Standard Drug Formulary

April 2024

Inland Empire Health Plan

This formulary was last updated on March 15, 2024. 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/content/dam/iehp-org/en/documents/coveredcalifornia/Formulary.pdf.

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.
    - Test tablets.
- 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.

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 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 ING (***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* of the IEHP *Evidence of Coverage* (EOC).

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. 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.

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" 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" 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 specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. 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.

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.

What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?
The formulary includes FDA-approved diabetes drugs. In addition to blood glucose test strips, urine test strips, lancets, and insulin syringes/pens, diabetic testing supplies are also included on the formulary.

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.

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 90-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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Vaginal Products - Drugs for Women 358

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		
Analgesic - Opioid Antagonists		
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, 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 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 500 mcg/50 ml (10 mcg/ml)	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)-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, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (***hydrocodone bitartrate***)	Tier 3	ST; QL (1 EA per 1 day)
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)
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 pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)	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
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 30 mg	Tier 2	
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	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (***tapentadol hcl***)	Tier 3	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	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 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 2	ST; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (***oxycodone hcl***)	Tier 2	ST; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 15 MG, 30 MG, 5 MG (***oxycodone hcl***)	Tier 3	
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 3	ST; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (***oxycodone myristate***)	Tier 3	ST; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (***oxycodone myristate***)	Tier 3	ST; QL (8 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
acetaminophen-codeine oral solution 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); 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)
codeine phosphate/butalbital/aspirin/caffeine (Butalbital Compound W/Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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 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)
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 solution 5-325 mg/5 ml	Tier 1	QL (61 ML 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 solution 5-325 mg/5 ml	Tier 1	QL (61 ML 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		
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		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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
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	Tier 4	PA
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (***adalimumab-atto***)	Tier 4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-atto***)	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	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) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 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 PEDIATRIC UC 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML (***adalimumab-adaz***)	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
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 - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	Tier 4	PA
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (***adalimumab-atto***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-atto***)	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 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	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
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	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) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC 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
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML (***adalimumab-adaz***)	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
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 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
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (***methotrexate/pf***)	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (***methotrexate/pf***)	Tier 3	ST; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (***methotrexate/pf***)	Tier 3	ST; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (***methotrexate/pf***)	Tier 3	ST; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (***methotrexate/pf***)	Tier 3	ST; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (***methotrexate/pf***)	Tier 3	ST; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (***methotrexate/pf***)	Tier 3	ST; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (***methotrexate/pf***)	Tier 3	ST; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (***methotrexate/pf***)	Tier 3	ST; QL (2.4 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (***methotrexate/pf***)	Tier 3	ST; 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
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		
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 200 mg/ml, 500 mg/ml	Tier 4	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	OCH
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 4	OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (hcl) intravenous recon soln 500 mg	Tier 1	
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	
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	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	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 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		
CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***)	Tier 4	PA
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 30 MG (***apremilast***)	Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	Tier 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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (***belimumab***)	Tier 4	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (***belimumab***)	Tier 4	PA
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	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	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		
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (***naproxen***)	Tier 1	
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, 75 mg	Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs		
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
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anesthetic - Non-Parenteral - Drugs for Sedation		
ketamine sublingual troche 100 mg	Tier 1	
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation		
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	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	
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
MARVONA SUIK (PF) KIT 0.5 % (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	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (***nitroglycerin***)	Tier 3	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (***hydrocortisone acetate***)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANA-LEX KIT RECTAL KIT 2-2 % (***hydrocortisone acetate/lidocaine hcl/aloe vera***)	Tier 1	
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)	Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	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	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 % (***hydrocortisone acetate/pramoxine hcl/skin cleanser no.16***)	Tier 3	
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 - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - Cyanide Poisoning - Drugs for Overdose or Poisoning		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
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		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (***zinc acetate***)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***)	Tier 3	
WILZIN ORAL CAPSULE 25 MG (ZINC) (***zinc acetate***)	Tier 3	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***)	Tier 4	PA
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	Tier 3	ST; 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 auto-injector 10 mg/0.4 ml	Tier 1	
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)
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***)	Tier 2	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	Tier 2	PA
Anti-Infective Agents - Drugs for Infections		
Amebicides - Drugs for Parasites		
paromomycin oral capsule 250 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
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	
EGATEN ORAL TABLET 250 MG (***triclabendazole***)	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
ivermectin oral tablet 3 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Antibacterial Other - Antibiotics		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	Tier 1	
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 - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (***ibrexafungerp citrate***)	Tier 3	PA
Antifungal - Glucan Synthesis Inhibitors - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (***ibrexafungerp citrate***)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (***thalidomide***)	Tier 4	PA
Antileprotic - Sulfone Agents - Antibiotics		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg	Tier 1	QL (18 EA per 16 days)
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	Tier 2	
pyrimethamine oral tablet 25 mg	Tier 4	PA
quinine sulfate oral capsule 324 mg	Tier 1	
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
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - 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		
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***)	Tier 2	ST; QL (21 ML per 365 days); Age (Min 12 Years)
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)	Tier 1	Age (Min 12 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	Tier 1	ST; 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, 25 MG (***raltegravir potassium***)	Tier 2	QL (6 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)
VOCABRIA ORAL TABLET 30 MG (***cabotegravir sodium***)	Tier 2	QL (1 EA per 1 day); Age (Min 12 Years)
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)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	Tier 1	
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)
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)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	Tier 1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 30 mg, 40 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)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 2	QL (1 EA per 1 day)
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 solution 400-100 mg/5 ml	Tier 1	QL (480 ML per 30 days)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZCOBIX ORAL TABLET 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)
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		
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate***)	Tier 3	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***)	Tier 3	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	Tier 2	QL (1 EA per 1 day)
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (***aminosalicylic acid***)	Tier 3	
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		
ethambutol oral tablet 100 mg, 400 mg	Tier 1	
TRECATOR ORAL TABLET 250 MG (***ethionamide***)	Tier 3	
Carbapenem Antibiotic Combinations - Antibiotics		
imipenem-cilastatin intravenous recon soln 250 mg	Tier 1	
Cephalosporin Antibiotics - 1st Generation - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
FACTIVE ORAL TABLET 320 MG (***gemifloxacin mesylate***)	Tier 3	
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 (56 EA per 1 FILL)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***)	Tier 4	ST; 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		
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 1	QL (360 ML per 180 days)
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 20 MG, 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)
Influenza-A Antiviral Agents - Drugs for Viral Infections		
rimantadine oral tablet 100 mg	Tier 1	
Lincosamide Antibiotics - Antibiotics		
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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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	
Misc Anti-Infective - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Tier 1	
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
URO-458 ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
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	ST; QL (6 EA per 6 days)
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)
darunavir oral tablet 800 mg	Tier 1	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	Tier 3	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***)	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (***darunavir***)	Tier 2	QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG (***rifamycin sodium***)	Tier 3	ST; QL (12 EA per 1 FILL)
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 ORAL TABLETS,DOSE PACK 150-100 MG (***nirmatrelvir/ritonavir***)	$0	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 150 mg, 75 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg	Tier 1	ST; QL (4 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 75 mg	Tier 1	ST; QL (2 EA per 1 day)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 75 Mg)	Tier 1	ST; QL (2 EA per 1 day)
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		
Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor		
TRUQAP ORAL TABLET 160 MG, 200 MG (***capivasertib***)	Tier 4	PA; OCH
Antineoplastic - Gamma-Secretase Inhibitor (GSI)		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OGSIVEO ORAL TABLET 50 MG (***nirogacestat hydrobromide***)	Tier 4	PA; OCH
Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (***momelotinib dihydrochloride***)	Tier 4	PA; OCH
Antineoplastic - PARP Inhibitor and Antiandrogen Combinations		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (***niraparib tosylate/abiraterone acetate***)	Tier 4	PA; OCH
Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***)	Tier 4	PA
Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody		
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer		
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		
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	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	
thiotepa injection recon soln 100 mg, 15 mg	Tier 4	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 200 mg/ml, 500 mg/ml	Tier 4	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	OCH
cyclophosphamide oral tablet 25 mg, 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	
melphalan oral tablet 2 mg	Tier 1	OCH
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
carmustine intravenous recon soln 100 mg	Tier 4	
carmustine intravenous recon soln 300 mg, 50 mg	Tier 4	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***)	Tier 4	PA; OCH
GLIADEL WAFER IMPLANT WAFER 7.7 MG (***carmustine in polifeprosan 20***)	Tier 4	
Antineoplastic - Alkylating Agent - Other - Drugs for Cancer		
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	Tier 4	
bendamustine intravenous recon soln 100 mg, 25 mg	Tier 4	
bendamustine intravenous solution 25 mg/ml	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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMODAR INTRAVENOUS RECON SOLN 100 MG (***temozolomide***)	Tier 4	PA
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
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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***)	Tier 4	PA
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
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 - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
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
pemetrexed disodium intravenous solution 25 mg/ml	Tier 4	PA
pemetrexed intravenous recon soln 100 mg, 500 mg	Tier 4	PA
pemetrexed intravenous solution 25 mg/ml	Tier 4	PA
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (***pemetrexed***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 tablet 50 mg	Tier 1	OCH
nelarabine intravenous solution 250 mg/50 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	
gemcitabine intravenous recon soln 2 gram	Tier 4	
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (***encorafenib***)	Tier 4	PA; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***)	Tier 4	PA; OCH
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
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 - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (***mogamulizumab-kpkc***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer		
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG (***loncastuximab tesirine-lpyl***)	Tier 4	PA
Antineoplastic - CD-19 directed CAR-T cell immunotherapy - Drugs for Cancer		
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL (***tisagenlecleucel***)	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		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML (***ofatumumab***)	Tier 4	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (***obinutuzumab***)	Tier 4	PA
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***)	Tier 4	PA
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (***isatuximab-irfc***)	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		
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		
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
teniposide intravenous solution 50 mg/5 ml	Tier 4	
Antineoplastic - Epothilones and Analogs - Drugs for Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (***ixabepilone***)	Tier 4	PA
Antineoplastic - Estrogens - Drugs for Cancer		
EMCYT ORAL CAPSULE 140 MG (***estramustine phosphate sodium***)	Tier 4	OCH
Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 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), 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
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***)	Tier 4	PA; OCH
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 - 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
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (***panobinostat lactate***)	Tier 4	PA; OCH
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (***fedratinib dihydrochloride***)	Tier 4	PA; OCH
VONJO ORAL CAPSULE 100 MG (***pacritinib citrate***)	Tier 4	PA; OCH
Antineoplastic - Kinase Inhibitor and Aromatase Inhibitor Combination - Drugs for Cancer		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG (***ribociclib succinate/letrozole***)	Tier 4	PA; OCH
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, 320 MG (***sotorasib***)	Tier 4	PA; OCH
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
leuprolide subcutaneous solution 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
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 - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	Tier 4	PA; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate/vitamin e tpgs***)	Tier 4	PA; OCH
MEKINIST ORAL RECON SOLN 0.05 MG/ML (***trametinib dimethyl sulfoxide***)	Tier 4	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - Microtubule Inhibitors - Drugs for Cancer		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (***eribulin mesylate***)	Tier 4	PA
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 1 mg/ml, 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 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
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
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	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	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
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	Tier 4	PA
pazopanib oral tablet 200 mg	Tier 4	PA; OCH
QINLOCK ORAL TABLET 50 MG (***ripretinib***)	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
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	Tier 4	PA; OCH
SCEMBLIX ORAL TABLET 20 MG, 40 MG (***asciminib hydrochloride***)	Tier 4	PA; OCH
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (***dasatinib***)	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
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (***nilotinib hcl***)	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***)	Tier 4	PA
Antineoplastic - Radiopharmaceuticals - Drugs for Cancer		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML (***sodium iodide-131***)	Tier 3	OCH
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
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
Antineoplastic - Selective Inhibitiors of Nuclear Export (SINE) - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 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), 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 CAPSULE 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Taxanes - Drugs for Cancer		
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)	Tier 4	
docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 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 - Thalidomide Analogs - Drugs for Cancer		
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, 150 MG, 200 MG, 50 MG (***thalidomide***)	Tier 4	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML (***irinotecan hcl***)	Tier 4	
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	Tier 1	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	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	
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM (***streptozocin***)	Tier 4	
Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (***atezolizumab***)	Tier 4	PA
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
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
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML (***retifanlimab-dlwr***)	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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-CD33 Specific Antibody and Cytoxic Antibiotic Conjugate - Drugs for Cancer		
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-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-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
Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
TRODELVY INTRAVENOUS RECON SOLN 180 MG (***sacituzumab govitecan-hziy***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (***blinatumomab***)	Tier 4	PA
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG (***blinatumomab***)	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
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) (***necitumumab***)	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
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-pkrb***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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, 300 MG (***levoleucovorin***)	Tier 4	
leucovorin calcium injection recon soln 100 mg	Tier 1	
leucovorin calcium injection recon soln 200 mg, 350 mg	Tier 1	
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 recon soln 50 mg	Tier 4	
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG (***levoleucovorin***)	Tier 4	
leucovorin calcium injection recon soln 100 mg	Tier 1	
leucovorin calcium injection recon soln 200 mg, 350 mg	Tier 1	
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 recon soln 50 mg	Tier 4	
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 4	
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
MESNEX ORAL TABLET 400 MG (***mesna***)	Tier 3	OCH
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
BD ALCOHOL SWABS 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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IV PREP WIPES 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
WEBCOL TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
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		
Vaccine Viral - Respiratory Syncytial Virus (RSV)		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref a and b/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMIT OF 1, FILL OF 1 IN 365 DAYS, 59 YEARS OF AGE OR YOUNGER, AND NO HISTORY OF AREXVY|$0 COPAY IF QUANTITY LIMIT OF 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (***respiratory syncytial virus vacc. antigen/as01e adjuvant/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMIT OF 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER
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 100 INDX REACTIVITY, 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6) (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	Tier 3	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 120 MG (***centruroides (scorpion) polyvalent antivenom***)	Tier 3	
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (***palivizumab***)	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 IF QUANTITY IS LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (***hepatitis b virus vaccine recombinant,isoforms,m,l/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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		
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma(igg)/glycine***)	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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 IG COMPONENT 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,gamm(igg)/glycine/iga greater than 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
Immune Globulin - Hepatitis B - Biological Agents		
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML) (***hepatitis b immune globulin/maltose***)	Tier 3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (***hepatitis b immune globulin***)	Tier 3	
