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TAVALISSE ORAL TABLET 100 MG, 150 MG (***fostamatinib disodium***) | Tier 4 | PA |
| WAYRILZ ORAL TABLET 400 MG (***rilzabrutinib***) | Tier 4 | PA |
| **C1 Esterase Inhibitor Agents - Drugs for the Blood** | | |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (***c1 esterase inhibitor***) | Tier 4 | PA |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (***c1 esterase inhibitor***) | Tier 4 | PA |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (***c1 esterase inhibitor***) | Tier 4 | PA |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (***c1 esterase inhibitor, recombinant***) | Tier 4 | PA |
| **CAD - Complement (C1) Inhibitors - Drugs for the Blood** | | |
| ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (***sutimlimab-jome***) | Tier 4 | PA |
| **CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood** | | |
| ***plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)*** | Tier 4 | PA |
| XOLREMDI ORAL CAPSULE 100 MG (***mavorixafor***) | Tier 4 | PA |
| **Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots** | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (***apixaban***) | Tier 2 | QL (74 EA per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG (***apixaban***) | Tier 2 | QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET 5 MG (***apixaban***) | Tier 2 | QL (74 EA per 30 days) |
| ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) (***apixaban***) | Tier 2 | QL (32 EA per 1 day) |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG (***apixaban***) | Tier 2 | QL (4 EA per 1 day) |
| ***rivaroxaban oral suspension for reconstitution 1 mg/ml*** | Tier 1 | QL (20 ML per 1 day) |
| ***rivaroxaban oral tablet 2.5 mg*** | Tier 1 | QL (2 EA per 1 day) |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (***edoxaban tosylate***) | Tier 3 | ST; QL (30 EA per 30 days) |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (***rivaroxaban***) | Tier 2 | QL (51 EA per 30 days) |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (***rivaroxaban***) | Tier 2 | QL (20 ML per 1 day) |
| XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***) | Tier 2 | QL (1 EA per 1 day) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG (***rivaroxaban***) | Tier 2 | QL (2 EA per 1 day) |
| **Erythropoietins - Drugs for the Blood** | | |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (***darbepoetin alfa in polysorbate 80***) | Tier 4 | PA |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (***darbepoetin alfa in polysorbate 80***) | Tier 4 | PA |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (***epoetin alfa***) | Tier 4 | PA |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa***) | Tier 4 | PA |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa-epbx***) | Tier 4 | PA |
| **Factor IX Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding** | | |
| BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT (***human prothrombin complex concentrate-lans***) | Tier 4 | |
| KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (***human prothrombin complex concentrate 4-factor***) | Tier 4 | |
| **Factor IX Preparations - Drugs to Prevent Bleeding** | | |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix***) | Tier 4 | |
| ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***factor ix recombinant, fc fusion protein***) | Tier 4 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***) | Tier 4 | |
| IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix recombinant,albumin fusion protein***) | Tier 4 | |
| IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant, threonine 148***) | Tier 4 | |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix complex, prothrombin complex conc no.4, 3-factor***) | Tier 4 | |
| REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***factor ix (human) recombinant, pegylated***) | Tier 4 | |
| RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***) | Tier 4 | |
| **Factor VII Preparations - Drugs to Prevent Bleeding** | | |
| NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (***coagulation factor viia (recombinant)***) | Tier 4 | |
| SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG) (***coagulation factor viia recombinant-jncw***) | Tier 4 | |
| **Factor VIII Preparations (AHF) - Drugs to Prevent Bleeding** | | |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***) | Tier 4 | |
| ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (***antihemophilic factor (fviii) recombinant, full length, peg***) | Tier 4 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***antihemophilic factor viii recomb,single-chn,b-dom truncated***) | Tier 4 | |
| ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (***antihemophilic factor, human/von willebrand factor,human***) | Tier 4 | |
| ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl***) | Tier 4 | |
| ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (***antihemophilic factor (fviii) recombinant, fc fusion protein***) | Tier 4 | |
| ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-dom truncated peg-exei***) | Tier 4 | |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (***antihemophilic factor, human***) | Tier 4 | |
| HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (***antihemophilic factor, human***) | Tier 4 | |
| HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (***antihemophilic factor, human***) | Tier 4 | |
| HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (***antihemophilic factor, human***) | Tier 4 | |
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (***antihemophilic factor, human/von willebrand factor,human***) | Tier 4 | |
| JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-domain deleted peg-aucl***) | Tier 4 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor, human***) | Tier 4 | |
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***) | Tier 4 | |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***) | Tier 4 | |
| NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii recombinant, b-domain truncated***) | Tier 4 | |
| NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***antihemophilic factor viii rec hek cell, b-domain deleted***) | Tier 4 | |
| OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (***antihemophilic factor viii, recombinant porcine sequence***) | Tier 4 | |
| RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii, human recombinant***) | Tier 4 | |
| WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (***antihemophilic factor, human/von willebrand factor,human***) | Tier 4 | |
| XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***) | Tier 4 | |
| XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***) | Tier 4 | |
| **Factor X Preparations - Drugs to Prevent Bleeding** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***coagulation factor x***) | Tier 4 | |
| **Factor XIII Preparations - Drugs to Prevent Bleeding** | | |
| CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (***factor xiii***) | Tier 4 | |
| TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (***factor xiii a-subunit, recombinant***) | Tier 4 | |
| **Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood** | | |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-jmdb***) | Tier 4 | PA |
| FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-pbbk***) | Tier 4 | PA |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML (***tbo-filgrastim***) | Tier 4 | PA |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***tbo-filgrastim***) | Tier 4 | PA |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim***) | Tier 4 | PA |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim***) | Tier 4 | PA |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim***) | Tier 4 | PA |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim***) | Tier 4 | PA |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***) | Tier 4 | PA |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***) | Tier 4 | PA |
| NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-txid***) | Tier 4 | PA |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-apgf***) | Tier 4 | PA |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-ayow***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (***eflapegrastim-xnst***) | Tier 4 | PA |
| RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML (***efbemalenograstim alfa-vuxw***) | Tier 4 | PA |
| STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-fpgk***) | Tier 4 | PA |
| UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML (***pegfilgrastim-cbqv***) | Tier 4 | PA |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim-cbqv***) | Tier 4 | PA |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-cbqv***) | Tier 4 | PA |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-sndz***) | Tier 4 | PA |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***) | Tier 4 | PA |
| **Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood** | | |
| LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***) | Tier 4 | PA |
| **Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood** | | |
| REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***) | Tier 4 | PA |
| **Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh - Drugs for the Blood** | | |
| VAFSEO ORAL TABLET 150 MG, 300 MG (***vadadustat***) | Tier 3 | PA |
| **Hematorheologic Agents - Drugs for the Blood** | | |
| ***pentoxifylline oral tablet extended release 400 mg*** | Tier 1 | |
| **Hemophilia Treatment Agents - Monoclonal Antibody - Drugs for the Blood** | | |
| ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) (***concizumab-mtci***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (***emicizumab-kxwh***) | Tier 4 | PA |
| HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***marstacimab-hncq***) | Tier 4 | PA |
| **Hemophilia Treatment Agents - Small Interfering RNA (siRNA) - Drugs for the Blood** | | |
| QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML (***fitusiran sodium***) | Tier 4 | PA |
| QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML (***fitusiran sodium***) | Tier 4 | PA |
| **Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding** | | |
| ***aminocaproic acid oral solution 250 mg/ml (25 %)*** | Tier 1 | |
| ***aminocaproic acid oral tablet 1,000 mg, 500 mg*** | Tier 1 | |
| FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG), 2 GRAM (1,400 MG-2,600 MG) (***fibrinogen***) | Tier 4 | |
| ***tranexamic acid oral tablet 650 mg*** | Tier 1 | |
| **Hemostatic Systemic- von Willebrand factor (vWF) Preparations - Drugs to Prevent Bleeding** | | |
| VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (***von willebrand factor (recombinant)***) | Tier 4 | |
| **Hemostatic Topical Agents - Drugs to Prevent Bleeding** | | |
| AVITENE FLOUR TOPICAL POWDER (***microfibrillar collagen***) | Tier 3 | |
| AVITENE TOPICAL POWDER IN PACKET (***microfibrillar collagen***) | Tier 3 | |
| AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (***microfibrillar collagen***) | Tier 3 | |
| ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (***microfibrillar collagen***) | Tier 3 | |
| GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (***thrombin (bovine)/gelatin sponge,absorbable***) | Tier 3 | |
| GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (***thrombin (bovine)/gelatin sponge,absorbable***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (***gelatin sponge,absorbable/porcine skin***) | Tier 3 | |
| GELFOAM TOPICAL SPONGE 4 (***gelatin sponge,absorbable/porcine skin***) | Tier 3 | |
| MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (***ferric subsulfate***) | Tier 1 | |
| RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (***thrombin (recombinant)***) | Tier 3 | |
| RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (recombinant)***) | Tier 3 | |
| SYRINGE AVITENE TOPICAL POWDER (***microfibrillar collagen***) | Tier 3 | |
| THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (***thrombin (bovine)***) | Tier 1 | |
| THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***) | Tier 1 | |
| THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***) | Tier 1 | |
| THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT (***thrombin (bovine)***) | Tier 1 | |
| **Hemostatic Topical Combinations - Drugs to Prevent Bleeding** | | |
| EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (***thrombin(human plasma derived)/fibrinogen/calcium chloride***) | Tier 3 | |
| VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (***thrombin(human plasma derived)/fibrinogen/calcium chloride***) | Tier 3 | |
| **Heparin Flush Formulations - Drugs to Prevent Blood Clots** | | |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (***heparin sodium,porcine/pf***) | Tier 1 | |
| ***heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)*** | Tier 1 | |
| ***heparin lock flush (porcine) intravenous solution 10 unit/ml*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***) | Tier 1 | |
| ***heparin, porcine (pf) intravenous syringe 1 unit/ml*** | Tier 1 | |
| ***heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml*** | Tier 1 | |
| **Heparins - Drugs to Prevent Blood Clots** | | |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (***heparin sodium,porcine/pf***) | Tier 1 | |
| ***heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)*** | Tier 1 | |
| ***heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)*** | Tier 1 | |
| ***heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)*** | Tier 1 | |
| ***heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml*** | Tier 1 | |
| ***heparin (porcine) injection syringe 5,000 unit/ml*** | Tier 1 | |
| ***heparin lock flush (porcine) intravenous solution 10 unit/ml*** | Tier 1 | |
| HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***) | Tier 1 | |
| ***heparin, porcine (pf) injection solution 1,000 unit/ml*** | Tier 1 | |
| ***heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml*** | Tier 1 | |
| ***heparin, porcine (pf) intravenous syringe 1 unit/ml*** | Tier 1 | |
| ***heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml*** | Tier 1 | |
| **Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots** | | |
| ***fondaparinux subcutaneous syringe 10 mg/0.8 ml*** | Tier 1 | QL (24 ML per 30 days) |
| ***fondaparinux subcutaneous syringe 2.5 mg/0.5 ml*** | Tier 1 | QL (15 ML per 30 days) |
| ***fondaparinux subcutaneous syringe 5 mg/0.4 ml*** | Tier 1 | QL (12 ML per 30 days) |
| ***fondaparinux subcutaneous syringe 7.5 mg/0.6 ml*** | Tier 1 | QL (18 ML per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Low Molecular Weight Heparins - Drugs to Prevent Blood Clots** | | |
| ***enoxaparin subcutaneous solution 300 mg/3 ml*** | Tier 1 | QL (30 ML per 30 days) |
| ***enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml*** | Tier 1 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***) | Tier 3 | QL (8 ML per 1 day) |
| FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***) | Tier 3 | QL (7.6 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***) | Tier 3 | QL (60 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (***dalteparin sodium,porcine***) | Tier 3 | QL (30 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (***dalteparin sodium,porcine***) | Tier 3 | QL (36 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (***dalteparin sodium,porcine***) | Tier 3 | QL (43.2 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (***dalteparin sodium,porcine***) | Tier 3 | QL (12 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (***dalteparin sodium,porcine***) | Tier 3 | QL (18 ML per 30 days) |
| **Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood** | | |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (***crizanlizumab-tmca***) | Tier 4 | PA |
| **Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood** | | |
| RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (***plasminogen, human-tvmh***) | Tier 4 | PA |
| **Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood** | | |
| ***ticagrelor oral tablet 60 mg, 90 mg*** | Tier 1 | QL (2 EA per 1 day) |
| **Platelet Aggregation Inhibitor Combinations - Drugs for the Blood** | | |
| ***aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood** | | |
| ***cilostazol oral tablet 100 mg, 50 mg*** | Tier 1 | |
| **Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood** | | |
| ***anagrelide oral capsule 0.5 mg, 1 mg*** | Tier 1 | |
| **Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood** | | |
| ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***) | $0 | EHB |
| ***aspirin oral tablet 325 mg*** | $0 | EHB |
| ***aspirin oral tablet,chewable 81 mg*** | $0 | EHB |
| ***aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg*** | $0 | EHB |
| BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***) | $0 | EHB |
| BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***) | $0 | EHB |
| BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***) | $0 | EHB |
| ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***) | $0 | EHB |
| ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***) | $0 | EHB |
| ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| **Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood** | | |
| ***clopidogrel oral tablet 300 mg*** | Tier 1 | QL (4 EA per 30 days) |
| ***clopidogrel oral tablet 75 mg*** | Tier 1 | |
| ***prasugrel hcl oral tablet 10 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***dipyridamole oral tablet 25 mg, 50 mg, 75 mg*** | Tier 1 | |
| **Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood** | | |
| ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar sulfate***) | Tier 3 | QL (1 EA per 1 day) |
| **PNH - Complement (C3) Inhibitors - Drugs for the Blood** | | |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***) | Tier 4 | PA |
| **PNH - Complement Factor B Inhibitors - Drugs for the Blood** | | |
| FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***) | Tier 4 | PA |
| **PNH - Complement Factor D Inhibitors - Drugs for the Blood** | | |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***) | Tier 4 | PA |
| **PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood** | | |
| EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab-aagh***) | Tier 4 | PA |
| PIASKY INJECTION SOLUTION 340 MG/2 ML (170 MG/ML) (***crovalimab-akkz***) | Tier 4 | PA |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab***) | Tier 4 | PA |
| ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***) | Tier 4 | PA |
| **Protein C Preparations - Drugs for the Blood** | | |
| CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (***protein c, human***) | Tier 4 | |
| CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (***protein c, human***) | Tier 4 | |
| **Pyruvate Kinase (PK) Activators - Drugs for the Blood** | | |
| AQVESME ORAL TABLET 100 MG (***mitapivat sulfate***) | Tier 4 | PA; QL (2 EA per 1 day) |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (***mitapivat sulfate***) | Tier 4 | PA |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (***mitapivat sulfate***) | Tier 4 | PA |
| **Sickle Cell Anemia Agents, Others - Drugs for the Blood** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***) | Tier 3 | |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***) | Tier 4 | PA |
| ***glutamine (sickle cell) oral powder in packet 5 gram*** | Tier 4 | PA |
| SIKLOS ORAL TABLET 1,000 MG (***hydroxyurea***) | Tier 3 | ST |
| SIKLOS ORAL TABLET 100 MG (***hydroxyurea***) | Tier 3 | QL (2 EA per 1 day) |
| XROMI ORAL SOLUTION 100 MG/ML (***hydroxyurea***) | Tier 3 | PA |
| **Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots** | | |
| ***dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg*** | Tier 1 | QL (2 EA per 1 day) |
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (***dabigatran etexilate mesylate***) | Tier 3 | PA |
| **Thrombopoietin Receptor Agonists - Drugs for the Blood** | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (***eltrombopag choline***) | Tier 4 | PA |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***) | Tier 4 | PA |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***) | Tier 4 | PA |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***) | Tier 4 | PA |
| DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG (***avatrombopag maleate***) | Tier 4 | PA |
| ***eltrombopag olamine oral powder in packet 12.5 mg, 25 mg*** | Tier 4 | PA |
| ***eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg*** | Tier 4 | PA |
| MULPLETA ORAL TABLET 3 MG (***lusutrombopag***) | Tier 4 | PA |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (***romiplostim***) | Tier 4 | PA |
| **Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***) | Tier 4 | PA |