HYPERHEP B INTRAMUSCULAR SYRINGE 220 UNIT/ML (***hepatitis b immune globulin***)	Tier 3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (***hepatitis b immune globulin***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML (***hepatitis b immune globulin***)	Tier 3	
Immune Globulin - Rho(D) - Biological Agents		
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG) (***rho(d) immune globulin***)	Tier 3	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG) (***rho(d) immune globulin***)	Tier 3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG) (***rho(d) immune globulin***)	Tier 3	
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML (***rho(d) immune globulin***)	Tier 3	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 5,000 UNIT(1000 MCG)/4.4 ML (***rho(d) immune globulin/maltose***)	Tier 4	
Immune Globulin - Varicella-zoster - Biological Agents		
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (***varicella-zoster immune globulin/maltose***)	Tier 3	
Immune Serums - Biological Agents		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (***lymphocyte immune globulin,antithymocyte (equine)***)	Tier 4	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG (***anti-thymocyte globulin,rabbit***)	Tier 4	
Live Vaccine and Live Virus Formulations - Vaccines		
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	Tier 3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
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 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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA INITIAL DOSE 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 IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adult***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
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 IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND AGE 11-23 YEARS
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 IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND AGE 11-23 YEARS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND AGE 11-23 YEARS
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND AGE 10-25 YEARS
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1.5 IN 365 DAYS AND AGE 10-25 YEARS
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
Vaccine Viral - Adenovirus - Vaccines		
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	
Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (***covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf***)	$0	EHB
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (***covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf***)	$0	EHB
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML (***covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf***)	$0	EHB
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (***covid vacc 2023-24 xbb.1.5, recomb/adjuvant-matrix/pf***)	$0	EHB
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (***covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf***)	$0	EHB
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML (***covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf***)	$0	EHB
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (***covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf***)	$0	EHB
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf***)	$0	EHB
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1.5 IN 365 DAYS AND AGE 9-45 YEARS; Age (Min 9 Years and Max 46 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1.5 IN 365 DAYS AND AGE 9-45 YEARS; Age (Min 9 Years and Max 46 Years)
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2023-24 (6 mos and up)***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS AND 65 YEARS OF AGE OR OLDER
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (***influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS AND 18 YEARS OF AGE OR OLDER
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***flu vaccine quad 2023-2024(6 month and older)cell derived/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***flu vaccine quadriv 2023-2024(6 month and older)cell derived***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (***influenza virus vaccine quadrival split 2023-24(65 yr up)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2023-24 (6 mos and up)***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	Tier 3	
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 50 YEARS OF AGE OR OLDER
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Vaccine Viral Combinations - Vaccines		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Cardiovascular Therapy Agents		
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG (***sparsentan***)	Tier 4	PA
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral solution 1 mg/ml	Tier 1	ST; QL (1200 ML per 30 days)
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	
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	ST; QL (1200 ML per 30 days)
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 (***finerenone***)	Tier 3	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	
labetalol oral tablet 100 mg, 200 mg, 300 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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril/valsartan***)	Tier 2	QL (2 EA per 1 day)
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
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	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
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	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
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, 400 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
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 - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	Tier 2	ST
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
cholestyramine-aspartame oral powder in packet 4 gram	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
colesevelam oral powder in packet 3.75 gram	Tier 1	
colesevelam oral tablet 625 mg	Tier 1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM (***colestipol hcl***)	Tier 3	
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
fenofibrate micronized oral capsule 134 mg, 200 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		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (***lovastatin***)	Tier 3	ST; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (***atorvastatin calcium***)	Tier 3	PA
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; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
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)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (***pitavastatin calcium***)	$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
lovastatin oral tablet 10 mg, 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 (2 EA per 1 day)
pravastatin oral tablet 10 mg, 20 mg, 40 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; QL (1 EA per 1 day)
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; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
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; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1	
niacin (Niacor Oral Tablet 500 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
omega-3 acid ethyl esters oral capsule 1 gram	Tier 1	ST; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM (***icosapent ethyl***)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (***icosapent ethyl***)	Tier 1	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 2	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 - PCSK9 Inhibitors - Drugs for Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***)	Tier 2	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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	Tier 1	PA; 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		
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	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	Tier 3	
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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 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	
NYMALIZE ORAL SOLUTION 60 MG/10 ML (***nimodipine***)	Tier 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (***nimodipine***)	Tier 4	PA
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
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 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	
Calcium Channel Blockers - Phenylakylamines - Drugs for High Blood Pressure		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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		
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)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (***epinephrine***)	Tier 2	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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
digoxin (Digox Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
digoxin oral 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
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 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	
ethacrynic acid oral tablet 25 mg	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (***furosemide***)	Tier 3	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
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	
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	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
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)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (***ivabradine hcl***)	Tier 2	ST; QL (2 EA per 1 day)
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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	
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	
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 1	
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***)	Tier 4	PA
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (***ecallantide***)	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***)	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
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
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 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (***epoprostenol sodium***)	Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost tromethamine***)	Tier 4	PA
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure		
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
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		
LIQREV ORAL SUSPENSION 10 MG/ML (***sildenafil citrate***)	Tier 4	PA
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	Tier 1	PA
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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), 5 mg/5 ml (1 mg/ml, 5 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (***perampanel***)	Tier 3	ST; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (***perampanel***)	Tier 3	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG (***perampanel***)	Tier 3	ST; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (***perampanel***)	Tier 3	ST; 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	
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	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	Tier 3	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 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (30 ML per 1 day)
felbamate oral tablet 400 mg	Tier 1	QL (9 EA per 1 day)
felbamate oral tablet 600 mg	Tier 1	QL (6 EA per 1 day)
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	
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	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (***lacosamide***)	Tier 3	PA
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) (***lacosamide***)	Tier 2	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gabapentin oral solution 250 mg/5 ml	Tier 1	
gabapentin oral solution 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		
SABRIL ORAL TABLET 500 MG (***vigabatrin***)	Tier 4	PA
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
vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 4	PA
vigabatrin (Vigpoder Oral Powder In Packet 500 Mg)	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	
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	Tier 2	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG (***eslicarbazepine acetate***)	Tier 3	ST; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG (***eslicarbazepine acetate***)	Tier 3	ST; QL (2 EA per 1 day)
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	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 2	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 3	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (***oxcarbazepine***)	Tier 3	ST; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG (***oxcarbazepine***)	Tier 3	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		
EPRONTIA ORAL SOLUTION 25 MG/ML (***topiramate***)	Tier 3	PA
topiramate oral capsule, sprinkle 15 mg, 25 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
topiramate oral capsule,extended release 24hr 100 mg, 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 (4 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	Tier 1	ST; QL (1 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 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		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (***lamotrigine***)	Tier 3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (***lamotrigine***)	Tier 3	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (***lamotrigine***)	Tier 3	ST
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	ST
lamotrigine oral tablet extended release 24hr 100 mg	Tier 1	ST; QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	Tier 1	ST; QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	Tier 1	ST; QL (6 EA per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg	Tier 1	ST; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral tablet,disintegrating 200 mg	Tier 1	ST; QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	Tier 1	ST; QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
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	
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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) (***cenobamate***)	Tier 2	ST; QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***)	Tier 2	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG (***cenobamate***)	Tier 2	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (***cenobamate***)	Tier 2	ST; 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	ST; QL (1 EA per 1 day)
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 - 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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (***dextromethorphan hbr/bupropion hcl***)	Tier 3	PA
Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML (***brexanolone***)	Tier 3	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (***zuranolone***)	Tier 2	PA
Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression		
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 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	
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 1	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (***levomilnacipran hcl***)	Tier 2	ST; 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	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)
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	ST
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hydrobromide***)	Tier 2	ST; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
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	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (***carbidopa/levodopa***)	Tier 4	PA
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (***carbidopa/levodopa***)	Tier 3	ST; QL (10 EA per 1 day)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 42 MG (***levodopa***)	Tier 4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (***levodopa***)	Tier 4	PA
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, 1 mg	Tier 1	QL (1 EA per 1 day)
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)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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		
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 ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (***iloperidone***)	Tier 3	ST; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (***paliperidone palmitate***)	Tier 4	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (***paliperidone palmitate***)	Tier 4	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (***paliperidone palmitate***)	Tier 4	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (***paliperidone palmitate***)	Tier 4	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***)	Tier 4	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (***paliperidone palmitate***)	Tier 4	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (***paliperidone palmitate***)	Tier 4	QL (0.5 ML per 21 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (***paliperidone palmitate***)	Tier 4	QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (***paliperidone palmitate***)	Tier 4	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (***paliperidone palmitate***)	Tier 4	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (***paliperidone palmitate***)	Tier 4	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 ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (***risperidone***)	Tier 4	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 4	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	
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 3	ST; 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - 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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (***quetiapine fumarate***)	Tier 3	
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	PA
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)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (***olanzapine pamoate***)	Tier 4	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (***olanzapine pamoate***)	Tier 4	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 4	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML (***aripiprazole***)	Tier 4	QL (3.2 ML per 42 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (***aripiprazole***)	Tier 4	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (***aripiprazole***)	Tier 4	QL (1 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	
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 INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (***aripiprazole lauroxil***)	Tier 4	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (***aripiprazole lauroxil***)	Tier 4	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (***aripiprazole lauroxil***)	Tier 4	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (***aripiprazole lauroxil***)	Tier 4	QL (3.2 ML per 14 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***)	Tier 2	ST; QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3) (***brexpiprazole***)	Tier 2	ST; QL (1 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) (***cariprazine hcl***)	Tier 2	QL (7 EA per 28 days)
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	PA
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (***amphetamine***)	Tier 3	ST; QL (1 EA per 1 day)
amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml	Tier 1	ST; QL (450 ML per 30 days)
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
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 3	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, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate hcl***)	Tier 3	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)
methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl oral tablet extended release 24hr 36 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 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)
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)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (***lisdexamfetamine dimesylate***)	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (***lisdexamfetamine dimesylate***)	Tier 2	QL (1 EA per 1 day)
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); Age (Min 6 Years)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
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); Age (Min 6 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (***viloxazine hcl***)	Tier 3	ST; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (***viloxazine hcl***)	Tier 3	ST; QL (3 EA per 1 day); Age (Min 6 Years)
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)
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), 5 mg/5 ml (1 mg/ml, 5 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 oral syrup 10 mg/5 ml (2 mg/ml)	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	Tier 3	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 3	QL (10 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
carbamazepine (Epitol Oral Tablet 200 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	ST
lamotrigine oral tablet,disintegrating 100 mg	Tier 1	ST; QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	Tier 1	ST; QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	Tier 1	ST; QL (6 EA per 1 day)
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	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PA
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)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
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	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) (***cariprazine hcl***)	Tier 2	QL (7 EA per 28 days)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (***amphetamine***)	Tier 3	ST; QL (1 EA per 1 day)
amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml	Tier 1	ST; QL (450 ML per 30 days)
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	PA
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 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	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
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); Age (Min 6 Years)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (90 EA per 30 days)
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
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		
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
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
tasimelteon oral capsule 20 mg	Tier 4	PA
Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***)	Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (***eptinezumab-jjmr***)	Tier 4	PA
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
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***)	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (***atogepant***)	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	Tier 2	PA
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (***zavegepant hcl***)	Tier 3	PA
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
dihydroergotamine injection solution 1 mg/ml	Tier 1	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	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 (12 EA per 30 days)
eletriptan oral tablet 20 mg, 40 mg	Tier 1	ST; QL (12 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 (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	Tier 1	QL (6 EA per 15 days)
sumatriptan succinate oral tablet 100 mg	Tier 1	QL (9 EA per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	Tier 1	QL (3 EA per 5 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 1	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	Tier 1	QL (4 ML per 28 days)
zolmitriptan nasal spray,non-aerosol 5 mg	Tier 1	ST; QL (6 EA per 15 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	ST; QL (12 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST; QL (12 EA per 30 days)
zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST; QL (12 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (***lasmiditan succinate***)	Tier 2	PA
Movement Disorder Drug Therapy - Drugs for the Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (***deutetrabenazine***)	Tier 4	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 4	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (***deutetrabenazine***)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (***deutetrabenazine***)	Tier 4	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA
Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (***deutetrabenazine***)	Tier 4	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 4	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (***deutetrabenazine***)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (***deutetrabenazine***)	Tier 4	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA
Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (***deutetrabenazine***)	Tier 4	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 4	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (***deutetrabenazine***)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (***deutetrabenazine***)	Tier 4	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA
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
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 3	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 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	PA
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
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 (90 EA per 30 days)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
midazolam oral syrup 10 mg/5 ml (2 mg/ml)	Tier 1	
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	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***)	Tier 3	ST; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (***daridorexant hcl***)	Tier 3	PA
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		
LUCEMYRA ORAL TABLET 0.18 MG (***lofexidine hcl***)	Tier 3	PA
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML (***buprenorphine***)	Tier 4	ST; QL (0.36 ML per 21 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML (***buprenorphine***)	Tier 4	ST; QL (0.32 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML (***buprenorphine***)	Tier 4	ST; QL (0.48 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML (***buprenorphine***)	Tier 4	ST; QL (0.64 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML (***buprenorphine***)	Tier 4	ST; QL (0.18 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML (***buprenorphine***)	Tier 4	ST; QL (0.16 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML (***buprenorphine***)	Tier 4	ST; QL (0.27 ML per 21 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg	Tier 1	QL (2 EA per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg	Tier 1	QL (1 EA per 1 day)
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	

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
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 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, 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 IN 365 DAYS, 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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICOTROL INHALATION CARTRIDGE 10 MG (***nicotine***)	$0	EHB; $0 COPAY IF QUANTITY 168 IN 10 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (168 EA per 10 days)
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, 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 IN 365 DAYS, 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 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, 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 IN 365 DAYS, 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 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
varenicline 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 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	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	Tier 1	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (***cholera vaccine buffer component***)	Tier 3	
Cognitive Disorder Therapy		
Rett Syndrome Agents - Glypromate (GPE) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML (***trofinetide***)	Tier 4	PA
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML (***aducanumab-avwa***)	Tier 4	PA
LEQEMBI INTRAVENOUS SOLUTION 100 MG/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)
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)
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		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG (***memantine hcl/donepezil hcl***)	Tier 2	ST; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (***memantine hcl/donepezil hcl***)	Tier 2	ST; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
ergoloid oral tablet 1 mg	Tier 1	
Contraceptives - Drugs for Women		
Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment		
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
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		
PARAGARD T 380A 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 HRS (5 YRS) 19.5 MG (***levonorgestrel***)	$0	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (***levonorgestrel***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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), 0.15 mg-30 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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$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
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 (28) Oral Tablet 0.15-0.03 Mg)	$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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 0.25-35 Mg-Mcg)	$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
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
ethynodiol diacetate-ethinyl estradiol (Kelnor 1-50 (28) Oral Tablet 1-50 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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (***norethindrone-ethinyl estradiol/ferrous fumarate***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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 (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	$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
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
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 0.25-35 Mg-Mcg)	$0	CT; EHB
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	$0	CT; EHB
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 0.4mg-35mcg(21) and 75 mg (7), 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 mg-20 mcg (21)/75 mg (7), 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 0.25-35 mg-mcg	$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
norgestimate-ethinyl estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	$0	CT; EHB
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 0.25-35 Mg-Mcg)	$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
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 0.25-35 Mg-Mcg)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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 (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
norethindrone (Lyleq Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Lyza 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
ORTHO MICRONOR ORAL TABLET 0.35 MG (***norethindrone***)	$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		
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (***estradiol valerate/dienogest***)	$0	CT; EHB
QUARTETTE 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
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
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
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (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
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (***norgestimate-ethinyl estradiol***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG (***norethindrone-ethinyl estradiol***)	$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-35 Mcg (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-35 Mcg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	$0	CT; EHB
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
CURAE 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
HER STYLE 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
CURAE 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
HER STYLE 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
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
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	$0	CT; EHB
Dermatological		
Hair Growth Agents - Kinase Inhibitor		
LITFULO ORAL CAPSULE 50 MG (***ritlecitinib tosylate***)	Tier 4	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	Tier 4	PA
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, 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 Topical - Androgen Receptor Inhibitors - Drugs for the Skin		
WINLEVI TOPICAL CREAM 1 % (***clascoterone***)	Tier 3	PA
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
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	ST
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 with pump 7.5 %	Tier 1	ST
erythromycin base in ethanol (Ery Pads Topical Swab 2 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
OXIAICE TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***)	Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
BP 10-1 TOPICAL CLEANSER 10-1 % (***sulfacetamide sodium/sulfur***)	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	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	Tier 1	ST
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %	Tier 1	
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (***sulfacetamide sodium/sulfur***)	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	
SSS 10-5 TOPICAL FOAM 10-5 % (***sulfacetamide sodium/sulfur***)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 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 cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
ADEINZDE TOPICAL GEL 0.1-2.5-1 % (***adapalene/benzoyl peroxide/clindamycin phosphate***)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 % (***adapalene/benzoyl peroxide/clindamycin phosphate***)	Tier 3	PA
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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	
IDYYXIATAR TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***)	Tier 3	
OXIAVAR TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 % (***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	
AVITA TOPICAL GEL 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 3	ST
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
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 SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (***guselkumab***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (***bimekizumab-bkzx***)	Tier 4	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/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 (150 MG/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
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (***ixekizumab***)	Tier 4	PA
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (***abrocitinib***)	Tier 4	PA
OPZELURA TOPICAL CREAM 1.5 % (***ruxolitinib phosphate***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	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	ST
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
Dermatological - Antifungal Allylamines - Drugs for the Skin		
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 Benzylamines - Drugs for the Skin		
MENTAX TOPICAL CREAM 1 % (***butenafine hcl***)	Tier 3	
Dermatological - Antifungal Combinations Other - Drugs for the Skin		
EXODERM TOPICAL LOTION 25-1 % (***sodium thiosulfate/salicylic acid***)	Tier 1	
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 topical cream 1 %	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 % (***econazole nitrate***)	Tier 3	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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		
FLUOROPLEX TOPICAL CREAM 1 % (***fluorouracil***)	Tier 3	PA
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 TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***)	Tier 2	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
diclofenac sodium topical gel 3 %	Tier 1	QL (100 GM per 1 FILL)
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	
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
SORILUX TOPICAL FOAM 0.005 % (***calcipotriene***)	Tier 3	ST
tazarotene topical cream 0.1 %	Tier 1	
tazarotene topical gel 0.05 %, 0.1 %	Tier 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % (***tazarotene***)	Tier 3	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 % (***tapinarof***)	Tier 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 % (***anthralin micronized***)	Tier 3	ST
ZORYVE TOPICAL CREAM 0.3 % (***roflumilast***)	Tier 3	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 30 MG (***apremilast***)	Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	Tier 4	PA
Dermatological - Antiseborrheic - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (***sulfacetamide sodium***)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 % (***sulfacetamide sodium***)	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 % (***sulfacetamide sodium***)	Tier 3	ST
selenium sulfide topical lotion 2.5 %	Tier 1	
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	
TERSI FOAM TOPICAL FOAM 2.25 % (***selenium sulfide***)	Tier 3	
ZORYVE TOPICAL FOAM 0.3 % (***roflumilast***)	Tier 3	PA
Dermatological - Antiviral, Herpes - Drugs for the Skin		
acyclovir topical ointment 5 %	Tier 1	
Dermatological - Burn Products - Drugs for the Skin		
NEXOBRID POWDER COMPONENT TOPICAL POWDER (***anacaulase-bcdb***)	Tier 3	
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		
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
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	
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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL (***emollient combination no.47/emollient combination no.60***)	Tier 3	
PRESERA TOPICAL FOAM (***emollient combination no.80***)	Tier 3	
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		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (***hydrocortisone***)	Tier 1	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
betamethasone valerate topical ointment 0.1 %	Tier 1	
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)
CORDRAN TOPICAL CREAM 0.025 % (***flurandrenolide***)	Tier 3	ST
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluocinolone topical ointment 0.025 %	Tier 1	
fluocinolone topical solution 0.01 %	Tier 1	
fluocinonide topical cream 0.05 %, 0.1 %	Tier 1	
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
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
HALOG TOPICAL OINTMENT 0.1 % (***halcinonide***)	Tier 3	ST
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 butyr-emollient topical cream 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 2.5 %	Tier 1	
hydrocortisone topical ointment 1 %, 2.5 %	Tier 1	
hydrocortisone valerate topical cream 0.2 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone valerate topical ointment 0.2 %	Tier 1	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
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	
prednicarbate topical ointment 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
TEXACORT TOPICAL SOLUTION 2.5 % (***hydrocortisone***)	Tier 2	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 0.1 %)	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	
FLUOXIA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***)	Tier 3	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCORT TOPICAL LOTION 2 % (***hydrocortisone acetate/aloe vera***)	Tier 3	
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	QL (2 EA per 1 day)
Dermatological - Immunomodulator - Interferons - Drugs for the Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (***interferon alfa-n3***)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator Combinations - Drugs for the Skin		
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	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin		
SALVAX DUO PLUS TOPICAL FOAM 6-35 % (***salicylic acid/urea***)	Tier 3	
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	
HYDRO 35 TOPICAL FOAM 35 % (***urea***)	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 % (***salicylic acid***)	Tier 3	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SALVAX TOPICAL FOAM 6 % (***salicylic acid***)	Tier 1	
TRI-CHLOR TOPICAL SOLUTION 80 % (***trichloroacetic acid***)	Tier 3	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (***salicylic acid***)	Tier 3	
URAMAXIN TOPICAL FOAM 20 % (***urea***)	Tier 3	
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 - Liver Derivative Complex - Drugs for the Skin		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (***liver extract (beef-pork)***)	Tier 3	
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % (***tetracaine/benzocaine/butamben***)	Tier 3	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 Single Agents - Drugs for the Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (***baclofen***)	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***gabapentin***)	Tier 3	
sodium chloride topical solution 0.9 %	Tier 1	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin		
tazarotene topical cream 0.1 %	Tier 1	
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
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	
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	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
SOOLANTRA TOPICAL CREAM 1 % (***ivermectin***)	Tier 1	ST
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %	Tier 1	
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)
LIDOPIN TOPICAL CREAM 3.25 % (***lidocaine hcl***)	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***lidocaine hcl***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 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	
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	
STRATAGRAFT TOPICAL SHEET 8 CM X 12.5 CM (***keratinocytes, fibroblasts, collagen-dsat***)	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	
OMEZA TOPICAL OINTMENT IN PACKET (***collagen, hydrolyzed/cod liver oil***)	Tier 3	
SILVASORB TOPICAL GEL,EXTENDED RELEASE (***silver***)	Tier 1	
Wound Care - Growth Factor Agents - Drugs for the Skin		
REGRANEX TOPICAL GEL 0.01 % (***becaplermin***)	Tier 2	DD
Wound Care Combinations Other - Drugs for the Skin		
FILSUVEZ TOPICAL GEL 10 % (***birch bark extract***)	Tier 4	PA
Diagnostic Agents		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contrast Media - Barium		
ENTERO VU ORAL SUSPENSION 24 % (***barium sulfate***)	Tier 3	
E-Z DISK ORAL TABLET 700 MG (***barium sulfate***)	Tier 3	
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 % (***barium sulfate***)	Tier 3	
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W) (***barium sulfate***)	Tier 3	
E-Z-PASTE ORAL CREAM 60 % (***barium sulfate***)	Tier 3	
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V) (***barium sulfate***)	Tier 3	
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W) (***barium sulfate***)	Tier 3	
NEULUMEX ORAL SUSPENSION 0.1 % (***barium sulfate***)	Tier 3	
POLIBAR ACB RECTAL ENEMA 96 % (***barium sulfate***)	Tier 3	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V) (***barium sulfate***)	Tier 3	
TAGITOL V ORAL SUSPENSION 40 % (W/V) (***barium sulfate***)	Tier 3	
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W) (***barium sulfate***)	Tier 3	
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V) (***barium sulfate***)	Tier 3	
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W) (***barium sulfate***)	Tier 3	
VARIBAR THIN HONEY ORAL SUSPENSION 40 %(W/V), 29% (W/W)(1500 CPS) (***barium sulfate***)	Tier 3	
VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W) (***barium sulfate***)	Tier 3	
Contrast Media - Iodinated Ionic		
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 % (***iothalamate meglumine***)	Tier 3	
CYSTOGRAFIN URETHRAL SOLUTION 30 % (***diatrizoate meglumine***)	Tier 3	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 % (***diatrizoate meglumine***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diatrizoate meglumine/diatrizoate sodium (Md-Gastroview Oral Solution 66-10 %)	Tier 1	
Contrast Media - Iodinated Nonionic		
OMNIPAQUE ORAL SOLUTION 12 MG IODINE/ML, 9 MG IODINE/ML (***iohexol***)	Tier 3	
Contrast Media - Magnetic Resonance Iron Compounds		
GASTROMARK ORAL SUSPENSION 175 MCG/ML IRON (***ferumoxsil***)	Tier 3	
Contrast Media - Ultrasound Agent Combinations		
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE (***hydroxyethylcellulose/glycerin in sterile water***)	Tier 3	
Diagnostic - Infection Tests		
PYTEST KIT ORAL CAPSULE 37 KBQ (1 MICROCI) (***urea(c14)***)	Tier 3	
PYTEST ORAL CAPSULE 37 KBQ (1 MICROCI) (***urea(c14)***)	Tier 3	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Diagnostic - Other		
SITZMARKS ORAL CAPSULE 24 MARKERS (***radiopaque pvc markers/barium sulfate***)	Tier 3	
Diagnostic - Therapeutic Monitoring-Toxicology-Abuse Tests		
TOXICOLOGY SALIVA COLLECTION ORAL KIT 600 MG (***saliva collection device/ibuprofen***)	Tier 3	
Diagnostic Drugs - Metabolic Function		
METOPIRONE ORAL CAPSULE 250 MG (***metyrapone***)	Tier 4	
Diagnostic Drugs - Pulmonary		
ARIDOL BRONCHIAL CHALLENGE INHALATION CAPSULE, W/INHALATION DEVICE 0-5-10-20-40 MG (***mannitol***)	Tier 3	
methacholine chloride inhalation solution for nebulization 0 mg/3 ml (0 mg/ml), 0 to 48 mg/3 ml, 0.1875 mg/3 ml (0.0625 mg/ml), 0.75 mg/3 ml (0.25 mg/ml), 12 mg/3 ml (4 mg/ml), 3 mg/3 ml (1 mg/ml), 48 mg/3 ml (16 mg/ml)	Tier 1	
PROVOCHOLINE INHALATION RECON SOLN 100 MG (***methacholine chloride***)	Tier 3	
XENOVIEW PATIENT DOSE INHALATION GAS 1,000 ML (***xenon xe-129 hyperpolarized***)	Tier 3	