| **Hepatobiliary System Treatment Agents - Drugs for the Liver** | | |
| **Agents to Treat Cerebrotendinous Xanthomatosis (CTX) - Drugs for the Liver** | | |
| CHENODAL ORAL TABLET 250 MG (***chenodiol***) | Tier 4 | PA |
| CTEXLI ORAL TABLET 250 MG (***chenodiol***) | Tier 4 | PA |
| **Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver** | | |
| OCALIVA ORAL TABLET 10 MG, 5 MG (***obeticholic acid***) | Tier 4 | PA |
| **Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver** | | |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (***odevixibat***) | Tier 4 | PA |
| BYLVAY ORAL PELLET 200 MCG, 600 MCG (***odevixibat***) | Tier 4 | PA |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (***maralixibat chloride***) | Tier 4 | PA |
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (***maralixibat chloride***) | Tier 4 | PA |
| **Non-Alcoholic Steatohepatitis (NASH) Agents - THR-Beta Agonist - Drugs for the Liver** | | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (***resmetirom***) | Tier 4 | PA |
| **Peroxisome Proliferator-Activated Receptor (PPAR) Agonist - Drugs for the Liver** | | |
| IQIRVO ORAL TABLET 80 MG (***elafibranor***) | Tier 4 | PA |
| LIVDELZI ORAL CAPSULE 10 MG (***seladelpar lysine***) | Tier 4 | PA |
| **Immunosuppressive Agents - Drugs for Organ Transplants** | | |
| **Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants** | | |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (***tacrolimus***) | Tier 3 | ST |
| ***cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***cyclosporine modified oral solution 100 mg/ml*** | Tier 1 | |
| ***cyclosporine oral capsule 100 mg, 25 mg*** | Tier 1 | |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (***tacrolimus***) | Tier 3 | ST |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***cyclosporine, modified*** (Gengraf Oral Capsule 100 Mg, 25 Mg) | Tier 1 | |
| ***cyclosporine, modified*** (Gengraf Oral Solution 100 Mg/Ml) | Tier 1 | |
| LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***) | Tier 4 | PA |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***) | Tier 2 | |
| NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***) | Tier 2 | |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***) | Tier 2 | |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (***tacrolimus***) | Tier 2 | |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***) | Tier 2 | |
| ***tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg*** | Tier 1 | |
| **Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye** | | |
| UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (***inebilizumab-cdon***) | Tier 4 | PA |
| **Immunosuppressive - GCSF-R Antagonist, Monoclonal Antibody - Drugs for Organ Transplants** | | |
| NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML (***axatilimab-csfr***) | Tier 4 | PA |
| **Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants** | | |
| ***mycophenolate mofetil oral capsule 250 mg*** | Tier 1 | |
| ***mycophenolate mofetil oral suspension for reconstitution 200 mg/ml*** | Tier 1 | |
| ***mycophenolate mofetil oral tablet 500 mg*** | Tier 1 | |
| ***mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg*** | Tier 1 | |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML (***mycophenolate mofetil***) | Tier 3 | PA |
| **Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (***emapalumab-lzsg***) | Tier 4 | PA |
| SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) (***anifrolumab-fnia***) | Tier 4 | PA |
| **Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants** | | |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (***satralizumab-mwge***) | Tier 4 | PA |
| **Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants** | | |
| ***everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg*** | Tier 1 | |
| ***sirolimus oral solution 1 mg/ml*** | Tier 1 | |
| ***sirolimus oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| **Immunosuppressive - Purine Analogs - Drugs for Organ Transplants** | | |
| ***azathioprine oral tablet 100 mg, 50 mg, 75 mg*** | Tier 1 | |
| **Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants** | | |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG (***belatacept***) | Tier 2 | |
| **Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| **Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***dichlorphenamide oral tablet 50 mg*** | Tier 4 | PA |
| KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***) | Tier 4 | PA |
| ***dichlorphenamide*** (Ormalvi Oral Tablet 50 Mg) | Tier 4 | PA |
| **ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles** | | |
| ***edaravone intravenous solution 30 mg/100 ml*** | Tier 4 | PA |
| ***edaravone intravenous solution 60 mg/100 ml*** | Tier 4 | PA |
| RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (***edaravone***) | Tier 4 | PA |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (***edaravone***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (***edaravone***) | Tier 4 | PA |
| **ALS Agents - Antisense Oligonucleotide (ASO) - Drugs for Nerves and Muscles** | | |
| QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) (***tofersen***) | Tier 4 | PA |
| **Amyotrophic Lateral Sclerosis (ALS) Agents - Benzathiazoles - Drugs for Nerves and Muscles** | | |
| ***riluzole oral tablet 50 mg*** | Tier 1 | |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***) | Tier 4 | PA |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***) | Tier 4 | PA |
| **Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles** | | |
| IMAAVY INTRAVENOUS SOLUTION 185 MG/ML (***nipocalimab-aahu***) | Tier 4 | PA |
| RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML (***rozanolixizumab-noli***) | Tier 4 | PA |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (***efgartigimod alfa-hyaluronidase-qvfc***) | Tier 4 | PA |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML (***efgartigimod alfa-hyaluronidase-qvfc***) | Tier 4 | PA |
| VYVGART INTRAVENOUS SOLUTION 20 MG/ML (***efgartigimod alfa-fcab***) | Tier 4 | PA |
| **Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles** | | |
| ***pyridostigmine bromide oral syrup 60 mg/5 ml*** | Tier 1 | |
| ***pyridostigmine bromide oral tablet 30 mg*** | Tier 1 | |
| ***pyridostigmine bromide oral tablet 60 mg*** | Tier 1 | |
| ***pyridostigmine bromide oral tablet extended release 180 mg*** | Tier 1 | |
| **Antimyasthenic Agents Other - Drugs for Nerves and Muscles** | | |
| FIRDAPSE ORAL TABLET 10 MG (***amifampridine phosphate***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (***zilucoplan sodium***) | Tier 4 | PA |
| **Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles** | | |
| AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML (***casimersen***) | Tier 4 | PA |
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML (***eteplirsen***) | Tier 4 | PA |
| VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML (***viltolarsen***) | Tier 4 | PA |
| VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML (***golodirsen***) | Tier 4 | PA |
| **Duchenne Muscular Dystrophy - Histone Deacetylase (HDAC) Inhibitor - Drugs for Nerves and Muscles** | | |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML (***givinostat hydrochloride***) | Tier 4 | PA |
| **Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists - Drugs for Nerves and Muscles** | | |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (***palovarotene***) | Tier 4 | PA |
| **Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator - Drugs for Nerves and Muscles** | | |
| SKYCLARYS ORAL CAPSULE 50 MG (***omaveloxolone***) | Tier 4 | PA |
| **Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (***hyaluronate sodium, stabilized***) | Tier 3 | PA; QL (6 ML per 180 days) |
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (***hyaluronate sodium***) | Tier 2 | PA; QL (12 ML per 180 days) |
| GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (***hyaluronate sod, cross-linked***) | Tier 3 | PA; QL (6 ML per 180 days) |
| GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (***hyaluronate sodium***) | Tier 3 | PA; QL (12 ML per 180 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | Tier 3 | PA; QL (25 ML per 180 days) |
| HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (***hyaluronate sodium***) | Tier 3 | PA; QL (20 ML per 180 days) |
| HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | Tier 3 | PA; QL (20 ML per 180 days) |
| HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (***hyaluronate sodium, modified, non-crosslinked***) | Tier 3 | PA; QL (12 ML per 180 days) |
| HYMOVIS ONE INTRA-ARTICULAR SYRINGE 32 MG/4 ML (***hyaluronate sodium, modified, non-crosslinked***) | Tier 3 | PA; QL (8 ML per 180 days) |
| MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (***hyaluronate sodium, stabilized***) | Tier 3 | PA; QL (8 ML per 180 days) |
| ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (***hyaluronate sodium***) | Tier 3 | PA; QL (16 ML per 180 days) |
| SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | Tier 3 | PA; QL (25 ML per 180 days) |
| SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | Tier 3 | PA; QL (12 ML per 180 days) |
| SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (***hylan g-f 20***) | Tier 2 | PA; QL (12 ML per 180 days) |
| SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (***hylan g-f 20***) | Tier 2 | PA; QL (12 ML per 180 days) |
| TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | Tier 3 | PA; QL (12 ML per 180 days) |
| TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | Tier 3 | PA; QL (15 ML per 180 days) |
| VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | Tier 3 | PA; QL (15 ML per 180 days) |
| **Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| XIAFLEX INJECTION RECON SOLN 0.9 MG (***collagenase clostridium histolyticum***) | Tier 4 | |
| **Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles** | | |
| BOTOX INJECTION RECON SOLN 100 UNIT (***onabotulinumtoxina***) | Tier 4 | PA; QL (4 EA per 90 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BOTOX INJECTION RECON SOLN 200 UNIT (***onabotulinumtoxina***) | Tier 4 | PA; QL (1 EA per 90 days) |
| DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT (***daxibotulinumtoxina-lanm***) | Tier 4 | PA |
| DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (***abobotulinumtoxina***) | Tier 4 | PA |
| MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (***rimabotulinumtoxinb***) | Tier 4 | PA |
| XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***) | Tier 4 | PA |
| **Neuromuscular Therapy Agents - Barth Syndrome - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML (***elamipretide hcl***) | Tier 4 | PA; QL (3.5 ML per 7 days) |
| **Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***carisoprodol-aspirin oral tablet 200-325 mg*** | Tier 1 | |
| **Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml*** | Tier 1 | PA |
| ***baclofen oral suspension 25 mg/5 ml (5 mg/ml)*** | Tier 1 | PA |
| ***baclofen oral tablet 10 mg, 20 mg*** | Tier 1 | |
| ***baclofen oral tablet 5 mg*** | Tier 1 | |
| ***carisoprodol oral tablet 250 mg, 350 mg*** | Tier 1 | |
| ***chlorzoxazone oral tablet 500 mg*** | Tier 1 | |
| ***cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg*** | Tier 1 | |
| ***metaxalone oral tablet 400 mg, 800 mg*** | Tier 1 | |
| ***methocarbamol oral tablet 500 mg, 750 mg*** | Tier 1 | |
| ***orphenadrine citrate oral tablet extended release 100 mg*** | Tier 1 | |
| ***tizanidine oral capsule 2 mg, 4 mg, 6 mg*** | Tier 1 | |
| ***tizanidine oral tablet 2 mg, 4 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***dantrolene oral capsule 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***carisoprodol-aspirin-codeine oral tablet 200-325-16 mg*** | Tier 1 | QL (8 EA per 1 day); Age (Min 12 Years) |
| **Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***carisoprodol-aspirin-codeine oral tablet 200-325-16 mg*** | Tier 1 | QL (8 EA per 1 day); Age (Min 12 Years) |
| **Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles** | | |
| SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML (***nusinersen sodium/pf***) | Tier 4 | PA |
| **Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles** | | |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML (***risdiplam***) | Tier 4 | PA |
| EVRYSDI ORAL TABLET 5 MG (***risdiplam***) | Tier 4 | PA |
| **Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment** | | |
| **Medical Supplies and DME - Blood Collection Needles - Medical Supplies and Durable Medical Equipment** | | |
| MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***) | Tier 3 | |
| MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***) | Tier 3 | |
| **Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment** | | |
| ACCU-CHEK AVIVA PLUS TEST STRP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ACCU-CHEK GUIDE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ACCU-CHEK SMARTVIEW TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ACCUTREND GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ADVANCED GLUC METER TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ADVOCATE REDI-CODE PLUS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| AGAMATRIX AMP TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| AGAMATRIX JAZZ TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| AGAMATRIX PRESTO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ASSURE 4 STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ASSURE PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ASSURE PRISM MULTI STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ASSURE TITANIUM TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| BIONIME RIGHTEST TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| BLOOD GLUCOSE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| BLULINK GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CARESENS N TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CARESENS S TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CARETOUCH TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CHOICEDM CLARUS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CLEVER CHOICE MICRO TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CLEVER CHOICE PRO STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CLEVER CHOICE TALK TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CLEVER CHOICE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CLEVER CHOICE VOICE PLUS TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| CONTOUR PLUS TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| DIATRUE PLUS TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY PLUS II TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY STEP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TALK GLUCOSE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TALK PLUS II TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TOUCH BLULINK TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TOUCH TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TRAK GLUCOSE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TRAK II TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASYGLUCO TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EASYMAX 15 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASYMAX STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ELEMENT COMPACT TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ELEMENT TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EMBRACE EVO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EMBRACE PRO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EMBRACE TALK TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EMBRACE WAVE GLUCOSE TEST STRP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EVENCARE G2 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EVENCARE G3 TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EVENCARE MINI GLUCOSE TEST STR STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EVENCARE PROVIEW TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EVENCARE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EVOLUTION TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EZ SMART PLUS TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EZ SMART TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA 6 CONNECT GLUCOSE STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA D40-G31 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA G20 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA GD50 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA GTEL GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA TN'G ADVAN PRO TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA TN'G VOICE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA V10 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA V10-V12-D10-D20 STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORACARE GD20 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORACARE GD40 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FREESTYLE INSULINX STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE TEST STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| GE100 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GE333 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCO NAVII TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCARD 01 SENSOR PLUS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCARD EXPRESSION STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCARD SHINE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCARD VITAL SENSOR STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCARD VITAL TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCOM GLUCOSE STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GM100 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| HARMONY GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| HEALTHPRO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| IHEALTH GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| INFINITY TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| MICRO BLOOD GLUCOSE STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| MICRODOT XTRA BLOOD GLUCOSE STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| MYGLUCOHEALTH STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NEUTEK 2TEK TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| NOVA MAX GLUCOSE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ON CALL EXPRESS TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| OPTIUM EZ STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| OPTIUM TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PHARMACIST CHOICE STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PIP BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRECISION PCX PLUS TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRECISION PCX TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRECISION POINT OF CARE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRECISION Q-I-D TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRECISION XTRA TEST STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| PREMIER TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PREMIUM V10 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRO VOICE V8-V9 TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRODIGY NO CODING STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| QUINTET AC STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| QUINTET GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| REFUAH PLUS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RELION CONFIRM-MICRO STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RELION PRIME TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RELION ULTIMA STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| REVEAL TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RIGHTEST GS550 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RIGHTEST GT333 TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| SMART SENSE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| SMARTEST TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| SOLUS V2 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| SURE-TEST EASYPLUS MINI STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| TELCARE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| TEST N'GO TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| TRUE METRIX GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| TRUETEST TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRUETRACK TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ULTIMA TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ULTRATRAK STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ULTRATRAK ULTIMATE STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| UNISTRIP1 TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| VIVAGUARD INO TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| **Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment** | | |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***) | $0 | CT; EHB |