XENOVIEW PREPARATION GAS BLEND INHALATION GAS 1,000 ML (***xenon xe-129 hyperpolarized***)	Tier 3	
Diagnostic Drugs - Thyroid Function		
THYROGEN INTRAMUSCULAR RECON SOLN 0.9 MG (***thyrotropin alfa***)	Tier 4	PA
Diagnostic Radiopharmaceuticals - Cerebral Perfusion Imaging		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI) (***xenon 133 in carbon dioxide***)	Tier 3	
Diagnostic Radiopharmaceuticals - Endocrine		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)	Tier 1	OCH
sodium iodide-131 oral capsule 3.7 mbq (100 microci)	Tier 1	OCH
Diagnostic Radiopharmaceuticals - Misc.		
kit for tc 99m-sod thiosulfate recon soln 2 mg	Tier 3	
Diagnostic Radiopharmaceuticals - Pulmonary Perfusion Imaging		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI) (***xenon 133 in carbon dioxide***)	Tier 3	
Diagnostic Radiopharmaceuticals - Radiolabeling Reagents		
indium-111 chloride solution 5 mci/0.5 ml (185 mbq)	Tier 1	
Fluorescence Imaging Agents - Malignant Brain Tissue		
GLEOLAN ORAL RECON SOLN 30 MG/ML (***aminolevulinic acid hcl***)	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
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG (***alprostadil***)	Tier 3	QL (1 EA per 5 days)
Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
sildenafil oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (***avanafil***)	Tier 3	ST; QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg	Tier 1	
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA
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)
Eating Disorder Therapy		
Anti-Obesity - Dual GIP and GLP-1 Receptor Agonists		
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
Eating Disorder Therapy - Drugs for Eating Disorders		
Anorexiant Combinations - Drugs for Eating Disorders		
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (***phentermine hcl/topiramate***)	Tier 3	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diethylpropion oral tablet extended release 75 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG (***phentermine hcl***)	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)
phentermine oral tablet 37.5 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
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		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) (***liraglutide***)	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (***semaglutide***)	Tier 2	PA
Anti-Obesity - Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (***setmelanotide acetate***)	Tier 4	PA
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 (40 mg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST
Electrolyte Balance-Nutritional Products		
Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors		
XPHOZAH ORAL TABLET 20 MG, 30 MG (***tenapanor hcl***)	Tier 3	ST; QL (2 EA per 1 day)
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
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,insulin aspart combination no.1***)	Tier 3	
Diluents - Others - Drugs for Nutrition		
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION (***diluent for mitomycin (hydroxypropyl,poloxam,polyethyl)***)	Tier 3	
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	
Diluents - Vaccine Diluents - Drugs for Nutrition		
DILUENT FOR ROTARIX ORAL SYRINGE (***diluent for oral live rotavirus vaccine (calcium carbonate)***)	Tier 3	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (***sodium zirconium cyclosilicate***)	Tier 2	
sodium polystyrene sulfonate oral powder	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 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (***patiromer calcium sorbitex***)	Tier 3	PA
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	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML (***sodium chloride/pot chloride/mag sul/sod phos,db/pot phos,mb***)	Tier 3	
water for irrigation, sterile irrigation solution	Tier 1	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
potassium iodide oral solution 1 gram/ml	Tier 1	
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		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	Tier 3	ST; QL (12 EA per 1 day)
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML (***ferric carboxymaltose***)	Tier 4	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (***ferric pyrophosphate citrate***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (***ferric pyrophosphate citrate***)	Tier 3	
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,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 1	
Multivitamins - Drugs for Nutrition		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 4	PA
Prenatal Vitamins and Minerals - Drugs for Nutrition		
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 vit no.76/iron carbony,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	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (***prenatal vit with calcium 15/iron/folic acid/docusate sodium***)	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG (***prenatal vitamins with calcium/iron,carb/docusate/folic acid***)	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (***prenatal vitamins with calcium/ferrous fum/docusate/folic ac***)	Tier 1	
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***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (***prenatal vitamins no.127/iron,carbonyl/folic acid/docusate***)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (***prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha***)	Tier 1	
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	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (***prenatal vits no.115/iron fumarate/folic acid/docusate sod.***)	Tier 1	
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	
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	
Sodium Chloride Flushes - Drugs for Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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-6, Pyridoxine and Derivatives - Drugs for Nutrition		
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
Antidiabetic - CD3 Directed Monoclonal Antibody		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML (***teplizumab-mzwv***)	Tier 4	PA; DD
Antihyperglycemic - Dual SGLT1 and SGLT2 Inhibitors		
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)
Menopausal Symptoms Suppressant-Neurokinin 3 (NK3) Receptor Antagonist		
VEOZAH ORAL TABLET 45 MG (***fezolinetant***)	Tier 3	PA
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		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTROPHIN GEL INJECTION GEL 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 3	ST; 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 1	DD; QL (4 EA per 1 FILL)
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 2	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)
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 2	DD; QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (***dasiglucagon hcl***)	Tier 2	DD; QL (2.4 ML per 1 FILL)
Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones		
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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (***inotersen 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		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (***testosterone***)	Tier 3	PA
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML) (***testosterone undecanoate***)	Tier 3	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (***testosterone undecanoate***)	Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (***testosterone undecanoate***)	Tier 3	PA
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
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG (***testosterone undecanoate***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (***testosterone enanthate***)	Tier 3	PA
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)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (***desmopressin acetate***)	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) (***desmopressin acetate***)	Tier 3	QL (3.8 GM per 30 days)
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 - Amylin Analog-Type - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (***pramlintide acetate***)	Tier 2	DD
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (***pramlintide acetate***)	Tier 2	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)
TRADJENTA ORAL TABLET 5 MG (***linagliptin***)	Tier 3	ST; DD; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin***)	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
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (***exenatide microspheres***)	Tier 2	PA; DD
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML (***exenatide***)	Tier 2	PA; DD
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
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	Tier 2	PA; DD
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
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (***liraglutide***)	Tier 3	PA; DD
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (***liraglutide***)	Tier 3	PA; DD
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
QTERN ORAL TABLET 10-5 MG, 5-5 MG (***dapagliflozin propanediol/saxagliptin hcl***)	Tier 3	ST; 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (600mcg/2.4ml), 20 mcg/dose (620mcg/2.48ml)	Tier 4	PA
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zoledronic acid intravenous recon soln 4 mg	Tier 1	
zoledronic acid intravenous solution 4 mg/5 ml	Tier 1	
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml, 5 mg/100 ml	Tier 1	
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml	Tier 1	
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg	Tier 4	QL (2 EA per 1 day)
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 1	
Estrogen-Progestin - Drugs for Women		
estradiol/norethindrone acetate (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 0.5-100 MG (***estradiol/progesterone***)	Tier 3	ST; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (***estradiol/progesterone***)	Tier 3	ST; QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (***estradiol/levonorgestrel***)	Tier 3	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	
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		
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	Tier 1	QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	Tier 1	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	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (***estradiol***)	Tier 3	ST
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)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens, conjugated***)	Tier 2	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women		
CRINONE VAGINAL GEL 8 % (***progesterone, micronized***)	Tier 3	ST
ENDOMETRIN VAGINAL INSERT 100 MG (***progesterone, micronized***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women		
clomiphene citrate (Clomid Oral Tablet 50 Mg)	Tier 3	
clomiphene citrate 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 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML (***follitropin alfa, recombinant***)	Tier 4	
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (***follitropin alfa, recombinant***)	Tier 4	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (***deflazacort***)	Tier 4	PA
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
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	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML (***hydrocortisone sodium succinate/pf***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLU-CORTEF INJECTION RECON SOLN 100 MG (***hydrocortisone sodium succinate***)	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (***budesonide***)	Tier 4	PA
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		
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
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
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (***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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 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 10,000 UNIT, 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 3	ST; 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 3	ST; 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)
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 3	ST; DD; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 3	ST; 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)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (***insulin regular, human in 0.9 % sodium chloride***)	Tier 3	DD
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 3	ST; DD; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 3	ST; DD; QL (40 ML per 28 days)
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	Tier 2	DD; QL (40 ML per 28 days)
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)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	Tier 1	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)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin detemir***)	Tier 3	ST; DD; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin detemir***)	Tier 3	ST; DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine-yfgn***)	Tier 2	DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-yfgn***)	Tier 2	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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 3	ST; DD; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***)	Tier 3	ST; DD; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (***insulin aspart (niacinamide)/pump cartridge***)	Tier 3	ST; DD; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart (niacinamide)***)	Tier 3	ST; 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***)	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
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML (***metformin hcl***)	Tier 3	ST; DD; QL (20 ML per 1 day)
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	QL (1 EA per 1 day)
LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs for Women		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST
ganirelix subcutaneous syringe 250 mcg/0.5 ml	Tier 4	ST
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	Tier 2	PA
Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (***estradiol***)	Tier 3	ST; QL (18 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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-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)
Progestins - Drugs for Women		
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	
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		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab***)	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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG (***octreotide acetate, microspheres***)	Tier 4	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (***pasireotide pamoate***)	Tier 4	PA
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		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 3	ST
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 1	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (2 EA per 1 day)
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
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	QL (2 EA per 1 day)
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
Enzymes - Vitamins and Minerals		
Enzymes - Vitamins and Minerals		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML (***hyaluronidase, human recombinant***)	Tier 3	
Gastrointestinal Therapy Agents		
Agents to Treat CHAPLE Disease		
VEOPOZ INJECTION SOLUTION 200 MG/ML (***pozelimab-bbfg***)	Tier 4	PA
Fecal Microbiota Transplantation (FMT)		
REBYOTA RECTAL ENEMA 150 ML (***fecal microbiota, live-jslm***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOWST ORAL CAPSULE (***fecal microbiota spores, live-brpk***)	Tier 4	PA
Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers		
VOQUEZNA ORAL TABLET 10 MG, 20 MG (***vonoprazan fumarate***)	Tier 3	PA
Gastrointestinal Therapy Agents - Drugs for the Stomach		
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 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
ANZEMET ORAL TABLET 50 MG (***dolasetron mesylate***)	Tier 3	ST; QL (8 EA per 1 FILL)
granisetron hcl oral tablet 1 mg	Tier 1	ST; QL (8 EA per 30 days)
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	QL (50 ML per 15 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)
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 3	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 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	ST; 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 oral solution 10 gram/15 ml	Tier 1	
lactulose oral solution 10 gram/15 ml (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***)	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***)	Tier 3	
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***)	Tier 3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (***lipase/protease/amylase***)	Tier 3	
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***)	Tier 2	
Digestive Enzymes - Drugs for the Stomach		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***)	Tier 4	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
CHENODAL 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 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 - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
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, 20 mg	Tier 1	ST; QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	Tier 1	ST; 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
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (***esomeprazole magnesium***)	Tier 2	ST; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	Tier 1	ST; QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (***prucalopride succinate***)	Tier 3	ST; 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (***vonoprazan fumarate/amoxicillin trihydrate/clarithromycin***)	Tier 3	PA
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	QL (2 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	Tier 3	ST; 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 3	PA
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
IBS Agent - Selective Partial 5-HT4 Receptor Agonists - Drugs for Irritable Bowel Syndrome		
ZELNORM ORAL TABLET 6 MG (***tegaserod hydrogen maleate***)	Tier 3	ST; QL (2 EA per 1 day); Age (Max 64 Years)
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		
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
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 (***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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (***mesalamine***)	Tier 2	
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 3	
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (***vedolizumab***)	Tier 4	PA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (***vedolizumab***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	Tier 4	PA
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (***adalimumab-atto***)	Tier 4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-atto***)	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

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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
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	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) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 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 PEDIATRIC UC 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
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (***adalimumab-adaz***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (***adalimumab-adaz***)	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML (***adalimumab-adaz***)	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
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***golimumab***)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (***golimumab***)	Tier 4	PA
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	QL (2 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	Tier 3	PA
ZELNORM ORAL TABLET 6 MG (***tegaserod hydrogen maleate***)	Tier 3	ST; QL (2 EA per 1 day); Age (Max 64 Years)
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	
lactulose oral solution 20 gram/30 ml	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 IS 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 IS 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 IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	$0	EHB; $0 COPAY IF QUANTITY IS 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 IS 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 IS 3, FILL OF 2 IN 365 DAYS, 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 IS 354, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (354 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 IS 1, FILL OF 2 IN 365 DAYS, 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 IS 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		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML (***sodium picosulfate/magnesium oxide/citric acid***)	$0	EHB; $0 COPAY IF QUANTITY IS 320, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (***sodium picosulfate/magnesium oxide/citric acid***)	$0	EHB; $0 COPAY IF QUANTITY IS 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		
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG (***octreotide acetate, microspheres***)	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
BPH Agent- 5-alpha-Reductase and Phosphodiesterase-5 (PDE5) Inhibitors - Drugs for the Prostate		
ENTADFI ORAL CAPSULE 5-5 MG (***finasteride/tadalafil***)	Tier 3	PA
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
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***)	Tier 2	
Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System		
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		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	Tier 3	ST; QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	Tier 3	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
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
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
methenamine mandelate oral tablet 0.5 g, 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URO-458 ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
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	
VESICARE LS ORAL SUSPENSION 1 MG/ML (***solifenacin succinate***)	Tier 3	PA
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
flavoxate oral tablet 100 mg	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (***oxybutynin chloride***)	Tier 3	ST
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	
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	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (***colchicine***)	Tier 3	ST; QL (10 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		
KRYSTEXXA INTRAVENOUS SOLUTION 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	ST; QL (30 EA per 30 days)
Hyperuricemia Tx - URAT1 Inhibitor and Xanthine Oxidase Inhibitor Comb - Gout Drugs		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (***lesinurad/allopurinol***)	Tier 3	ST; QL (1 EA per 1 day)
Hematological Agents		
Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy		
ADZYNMA INTRAVENOUS KIT 1,500 UNIT, 500 UNIT (***adamts13, recombinant-krhn***)	Tier 4	PA
Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (***daprodustat***)	Tier 3	PA
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
CABLIVI INJECTION RECON SOLN 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 Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab***)	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***)	Tier 4	PA
Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots		
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L (***sodium chloride/sodium citrate***)	Tier 3	
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 Tx-Spleen Tyrosine Kinase Inhibitors - Drugs for the Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (***fostamatinib disodium***)	Tier 4	PA
C1 Esterase Inhibitor Agents - Drugs for the Blood		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (***c1 esterase inhibitor***)	Tier 4	PA
BERINERT INTRAVENOUS RECON SOLN 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
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)
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)
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (***human prothrombin complex concentrate (pcc), 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	
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, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant, threonine 148***)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix complex, prothrombin cplx conc(pcc) 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), 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 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, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-domain deleted peg-aucl***)	Tier 4	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 VIII-Mimetic Agent, Monoclonal Antibody - Drugs for the Blood		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML (***emicizumab-kxwh***)	Tier 4	PA
Factor X Preparations - Drugs to Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***coagulation factor x***)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 480 MCG/1.6 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
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
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (***eflapegrastim-xnst***)	Tier 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-fpgk***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
Hematorheologic Agents - Drugs for the Blood		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
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) (***fibrinogen***)	Tier 4	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) (***fibrinogen***)	Tier 3	
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		
ASTRINGYN TOPICAL SOLUTION 259 MG/G (***ferric subsulfate***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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		
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 " (***fibrinogen/thrombin (human plasma derived)***)	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
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	
FLOSEAL TOPICAL KIT 2,500 UNIT (***thrombin(human plasma derived)/gelatin matrix, bovine***)	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (***fibrinogen/thrombin (human plasma derived)***)	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, 100 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) intravenous solution 100 unit/ml (1 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 100 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 solution 100 unit/ml (1 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	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
fondaparinux subcutaneous syringe 10 mg/0.8 ml	Tier 4	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	Tier 4	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	Tier 4	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	Tier 4	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 4	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 4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 4	QL (8 ML per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (***dalteparin sodium,porcine***)	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (***dalteparin sodium,porcine***)	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (***dalteparin sodium,porcine***)	Tier 4	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 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (***dalteparin sodium,porcine***)	Tier 4	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		
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT (***antithrombin iii, human recombinant***)	Tier 4	
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (***plasminogen, human-tvmh***)	Tier 4	PA
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (***ticagrelor***)	Tier 2	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	
Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib - Drugs for the Blood		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML (***tirofiban hcl monohydrate***)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) (***tirofiban hcl monohydrate in 0.9 % sodium chloride***)	Tier 4	
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml	Tier 4	
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
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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		
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 - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood		
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	
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sickle Hemoglobin (HbS) Polymerization Inhibitor - Drugs for the Blood		
OXBRYTA ORAL TABLET 300 MG, 500 MG (***voxelotor***)	Tier 4	PA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG (***voxelotor***)	Tier 4	PA
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml	Tier 4	
argatroban intravenous solution 100 mg/ml	Tier 4	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG (***dabigatran etexilate mesylate***)	Tier 3	ST; 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
Thrombin Inhibitor - Selective Direct and Reversible - Hirudin Type - Drugs to Prevent Blood Clots		
bivalirudin intravenous recon soln 250 mg	Tier 4	
bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)	Tier 4	
Thrombopoietin Receptor Agonists - Drugs for the Blood		
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
MULPLETA ORAL TABLET 3 MG (***lusutrombopag***)	Tier 4	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (***romiplostim***)	Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (***eltrombopag olamine***)	Tier 4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (***eltrombopag olamine***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	Tier 4	PA
Hepatobiliary System Treatment Agents - Drugs for the Liver		
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 9.5 MG/ML (***maralixibat chloride***)	Tier 4	PA
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants		
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 - 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 intravenous solution 250 mg/5 ml	Tier 1	
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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (***tacrolimus***)	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	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***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 - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	Tier 1	
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	
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (***satralizumab-mwge***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
RAPAMUNE ORAL SOLUTION 1 MG/ML (***sirolimus***)	Tier 2	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (***sirolimus***)	Tier 2	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs for Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (***basiliximab***)	Tier 4	
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 4	
Locomotor System		
ALS Agents - Antisense Oligonucleotide (ASO)		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) (***tofersen***)	Tier 4	PA
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists		
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		
SKYCLARYS ORAL CAPSULE 50 MG (***omaveloxolone***)	Tier 4	PA
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***)	Tier 4	PA
ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles		
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (***edaravone***)	Tier 4	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (***edaravone***)	Tier 4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (***edaravone***)	Tier 4	PA
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzathiazoles - Drugs for Nerves and Muscles		
EXSERVAN ORAL FILM 50 MG (***riluzole***)	Tier 4	PA
riluzole oral tablet 50 mg	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	Tier 4	PA
Amyotrophic Lateral Sclerosis (ALS) Agents - Others - Drugs for Nerves and Muscles		
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM (***sodium phenylbutyrate/taurursodiol***)	Tier 4	PA
Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles		
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antimyasthenic Agents Other - Drugs for Nerves and Muscles		
FIRDAPSE ORAL TABLET 10 MG (***amifampridine phosphate***)	Tier 4	PA
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
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
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (***hyaluronate sodium***)	Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (***hyaluronate sod, cross-linked***)	Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (***hyaluronate sodium***)	Tier 3	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (***hyaluronate sodium, modified, non-crosslinked***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (***hyaluronate sodium, stabilized***)	Tier 3	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (***hyaluronate sodium***)	Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (***hylan g-f 20***)	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (***hylan g-f 20***)	Tier 2	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
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, 200 UNIT (***onabotulinumtoxina***)	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
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	Tier 1	QL (8 EA per 1 day)
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	Tier 1	QL (8 EA per 1 day)
baclofen oral tablet 20 mg	Tier 1	QL (4 EA per 1 day)
baclofen oral tablet 5 mg	Tier 1	QL (16 EA per 1 day)
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	QL (3 EA per 1 day)
metaxalone oral tablet 400 mg	Tier 1	QL (8 EA per 1 day)
metaxalone oral tablet 800 mg	Tier 1	QL (4 EA per 1 day)
methocarbamol oral tablet 500 mg	Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg	Tier 1	QL (6 EA per 1 day)
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	QL (2 EA per 1 day)
tizanidine oral capsule 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral capsule 4 mg	Tier 1	QL (9 EA per 1 day)
tizanidine oral capsule 6 mg	Tier 1	QL (6 EA per 1 day)
tizanidine oral tablet 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral tablet 4 mg	Tier 1	QL (9 EA per 1 day)
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
dantrolene oral capsule 100 mg	Tier 1	QL (4 EA per 1 day)
dantrolene oral capsule 25 mg, 50 mg	Tier 1	QL (3 EA per 1 day)
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
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)
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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
BLU LINK GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP (***blood sugar diagnostic, disc-type***)	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)
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)
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 3	ST; DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 BLU LINK 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D20 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 G30-PREMIUM V10 TEST STRP 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
FORA V12 GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V30A 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)
FORTISCARE G1 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORTISCARE GLUCOSE 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)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GENULTIMATE 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
GOODLIFE AC-302 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)
IGLUCOSE 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)
NEUTEK 2TEK 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
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)
ON CALL PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL VIVID 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)
OPTUMRX 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
PRODIGY NO CODING STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PTS PANELS EGLU TEST STRIP 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 GS250S TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS 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 GS700 TEST STRIP 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)
RIGHTEST MAX 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
TD GOLD TEST STRIP 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)
TRUE METRIX PRO 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)
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)
WAVESENSE JAZZ STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
WAVESENSE PRESTO 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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
BD VERITOR AT-HOME COVID19 TST 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	
CELLTRION DIATRUST COV-19 HOME 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
OHC COVID-19 ANTIGEN HOME TEST KIT (***covid-19 antigen immunoassay test***)	$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
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	$0	CT; EHB
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
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 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
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
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COAGUCHEK LANCETS (***lancets***)	Tier 2	DD
COLOR LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
COMFORT EZ LANCETS 21 GAUGE, 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,continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER (***blood-glucose meter,continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 E3 SMART 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
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	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter,continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 CONNECT 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
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***)	Tier 2	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
MICRODOT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
MICROLET LANCET (***lancets***)	Tier 2	DD
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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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
ON CALL PLUS 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
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 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 2	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
SOFT TOUCH LANCETS (***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 FINE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 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 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 (***lancets***)	Tier 2	DD
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 2	DD
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic disposable, safety***)	Tier 2	DD
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (***pen needle, diabetic***)	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***)	Tier 2	DD; QL (1 EA per 365 days)
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
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (***condoms, latex, non-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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***)	Tier 3	
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,automated dosing,bt with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, subcut automated dosing, bluetooth***)	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,radio freq***)	Tier 2	DD
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
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 10 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 15 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 20 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 25 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 30 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 40 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 35 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
MINIMED 630G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MINIMED 780G INSULIN PUMP (***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
NO-STICK GLUCOSE 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
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	
Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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
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 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	