| **Medical Supplies and DME - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment** | | |
| ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***) | $0 | |
| GOTOKNOW COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***) | $0 | |
| ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| **Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment** | | |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***) | $0 | CT; EHB |
| **Medical Supplies and DME - Digital Therapeutics, Software - Medical Supplies and Durable Medical Equipment** | | |
| NATURAL CYCLES DIGITAL APP (***digital therapeutics,fertility monitor***) | $0 | EHB |
| **Medical Supplies and DME - Enteral Syringes - Medical Supplies and Durable Medical Equipment** | | |
| ENFIT MULTIFIL SYRINGE SYRINGE 10 ML (***syringe, enfit 10 ml, non-sterile***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ENFIT MULTIFIL SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***) | Tier 3 | |
| ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***) | Tier 3 | |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, sterile***) | Tier 3 | |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, sterile***) | Tier 3 | |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, sterile***) | Tier 3 | |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE CAP (***syringe cap, enfit,non-sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***) | Tier 3 | |
| PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***) | Tier 3 | |
| ***syringe cap, enfit,non-sterile*** | Tier 3 | |
| ***syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 10 ml, 20 ml, 3 ml, 35 ml, 60 ml*** | Tier 3 | |
| ***syringe, enfit, non-sterile syringe 5 ml*** | Tier 3 | |
| ***syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml*** | Tier 3 | |
| ***syringe, enfit, sterile syringe 10 ml*** | Tier 3 | |
| ***syringe, enfit, sterile syringe 20 ml*** | Tier 3 | |
| ***syringe, enfit, sterile syringe 5 ml*** | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment** | | |
| FC2 FEMALE CONDOM (***condoms, female***) | $0 | CT; EHB |
| **Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment** | | |
| ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***) | Tier 2 | DD |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE (***lancets***) | Tier 2 | DD |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***) | Tier 2 | DD |
| ACCU-CHEK SOFTCLIX LANCETS (***lancets***) | Tier 2 | DD |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| ADVANTAGE SAFETY LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (***lancets***) | Tier 2 | DD |
| ALTERNATE SITE LANCET 26 GAUGE (***lancets***) | Tier 2 | DD |
| ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***) | Tier 2 | DD |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| BLULINK BG SYSTEM REFILL KIT 32 GAUGE (***lancets with blood glucose test strips***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| CAREONE ULTRA THIN LANCET (***lancets***) | Tier 2 | DD |
| CARESENS LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***) | Tier 2 | DD; QL (1 EA per 365 days) |
| CHOSEN LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| CHOSEN SAFETY LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| CLEVER CHEK LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| COAGUCHEK LANCETS (***lancets***) | Tier 2 | DD |
| COLOR LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***) | Tier 2 | DD |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***) | Tier 2 | DD |
| DEXCOM G6 RECEIVER (***blood-glucose meter, receiver, continuous***) | Tier 2 | ST; DD; QL (1 EA per 365 days) |
| DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (3 EA per 30 days) |
| DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 2 | ST; DD; QL (1 EA per 90 days) |
| DEXCOM G7 15 DAY SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 30 days) |
| DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***) | Tier 2 | ST; DD; QL (1 EA per 365 days) |
| DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (3 EA per 30 days) |
| DROPLET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| DROPSAFE ACTI-LANCE 23 GAUGE (***lancets***) | Tier 2 | DD |
| DROPSAFE MEDLANCE PLUS 30 GAUGE (***lancets***) | Tier 2 | DD |
| EASY COMFORT LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| EASY COMFORT SAFETY LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| EMBRACE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***) | Tier 3 | PA; DD |
| EVERSENSE 365 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| E-Z JECT THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| EZ SMART LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| FINGERSTIX LANCETS (***lancets***) | Tier 2 | DD |
| FONDCIRCLE LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| FORACARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| FREESTYLE LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***) | Tier 2 | ST; DD; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***) | Tier 2 | ST; DD; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 28 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***) | Tier 2 | ST; DD; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 28 days) |
| FREESTYLE UNISTIK 2 (***lancets***) | Tier 2 | DD |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| GOJJI LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***) | Tier 3 | PA; DD |
| GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***) | Tier 3 | PA; DD |
| INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| INVACARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ***lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge*** | Tier 2 | DD |
| LANCETS, SUPER THIN (***lancets***) | Tier 2 | DD |
| LANCETS,THIN , 28 GAUGE (***lancets***) | Tier 2 | DD |
| LANCETS,ULTRA THIN (***lancets***) | Tier 2 | DD |
| MEDISENSE THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***) | Tier 2 | DD |
| MICRO THIN LANCETS 33 GAUGE (***lancets***) | Tier 2 | DD |
| MICROLET LANCET (***lancets***) | Tier 2 | DD |
| MINIMED INSTINCT SENSOR DEVICE (***blood-glucose sensor***) | Tier 3 | PA; DD |
| MOBILE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MONOLET LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| MONOLET THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| NOVA SUREFLEX LANCETS (***lancets***) | Tier 2 | DD |
| ON CALL LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ON-THE-GO LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***) | Tier 2 | DD |
| PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| PURE COMFORT LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SAFETY-LET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| SIMPLERA SENSOR DEVICE (***blood-glucose sensor***) | Tier 3 | PA; DD |
| SIMPLERA SYNC SENSOR DEVICE (***blood-glucose sensor***) | Tier 3 | PA; DD |
| SINGLE-LET (***lancets***) | Tier 2 | DD |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| SMARTEST LANCET (***lancets***) | Tier 2 | DD |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***) | Tier 2 | DD |
| SURE-TOUCH LANCET (***lancets***) | Tier 2 | DD |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| TELCARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| TEMPO REFILL KIT WITH GAUZE KIT (***lancets/blood glucose test strips/pen needles/gauze***) | Tier 2 | DD |
| THIN LANCETS 26 GAUGE (***lancets***) | Tier 2 | DD |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***) | Tier 2 | DD |
| TRUE COMFORT LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET BASIC LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ULTILET SAFETY LANCETS 23 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA THIN II LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA TLC LANCETS (***lancets***) | Tier 2 | DD |
| ULTRA-CARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA-THIN II LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET GP LANCET (***lancets***) | Tier 2 | DD |
| UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 2 EXTRA LANCET 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 2 NORMAL LANCET 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 GENTLE 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| VIVAGUARD LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| **Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment** | | |
| AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic, safety***) | Tier 2 | DD |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |
| ***insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"*** | Tier 2 | DD |
| NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***) | Tier 2 | DD |
| NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***) | Tier 2 | DD |
| OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***) | Tier 2 | DD |
| ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***) | Tier 2 | DD |
| ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***) | Tier 2 | DD |
| ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (***pen needle, diabetic***) | Tier 2 | DD |
| UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***) | Tier 2 | DD |
| **Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment** | | |
| AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***) | $0 | CT; EHB |
| DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| FANTASY CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| **Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment** | | |
| SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***) | Tier 4 | |
| **Medical Supplies and DME - Needles and Syringes - Medical Supplies and Durable Medical Equipment** | | |
| ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 0.5 ml***) | Tier 3 | |
| ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (***syring w-needl 0.5 ml,kit-tray***) | Tier 3 | |
| BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (***syringe with cannula, disposable, 3 ml***) | Tier 3 | |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (***needles, disposable***) | Tier 3 | |
| BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " (***needles, safety***) | Tier 3 | |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (***needles, safety***) | Tier 3 | |
| BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (***needles, filter***) | Tier 3 | |
| BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (***needles, filter***) | Tier 3 | |
| BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (***syringe with cannula, disposable, 5 ml***) | Tier 3 | |
| BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (***syringe with cannula, disposable, 10 ml***) | Tier 3 | |
| BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (***needles, disposable***) | Tier 3 | |
| BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (***syringe with needle,disposable, 10 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (***syringe with needle,disposable, 5 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (***needles, disposable***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8" (***needles, disposable***) | Tier 3 | |
| BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, disposable***) | Tier 3 | |
| BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (***needles, disposable***) | Tier 3 | |
| BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" (***needles, safety***) | Tier 3 | |
| BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD SLIP TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| B-D SLIP TIP SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| BD SLIP TIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| BD SLIP TIP SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (***needles, disposable***) | Tier 3 | |
| BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SYRINGE CATHETER TIP SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (***syringe with needle and cannula, disposable, 10 ml***) | Tier 3 | |
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (***syringe with needle,disposable, 0.5 ml***) | Tier 3 | |
| ***blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "*** | Tier 3 | |
| CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1" (***needles, disposable***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| DAVOL IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***) | Tier 3 | |
| DAVOL PISTON IRRIGATION SYRINGE (***syringe disposable irrigation***) | Tier 3 | |
| DOVER BULB SYRINGE SYRINGE 60 ML (***syringe disposable irrig,60 ml***) | Tier 3 | |
| DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***) | Tier 3 | |
| EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16" (***needles, safety***) | Tier 3 | |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (***syringe,safety with needle,10 ml***) | Tier 3 | |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (***syringe,safety with needle,5 ml***) | Tier 3 | |
| EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (***safety syringe with needle, disposable kit-tray, 1 ml***) | Tier 3 | |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (***needles, disposable***) | Tier 3 | |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (***syringe,safety with needle,10 ml***) | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (***syringe,safety with needle,5 ml***) | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***safety syringe with needle, disposable kit-tray, 1 ml***) | Tier 3 | |
| EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| EASY TOUCH UNI-SLIP SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| EASY TOUCH UNI-SLIP SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| EASY TOUCH UNI-SLIP SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***) | Tier 3 | |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***) | Tier 3 | |
| ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***) | Tier 3 | |
| EXEL SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| EXEL SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***) | Tier 3 | |
| EXEL SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| ***filter needles needle 18 gauge x 1 1/2"*** | Tier 3 | |
| FLOW-EZE VENTED NEEDLE NEEDLE (***needles, disposable***) | Tier 3 | |
| ***huber safety needles (disp.) needle 22 x 3/4 "*** | Tier 3 | |
| HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (***needles, disposable***) | Tier 3 | |
| INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (***needles, safety***) | Tier 3 | |
| INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (***syringe with cannula, disposable, 10 ml***) | Tier 3 | |
| IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (***syringe with cannula, disposable, 1 ml***) | Tier 3 | |
| LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (***syringe with cannula, disposable, 3 ml***) | Tier 3 | |
| LUER LOCK SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***) | Tier 3 | |
| LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| LUER-LOK TIP SYRINGE 30 ML (***syringe, disposable, 30 ml***) | Tier 3 | |
| MAD NASAL ATOMIZER-3 ML SYRING NASAL COMBO PACK (***syringe with cannula, disposable, 3 ml and atomizer***) | Tier 3 | |
| MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| MONOJECT 140CC PISTON SYRINGE SYRINGE (***syringe, disposable***) | Tier 3 | |
| MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (***syringe, disposable, 35 ml***) | Tier 3 | |
| MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***) | Tier 3 | |
| MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (***syring w-needl 0.5 ml,kit-tray***) | Tier 3 | |
| MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***) | Tier 3 | |
| MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (***syringe, disposable, 35 ml***) | Tier 3 | |
| MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (***needles, filter***) | Tier 3 | |
| MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (***needles, filter***) | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***) | Tier 3 | |
| MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***) | Tier 3 | |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT LUER-LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 3 ML 20 GAUGE X 1" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 " (***needles, pharmacy compound***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (***syringe, disposable, 6 ml***) | Tier 3 | |
| MONOJECT REGULAR LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT REGULAR LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT REGULAR LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***) | Tier 3 | |
| MONOJECT REGULAR LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***) | Tier 3 | |
| MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT SAFETY SYRINGES SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (***syringe,safety with needle,12 ml***) | Tier 3 | |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| MONOJECT SAFETY SYRINGES SYRINGE 6 ML (***syringe with needle,disposable, 6 ml***) | Tier 3 | |
| MONOJECT SMARTIP CANNULA SYRINGE 12 ML (***syringe with cannula,disposable 12 ml***) | Tier 3 | |
| MONOJECT SMARTIP CANNULA SYRINGE 3 ML (***syringe with cannula, disposable, 3 ml***) | Tier 3 | |
| MONOJECT SMARTIP CANNULA SYRINGE 6 ML (***syringe with cannula, disposable, 6 ml***) | Tier 3 | |
| MONOJECT SYRINGE CATHETER SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (***syringe, disposable, 35 ml***) | Tier 3 | |
| MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (***syringe, disposable, 6 ml***) | Tier 3 | |
| MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (***syringe with needle,disposable, 12 ml***) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 140 ML (***syringe, disposable, 140 ml***) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 6 ML (***syringe, disposable, 6 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (***syringe with needle,disposable, 6 ml***) | Tier 3 | |
| MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| MONOJECT TB LUER LOK SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (***syringe with needle,disposable, 0.5 ml***) | Tier 3 | |
| ***needle (disp) 16 g needle 16 gauge x 1"*** | Tier 3 | |
| ***needle (disp) 18 g needle 18 gauge x 1 1/2", 18 gauge x 1"*** | Tier 3 | |
| ***needle (disp) 19 g needle 19 gauge x 1 1/2"*** | Tier 3 | |
| ***needle (disp) 23 gauge needle 23 gauge x 1"*** | Tier 3 | |
| ***needle (disp) 27 gauge needle 27 gauge x 1 1/2", 27 gauge x 1/2"*** | Tier 3 | |
| ***needles, huber disposable needle 22 x 1 "*** | Tier 3 | |
| NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| NORM-JECT SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| NORM-JECT SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NORM-JECT TUBERKULIN SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***) | Tier 3 | |
| POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (***syringe,needle,safety 1 ml,self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 10 ML (***syringe, safety 10 ml, self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (***syringe,safety needle 10 ml and self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml, self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe 3 ml with safety needle,self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 5 ML (***syringe, safety 5 ml, self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (***syringe, safety needle 5 ml and self-contained disposal unit***) | Tier 3 | |
| ***safety needles needle 18 gauge x 1 1/2"*** | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (***needles, safety***) | Tier 3 | |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***) | Tier 3 | |
| SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***) | Tier 3 | |
| ***syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml*** | Tier 3 | |
| SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| ***syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 x 1"*** | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SYRINGE WITHOUT NEEDLE SYRINGE (***syringe, disposable***) | Tier 3 | |
| TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (***syringe with needle,disposable, 5 ml***) | Tier 3 | |
| TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| TERUMO SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***) | Tier 3 | |
| TOOMEY SYRINGE SYRINGE 70 ML (***syringe, disposable irrigation, 70 ml***) | Tier 3 | |
| TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ***tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"*** | Tier 3 | |
| ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml***) | Tier 3 | |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***) | Tier 3 | |
| VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***) | Tier 3 | |
| VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 5 ml***) | Tier 3 | |
| VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (***needles, disposable***) | Tier 3 | |
| **Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment** | | |
| PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***) | Tier 3 | |
| **Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment** | | |
| ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER MINI SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER MV SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER2GO SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROTRACH PLUS SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROVENT PLUS SPACER (***inhaler, assist devices***) | Tier 3 | |
| BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***) | Tier 3 | |
| BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| FLEXICHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| INSPIRACHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| MICROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| MICROSPACER SPACER (***inhaler, assist devices***) | Tier 3 | |
| OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***) | Tier 3 | |
| OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***) | Tier 3 | |
| POCKET CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| PRIMEAIRE SPACER (***inhaler, assist devices***) | Tier 3 | |
| PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| PROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| SPACE CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***) | Tier 3 | |
| THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***) | Tier 3 | |
| VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| **Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment** | | |
| CEQUR SIMPLICITY DEVICE 2 UNIT (***subcutaneous bolus insulin patch pump, 200 unit, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 3 | DD |
| ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 3 | DD |
| MODD1 PATIENT WELCOME KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 3 | PA; DD |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/l2***) | Tier 2 | DD |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***) | Tier 2 | DD; QL (1 EA per 365 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***) | Tier 2 | DD |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/l2 with controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***) | Tier 2 | DD |
| TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (***insulin pump cartridge/insulin infusion set/syringe/needle***) | Tier 2 | DD |
| TWIIST STARTER KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 2 | DD; QL (1 EA per 365 days) |
| V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***) | Tier 2 | DD |
| V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***) | Tier 2 | DD |
| V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***) | Tier 2 | DD |
| **Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment** | | |
| ILET INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| TANDEM MOBI SYSTEM (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| **Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment** | | |
| DIASTIX STRIP (***urine glucose test strip***) | Tier 3 | DD |
| **Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment** | | |
| KETO-DIASTIX STRIP (***urine glucose-acet test strip***) | Tier 3 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment** | | |
| CHEK-STIX CONTROL STRIP (***urine multiple test strips***) | Tier 3 | |
| KETONE CARE STRIP (***urine acetone test strips***) | Tier 3 | DD |
| KETONE URINE TEST STRIP (***urine acetone test strips***) | Tier 3 | DD |
| KETOSTIX STRIP (***urine acetone test strips***) | Tier 3 | DD |
| TRUEPLUS KETONE STRIP (***urine acetone test strips***) | Tier 3 | DD |
| **Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment** | | |
| CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***) | Tier 3 | |
| LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***) | Tier 3 | |
| **Medical Supplies and DME-Glucose Monitoring and Insulin Admin Supplies - Medical Supplies and Durable Medical Equipment** | | |
| ILET INFUSION KIT-FLEX 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| MODD1 SUPPLY KIT COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | PA; DD |
| TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| **Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment** | | |
| SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (***dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl***) | Tier 4 | |
| **Medical Supply, FDB Superset** | | |
| **Medical Supply, FDB Superset** | | |
| ACCU-CHEK AVIVA PLUS TEST STRP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***) | Tier 2 | DD |
| ACCU-CHEK GUIDE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE (***lancets***) | Tier 2 | DD |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***) | Tier 2 | DD |
| ACCU-CHEK SMARTVIEW TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ACCU-CHEK SOFTCLIX LANCETS (***lancets***) | Tier 2 | DD |
| ACCUTREND GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ADVANCED GLUC METER TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| ADVANTAGE SAFETY LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| ADVOCATE REDI-CODE PLUS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER MINI SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER MV SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER2GO SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROTRACH PLUS SPACER (***inhaler, assist devices***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| AEROVENT PLUS SPACER (***inhaler, assist devices***) | Tier 3 | |
| AGAMATRIX AMP TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| AGAMATRIX JAZZ TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| AGAMATRIX PRESTO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (***lancets***) | Tier 2 | DD |
| AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 0.5 ml***) | Tier 3 | |
| ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ALTERNATE SITE LANCET 26 GAUGE (***lancets***) | Tier 2 | DD |
| ASSURE 4 STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| ASSURE PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ASSURE PRISM MULTI STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ASSURE TITANIUM TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic, safety***) | Tier 2 | DD |
| BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (***syring w-needl 0.5 ml,kit-tray***) | Tier 3 | |
| BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (***syringe with cannula, disposable, 3 ml***) | Tier 3 | |
| BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (***needles, disposable***) | Tier 3 | |
| BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " (***needles, safety***) | Tier 3 | |
| BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (***needles, safety***) | Tier 3 | |
| BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (***needles, filter***) | Tier 3 | |
| BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (***needles, filter***) | Tier 3 | |
| BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (***syringe with cannula, disposable, 5 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (***syringe with cannula, disposable, 10 ml***) | Tier 3 | |
| BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (***needles, disposable***) | Tier 3 | |
| BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (***syringe with needle,disposable, 10 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (***syringe with needle,disposable, 5 ml***) | Tier 3 | |
| BD LUER-LOK SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***) | Tier 2 | DD |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (***needles, disposable***) | Tier 3 | |
| BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8" (***needles, disposable***) | Tier 3 | |
| BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, disposable***) | Tier 3 | |
| BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (***needles, disposable***) | Tier 3 | |
| BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" (***needles, safety***) | Tier 3 | |
| BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (***needles, disposable***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD SLIP TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| B-D SLIP TIP SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| BD SLIP TIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| BD SLIP TIP SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (***needles, disposable***) | Tier 3 | |
| BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SYRINGE CATHETER TIP SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| BD SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (***syringe with needle and cannula, disposable, 10 ml***) | Tier 3 | |
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (***syringe with needle,disposable, 0.5 ml***) | Tier 3 | |
| BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| BIONIME RIGHTEST TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| BLOOD GLUCOSE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| BLULINK BG SYSTEM REFILL KIT 32 GAUGE (***lancets with blood glucose test strips***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| BLULINK GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ***blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "*** | Tier 3 | |
| BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***) | Tier 3 | |
| BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***) | Tier 3 | |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| CAREONE ULTRA THIN LANCET (***lancets***) | Tier 2 | DD |
| CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| CARESENS LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| CARESENS N TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CARESENS S TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***) | $0 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| CARETOUCH TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***) | $0 | CT; EHB |
| CEQUR SIMPLICITY DEVICE 2 UNIT (***subcutaneous bolus insulin patch pump, 200 unit, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***) | Tier 2 | DD; QL (1 EA per 365 days) |
| CHEK-STIX CONTROL STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 10 MD STRIP (***urine multiple test strips***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CHEMSTRIP 10/SG STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 2 GP STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 50B STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 7 STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 9 STRIP (***urine multiple test strips***) | Tier 3 | |
| CHOICEDM CLARUS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CHOSEN LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| CHOSEN SAFETY LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| CLEVER CHEK LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| CLEVER CHOICE MICRO TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CLEVER CHOICE PRO STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CLEVER CHOICE TALK TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CLEVER CHOICE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CLEVER CHOICE VOICE PLUS TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| COAGUCHEK LANCETS (***lancets***) | Tier 2 | DD |
| COLOR LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| COMBISTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***) | Tier 2 | DD |
| COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| CONTOUR PLUS TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| DAVOL IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***) | Tier 3 | |
| DAVOL PISTON IRRIGATION SYRINGE (***syringe disposable irrigation***) | Tier 3 | |
| DEXCOM G6 RECEIVER (***blood-glucose meter, receiver, continuous***) | Tier 2 | ST; DD; QL (1 EA per 365 days) |
| DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (3 EA per 30 days) |
| DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 2 | ST; DD; QL (1 EA per 90 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DEXCOM G7 15 DAY SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 30 days) |
| DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***) | Tier 2 | ST; DD; QL (1 EA per 365 days) |
| DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (3 EA per 30 days) |
| DIASTIX STRIP (***urine glucose test strip***) | Tier 3 | DD |
| DIATRUE PLUS TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| DOVER BULB SYRINGE SYRINGE 60 ML (***syringe disposable irrig,60 ml***) | Tier 3 | |
| DROPLET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| DROPSAFE ACTI-LANCE 23 GAUGE (***lancets***) | Tier 2 | DD |
| DROPSAFE MEDLANCE PLUS 30 GAUGE (***lancets***) | Tier 2 | DD |
| DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***) | Tier 3 | |
| DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***) | $0 | CT; EHB |
| DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| EASY COMFORT LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| EASY COMFORT SAFETY LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| EASY PLUS II TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY STEP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TALK GLUCOSE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TALK PLUS II TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TOUCH BLULINK TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16" (***needles, safety***) | Tier 3 | |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (***syringe,safety with needle,10 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (***syringe,safety with needle,5 ml***) | Tier 3 | |
| EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (***safety syringe with needle, disposable kit-tray, 1 ml***) | Tier 3 | |
| EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (***needles, disposable***) | Tier 3 | |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (***syringe,safety with needle,10 ml***) | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (***syringe,safety with needle,5 ml***) | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***safety syringe with needle, disposable kit-tray, 1 ml***) | Tier 3 | |
| EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| EASY TOUCH TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TOUCH UNI-SLIP SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| EASY TOUCH UNI-SLIP SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| EASY TOUCH UNI-SLIP SYRINGE 5 ML (***syringe, disposable, 5 ml***) | Tier 3 | |
| EASY TRAK GLUCOSE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TRAK II TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| EASYGLUCO TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASYMAX 15 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASYMAX STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***) | Tier 3 | |
| ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| ELEMENT COMPACT TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ELEMENT TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EMBRACE EVO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EMBRACE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| EMBRACE PRO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| EMBRACE TALK TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EMBRACE WAVE GLUCOSE TEST STRP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ENFIT MULTIFIL SYRINGE SYRINGE 10 ML (***syringe, enfit 10 ml, non-sterile***) | Tier 3 | |
| ENFIT MULTIFIL SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***) | Tier 3 | |
| ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***) | Tier 3 | |
| EVENCARE G2 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EVENCARE G3 TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EVENCARE MINI GLUCOSE TEST STR STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EVENCARE PROVIEW TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EVENCARE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***) | Tier 3 | PA; DD |
| EVERSENSE 365 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| EVOLUTION TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***) | Tier 3 | |
| EXEL SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| EXEL SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***) | Tier 3 | |
| EXEL SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***) | Tier 3 | |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| E-Z JECT THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| EZ SMART LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| EZ SMART PLUS TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EZ SMART TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FANTASY CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| FC2 FEMALE CONDOM (***condoms, female***) | $0 | CT; EHB |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***) | $0 | CT; EHB |
| ***filter needles needle 18 gauge x 1 1/2"*** | Tier 3 | |
| FINGERSTIX LANCETS (***lancets***) | Tier 2 | DD |
| FLEXICHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| FLOW-EZE VENTED NEEDLE NEEDLE (***needles, disposable***) | Tier 3 | |
| FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| FONDCIRCLE LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| FORA 6 CONNECT GLUCOSE STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA D40-G31 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA G20 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA GD50 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA GTEL GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FORA TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA TN'G ADVAN PRO TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA TN'G VOICE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA V10 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORA V10-V12-D10-D20 STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORACARE GD20 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORACARE GD40 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| FORACARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| FREESTYLE INSULINX STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***) | Tier 2 | ST; DD; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***) | Tier 2 | ST; DD; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***) | Tier 2 | ST; DD; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***) | Tier 2 | ST; DD; QL (2 EA per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE TEST STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE UNISTIK 2 (***lancets***) | Tier 2 | DD |
| GE100 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GE333 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***) | $0 | |
| GLUCO NAVII TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCARD 01 SENSOR PLUS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCARD EXPRESSION STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCARD SHINE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCARD VITAL SENSOR STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCARD VITAL TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCOM GLUCOSE STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| GM100 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GOJJI BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| GOJJI LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| GOTOKNOW COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***) | Tier 3 | PA; DD |
| GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***) | Tier 3 | PA; DD |
| HARMONY GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| HEALTHPRO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| HEMA-COMBISTIX STRIP (***urine multiple test strips***) | Tier 3 | |
| ***huber safety needles (disp.) needle 22 x 3/4 "*** | Tier 3 | |
| HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (***needles, disposable***) | Tier 3 | |
| IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| IHEALTH GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ILET INFUSION KIT-FLEX 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| ILET INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 3 | DD |
| ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 3 | DD |
| INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| INFINITY TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |
| INSPIRACHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| ***insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"*** | Tier 2 | DD |
| INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (***needles, safety***) | Tier 3 | |
| INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (***syringe,safety with needle,3 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (***syringe with cannula, disposable, 10 ml***) | Tier 3 | |
| INVACARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***) | Tier 3 | |
| KETO-DIASTIX STRIP (***urine glucose-acet test strip***) | Tier 3 | DD |
| KETONE CARE STRIP (***urine acetone test strips***) | Tier 3 | DD |
| KETONE URINE TEST STRIP (***urine acetone test strips***) | Tier 3 | DD |
| KETOSTIX STRIP (***urine acetone test strips***) | Tier 3 | DD |
| KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| LABSTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| ***lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge*** | Tier 2 | DD |
| LANCETS, SUPER THIN (***lancets***) | Tier 2 | DD |
| LANCETS,THIN , 28 GAUGE (***lancets***) | Tier 2 | DD |
| LANCETS,ULTRA THIN (***lancets***) | Tier 2 | DD |
| LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (***syringe with cannula, disposable, 1 ml***) | Tier 3 | |
| LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (***syringe with cannula, disposable, 3 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***) | $0 | |
| LUER LOCK SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***) | Tier 3 | |
| LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| LUER-LOK TIP SYRINGE 30 ML (***syringe, disposable, 30 ml***) | Tier 3 | |
| MAD NASAL ATOMIZER-3 ML SYRING NASAL COMBO PACK (***syringe with cannula, disposable, 3 ml and atomizer***) | Tier 3 | |
| MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| MEDISENSE THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***) | Tier 2 | DD |
| MICRO BLOOD GLUCOSE STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| MICRO THIN LANCETS 33 GAUGE (***lancets***) | Tier 2 | DD |
| MICROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MICRODOT XTRA BLOOD GLUCOSE STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| MICROLET LANCET (***lancets***) | Tier 2 | DD |
| MICROSPACER SPACER (***inhaler, assist devices***) | Tier 3 | |
| MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| MINIMED INSTINCT SENSOR DEVICE (***blood-glucose sensor***) | Tier 3 | PA; DD |
| MOBILE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| MODD1 PATIENT WELCOME KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 3 | PA; DD |
| MODD1 SUPPLY KIT COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | PA; DD |
| MONOJECT 140CC PISTON SYRINGE SYRINGE (***syringe, disposable***) | Tier 3 | |
| MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (***syringe, disposable, 35 ml***) | Tier 3 | |
| MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***) | Tier 3 | |
| MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (***syring w-needl 0.5 ml,kit-tray***) | Tier 3 | |
| MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***) | Tier 3 | |
| MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***) | Tier 3 | |
| MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (***syringe, disposable, 35 ml***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, sterile***) | Tier 3 | |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, sterile***) | Tier 3 | |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, sterile***) | Tier 3 | |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE CAP (***syringe cap, enfit,non-sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***) | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***) | Tier 3 | |
| MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (***needles, filter***) | Tier 3 | |
| MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (***needles, filter***) | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***) | Tier 3 | |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT LUER-LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 3 ML 20 GAUGE X 1" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 " (***needles, pharmacy compound***) | Tier 3 | |
| MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (***syringe, disposable, 6 ml***) | Tier 3 | |
| MONOJECT REGULAR LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT REGULAR LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT REGULAR LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***) | Tier 3 | |
| MONOJECT REGULAR LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***) | Tier 3 | |
| MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT SAFETY SYRINGES SYRINGE 12 ML (***syringe, disposable, 12 ml***) | Tier 3 | |
| MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (***syringe,safety with needle,12 ml***) | Tier 3 | |
| MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| MONOJECT SAFETY SYRINGES SYRINGE 6 ML (***syringe with needle,disposable, 6 ml***) | Tier 3 | |
| MONOJECT SMARTIP CANNULA SYRINGE 12 ML (***syringe with cannula,disposable 12 ml***) | Tier 3 | |
| MONOJECT SMARTIP CANNULA SYRINGE 3 ML (***syringe with cannula, disposable, 3 ml***) | Tier 3 | |
| MONOJECT SMARTIP CANNULA SYRINGE 6 ML (***syringe with cannula, disposable, 6 ml***) | Tier 3 | |
| MONOJECT SYRINGE CATHETER SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (***syringe, disposable, 35 ml***) | Tier 3 | |
| MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (***syringe, disposable, 6 ml***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (***syringe with needle,disposable, 12 ml***) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 140 ML (***syringe, disposable, 140 ml***) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 6 ML (***syringe, disposable, 6 ml***) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (***syringe with needle,disposable, 6 ml***) | Tier 3 | |
| MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (***syringe, disposable, 60 ml***) | Tier 3 | |
| MONOJECT TB LUER LOK SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (***syringe with needle,disposable, 0.5 ml***) | Tier 3 | |
| MONOLET LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| MONOLET THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***) | Tier 3 | |
| MULTISTIX 10 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 5 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 7 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 8 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 9 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 9 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX STRIP (***urine multiple test strips***) | Tier 3 | |
| MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| MYGLUCOHEALTH STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***) | Tier 2 | DD |
| NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***) | Tier 2 | DD |
| NATURAL CYCLES DIGITAL APP (***digital therapeutics,fertility monitor***) | $0 | EHB |
| ***needle (disp) 16 g needle 16 gauge x 1"*** | Tier 3 | |
| ***needle (disp) 18 g needle 18 gauge x 1 1/2", 18 gauge x 1"*** | Tier 3 | |
| ***needle (disp) 19 g needle 19 gauge x 1 1/2"*** | Tier 3 | |
| ***needle (disp) 23 gauge needle 23 gauge x 1"*** | Tier 3 | |
| ***needle (disp) 27 gauge needle 27 gauge x 1 1/2", 27 gauge x 1/2"*** | Tier 3 | |
| ***needles, huber disposable needle 22 x 1 "*** | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NEUTEK 2TEK TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (***needles, disposable***) | Tier 3 | |
| NORM-JECT SYRINGE 10 ML (***syringe, disposable, 10 ml***) | Tier 3 | |
| NORM-JECT SYRINGE 20 ML (***syringe, disposable, 20 ml***) | Tier 3 | |
| NORM-JECT TUBERKULIN SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| NOVA MAX GLUCOSE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| NOVA SUREFLEX LANCETS (***lancets***) | Tier 2 | DD |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/l2***) | Tier 2 | DD |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***) | Tier 2 | DD |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/l2 with controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***) | Tier 2 | DD |
| ON CALL EXPRESS TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ON CALL LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| ON-THE-GO LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***) | Tier 3 | |
| OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| OPTIUM EZ STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| OPTIUM TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***) | Tier 3 | |
| PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***) | Tier 3 | |
| PHARMACIST CHOICE STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***) | Tier 3 | |
| PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| PIP BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***) | Tier 3 | |
| PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| POCKET CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***) | Tier 3 | |
| PRECISION PCX PLUS TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRECISION PCX TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRECISION POINT OF CARE TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRECISION Q-I-D TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRECISION XTRA TEST STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| PREMIER TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PREMIUM V10 STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| PRIMEAIRE SPACER (***inhaler, assist devices***) | Tier 3 | |
| PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| PRO VOICE V8-V9 TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| PROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| PRODIGY NO CODING STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| PURE COMFORT LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| PUSH BUTTON SAFETY LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| QUINTET AC STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| QUINTET GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| REFUAH PLUS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| RELION CONFIRM-MICRO STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RELION PRIME TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RELION ULTIMA STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| REVEAL TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| RIGHTEST GS550 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RIGHTEST GT333 TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (***syringe,needle,safety 1 ml,self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 10 ML (***syringe, safety 10 ml, self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (***syringe,safety needle 10 ml and self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml, self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe 3 ml with safety needle,self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 5 ML (***syringe, safety 5 ml, self-contained disposal unit***) | Tier 3 | |
| SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (***syringe, safety needle 5 ml and self-contained disposal unit***) | Tier 3 | |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ***safety needles needle 18 gauge x 1 1/2"*** | Tier 3 | |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SAFETY-LET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| SIMPLERA SENSOR DEVICE (***blood-glucose sensor***) | Tier 3 | PA; DD |
| SIMPLERA SYNC SENSOR DEVICE (***blood-glucose sensor***) | Tier 3 | PA; DD |
| SINGLE-LET (***lancets***) | Tier 2 | DD |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| SMART SENSE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| SMARTEST LANCET (***lancets***) | Tier 2 | DD |
| SMARTEST TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SOLUS V2 TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| SPACE CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | $0 | |
| STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SURE-TEST EASYPLUS MINI STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| SURE-TOUCH LANCET (***lancets***) | Tier 2 | DD |
| SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (***needles, safety***) | Tier 3 | |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***) | Tier 3 | |
| SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***) | Tier 3 | |
| SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***) | Tier 4 | |
| ***syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml*** | Tier 3 | |
| SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| ***syringe cap, enfit,non-sterile*** | Tier 3 | |
| ***syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 x 1"*** | Tier 3 | |
| SYRINGE WITHOUT NEEDLE SYRINGE (***syringe, disposable***) | Tier 3 | |
| ***syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 10 ml, 20 ml, 3 ml, 35 ml, 60 ml*** | Tier 3 | |
| ***syringe, enfit, non-sterile syringe 5 ml*** | Tier 3 | |
| ***syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml*** | Tier 3 | |
| ***syringe, enfit, sterile syringe 10 ml*** | Tier 3 | |
| ***syringe, enfit, sterile syringe 20 ml*** | Tier 3 | |
| ***syringe, enfit, sterile syringe 5 ml*** | Tier 3 | |
| T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI SYSTEM (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| TELCARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| TELCARE TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| TEMPO REFILL KIT WITH GAUZE KIT (***lancets/blood glucose test strips/pen needles/gauze***) | Tier 2 | DD |
| TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (***syringe with needle,disposable, 5 ml***) | Tier 3 | |
| TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| TERUMO SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***) | Tier 3 | |
| TEST N'GO TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| THIN LANCETS 26 GAUGE (***lancets***) | Tier 2 | DD |
| THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***) | Tier 3 | |
| THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***) | Tier 3 | |
| TOOMEY SYRINGE SYRINGE 70 ML (***syringe, disposable irrigation, 70 ml***) | Tier 3 | |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUE COMFORT LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUE METRIX GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| TRUEPLUS KETONE STRIP (***urine acetone test strips***) | Tier 3 | DD |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| TRUETEST TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| TRUETRACK TEST STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***) | Tier 3 | |
| TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ***tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"*** | Tier 3 | |
| TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (***insulin pump cartridge/insulin infusion set/syringe/needle***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TWIIST STARTER KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 2 | DD; QL (1 EA per 365 days) |
| TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml***) | Tier 3 | |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***) | Tier 3 | |
| ULTILET BASIC LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET SAFETY LANCETS 23 GAUGE (***lancets***) | Tier 2 | DD |
| ULTIMA TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ULTRA THIN II LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA TLC LANCETS (***lancets***) | Tier 2 | DD |
| ULTRA-CARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***) | Tier 2 | DD |
| ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***) | Tier 2 | DD |
| ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***) | Tier 2 | DD |
| ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (***pen needle, diabetic***) | Tier 2 | DD |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA-THIN II LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRATRAK STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| ULTRATRAK ULTIMATE STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***) | Tier 2 | DD |
| UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET GP LANCET (***lancets***) | Tier 2 | DD |
| UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 2 EXTRA LANCET 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 2 NORMAL LANCET 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 GENTLE 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTRIP1 TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| URISTIX 4 STRIP (***urine multiple test strips***) | Tier 3 | |
| URISTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***) | Tier 3 | |
| VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***) | Tier 3 | |
| VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***) | Tier 3 | |
| VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***) | Tier 3 | |
| VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 5 ml***) | Tier 3 | |
| VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***) | Tier 3 | |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***) | Tier 2 | DD |
| V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***) | Tier 2 | DD |
| V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***) | Tier 2 | DD |
| VIVAGUARD INO TEST STRIP STRIP (***blood sugar diagnostic***) | Tier 3 | ST; DD; QL (200 EA per 30 days) |
| VIVAGUARD LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (***needles, disposable***) | Tier 3 | |
| **Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease** | | |
| **Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease** | | |
| BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***) | Tier 4 | PA |
| **Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease** | | |
| XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG (***olipudase alfa-rpcp***) | Tier 4 | PA |
| **Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis - Drugs for Metabolic Disease** | | |
| LAMZEDE INTRAVENOUS RECON SOLN 10 MG (***velmanase alfa-tycv***) | Tier 4 | PA |
| **Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease** | | |
| BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***) | Tier 4 | PA |
| **Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease** | | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML (***pegunigalsidase alfa-iwxj***) | Tier 4 | PA |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (***agalsidase beta***) | Tier 4 | PA |
| **Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease** | | |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (***imiglucerase***) | Tier 4 | PA |
| ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (***taliglucerase alfa***) | Tier 4 | PA |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT (***velaglucerase alfa***) | Tier 4 | PA |
| **Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease** | | |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (***asfotase alfa***) | Tier 4 | PA |
| **Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease** | | |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML (***sebelipase alfa***) | Tier 4 | PA |
| **Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease** | | |
| NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (***fosdenopterin hydrobromide***) | Tier 4 | PA |
| **Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease** | | |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (***laronidase***) | Tier 4 | |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (***idursulfase***) | Tier 4 | |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (***vestronidase alfa-vjbk***) | Tier 4 | PA |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (***galsulfase***) | Tier 4 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (***elosulfase alfa***) | Tier 4 | PA |
| **Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease** | | |
| LUMIZYME INTRAVENOUS RECON SOLN 50 MG (***alglucosidase alfa***) | Tier 4 | PA |
| NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG (***avalglucosidase alfa-ngpt***) | Tier 4 | PA |
| POMBILITI INTRAVENOUS RECON SOLN 105 MG (***cipaglucosidase alfa-atga***) | Tier 4 | PA |
| **Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease** | | |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (***elapegademase-lvlr***) | Tier 4 | PA |