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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	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 3	
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 PRESTO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic disposable, safety***)	Tier 2	DD
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	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
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (***pen needle, diabetic***)	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD VERITOR AT-HOME COVID19 TST 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	
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)
BLU LINK GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
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
BREEZE 2 TEST STRIPS STRIP (***blood sugar diagnostic, disc-type***)	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
CARESENS N TEST STRIPS 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	
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
CELLTRION DIATRUST COV-19 HOME KIT (***covid-19 antigen immunoassay test***)	$0	
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	
CHOICEDM CLARUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 21 GAUGE, 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
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	ST; DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; 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	
DARIO BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
DEXCOM G6 RECEIVER (***blood-glucose meter,continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER (***blood-glucose meter,continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
DUREX AVANTI BARE REAL FEEL (***condoms, non-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 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 BLU LINK TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVERSENSE E3 SMART 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)
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)
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
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	
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
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 D15G 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
FORA D20 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 G30-PREMIUM V10 TEST STRP 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)
FORA V12 GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V30A 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
FORTISCARE G1 TEST 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
FORTISCARE GLUCOSE 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 LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter,continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
GENULTIMATE 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)
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
GOODLIFE AC-302 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOTOKNOW COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN CONNECT 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)
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***)	Tier 2	DD
HEMA-COMBISTIX STRIP (***urine multiple test strips***)	Tier 3	
IGLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
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
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
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 CONDOMS(NON-LUBRICATED) DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
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 630G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
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)
NEUTEK 2TEK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
NO-STICK GLUCOSE STRIP (***urine glucose test strip***)	Tier 3	DD
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
OHC COVID-19 ANTIGEN HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,automated dosing,bt with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, subcut automated dosing, bluetooth***)	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,radio freq***)	Tier 2	DD
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
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 10 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 15 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 20 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 25 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 30 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 40 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 35 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON CALL PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTIUM TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTUMRX STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
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)
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
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	
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