| **Metabolic Modifiers - Drugs that Alter Metabolism** | | |
| **Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism** | | |
| ***calcitriol oral capsule 0.25 mcg, 0.5 mcg*** | Tier 1 | |
| ***calcitriol oral solution 1 mcg/ml*** | Tier 1 | |
| ***doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg*** | Tier 1 | |
| ***paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg*** | Tier 1 | |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (***calcifediol***) | Tier 2 | QL (2 EA per 1 day) |
| **Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism** | | |
| ***levocarnitine (with sugar) oral solution 100 mg/ml*** | Tier 1 | |
| ***levocarnitine oral solution 100 mg/ml*** | Tier 1 | |
| ***levocarnitine oral tablet 330 mg*** | Tier 1 | |
| **Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism** | | |
| CERDELGA ORAL CAPSULE 84 MG (***eliglustat tartrate***) | Tier 4 | |
| ***miglustat oral capsule 100 mg*** | Tier 4 | PA |
| ***miglustat*** (Yargesa Oral Capsule 100 Mg) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism** | | |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM (***uridine triacetate***) | Tier 4 | PA |
| **Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism** | | |
| ***betaine oral powder 1 gram/scoop*** | Tier 4 | PA |
| **Metabolic Modifier - Neimann Pick Disease Type C (NPC) - Drugs that Alter Metabolism** | | |
| AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (***levacetylleucine***) | Tier 4 | PA |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (***arimoclomol citrate***) | Tier 4 | PA |
| **Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism** | | |
| JOENJA ORAL TABLET 70 MG (***leniolisib phosphate***) | Tier 4 | PA |
| VIJOICE ORAL GRANULES IN PACKET 50 MG (***alpelisib***) | Tier 4 | PA; OCH |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (***alpelisib***) | Tier 4 | PA; OCH |
| **Metabolic Modifier - Pompe Disease - GCS inhibitor - Drugs that Alter Metabolism** | | |
| OPFOLDA ORAL CAPSULE 65 MG (***miglustat***) | Tier 4 | PA |
| **Metabolic Modifier - Tyrosine Metabolism Disorder Agents - Drugs that Alter Metabolism** | | |
| HARLIKU ORAL TABLET 2 MG (***nitisinone***) | Tier 4 | PA |
| ***nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg*** | Tier 4 | PA |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***) | Tier 4 | PA |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***) | Tier 4 | PA |
| ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***) | Tier 4 | PA |
| **Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism** | | |
| ***glycerol phenylbutyrate oral liquid 1.1 gram/ml*** | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (***sodium phenylbutyrate***) | Tier 4 | PA |
| PHEBURANE ORAL GRANULES 483 MG/GRAM (***sodium phenylbutyrate***) | Tier 4 | PA |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML (***glycerol phenylbutyrate***) | Tier 4 | PA |
| ***sodium phenylbutyrate oral powder 0.94 gram/gram*** | Tier 4 | PA |
| ***sodium phenylbutyrate oral tablet 500 mg*** | Tier 4 | PA |
| **Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism** | | |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (***carglumic acid***) | Tier 4 | PA |
| ***carglumic acid oral tablet, dispersible 200 mg*** | Tier 4 | PA |
| **Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism** | | |
| TYBOST ORAL TABLET 150 MG (***cobicistat***) | Tier 2 | QL (1 EA per 1 day) |
| **Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism** | | |
| GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***) | Tier 4 | PA |
| **Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism** | | |
| ***sapropterin dihydrochloride*** (Javygtor Oral Powder In Packet 100 Mg, 500 Mg) | Tier 4 | |
| ***sapropterin dihydrochloride*** (Javygtor Oral Tablet,Soluble 100 Mg) | Tier 4 | |
| ***sapropterin oral powder in packet 100 mg, 500 mg*** | Tier 4 | |
| ***sapropterin oral tablet,soluble 100 mg*** | Tier 4 | |
| SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG (***sepiapterin***) | Tier 4 | PA |
| ***sapropterin dihydrochloride*** (Zelvysia Oral Powder In Packet 100 Mg, 500 Mg) | Tier 4 | |
| **Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (***pegvaliase-pqpz***) | Tier 4 | PA |
| **Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism** | | |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***) | Tier 4 | PA |
| **Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat** | | |
| **Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat** | | |
| CLINPRO 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***) | Tier 3 | |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***) | Tier 1 | |
| DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***) | Tier 1 | |
| DENTAGEL DENTAL GEL 1.1 % (***fluoride (sodium)***) | Tier 1 | |
| ***fluoride (sodium) dental cream 1.1 %*** | Tier 1 | |
| ***fluoride (sodium) dental gel 1.1 %*** | Tier 1 | |
| ***fluoride (sodium) dental paste 1.1 %*** | Tier 1 | |
| ***fluoride (sodium) dental solution 0.2 %*** | Tier 1 | |
| ***fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml*** | $0 | EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS |
| ***fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)*** | $0 | EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (***fluoride (sodium)***) | Tier 3 | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***) | Tier 3 | |
| FLUORIMAX 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***) | Tier 3 | |
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***) | Tier 3 | |
| FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (***sodium fluoride/hydroxyapatite***) | Tier 3 | |
| JUST RIGHT 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SF 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***) | Tier 1 | |
| SF DENTAL GEL 1.1 % (***fluoride (sodium)***) | Tier 1 | |
| SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (***fluoride (sodium)***) | Tier 1 | |
| SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***) | Tier 1 | |
| ***sodium fluoride-pot nitrate dental paste 1.1-5 %*** | Tier 1 | |
| **Mouth and Throat - Antifungals - Drugs for the Mouth and Throat** | | |
| ***clotrimazole mucous membrane troche 10 mg*** | Tier 1 | |
| ***nystatin oral suspension 100,000 unit/ml*** | Tier 1 | |
| **Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat** | | |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (***sulfuric acid/sulfonated phenol***) | Tier 3 | |
| **Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat** | | |
| ***chlorhexidine gluconate mucous membrane mouthwash 0.12 %*** | Tier 1 | |
| ***chlorhexidine gluconate*** (Periogard Mucous Membrane Mouthwash 0.12 %) | Tier 1 | |
| **Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat** | | |
| NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***) | Tier 3 | |
| NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (***sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos***) | Tier 3 | |
| **Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat** | | |
| ***triamcinolone acetonide*** (Oralone Dental Paste 0.1 %) | Tier 1 | |
| ***triamcinolone acetonide dental paste 0.1 %*** | Tier 1 | |
| **Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat** | | |
| ***lidocaine hcl mucous membrane jelly 2 %*** | Tier 1 | |
| ***lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)*** | Tier 1 | |
| ***lidocaine hcl*** (Lidocaine Viscous Mucous Membrane Solution 2 %) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat** | | |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (***potassium sorbate/maltodextrin/aloe vera/mann ps***) | Tier 3 | |
| **Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat** | | |
| ***cevimeline oral capsule 30 mg*** | Tier 1 | |
| ***pilocarpine hcl oral tablet 5 mg, 7.5 mg*** | Tier 1 | |
| **Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat** | | |
| ***doxycycline hyclate oral tablet 20 mg*** | Tier 1 | |
| **Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat** | | |
| ***glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)*** | Tier 1 | |
| **Multiple Sclerosis Agents - Drugs for the Nervous System** | | |
| **Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis** | | |
| TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML (***natalizumab-sztn***) | Tier 4 | PA |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (***natalizumab***) | Tier 4 | PA |
| **Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis** | | |
| BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML (***ublituximab-xiiy***) | Tier 4 | PA |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***) | Tier 4 | PA |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (***ocrelizumab***) | Tier 4 | PA |
| OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML (***ocrelizumab-hyaluronidase-ocsq***) | Tier 4 | PA |
| **Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (***alemtuzumab***) | Tier 4 | PA |
| **Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis** | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (***interferon beta-1a***) | Tier 4 | PA |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***) | Tier 4 | PA |
| AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (***interferon beta-1a***) | Tier 4 | PA |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***) | Tier 4 | PA |
| BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***) | Tier 4 | PA |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***) | Tier 4 | PA |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***) | Tier 4 | PA |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***) | Tier 4 | PA |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***) | Tier 4 | PA |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***) | Tier 4 | PA |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***) | Tier 4 | PA |
| **Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis** | | |
| BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (***monomethyl fumarate***) | Tier 4 | PA |
| ***dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg*** | Tier 4 | PA |
| ***glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml*** | Tier 4 | PA |
| ***glatiramer acetate*** (Glatopa Subcutaneous Syringe 20 Mg/Ml, 40 Mg/Ml) | Tier 4 | PA |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (***diroximel fumarate***) | Tier 4 | PA |
| **Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis** | | |
| ***dalfampridine oral tablet extended release 12 hr 10 mg*** | Tier 4 | PA |
| **Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis** | | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA |
| **Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis** | | |
| ***teriflunomide oral tablet 14 mg, 7 mg*** | Tier 4 | PA |
| **Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis** | | |
| ***fingolimod oral capsule 0.5 mg*** | Tier 4 | PA |
| GILENYA ORAL CAPSULE 0.25 MG (***fingolimod hcl***) | Tier 4 | PA |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (***siponimod***) | Tier 4 | PA |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (***siponimod***) | Tier 4 | PA |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (***ponesimod***) | Tier 4 | PA |
| PONVORY ORAL TABLET 20 MG (***ponesimod***) | Tier 4 | PA |
| TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (***fingolimod lauryl sulfate***) | Tier 4 | PA |
| ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***) | Tier 4 | PA |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***) | Tier 4 | PA |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***) | Tier 4 | PA |
| **Ophthalmic Agents - Drugs for the Eye** | | |
| **Artificial Tears and Lubricant Single Agents - Drugs for the Eye** | | |
| KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (***chondroitin sulfate a sodium/pf***) | Tier 3 | |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (***perfluorohexyloctane/pf***) | Tier 2 | |
| **Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer** | | |
| VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML (***faricimab-svoa***) | Tier 4 | PA |
| VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML (***faricimab-svoa***) | Tier 4 | PA |
| **Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma** | | |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (***echothiophate iodide***) | Tier 4 | |
| **Miotics - Direct Acting - Drugs for Glaucoma** | | |
| ***pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %*** | Tier 1 | |
| **Mydriatic and Cycloplegic Combinations - Drugs for the Eye** | | |
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (***cyclopentolate hcl/phenylephrine hcl***) | Tier 3 | |
| ***cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %*** | Tier 1 | |
| ***cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %*** | Tier 1 | |
| MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % (***phenylephrine hcl/tropicamide***) | Tier 3 | |
| ***phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %*** | Tier 1 | |
| **Ophth - Beta Blocker-Adrenerg-Carbonic Anhyd Inh-Prostaglandin Analog - Drugs for Glaucoma** | | |
| ***timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %*** | Tier 1 | |
| ***timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %*** | Tier 1 | |
| ***timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %*** | Tier 1 | |
| **Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye** | | |
| UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***oxymetazoline hcl/pf***) | Tier 3 | PA |
| **Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma** | | |
| ***brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %*** | Tier 1 | |
| ***brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %*** | Tier 1 | |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (***brinzolamide/brimonidine tartrate***) | Tier 2 | |
| **Ophthalmic - Adrenergic-Carbonic Anhydrase Inhib-Prostaglandin Analog - Drugs for the Eye** | | |
| ***brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %*** | Tier 1 | |
| **Ophthalmic - Agents for Corneal Collagen Cross-Linking - Drugs for the Eye** | | |
| PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (***riboflavin 5-phosphate sodium in 20 % dextran***) | Tier 4 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Ophthalmic - Agents for Presbyopia - Drugs for the Eye** | | |
| ***pilocarpine hcl ophthalmic (eye) drops 1.25 %*** | Tier 1 | QL (10 ML per 30 days) |
| QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % (***pilocarpine hcl***) | Tier 3 | ST; QL (2 EA per 1 day) |
| VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 % (***aceclidine hcl***) | Tier 3 | QL (1 EA per 1 day) |
| **Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories** | | |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (***sulfacetamide sodium/prednisolone acetate***) | Tier 2 | |
| ***neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%*** | Tier 1 | |
| ***neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %*** | Tier 1 | |
| ***neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %*** | Tier 1 | |
| ***neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml*** | Tier 1 | |
| ***neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone*** (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%) | Tier 1 | |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (***gentamicin sulfate/prednisolone acetate***) | Tier 3 | |
| ***prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %*** | Tier 1 | |
| ***prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %*** | Tier 1 | |
| ***sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)*** | Tier 1 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***) | Tier 2 | |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (***tobramycin/dexamethasone***) | Tier 3 | ST |
| ***tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %*** | Tier 1 | |
| **Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories** | | |
| ***prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %*** | Tier 1 | |
| ***prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %*** | Tier 1 | |
| ***prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %*** | Tier 1 | |
| ***prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %*** | Tier 1 | |
| **Ophthalmic - Antibacterial-NSAID Combinations - Anti-Infective/Anti-Inflammatories** | | |
| ***moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %*** | Tier 1 | |
| **Ophthalmic  Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories** | | |
| ***tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %*** | Tier 1 | |
| **Ophthalmic - Anticholinergics - Drugs for the Eye** | | |
| ***atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %*** | Tier 1 | |
| ***atropine ophthalmic (eye) drops 1 %*** | Tier 1 | |
| ***atropine sulfate (pf) ophthalmic (eye) dropperette 1 %*** | Tier 1 | |
| ***cyclopentolate hcl*** (Cyclogyl Ophthalmic (Eye) Drops 0.5 %) | Tier 3 | |
| ***cyclopentolate ophthalmic (eye) drops 1 %*** | Tier 1 | |
| HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (***homatropine hbr***) | Tier 1 | |
| ***tropicamide ophthalmic (eye) drops 0.5 %, 1 %*** | Tier 1 | |
| **Ophthalmic - Antifibrotic Agents - Drugs for the Eye** | | |
| ***mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml*** | Tier 4 | |
| MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (***mitomycin***) | Tier 3 | |
| **Ophthalmic - Antihistamines - Drugs for  Itchy Eye** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***azelastine ophthalmic (eye) drops 0.05 %*** | Tier 1 | QL (12 ML per 30 days) |
| ***bepotastine besilate ophthalmic (eye) drops 1.5 %*** | Tier 1 | ST; QL (10 ML per 30 days) |
| ***epinastine ophthalmic (eye) drops 0.05 %*** | Tier 1 | QL (10 ML per 30 days) |
| ***olopatadine ophthalmic (eye) drops 0.1 %*** | Tier 1 | |
| ***olopatadine ophthalmic (eye) drops 0.2 %*** | Tier 1 | QL (3 ML per 30 days) |
| **Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories** | | |
| ***clobetasol ophthalmic (eye) drops,suspension 0.05 %*** | Tier 1 | ST; QL (3.5 ML per 14 days) |
| ***dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %*** | Tier 1 | QL (15 ML per 14 days) |
| DEXTENZA INTRACANALICULAR INSERT 0.4 MG (***dexamethasone***) | Tier 3 | |
| ***difluprednate ophthalmic (eye) drops 0.05 %*** | Tier 1 | QL (10 ML per 14 days) |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***loteprednol etabonate***) | Tier 2 | |
| FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***fluorometholone acetate***) | Tier 3 | ST; QL (15 ML per 14 days) |
| ***fluorometholone ophthalmic (eye) drops,suspension 0.1 %*** | Tier 1 | QL (10 ML per 14 days) |
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***fluorometholone***) | Tier 3 | ST; QL (10 ML per 14 days) |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***loteprednol etabonate***) | Tier 3 | ST; QL (5.6 ML per 14 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (***loteprednol etabonate***) | Tier 2 | QL (7 GM per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (***loteprednol etabonate***) | Tier 2 | QL (10 GM per 14 days) |
| ***loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %*** | Tier 1 | QL (10 GM per 14 days) |
| ***loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %*** | Tier 1 | ST; QL (10 ML per 14 days) |
| ***loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %*** | Tier 1 | QL (20 ML per 14 days) |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***) | Tier 3 | ST; QL (25 ML per 14 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (***prednisolone acetate***) | Tier 3 | ST; QL (20 ML per 14 days) |
| ***prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %*** | Tier 1 | QL (20 ML per 14 days) |
| ***prednisolone acetate ophthalmic (eye) drops,suspension 1 %*** | Tier 1 | QL (20 ML per 14 days) |
| ***prednisolone sodium phosphate ophthalmic (eye) drops 1 %*** | Tier 1 | QL (20 ML per 14 days) |
| XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML (***triamcinolone acetonide/pf***) | Tier 4 | |
| **Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories** | | |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (***cyclosporine***) | Tier 3 | ST; QL (60 EA per 30 days) |
| ***cyclosporine ophthalmic (eye) dropperette 0.05 %*** | Tier 1 | QL (60 EA per 30 days) |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***) | Tier 2 | QL (5.5 ML per 30 days) |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (***cyclosporine***) | Tier 1 | QL (60 EA per 30 days) |
| VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***cyclosporine***) | Tier 3 | PA |
| VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (***cyclosporine***) | Tier 3 | PA |