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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
PTS PANELS EGLU TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 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 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
RIGHTEST GS250S TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS 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 GS700 TEST STRIP 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)
RIGHTEST MAX TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTEST TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SOFT TOUCH LANCETS (***lancets***)	Tier 2	DD
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
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
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***)	Tier 4	
TD GOLD TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMPO REFILL KIT WITH GAUZE KIT (***lancets/blood glucose test strips/pen needles/gauze***)	Tier 2	DD
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	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***)	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUE METRIX GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX PRO 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
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 FINE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 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
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)
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 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

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	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (***lancets***)	Tier 2	DD
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
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***)	Tier 3	
WAVESENSE JAZZ STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
WAVESENSE PRESTO 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
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	$0	CT; EHB
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG (***velmanase alfa-tycv***)	Tier 4	PA
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
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (***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, Batten Disease - Drugs for Metabolic Disease		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***)	Tier 4	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (***cerliponase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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		
Metabolic Modifier - Pompe Disease - GCS inhibitor		
OPFOLDA ORAL CAPSULE 65 MG (***miglustat***)	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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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 - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism		
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 - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
betaine oral powder 1 gram/scoop	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 TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (***alpelisib***)	Tier 4	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (***sodium phenylbutyrate***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	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	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
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	
Dental Product - Local Anesthetics - Drugs for the Mouth and Throat		
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (***tetracaine hcl/oxymetazoline hcl***)	Tier 3	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 % (***lidocaine/prilocaine***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
DEBACTEROL MUCOUS MEMBRANE SWAB 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 solution 2 %, 4 % (40 mg/ml)	Tier 1	
lidocaine hcl (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
PRO DNA COLLECTION MUCOUS MEMBRANE KIT 2 % (***lidocaine hcl/glycerin***)	Tier 1	
Mouth and Throat - Mouthwashes - Drugs for the Mouth and Throat		
FIRST-MOUTHWASH BLM MUCOUS MEMBRANE MOUTHWASH 200-25-400-40 MG/30 ML (***diphenhydramine/lidocaine/magnesium,aluminum hydroxid/simeth***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat		
GELX MUCOUS MEMBRANE GEL (***povidone/taurine/zinc gluconate/peg-40 castor oil***)	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (***potassium sorbate/maltodextrin/aloe vera/mann ps***)	Tier 3	
Mouth and Throat - Protectants - Drugs for the Mouth and Throat		
GELX MUCOUS MEMBRANE GEL (***povidone/taurine/zinc gluconate/peg-40 castor oil***)	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		
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
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
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***)	Tier 4	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	Tier 4	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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		
Ophthalmic Antiparasitics		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (***lotilaner***)	Tier 4	PA
Ophthalmic Complement Inhibitors		
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***)	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	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (***hydroxypropyl cellulose***)	Tier 3	
MIEBO OPHTHALMIC (EYE) DROPS 100 % (***perfluorohexyloctane/pf***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (***echothiophate iodide***)	Tier 3	
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	
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	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	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	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (***brinzolamide/brimonidine tartrate***)	Tier 2	
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 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % (***riboflavin 5-phosphate sodium (b2)***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % (***riboflavin 5-phosphate sodium in 20 % dextran***)	Tier 3	
Ophthalmic - Agents for Presbyopia - Drugs for the Eye		
VUITY OPHTHALMIC (EYE) DROPS 1.25 % (***pilocarpine hcl***)	Tier 3	PA
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
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	
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	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (***tobramycin/loteprednol etabonate***)	Tier 3	
Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 1	
prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	Tier 1	
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-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %	Tier 1	
Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories		
tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %	Tier 1	
vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml	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 ophthalmic (eye) ointment 1 %	Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	Tier 1	
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		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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 3	PA
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)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (***fluocinolone acetonide***)	Tier 3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***loteprednol etabonate***)	Tier 3	ST; QL (5.6 ML per 14 days)
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 % (***loteprednol etabonate/chondroitin sulfate a sodium/pf***)	Tier 3	
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***)	Tier 3	ST; QL (25 ML per 14 days)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (***dexamethasone***)	Tier 3	
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)
RETISERT INTRAVITREAL IMPLANT 0.59 MG (***fluocinolone acetonide***)	Tier 3	
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 IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (***cyclosporine/chondroitin sulfate a sodium***)	Tier 1	
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 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 (pf) ophthalmic (eye) drops 2-0.5 %	Tier 1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***brinzolamide***)	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
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
BIOGLO OPHTHALMIC (EYE) STRIP 1 MG (***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	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 0.6 MG, 1 MG (***fluorescein sodium***)	Tier 1	
GREEN GLO OPHTHALMIC (EYE) STRIP 1.5 MG (***lissamine green***)	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-bromf (pf) ophthalmic (eye) drops 1-0.09 %	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	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (***timolol***)	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***betaxolol hcl***)	Tier 3	
carteolol ophthalmic (eye) drops 1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 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, 2 mg/0.08 ml	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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 INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***)	Tier 4	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	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
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 % (***nedocromil sodium***)	Tier 2	ST; QL (20 ML per 30 days)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (***lodoxamide tromethamine***)	Tier 2	ST; QL (40 ML per 30 days)
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	
tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %	Tier 1	
Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (***verteporfin***)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - 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 ENDOCOAT INTRAOCULAR SYRINGE 30 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 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	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 % (***azithromycin/chondroitin sulfate a sodium/pf***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (***ganciclovir***)	Tier 3	ST
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 ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG (***bimatoprost***)	Tier 4	
IYUZEH 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)
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)