| **Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories** | | |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***) | Tier 2 | QL (60 EA per 30 days) |
| **Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories** | | |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (***ketorolac tromethamine/pf***) | Tier 3 | ST; QL (60 EA per 15 days) |
| ***bromfenac ophthalmic (eye) drops 0.07 %*** | Tier 1 | ST; QL (3 ML per 16 days) |
| ***bromfenac ophthalmic (eye) drops 0.075 %*** | Tier 1 | ST; QL (5 ML per 16 days) |
| ***bromfenac ophthalmic (eye) drops 0.09 %*** | Tier 1 | ST; QL (3.4 ML per 16 days) |
| ***diclofenac sodium ophthalmic (eye) drops 0.1 %*** | Tier 1 | QL (10 ML per 14 days) |
| ***flurbiprofen sodium ophthalmic (eye) drops 0.03 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***) | Tier 2 | QL (3.4 ML per 16 days) |
| ***ketorolac ophthalmic (eye) drops 0.4 %*** | Tier 1 | |
| ***ketorolac ophthalmic (eye) drops 0.5 %*** | Tier 1 | QL (20 ML per 30 days) |
| NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***nepafenac***) | Tier 3 | ST; QL (9 ML per 16 days) |
| **Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma** | | |
| ***timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %*** | Tier 1 | |
| **Ophthalmic - Beta Blocker-Carbonic Anhydrase Inh-Prostaglandin Analog - Drugs for Glaucoma** | | |
| ***timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %*** | Tier 1 | |
| ***timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %*** | Tier 1 | |
| **Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma** | | |
| ***brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %*** | Tier 1 | |
| **Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma** | | |
| ***dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %*** | Tier 1 | ST; QL (2 EA per 1 day) |
| ***dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml*** | Tier 1 | |
| **Ophthalmic - Beta blockers-Prostaglandin Analog Combinations - Drugs for Glaucoma** | | |
| ***timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %*** | Tier 1 | |
| **Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma** | | |
| ***brinzolamide ophthalmic (eye) drops,suspension 1 %*** | Tier 1 | |
| ***dorzolamide (pf) ophthalmic (eye) drops 2 %*** | Tier 1 | |
| ***dorzolamide ophthalmic (eye) drops 2 %*** | Tier 1 | |
| **Ophthalmic - Cystine Depleting Agents - Drugs for the Eye** | | |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (***cysteamine hcl***) | Tier 4 | PA |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***) | Tier 4 | PA |
| **Ophthalmic - Decongestants - Drugs for Itchy Eye** | | |
| ***phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %*** | Tier 1 | |
| **Ophthalmic - Diagnostic Agents - Drugs for the Eye** | | |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***) | Tier 1 | |
| ***fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %*** | Tier 1 | |
| ***fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %*** | Tier 1 | |
| **Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories** | | |
| ***prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %*** | Tier 1 | |
| ***prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %*** | Tier 1 | |
| ***prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %*** | Tier 1 | |
| **Ophthalmic - Human Nerve Growth Factor (hNGF) - Drugs for the Eye** | | |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (***cenegermin-bkbj***) | Tier 4 | PA |
| **Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma** | | |
| ***betaxolol ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***betaxolol hcl***) | Tier 3 | |
| ***carteolol ophthalmic (eye) drops 1 %*** | Tier 1 | |
| ***levobunolol ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %*** | Tier 1 | QL (2 EA per 1 day) |
| ***timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %*** | Tier 1 | |
| ***timolol maleate ophthalmic (eye) drops, once daily 0.5 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %*** | Tier 1 | |
| ***timolol ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| **Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye** | | |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***) | Tier 1 | |
| ***fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %*** | Tier 1 | |
| **Ophthalmic - Local Anesthetic Esters - Drugs for the Eye** | | |
| ***proparacaine hcl*** (Alcaine Ophthalmic (Eye) Drops 0.5 %) | Tier 1 | |
| ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (***tetracaine hcl***) | Tier 1 | |
| IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (***chloroprocaine hcl/pf***) | Tier 3 | |
| ***proparacaine ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***tetracaine hcl ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| **Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye** | | |
| AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (***lidocaine hcl/pf***) | Tier 3 | |
| **Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs for the Eye** | | |
| BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***) | Tier 4 | PA |
| ***bevacizumab intravitreal syringe 1.25 mg/0.05 ml*** | Tier 4 | PA |
| ***bevacizumab intravitreal syringe 2 mg/0.08 ml, 2.25 mg/0.09 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml*** | Tier 4 | PA |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***) | Tier 4 | PA |
| CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***) | Tier 4 | PA |
| EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (***aflibercept***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***) | Tier 4 | PA |
| EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept***) | Tier 4 | PA |
| IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***) | Tier 4 | PA |
| LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***) | Tier 4 | PA |
| PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept-ayyh***) | Tier 4 | PA |
| PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept-ayyh***) | Tier 4 | PA |
| SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***) | Tier 4 | PA |
| SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***) | Tier 4 | PA |
| SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (***pegcetacoplan/pf***) | Tier 4 | PA |
| **Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye** | | |
| ***cromolyn ophthalmic (eye) drops 4 %*** | Tier 1 | QL (50 ML per 30 days) |
| **Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories** | | |
| MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (***tropicamide/proparacaine/phenylephrine/ketorolac in water***) | Tier 1 | |
| **Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye** | | |
| VISUDYNE INTRAVENOUS RECON SOLN 15 MG (***verteporfin***) | Tier 4 | |
| **Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma** | | |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***) | Tier 3 | ST; QL (2.5 ML per 25 days) |
| **Ophthalmic - Surgical Aids Other - Drugs for the Eye** | | |
| GELFILM OPHTHALMIC (EYE) FILM (***gelatin***) | Tier 3 | |
| **Ophthalmic - TRPM8 Agonist - Drugs for the Eye** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 % (***acoltremon***) | Tier 3 | PA |
| **Ophthalmic - Viscoelastic Agents - Drugs for the Eye** | | |
| AMVISC INTRAOCULAR SYRINGE 12 MG/ML (***hyaluronate sodium***) | Tier 3 | |
| AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (***hyaluronate sodium***) | Tier 3 | |
| BIOLON INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | Tier 3 | |
| HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (***hyaluronate sodium***) | Tier 3 | |
| HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | Tier 3 | |
| HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (***hyaluronate sodium***) | Tier 3 | |
| PROVISC INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***) | Tier 3 | |
| TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (***hyaluronate sodium***) | Tier 3 | |
| **Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories** | | |
| ***bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram*** | Tier 1 | |
| ***neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g*** | Tier 1 | |
| ***neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml*** | Tier 1 | |
| ***neomycin sulfate/bacitracin/polymyxin b*** (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G) | Tier 1 | |
| ***bacitracin/polymyxin b sulfate*** (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram) | Tier 1 | |
| ***polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml*** | Tier 1 | |
| ***tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %*** | Tier 1 | |
| **Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories** | | |
| ***gentamicin ophthalmic (eye) drops 0.3 %*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***tobramycin ophthalmic (eye) drops 0.3 %*** | Tier 1 | |
| ***tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %*** | Tier 1 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (***tobramycin***) | Tier 2 | |
| **Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories** | | |
| ***bacitracin ophthalmic (eye) ointment 500 unit/gram*** | Tier 1 | |
| **Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories** | | |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (***besifloxacin hcl***) | Tier 2 | |
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (***ciprofloxacin hcl***) | Tier 2 | |
| ***ciprofloxacin hcl ophthalmic (eye) drops 0.3 %*** | Tier 1 | |
| ***gatifloxacin ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %*** | Tier 1 | |
| ***moxifloxacin ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***moxifloxacin ophthalmic (eye) drops, viscous 0.5 %*** | Tier 1 | |
| ***ofloxacin ophthalmic (eye) drops 0.3 %*** | Tier 1 | |
| **Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories** | | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % (***azithromycin***) | Tier 3 | |
| ***erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)*** | Tier 1 | |
| **Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories** | | |
| ***sulfacetamide sodium ophthalmic (eye) drops 10 %*** | Tier 1 | |
| ***sulfacetamide sodium ophthalmic (eye) ointment 10 %*** | Tier 1 | |
| **Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories** | | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***) | Tier 3 | |
| **Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye** | | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***) | Tier 3 | |
| **Ophthalmic Antiparasitics - Drugs for the Eye** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (***lotilaner***) | Tier 4 | PA |
| **Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories** | | |
| ***povidone-iodine ophthalmic (eye) solution 5 %*** | Tier 1 | |
| **Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories** | | |
| ***trifluridine ophthalmic (eye) drops 1 %*** | Tier 1 | ST |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (***ganciclovir***) | Tier 3 | ST |
| **Ophthalmic Complement Inhibitors - Drugs for the Eye** | | |
| IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***) | Tier 4 | PA |
| SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (***pegcetacoplan/pf***) | Tier 4 | PA |
| **Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma** | | |
| ***apraclonidine ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %*** | Tier 1 | |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (***apraclonidine hcl***) | Tier 3 | |
| **Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma** | | |
| ***bimatoprost (pf) ophthalmic (eye) drops 0.01 %*** | Tier 1 | |
| ***bimatoprost ophthalmic (eye) drops 0.03 %*** | Tier 1 | QL (2.5 ML per 25 days) |
| DURYSTA INTRACAMERAL IMPLANT 10 MCG (***bimatoprost***) | Tier 4 | |
| IDOSE TR INTRACAMERAL IMPLANT 75 MCG (***travoprost***) | Tier 4 | |
| IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % (***latanoprost/pf***) | Tier 3 | ST; QL (1 EA per 1 day) |
| ***latanoprost ophthalmic (eye) drops 0.005 %*** | Tier 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***) | Tier 2 | QL (2.5 ML per 25 days) |
| OMLONTI OPHTHALMIC (EYE) DROPS 0.002 % (***omidenepag isopropyl***) | Tier 3 | ST; QL (2.5 ML per 25 days) |
| ***tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %*** | Tier 1 | QL (1 EA per 1 day) |
| ***travoprost ophthalmic (eye) drops 0.004 %*** | Tier 1 | QL (2.5 ML per 25 days) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (***latanoprostene bunod***) | Tier 3 | ST; QL (2.5 ML per 30 days) |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (***latanoprost***) | Tier 3 | ST; QL (2.5 ML per 25 days) |
| **Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma** | | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (***netarsudil mesylate***) | Tier 3 | ST; QL (2.5 ML per 30 days) |
| **Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye** | | |
| BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***) | Tier 4 | PA |
| ***bevacizumab intravitreal syringe 1.25 mg/0.05 ml*** | Tier 4 | PA |
| ***bevacizumab intravitreal syringe 2 mg/0.08 ml, 2.25 mg/0.09 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml*** | Tier 4 | PA |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***) | Tier 4 | PA |
| CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***) | Tier 4 | PA |
| LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***) | Tier 4 | PA |
| SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***) | Tier 4 | PA |
| SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***) | Tier 4 | PA |
| **Vascular Endothelial Growth Factor(VEGF-A and PlGF)Receptor Inhibitors - Drugs for the Eye** | | |
| EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (***aflibercept***) | Tier 4 | PA |
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***) | Tier 4 | PA |
| EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept***) | Tier 4 | PA |
| PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept-ayyh***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept-ayyh***) | Tier 4 | PA |
| **Organ Preservation Solutions** | | |
| **Microplegic Solutions** | | |
| ***microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)*** | Tier 1 | |
| **Organ Preservation Solutions - Drugs for the Heart** | | |
| **Cardioplegic Solutions - Drugs for the Heart** | | |
| CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.16***) | Tier 1 | |
| CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.35***) | Tier 3 | |
| CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.10***) | Tier 1 | |
| CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (***cardioplegic no.23 (induction 4:1)***) | Tier 1 | |
| CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.18 (induction 8:1)***) | Tier 1 | |
| CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (***cardioplegic solution no.22 (induction 4:1)***) | Tier 1 | |
| CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (***cardioplegic solution no.20 (maintenance 4:1)***) | Tier 1 | |
| CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (***cardioplegic solution no.26 (maintenance 4:1)***) | Tier 1 | |
| CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (***cardioplegic no.21 (reperfusate 4:1)***) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.33 (warm induction 4:1)***) | Tier 3 | |
| ***cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)*** | Tier 1 | |
| ***cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)*** | Tier 1 | |
| ***cardioplegic soln perfusion solution 16 meq/l (= k+)*** | Tier 1 | |
| ***cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)*** | Tier 1 | |
| DEL NIDO CARDIOPLEGIA PERFUSION SOLUTION 31 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.36***) | Tier 3 | |
| **Otic (Ear) - Drugs for the Ear** | | |
| **Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories** | | |
| ***ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %*** | Tier 1 | |
| ***ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)*** | Tier 1 | |
| ***ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %*** | Tier 1 | |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom***) | Tier 3 | |
| ***neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%*** | Tier 1 | |
| ***neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%*** | Tier 1 | |
| **Otic (Ear) - Anti-infectives other - Antibiotics** | | |
| ***acetic acid otic (ear) solution 2 %*** | Tier 1 | |
| **Otic (Ear) - Fluoroquinolones - Antibiotics** | | |
| ***ciprofloxacin hcl otic (ear) dropperette 0.2 %*** | Tier 1 | |
| ***ofloxacin otic (ear) drops 0.3 %*** | Tier 1 | |
| **Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***fluocinolone acetonide oil otic (ear) drops 0.01 %*** | Tier 1 | |
| ***hydrocortisone-acetic acid otic (ear) drops 1-2 %*** | Tier 1 | |
| **Otic (Ear) - Pinna Combinations - Antibiotics** | | |
| CORTANE-B TOPICAL LOTION 1-1-0.1 % (***hydrocortisone/pramoxine hcl/chloroxylenol***) | Tier 3 | |
| **Respiratory Therapy Agents - Drugs for the Lungs** | | |
| **1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold** | | |
| ***promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml*** | Tier 1 | |
| **1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold** | | |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***) | Tier 1 | |
| **2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold** | | |
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine/pseudoephedrine sulfate***) | Tier 3 | ST |
| **Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies** | | |
| ***carbinoxamine maleate oral liquid 4 mg/5 ml*** | Tier 1 | Age (Min 2 Years) |
| ***carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml*** | Tier 1 | ST; QL (960 ML per 30 days); Age (Min 2 Years) |
| ***carbinoxamine maleate oral tablet 4 mg*** | Tier 1 | Age (Min 2 Years) |
| ***carbinoxamine maleate*** (Carbzah Oral Liquid 4 Mg/5 Ml) | Tier 1 | Age (Min 2 Years) |
| ***clemastine oral tablet 2.68 mg*** | Tier 1 | |
| ***clemastine fumarate*** (Clemsza Oral Tablet 2.68 Mg) | Tier 1 | |
| ***diphenhydramine hcl*** (Diphen Oral Elixir 12.5 Mg/5 Ml) | Tier 1 | |
| ***diphenhydramine hcl oral elixir 12.5 mg/5 ml*** | Tier 1 | |
| KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (***carbinoxamine maleate***) | Tier 3 | ST; QL (960 ML per 30 days); Age (Min 2 Years) |
| **Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies** | | |
| ***promethazine injection solution 25 mg/ml, 50 mg/ml*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***promethazine oral syrup 6.25 mg/5 ml*** | Tier 1 | |
| ***promethazine oral tablet 12.5 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***promethazine rectal suppository 12.5 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***promethazine hcl*** (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg) | Tier 1 | |
| **Antihistamine - 1st Generation - Piperidines - Drugs for Allergies** | | |
| ***cyproheptadine oral syrup 2 mg/5 ml*** | Tier 1 | |
| ***cyproheptadine oral tablet 4 mg*** | Tier 1 | |
| **Antihistamines - 1st Generation - Drugs for Allergies** | | |
| ***carbinoxamine maleate oral liquid 4 mg/5 ml*** | Tier 1 | Age (Min 2 Years) |
| ***carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml*** | Tier 1 | ST; QL (960 ML per 30 days); Age (Min 2 Years) |
| ***carbinoxamine maleate oral tablet 4 mg*** | Tier 1 | Age (Min 2 Years) |
| ***carbinoxamine maleate*** (Carbzah Oral Liquid 4 Mg/5 Ml) | Tier 1 | Age (Min 2 Years) |
| ***clemastine oral tablet 2.68 mg*** | Tier 1 | |
| ***clemastine fumarate*** (Clemsza Oral Tablet 2.68 Mg) | Tier 1 | |
| ***cyproheptadine oral syrup 2 mg/5 ml*** | Tier 1 | |
| ***cyproheptadine oral tablet 4 mg*** | Tier 1 | |
| ***diphenhydramine hcl*** (Diphen Oral Elixir 12.5 Mg/5 Ml) | Tier 1 | |
| ***diphenhydramine hcl oral elixir 12.5 mg/5 ml*** | Tier 1 | |
| KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (***carbinoxamine maleate***) | Tier 3 | ST; QL (960 ML per 30 days); Age (Min 2 Years) |
| ***promethazine injection solution 25 mg/ml, 50 mg/ml*** | Tier 1 | |
| ***promethazine oral syrup 6.25 mg/5 ml*** | Tier 1 | |
| ***promethazine oral tablet 12.5 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***promethazine rectal suppository 12.5 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***promethazine hcl*** (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg) | Tier 1 | |
| **Antihistamines - 2nd Generation - Drugs for Allergies** | | |
| ***cetirizine oral solution 1 mg/ml*** | Tier 1 | |
| ***desloratadine oral tablet 5 mg*** | Tier 1 | |
| ***desloratadine oral tablet,disintegrating 2.5 mg, 5 mg*** | Tier 1 | ST |
| ***levocetirizine oral solution 2.5 mg/5 ml*** | Tier 1 | ST |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***levocetirizine oral tablet 5 mg*** | Tier 1 | |