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 25 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 18 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, 2 mg/0.08 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 SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	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
Organ Preservation Solutions		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Microplegic Solutions		
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
Organ Preservation Solutions - Drugs for the Heart		
Cardioplegic and Other Related Organ Preservation Solutions - Drugs for the Heart		
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L (***cardioplegic and organ preservation solution no.1***)	Tier 3	
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 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 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM) (***cardioplegic solution no.27 (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 INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.30 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.15 (induction 8:1)***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.32 (maintenance 8:1)***)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM) (***cardioplegic solution no.31 (maintenance 4:1)***)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM) (***cardioplegic solution no.29 (maintenance 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 MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.14 (maintenance 8:1)***)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (***cardioplegic no.21 (reperfusate 4:1)***)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.28 (reperfusate 4:1)***)	Tier 3	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 7.5 MEQ/238.75 ML (POTASSIUM) (***cardioplegic solution no.24 (reperfusate 4:1)***)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (***ciprofloxacin hcl/hydrocortisone***)	Tier 3	
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	
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		
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		
phenylephrine hcl/promethazine hcl (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; QL (2 EA per 1 day)
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
diphenhydramine hcl (Diphen 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	
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 tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diphenhydramine hcl (Diphen 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	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST; QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST; QL (10 ML per 1 day)
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; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	Tier 1	
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		
desloratadine oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST; QL (1 EA per 1 day)
Antitussives - Non-Opioid - Drugs for Allergies		
benzonatate oral capsule 100 mg, 150 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 RECON SOLN 150 MG (***omalizumab***)	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***omalizumab***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION (***fluticasone propionate***)	Tier 3	ST; QL (1 EA 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 3	ST; 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 3	ST; QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	Tier 1	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	Tier 1	QL (60 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 3	ST; 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
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
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 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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 Ml)	Tier 1	
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-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 3	ST; 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)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (***tiotropium bromide***)	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	ST; QL (90 ML per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	Tier 3	ST; QL (1 EA 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	ST; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	Tier 3	ST; 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 3	ST; 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)
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)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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); Age (Min 18 Years)
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		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG (***lumacaftor/ivacaftor***)	Tier 4	PA
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	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) (***alpha-1-proteinase inhibitor***)	Tier 4	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG (***alpha-1-proteinase inhibitor***)	Tier 4	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (***alpha-1-proteinase inhibitor***)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG (***alpha-1-proteinase inhibitor***)	Tier 4	
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	
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 aerosol,spray 137 mcg (0.1 %)	Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %	Tier 1	QL (30.5 GM per 30 days)
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	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 1	QL (17 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (***ciclesonide***)	Tier 3	ST; QL (6.1 GM 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 3	PA
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
epinephrine hcl nasal solution 1 mg/ml	Tier 1	
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		
promethazine-dm oral syrup 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs for Cough and Cold		
promethazine/phenylephrine hcl/codeine (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
hydrocodone-homatropine oral syrup 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 Syrup 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
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin phosphate vaginal cream 2 %	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 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	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (***progesterone, micronized***)	Tier 3	

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