| **Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies** | | |
| ***cetirizine oral solution 1 mg/ml*** | Tier 1 | |
| ***levocetirizine oral solution 2.5 mg/5 ml*** | Tier 1 | ST |
| ***levocetirizine oral tablet 5 mg*** | Tier 1 | |
| **Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies** | | |
| ***desloratadine oral tablet 5 mg*** | Tier 1 | |
| ***desloratadine oral tablet,disintegrating 2.5 mg, 5 mg*** | Tier 1 | ST |
| **Antitussives - Non-Opioid - Drugs for Allergies** | | |
| ***benzonatate oral capsule 100 mg, 200 mg*** | Tier 1 | |
| **Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD** | | |
| ***epinephrine injection syringe 0.1 mg/ml*** | Tier 1 | |
| **Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD** | | |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***) | Tier 4 | PA |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***) | Tier 4 | PA |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***) | Tier 4 | PA |
| **Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD** | | |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (***ciclesonide***) | Tier 3 | ST; QL (12.2 GM per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***) | Tier 2 | QL (30 EA per 30 days) |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***mometasone furoate***) | Tier 2 | QL (13 GM per 30 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (***mometasone furoate***) | Tier 2 | QL (1 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml*** | Tier 1 | QL (120 ML per 30 days) |
| ***fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation*** | Tier 1 | QL (60 EA per 30 days) |
| ***fluticasone propionate inhalation blister with device 250 mcg/actuation*** | Tier 1 | QL (120 EA per 30 days) |
| ***fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation*** | Tier 1 | QL (12 GM per 30 days) |
| ***fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation*** | Tier 1 | QL (24 GM per 30 days) |
| ***fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation*** | Tier 1 | QL (21.2 GM per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (***budesonide***) | Tier 3 | ST; QL (1 EA per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***) | Tier 2 | QL (21.2 GM per 30 days) |
| **Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD** | | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***) | Tier 4 | PA |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***) | Tier 4 | PA |
| **Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD** | | |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (***reslizumab***) | Tier 4 | PA |
| EXDENSUR SUBCUTANEOUS SYRINGE 100 MG/ML (***depemokimab-ulaa***) | Tier 4 | PA; QL (1 ML per 180 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***) | Tier 4 | PA |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***mepolizumab***) | Tier 4 | PA |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (***mepolizumab***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD** | | |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (***benralizumab***) | Tier 4 | PA |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (***benralizumab***) | Tier 4 | PA |
| **Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD** | | |
| ***montelukast oral granules in packet 4 mg*** | Tier 1 | |
| ***montelukast oral tablet 10 mg*** | Tier 1 | |
| ***montelukast oral tablet,chewable 4 mg, 5 mg*** | Tier 1 | |
| ***zafirlukast oral tablet 10 mg, 20 mg*** | Tier 1 | |
| **Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD** | | |
| ***cromolyn inhalation solution for nebulization 20 mg/2 ml*** | Tier 1 | |
| **Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD** | | |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***) | Tier 4 | PA |
| TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***) | Tier 4 | PA |
| **Asthma Therapy - Xanthines - Drugs for Asthma/COPD** | | |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***) | Tier 2 | |
| ***theophylline oral elixir 80 mg/15 ml*** | Tier 1 | |
| ***theophylline oral solution 80 mg/15 ml*** | Tier 1 | |
| ***theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg*** | Tier 1 | |
| ***theophylline oral tablet extended release 24 hr 400 mg, 600 mg*** | Tier 1 | |
| **Asthma/COPD - Phosphodiesterase-3 and -4 (PDE3 and PDE4) Inhibitors - Drugs for Asthma/COPD** | | |
| OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML (***ensifentrine***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD** | | |
| ***roflumilast oral tablet 250 mcg, 500 mcg*** | Tier 1 | QL (1 EA per 1 day) |
| **Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD** | | |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***) | Tier 2 | QL (30 EA per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***) | Tier 2 | QL (4 GM per 30 days) |
| ***tiotropium bromide inhalation capsule, w/inhalation device 18 mcg*** | Tier 1 | QL (30 EA per 30 days) |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (***aclidinium bromide***) | Tier 3 | ST; QL (1 EA per 30 days) |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (***revefenacin***) | Tier 3 | QL (90 ML per 30 days) |
| **Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD** | | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***) | Tier 2 | QL (25.8 GM per 30 days) |
| ***ipratropium bromide inhalation solution 0.02 %*** | Tier 1 | |
| **Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD** | | |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (***olodaterol hcl***) | Tier 2 | QL (4 GM per 30 days) |
| **Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD** | | |
| ***arformoterol inhalation solution for nebulization 15 mcg/2 ml*** | Tier 1 | ST; QL (120 ML per 30 days) |
| ***formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml*** | Tier 1 | QL (120 ML per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***) | Tier 2 | QL (60 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD** | | |
| ***albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation*** | Tier 1 | |
| ***albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml*** | Tier 1 | |
| ***albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml*** | Tier 1 | |
| ***levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml*** | Tier 1 | |
| ***levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation*** | Tier 1 | |
| **Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD** | | |
| ***albuterol sulfate oral syrup 2 mg/5 ml*** | Tier 1 | |
| ***albuterol sulfate oral tablet 2 mg, 4 mg*** | Tier 1 | |
| ***albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg*** | Tier 1 | |
| ***terbutaline oral tablet 2.5 mg, 5 mg*** | Tier 1 | |
| **Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD** | | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***) | Tier 2 | QL (60 EA per 30 days) |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (***glycopyrrolate/formoterol fumarate***) | Tier 3 | ST; QL (10.7 GM per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***) | Tier 2 | |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (***aclidinium bromide/formoterol fumarate***) | Tier 3 | ST; QL (1 EA per 30 days) |
| ***ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***) | Tier 2 | QL (4 GM per 30 days) |
| **Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD** | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***) | Tier 2 | QL (12 GM per 30 days) |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (***albuterol sulfate/budesonide***) | Tier 2 | QL (32.1 GM per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***) | Tier 2 | QL (60 EA per 30 days) |
| ***budesonide/formoterol fumarate*** (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation) | Tier 1 | QL (30.9 GM per 30 days) |
| ***budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation*** | Tier 1 | QL (30.9 GM per 30 days) |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***) | Tier 2 | QL (39 GM per 30 days) |
| DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***) | Tier 2 | QL (13 GM per 30 days) |
| ***fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation*** | Tier 1 | QL (1 EA per 30 days) |
| ***fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose*** | Tier 1 | QL (60 EA per 30 days) |
| ***fluticasone propionate/salmeterol xinafoate*** (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose) | Tier 1 | QL (60 EA per 30 days) |
| **Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis** | | |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***) | Tier 2 | QL (10.7 GM per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***) | Tier 2 | QL (60 EA per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***) | Tier 2 | QL (2 EA per 1 day) |
| **Bronchiectasis Therapy Agents - Drugs for Cystic Fibrosis** | | |
| BRINSUPRI ORAL TABLET 10 MG, 25 MG (***brensocatib***) | Tier 4 | PA; QL (1 EA per 1 day) |
| **Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis** | | |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***) | Tier 4 | PA |
| ***tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml*** | Tier 4 | PA |
| ***tobramycin inhalation solution for nebulization 300 mg/4 ml*** | Tier 4 | PA |
| ***tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml*** | Tier 4 | PA |
| **Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis** | | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***) | Tier 4 | PA |
| **Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis** | | |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (***mannitol***) | Tier 4 | ST; QL (20 EA per 1 day) |
| **Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis** | | |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (***ivacaftor***) | Tier 4 | PA |
| KALYDECO ORAL TABLET 150 MG (***ivacaftor***) | Tier 4 | PA |
| **Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis** | | |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (***vanzacaftor calcium/tezacaftor/deutivacaftor***) | Tier 4 | PA |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***) | Tier 4 | PA |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***) | Tier 4 | PA |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (***elexacaftor/tezacaftor/ivacaftor***) | Tier 4 | PA |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***) | Tier 4 | PA |
| **Elastase Inhibitors - Drugs for Asthma/COPD** | | |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (***alpha-1-proteinase inhibitor***) | Tier 4 | PA |
| GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %) (***alpha-1-proteinase inhibitor***) | Tier 4 | PA |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/- )/20 ML (***alpha-1-proteinase inhibitor***) | Tier 4 | PA |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG (***alpha-1-proteinase inhibitor***) | Tier 4 | PA |
| **Lung Surfactants - Drugs for the Lungs** | | |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (***poractant alfa***) | Tier 3 | |
| INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (***calfactant***) | Tier 3 | |
| SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (***beractant***) | Tier 3 | |
| **Mucolytics - Drugs for the Lungs** | | |
| ***acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)*** | Tier 1 | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***) | Tier 4 | PA |
| **Nasal Anesthetics - Allergy** | | |
| ***cocaine nasal solution 4 %*** | Tier 1 | |
| NUMBRINO NASAL SOLUTION 4 % (***cocaine hcl***) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Nasal Anticholinergics - Allergy** | | |
| ***ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)*** | Tier 1 | |
| **Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy** | | |
| ***azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray*** | Tier 1 | ST; QL (23 GM per 30 days) |
| **Nasal Antihistamines - Allergy** | | |
| ***azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)*** | Tier 1 | |
| ***olopatadine nasal spray,non-aerosol 0.6 %*** | Tier 1 | |
| **Nasal Corticosteroids - Allergy** | | |
| ***flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)*** | Tier 1 | QL (25 ML per 30 days) |
| ***fluticasone propionate nasal spray,suspension 50 mcg/actuation*** | Tier 1 | |
| ***mometasone nasal spray,non-aerosol 50 mcg/actuation*** | Tier 1 | |
| OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG (***ciclesonide***) | Tier 3 | ST; QL (5 GM per 12 days) |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (***beclomethasone dipropionate***) | Tier 2 | ST; QL (6.8 GM per 30 days) |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (***beclomethasone dipropionate***) | Tier 2 | ST; QL (10.6 GM per 30 days) |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (***fluticasone propionate***) | Tier 2 | ST; QL (32 ML per 30 days) |
| **Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose** | | |
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (***varenicline tartrate***) | Tier 2 | PA |
| **Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold** | | |
| ***brompheniramine maleate/pseudoephedrine hcl/dextromethorphan*** (Bromfed Dm Oral Syrup 2-30-10 Mg/5 Ml) | Tier 1 | |
| ***brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml*** | Tier 1 | |
| **Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold** | | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***promethazine-dm oral solution 6.25-15 mg/5 ml*** | Tier 1 | |
| **Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold** | | |
| ***hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml*** | Tier 1 | QL (10 ML per 1 day); Age (Min 18 Years) |
| ***promethazine-codeine oral syrup 6.25-10 mg/5 ml*** | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (***chlorpheniramine maleate/codeine phosphate***) | Tier 3 | ST; QL (2 EA per 1 day); Age (Min 18 Years) |
| **Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold** | | |
| ***hydrocodone-homatropine oral solution 5-1.5 mg/5 ml*** | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| ***hydrocodone-homatropine oral tablet 5-1.5 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 18 Years) |
| ***hydrocodone bitartrate/homatropine methylbromide*** (Hydromet Oral Solution 5-1.5 Mg/5 Ml) | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| **Pleural Sclerosing Agents - Drugs for the Lungs** | | |
| SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (***talc***) | Tier 3 | |
| ***sterile talc intrapleural suspension for reconstitution 5 gram*** | Tier 1 | |
| STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (***talc***) | Tier 3 | |
| STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (***talc***) | Tier 3 | |
| **Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs** | | |
| ***pirfenidone oral capsule 267 mg*** | Tier 4 | PA |
| ***pirfenidone oral tablet 267 mg, 801 mg*** | Tier 4 | PA |
| ***pirfenidone oral tablet 534 mg*** | Tier 4 | PA |
| **Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs** | | |
| OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Pulmonary Fibrosis Treatment Agents - PDE4 Inhibitors - Drugs for Cystic Fibrosis** | | |
| JASCAYD ORAL TABLET 18 MG, 9 MG (***nerandomilast***) | Tier 4 | PA; QL (2 EA per 1 day) |
| **Vaginal Products - Drugs for Women** | | |
| **Vaginal Antibacterial - Lincosamides - Drugs for Infections** | | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***) | Tier 3 | ST; QL (3 EA per 30 days) |
| ***clindamycin phosphate vaginal cream 2 %*** | Tier 1 | |
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (***clindamycin phosphate***) | Tier 3 | ST |
| XACIATO VAGINAL GEL 2 % (***clindamycin phosphate***) | Tier 3 | ST |
| **Vaginal Antifungal - Imidazoles - Drugs for Infections** | | |
| GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate***) | Tier 2 | |
| MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (***miconazole nitrate***) | Tier 1 | |
| **Vaginal Antifungal - Triazoles - Drugs for Infections** | | |
| ***terconazole vaginal cream 0.4 %, 0.8 %*** | Tier 1 | |
| ***terconazole vaginal suppository 80 mg*** | Tier 1 | |
| **Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections** | | |
| ***metronidazole vaginal gel 0.75 % (37.5mg/5 gram)*** | Tier 1 | |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (***metronidazole***) | Tier 3 | ST |
| **Vaginal Antiseptic Mixtures - Drugs for Infections** | | |
| FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***) | Tier 3 | |
| RELAGARD VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***) | Tier 3 | |
| TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (***oxyquinoline sulfate/sodium lauryl sulfate***) | Tier 3 | |
| **Vaginal Estrogens - Drugs for Women** | | |
| ***estradiol vaginal cream 0.01 % (0.1 mg/gram)*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***estradiol vaginal tablet 10 mcg*** | Tier 1 | |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (***estradiol***) | Tier 3 | ST; QL (1 EA per 90 days) |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (***estradiol acetate***) | Tier 3 | ST; QL (1 EA per 84 days) |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***) | Tier 2 | |
| ***estradiol*** (Yuvafem Vaginal Tablet 10 Mcg) | Tier 1 | |
| **Vaginal Progestins - Drugs for Women** | | |
| CRINONE VAGINAL GEL 4 % (***progesterone, micronized***) | Tier 2 | |
| **Weight Loss/Gain Agents - Drugs for Eating Disorders** | | |
| **Anorexiant Combinations - Drugs for Eating Disorders** | | |
| ***phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg*** | Tier 1 | PA |
| **Anorexiant Nutritional Supplements (Diet Aids) - Drugs for Eating Disorders** | | |
| PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM (***carboxymethylcellulose/citric acid***) | Tier 3 | PA |
| PLENITY ORAL CAPSULE 0.75 GRAM (***carboxymethylcellulose/citric acid***) | Tier 3 | PA |
| **Anorexiants - Drugs for Eating Disorders** | | |
| ***benzphetamine oral tablet 50 mg*** | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| ***diethylpropion oral tablet 25 mg*** | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| ***diethylpropion oral tablet extended release 75 mg*** | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| ***phentermine hcl*** (Lomaira Oral Tablet 8 Mg) | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| ***phendimetrazine tartrate oral capsule, extended release 105 mg*** | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| ***phendimetrazine tartrate oral tablet 35 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 18 Years) |
| ***phentermine oral capsule 15 mg, 30 mg, 37.5 mg*** | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***phentermine oral tablet 37.5 mg*** | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| ***phentermine oral tablet 8 mg*** | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| **Anti-Obesity - Dual GIP and GLP-1 Receptor Agonists - Drugs for Eating Disorders** | | |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***) | Tier 2 | PA; QL (2 ML per 28 days) |
| **Anti-Obesity - Fat Absorption Decreasing Agents - Drugs for Eating Disorders** | | |
| ***orlistat oral capsule 120 mg*** | Tier 1 | PA |
| **Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders** | | |
| ***liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)*** | Tier 1 | PA; QL (0.5 ML per 1 day) |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML (***semaglutide***) | Tier 2 | PA; QL (2 ML per 28 days) |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (***semaglutide***) | Tier 2 | PA; QL (3 ML per 28 days) |
| **Anti-Obesity-Opioid Antag/Norepinephrine and Dopamine Reuptake Inhibit - Drugs for Eating Disorders** | | |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (***naltrexone hcl/bupropion hcl***) | Tier 3 | PA |
| **Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders** | | |
| ***dronabinol oral capsule 10 mg, 2.5 mg, 5 mg*** | Tier 1 | ST; QL (2 EA per 1 day) |
| SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***) | Tier 3 | ST; QL (60 ML per 30 days) |
| **Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders** | | |
| ***megestrol oral suspension 400 mg/10 ml (10 ml)*** | Tier 1 | |
| ***megestrol oral suspension 400 mg/10 ml (40 mg/ml)*** | Tier 1 | |
| ***megestrol oral suspension 625 mg/5 ml (125 mg/ml)*** | Tier 1 | ST |
| **Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders** | | |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (***setmelanotide acetate***) | Tier 4 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Treatment of Hyperphagia in Prader-Willi Syndrome (PWS) - Drugs for Eating Disorders** | | |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG (***diazoxide choline***) | Tier 4 | PA |

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